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# Relationships for Growth: Cultivating Reflective Practice in Infant, Toddler, and Preschool Programs

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## Introduction

*An experience is something we assume that we should be able to take in all at once, yet we find ourselves asking questions of it in this hide-and-seek game. There are tender little touches that make us want to come up close and look. But then confidence wavers, and*

*we have to step back and bring it into focus again. We may need to push to recognize new kinds of problems and complexities, to catch perception in our peripheral vision so that the images tighten up and become more stable. Indeed, peripheral experience can become the center of the work. We become aware of what it's like to gain glimpses of things, and to register information about*

The authors wish to express appreciation to Zero to Three: The National Center for Infants, Toddlers and Families as the wellspring within which this work was refined, to David Wilson for his patience and skilled assistance with the manuscript, and to Bridget Scott for her help with references. We also thank each of the survey respondents who gave time from very packed days to reply to the questionnaires.

*objects, even when we're not looking at them directly. It's a bit like seeing more than we can take in.\**

Many programs serving young children such as Head Start and day care, have their roots in either an educational/school model, or in a medical model, such as programs serving young children with developmental disabilities. In the first instance, the zeitgeist inherited from the schools has home/school separation, classrooms, curriculum/cognitive learning, and year-to-year pacing at the center. In the second, the hindsight of burgeoning birth-to-three knowledge allows us to see that the emphasis on remediation of deficits often minimized attention to the child's social and emotional development. The relational and emotional needs of very young children which, in fact, have intrinsic roles in both cognitive growth and basic adaptation (Greenspan, 1997; Schore, 1994) are not at the center of practice in either model.

Recent blueprints for early care and education of infants, toddlers, and preschoolers stress the importance of a relationship-based approach to child and family development. The principles of Developmentally Appropriate Practice (DAP), articulated by the National Association for the Education of Young Children (NAEYC) (Bredecamp & Copple, 1997), propose that young children learn best when they feel safe and valued, when their physical needs are met, and when they are psychologically secure. DAP encourages a child-sensitive, interaction-centered approach to early learning. The principles of Early Head Start stress the continuity of re-

lationships, the importance of the home culture, and the necessity for parent involvement and partnership at the highest level (Advisory Committee on Services for Families with Infants and Toddlers, 1994). These principles echo the primary value of the early intervention component (Part C) of the Individuals with Disabilities Education Act (IDEA): respect for the family. Within this framework, the nature of relationships is at the heart of the early childhood intervention process.

But while the *philosophy* of early care and education is shifting, *practice* in the range of infant, toddler, and preschool settings is much, much slower to change. In order for them to develop self-regulation, initiative, affective range, and eventually symbolic capacities (Greenspan, 1997; Schore, 1994), young children *need* an individualized, relational, Extended-Families Model (Axtmann, 1986; Shahmoon-Shanok, 1984, 1997b), where specific, affectively lively relationships can flourish and adults can sustain attuned attention and mediate the experiential world for each individual child (Feuerstein, 1986; Vygotsky, 1978); where peer-based interaction stimulates, rather than overwhelms, each child's initiative, playfulness, learning, and prosocial capabilities (Axtmann, 1986; Shahmoon-Shanok, 2000; Shanok, Welton, & Lapidus, 1989); and where families can feel that they are heard, can hear, and where they can be and feel effective. Regardless of the degree of developmental resource or challenge, *all* infants, toddlers, and preschoolers have emotional and social needs and capacities; so, too, do their parents. Unless these developmental core processes are central to

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the mission and goals of an early childhood service, significant opportunities to strengthen children and families are lost. In order to promote relationally specific care, engagement, and the self-knowledge that makes this possible across the range of children and families, practitioners and programs must themselves develop and change: they must become reflective. It is reflection upon experience and knowledge that not only facilitates adult learning but also stretches the relational capacities of practitioners to include the evolving social/emotional dimension of each child and to work in authentic partnerships with the preciously various families they encounter.

Reflection is the mindful consideration of one's actions (Tremmel, 1993); a dialogue of thinking and doing through which one becomes more skillful (Schön, 1983); a process through which patterns of behavior become clear and insights dawn regarding the nature of our assumptions and motivations. Reflection, then, is both a means and an end. That is, reflection is a way of examining one's work, a way of approaching the work, and a way of preparing for the work: reflection-*on*-action, reflection-*in*-action, and reflection-*for*-action (Schön, 1983). Reflective practice integrates formal and informal knowledge, and embraces self-knowledge as a necessary professional competency (Bowman, 1989). Reflection serves as a tool for quality enhancement, increasing organizational effectiveness and strengthening practice (Gilkerson & Als, 1995).

Reflection is particularly essential when the focus is on early relationships. Fenichel notes that relationship-based work with

small children and families engages the emotions as fully as the intellect:

Very young children stir powerful feelings in adults (the species is programmed that way). Moreover, parents and parent-child interaction evoke complex responses in professionals that are often difficult to sort out and respond to in ways that support the parent, the child, and the relationship between them. (Fenichel, 1992a, p. 10)

Flexible, enduring, and durable reflective capacities are "made," and only partially "born." While there are certain personality characteristics and skills, such as patience, empathy, emotional range, self-efficacy, and critical thinking, which lend themselves to reflective practice, in order for reflective qualities to become an intrinsic attribute of one's professional role—in order for them to be recognized, familiar and internalized rather than new and "tacked on" (Pine, 1985) to become a familiar, internalized, and central agent of the professional self—they must be exercised and guided in vivo, in an apprenticeship with more experienced, reflective partners. Yet, so far, few of the disciplines that work with young children and their families emphasize reflection upon how and what is communicated to specific children and their families with the goal of building relational and emotional development. Furthermore, few degree programs prepare their practitioners for work with very young children *and* their families (Klein & Gilkerson, in press) or for transdisciplinary team approaches, because most of the professions emphasize

*either the child, or the parent, or the disability.*

It is a very, very wide range of families and children who present themselves in birth to six services. Why would anyone expect that any practitioner could do useful things with all of them, alone? Work with and within relationships virtually *requires* ongoing opportunities for reflection within the context of a supportive supervisory relationship. This means that time must be set aside on a regular basis, with an experienced and trusted colleague, to explore the "imperfect processes" (Belenkey, Clinchy, Goldberger, & Tarlue, 1986) of professional practice and one's own responses to the work. Reflection-*on-and-for-action* is undertaken "in tranquility, off-line" (Tremmel, 1993) to build the capacity for reflection-*in-action*: "processes of 'feeling,' 'seeing,' or 'noticing' what it is you are doing; then learning from what you feel, see, or notice; and finally, intelligently, even intuitively adjusting your practice" (Tremmel, 1993, p. 436).

Regular, dependable, ongoing in-service training is necessary to build the capacity of staff members to understand and relate to the emotional and social factors in both the child and his primary parenting figures and to build relationships within the team. Building on the work which we (Eggbeer, Fenichel, Pawl, Shanok, & Williamson, 1994; Gilkerson & Young-Holt, 1992; Shanok, 1992; Shanok, Eggbeer & Fenichel, 1994-1995; Shanok, Gilkerson, Eggbeer, & Fenichel, 1995b) and others (Fenichel & Eggbeer, 1991; Fenichel, 1992a; Pawl, 1995) have done through Zero to Three: The Na-

tional Center for Infants, Toddlers and Families, we propose that relationally attuned supervision is the heart of reflective practice, and that in order for programs to accomplish their missions, they must provide an ongoing staff development, in-service training program centered around the provision of regular, collaborative, reflective supervision for staff and for administrators.

We recognize this as a bold, even audacious, position to take in reference to programs and professions that do not have a tradition of reflective supervision. Moreover, we realize that many programs and providers, particularly those in Part C Early Intervention settings and those in the health care system, are under growing pressure to increase the amount of direct service billable time and, consequently, to decrease the amount of time available for any in-service education and team communication.

But to fulfill the trust that is literally in our arms anytime and anywhere services are delivered to our nation's youngest citizens and their families, programs and professionals must become relationally sensitive and emotionally alive. Five decades of research and clinical experience from diverse sources converge to make explicit the fact that early development is dependent upon the quality of relationships (c.f. Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988; Fraiberg, Adelson, & Sharpio 1975; Greenspan, 1992; Mahler, Pine, & Bergman, 1975; Stern, 1985). Because our work is well described as the impact of relationships *upon* relationships (Emde, 1998), we must make available to frontline practi-

tioners the resources needed to support relationship-based work.

... shared sense has emerged that the critical mental health challenge is not so much diagnosing problems or building specific skills, such as setting limits, but is in supporting the staff in caring for children, and helping them ensure that children's (and families') [parentheses added] emotional and social needs are being met. . . . (Yoshikawa & Knitzer, 1997, p. 31)

Yet, given the enormous pressures on programs as a consequence of severely limited financial resources, it is critical to think flexibly, creatively, and practically in order to achieve the establishment of ongoing opportunities for reflection in birth through five programs.

The purpose of this chapter is to describe the qualities of leadership, staff development, and supervision conducive and necessary to thoughtful, sensitive, intelligent, well-planned reflective practice with very young children and their families. In the spirit of beginning where programs/providers are, we first describe the perceptions of directors from a range of settings regarding the current status of supervision and consultation in their programs. Next, we present in greater depth the elements of reflective supervision. Finally, the current dilemma of availability is addressed by presenting workable models for the integration of *reflective process* and, eventually, *reflective supervision* into programs that have limited finances and with professionals who have not experienced it.

## Voices from the Field

### Early Impressions: 1991

In 1991, Zero to Three: The National Center for Infants, Toddlers and Families engaged in a series of activities—telephone interviews, leadership forums, and focus groups—to explore the perceptions of practitioners and administrators regarding supervision and mentorship in the infant/family field (Fenichel & Eggbeer, 1992b).

Not surprisingly, they note that colleagues in programs closely associated with Zero to Three highly value supervision and mentorship. However, even these program leaders had difficulty in finding and protecting the necessary resources (time and money) to maintain regular supervision and reported that staff keenly felt the lack or loss of good supervision. Once staff have experienced supportive supervision, they do not want to be without it.

When asked to describe good supervisors, participants from all the groups listed the following qualities and experiences: sensitivity, good listening skills, someone who explains things, mutual respect, giving staff autonomy, constructive handling of conflict, someone who will work alongside you, and availability. For the infant/toddler childcare group, it is interesting to note that regularity in supervision did not seem as important as general availability. In these focus groups, supervisors and child care providers in public agencies less readily associated reflection with supervision. Rather, they most likely saw supervision as advice, performance appraisal, and staff evaluation.

Providers felt that supervision was particularly important in a "frontier" field, where so much learning comes through experience and where cultural and value differences can separate practitioner and family. The providers acknowledged that the consequences of inadequate supervision left them feeling "floundering" and "insecure" and at best resulted in not doing a good job, at worst, doing real harm. Yet when asked how they would spend a gift of \$50,000 to their program, neither the practitioners nor the administrators were willing to spend the money on improving supervision. More direct services, more front-line personnel, and more training were priorities for the hypothetical resources. Supervision was seen as a luxury, rather than an essential component of professional practice and training, even for people who wanted it. The focus group designer concluded that convincing providers of the necessity of reflective supervision might require convincing them of their own importance in infant/family work. Indeed, she wrote,

The most salient challenge to "selling" supervision is the lack of entitlement many of these practitioners feel. They see supervision as something for *them, rather than their clients, and [they feel that] they are not as important as the people that they serve* [italics added]. In order to really institutionalize good supervision and mentorship programs . . . education (will be needed) on how supervision translates into better care for their clients, so that practitioners feel entitled to ask for this help. (EDK Associates, 1991 as cited in Fenichel & Eggbeer, 1992b)

#### Update: 1998

Seven years later, we found that program directors report many of the same issues and concerns. Using a questionnaire format, one of the authors (LG) surveyed 20 directors of Part C early intervention programs and 18 directors of infant/toddler day care programs in Illinois and 8 directors/practitioners from a range of infant/toddler/preschool settings in the New York metropolitan area. First, we report the perceptions of the Part C Early Intervention Program Directors. Next, we compare their perspectives to those of center-based infant/toddler child care providers and, finally, we discuss the views of the New York group, who represent a range of community-based prevention and intervention programs.

#### PART C EARLY INTERVENTION DIRECTORS

Early intervention directors in Illinois reported that programs which offer individual supervision and organized group supervision are in the minority. Individual supervision is most frequently offered on an as needed basis. Only 10 percent of the programs offer individual supervision weekly, and another 15 percent offer monthly individual supervision. Organized group supervision occurs most frequently on an as needed basis.

The most common formats for supervision activity, available to nearly all early intervention providers, are team meetings/case reviews and informal peer support. Frequency of team meetings varied:

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approximately one-half of the programs hold weekly team meetings while the other half meet biweekly, monthly, or as needed. One-half of the directors reported that informal peer support occurs on an as needed basis, while 40 percent report daily peer support.

Supervision to direct staff is primarily provided by the program directors, and to a much lesser extent, other senior staff members, administrators, and consultants share the supervisory responsibilities. The educational backgrounds of the directors are predominantly from the field of education: early childhood, early childhood spe-

cial education or special education and, less frequently, from occupational therapy, speech-language therapy, and nursing. Only three of the supervisors had formal training in mental health. The most common issues that arise in supervision fall into four broad categories: child concerns, family concerns, team concerns, and systems/policy issues (see Table 2.1).

Perhaps what is most striking from this data is the relatively low percentage of directors who reported child issues as a focus for supervision, even though a great majority of them reported that the complexity of presenting problems among children en-

TABLE 2.1  
Part C Programs: Issues Arising in Supervision<sup>1</sup>

**Child Issues**

- Complex social/emotional/behavior management challenges of children

**Family Issues**

- Boundary issues: What are appropriate family issues to address?
- Families' lack of participation/commitment in program
- When to call protective services
- Staff members stress/confusion about families

**Team Issue**

- Space, time, scheduling conflicts with other staff
- Interpersonal issues among staff
- Flow of communication among team members
- Staff insensitivity to families

**Systems Issues**

- Billing/funding issues
- Documentation of services; IFSP (Individual Family Service Plan)
- Lack of services to meet range of family need
- Understanding the new EI (Early Intervention) system and explaining it to parents

<sup>1</sup>Order of the issues as they are listed here does not imply frequency.

tering early intervention had increased. Specifically, directors noted that children present with more severe and multiple disabilities, with increasingly complex medical and/or social/emotional needs. Among those who did bring child concerns to supervision, behavior management was the focus. With greater numbers of children living in single family homes, in foster care, or with less extended family support than in prior generations, family issues appeared as the priority for supervisory support. Team issues centered primarily around conflictual interpersonal communication and attitudes among staff. Because of the recent change from a grant-funded program model to a fee-for-service systems approach to early intervention in Illinois, providers had many implementation issues regarding state and local policies and practices. When asked what kinds of issues directors themselves believed would be helpful for staff to address through supervision, most directors mentioned similar topics and added (a) problem-solving capability within the staff, (b) increased use of a less fragmented, discipline-specific approach to services, and (c) increased personal awareness.

Overall, fewer than half of the directors were satisfied with the current supervisory capacities within their agencies. Rather, directors would have liked to increase the amount of individual, personalized supervision and the amount of team time to discuss each child/family "at a [more] leisurely pace." The major barriers cited were lack of time and a dearth of money. Some directors were part-time. Others carried a sizeable caseload themselves. Thus, time for

supervision was limited, eked out of overly scheduled and somewhat dizzying workdays. The most common barrier mentioned was the press for billable hours. One director wrote, "The staff are stretched to the limit and not allowed time to reflect and, in fact, to grow professionally and become more productive."

The lack of persons who could provide quality supervision was cited by only one program as a barrier to achieving an ideal supervisory plan. Yet, when the educational backgrounds of most directors/supervisors were factored in, it is likely that very few had any formal focus in their training on reflective processes, on analyzing self, or on the ideas of parallel process and shared power.

In terms of supervisory resources for the directors themselves, when they had it, program directors typically received supervision from an agency division director, vice president, or executive director. Yet, fully one-fourth of the directors reported that there was no one designated as their supervisor. Education was the most common background of those who supervised directors. The majority of directors who did report getting some supervision did not have a regularly scheduled time to meet with their own supervisors. When they did receive supervision, directors used it most frequently for (a) program planning and logistical concerns and (b) support around work with team members. When asked what kinds of concerns the directors bring to their own supervision, only one director mentioned discussion of child issues, and not one mentioned family issues.

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pervision related to increased regularity of  
supervisory contact: "It would be helpful to  
meet regularly, not just when there's some-  
thing to do administratively." "Frequently,  
I access the supervisory process related to a  
crisis. I'd like to have the time to use a more  
proactive approach." Some directors ex-  
pressed a desire for their supervisor to ob-  
serve the program and meet with staff. The  
directors listed the following qualities as  
contributing most to their supervisor's ef-  
fectiveness: knowledge of and experience  
in the field, interpersonal skills (support-  
ive, positive, understanding listener, affirm-  
ing), and effective problem-solving skills  
(brainstorming alternate solutions). Thus,  
it was notable that most respondent/direc-  
tors had positive ideas about the supervi-  
sory process, whether they were the recip-  
ient or the provider and would like to see  
more opportunities for thoughtful, person-  
alized supervision.

CHILD CARE DIRECTORS

As with early intervention programs, the  
most common form of supervisory activity  
in the infant/toddler programs surveyed  
were team meetings and informal peer  
support. Some opportunities for individual  
supervision were provided in 12 of the 18  
centers. While more than one-half of the  
directors were satisfied with the supervi-  
sion in place for providers, they also re-  
ported that, ideally, each staff member  
should receive individualized, hands-on  
supervision, including an ongoing relation-  
ship with a mentor or master teacher who  
does not have other classroom responsibil-  
ities. The directors wished for more time:

for direct observation; to videotape class-  
rooms in order to offer providers a chance  
to observe themselves; and to monitor job  
performance and day-to-day interactions  
in the center. The directors also noted that  
more time was required for staff to discuss  
developmental goals and daily plans for the  
children and more funding was needed for  
training. They saw the primary barriers to  
supervision in child care centers as related  
to limits of time and money and to a lesser  
extent, their knowledge of supervisory  
models and the availability of persons able  
to provide good supervision. Neither lack  
of interest of staff nor lack of commitment  
from administrators was noted as major  
barriers to staff supervision.  
  
The child care center directors received  
supervision from agency administrators,  
who typically had backgrounds in either  
education or in business/management.  
Most of the directors had a regular time to  
meet with their supervisors. Supervision  
focused on a range of topics including eval-  
uation of their performance, support around  
work with families, staff, and children, and  
personal support. Tuition, salaries, and  
budget issues were also addressed. Several  
directors expressed the desire for their su-  
pervisor to be on-site more frequently in  
order for them to feel that the supervisor  
was backing the decisions they had made.  
The supervisors stressed a need for a hands-  
on supervisory model, for themselves as  
well as for their staff. That is, they believed  
that their program would be strengthened  
if their supervisors were present in the set-  
ting, gaining firsthand knowledge of the  
children, families, and staff and providing  
practical guidance. Further, they identified

the need for a more organized support system with their own peers within the field.

Twelve of the 18 programs had access to consultation on an as needed or monthly basis. Child-related issues for consultation included developmental assessment, behavioral problems, and inclusion support. Family-related needs were primarily centered around inclusion and communication with families. Staff-related areas involved child-related concerns (e.g., observation and recording, curriculum development, classroom management), rather than issues of conflict resolution. The directors sought consultation regarding program development, staff supervision, and staff recruitment and retention. The professional backgrounds of the consultants related to the areas of need: early education/child development, nursing, social work, psychology, and special needs professionals—occupational therapy, speech therapy, and inclusion facilitation. Only one-half of the programs felt that the amount of contact with the consultant(s) was adequate. Directors of programs that did not have consultation saw the addition of this service as valuable. They saw their consultation needs as including communication with families, cultural diversity, working with families in crisis, child assessment, behavioral management, health and nutrition, teamwork, supervisory models, program development (environmental design, planning, continuity of care), and licensing.

#### NEW YORK PROGRAMS

The leaders from eight infant/toddler programs in New York echoed the perspectives of the Illinois directors: The supervision

provided to frontline staff and program directors was not sufficient in frequency or in substance, given the increasing complexity of child and family needs. Ideally, programs would have liked to offer weekly individual or group supervision to supplement team meetings and informal peer support. Barriers included, in order of frequency, lack of time, lack of commitment from administrators, lack of qualified supervisors, lack of money, and lack of knowledge of supervisory models. Lack of interest of staff was mentioned by only one program. Five of eight directors reported regularly scheduled, weekly individual meetings with their own supervisors at work. In contrast to many Illinois directors, their own supervision at work focused primarily on work with children and families, and less so, on conflicts with team members or program planning and logistics.

However, all of the New York leaders surveyed were involved in advanced training in infant mental health<sup>1</sup> and, as part of their training program, received weekly, individual and group reflective supervision. Their own experience of respectful, responsive reflective supervision had, for several, been eye-opening at least and, for some, practice-changing.

Until this experience, I have had a negative view of supervision. Supervision I have had in the past (early on in my working in this field) can be described as destructive and/or painful. I felt the supervisors were not committed to intensive, constructive supervision. My current experience has been an extremely positive, helpful one and I see the great potential that such a constructive relationship can have.

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The supervision I have received so far this year has been excellent and has made me realize how knowledgeable clinical supervision can stretch me, as well as help me provide better support and services to the folks I work with.

It was initially and still somewhat challenging to organize around supervision from a discipline different from my own. It has encouraged me to 'widen my lens.' I have benefited greatly from the weekly one-on-one supervision as well as group supervision.

It's made me a little more critical! At work, I've taken on more supervisees with a better sense of how to do it . . . being supervised on supervising has . . . intensified *'Doing unto others as I would have them do unto others.'*

#### Summary of Voices from the Field

Data from the three sets of programs revealed several common themes:

1. Most of what is referred to as "supervision" within service centers takes place in team meetings and informal peer support, circumstances in which supervision is not explicit and, most probably, not followed up either from the point of view of the staff member's own professional growth and development or, even in any fuller way, from the perspective of the situation discussed.
2. The individual supervision that does occur is often unscheduled and is typically provided by persons with an educational background whose own disciplinary training most likely did not include opportunities for or training about process-oriented and affectively-based reflective supervision.
3. While the respondents appear satisfied with the content (though not the duration or depth) of their supervisory contacts, the topics generated suggest that many significant areas for reflection are neglected or ignored.
4. Directors receive limited supervision, focused mostly on administrative or systems issues. Process concerns that were addressed related to team conflict and staff management. In child care programs per se, supervision and consultation addressed child-related and curriculum concerns. Children and families were rarely the focus of director supervision in early intervention, perhaps because of the roles and backgrounds of the directors' supervisors and the pressing issues related to the larger service delivery system. Clinical expertise, that is, knowledge of child and family work, then, must come from the director, program consultants, or the staff themselves.
5. Offering program directors (and other leaders) regularly-occurring reflective supervision may be one of the most potent ways to stimulate increased quality and perhaps even the quantity of supervision for direct service staff.

Thus, the survey indicated that a start toward the incorporation of supervision for purposes other than evaluation has been made, at least among directors and leaders interested enough in the topic to devote some of their precious, pressured time to respond to the questionnaire. Still, even among those programs/practitioners doing the most, there remained a profound gap

between the state of the field and the state of the art. It is our hope that the following sections, that define, describe, and provide a vision of reflective supervision and practice and offer a potpourri of ideas about how to incorporate these practices—how to turn the vision into reality—will contribute toward moving the state of the field forward, even while the challenges inherent in integrating practices across disciplines continue to be uncovered, explored, and worked out.

*Reflective supervision encourages you to actively look at the experience, to puzzle it out, notice the context, and abandon the fiction that the whole picture is available to you at once. Hunt for the appearance of the subtext, the emotional tone, and the narrative: Some aspects are more quickly recognized than others.<sup>a</sup>*

## Reflective Supervision

### Essential Qualities

Intensive work with young children and their families routinely faces us with novel human challenges. No one of us alone is able to meet the whole range of those challenges. Just as we need to learn about how to take the next step in building relationally specific and constructive interactions with each child and his parent, so too, we must learn to generate constructive, specific relationships for professional learning within which there is trust and a sense of sufficient safety to expose and explore one's most painful or embarrassing practice questions or dilemmas.

Reflective supervision is a relationship for learning where "strengths are supported and vulnerabilities are partnered" (Shanok, 1992, p. 37). Attachments form within the context of safety and relational specificity generated by an engaged, contingent, resourceful, and more experienced colleague, in regularly occurring circumstances over a long period of time. It takes time to cultivate supervisory relationships on the part of the supervisee and the supervisor. That time needs to be made and kept as the precious resource and blessing it is, so that each knows she can count on such an oasis, a place that moves into slower motion, where trust can grow as details are replayed, sifted through, and looked at from many angles, and a plan for the very next step can be born, in a context of safety.

Given their own prior experience, supervisors know that there may be no solutions readily available and that an important role for a supervisor is to hold—to contain—the anxiety of the supervisee. This kind of supervision conveys the sense that long-term improvement and development are discovered by carrying out short-term plans. Observation and reflection upon what has just happened offers further information and the next step about which to reflect. So the work moves forward, step by thoughtful step.

