

The Implementation of a Statewide

Reflective Supervision Consultation Model

for Infant-Early

Childhood Program

Professionals,

Supervisors and

Program Managers:

Pilot Evaluation Report



The implementation of a statewide

Reflective Supervision Consultation Model

for infant-early childhood program professionals, supervisors and
program managers by Pennsylvania's Office of Child Development
and Early Learning, the Pennsylvania Key and the
Alliance for the Advancement of Infant Mental Health

Pilot Evaluation Report

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INTRODUCTION

The Office of Child Development and Early Learning (OCDEL) of Pennsylvania's Department of Human Services (DHS) and Pennsylvania's Department of Education (PDE) contracted The Alliance for the Advancement of Infant Mental Health (The Alliance) to implement group reflective supervision consultation for the Pennsylvania Key's (The PA Key) infant-early childhood mental health (IECMH) consultants, preschool program specialists, infant toddler specialists, and their supervisors and program managers. The Alliance subcontracted the Eastern Michigan University School of Social Work to evaluate the 12-month pilot implementation of this statewide reflective supervision consultation model for infant-early childhood program professionals and their supervisors and program managers in Pennsylvania. This evaluation report describes the impacts of reflective supervision consultation on participants' capacities for reflection, experience of their work, skills associated with their roles, and relationships with families, supervisors, and/or other professionals.

Reflective Supervision Consultation Group Description

The pilot of this reflective supervision consultation model was developed in response to PA OCDEL and The PA Key's efforts to support Pennsylvania's infant-early childhood program professionals' applications to the Pennsylvania Association for Infant Mental Health (PA-AIMH) for Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant and Early Childhood Mental Health® (Endorsement®). Endorsement® provides infant and early childhood professionals in a variety of settings, systems, roles, and disciplines with a professional credential that highlights their specialized skills and knowledge in the field of infant and/or early childhood mental health. Reflective supervision is a requirement for several categories of Endorsement® and is a cornerstone of the infant-early childhood mental health field (The Alliance, 2018). The purpose of reflective supervision is to support the supervisee's development and use of reflective practice skills. Reflective practice includes observational skills, use of curiosity rather than certainty, reflection, awareness of emotional responses to the work, and use of reflective supervision to both enhance personal and professional development and explore the process of the work (The Alliance, 2018; Fraiberg, Adelson & Shapiro, 1975; Shahmoon-Shanok, 2009; Shea et al., 2020; Weatherston & Barron, 2009; Weatherston, Kaplan-Estrin, & Goldberg, 2009). Such skills equip the supervisee to create and sustain an authentic



relationship with a family, remain attuned to the infant, toddler or young child's emotional world, and engage the parents in wondering about their baby's and their own emotional world (Eggbeer, Shahmoon-Shanok,& Clark, 2010; Gilkerson, 2004; Heffron & Murch, 2010; O'Rourke, 2011; Schafer, 2007; Shahmoon-Shanok, 2006; Shea et al., 2020; Watson, Harrison, Hennes & Harris, 2016; Weatherston & Barron, 2009).

In order to ensure that the reflective supervision consultation groups would provide Pennsylvania's infant-early childhood program professionals, supervisors, and program managers with reflective supervision that is aligned with the best practice standards, PA OCDEL and The PA Key contracted The Alliance, which oversees national and international infant mental health associations that utilize the Competency Guidelines® and/or the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®, to provide virtual reflective supervision consultation (The Alliance, 2018). The Alliance's vast national and international professional membership network includes experienced reflective consultants who have earned Endorsement® that signifies their expertise in the area of reflective supervision consultation. In response to the contract with PA OCDEL and The PA Key, The Alliance identified seven endorsed reflective consultants to facilitate 11 reflective supervision groups composed of infant-early childhood program professionals working in or with early learning centers, Early Head Start programs, or Pre-K Counts, a state funded program that offers income-qualifying families free preschool options in approved preschool settings. Nine of the groups included a blend of IECMH consultants, Pre-K Counts specialists, and Early Head Start-Child Care Program (EHS-CCP) specialists. Another group was attended by IECMH, EHS-CCP Program, and Pre-K Counts Program Supervisors and one group was attended by coordinators or program managers for IECMH, EHS-CCP and Pre-K Counts (See Table 1). Over the course of the 12-month pilot of this reflective supervision consultation model, there were changes in group configurations due to changes in participant availability, retirement/end of employment, new hiring, and participant withdrawal from groups. The final configurations for the 12-month pilot included 11 groups that ranged in number from 3-7 participants. The groups began meeting in April 2019 and continued to meet monthly for 2 hours throughout the course of the pilot period with the use of distance technology.



Table 1***The PA Key Infant and Early Childhood Program Professional Role Descriptions***

Role	Description
IECMH Consultant	<ul style="list-style-type: none"> • Provide ECMH consultation in early care settings for children age 0-5 • Assess social-emotional development and identify concerns • Identify and provide appropriate interventions to address concerns and support prevention, reduce/prevent expulsion • Provide referrals to community based mental health service providers and early intervention services • Support teachers' professional development to enhance focus on IECMH needs in the classroom
Pre-K Counts Specialist	<ul style="list-style-type: none"> • Provide programmatic support to ensure quality preschool education in settings providing Pre-K Counts preschool options • Conduct classroom observations and program visits • Provide feedback and technical assistance for classroom staff and program administrators • Support implementation of state and local early education initiatives
Early Head Start-Child Care Partnership (EHS-CCP) Specialist	<ul style="list-style-type: none"> • Provide programmatic support for infant-toddler childcare programs to meet EHS standards and provide enhanced child care services • Support community hubs and child care programs' understanding and implementation of the Head Start Program Performance Standards (HSPPS) • Monitor budgets • Monitor hub and childcare program compliance with HSPPS using a monitoring tool
Supervisors	<ul style="list-style-type: none"> • Provide supervision to IECMH consultants or PreK Counts specialists
Program Managers/Coordinators	<ul style="list-style-type: none"> • Supervise PreK Counts, IECMH, or EHS-CCP supervisors • Manage/Coordinate IECMH project, Pre-K Counts, or EHS-CCP • Policy oversight and administration

EVALUATION DESCRIPTION

The Alliance sub-contracted the Eastern Michigan University School of Social Work to conduct the pilot evaluation of this statewide reflective supervision consultation model in order to assess the impacts of RSC on the professional development and experiences of the participating infant-early childhood program professionals, supervisors, and program managers. The primary purpose of the evaluation was to assess the impacts of reflective supervision on



participants' reflective practice and relationship-based skills, and experiences of their work. A secondary aim of this pilot evaluation was to explore the ways in which the implementation of reflective supervision consultation groups with infant-early childhood program professionals, supervisors, and program managers, representing a range of roles that span direct services to policy administration, could impact services and service-related outcomes for infants, toddlers, young children and families.

Research regarding reflective supervision, while certainly a focus in the IECMH community, is still in its early stages of development with limited precedent in terms of study design and measurement (Frosch et al., 2018; Gallen et al., 2016; Shea et al., 20016; Shea et al., 2020; Watson et al., 2016). This may be indicative of the fact that reflective supervision, given its relational and transactional nature (Schafer, 2007), is an experience that is difficult to quantify, posing challenges to the identification of appropriate methodologies and measures that can capture its impacts and use (Frosch et al., 2018; Gallen et al., 2016; Shea et al., 2020; Watson et al., 2016). Recent advancements in reflective supervision research have primarily focused on reflective supervision consultation with IECMH direct service providers and the existing measurement tools are largely centered around RSC in the context of direct services (Frosch et al., 2018; Gallen et al., 2016; Shea et al., 2020; Watson et al., 2016). Therefore, when designing this unique evaluation that is focused on the RSC experiences of infant-early childhood program professionals, supervisors, and program managers, it was important to attend to the fact that the participant group included both direct services professionals and professionals who do not provide direct services. As a result, multiple sources and types of data were included to address the breadth of perspectives that could inform the discussion about the impacts of this RSC pilot. Furthermore, such strategies serve to strengthen the verification of results so that different sources and types of data can be compared and contrasted.

Methods

The evaluation included multiple sources of data, including self-report data collected from RSC participants and reflective consultants as well as secondary programmatic data collected by The PA Key. Additionally, a mixed-methods approach offered an opportunity to triangulate the data collected with the use of new quantitative self-report measures piloted for this evaluation, existing quantitative self-report measures focused on related constructs, secondary data collected by The PA Key, and qualitative data. Furthermore, data were collected



over multiple time points during the pilot period and all primary quantitative and qualitative data were collected concurrently. The Primary Investigator submitted an application to Eastern Michigan University's Human Subjects Review Committee and received approval to conduct this evaluation.

An invitation to participate in the pilot evaluation was emailed to 53 RSC group participants who began RSC between the months of April 2019-August 2019. A total of 38 RSC participants provided their consent to participate in the pilot evaluation and completed an online survey including quantitative self-report measures prior to the commencement of the RSC groups (pretest), at 6 months (interim-test), and again at 12 months (posttest). RSC group participants also responded to qualitative questions at pretest and at posttest. The survey was anonymous and participants entered a unique code that could be used again at interim and posttest in order to compare results. All 7 reflective consultants were contacted via email and invited to participate in the pilot evaluation. Six reflective consultants consented to participate and responded to an online, anonymous qualitative survey at posttest. Secondary data collected by The PA Key from the year prior to the commencement of the groups (4/1/18-3/31/19) and during the pilot year (4/1/19-3/31/20) were also utilized in this evaluation.

Measures for RSC Group Participants

Demographics Questionnaire: This questionnaire included questions about participants' gender identity, race, age, education, length work experience, and supervision experience. All RSC participants completed this measure at pretest only.

Reflective Practice Self-Efficacy Measures (Shea, Goldberg & Weatherston, 2019): Three new self-efficacy measures, the Reflective Practice Self-Efficacy Scale for IECMH Consultants, the Reflective Practice Self-Efficacy Scale for Infant-Early Childhood Program Specialists, and the Reflective Practice Self-Efficacy Scale for Infant-Early Childhood Program Managers and Supervisors were piloted in this evaluation. The measures are adaptations of the *Reflective Supervision Self-Efficacy Scale for Supervisees (RSSESS)* (Shea, Goldberg & Weatherston, 2012), which has been utilized in previous studies with promising reliability indicators (Shea et al., 2016; Shea et al., 2020). The *RSSESS* includes items related to reflective practice skills used in the context of RSC and with families as well as items that are specific to the relationship with the reflective consultant. For the purposes of this study, it was not possible to assess the specific relationship with the reflective consultant because all of the participants



were embarking on new relationships with reflective consultants at the outset of the pilot. In consultation with The PA Key and The Alliance, the roles and tasks associated with each category of infant-early childhood program professional were identified within the context of reflective practice. The RSSESS items were then modified as necessary to align with the job roles and tasks of IECMH consultants, early childhood program specialists and infant-toddler specialists (Pre-K Counts specialists and EHS-CCP specialists), and program managers and supervisors, resulting in three measures. For each measure, respondents are asked to rate their level of confidence using a 5-point Likert scale (1 = no confidence, 5 = extremely high confidence) about their abilities to engage in specific reflective practice tasks/skills. A higher score indicates a greater sense of self-efficacy with regard to reflective practice. There are 16 items in both the program manager/supervisor measure and the infant-early childhood program specialist measure. The IECMH consultant measure includes 17 items. The three measures share 11 items in common. These measures were administered at pre-, interim-, and posttest.

Use of Self and Reflective Practice Skills (Heffron, 2013): This 14-item scale asks participants to rate the degree to which they are aware of/using (0 = not aware/not using to 5 = mentoring) specific reflective practice skills in work with children and families. Participants are also offered opportunities to comment on each rating. The highest possible score for this scale is 70. This measure, which is intended for direct service providers, was administered to IECMH consultants at pre-, interim-, and posttest.

Mindful Attention Awareness Scale (MAAS) (Brown & Ryan, 2013): This 15-item scale “assess[es] a core characteristic of mindfulness, namely, a receptive state of mind in which attention, informed by a sensitive awareness of what is occurring in the present, simply observes what is taking place” (Brown & Ryan, 2003). This scale asks respondents to rate the frequency with which they engage in certain mindful behaviors (1 = Almost Always to 6 = Almost Never). A higher score indicates a greater sense of mindfulness. The lowest possible score for this scale is 1 and the highest possible score is 6. This measure was administered to all RSC participants at pre- and posttest.

Maslach Burnout Inventory (MBI)-Human Services (Maslach & Jackson, 1981): This 22-item measure assesses burnout for professionals in the human services field. Respondents report the frequency (0 = never to 6 = every day) with which they experience specific thoughts or responses to their work. The scale is scored using three subscales: Emotional Exhaustion (EE),



Depersonalization (DP), and Personal Accomplishment (PA). Higher scores indicate greater frequency experiencing each of these responses; the lowest possible score for each scale is 0 and the highest possible scale is 6. This measure was administered to all RSC participants at pre-and posttest.

RSC Participant Qualitative Survey: This survey includes 5 open-ended questions, was created for this pilot evaluation, and was administered to all RSC participants at pre-and posttest. Please note that questions 3 and 4 were adapted according to the role of the respondents. The survey questions are:

- 1) What is the greatest challenge you encounter in your work? How have you responded to this challenge? What has helped? What has not helped?
- 2) How does your work impact children and families?
- 3a) How are you impacted by your work? (*Supervisors & Program managers only*)
- 3b) How are you impacted by your work with children and families and/or programs serving children and families? (*IECMH consultant, Pre-K Counts and EHS-CCP specialists only*)
- 4a) How would you describe your approach to infant-early childhood mental health consultation or teacher/program consultation? (*IECMH consultant, Pre-K Counts and EHS-CCP specialists only*)
- 4b) How would you describe your supervision and/or leadership style? (*Supervisors & Program managers only*)
- 5) Are there things you would like to change about your work environment/ experience? If so, what?

Measures for Reflective Consultants

Demographics Questionnaire: This questionnaire includes questions about reflective consultants' gender identity, race, age, education, and reflective supervision experience. All reflective consultant participants completed this measure at posttest only.

Reflective Consultant Qualitative Survey: This survey includes 5 open-ended questions, was created for this pilot evaluation, and was administered to all reflective consultant participants at posttest only. Participants were instructed to address all of the groups for which they were the assigned consultant during the pilot period in their responses. The survey questions are:



- 1) Are there ways in which the group has changed with regard to their engagement with/participation in reflective supervision?
- 2) What challenges have you encountered in providing reflective supervision consultation to this group?
- 3) What are the strengths and areas for growth for the group?

Program Data Collected by the PA Key

Child Care Worker Job Stress Inventory (JSI) (Curbow et al., 2000): The JSI is a self-report measure completed by child care workers to assess their job stress and considers job resources, job demands and job control. The PA Key uses an adapted version of this measure that includes 27 items. Respondents use a Likert scale (1 = very much, 5 = very little) to indicate the degree of control they have with regard to 8 statements; the frequency with which job demand events occur with regard to 9 statements (1 = rarely/never, 5 = most of the time); and the frequency with which they experience job resources with regard to 10 statements (1 = most of the time, 5 = rarely/never). A lower overall score indicates lower job stress. Infant-early childcare educators complete the JSI at the time of an IECMH case opening and again at the time of each IECMH case closing. The PA Key provided the pre-and posttest JSI scores for the infant-early childhood educators with child cases served by IECMH consultants participating in the RSC groups for the 12 months prior to the pilot start date (4/1/18-3/31/19) and for the 12-month pilot period (4/1/19-3/31/20).

Teaching Pyramid Observation Tool (TPOT-Short Version) (Hemmeter, Fox, & Snyder, 2009): This measure is an adaptation of the *Teaching Pyramid Observation Tool for Preschool Classrooms* and is completed by IECMH consultants at the time of IECMH case opening and again at the time of case closing. The tool is completed during a 2-hour classroom observation in classrooms serving children ages 2-5. The purpose of this tool is to highlight areas for feedback and professional development for classroom teachers and staff regarding the ways in which classroom environment and teacher responses support young children's social-emotional development (Artman, et al., 2011). The tool contains 34 items. Eight of the items requires the IECMH consultant to indicate whether an environmental factor is present or not present. For the remaining 26 items, IECMH consultants use a Likert scale (1 = never, 4 = almost always) to identify the frequency with which they observe specific teacher behaviors or responses. A lower overall score is associated with a greater level of concern



regarding the environment and teacher behaviors with regard to their impact on children's social-emotional development. The PA Key provided the pre-and posttest TPOT scores completed by IECMH consultants participating in the RSC groups for the 12 months prior to the pilot start date (4/1/18-3/31/19) and for the 12-month pilot period (4/1/19-3/31/20).

Teaching Pyramid Infant Toddler Observation Scale (TPITOS-Short Version) (*Hemmeter, Carta, Hunter & Strain, 2009*): This measure is an adaptation of the *Teaching Pyramid Observation Tool for Infant and Toddler Classrooms* and is completed by IECMH consultants at the time of IECMH case opening and again at the time of case closing. The tool is completed during a 2-hour classroom observation in classrooms serving infants and toddlers (ages 0-3). The purpose of this tool is to highlight areas for feedback and professional development for classroom teachers and staff regarding the ways in which classroom environment and teacher responses support infant and toddlers' social-emotional development (Artman et al., 2011). The tool contains 24 items. IECMH consultants use a Likert scale (1 = never, 4 = almost always) to identify the frequency with which they observe specific teacher behaviors or responses. A lower overall score is associated with a greater level of concern regarding the environment and teacher behaviors with regard to their impact on infant and toddlers' social-emotional development. The PA Key provided the pre-and posttest TPOT scores completed by IECMH consultants participating in the RSC groups for the 12 months prior to the pilot start date (4/1/18-3/31/19) and for the 12-month pilot period (4/1/19-3/31/20).

Strengths and Difficulties Questionnaire (SDQ)(*Goodman, 2005*): This measure is completed by infant-early childhood educators based on their observations of a child, age 2+, within the last 6 months. The measure includes 25 items that describe characteristics or behaviors. Respondents must indicate the degree of accuracy of these statements (not true, somewhat true, certainly true). Infant-early childhood educators complete the SDQ at the time of an IECMH case opening and again at case closing. The highest total possible difficult score = 40; higher scores indicate a greater number of observed difficulties with scores of 18-40 indicating very high rate of difficulties, 15-17 indicating high rate of difficulties, 11-14 indicating slightly raised difficulties, and 0-10 indicating close to average rate of difficulties (Goodman, 2015). The PA Key provided the pre-and posttest SDQ scores completed by infant-early childhood educators regarding child cases served by IECMH consultants participating in the RSC groups for the 12



months prior to the pilot start date (4/1/18-3/31/19) and for the 12-month pilot period (4/1/19-3/31/20).

Closing Status Reports: The PA Key collects data regarding the closing status for IECMH child cases. The closing status of each IECMH case is identified with one of the following codes that describes the reason for the case closing:

- a. Met goals: Goals in service/action plan were met.
- b. DS Center: Child care provider declines to follow through on IECMH consultant recommendations
- c. DS Family: Family declines to follow through on IECMH consultant recommendations or chooses to change centers
- d. Expulsion 1: Child was expelled from center due to behaviors; no follow-up or assistance from IECMH consultant
- e. Expulsion 2: Child was expelled from center due to behaviors; IECMH consultant assists in transition to another placement
- f. Referral Eligible: Child was referred to other services and was determined to be eligible for services
- g. Transferred: Case was transferred from one IECMH consultant to another in the same region
- h. No Service-Expelled: child was expelled by center before IECMH consultation could begin
- i. No Service-Moved: child moved before IECMH consultation could begin
- j. No Service-Improved: child demonstrated improved behavior before IECMH consultation began/parent chose not to pursue service
- k. No Service-Other: IECMH consultation did not begin

The PA Key provided a closing report for all of the IECMH cases closed by IECMH consultants participating in RSC for the year prior to the pilot (4/1/18-3/31/19) and for 12-month pilot period (4/1/19-3/31/20).

Demographic Overview of Pilot Evaluation Participants

RSC Supervisees (n = 38)

There were 38 RSC supervisees who participated in the pilot evaluation. This included five supervisors/program managers, 14 preschool program and infant-toddler specialists (Pre-K Counts specialists and EHS-CCP specialists), and 19 IECMH consultants. The majority of supervisors/program managers described their gender identity as female (80%, n = 4) and all of the supervisors identified as White, Non-Hispanic. More than half of the supervisors (60%, n = 3) were between the ages of 50-59. All of the supervisors hold a master's degree in Education. An equal number of respondents (40%, n=2) had been in their current role for 11-15 years and less than 1 year. The majority of supervisors (60%, n=3) had worked in the infant-early



childhood and/or education field for over 20 years. All of the supervisors reported providing supervision, serving a range of 1-17 supervisees. The range of experience providing supervision varied with the largest proportion of supervisors (40%, n=2) having 11-15 years of experience providing supervision and the remaining respondents having 1-5 years, 6-10, or 16-20 years of experience. The majority (80%, n=4) of supervisors reported receiving supervision; 2 supervisors reported having received reflective supervision. More than half of the supervisors (60%, n = 3) reported that they will not seek Endorsement (See Table 2).

The majority of the preschool program and infant toddler specialists, which includes PreK Counts and EHS-CCP specialists, described their gender identity as female (85.7%, n = 12) and all of the specialists identified as White, Non-Hispanic. Half of the EHS-CCP and PreK Counts specialists (50%, n = 7) were between the ages of 40-49 and a little over a third (35.7%, n = 5) were between the ages 30-39. A majority of the specialists (57.1%, n = 8) hold a master's degree with Education as the most represented (57.1%, n = 8) discipline for all respondents. A majority of the respondents (71.4%, n = 10) had been in their current role for 5 years or less and the same number reported receiving supervision. A little more than a quarter (28.6%, n = 4) of specialists reported having received reflective supervision. Over a third of the specialists (35.7%, n = 5) had worked in the infant-early childhood and/or education field for over 20 years.. The majority (64.3%, n = 9) responded that they will not seek Endorsement (See Table 2).

All of the IECMH consultants described their gender identity as female (100%, n=19) and the vast majority (89.5%, n = 17) identified as White, non-Hispanic with approximately 11% of the respondents identifying as Hispanic (n = 2). An equal number (42%, n = 8) of consultants were between the ages of 30-39 and 40-49. A majority of the consultants (68.4%, n = 13) hold a master's degree with Education as the most represented (57.9%, n = 11) discipline for all respondents. Approximately one-third of the consultants (31.6%, n = 6) reported having less than 1 year of experience in this role with the same number reported having 1-5 years of experience and 6-10 years of experience. With regard to years of experience in infant-early childhood services/education, over one-third (36.8%, n = 6) had 11-15 years of experience and the same number of IECMH consultants reported having more than 20 years of experience. More than half of the IECMH consultants reported that they do not receive supervision (52.6%, n = 10) and two IECMH consultants reported that they provide supervision. Approximately half of the



Table 2
RSC Supervisee Demographics

	Program Managers & Supervisors (n = 5)		PreK Counts & EHS- CCP Specialists (n = 14)		IECMH Consultants (n = 19)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Age						
30-39 years	2	40	5	35.7	8	42.1
40 to 49 years	-	-	7	50	8	42.1
50 to 59 years	3	60	2	14.3	3	15.8
Gender Identity						
Female	4	80	12	85.7	18*	94.7
Male	1	20	2	14.3	-	-
Race/Ethnicity						
White (Non-Hispanic)	5	100	14	100	17	89.5
Hispanic	-	-	-	-	2	10.5
Education						
Bachelor's Degree	-	-	6	42.9	6	31.6
Master's Degree	5	100	8	57.1	13	68.4
Education Discipline						
Counseling	-	-	2	14.3	3	10.5
Education	5	100	8	57.1	11	57.9
Psychology	-	-	2	14.3	3	15.8
Social Work	-	-	1	7.1	2	10.5
Other	-	-	1	7.1	1	5.3
Years Employed in Current Role						
Less than 1 year	2	40	3	21.4	6	31.6
1-5 years	1	20	7	50	6	31.6
6-10 years	-	-	3	21.4	6	31.6
11-15 years	2	40	1	7.1	1	5.3
Years of Infant-Early Childhood Experience						
Less than 1 year	-	-	-	-	1	5.3
1-5 years	-	-	-	-	-	-
6-10 years	1	20	3	21.4	3	15.8
11-15 years	1	20	4	28.6	7	36.8
16-20 years	-	-	2	14.3	1	5.3
More than 20 years	3	60	5	35.7	7	36.8
Receive Supervision (NOT RSC)						
Yes	4	80	10	71.4	9	47.4
No	1	20	4	28.6	10	52.6
Provide Supervision (NOT RSC)						
Yes	5	100	-	-	2	10.5



No	-	-	14	100	17	89.5
Received RS						
Yes	2	40	4	28.6	9	47.4
No	3	60	10	71.4	10	52.6
Plan to Apply for Endorsement®						
Yes	2	40	4	28.6	13	68.4
No	3	60	9*	64.3	6	31.6

* Response missing

consultants (47.4%, n = 9) reported having received reflective supervision. The majority of IECMH consultants (68.4%, n = 13) responded that they will seek Endorsement (See Table 2).

Reflective Consultants (n = 6)

There were six reflective consultants who participated in the pilot evaluation. The majority of the consultants (83.3%, n = 5) described their gender identity as female. Half of the consultants (50%, n = 3) were between the ages of 30-39 and the other half were between the ages of 60-69. Over 80% (n = 5) identified their race as White, non-Hispanic. A master's degree was the highest degree of education earned by the majority of the consultants (83.3%, n = 5). The majority of consultants (66.7%, n = 4) earned their highest degree in Social Work and one-third of the consultants (33.3%, n = 2) earned their degree in Psychology. All of the consultants have earned Endorsement®, the majority of Endorsements (83.3%, n = 5) were IMH or ECMH Category IV-C. Approximately two-thirds of the consultants (66.7%, n = 4) had been endorsed for 6-10 years. The consultants all had more than a decade of experience working in the infant-early childhood-family field. Half of the participants (50%, n = 3) had worked in the field for over 20 years and the other half of the sample had worked in the field for 11-15 years. This work experience aligns with the consultants' years of experience receiving reflective supervision. In terms of experience providing reflective supervision, 50% (n = 3) had 16-20 years of experience while another third of the respondents (33.3%, n = 2) had 1-5 years of experience providing reflective supervision (See Table 3).

Table 3
Reflective Consultant Demographics

Reflective Consultants (n = 6)		
	<i>n</i>	%
Age		
30-39 years	3	50



60 to 69 years	3	50
Gender Identity		
Female	5	83.3
Unidentified	1	16.7
Race		
White (Non-Hispanic)	5	83.3
Unidentified	1	16.7
Education		
Master's Degree	5	83.3
Doctoral Degree	1	16.7
Education Discipline		
Psychology	2	33.3
Social Work	4	66.7
Endorsement® Category		
ECMH Category III	1	16.7
IMH Category IV-C	5	83.3
ECMH Category IV-C	1	16.7
Years of Endorsement®		
6-10 years	4	66.7
11-15 years	1	16.7
More than 15 years	1	16.7
Years of Infant-Early Childhood Experience		
11-15 years	3	50
More than 15 years	3	50
Years Receiving Reflective Supervision		
11-15 years	3	50
16-20 years	3	50
Years Providing Reflective Supervision		
1-5 years	2	33.3
6-10 years	1	16.7
16-20 years	3	50

EVALUATION RESULTS

RSC Impacts on Reflective Practice Skills & Experience of Work: Quantitative Results

Changes in Reflective Practice Skills

One of the measures used to assess changes in the RSC supervisees' reflective practice skills was the set of Reflective Practice Self-Efficacy Scales. RSC supervisees completed either



the Reflective Practice Self-Efficacy Scale for IECMH Consultants, the Reflective Practice Self-Efficacy Scale for Infant-Early Childhood Program Specialists, or the Reflective Practice Self-Efficacy Scale for Infant-Early Childhood Program Managers & Supervisors (Shea et al., 2019) at pretest, 6 months, and 12 months after the commencement of RSC groups. A one-way repeated measures ANOVA was conducted to determine if there were differences in reflective practice self-efficacy prior to participation in RSC, after 6 months of RSC, and after 12 months of RSC ($n = 24$). The results indicated that there was a significant main effect of time on the Reflective Practice Self-Efficacy mean item score (See Table 4). Fisher's LSD post hoc tests illustrated that there were differences in the mean reflective practice self-efficacy scores after 6 months of RSC when compared to the pretest ($p = .018$) and there were differences in the mean reflective practice self-efficacy scores after 12 months of RSC when compared to pretest mean scores ($p = .043$). There were no differences between the 6-month and 12-month mean reflective practice self-efficacy scores. These findings demonstrate that the IECMH consultants, Pre-K Counts and EHS-CCP specialists, and program managers and supervisors experienced an increased sense of confidence with regard to their reflective practice skills after 6 months of RSC.

IECMH consultants also completed the Use of Self and Reflective Practice Skills (Heffron, 2013) at pretest, 6 months, and 12 months to assess for changes in reflective practice skills; this scale is specifically designed for direct service positions. A one-way repeated measures ANOVA was used to assess for differences in IECMH consultants' self-report about their ability to use reflective practice skills in their work prior to participation in RSC, after 6 months of RSC, and after 12 months of RSC ($n = 12$). The results indicated that there was a significant main effect of time on the Use of Self and Reflective Practice Skills total score (See Table 4). Fisher's LSD post hoc tests illustrated that there were no differences in the Use of Self and Reflective Practice Skills total scores between pretest and 6 months of RSC; however, there were differences in total scores between 6 months of RSC when compared to 12 months of RSC ($p = .05$). Additionally, there were differences between the total pretest scores (when compared to 12-month total scores ($p = .022$)). These findings demonstrate that the IECMH consultants reported an increased use of self and reflective practice skills in their work after 12 months of RSC. The results of a correlational analysis indicated that the difference between pretest and posttest reflective practice self-efficacy mean scores is positively associated with the difference



between pretest and posttest Use of Self and Reflective Practice Skills scores ($r = .858$, $n = 10$, $p = .001$), which reinforces the findings regarding reflective practice skill development over the course of the pilot.

The Mindful Attention Awareness Scale (MAAS) (Brown & Ryan, 2003) assesses the presence of mindfulness, which includes the capacity to be present and attentive. Such capacities can support the use of reflective practice. All of the RSC supervisees completed the MAAS at pretest and at posttest. A paired sample t -test was used to compare differences in MAAS scores ($n = 32$); results indicated no significant changes in RSC supervisees' report of their mindful attention awareness at the completion of the pilot. It is important to note that the group reported a relatively high degree of mindful attention awareness (maximum possible score is 6) prior to the commencement of the RSC groups (See Table 4).

Burnout

All of the RSC supervisees completed The Maslach Burnout Inventory (MBI) for Human Services (Maslach & Jackson, 1981) at pretest and at the conclusion of the pilot. The three subscales, Emotional Exhaustion (MBI-EE) ($n = 31$), Depersonalization (MBI-DP) ($n = 32$), and Personal Accomplishment (MBI-PA) ($n = 31$), were compared using paired sample t -tests. There were no significant changes in RSC supervisees' reports of emotional exhaustion, depersonalization or personal accomplishments after 12 months of RSC participation. The pretest mean scores for each of these subscales, where the lowest possible score for all subscales is 0 and the highest possible score is 6, suggest that the participants were reporting low levels of emotional exhaustion and depersonalization and high levels of personal accomplishment at pretest (See Table 4).

Table 4
RSC Supervisee Quantitative Results

	Pretest		Interim		Posttest		$F(df)$	η^2p
	M	SD	M	SD	M	SD		
RP Self-Efficacy ($n = 24$)	3.746	0.492	3.96	0.404	3.962	0.448	3.864(2,46)*	0.144
Use of Self and RP Skills ($n = 12$ IECMH consultants)	43.667	11.349	45.917	9.784	50.917	8.712	4.048(2,22)*	0.269
MAAS ($n = 32$)	4.215	0.677	-	-	4.358	0.543	-	-
MBI-EE ($n = 31$)	1.351	1.077	-	-	1.115	0.683	-	-



MBI-DP (n = 32)	0.475	0.522	-	-	0.406	0.444	-	-
MBI-PA (n = 31)	4.625	0.694	-	-	4.391	0.772	-	-

* $p \leq .05$

Factors Associated with Reflective Practice Skills and Burnout

Correlational analyses were conducted to test for associations between various RSC supervisee factors and reflective practice self-efficacy results as well as mindfulness, emotional exhaustion, depersonalization, and personal accomplishments at pretest and at posttest. The following factors were tested: 1) years of experience in current role; 2) years of experience working in the infant-early childhood field; and 3) RSC group attendance rates. Results included a positive association between years of experience in current role and emotional exhaustion at pretest ($r = .431$, $n = 37$, $p = .008$). There were no associations found regarding years of experience working in the infant-early childhood field or RSC group attendance.

Independent sample t -tests were conducted to assess for differences in the reflective practice self-efficacy results as well as mindfulness, emotional exhaustion, depersonalization, and personal accomplishments at pretest and at posttest for participants based on whether they reported at pretest that they would seek Endorsement® and whether they had received reflective supervision prior to the pilot. The results indicated that those who reported that they planned to seek Endorsement® ($M = .344$, $SD = .453$) had a greater increase in their reflective practice self-efficacy scores between pretest and 12 months ($t(23) = -2.534$, $p = .019$, $d = 1.16$) than those who stated they would not be seeking Endorsement® ($M = -.153$, $SD = .400$). Additionally, there was a greater sense of personal accomplishment at the conclusion of the pilot for those who indicated at the time of pretest that they would seek Endorsement® ($M = 4.505$, $SD = .738$) when compared to RSC supervisees who had indicated at pretest that they would not seek Endorsement® ($M = 3.656$, $SD = 1.213$) ($t(29) = 2.36$, $p = .025$, $d = .40$).

An independent sample t -test demonstrated that participants who had received reflective supervision prior to the pilot had a greater sense of personal accomplishment at pretest ($M = 5.017$, $SD = .524$) when compared to those participants who had not previously received RSC ($M = 4.288$, $SD = .685$) ($t(36) = 3.50$, $p = .001$, $d = 1.195$). Additionally, participants who had received reflective supervision prior to the pilot had increased mean reflective practice self-efficacy scores at both pretest ($M = 3.909$, $SD = .448$) ($t(33) = 2.343$, $p = .025$, $d = .80$) and at



posttest ($M = 4.225$, $SD = .427$) ($t(26) = 2.532$, $p = .018$, $d = .988$) when compared to the pretest ($M = 3.575$, $SD = .388$) and posttest ($M = 3.815$, $SD = .403$) reflective practice self-efficacy scores of participants who had not received reflective supervision prior to the pilot.

RSC Supervisees' Experience of Work: Qualitative Findings

RSC supervisees responded to five open ended questions about their experiences of their work prior to the commencement of the RSC pilot and again at the 12-month conclusion of the pilot. The qualitative questions were the same for all groups, with minimal variations in wording to account for the differences in IECMH consultant, Pre-K Counts/EHS-CCP specialist, and program manager/supervisor roles. To triangulate results, the qualitative data was collected concurrently with the quantitative data (Creswell, 2013). The qualitative data provided additional information about work experience to expand the findings that may not have been captured in the quantitative results. Prior to initiating the qualitative data analysis, the Primary Investigator engaged in bracketing, which is a method that is used in qualitative research to ensure that the analysis is not overly influenced by the researcher's prior experience, worldview, and/or values (Tufford & Newman, 2012). In this case, the Primary Investigator has significant experience with RSC both as a supervisee and as a reflective consultant and it was therefore necessary to engage in a conscious exploration of the ways in which these experiences might inform assumptions about the data. Such bracketing served to increase the Primary Investigator's sense of vigilance about maintaining an open and curious stance when analyzing the data so as not to arrive at premature conclusions based on prior experience with the phenomena and increase the trustworthiness of the analysis (Tufford & Newman, 2012).

Data for each pretest RSC participant group (IECMH consultants, Pre-K Counts/EHS-CCP specialists, and program managers/supervisors) were first analyzed separately using a two-cycle coding process that involved identifying significant statements and creating preliminary codes. The codes were then further refined and defined to be able to label the content meaning to capture emotions, values, approaches, and perceptions (Saldaña, 2016). All significant statements were then coded with the finalized codes. The coding process revealed many common codes across all three groups. Codes for all three participant groups were then organized into categories that served to provide "consolidated meaning," and to further describe clusters of codes (Saldaña, 2016, p.10). Reflection on the meaning and processes that connect categories resulted in the identification of themes, which serve to describe the major conceptualizations of



RSC participants' work experience prior to the commencement of RSC. This same process was utilized to code the posttest data in the identification of new themes regarding work experience. Negative case analysis was conducted for both sets of data to identify data that was not representative of the themes; themes were modified to incorporate negative cases in order to provide a more comprehensive analysis of data and increase the trustworthiness of the analysis (Tenzek, 2017).

RSC Supervisee Pretest Themes

A total of three main themes concerning work experience were identified across the pretest IECMH consultant, Pre-K Counts/EHS-CCP specialist, and program manager/supervisor survey responses (n = 32) (See Table 5). The first main theme in the RSC supervisee pretest data was *Protective Factors*. This theme highlighted the strategies, perceived supports, and sense of self-efficacy that can be preventative influences to reduce risk of burnout. The theme included two subthemes, one of which was *positive perceptions and experiences of the work*. This subtheme includes a sense of purpose in the work, the ways in which the RSC supervisee experiences having a positive impact in their work and beneficial ways in which the RSC supervisee is impacted by their work. For example, one RSC supervisee remarked,

“I have a great sense of pride in my work and the opportunities it allows me to work with and collaborate with others. My work generally provides me with energy and motivation, as each day tends to be different from the next.”

A second subtheme was *resources that supported RSC supervisees* in their work, which might include personal and professional development opportunities or seeking support from colleagues or supervisors. An example of a response that is representative of this subtheme is:

“I have responded professionally in all instances with confidence that I will get them an answer. [O]ngoing training has helped this and I feel as though I am growing more comfortable answering the hard questions.”

Description of Work Approach/Focus is the second main theme. This theme centers around responses that describe the type of practice or methods used by the RSC supervisee in their work. For this theme, the two most common categories of responses were *relationship-based/relationship-focused* and *modeling, coaching, facilitating, and supporting*. Responses that



were defined as relationship-based/relationship-focused prioritized relationship in the work and/or identified specific relationship-based skills such as building trust, use of curiosity, and listening. An example of a relationship-based/relationship-focused response is:

“Relational, empathetic, supportive. Not very directive because most of the challenges in early childhood programs are people-related (children, families, staff) and don't have simple solutions.”

By contrast, the modeling/coaching/facilitating/supporting responses highlighted more solution-focused approaches to the work. It is important to note that these responses differed from responses that described more directive approaches in that the modeling or coaching style includes opportunities for discussion and collaboration. An example of such a response is:

“I listen and truly HEAR the struggles of the professionals and the family and help them come up with workable strategies to help the child be successful. I am their resource person as well as their cheerleader as they make steps forward.”

The third main theme identified in the RSC supervisee pretest data was *Burnout Risk Factors/Indicators*, which describes responses that indicated high stress, a perceived lack of supports/resources, and negative impacts on sense of work and emotional states. While this theme is representative of the data across groups, it was most strongly represented in the IECMH consultant responses. This theme included three subthemes, one of which was *negative impacts of the work on RSC supervisees' emotional state/responses*, including challenges with work/life balance. One RSC supervisee remarked,

“This work is mentally and physically draining. It is overwhelming to balance needs of children, providers and families. I feel like the lines between work and home is blurred, as providers and families are in constant contact regarding challenges and behaviors.”

A second subtheme that served to inform the Burnout Risk Factors/Indicators described *negative perceptions of the work*, including doubts or concerns about the capacity to create impact in their work. The following response from an RSC supervisee is representative of this subtheme:



“I just wish I felt more effective. This is what exhausts me. If I knew what would help the situation, I would do it. But too often, I feel like I'm just sitting in a classroom watching negative interactions between the teacher and the child and not really sure how to have an impact.”

The final subtheme that described Risk Factors/Indicators was *barriers to work performance/lack of supports to accomplish work expectations*. