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President's Corner

I had the opportunity to join my goddaughter and her mother for a Yoga Retreat on Mother's Day weekend. I was struck by the some of the parallel thinking in Yoga group work and Reflective Supervisor. One must feel safe and respected to allow for the work to begin. In Yoga one honors the body-mind, with the teacher and other students. Similarly, we enter Reflective Supervision setting aside time to honor the parent-infant/child-provider work, their courage and our courage for deeper study. We look carefully to confront old ineffective habits to move to greater understanding and expanded awareness, while in this safe, respectful, noncritical setting. As Yoga teacher, Peter Francyk, would say, a place to study the" habitual insistence" in ourselves. (We keep going back to habitual patterns, which is the natural course of life, yet may be ineffective and unhealthy.)

I have the privilege to provide Reflective Supervision to the highly trained professional staff of South Eastern Early Intervention Program therapists. Many have asked how do you do these meetings; what are your thoughts during these sessions? I will describe some of my reactions here. I join with the providers to honor their hard work with the infants/children and parents by setting aside time once or twice a month to meet over SKYPE or the phone. They are a knowledgeable, professional group of providers who come to the session prepared with questions and ready for exploration. However, in our sessions I soon find myself wanting to give answers too quickly and must hold back my urge to turn the meeting into a didactic session. It is a natural impulse to want a quick, expedient answer in order to restore comfort and relief. However, in Reflective Supervision we pause to support self-reflection and shared reflection for greater understanding of the parent-child interaction, the interaction with the provider, and the provider's responses. When I feel this urge to move too quickly, I then turn back to inquiry about the parent-child behaviors, their feelings stated and projected, and the feelings, thoughts, and behaviors of the provider. I soon notice in myself that I am searching for more nonverbal behavioral cues and the feeling tone of the room of supervisees, which is hard to do, while SKYPING. I sense my nose is getting closer to the laptop screen, as if I could gather more nonverbal signals. I redirect myself to my notes and a list of questions I have for refocus. At the end of the session, the supervisee reviews what was helpful or not helpful to provide feedback. I marvel at the providers' persistence and positive energy for home visits in a rural area to join parents on their courageous path of parenting an infant or toddler newly diagnosed with special needs. For confidentiality issues, I chose not to provide case details/process, but rather focused on a few self-observations.

"Many providers have had thorough training in individual work with the child...but have not been supported in study of the parent-child relationship... as a unit for intervention."

In the last ICDL conference 2011 Alicia Lieberman stated "Angels in the Nursery" and Selma Freiberg's "Ghosts in the Nursery" are the seminal papers that anchor the work of Reflective Supervision. In that same conference series, Rebecca Shahmoon-Shanok stated many providers have had thorough training in individual work with the child (identifying symptoms, developing

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careful detailed interventions to facilitate the child's growth), but have not been supported in study of the parent-child relationship and that relationship as a unit for intervention. She applauded early intervention, Head Start, and early childhood education for incorporating the mental health supervision model of more in-depth study of the relationships and challenges therein. Reflective Supervision affords that opportunity, as well as the safe, collaborative setting in which to address and process one's frustrations, disappointments, mistakes, and possible voracious traumatization and then return to the work replenished and fortified to see the world with an expanded more positive view.

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Reflective Supervision: An Overview

Clinical distance has been a long-standing practice in many settings serving young children and their families. Many providers have been trained to be prescriptive, instructional, and informative. Services are delivered to the child in isolation without involving parents in the process. Given that relationships are the central organizing feature of early development, parents should be engaged in the process and services should be integrated with how children function within interpersonal learning experiences. Regardless of the discipline, all services involve relational work with clients and families, evoking strong emotions in providers. It is imperative that professionals across all disciplines are afforded time to pause and reflect about their interactions and emotional reactions to their clients (Weatherston, Weigand, & Weigand, 2010). Providing discipline-specific services (e.g., speech language pathology) cannot be divorced from the social-emotional development of the child, nor from the parent-child or provider-family relationship (Geller, Wightman, & Rosenthal, 2010).

