

Reflective Supervision

Past, Present, and Future

LINDA EGGBEER
TAMMY L. MANN
NANCY L. SEIBEL

ZERO TO THREE

Reflective supervision is the focus of this Journal issue: the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with young children and their families. Reflective supervision has received considerable attention for its potential, in all infant–family settings, to improve the quality of work with babies and families. The supervisory relationship is one that can create the opportunity for working on the equally important tasks of building a robust knowledge base about very young children and of applying that knowledge and knowledge about ourselves and others in

our practice (Gilkerson & Shahmoon-Shanok, 2000; Heffron, 2005; Weatherston, 2000).

A consensus about the critical importance of caregiving relationships to babies' development has emerged in the infant–family field over the past 30 years. Our best hope for promoting healthy early experiences lies in professionals' capacity to combine our disciplinary expertise with the ability to establish effective relationships with the important adults in a child's life. The most extensive disciplinary—and even interdisciplinary—knowledge and skill in the world, if applied in isolation, are not sufficient. As infant–family professionals, we must be able to understand and use our thoughts, feelings, values, and behaviors (commonly referred to as the “professional use of self” in psychological literature). We need to be interested, empathic, and open to others who are closely involved in a baby's life. Working closely with infants, toddlers, and families is a tough job. Along with the great satisfactions of the work come many intellectual and emotional challenges. This is particularly the case when we are working with families who are encountering significant stresses.

The often intense and personal nature of creating working alliances to support infants and families helps us appreciate the importance of the relationships that staff members create within and across infant–family pro-

grams. When professionals pay careful attention to the quality of our relationships with other professionals, we are supported to do our best work with babies, parents, and family members. This process, in turn, enables parents and other adults to expand their capacity to nurture their young children's development.

A number of somewhat different but related terms have come to be used over the past 15 years to describe the meaning and implementation of these ideas. Among them are *reflective supervision*, *reflective practice*, and *relationship-based work*. These practices all create a context and an interpersonal environment that permit self-reflection and professional use of self. Such an environment permits and encourages strategic and intentional use of our professional skills with infants, toddlers, and families. The underlying idea behind these practices is that, as we do our work, we need to pay attention to our own inner experience and, to the extent possible, the experience of other important adults in babies' and toddlers' lives.

This article (a) summarizes the history of reflective supervision, including ZERO TO THREE's efforts to promote its use in the infant–family field; (b) discusses the centrality of reflective activities in work with very young children and families; and (c) identifies some of the thorny issues that act as barriers to wider use of reflective supervision and reflective practices in the infant–family field.

A Brief History

BEGINNING IN THE 1970s, mental health clinicians, among them Selma Fraiberg (Fraiberg, Adelson, & Shapiro, 1975) and her colleagues in Michigan, began to focus their attention on very young children experiencing social and emotional difficulties. These clinicians were interested in the inner experience of the baby or toddler as well as the inner world of the parent. They wanted to better understand the role that a baby's relationships with important others played in healthy development. Their work provided the foundation for the study, training, and practice of infant mental health. Like other mental health services, it includes a focus on the supervision required for training and practice in social work, psychology, counseling, marriage and family therapy, and psychiatry.

In the 1980s, others including Schön (1983) and Bowman (1989) wrote about the importance of self-reflection as a key

Abstract

This article provides a description of the meaning and evolution of reflective supervision. The authors summarize the history of reflective supervision, including ZERO TO THREE's efforts to promote its use as an essential element of professional development in the infant–family field. The article describes the centrality of reflective activities in work with very young children and their families and concludes by identifying some of the challenges to wider use of reflective supervision and reflective practices in the field.



element of professionalism, critical to effective practice. Schön described the importance of reflection on action and reflection in action, and Killion and Todnem (1991) later contributed the concept of reflection for action. Taken together, professionals use self-reflection to think through their practice with children and families during the important phases before, during, and after interactions. Bertacchi & Coplon (1989) explored the significance of the professional use of self in work with babies and families.

During the same time, we saw the creation and rapid development of the infant-family field. This multidisciplinary field encompasses the many professionals working in diverse settings who touch the lives of infants, toddlers, and their families. Leaders in the field have focused a great deal of interest and concern on the preparation and support of this diverse group of professionals. Professional development activities over these years have focused on (a) training individuals from single or multiple disciplines, (b) reaching those who work in programs and those who practice alone or in small groups, (c) educating those who either interact with children and families on a daily basis or see them intermittently, and (d) preparing individuals who have advanced degrees in early childhood and other fields as well as those who have never taken a course nor held a baby.

Elements of Training

In the late 1980s, ZERO TO THREE undertook an initiative, Training Approaches for Skills and Knowledge (TASK), to identify the most important elements of training for this very disparate group of professionals. Over a 3-year period and through a consensus process undertaken by expert advisors, ZERO TO THREE settled on four elements of training as important ones for all practitioners as they moved from preservice

preparation to practice in the emerging infant-family field. These elements included:

- A robust knowledge base;
- Opportunities for direct observation and interaction with a variety of children less than 3 years old and their families;
- Collegial support, within and across disciplines, throughout a practitioner's professional life; and
- Individualized supervision to allow reflection on all aspects of work with young children and families (Fenichel & Eggbeer, 1991).

These last two training elements—support and individualized supervision—underscored the belief of those involved in the TASK work that individuals from many disciplines, levels of training, types of work experiences, and varied personal qualities could develop competencies if given appropriate roles and supported over time in their work. The publications released by this study group emphasized that, in addition to their potential for positively supporting individual practitioners, these four training elements could improve services at the program level if they permeated an organization as a whole.

These ideas were examined and expanded upon in two week-long training intensives in the early 1990s. Interdisciplinary teams of trainers came together with the purpose of incorporating key perspectives from other disciplines into their own training. The collaborative and reflective approach to supervision described in the TASK work was virtually unheard of in the experience of the non-mental-health professionals who participated. There were lively discussions about the different traditions of supervision in various early childhood disciplines. There was considerable concern about whether someone who was not in a mental health discipline should even be

providing individual supervision to other professionals or to professionals not in her own discipline. What qualifications should someone have to provide reflective supervision? These same questions and deliberations can be heard today as more and more program leaders learn about reflective supervision and try to figure out how to incorporate it into their management and operational structure.

A Relationship for Learning

ZERO TO THREE decided to explore individual supervision more deeply as a potentially untapped resource for infant-family practitioners seeking to enhance their knowledge, skills, and practice. It convened a multidisciplinary task force to study supervision as a “relationship for learning” (Fenichel, 1992) and identified its essential features as reflection, collaboration, and regularity of occurrence. The key functions of the supervisory experience were to promote learning, ensure a safe place for the expression of a full range of feelings elicited by work with babies and families, provide an opportunity to discuss goals and measure progress towards achieving them, and bring content and process together in professional practice. The task force identified promising approaches to the supervision of individual infant-family practitioners as well as issues and strategies that supervisors and program directors should consider if they wished to incorporate supervision practices in their settings.

What qualifications should someone have to provide reflective supervision?

The work of the task force and the publication of *Learning Through Supervision and Mentorship to Support the Development of Infants, Toddlers and Their Families: A Sourcebook* (Fenichel, 1992) inspired others to look more closely at the potential benefits of what had come to be called reflective supervision. This approach to supervision was similar in some ways to the clinical supervision required of mental health providers. One key difference, however, was that reflective supervision could be provided by a supervisor from a discipline other than that of the supervisee. In addition, *Learning Through Supervision and Mentorship* identified both individual and program competence as important to infant-family work and described how reflective supervision could be put in place on an individual and program basis.

During the 1990s, a number of researchers and practitioners explored ways in which reflective processes could be usefully embedded in non-mental-health early childhood services (Bertacchi & Norman-Murch, 1999; Gilkerson & Als, 1995). Others began to

expand on how the principles of reflection could be used in training and integrated into the culture of a range of organizations seeking to become more attuned to the importance of early caregiving relationships (Bertacchi, 1996; Copa, Lucinski, Olsen, & Wollenburg, 1999; Ivins & Sweet, 1991; Norman-Murch, 1996; Norman-Murch & Ward, 1999; Weston, Ivins, Heffron, & Sweet, 1997). ZERO TO THREE also continued to disseminate information about the process of reflective supervision for program leaders (Parlakian, 2002; Parlakian & Seibel, 2001) and to feature new and innovative approaches to reflective practice in its National Training Institutes.

Several state affiliates have adopted a set of competencies that include a requirement for reflective supervision.

Recent Initiatives

The importance of paying attention to a baby's primary relationships in order to support social-emotional development is the unifying theme of the infant mental health field and, increasingly, the multidisciplinary infant-family field. The Pathways to Prevention Infant Mental Health Initiative, undertaken by the Early Head Start (EHS) National Resource Center between 2000-2003 and involving 25 Early Head Start programs, provides a useful illustration of effective approaches to supporting children and parents by supporting the professionals who work with them. Each of the EHS programs received help from a national infant mental health consultant to build its capacity to address infant mental health needs. This assistance included an emphasis on either starting a system of reflective supervision or building upon an existing system. The EHS initiative saw supervision as key support for staff who were expected in turn to support the emotional and social needs of children and their families. The infant mental health consultants, in turn, participated in monthly opportunities for small group reflective discussions with Jeree Pawl, a well-known leader in the infant-family field. The project design illustrated a commitment to support and encourage the capacity of directors and supervisors to support other staff members in their work with Early Head Start families. A project evaluation found that programs that elected to focus on enhancing their approach to supervision benefited from consultant support (Mann, Boss, & Randolph, 2007).

The capacity to be reflective and to create and maintain strong relationships on behalf of a baby are increasingly being iden-

tified as important competencies as a number of state affiliates of the World Association for Infant Mental Health work to create viable mental health service systems for their youngest children and families. These competencies emphasize inter- and intrapersonal capacities, including self-awareness and skill in forming strong relationships with a diverse group of people, along with strong disciplinary and infant-family knowledge. One of the challenges state affiliates face is ensuring that professionals have the skills and knowledge needed to meet the range of mental health needs that children and families have. Consequently, several state affiliates have adopted a set of competencies that include a requirement for reflective supervision. The Michigan Association of Infant Mental Health, building on its long history of work in infant mental health, has developed a set of competencies and a system that endorses professionals at four levels of infant mental health practice, with increasing amounts of reflective supervision required for each level. These competencies and the endorsement system that accompanies them have been adopted by at least five state affiliates to date (Weatherston, Moss, & Harris, 2006).

Why Practice Reflective Supervision?

THE CONVICTION that reflective supervision is key to effective infant-family work has firmly taken root during the past three decades. Many have written eloquently and convincingly over the years about the importance of building the capacity of infant-family professionals for reflection and attention to the lived experience of others. They have spoken about the importance

of the supervisory relationship as a safe holding environment where supervisors recognize the supervisees' accomplishments, accept and partner to overcome shortcomings, and support and share in the work of the supervisee (Gilkerson & Ritzler, 2005; Gilkerson & Shahmoon-Shanok, 2000; Heffron, 2005; Heffron, Ivins, & Weston, 2005).

The ultimate purpose of reflective supervision is to assure quality services to infants, toddlers, and their families. Effective supervisors encourage careful thinking and perspective taking as supervisees recount the work, explore positive and negative reactions to it, and plan for future steps. Participation in reflective supervision can reduce stress and burnout. Supervisees know they always have someone to turn to when there is a difficult decision to be made, or when they are overwhelmed by the physical, emotional, and intellectual demands of the work. Reflective supervision benefits the supervisee by replenishing the reserves needed to interact with families in a responsive, supportive, and playful manner. It also provides a venue for staff to be able to express and work through difficulties that may arise as a result of working with other staff (or families) whose cultural or ethnic backgrounds, values, and beliefs are different from their own. Reflective supervision benefits parents who experience a relationship with an accepting, engaged, and caring professional. It benefits babies in helping to support the capacities of their parents to provide nurturing care through the relationship they have with the infant-family professional.

Reflective supervision provides a safe place for a supervisee to shape or reexamine assumptions about relationships, look at how empathy is experienced and expressed, and be open



PHOTO: ©iStockphoto.com/Slobo Mirtic



PHOTO: ANDREA BOOHER

to considering new ideas about how to go forward with a child and family (Heffron, 2005). It is an experience that can offer the supervisee an opportunity to accept and understand how work with families can evoke past or present personal experiences that can have an impact, consciously or unconsciously, on interactions with families. As a result of being heard by the supervisor, a supervisee can better listen to families and be curious about and discover the things that are important and meaningful to them about their child and themselves (Heffron, Ivins, & Weston, 2005). The pace of work is slowed down for consideration. The supervisor helps the supervisee establish the boundaries and scope of practice and determine how quality assurance will be defined and attained.

Questions, Barriers, and Opportunities

THE AVAILABILITY, quality, and sequence of training for infant–family professionals continues to be uneven (Eggbeer, Mann, & Gilkerson, 2003), a state of affairs that heightens the importance of reflective supervision for helping infant–family professionals consolidate their knowledge and understand the professional use of self. Although the importance of reflective supervision is widely acknowledged among leaders in the field and significant strides have been made in incorporating it into training at the preservice and inservice levels, there is no consensus about exactly what the process of reflective supervision entails or the qualifications for those who provide it. This is perhaps natural given the wide range of professional disciplines and practice settings in which it is being explored and used. We can expect to see increasing clarity as the infant–family field matures, particularly with regard to how pro-

professionals whose disciplines do not include it as a tradition implement reflective supervision (see Weigand, this issue, p. 17).

As Heffron notes (2005), there are a number of areas of confusion in the practice of reflective supervision, including its interface with performance evaluation, the ways in which differential power may play out in the supervisory relationship, the degree of confidentiality in the relationship, and questions about the therapeutic nature of reflective supervision. These questions provide fruitful areas for ongoing study and explication.

As has been the case for many years, supervisors in a range of infant–family settings tend to move or be moved into supervisory positions because of their accomplishments in other positions. Seldom do they have adequate, intentional, and timely training and support for their new responsibilities. Consequently, they take their own experiences with supervision into their new roles, sometimes without a clear idea of the skills and knowledge required to be effective supervisors.

There is no consensus about exactly what the process of reflective supervision entails. . .

Reflective supervision remains difficult to establish and maintain in many infant–family programs, particularly in child care and child welfare settings. The pace of services in these programs makes the establishment and protection of time for individual or group supervision difficult to sustain. In some cases, very concrete issues, such as the lack of private meeting space, interfere with a program’s capacity to offer reflective supervision. Some programs, however, are making a heroic effort to ensure that reflective supervision is available for their staff (see Wightman, Yeider, & Weigand, this issue).

Hiring a clinician to provide supervision is expensive, particularly if it is to be provided on a regular, individual basis or even within a group. Those who are licensed mental health practitioners must see that they obtain the required number of hours of clinical supervision to maintain their licenses. Depending on the qualifications of the supervisor, this experience may or may not count towards this mandatory requirement—regardless of its quality. For professionals who are not required to have clinical supervision in order to practice, the impetus and commitment to get it must lie within the individual or the program itself.

Although there is a strong belief among many in the infant–family field that not providing reflective supervision entails serious costs in terms of quality of services and staff turnover, we will not be able to successfully establish

and support it across the field until we have sufficient data to support this contention. As Heffron points out (2005), the field lacks research and systematic evaluation of different supervision approaches, implementation models, and specific impacts on program quality. Such studies would add to our understanding of the specific benefits of reflective supervision in infant–family work and lend credence and data to calls for its widespread implementation. Gilkerson & Shahmoon-Shanok (2000), Parlakian (2002), and Heffron (2005) provide examples of creative and relatively low-cost ways of providing supervision and other reflective experiences to professionals in the field. These approaches include engaging in reflective supervision over the telephone, discussing clinical dilemmas by e-mail, exchanging video materials followed by a phone or e-mail discussion, and convening groups of supervisors to talk through the complexity of their work with supervisees. Such reflective opportunities can supplement individual, face-to-face supervision. In some work settings they may be appropriate alternatives to individual reflective supervision sessions. Even these less intensive reflective opportunities require commitment and resources, however. Adopting them may require a shift in a program’s system of beliefs, values and priorities. The field must continue to make a commitment to carefully study reflective practices to determine their effectiveness and to define their impact on the quality of services if we hope that reflective supervision will become embedded in training and in infant–family programs. Professionals at all levels as well as the children and families they serve deserve our sustained efforts. ♣