### REFLECTIVE SUPERVISION REQUIRES A TRUSTWORTHY, RESPONSIVE ENVIRONMENT THAT IS OPEN TO CHANGE

Laying bare one's performance for inspection implies vulnerability and openness—optimal states for learning. The stimulus for reflection is often rooted in a need to

## *Cultivating Reflective Practice in Infant, Toddler, and Preschool Programs*

better understand areas where a practitioner feels incompetent and unsure—the very areas that most need to be addressed and which, in situations without supportive supervision, are most likely to be concealed. Thus, reflection requires a climate of trust. With a listening companion, isolation and stress diminish while optimism and resourcefulness increase.

To think reflectively is to actively pursue the possibility that existing practices or, perhaps, program policies themselves may need rethinking. Thus, reflective practice requires a responsive organizational culture that is open to change. This implies that in good reflective practice, communication—the important messages which cause people to imagine new possibilities—flows in several directions. The supervisor and *her* supervisor (often the director) should try to really hear the supervisee's ideas and make use of them. Indeed, leadership at all levels within programs serving young children and their families can actively promote creative shifts in program practice and policy, not only by utilizing good ideas, but also by using the criticisms, pattern of stress, and even the wishful thinking of supervisees as fodder with which to problem-solve.

Line staff become deeply engaged when they are heard—*respected*—and can be invited and helped to generate ideas for thoughtfully planned change. Thus it is that many shifts in practice and even in policy originate bottom up, not top-down, in wholesome organizations whose subunits enjoy respect, flexibility, and autonomy in key areas. Such decentralization is possible when the chain of command is not by-

passed and when unit and program leaders are themselves held in nonauthoritarian, respectful relationships which welcome and foster communication. To utilize the combined best of everyone's ideas and to work through differences, team members at all levels, beginning with the executive director of the organization, need to truly hear each other.

### REFLECTIVE SUPERVISION MODELS

#### PARALLEL PROCESS: HOLDING SO

#### THAT OTHERS CAN HOLD

When supervisees are treated with enduring consideration and respect, they, by parallel process, are enabled to offer those qualities to the parents and children with whom they work. As Pawl (1995) put it, "Do unto others as you would have them do unto others." Patience, nurturance, and the respect inherent in a good listening ear, applied with sensitivity to developmentally appropriate relationships, tend to gather in and mobilize parallel qualities. Once we recognize the developmental-relational needs of small children and the deeply personal transitions and dilemmas faced by their parents, it becomes easier to recognize how critical this dimension is. For staff members to become able to discover the wide range of responsivity and individualized resourcefulness which various children and families need, they themselves need to be "held" in a supportive, relationally nuanced "space." That means that in all programs, even in relatively small programs such as Early Head Start or day care centers, each staff member, like every child and family, needs a primary, trustworthy, specific person of her own, someone who

will be thoughtfully responsive to that staff member's needs.

#### REFLECTIVE SUPERVISION IS BASED ON SHARED POWER

Any supervisee recognizes her supervisor as someone with power over her. The greater the power, the greater the supervisee's anxiety. Yet, the supervisory relationship does *not* need to be about dominance or control. Acknowledging the asymmetry within the supervisory relationship, Shanok (1992, p. 39, drawing on Manis, 1979) describes how to tilt the balance of power that exists between supervisor and supervisee. That is, as much as possible, the locus of power needs to be transferred. In the relational model described here, the power is shared, which is a great relief not only to the supervisee but also the supervisor! The supervisor facilitates the articulation of a contract between the supervisee and herself, even as she helps the supervisee make explicit her contracts with families. Thus, the supervisee needs to have the right to:

- Join in the development of a set of shared understandings—a contract—defining reciprocal interactions
- Participate in developing the learning structure to which she is being exposed
- Take first responsibility in analyzing her own work,
- Contribute meaningfully to her own evaluation

Thus, while the supervisor/supervisee relationship is asymmetrical, it is still democratic. In sharing active responsibility for

these processes, the supervisee develops capacity for reflection, analysis, and planning. The supervisee becomes more responsible and is better able to think and contribute creatively to her own learning when she has a stake in developing the terrain to be covered, when the qualities of the learning specific to her are explicit, and when the supervisory relationship features openness. Figure 2.1 shows one possible Narrative Evaluation outline which can serve as a performance appraisal as well as a set of foci for the supervisee/supervisor's upcoming shared attention. The goal of both the supervisee *and* the supervisor is for the supervisee to gradually discover competence, power and a sense of control in the process. The views of the supervisor, both supportive and critical, when tactfully offered become interwoven with those of the supervisee, instead of being experienced as an opinion coming from the outside. Performance evaluation can be felt as caring support which guides a practitioner's own goals for development.

#### REFLECTIVE SUPERVISION BUILDS SHARED UNDERSTANDING OF PHILOSOPHY AND PRACTICE

Reflective supervision offers a way of conveying the values of the organization and of linking those values to everyday practice. The priorities of the organization and its beliefs about good practice are naturally woven into the discussions of the work and become its living philosophy. Sharing and further distinguishing the organization's philosophy become shared understanding in a oral tradition which is passed on, one person to the next, in context. In this kind



of supervision which is so closely related to practice, the philosophy becomes conceptually and practically integrated with greater immediacy because it develops within meaningful and emotionally lively associations.

#### REFLECTIVE SUPERVISION

##### DIMINISHES SCALE

Relational specificity and responsivity are undermined by ratios that overwhelm. These essential domains of reflective practice can more readily flourish in small organizations or in large ones organized into separate programs and subunits. Each program or unit needs senior personnel who function as responsive team leaders.

Many birth through five programs began small with a few staff members and a coordinator/director. The founding staff worked as a team characterized by flexible roles, a flat organizational model, and group consensus. Over the years, however, programs have grown, doubling and tripling in size. Many have not adjusted their structure to this growth and still attempt to function as a committee of the whole. In fact, the flat organizational models of the original founders can stand in the way of creating an organization with smaller, more effectively functioning teams. These teams or work groups, like the original model, function best with not more than six to eight members and with designated leaders who participate reflectively in a leaders' group with the director. Diminishing the scale in this way is usually a relief to directors and also offers some staff members the chance to take on increasing responsibility.

Reflective process in steady and enduring relationships within smaller, cohesive groups allows the scale of an overly large organization, such as a medical center or community-wide service agency, to come "down," encouraging enough safety to blossom so that it can hold the range of individual difference and of reactions and feelings (Shahmoon-Shanok, 1991, 2000). Every staff member must have access to their supervisor and must feel that the supervisor will be responsive to concerns and questions. Correspondingly, every supervisor must know that she does not have so many supervisees and other responsibilities as to be unable to respond to such questions and concerns. Thus, even when one-on-one reflective supervision is not yet possible, each member of a reflective program staff needs and should have a primary, specific, responsive person of one's own. This can occur only when units or subunits are small, not more than six to eight members.

#### REFLECTIVE SUPERVISION SUPPORTS

##### ETHICAL PRACTICE

Reflective supervision offers a system of checks and balances. It provides a way of helping the worker to decide how to behave in ethically charged or other anxiety-ridden dilemmas. Ethical reflection, a term used by Sokoly and Dokecki (1992), refers to the need to continually understand the discrepancies between theory and one's practice, between traditional treatment, top-down mindsets in which the professional is expert and families are recipients of that expertise, and newer models of shared responsibility, shared

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steady and enduring, smaller, cohesive, of an overly large medical center or agency, to come enough safety to hold the range of in- of reactions and anok, 1991, 2000). st have access to must feel that the nsive to concerns indingly, every su- she does not have d other responsi- o respond to such Thus, even when upervision is not ber of a reflective should have a pri- ze person of one's ily when units or more than six to

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power, and mutual expertise. Sokoly and Dokecki (1992) propose that Lebacqz's (1985) ethical framework provides a structure for many questions in the infant/family field. This framework holds that:

an adequate approach to ethical discernment, decision, and action requires (1) defining and interpreting the intervention situation in light of duty-based, morally relevant features and professional role expectations; (2) examining the character of the professional; and (3) analyzing the structures of power that influence interventions in actual situations of professional practice. (Sokoly & Dokecki, 1992, p. 26)

By virtue of having a pair of more experienced eyes present, eyes that accept fallibility and tension even while empathically delving into them and while they expect considered behavior, reflective supervision tilts the balance toward ethical practice and accountability. Within this relationship, professionals can explore situational demands and role expectations, their own capacities for considered, mutual decision-making, and the power balance inherent in their relationships with families. In reflective, ethical practice, professionals must have "not only expertise and knowledge about the other but also self-awareness that allows them to evaluate whether what they are doing helps or hinders the growth of the other" (Sokoly & Dokecki, 1992, p. 28). Further, ethical practice implies being aware of the other as a person, not as an object. This involves "being conscious of the other by grasping the other's meaning" (Winter, 1966, in Sokoly & Dokecki, 1992,

p. 29). Through reflective supervision, new and experienced practitioners can examine the nature of their relationships with families and with others, the degree of free, uncoerced communication which exists within these relationships, the dilemmas specific to a particular family and situation, and the extent to which the practitioner is an authentic, trustworthy, helpful partner to families.

Indeed, the very idea of *partnership with families* implies openness to a range of challenges since families themselves vary so widely in their strengths and vulnerabilities. The way one discovers to "partner" a teenage single mother, a dual career couple, or a mentally ill father requires much consideration, especially in a climate which tends to not formally allow for such differences (Shahmoon-Shanok, 1997a). This topic of what constitutes ethical practice is enormous when considered from the perspectives of differing professional traditions and lies well beyond the scope of this chapter. It needs further development as the birth-through-five field moves toward a robust generic practice base.

### RECIPROCITY IN REFLECTIVE SUPERVISION BEGETS INITIATIVE AND EFFECTIVE, ENGAGED PRACTICE

Through reflective supervision, the worker experiences how it feels to be both *fully* known *and* respected. How engaging it is to be treated with respect and reciprocity by a teacher/mentor! This engagement begets initiative by helping people feel effective in their clinical work and within their team. When the program functions as a reflective organization, then supervisees ex-

perience the proactive sense that they are able to affect things programmatically and philosophically and touch not only their clients but their colleagues and leaders. This is the state most conducive to optimal, enthusiastic learning and to good morale.

#### REFLECTIVE SUPERVISION DEVELOPS THE ART OF REMEMBERING

Through the necessity of reporting in depth about cases to a supervisor, the supervisee is required to actively remember details of contacts with child and parent. This activity, *re-collecting* nuance of word, behavior, and feeling, becomes a facility which makes possible depth and breadth in the ability to organize and aggregate data. *Re-viewing* with a sympathetic and experienced person promotes reflection upon the data with an open, thoughtful, problem-solving attitude. Process recording notes are one vehicle from the social work tradition that work very well to develop these facilities. To perform this task, the practitioner writes down every detail of a contact he can recall, and the supervisor reads the notes to prepare for thoughtful discussion in the supervisory appointment. It is labor-intensive and time-consuming, but those investments made over time perhaps explain its effectiveness as a tool. Indeed, more seasoned practitioners report that when they are stuck, the discipline of process recording notes often reveals insight and generates next steps.

When reviewed and actively considered, videotape or audiotape can also be used as another aid to or form of remembering. The danger is that video or audio taping could be relied upon for recall, which would

then actually undermine the growth of capacities for recall and reflection.

*As you look longer, they change. Figures move in and out, and what seems solid at one moment isn't the next, similar in a sense to the complex and mysterious processes of seeing and remembering. . . . Reflection together invites the supervisee to become an active participant in producing the narrative, or meaning, of her experiences.\**

Review promotes the ability to remember, organize, consider, and generate provisional hypotheses which guide immediate next steps.

Practitioners often have an initial self-critical reaction to seeing themselves work on videotape. Supervision can acknowledge this near universal response through gentle humor and introduction of the concept of *self-empathy*. This helps workers remember how they were feeling and thinking at the time. It also helps them consider what they believe about what the children, parent, or colleagues on videotape were aiming for and experiencing. For optimal training to occur, practitioners should have ongoing experiences with both approaches to remembering, process recording notes that draw on and exercise the capacity to recall, and videotape that allows a practitioner to see herself from the outside, while integrating what can be seen with her own recalled experience.

#### REFLECTIVE SUPERVISION CREATES AND HONES SELF-KNOWLEDGE

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Cultivating Reflective Practice in Infant, Toddler, and Preschool Programs

vigor that is given to the study of others” (Stott & Bowman, 1996, p. 179). Self-knowledge engenders the capacity for understanding one’s own values and beliefs, gender-based perspectives, cultural practices, and professional biases; for developing an awareness of one’s personal style, such as image, temperament, and coping style; and for learning to take responsibility for one’s own reactions and interactions (Klein & Gilkerson, in press). Pawl (1995) points out that supervision in every discipline should, at a minimum, offer the individual the opportunity to discover her own beliefs, attitudes, and characteristic responses and to realize that he will be the recipient of the preformed—that is, the transferential, internal working model—ideas of others. The development of the capacity to observe one’s self—the “observing self,”—is critical to the ability to track one’s effect upon another and, as such, is a necessary professional competency (Bowman, 1989).

*What is so significant is awareness of the subjectivity of vision, the possibility of a double, or even triple, reading of a scene, and the understanding that vision and memory cannot claim any kind of essential certainty. Rather we cultivate a profound sense of the nature of experience—an understanding of remembering as a process that extends over time and one that is dependent on the makeup of the observer.\**

In the brief excerpt about reflective supervision with a home-based speech-language therapist that follows, Henderson (1997) offers a powerful example of

gender-related countertransference, a topic often “not discussed either because [it is] not considered relevant or [because] the idea of exposing [such reactions] feels uncomfortable and/or unprofessional” (Henderson, 1997, p. 21, following Brown, 1984; Felton, 1986; Gabbard, 1994).

Jane started her supervisory session by saying she was concerned about the current treatment plan and wondered if she should offer the family a time when the mother could be more actively involved. She was worried that the mother would sense that the parent-child sessions were going better with the father and that the mother might feel rejected and pull her daughter out of treatment.

With some gentle prodding, Jane was able to connect to the real source of her anxiety. In the last session prior to supervision, father, daughter, and therapist were all sitting and interacting on the floor. At one point, the daughter did something really cute and Jane and the father made eye contact in a shared moment of pleasure. This moment of intimacy was extremely disconcerting for Jane. While she had grown in her ability to manage the intimacy with the mother, sharing an intimate moment with this father felt scary and wrong. She felt so threatened by her own reaction that she was ready to change the treatment plan.

Fortunately for all, she was able to share these feelings in supervision. While validating her fear and anxiety, I suggested that having a pleasurable feeling toward a father, even a pleasurable sexual feeling, was not wrong. It is possible to have such a feeling, take note of it, and not act upon it. I asked her if she could maintain her boundaries and she felt strongly that she could. She felt re-

## VOLUME TWO / EARLY INTERVENTION, EVALUATION, AND ASSESSMENT

lieved that she could talk about the experience and also relieved to recognize the strength of her own boundaries, that is her ability to maintain a close but professional relationship with a man. (Henderson, 1997, pp. 21-22)

This example offers a glimpse into one type of complex practitioner feelings that can arise and, if unattended to, might undermine not only insight and connection but also, as in this case, the actual pattern of contacts. Thus, the entire range of practitioner feelings, including embarrassing ones, require shared attention within a reflective, thoughtful, ongoing context. Such attention yields the ability to effectively understand, manage, and even, at times, use emotional information to guide insightful, sensitive, and considered practice. The way that the supervisor probed and responded helped the supervisee nondefensively recognize her feelings and promoted her ability to use information contained in them.

As Foley put it so well in an article for birth through five supervisory staff (1994, February-March, p. 19):

Relationships are complicated. They are loaded with the "baggage" each party brings from his or her past experiences, as well as material arising from the present or "real" relationship. Thus *all* [italics added] relationships might be characterized as consisting of at least two important components: 1) the "real" relationships, which consist of themes that arise out of currently existing circumstances and undistorted interactions (Freud, 1954); and 2) the "illusory" relationship, or what some mental health professionals refer to as the transference and countertransference.

By transference, we mean the feelings, impulses and behaviors repeatedly experienced by the client in *relation to the psychotherapist, which arise not out of the "real" but out of recapitulations of earlier* [italics added] relationships (Freud, 1912; Sander, 1993). By countertransference, we mean the unconscious reactions that directed toward their clients in the present that are experienced by psychotherapists and which have their origins in the past. Both transference and countertransference can be thought of as "ghosts" from the past which haunt the present.

Reflective supervision hones the ability to maintain awareness of several levels of interaction at once, so that we "take in" both the manifest and the emotional, implied import of context, behavior, expression, and words. As practitioners become more self-aware, so, correspondingly, do the abilities to make such distinctions become stronger and more available.

### REFLECTIVE SUPERVISION SUPPORTS CROSS-CULTURAL COMPETENCE

Along similar lines, a specific type of countertransference material is each practitioner's long and deeply bred cultural vantage point. The matter is of great consequence in terms of sensitive practice in the helping professions, since aspects of it run so deep as to lie embedded somewhere below conscious recognition. Thus, fathoming one's own point of cultural perspective is critical. "Self-awareness is the first step on the journey toward cross-cultural competence" (Lynch & Hanson, 1992, p. 37). Through reflective supervision, we can attempt to bring to awareness the cultural be-

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liefs, practices, and codes that subtly or grossly affect our perceptions of others and our responses to them. We can begin to become aware of our own blind spots and prejudices and expand our capacity to see from the other's perspective. It is not always possible to know another person's culture, but one can approach the other with the humbling knowledge that there will naturally be differences in fundamental areas of family life and child rearing, areas such as feeding and sleeping patterns, dependent behavior, discipline and the use of physical punishment, ways of showing feelings, and types of acceptable sources of help.

The goal is to avoid using our own culture, whatever it is, or the program's culture as *the* standard. Reflective supervision can help practitioners from all disciplines, which also may be understood as cultures themselves, to "understand and respond to areas of conflict and tension when we encounter individuals from unfamiliar cultures or experiences and learn to be more comfortable with being uncomfortable" (Rodriguez, 1995-1996, p. 12). With the help of each other, supervisor and supervisee may discover access to wider realms of experience, including that of cultural isolation and loneliness. The "not-knowing-how-things-are-done" of an immigrant family or a teenage parent coming to day care for the first time converge with their sense of not being known. Supervisory sharing can sensitize staff to these dimensions.

#### REFLECTIVE SUPERVISION AMPLIFIES CALM AND RESPONSIVITY

Individual development is generated in a supportive, attuned relational field, within

a few relationships which amplify calm and responsivity. These relationships model best practice and, like wholesome adults with children, mediate experience so it does not overwhelm, but becomes an opportunity for growth. Just as the foundation of later development rests on the ability to achieve a state of calm alertness (Wolff, 1966; Greenspan, 1992), adults need time to revitalize—time to focus, organize, and reflect upon affectively lively and, not infrequently, anxiety-provoking situations and people. The physical and psychological environment needs to be thoughtfully and creatively conceived so that both supervisor and supervisee are freed from distractions and able to concentrate their energies in an unhurried atmosphere, an oasis in time and intensity.

REFLECTIVE SUPERVISION ENCOURAGES  
TRIAL ACTION AND CRITICAL THINKING  
Freud said that "thinking is trial action." Such thinking is a discipline that requires both focus and consideration. It does not just happen but is, rather, a cultivated skill. Indeed, without pre-thinking what would "professional" practice be? When behavior and emotions are considered away from the actual event from a variety of angles, more nuanced and sensitive human contact is the likely result. Similarly, looking at behavior in context adds dimension and depth. For example, rather than demanding, "Stop the biting!" the reflective caregiver and her supervisor consider what led up to the behavior. Then, the supervisee can partner the child so that *his* strengths are cherished and *his* vulnerabilities are partnered. Often this kind of anticipatory consideration, *based on*

*hindsight*, can make it possible to promote more mature functioning on the part of children and caregivers, wherein they are not reduced to frustration as in the biting incident.

Critical thinking requires the examination of our assumptions and acknowledgment of their presuppositions and limitations (Stott & Bowman, 1996). It requires reference to both formal knowledge and personal experience and to the affects generated from them. Thus, reflective supervision also serves as an optimal setting for the integration of theory and practice which becomes, over time and with guided experience, the ability to take in the perspectives of another, to see from varied and nuanced angles.

*Play here with the idea that inconsistencies are always going to exist in the world, and that even if you look at something first with one eye, and then the other, there will be these slight differences . . . vision is binocular. We see with two eyes, and not one. The views of the world are not the same—there are complexities and inconsistencies in this—yet we have to work to reconcile them, based on deepening understanding, as all the while we tolerate the tension inherent. °*

#### REFLECTIVE SUPERVISION IS ESSENTIAL FOR QUALITY IMPROVEMENT AND PROGRAM ACCOUNTABILITY

The aim of reflective supervision is to improve practice. It is worthwhile to the extent that it strengthens the capacities of workers and, therefore, of the program to provide quality services. "Just as an audit is an expected accountability element of the fiscal system of an organization, supervi-

sion must be an equally expected accountability element of direct services to children and families" (Gilkerson & Young-Holt, 1992, p. 113). Through careful examination of his own work, the teacher becomes accountable for the way he teaches, the home visitor, for the way he engages families and children, the director, for the way he leads. Individuals, then, are not persons who merely conduct a prescribed curriculum or predetermined strategies, but people who make rational choices and assume responsibility for those choices (Ross, 1987).

As supervisors, leaders share the responsibility for the clinical work and assume accountability themselves for the frequency and quality of the guidance provided for staff. Figure 2.2 is an outline written by a consultant for a specific director who was experiencing great difficulty supervising a dedicated but very intense senior supervisor on her staff, someone so heavy-handed in striving for program accountability that she was alienating both colleagues and supervisees.

Jeree Pawl (1995) has stated that "No one should make hard decisions alone." Reflective supervision provides a protected, professionally validated forum for sorting through difficult situations honestly and for arriving at the next step. Through this process, practitioners become responsible citizens not only of their programs, but also of their professions.

#### REFLECTIVE PRACTICE CONTRIBUTES TO PROFESSIONAL IDENTITY AND CAREER DEVELOPMENT

Every professional needs another who thinks with her about her professional

Evaluation

1. Set in motion a plan with her that 3 to 4 times a year you will make special appointments with her designated as feedback sessions about her and her work. These are sacrosanct, private, uninterruptable, and at least 1 hour, perhaps a little longer. Sometimes a second appointment to provide thinking or writing time in between is needed.
  - a. While these sessions are mostly about her performance, process, work, and goals, the communication should be bidirectional. She should be free to also say how she is feeling and reacting to you as it is pertinent to the work.
2. In this context, she should be given first responsibility for her own evaluation and her own settings of objectives and goals. You then attach any additional idea(s) of yours to her own.
  - a. Thus, let *her* talk about her strengths and weaknesses. Take notes so you can use her own words and let her write a draft of her own evaluation first.
  - b. Then respond to what she has said beginning with her strengths. In that context, gently but clearly comment on the points of concern to you.
3. In between those evaluation/discussion sessions, if you are ever with her when you think she is heavy-handed, go over the incident with her as soon as possible afterwards. When you do, be very sympathetic and begin by asking her:
  - a. What she was *feeling* when the instance occurred.
  - b. What *she* thought about what had transpired.
  - c. What *she* thought the result was for the other person.The goal is to get *her* to discover the pattern. That will not happen if *you* are heavy-handed with her.
4. *Whenever* you note her *strengths* tell her!

FIGURE 2.2

Guidance to a director who was supervising a key staff member who was alienating both her own colleagues and her supervisees by heavy-handed efforts at staff and program accountability.

goals and career directions. This kind of mentorship belongs at the heart of every supervisory relationship, even though it does not have to be focused upon very often. In some situations, this aspect of supervision can present a dilemma. When, for example, a supervisee is considering going back to graduate school and she works in a position that is very hard to fill, the supervisor may have mixed feelings addressing the issue. Further, the supervisee may hesitate to bring up her shifting aspirations. An-

other kind of dilemma may arise when a supervisee holds certain goals that the supervisor believes do not match the supervisee's capacities. The supervisor may need some support herself to expose and sort through her own reactions so that the difference is something that can be constructively spoken about between the two.

Becoming a professional inherently involves discomfort because it involves continually facing situations that are new: "unanticipated, uncontrollable, and con-

tradictory" (Stott & Bowman, 1996, p. 177). Exploring one's capacity to deal with the anxiety intrinsic to giving up certain familiar views of self requires suspending autonomy to acquire competence (Grimmett, 1988). Shifts in personal identity flow from such explorations. Young professionals struggle with issues of identity and authority: Who am *I* to advise this experienced parent? Will the physician respect *my* recommendation? Mature women re-entering the workforce after raising children seek to construct a professional identity when, for so many years, their primary role had been as mother or wife. Men in early childhood may feel invisible and isolated or too easily valued, placed on an unearned pedestal. Reflective supervision provides the setting to acknowledge these struggles and to take steps toward an enduring and integrated professional identity that embraces the past and present, an identity which conceives and spawns fresh ideas and deeply felt goals.

#### Stages of the Supervisory Interview

*As your senses settle into the experience, you see some things very quickly. Other things come more slowly . . .*

Reflection is intimately intertwined with practice: during, after, and then prior to the actual work. All supervisory interviews have the following stages in common. Gilkerson (1995) and Shanok, Gilkerson, Eggbeer, and Fenichel (1995a & b) have described the process of the supervisory session: (1) Preparation, (2) Greeting/Reconnecting, (3) Opening the Dialogue/Finding the Agenda, (4) Information Gathering/Focus-

ing on the Details, (5) Formulating Hypotheses, (6) Considering Next Steps, and (7) Closing. Shanok and colleagues (1995a) have prepared a teaching videotape with role play illustrating each phase of the supervisory process. Accompanying text describes the thought process of the supervisor and supervisee at critical points in the role play. This section expands that discussion to illuminate the rhythm and focus of each phase. These stages may be used as a means for supervisors to understand and to take to a deeper level some of what they may already be doing.

It is crucial to point out that ongoing supervisory sessions described take place within the boundaries of a supervisory contract, developed mutually by the supervisor and supervisee. The contract is usually formed in the first or second sessions and then shifts and deepens over time. It is an understanding between the parties, sometimes a written agreement, regarding the nature of the supervisory relationship, the role and responsibility of each member, the flow of the sessions, and the time commitment. Confidentiality regarding the people to be discussed, as well as that of the supervisee, is fleshed out as is the relationship of the supervisory sessions to the performance appraisal process or, if the supervisee is a student, to grading procedures. It is often helpful in the first session to talk about the supervisee's past experience with supervision and to explore her expectations, needs, and concerns.

#### PHASE 1: PREPARATION

In the first phase, preparation, the supervisor manages a "state transition" moving her-

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self from her present tasks and preoccupa-  
tions to a state of openness and empathic en-  
gagement. Whether it takes five minutes or  
five seconds, the supervisor resets her inter-  
nal rhythm to ready herself to listen, to take  
in the state of another. By clearing her desk,  
as well as her mind, by putting her tele-  
phone on forward and the "Do Not Disturb"  
sign on the door, she creates a protected en-  
vironment both for herself and for the su-  
pervisee. Even if the two were previously in  
another type of meeting together, the super-  
visor still takes a few moments to prepare:  
"I'm looking forward to our supervisory  
time together. Let's take a few moments,  
though, to shift gears and meet in my office  
or back here in a couple of minutes."

#### PHASE 2: GREETING/RECONNECTING

This portion of the session recognizes the  
need for a bit of social interchange that en-  
ables the supervisor and supervisee to re-  
connect as people and settle in. It is the time  
for regaining balance with each other  
through thoughtful, interested, yet brief  
semisocial contact. If the supervisor has not  
seen the supervisee for several days, she  
may notice her state of well-being: Is she re-  
laxed and tanned, perhaps back from a  
short trip? Does she have a cast on her  
wrist? Does he look harried, tired, or have a  
bad cold? If the supervisor and supervisee  
have already been working together that  
day, the greeting and reconnecting helps to  
set the stage for this new joint activity. It  
may be as simple as noting: "It's good to  
have this quiet time together for supervi-  
sion." These few moments of natural con-  
versation are tactfully contained so that the  
time can shift to the supervisee's agenda.

#### PHASE 3: OPENING THE DIALOGUE/ FINDING THE AGENDA

To make the transition from the Greeting  
phase to Opening the Dialogue, the super-  
visor usually begins with a familiar open-  
ended question, such as: "How has this week  
been for you?" or "Let's begin." These rit-  
ual questions or opening phrases signal to  
the supervisee that the time is now focused  
on her and that she can take the lead. Over  
time, many supervisees themselves find  
tactful ways to move into the content. To-  
ward the outset of the supervisory relation-  
ship, the supervisor has asked the super-  
visee to prepare for supervision by thinking  
about it during the period in between and  
coming with an agenda, a set of practice-  
related issues and questions in mind.

To create a safe environment for reflec-  
tion, it is crucial that the supervisee have a  
significant degree of control. Setting the  
agenda provides tangible evidence to the  
supervisee of this and may be perceived as  
a message/metaphor about shared power.  
By following the guiding principle of social  
work, "Begin where the person is," the wise  
supervisor builds her own comments or  
concerns into the context set by the super-  
visee.

Sometimes a supervisee will have a spe-  
cific topic, incident, or situation in mind. At  
other times, the supervisee may have many  
thoughts/needs or may simply be unfoc-  
used, and it is not clear to her where to be-  
gin. The supervisor could continue to lis-  
ten, commenting that there seems to be a  
lot for the supervisee to share this week, or  
the supervisor might be more directive and  
inquire: "Where shall we focus our atten-  
tion first?" or "You have a lot on your mind

today. Where would you like to concentrate?" If the supervisee is conveying a jumble of material, the supervisor can simply move forward to the next phase of the session, focusing on the details.

#### PHASE 4: INFORMATION GATHERING/ FOCUSING ON THE DETAILS

When a topic has emerged and requires crystallization, the next phase is gathering the details, context, and nuance in order to respond to the needs of the supervisee vis-a-vis the practice problem. Without clear, rich information, there is no basis for the supervisor to provide guidance. The supervisor may ask questions to orient herself to the situation: "Tell me about this family," or "Remind me of how old the child is," or "You knocked on the door, the father opened it and walked away, and left you standing there? What happened next, and how did you feel?" During this phase the supervisor needs to create and sustain a climate in which the supervisee can begin to explore all sides of an interaction looking closely at her own contribution as well as at the contributions of others. The supervisor's most important role at this time is to listen: carefully, thoughtfully, and empathetically. Sometimes, though, she may need to probe and question in order to help the supervisee provide a full enough bridge so that she can vividly picture/feel the situation. She encourages the supervisee to convey a mix of summarized information as well as the nuance of detail. Videotape, audiotape, or process recording notes can provide supporting or contrasting vantage points (see preceding discussion about the art of remembering on page 54).

*The very uncertainty of appearance of some of the elements slows down our perception of the image . . . and encourages us to take time over them; to become aware that some things are at that point of irresolution, which makes them difficult to identify, forcing us to keep scanning the surface to discover all sorts of incidents and nuances . . . The idea of a gaze that simply identifies or possesses an object is, in fact, undermined here.*

A supervisee might present several separate, intensely connected topics. For example, she might want to discuss her difficulty in handling the behavior of a child and her disagreement with other team members about this child. It may be useful to distinguish between the two issues. Peeling back an interaction, looking closely at each behavior and feeling, can be very helpful. When it remains difficult for the supervisor to gather the sense of what occurred, it may be useful to engage in a role play so that the supervisor and supervisee can experience the emotional content and intensity of the interaction. When a supervisee presents an issue that is particularly difficult for her, she often begins in the middle of the story, where she is most confused or at the end, where she is most discouraged. Slowly reconstructing the interactions may help to reduce the anxiety and, therefore, increase the opportunity for insight, reflection, and resourcefulness.

#### PHASE 5: FORMULATING HYPOTHESES

As the details are uncovered, the supervisee and/or supervisor begin to formulate a hypothesis about underlying context or about a way to consider what has

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just occurred, usually in a shared way. This is a particularly fruitful time for the integration of theory and practice. "It sounds as if this mom is feeling so overwhelmed and hopeless, and that's affecting everyone in the family. It reminds me of that article we read on family systems, remember?" The supervisor might offer a hypothesis based on her experience and knowledge, or together they could explore alternative explanations. It is these formulations, based in large part on emotional information, which guide this process to the next stage.

PHASE 6: CONSIDERING NEXT STEPS

Given the hypotheses, the supervisee and supervisor can begin to consider possibilities for next steps. As in the initial phases, it may be helpful to have a phrase to mark this phase of the interview: "In the time we have remaining, let's consider what possibilities are available." This phase can include relatively concrete trial action, including brainstorming, role play, rehearsal, or materials development. One supervisee, for example, was struggling with her role on the assessment team. In exploring the issue, she began to realize that her frustration resulted not from the dynamics of the team but, rather, from a lack of focus within her own assessment observations. She used the remaining portion of the supervisory hour to develop a list of observation topic areas. This beginning tool increased her confidence and renewed her energy for the task at hand.

This phase may look very different for the supervisee who is helped to realize that her job is *not* to act. The supervisory ses-

sions provide a safe place to sort out the feelings of urgency and to nourish the capacity to tolerate the tension inherent in guiding others toward developmental growth and change.

PHASE 7: CLOSING

The closing acknowledges the end of the session and validates the process that has just occurred. The supervisor might inquire about what lies ahead for the coming week. At this point of separation, the session usually ends by confirming the next appointment, a way of affirming ongoing partnership and assistance, part of the supervisory contract.

The foregoing steps work for other problem-solving conversations with the supervisee outside of the session. All the phases are there, but they are briefer. The process of focus, discovery, and next steps is similar, as is reassurance about future reconnection. The process also is helpful in guiding group supervision sessions, as described in the following section.

*On the Way to Reflective Practice: Making It Happen*

While we and others (Fenichel, 1992) advocate for individual supervision as an irreplaceable key to reflective practice in infant/family and preschool services, the unfortunate, present reality of the field is that precious few programs are able to offer staff the opportunity for regular, one-on-one supervision. In fact, individual super-

vision may be the final step rather than the first step, even for programs fully committed to reflective practice. We suggest a range of adaptive options for programs and for individual practitioners to consider as they move toward increasing opportunities for reflection within programs and/or with practitioners who have previously not experienced reflective supervision. These include adaptations of staff meetings and clinical meetings as well as the gradual establishment of opportunities for group supervision, individual supervision, and program consultation. While we are offering a range of valuable opportunities for generating reflective practice, individual supervision should remain a goal for all infant through preschool programs.

Prior to discussing these options for introducing and enhancing opportunities for reflective practice, it is essential to remember that their validity will be influenced by and will depend upon the larger context of the program. How each staff member experiences her job depends on her relationship with her immediate supervisor and on other intrinsic factors including the scale of the program, the current state of program stability, the characteristics of leadership, the support available to the leaders, and the nature of peer relationships. A review of these contextual contributors as background for the consideration of adaptations in program practices follows.

### Context for Reflective Practice

It is helpful to realize that all programs cycle through periods of equilibrium and disequi-

librium, resulting from internal and/or external forces. Gilkerson (1993) identified four areas contributing to these cycles: financial stability, staff relationships (including staff/administration relationships), staff changes (including new paradigms for practice), and critical program events (such as a move of the site to a new location or an eruption of community violence). In a program where the present leadership is characterized by unclear or punitive leadership styles, staff may be preoccupied with trying to figure out or cope with messages from the hierarchy. When external systems issues dominate, such as funding or policy shifts in early intervention programs, staff, even leadership, may be focused on program stability and job security. When, instead, the external and internal pressures are in relative balance and/or when leadership provides helpful structures and responsive support, staff can focus their energy on the work at hand. Informal relationships can provide mutual support. Conversation drifts naturally to the infants and families served.

When the leaders model one person helping another, peer interchange will more likely be supportive. In fact, the quality of peer relationships is a good indicator of the health of the organization and nature of the leadership style. Edna Adelson Fraiberg (in Gilkerson, 1992, p. 20) describes the essential role that collegial peer relationships played among the pioneering group of infant mental health practitioners:

It was a bit like a life raft mentality. We were all in there helping one another. When we'd be ready to dash out to a home visit, when

### Reflective Process in Group Meetings

This section discusses adaptations that can be made to existing group meetings, such as administrative or staff meetings and clinical meetings, and introduces the utility of group supervision. The potential of the group for self-reflection is also explored.

#### ADMINISTRATIVE MEETINGS

##### *Reframing Meetings:*

##### *A Community at Work*

Fenichel and Eggbeer (1992b) point out that routine staff meetings can be a starting place for engendering reflection, particularly where isolation from birth-to-three colleagues is a "serious occupational hazard" (p. 23) such as for home visitors and child care teachers. Staff meetings represent shared time when the program community gathers to think together and, therefore, to do its communal work. It can be a time to share emotions, a "powerful antidote to the 'overwhelming nature of being alone'" (Doud, in Fenichel & Eggbeer, 1992b, p. 23). Viewed in this way, the vitality and depth of engagement during staff meetings is another marker for a wholesome, energized organization. Boredom, lack of animation, grumbling when a new meeting date is set, or a quiet dearth of ideas are signals that something significant is amiss.

The way communication is handled, individuals are treated, and the group is facilitated become, by parallel process, a working model for staff of the program philosophy. Indeed, how we are as a group conveys a great deal about what we believe about

the day had been particularly chaotic, there was someone to help you focus, to collect yourself. When you returned (to the office) and knew you couldn't do another thing until you talked it out, there was always someone with a cup of coffee to help you come back to earth. This work is just different from others. We left the book behind. We responded to families and let them lead us. . . . So much is subliminal; you're responding to signals you can't articulate without the eyes and ears of your colleagues. No one had the answer. We were all in there together. With all our goofs.

Wise administrators validate and protect such time for thoughtful, responsive, mutually generative staff relationships. Thoughtful leaders also ensure that they have a network for themselves—other leaders to support and reflect upon their own development and practice (see Bertacchi & Stott, 1991 for a model of a support group for directors). As each leader receives support, so she is able to support her staff. Reading and rereading, and discussing and rediscussing the characteristics of reflective supervision noted previously in this chapter in the context of the actual day-to-day life of the organization can transform each leader's practice. Only with nondefensive reflection upon her own practices can a leader make the shifts required to gradually shift her own understandings, emphases, and expectations at work. Each staff member needs to have a relationship of meaning and of openness, preferably with her superiors, in order for these changes to gradually germinate and take root, grow, and blossom.

relationships. Who sets the agenda and by what process? What kinds of ideas are valued? Is a range of feelings encouraged? How are disagreements or new ideas handled? Are individual and group accomplishments celebrated?

*Opportunities for Reflection within Existing Meetings*

The operational question for each program becomes: In what ways can the program begin to use the meetings that already exist in new, more reflective ways? An excellent starting point is to explore with the group what their individual and collective experience is of the present meetings along the dimensions just mentioned and any others that staff members raise. What is the typical emotional tone/atmosphere of staff meetings? How are agendas determined? What about the purpose of these meetings? Do people agree on the purposes? Are the goals being achieved? Are meetings efficient, yet do they still offer opportunities for depth of discussion? What processes/structures keep the group focused? How do people feel after the meetings? How can staff meetings serve to promote professional growth and program responsiveness? What small, next steps could be taken to make the meetings more thoughtful, more constructive?

Fine-tuning opening rituals is one simple way to begin to shift the group process. One program decided to begin administrative meetings with a round-robin, offering each team member a few minutes to share what was new since they last had met. Another program decided to start in a lighter way, connecting as people first with "up

close and personal" updates in addition to program news. Still a third began with time to "take the pulse," a few moments for each member to take stock, to give a reading on how each was doing during a particularly challenging period. These beginnings legitimize the importance of self-awareness as well as connection with others.

This reflective process begins to model the kind of thoughtful deliberation, considered planning, and mutual engagement we hope staff will bring to all aspects of their work. The capacity of leadership to hear staff concerns and ideas, to reflect upon them, to respond openly and nondefensively, and to follow through will make or break this initial step. Thus, the leaders, themselves, will need to process their reactions, feelings, and ideas about these directions. There is almost always a way to integrate the new and the old directions. If leadership decides against novel suggestions, it is essential that their rationale is explained to staff with opportunities for them to respond. We are talking about the building of honest interchange, which leads to mutual trust and respect.

In an open context, it is crucial to take time to build or tinker with an existing mission statement: What is the purpose of our program? What kinds of outcomes are expected? What do we believe about how to achieve our goals? People will be reassured when they experience the sense that *their* ideas count and become folded into the emerging whole.

*Forming a "Committee on the Group"*

To watch over the well-being of the group, the staff may want to form a committee to

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interact with the leader and help the leader think about the group and its needs. The committee and the leader then recommend to the group ways that it can grow and strengthen and solve problems. The committee represents the group by sorting through and integrating members' ideas and feelings and facilitating tactfully offered, but nevertheless, out-front messages in all directions. This process is an example of open communication. It is an efficient way to help the leader to know what people really feel and help the group to exercise constructive strategies for problem identification and resolution.

### *Providing Consistent Yet Flexible Leadership*

In each type of meeting, there is designated, consistent leadership. Yet, in a democratically run organization, anyone can *actually* lead because everyone is heard. A new staff member may, for instance, volunteer a pivotal insight. Furthermore, individual members may chair certain portions of the meetings, take minutes, summarize and integrate important points, or organize a staff retreat. This is enabling to everyone and can be an enormous relief to designated leaders.

Group meetings provide a prime opportunity to model responsivity. It is a time when norms are reinforced and philosophy put into action. Leaders support cohesion by summarizing what has been said, thus drawing on what everyone has to contribute. The leader at such a meeting makes sense out of conflicting points of view by integrating and synthesizing. It is rare that there is not a kernel of worth in

what someone is saying. The key is to recognize that kernel and to bring it together with others. Generally, fine leaders see the value in what each person brings into the mix and make some use of it. Thus, real leaders become a force for integration, rather than for polarization. Leaders can deepen discussion on a topic by asking thoughtful questions or by offering their own insights and experience. Taking a topic to a deeper level encourages staff to stay with difficult issues. All this implies responsive, decentralized, nondefensive leadership—leadership open to thoughtful change.

### *Distinguishing Clinical Discussions from Administrative Management*

A step which may be helpful to many programs is distinguishing (by labeling) administrative discussions from clinical/in-service discussions. Without making these distinctions, business/management topics too often tend to dominate the agenda of every meeting. Then administrative and clinical meetings can be held on separate days, one longer meeting can be divided into two parts, or administrative and clinical meetings can be held on alternate weeks. The program director with senior clerical staff might lead the management meetings, and senior clinical staff may lead the clinical review meetings. The meetings might have different formats, locations, and record-keeping procedures.

We advise that each program adopt a guideline regarding the percentage of group meeting time allocated to administrative/management issues and suggest that no more than 20 percent of time for group meetings be used for this purpose.

Making an explicit decision regarding the balance of administrative and clinical time requires that leadership and staff face the issue and asks that *both* take responsibility to address it. When possible, administrative items should be handled quickly. If they cannot be, then there are probably clinical implications that should be deferred to a clinical/in-service discussion or meeting. By recognizing these distinctions and placing such issues in the clinical context, concentration can then be appropriately placed on how it is that people *are* served vis-a-vis how they *should* be served or on larger programmatic issues that have significant implications for program design.

*Incorporating Reflection into  
Management Meetings*

Furthermore, it is also essential that business/management meetings always have a component that is reflective and/or engaging. No aspect of the work is unrelated to the program's philosophy and relational approach. A discussion of how fees are to be collected, for example, can be demoralizing or can lead staff to new ideas for more generative practice. To achieve quality in program practice, staff members need to continually remind themselves and each other that every procedure profoundly affects how families experience the program. In this time of increasing regulation of early childhood programs, we underscore the critical importance of generating and abiding by engaged, reflective, individualized practice when trying to fulfill requirements of funding and accrediting agencies. Given this, how can we use this new expectation to bolster and expand relationally and affec-

tively alive practice or how are we going to integrate this expectation with our philosophy of service, our knowledge of the families and communities we serve, and our current practices rather than how are we going to change to fulfill this external requirement?

*Stepping Back to Move Forward:  
Coming Together to Appreciate and  
Understand One Another*

When several times a year, one regular or extended staff meeting is devoted to the individuals who make up the staff, a sense of vitality and mutual appreciation ensues. We recommend that staff spend time exploring their stories of what brought them to the work. Who are they in the world? How do they define their role to others outside of the agency? What experiences in childhood and earlier in adulthood still keep them alive to the work? Staff can reflect upon their work with children and families over the past several months, taking stock of the mutual impact between themselves and the children and families they serve. Further, the group can consider its own evolution and developmental stage. How has this period been for the group as a whole? What challenges have they faced, and how did the group respond to these challenges? What were the low points? What were the high points? Ground rules such as the length of discussion time that each individual has to respond should be set in advance. There should be ample time for spontaneous discoveries of similarities and differences, for meandering and for depth of discussion.

Periodically, it is also helpful to conduct an oral history of the program: retelling its birth, remembering the founding mem-

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bers and their guiding principles, the pop-  
ulations served and the approach used,  
and, most importantly, how and why the  
program has changed over time (Gilkerson  
& Als, 1995). This activity is especially  
helpful when a significant number of new  
members join the group. As the history is  
told and retold, it is helpful to differentiate  
and name eras to mark time and thus, to  
create an opening for the next phase which  
will be shaped by the present team—new  
members included.

### Creating Celebrations and Developing Rituals

In addition to creating regular opportuni-  
ties for staff to reflect as a group on their  
own development, strong programs, like  
strong families, develop other rituals and  
celebrations, both to move through life cy-  
cle events and to honor the group, its good  
functioning, and all its hard work. All staff  
events mark important passages for the  
program and staff and create new opportu-  
nities for connection. Examples include  
birthday parties, Friday Lunch Bunch  
(staff order out from favorite restaurants  
and enjoy a group lunch), annual holiday  
celebrations, and anniversaries of years of  
service. To integrate the administration  
and multicultural staff of a large commu-  
nity agency, one program opted to hold a  
monthly potluck. All staff, including ad-  
ministrators who always attended, were re-  
quired to come and to bring a dish to share.  
While much time was spent in informal, re-  
laxed conversation, a compelling topic re-  
lated to the work was also addressed in an  
interesting and engaging way, reinforcing  
their shared mission. These monthly

meetings offered personnel including sec-  
retaries, janitors, and drivers an opportu-  
nity to connect, to know one another and  
the agency at a deeper level and to feel and  
*know* that they were part of something big-  
ger. What began as a requirement became  
so lively that people did not want to miss  
the chance to connect.

Celebrations for and with families are  
also an essential component of a caring  
and responsive program, such as children's  
birthdays, room picnics, reunions of "grad-  
uate families," and graduations or moving-  
on ceremonies for early childhood pro-  
grams. When thoughtfully organized, these  
events celebrate both individuals and the  
group as a whole.

### CLINICAL MEETINGS

The following sections offer a range of  
ideas. Each of them can be thought of as a  
cornerstone for in-service training. Indeed,  
the most important way to assist a staff to  
grow as individuals and as a program is to  
guide them to study and consider their  
practice together with regularity. Rather  
than spending precious dollars on brief  
"trainings," programs will improve over  
time only if they offer ongoing, regular, in-  
depth study of children and families they  
serve with leaders or consultants who know  
how to do so and to attach that study to a rel-  
evant conceptual, relationship-centered  
base, flowing from immersion in the in-  
depth knowledge of developmental factors.

### Role of Parallel Process in Clinical Meetings

Clinical meetings are those where the ac-  
tual work with children and families is dis-

cussed. These meetings may be called "staffings" or "case conferences," although the term "case" is being used less frequently in many infant/family settings out of respect for and sensitivity to families and children. The goal is always to join staff perceptions one to the other, deepening understandings of individual differences and of the child's and family's own perceptions and their developmental needs.

Discussions may center on particular children and families or on more generic issues in which staff discuss their work with children and families as examples of various concepts or strategies. The idea of "parallel process" suggests that meeting process can model reflective practice. It is essential that the clinical meetings be thoughtfully and responsively run.

#### *Considering the Phases of Clinical Discussion*

The same phases described for individual supervision also apply to the group process: time to prepare, greet and orient, honing in on the agenda, discussion of the work with patience and detail, taking one hour or longer to discuss a particular family in terms of each individual, the dyads and triads, and their systemic interrelationships or a child in terms of each aspect of his development, finding hypotheses, and considering next steps. These processes, which become familiar, encourage coherence, integration, and a sense of safety and openness. For many of the young children and their families, integration is among the most challenging aspect of their development. This reliable, consistent process is essential to reduce fragmentation and confusion

within and among service providers. Thus, teamwork and role clarity is promoted.

#### *Leadership of Clinical Meetings*

Clinical discussions are best facilitated by one consistent person who is skilled in cultivating group process by creating a safe forum where everyone's ideas can be considered, cultivated, and integrated with others when appropriate. Knowledge of individual development and relational development across psychobiological, social-emotional dimensions is essential, as is depth of understanding about how to intervene using specific relational elements. This last factor will lead programs to move toward increasingly deep relationships of designated staff with particular children and families. Too many currently undermine their helping potential by being diffuse in their relational "offers." Everyone is pleasant to everyone, but richness of meaning and of exchange between people who come to engage deeply and developmentally together—the currency of growth promotion—suffers because no one person is designated and learns how to cultivate relationships for the purpose of growth.

#### *Maintaining a Theme*

To further enhance coherence in clinical discussions, it is helpful to focus upon a few continuous threads over time that emerge from practice-based challenges. Such themes could include what and how to communicate with parents or how to identify and meet complex developmental needs of an individual child. As the themes emerge and are made explicit, they can be explored during discussions and become

## ASSESSMENT

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the focus of in-service sessions and shared or assigned readings.

### *Following Affect*

Emotions provide essential information about people and situations, yet professionals from disciplines other than mental health tend to use affect relatively unconsciously. In infant through school-age work, a goal of the field is to help workers become more aware of affects and their use, because experiencing and using emotions in the workplace is not only legitimate, it is necessary.

Through supervision and reflective discussion, emotions are honed and become an instrument that is virtually in constant use. Clinical meetings should model, cultivate, and teach this capacity (c.f. Copia et al., 1999). Occasional collaboration between supervisor and supervisee in an intervention session or other parts of the program is also an effective way to model, cultivate, and train staff to listen for both passion and subtle emotion. Discussion can then explore what staff members feel, understand, and finally, what choice of response might be made.

Videotaping is another way to offer staff members a chance to reflect upon how they felt in relation to how others perceive them. Watching a videotape alone and then sharing it with the team allows a staff member to see, feel, and identify with what the children and adults experienced, to consider what the experience might have been like for them. Further, what choices were made and why, what each participant was trying to accomplish, and for what self was he or she striving need to be actively considered. It can be surprising for profession-

als to note that there is a lack of synchrony between how they appeared and how they felt. For example, "I never knew that I look so stern when I'm asking questions," or "Wow . . . I looked so much calmer than I felt!"

## CONSIDERING GROUP SUPERVISION

### *Group Process*

Group supervision offers a more intensive, dynamically oriented process than is typically possible in larger clinical meetings. Yet, it is not as time or labor intensive as individual supervision. Group supervision involves a formal understanding with a relatively small number of staff (two to six) and an identified facilitator to meet regularly to discuss their work and their responses to the work. The minimum length should be one hour for a group of two and might last as long as two hours for a group as large as six. The facilitator should be an experienced, mature clinician with skill in group process. This is an excellent role for the mental health professional on the team or for a mental health consultant. The ground rules are set by the group facilitator. People say what they think and feel, but they must do their best to frame their messages tactfully to convey their reactions and ideas for group members' consideration.

This is good practice for clinical work: Framing important, even difficult messages in ways that another can hear them. When a member of the group is offended or upset by a comment, it becomes grist for the group's process. The person who made the comment learns how what occurred made the other(s) feel and to reflect upon

or try out alternative ways to communicate. The person who was offended gets to practice self-protection, without blame or retaliation. For group supervision to fulfill its promise, the facilitator needs to be even-handed, attending to the protection of each individual as well as the safety and intactness of the group as a whole.

Typically, a group supervision session begins with time to take the pulse of the group by offering each person the opportunity to share briefly. The facilitator asks if anyone has a pressing issue to discuss. Several minutes are also set aside to follow up with the person who presented her work at the last meeting. Reviewing past discussions is vital to modeling coherent and *continuous* process, just what needs to be cultivated between staff and families and with families themselves. Generally, group members present their work and everyone participates in the discussion. The facilitator also actively participates but, typically, contributes after multiple perspectives have been shared. The facilitator may ask questions, draw parallels between the present work and that previously presented, or offer new insights and interpretations. Since the facilitator is selected for skill in group process *and* for clinical expertise, group supervision offers a wonderfully rich, situation-specific opportunity for teaching about clinical work. The facilitator teaches process by modeling an engaged, respectful, listening, reflective stance. Helping all members to aggregate and organize information and impressions, the facilitator helps the group to balance the needs of the supervisee with the needs of the family/child being discussed.

#### USING CONSULTANTS

Consultants may be employed as facilitators on a part-time basis. It is important that they come to the program and have time to get to know it and its cast of characters. Similarly, the consultant needs to become known and trusted. Programs may contract with a consultant from a local mental health clinic, college/university, or private practice to provide group supervision. Funds to hire a consultant can be built into the ongoing budget or, initially, can be secured through small foundation grants or other fundraising efforts. In some areas, members of the American Association for Marital and Family Therapy conduct group supervision pro bono for infant/parent programs, as a service to the community and as an opportunity to their members for professional growth. Similarly, in some locales, the local mental health agency supplies a staff member for several hours per week, or a graduate school of social work or clinical or counseling psychology might offer a field instructor to expand community/university connections. Group supervision sessions similar to those previously described are essential components of graduate education in two leading early childhood institutions: Bank Street College of Education and Erikson Institute. Increasingly, early childhood professional preparation programs are providing the foundation for reflective practice upon which ongoing professional development can build.

#### Reflective Process in Individual Supervision

Both 1991 and current survey results revealed that not only is individual supervi-

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sion relatively rare, but also what is offered often falls short of minimum supervisory standards. To be considered individual supervision, meetings must occur on a regular rather than on an as-needed basis. Further, sessions should be held more than monthly, preferably weekly, and they should last for from 45 to 60 minutes each. The focus of supervision should be on the work with individual children and families, rather than on program planning, logistics, or coordination. Additionally, it should address the professional development needs of the supervisee, including exploring, as appropriate, issues of career development and professional identity. (See the section entitled Reflective Supervision Contributes to Professional Identity and Career Development earlier in this chapter.)

SUPERVISORY INTENSIVES

While ongoing individual supervision for each staff member is a standard practice in mental health settings and advanced training programs, it should become a long-term goal for infant through preschool programs. As programs move in this direction, we propose they implement the practice of "Supervisory Intensives," that is, time-limited periods where staff are guaranteed intensive, weekly supervision. In this model, every staff member receives a minimum of six continuous months of individual supervision every two to three years, depending upon the resources of the agency, and later begins or returns to group supervision. Supervisory Intensives would be provided by senior staff, program directors, or mental health staff or consultants. As noted previously, consultants can be hired from local

mental health clinics, colleges/universities, or therapists in private practice. Supervision can be paid for through existing program funds or through foundation or corporate grants. Every opportunity should be made to include individual supervision in grant-funded projects, such as Early Head Start or Healthy Families America. The message to policymakers is that individual reflective supervision is not a luxury, but a minimum standard for professional practice. The field must move toward becoming state of the art.

IN SITU SUPERVISION

When regularity, even in the limited form of Supervisory Intensives, is not possible, programs can provide staff with in situ opportunities for reflection with a mental health member of the team or a mental health consultant. This model, called Catching the Staff (Hefron, 1995) or Life-Space (Redl, 1966) Supervision, provides staff with easy access to a mental health professional for relatively brief discussions. For example, in the NICU (Neonatal Intensive Care Unit) at one hospital, the infant mental health specialist positions herself near the staff changing room when a change of shift occurs. Staff have come to expect and count on her presence, stopping to talk "as needed" about a difficult issue or simply to refuel for a moment before going home. The contacts in this model are staff-initiated. In another hospital setting, the consulting psychologist joins the nurses for Monday rounds, a time set aside to discuss staff/family relationships and emotional responses to the work. This session gives the psychologist a sense of the present issues and the needs of individual

staff members. During the week, the psychologist visits the unit daily, making herself available to staff who seek contact, stopping by to talk with a nurse who appears to be having a difficult day, or reconnecting with a nurse who shared a troubling situation in Monday rounds. This consultation is very fluid, often brief, but carefully attuned to the immediate needs of the staff. It models the kind of "in the moment responsivity" required of staff in most community-based service delivery systems.

#### FORMALIZED PEER MENTORSHIP

Peer mentorship is another rich resource to support reflective practice and to expand limited resources for individual supervision. For example, a new staff member could be asked to keep a journal over the first months in the program and to meet periodically with an experienced team member to reflect upon the experiences, feelings, ideas, and concerns arising from this new role. This mentor relationship might continue formally throughout the first year in practice and then continue as a part of the natural network within the program.

#### Reflection with Families

As it is essential for professionals to step back and think through their work with colleagues, it is also essential to take time with families to think together about how the work is going. While families are unique and all suggestions must be considered only in light of the needs and capacities of each family and each provider, we recom-

mend that programs extend the process of reflection from supervisory relationships into provider/family relationships. This can be as simple as taking a moment at the end of home visits to pause and ask: "How do you feel about what we did today? Did we cover what you hoped we would?" Another example is to have a ritual ending to parent groups where each member has a moment to comment on how the meeting was for them. As practitioners grow in their capacity to consider their own performance within a supportive supervisory relationship, they will be strengthened in their capacity to ask for, hear, and use feedback from parents. Periodic conversations with families to explore what is going well and what might be changed become a mainstay of professional practice.

Reflection can also be systematically built into the early intervention process. Carl Dunst and his colleagues (Dunst, Trivette, & Deal, 1994) designed the annual Individual Family Service Plan review process to include quiet time with the social worker, about two-thirds through the process, for the family to be encouraged to reflect upon and talk over what they have experienced and felt so far, and consider not only what still needs to be addressed, but also how they would prefer it to be addressed. This time to reflect lets the family decompress from the intensity of the interactions and gather their thoughts. It also offers time, if the family wishes, to talk about the feelings that have come up during the assessment and feedback sessions. Based on these reflections, the family has the opportunity to identify their unanswered questions and to set the direction

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for the remaining time with the assessment team. A family member might say, "I have heard all the numbers I can hear today. I only want to talk about what to do." In another situation, a family member might say, "I realize now that my major worry is my older child and how he is feeling about his little brother. I'd like to talk about that." In this approach, families also have time before the IFSP review day to consider what they want from the process and to develop specific questions for each professional they will see. Thus, "reflection for action" is incorporated as well as "reflection in action."

"Reflection on action" is illustrated in the Family Administered Neonatal Activities (Cardone & Gilkerson, 1988). The FANA is a three-phase process with new parents which begins with a family interview where families are encouraged to use the time to talk about how they are feeling, their labor and delivery, and what they already know about their baby. The next phase involves an active exploration of the newborn's capacities. The last phase is time to reflect—time to pause and consider what they have experienced. The facilitator asks questions such as: How do you feel about what we have just done together? What did you see that you expected to see? What did you see that surprised you?

Reflection is the continuing reconceptualization of what one is doing, observing, and feeling. This rich, generative process gets built into the very center of work *with* families and on behalf of families, when it flows from individuals who are also being supported by regular opportunities for shared reflection.

Conclusion

Reflective supervision and reflective practice provide an oasis in time, a place to breathe, remember, consider, and plan alongside an experienced, concerned, and dedicated professional. It minimizes loneliness and isolation and counteracts mediocrity.

In human services, there is no such thing as graduating from professional school knowing how to do the work. Preprofessional training and experience is simply the foundation. In fact, professional development is a lifelong process since one is constantly confronted with new challenges. No human situation is exactly the same. Reflection upon one's work is a central feature of professional growth and practice. Reflective practice can be achieved in many ways, but flourishes in a trustworthy environment, with responsive leadership and mutually supportive peer relationships. As James Baldwin wrote, "The moment we cease to hold each other, the moment we break faith with each other—the sea engulfs us and the light goes out."

To acquire the conceptual knowledge, the self-knowledge, and the experience needed to work effectively with young children and families and the capacity for relationally-specific, emotionally lively engagement, professionals must have multiple opportunities to experience respectful, responsive supervisory relationships over time. Workers, their supervisors, and their directors need sustained periods with intensive individual reflective supervision where the learning, knowing, doing, and being

merge. Through this process, new affectively-lively knowledge and skills move from "the domain of new and 'tacked on,' to the familiar and indispensable" (Pine, 1985, p. 121), to an integral part of the professional self. With a parallel transformation, the agency or unit becomes a compelling and meaningful community in which to work and in which to grow, feel, and be effective.

### Notes

\*During the summer of 1998, while writing this chapter, one of us (RSS) viewed the paintings by Pierre Bonnard at the Museum of Modern Art in New York. Listening to the acoustiguide (by Glenn Loury, Director and John Elderfield, Curator), I was astonished to recognize the descriptions of the paintings as one metaphor after another for the internal experience of reflective practice. These quotations and ideas have been adapted from the narrative of the acoustiguide to illuminate the text which follows.

1. Respondents from New York all attended the Institute for Clinical Studies of Infants, Toddlers and Parents, part of the Jewish Board of Family and Children's Services.

### References

- Advisory Committee on Services for Families with Infants and Toddlers. (1994, September). *Statement of the advisory committee on services for infants and toddlers*. Washington, DC: Department of Health and Human Services.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall S. (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.
- Axtmann, A. (1984). The center for infants and parents at Teachers College, Columbia University: A setting for study and support. *Zero to Three*, 4(2), 3.
- Axtmann, A., with Bluham, C. & Wolf, D. (1986). Friendship among infants? Yes, indeed! In *Beginnings*. Redmond, WA: Exchange.
- Axtmann, A. (1998). *Babies, Toddlers, Parents, Caregivers: Growing Together*. Videotape available through Great Projects Film Company, Inc., New York, NY (212) 581-1700.
- Belenkey, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). *Women's ways of knowing: The development of self, voice, and mind*. New York: Basic Books.
- Bertacchi, J., & Stott, F. (1991). A seminar for supervisors in infant/family programs: Growing versus paying more for staying the same. *Zero to Three*, 12, 34-39.
- Bowlby, J. (1988). *A secure base*. New York: Basic Books.
- Bowman, B. (1989). Self-reflection as an element of professionalism. *Teachers College Record*, 90(3), 444-451.
- Bredecamp, S., & Copple, C. (Eds.). (1997). *Developmentally appropriate practice in early childhood programs*. (Rev. ed.). Washington DC: National Association for the Education of Young Children.
- Brown, F. (1984). Erotic and pseudoerotic elements in the treatment of male patients by female therapists. *Clinical Social Work Journal*, 12(3), 244-257.
- Cardone, I., & Gilkerson, L. (1988). Family Administrated Neonatal Activities: an in-

# Cultivating Reflective Practice in Infant, Toddler, and Preschool Programs

- novative component of family-centered care. *Zero to Three*, 10(1), 23-28.
- Copa, A., Lucinski, L., Olsen, E., & Wollenburg, K. (1999, August-September). Promoting professional and organizational development. A reflective practice model. *Zero to Three*, 20(1), 3-9.
- Dunst, C. J., Trivette, C. M., & Deal, A. G. (Eds.). (1994). *Supporting and strengthening families—Volume 1: Methods, strategies and practices*. Cambridge, MA: Brookline Books.
- Eggbeer, L., Fenichel, E., Pawl, J. H., Shanok, R. S., & Williamson, D. E. (1994, October). Training the trainers: Innovative strategies for teaching relationship concepts and skills to infant/family professionals. *Infants and Young Children*, 7(2), 53-61.
- Emde, R. (1998). *Verbal communication as Visiting Scholar to the Institute for Clinical Studies of Infants, Toddlers and Parents and the Early Childhood Group Therapy Program of Child Development Center*. New York: Jewish Board for Family and Children's Services.
- Felton, J. R. (1986). Sex makes a difference—How gender affects the therapeutic relationship. *Clinical Social Work Journal*, 14(2), 127-138.
- Fenichel, E. S., & Eggbeer, L. (1991). Preparing practitioners to work with infants, toddlers, and their families: Four essential elements of training. *Infants and Young Children*, 4, 56-62.
- Fenichel, E. S., with NCCIP Work Group on Supervision and Mentorship. (1992a). In E. Fenichel (Ed.), *Learning through supervision and mentorship to support the development of infants, toddlers and their families*. (pp. 9-17). Arlington, VA: National Center for Clinical Infant Programs.
- Fenichel, E. S., & Eggbeer, L., with NCCIP Work Group on Supervision and Mentorship. (1992b). Overcoming obstacles to reflective supervision and mentorship. In E. Fenichel (Ed.), *Learning through supervision and mentorship: A source book*. (pp. 18-26). Arlington, VA: Zero to Three.
- Feuerstein, R. (1986). Learning to learn: Mediated learning experiences and instrumental enrichment. *Special Services in the Schools*, 3(1-2), 49-82.
- Foley, G. (1994, February-March). Parent professional relationships: Finding an optimal distance. *Zero to Three*, 14(4), 19-22.
- Fraiberg, S. H., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problem of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14, 387-422.
- Freud, A. (1954). The widening scope of indications for psychoanalysis: Discussion. In *The writings of Anna Freud* (Vol. 4, pp. 356-379). New York: International Universities Press.
- Freud, S. (1912). The dynamics of transference. In *The standard edition of the complete psychological works of Sigmund Freud* (pp. 97-108). London: Hogarth.
- Gabbard, G. O. (1994). Sexual excitement and countertransference love in the analyst. *Journal of the American Psychoanalytic Association*, 42(4), 1083-1106.
- Gilkerson, L. (1992). Supports for the process of change in "program families." *Zero to Three*, 12(3), 19-21.
- Gilkerson, L. (1993). *Taking the pulse: Understanding the dynamics of your unit*. Paper presented at the Contemporary Forums Developmental Interventions in Neonatal Care Conference, San Francisco, CA.

## VOLUME TWO / EARLY INTERVENTION, EVALUATION, AND ASSESSMENT

- Gilkerson, L. (1995). Reflection on the process of supervision. In R. S. Shanok, L. Gilkerson, L. Eggbeer, & E. Fenichel (Eds.), *Reflective supervision: A relationship for learning. Discussion Guide* (pp. 41-49). Arlington, VA: Zero to Three.
- Gilkerson, L., & Als, H. (1995). Role of reflective process in the implementation of developmentally supportive care in the newborn intensive care nursery. *Infants and Young Children*, 7(4), 20-28.
- Gilkerson, L., & Young-Holt, C. L. (1992). Supervision and the management of programs serving infants, toddlers, and their families. In E. Fenichel (Ed.), *Learning through supervision and mentorship: A sourcebook*. Arlington, VA: Zero to Three.
- Greenspan, S. I. (1992). *Infancy and early childhood*. Madison, CT: International Universities Press.
- Greenspan, S. I. (1997). *The growth of the mind and the endangered origins of intelligence*. Reading, MA: Addison Wesley.
- Grimmett, P. P. (1988). The nature of reflection and Schon's conception in perspective. In P. P. Grimmett & G. L. Erickson (Eds.), *Reflection in teacher education* (pp. 147-176). New York: Teachers College Press.
- Henderson, D. (1997). Women practitioners counseling men: Challenges and obstacles. *Zero to Three*, 18(1), 18-23.
- Klein, N., & Gilkerson, L. (in press). Personnel preparation for early childhood intervention programs. In S. Meisels & J. P. Shonkoff (Eds.), *Handbook of early childhood intervention* (2nd ed.) Cambridge: Cambridge University Press.
- Lynch, E. W., & Hanson, M. J. (1992). *Developing cross-cultural competence—A guide for working with young children and their families*. Baltimore: Brookes.
- Mahler, M., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant: Symbiosis and individuation*. New York: Basic Books.
- Manis, F. (1979). *Openness in social work field instruction*. Goleta, CA: Kimberly Press.
- Pawl, J. (1995). On supervision. In R. Shanok, L. Gilkerson, L. Eggbeer, & E. Fenichel (Eds.), *Reflective supervision: A relationship for learning. Discussion Guide* (pp. 41-49). Arlington, VA: Zero to Three.
- Pine, F. (1985). *Developmental theory and clinical process*. New Haven: Yale University Press.
- Redl, F. (1966). *When we deal with children*. New York: Free Press.
- Rodriguez, B. M. (1995-1996, Fall-Winter). From self to other: Communication across cultures. *Family Resource Coalition Report*, 4, (3-4), 11-15.
- Ross, D. D. (1987). *Teaching teacher effectiveness research to students: First steps in developing a reflective approach to teaching*. Paper presented at the Annual Meeting of the American Educational Research Association, Washington, DC.
- Sander, A. M. (1993). An inquiry into the fate of transference in psychoanalysis. *Journal of the American Psychoanalytic Association*, 41, 627-651.
- Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NJ: Erlbaum.
- Shahmoon-Shanok, R. (1991). *Small Is Beautiful*. Opening Remarks at the Seventh Biennial Conference of Zero to Three: The National Center for Infants, Toddlers, and Families, Washington, DC.

- Available from the author at ICS\_ITP\_ECGT@psinet.com or (212) 632-4741.
- Shahmoon-Shanok, R. (1997a, April-May). Giving back future's promise: Working resourcefully with parents of children who have severe disorders of relating and communicating. *Zero to Three*, 17(5), 37-48.
- Shahmoon-Shanok, R. (1997b). *Peer play groups: Enabling individual growth in very young children*. Remarks and chart presented as moderator at a Zero to Three National Training Institute session entitled Turning the Lens Toward Peer Relations in Groups of Children Under Three, with J. Bitetti and D. Wittmer, copresenters.
- Shahmoon-Shanok, R. (2000). Infant mental health perspectives on peer play psychotherapy for symptomatic, at-risk and disordered young children. In J. Osofsky & H. Fitzgerald (Eds.), *WAIMH handbook of infant mental health: Vol. 4. Infant mental health in groups at high risk*. New York: Wiley.
- Shanok, R. S. (1984). *Attachment and individuation: Implications for programming*. Invited address at First Northeastern Conference of the Center for Infants and Parents, Teachers College, Columbia University, New York. Available from the author at ICS\_ITP\_ECGT@psinet.com or (212) 632-4741.
- Shanok, R. S. (1992). The supervisory relationship: Integrator, resource and guide. In E. Fenichel (Ed.), *Learning through supervision and mentorship: A source book*. (pp. 113-119). Arlington, VA: Zero to Three.
- Shanok, R. S., Gilkerson, L., Eggbeer, L., & Fenichel, E. (1995a). *Reflective supervision: A relationship for learning* [Video-tape]. Washington, DC: Zero to Three.
- Shanok, R. S., Gilkerson, L., Eggbeer, L., & Fenichel, E. (1995b). *Reflective supervision: A relationship for learning. A discussion guide*. Washington, DC: Zero to Three.
- Shanok, R. S., with Eggbeer, L., & Fenichel, E. (1994-1995, December-January). Using relationship to teach relationship: The risky business of role playing. *Zero to Three*, 15(3), 46-52.
- Shanok, R. S., Welton, S., & Lapidus, C. (1989). Group therapy for preschool children: A transdisciplinary school-based approach. *Child and Adolescent Social Work*, 6(1), 72-95.
- Sokoly, M. M., & Dokecki, P. R. (1992). Ethical perspectives on family-centered early intervention. *Infants and Young Children: An Interdisciplinary Journal of Special Care Practices*, 4(4), 23-32.
- Stern, D. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.
- Stott, F., & Bowman, B. (1996). Child development knowledge: A slippery base for practice. *Early Childhood Research Quarterly*, 11, 169-183.
- Tremmel, R. (1993). Zen and the art of reflective practice in teacher education. *Harvard Education Review*, 63(4), 434-458.
- Vygotsky, L. S. (1978). *Mind in society*. Cambridge, MA: Harvard University Press.
- Wolff, P. (1966). *The causes, controls, and organization of behavior in the neonate. Psychological Issues #17*. New York: International Universities Press.
- Yoshikawa, H., & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs*. New York: National Center for Children in Poverty, Columbia School for Public Health, and American Orthopsychiatric Association, Task Force on Head Start and Mental Health.

## *Cultivating Reflective Practice in Infant, Toddler, and Preschool Programs*

- Available from the author at ICS\_ITP\_ECGT@psinet.com or (212) 632-4741.
- Shahmoon-Shanok, R. (1997a, April-May). Giving back future's promise: Working resourcefully with parents of children who have severe disorders of relating and communicating. *Zero to Three*, 17(5), 37-48.
- Shahmoon-Shanok, R. (1997b). *Peer play groups: Enabling individual growth in very young children*. Remarks and chart presented as moderator at a Zero to Three National Training Institute session entitled Turning the Lens Toward Peer Relations in Groups of Children Under Three, with J. Bitetti and D. Wittmer, copresenters.
- Shahmoon-Shanok, R. (2000). Infant mental health perspectives on peer play psychotherapy for symptomatic, at-risk and disordered young children. In J. Osofsky & H. Fitzgerald (Eds.), *WAIMH handbook of infant mental health: Vol. 4. Infant mental health in groups at high risk*. New York: Wiley.
- Shanok, R. S. (1984). *Attachment and individuation: Implications for programming*. Invited address at First Northeastern Conference of the Center for Infants and Parents, Teachers College, Columbia University, New York. Available from the author at ICS\_ITP\_ECGT@psinet.com or (212) 632-4741.
- Shanok, R. S. (1992). The supervisory relationship: Integrator, resource and guide. In E. Fenichel (Ed.), *Learning through supervision and mentorship: A source book*. (pp. 113-119). Arlington, VA: Zero to Three.
- Shanok, R. S., Gilkerson, L., Eggbeer, L., & Fenichel, E. (1995a). *Reflective supervision: A relationship for learning* [Video-tape]. Washington, DC: Zero to Three.
- Shanok, R. S., Gilkerson, L., Eggbeer, L. & Fenichel, E. (1995b). *Reflective supervision: A relationship for learning. A discussion guide*. Washington, DC: Zero to Three.
- Shanok, R. S., with Eggbeer, L., & Fenichel, E. (1994-1995, December-January). Using relationship to teach relationship: The risky business of role playing. *Zero to Three*, 15(3), 46-52.
- Shanok, R. S., Welton, S., & Lapidus, C. (1989). Group therapy for preschool children: A transdisciplinary school-based approach. *Child and Adolescent Social Work*, 6(1), 72-95.
- Sokoly, M. M., & Dokecki, P. R. (1992). Ethical perspectives on family-centered early intervention. *Infants and Young Children: An Interdisciplinary Journal of Special Care Practices*, 4(4), 23-32.
- Stern, D. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.
- Stott, F., & Bowman, B. (1996). Child development knowledge: A slippery base for practice. *Early Childhood Research Quarterly*, 11, 169-183.
- Tremmel, R. (1993). Zen and the art of reflective practice in teacher education. *Harvard Education Review*, 63(4), 434-458.
- Vygotsky, L. S. (1978). *Mind in society*. Cambridge, MA: Harvard University Press.
- Wolff, P. (1966). *The causes, controls, and organization of behavior in the neonate. Psychological Issues #17*. New York: International Universities Press.
- Yoshikawa, H., & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs*. New York: National Center for Children in Poverty, Columbia School for Public Health, and American Orthopsychiatric Association, Task Force on Head Start and Mental Health.