The field of early childhood has long held the belief that relationships are vital to healthy development of young children. However, it has only recently been shown that most of the brain development occurs after birth through nurturing relationships, indicating that babies are born with a capacity for relational learning. In the late 1980s, the relationship-centered ideas about the infant-family work crossed paths with reflective supervision when the field began searching for the key areas of knowledge and skills essential in training of mental health professionals who work with young children and their families (Eggbeer, Shahmoon-Shanok, & Clark; 2010). Reflective supervision has made relationship central to the mental health work (Parlakian, 2001a).

In defining reflective supervision, it first has to be differentiated from administrative and clinical supervision. While administrative supervision tracks paperwork and productivity, clinical supervision is focused on casework, diagnostic impressions, and treatment plans. While reflective supervision is closely related to the clinical supervision, it goes further and explores the practitioner's emotional reaction to their work with young children and families and attends to all relationships, between supervisor and supervisee/provider, between supervisee/provider and parent, and between parent and infant (Morrison & Wonnacot, 2010).

"Reflective supervision... explores the practioner's emotional reaction to their work with young children and families...."

Several definitions have been offered for reflective supervision. Among them is that provided by Eggbeer, Mann, and Seibel (2007): "*Reflective supervision is the process of examining*

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with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with infants, young children, and their families." A valuable feature of reflective supervision is the mutual effect the supervisor/provider relationship and the provider/family relationship have on one another (Parlakian, 2001b). What transpires in the supervisory relationship is transferred into the relationship between provider and parent, resulting in responsive parenting. Parent's ability to mentalize, integrate perspective taking and empathy for the child's internal world, leads to responsive parenting—the foundation for secure parent-child attachment. Reflective supervision is a relationship for development of mindsight, "the ability…to have insight and empathy for the internal world of self and others" (Siegel, 1999). This relationship can be between the supervisor and supervisee, between supervisee and clients, and between parents and their children. Moreover, mindsight allows a regulatory function, since it enables the person to reflect on their experience and not react automatically from habit (Siegel & Shahmoon-Shanok, 2010). This regulatory function inhibits build-up and eruption of tension in highly emotionally charged environments such as the Newborn Intensive Care Unit (NICU) between parents and providers (Steinberg & Kramer, 2010).

The three core components of reflective supervision include reflection, collaboration, and regularity. *Reflection* is pausing to ponder about the meaning of experience. *Collaboration* stresses teamwork and recognition of the strengths in supervisee and parents. Finally, reflection and collaboration require regular interactions between supervisors and providers (Parlakian, 2001a). For self-awareness and self-reflection to occur in reflective supervision between supervisor/provider and provider/family, supervisors and providers need to be fully present with the supervisee and parent's experience, thoughts, and feelings without being dismissive, critical, or judgmental. In other words, they need to create a safe holding environment where they fight the impulse "to do something," to fix things and just learn "to be with" the supervisee or client or family and their emotions (Weatherston et al., 2010).

Issues of cultural or racial differences are often addressed inadequately, if at all, in reflective supervision out of fear on the part of both participants in the supervisory dyad being misunderstood. It is imperative that people of all backgrounds explore and become aware of their own prejudices. Open and honest discussions of diversity must start with the supervisors if they expect their supervisees to feel emotionally held and supported as they explore their feelings and thoughts related to issues of diversity. Creating a holding environment for providers requires that supervisors are aware of their own personal beliefs and biases (Stroud, 2010).

Despite a lack of research to support its benefits and effects on professional practice as well as for clients, in the mid-1990s the practice of reflective supervision began expanding to settings outside mental health organizations including child care, early intervention, home visiting, Early Head Start, and other fields serving young children and their families. Many states have developed general competency guidelines (e.g., Minnesota and Michigan) that describe various aspects of reflective supervision for the purpose of training providers. Yet reflective practice and supervision must be considered as emerging concepts in need of further discussion given the variability in the settings where clients are served, the heterogeneity in all participants' capacity for self-reflection, variability in problems addressed, and the differential level of expertise of providers in these settings. It is important to monitor and recognize gradual change in the face of heterogeneity in the participants and the process (Eggbeer et al., 2010).

"It is imperative that people of all backgrounds explore and become aware of their own prejudices."

Given that evidence-based practice has now become a prerequisite for funding programs, it has become imperative that a solid body of evidence is created to support the efficacy of reflective supervision through research in order to secure adequate funding to expand its use across all settings. Some evidence has been emerging in its support from the field of reflective supervision and related fields of infant observation, mentalization and reflective functioning,

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and psychotherapy research on clinical supervision. However, more extensive research is needed. Some future research questions include: How does reflective supervision work? What are the core features? What are its impacts on professionals and families? How can it be expanded to various settings so that it has the greatest effect? How can we measure someone's ability to be reflective? How can we study the construct of reflective supervision? (Eggbeer et al., 2010).

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Reflective Supervision and Practice in Pediatrics

After stuffing my head full of research and opinion articles on how to approach this subject, the "aha" literally came to me in a dream in which I was with a group of very energetic, bright, creative, latency-age children with lots of ideas they wanted to develop. I experienced their frustrations of where to begin to bring their ideas to reality.

On awakening, my thoughts were of the multitudinous perceptions children are absorbing every moment and problems they are trying to solve. I also feel the powerful creative energy there to be nourished as a springboard from which they may discover their own unique solutions—experiencing an enhanced sense of self and confidence to forge ahead. My desire in the dream was to be an ally to each child's individual curiosity and desire to experience generative satisfaction—the fuel for positive growth and future development. This is analogous to feelings and thoughts of parents for whom this is their greatest heartfelt desire and challenge—often even in the presence of serious odds to be hurdled.

"Health" is defined as a comprehensive composite of body, mind, heart and soul functioning in harmonious synchronicity.

This brought to mind the great challenge and potential a pediatrician holds in everyday moments of practice to facilitate parents and their children to achieve overall health providing the energy to move toward success. "Health" is defined as a comprehensive, composite of body, mind, heart, and soul functioning in harmonious synchronicity—as current research is reteaching us.

Pediatricians are allowed the opportunity for, and can engage in, "reflective practice" with parents and their children at every visit and every significant event in a child's life. The frequent contact beginning in the prenatal period throughout childhood and adolescence to early adulthood offers the potential to make a huge difference in "Health" outcomes for those children and families. Time is (and has always been) the great thief.

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To be able to achieve, in the amount of time available, a simple and significant interaction that supports the parent(s)/child relationship in this manner is a feat that supports and sustains a powerful relationship with the family unit. Compare this potential outcome with entering the exam room, allowing 10-15 minutes max, separating oneself from making that connection for fear of getting stuck, losing time, and putting the schedule behind. We have to become masters of picking up on the many nuances of interaction and mood, as well as dealing with the presenting concern. This can be achieved but is an art that requires practice and fully devoted attention to ourselves, our own thoughts and feelings, and complete openness to those nuances in others that hone our sensitivity to the spot we need to address with further questions for clarification, empathy, and support. This is also addressed in the literature discussing the uses of motivational interviewing in brief interventions (Erickson, Gerstie, & Feldstein, 2005)

We have to become masters of picking up on the many nuances of interaction and mood....

The required accompaniment of this reflective practice, that is not always available in a necessarily formally established method, is that of "Reflective Supervision" with colleagues and mentors in residency training. This is beginning to change as many areas of medical specialty, mostly those involved in highly emotionally charged atmospheres of practice (the Neonatal ICU, the ER, the Pediatric Surgical Suites, and the Pediatric ICU) are beginning to research the effects of Reflective Supervision as a way of supporting each other to manage their own personal, professional stress as they support the management of emotional stress of patients and families. Residents are beginning to be asked to engage in "reflective journaling" and then meeting with a faculty mentor to review together experiences, reactions, mistakes made, and lessons learned. This method is also being implemented with those further along in training (Castillo, Goldenhar, Baker, Kahn, & Dewitt, 2010). More research attention is beginning to be paid to mentorship of relationship skills and those skills and sensitivities needed to manage "the triad of the self, relationships with other, and professional responsibilities"(Cohen et al., 2007) for the trainee.

The efficacy of medical students writing narrative reflections during clerkships in the ER is being utilized and analyzed to find common themes. One finding was that they were concerned about balance of compassion, even when there were patients who were, for example, "drug seekers." Students appeared to learn how their own professional behavior could improve based on their experiences shared with faculty (Santen & Hemphill, 2011). In Pediatrics there is investigation into care models that address the "new morbidities" with findings that suggested a "facilitated, team-based change intervention, the Reflective Adaptive Process (RAP) to restructure psychosocial care" (Abatemarco, Kairys, Gubernick, & Kairys, 2008). These are very exciting areas of new research and development that will enable greater facility for providing full service for our patients and their families, and to finally bring the mind and body together in practice as one. Then we will know if tangible healing "connections with patients and families have occurred" (Kind, Everett, & Ottolini, 2009)

These are very exciting areas of new research and development that... enable us to finally bring the mind and the body back together as one.

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Encouraging Self-Reflection in Undergraduate Psychology Students

> *"Knowing others is intelligence; knowing yourself is true wisdom. Mastering others is strength; mastering yourself is true power."*

This quote from the Tao Te Ching captures the importance of self-reflection. We can become masters of ourselves (and thereby help others) by taking an honest look at our own strengths and challenges, the things that trigger deep emotions, the knee-jerk reactions we have, and so forth. In clinical practice, this is essential. If you cannot see your own shadows, they will stand in your way as you are trying to help others.

As an Adjunct Assistant Professor at the University of Utah, I do not practice Reflective Supervision clinically. However, over the past years I have taught and supervised many undergraduate students, guiding them on their path to a (new) career. Most of these are young people, but I see increasing numbers of students of various ages. Here, I would like to share my experiences in encouraging students to self-reflect as they learn about the field of psychology in general (in the Field Experience in Psychology class) or about development in Infancy and Early Childhood in specific.

If you cannot see your own shadows, they will stand in your way as you are trying to help others.

Since 2007, I have been mentoring undergraduate students as they dip their toes into real-life work. In Field Experience, they observe and participate in activities in all kinds of psychology-related settings. One of them, for example, is the *Children's Center*. But students also work with older children, adolescents, and adults. For all of them, their main task in the class is to offer their help and services to their placement organizations in the best way they can. Many of them continue their educational career pursuing degrees in social work, marriage and family therapy, clinical psychology, and counseling more in general. My main goals in the class part of Field Experience are to teach my students to integrate their fieldwork with academics (research and theory) and to help them learn how to reflect upon their functioning in the field. To accomplish the latter, I give them a set of "Thought Questions" to answer three times during the course of the semester. One student who took the class last semester commented:

Students frequently feel propelled to help others because they themselves have experienced difficult childhoods.

> *The […] Articles to read and Thought questions throughout the semester, evenly space apart, really helped the learning process. Just when I needed to the most, thinking about my current placement and writing it on paper helped refine my goals and my perspective.*

Students are asked to reflect upon their strengths but also on the challenges they face. Interestingly, they often report that their strengths and challenges arise from the same area. For example, students frequently feel propelled to help others because they themselves have experienced difficult childhoods, including various kinds of abuse. Understandably, it can be highly challenging for students to then go on and help children who are currently in situations of abuse (or coming out of those). In response to the thought questions, students reflect upon the challenges that such situations can pose for them. In most cases, these reflections help students realize that their experiences may have been similar to those of the children they work with, but that each child's situation is unique. When discussing this in class, I usually ask them whether a similar background is helpful when developing empathy for others who suffer, or whether it gets in the way of maintaining professional distance. Questions like these seem to help students formulate their thoughts.

On one end of the spectrum, students grew up in very loving families with sufficient financial means to support them. Sometimes, they feel that this is a drawback, because they cannot really understand what

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it means to grow up without a father, or with parents in jail, or not knowing whether there will be food on the table today. However, in almost all cases, they then go on to say that at least they have this firm background from which they can develop empathy, even if not complete understanding, and offer loving support to those who need it.

On the other end of the spectrum, students who have had very challenging childhoods often say things like, "Yes, it can be helpful to understand where others are coming from, based on my own experiences, but I know that what I have experienced is not necessarily the same as what the person in front of me is experiencing." This is arguably one of the most essential things to learn when beginning a career in one of the helping professions—I can derive empathy from my own background but that I also must develop a professional attitude so that I can keep my own experiences separate from those of others I am working with.

Whatever their background, I believe it is essential for students to practice self-reflection so that they become more aware of their thoughts, emotions, and possible knee-jerk reactions that might affect their current functioning in the field. Except for reflection upon their personal histories, they also thought about the role of their religion, socioeconomic status, gender roles, and also about how an ideal therapist looks like to them. In this way, they not only reflect on the past but also their future ideals and expectations. One student commented:

> *The method of using reflection questions regarding our various placements stimulated deep thought regarding the work we were helping in. Open class discussions regarding feelings also provided a safe and secure environment to share thoughts, concerns, and feelings regarding the knowledge we were obtaining.*

As mentioned, the Field Experience class includes students who work with people of different ages and in different settings. I also regularly teach a class on Infancy and Early Childhood, and I encourage self-reflection and self-observation in this class as well. Although this is more of an academic class, with students learning in class rather than in the field, many issues and topics are brought up that relate to real life (especially if the students are parents of young children already, or if they work with them in their professions). One student said,

> *Despite my being a grandmother, this course taught me things I can use to be a more effective parent as well as grandparent. The course taught me to pay greater attention to things I found myself disregarding or overlooking (e.g., certain behaviors, temperament, and interactions).*

One method I have used in my Infancy class is to ask students to relax and try out certain movements or behaviors that infants engage in, such as focusing entirely on the opening and closing of your hand. Young infants are not yet verbal, and live life based in their bodies and emotions. As adults, we often overlook that. I have found it helpful for students to engage in these "infant-like" movements. For example, students may suddenly notice how special it is that our bodies work so well and that we have the sense of agency to make them move; and then to realize that infants are still learning that and that they need a safe space to explore their bodies.

Another activity I have done is meant to enhance understanding of parents of infants and young children. After guiding my students into relaxation, I play sound recordings of crying babies or tantruming preschoolers. Student reactions to this vary a lot. Some just want to go pick up the babies and comfort them—a very natural reaction. Others, however, notice that their bodies become tense, their heart rates go up, and they find it difficult to listen to the crying. Research (e.g., Frodi & Lamb, 1980) has shown that parents who have abused their infants had stronger physiological reactions (including heart rate changes) than parents who were not abusive. Doing an activity like this is good for eliciting discussion, and hopefully understanding, so that students learn risk factors for abuse, but also how to possibly help those who are at risk for abuse.

Research...has shown that parents who have abused their infants had stronger physiological reactions...than parents who were not abusive.

One other assignment I have used in the Infancy class is a written assignment about a topic related to development in the first 6 years of life that may be about

the student's own early history (they can also choose to learn about a young child they know currently). When students choose to write about their own early years, they often discover things they never knew about themselves (e.g., after interviewing one or both of their parents). In some cases, there are painful experiences that come to the forefront; in many other cases, the student experienced a positive early childhood period, but they may discover things such as how differently they developed from their siblings. In all cases, this paper assignment seems to enhance their understanding of how infants and young children develop; most students spontaneously wonder how this early period has affected the rest of their development and their functioning as an adult (e.g., in their attachment relationships). Of course, the class is not meant to be therapeutic (when students appear to struggle with a challenging early childhood, I usually recommend counseling). However, learning about one's early years seems to enhance both self-understanding and understanding of how babies develop and what they need during this early period of their lives.

Learning about one's own early years does seem to enhance both self-understanding and understanding of how babies develop.

Coming back to the quote I started with, "knowing yourself is true wisdom" and "mastering yourself is true power." I do not claim to teach students all about themselves, but I do hope to stimulate their self-reflection skills so that they might develop the true power to help others by knowing and mastering their own strengths as well as their own challenges.

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Announcements/Upcoming Events

June 4-6, 2012, Westminster College: ***34th Annual Common Problems in Pediatrics.*** This conferene focuses on Infants, Toddlers, and Teens. For more information, contact Pediatric Education Services, Primary Children's Medical Center.

Friday, June 8, 2012, at 7:30 a.m., Little America Hotel, 500 S. Main, Salt Lake City, UT: ***Promoting Optimal Outcomes for Babies in Orphanages featuring Dr. Vonda Jump.*** She will be discussing development of infants and young children raised in alternative caregiving environments. There is no cost to attend. However, you must register by calling 888-653-6246. For more information, visit the USU website at http://research.usu.edu/sunrise/.

Time and Place To Be Announced: ***UAIMH Conference*** on "Reflective Supervision" with Rebecca Shamoon Shanok, LCSW, Ph.D.

UAIMH Website

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In Memorium

Agnes M. Plenk, a lifetime advocate for young children and their families and founder of The Children's Center in Salt Lake City, died December 31, 2011, at age 95. She provided her last professional case consultation on December 25, 2011.