LINDA EGGBEER, MEd, is director of professional development at ZERO TO THREE. Actively engaged in the early childhood field for over 35 years, she has created and directed a wide variety of local, state, and national efforts designed to improve the quality of the workforce serving young children. Her special area of expertise is training and professional development for professionals serving children birth to 3 and their families.

TAMMY L. MANN, PhD, is deputy executive director of ZERO TO THREE, where she provides strategic leadership to support the organization’s programmatic work in professional development, knowledge development, parenting resources and information, leadership development, and public policy. She holds a doctorate in clinical psychology from Michigan State University.

NANCY L. SEIBEL, MEd, is director of ZERO TO THREE’s Center for Training Services. A mental health counselor, she brings to her work over 25 years of experience in design, delivery, and supervision of mental health, home visiting, and child abuse treatment/prevention services.

Learn More

LEARNING THROUGH SUPERVISION AND MENTORSHIP TO SUPPORT THE DEVELOPMENT OF INFANTS, TODDLERS, AND THEIR FAMILIES: A SOURCEBOOK
Emily Fenichel (Ed.) 1992

ZERO TO THREE, Washington, DC

This widely used work shows how mentoring and supervision can be the basis of relationships that provide regular opportunities for joint reflection upon work with children and families. The book identifies three elements central to successful supervision in infant/family programs: reflection, collaboration, and regularity.

RELATIONSHIPS FOR GROWTH: CULTIVATING REFLECTIVE PRACTICE IN INFANT, TODDLER, AND PRESCHOOL PROGRAMS.

Linda Gilkerson and Rebecca Shahmoon-Shanok 2002
In J. D. Osofsky & H. E. Fitzgerald (Eds.), *WAIMH Handbook of Infant Mental Health: Vol. 2. Early Intervention, Evaluation, and Assessment* (pp. 33–79).
New York: John Wiley & Sons.

This chapter describes qualities of leadership, staff development, and supervision that are necessary to create sensitive, thoughtful, and well-planned reflective practices in a number of infant–family settings. The chapter describes perceptions of the current status of supervision, including continuing issues and barriers to its full implementation. The remainder of the chapter is devoted to a detailed description of how the reflective process can be made real in both administrative and clinical meetings and in gatherings for both group and individual supervision.

REFLECTIVE SUPERVISION IN INFANT, TODDLER, AND PRESCHOOL WORK.

Mary Claire Heffron 2005

In K. M. Finello (Ed.), *The Handbook of Training and Practice in Infant and Preschool Mental Health* (pp. 114–136). San Francisco: Jossey-Bass.

Heffron describes what actually occurs in supervisory sessions and what these opportunities can contribute to the growing expertise of the

supervisee. The author looks at key qualities and abilities of a supervisor as well as the most important roles the supervisor plays and describes variations in the ways in which programs use reflective supervision.

WHAT MAKES SUPERVISION WORK? RECOMMENDATIONS FROM THE HOME VISITING FIELD

www.healthyfamiliesamerica.org/network_resources/what_makes_supervision_work.pdf

This on-line booklet is a product of a task force of six national home visiting organizations. The report summarizes the research results of six focus groups of home visiting supervisors provide “lessons learned” about effective ways to supervise home visitors and booklet includes questions for reflection and discussion that can be used in staff meetings and training workshops.

References

- BERTACCHI, J. (1996). Relationship-based organizations. *Zero to Three*, 17(2), 1, 3–7.
- BERTACCHI, J., & NORMAN-MURCH, T. (1999). Implementing reflective supervision in non-clinical settings: Challenges to practice. *Zero to Three*, 20, 18–23.
- BERTACCHI, J., & COPLON, J. (1989). The professional use of self in prevention. *Zero to Three*, 9(4), 1–7.
- BOWMAN, B. (1989). Self-reflection as an element of professionalism. *Teachers College Record*, 90(3), 444–451.
- COPA, A., LUCINSKI, L., OLSEN, E., & WOLLENBURG, K. (1999). Promoting professional and organizational development: A reflective practice model. *Zero to Three*, 20, 3–9.
- EGGBEER, L., MANN, T., & GILKERSON, L. (2003). Preparing infant–family practitioners: A work in progress. *Zero to Three*, 24, 35–40.
- FENICHEL, E. (Ed.). (1992). *Learning through supervision and mentorship to support the development of infants, toddlers and their families: A sourcebook*. Arlington, VA: ZERO TO THREE.
- FENICHEL, E., & EGGBEER, L. (1991). *Preparing practitioners to serve infants, toddlers, and families*. Arlington, VA: ZERO TO THREE.
- FRAIBERG, S., 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, 387–421.
- 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., & RITZLER, T. T. (2005). The role of reflective process in infusing relationship-based practice into an early intervention system. In K. M. Finello (Ed.), *Handbook of training and practice in infant and preschool mental health* (pp. 427–452). San Francisco: Jossey-Bass.
- GILKERSON, L., AND SHAHMOON-SHANOK, R. (2000). Relationships for growth: Cultivating reflective practice in infant, toddler, and preschool programs. In J. D. Osofsky & H. Fitzgerald (Eds.), *The WAIMH Handbook of Infant Mental Health*, 2(2): 35–79. New York: John Wiley & Sons.
- HEFFRON, M. C. (2005). Reflective supervision in infant, toddler, and preschool work. In K. M. Finello (Ed.), *Handbook of training and practice in infant & preschool mental health* (pp. 114–136). San Francisco: Jossey-Bass.
- HEFFRON, M. C., IVINS, B., & WESTON, D. (2005). Finding an authentic voice-use of self: Essential learning processes for relationship-based work. *Infants & Young Children*, 18(4), 323–336.
- IVINS, B., & SWEET, N. (1991). Supervision as a catalyst in the evolution of an integrated infant mental health/developmental intervention program. *Zero to Three*, 12, 76–83.
- KILLION, J. P., & TODNEM, G. R. (1991). A process for personal theory building. *Educational Leadership*, 48(6), 14–16.
- MANN, T., BOSS, J., & RANDOLPH, S. (2007). A training and technical assistance initiative to increase program capacity to address infant mental health issues in Early Head Start. *Infant Mental Health Journal*, 28(2), 106–129.
- NORMAN-MURCH, T. (1996). Reflective supervision as a vehicle for individual and organizational development. *Zero to Three*, 17, 16–20.
- NORMAN-MURCH, T., & WARD, G. (1999). First steps in establishing reflective practice and supervision: Organizational issues and strategies. *Zero to Three*, 20, 10–14.
- PARLAKIAN, R. (2002). *Reflective supervision in practice: Stories from the field*. Washington, DC: ZERO TO THREE.
- PARLAKIAN, R., & SEIBEL, N. L. (2001). *Being in charge: Reflective leadership in infant/family programs*. Washington, DC: ZERO TO THREE.
- SCHÖN, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.
- WEATHERSTON, D. (2000). The infant mental health specialist. *Zero to Three*, 21(2), 3–10.
- WEATHERSTON, D. J., MOSS, B. D., & HARRIS, D. (2006). Building capacity in the infant and family field through competency-based endorsement: Three states’ experiences. *Zero to Three*, 26, 4–13.
- WEIGAND, R. F. (2007). Reflective supervision in child care: The discoveries of an accidental tourist. *Zero to Three*, 28(2), 17–22.
- WESTON, D., IVINS, B., HEFFRON, M. C., & SWEET, N. (1997). Applied developmental theory: Formulating the centrality of relationships in early intervention: An organizational perspective. *Infants and Young Children*, 9(3), 1–12.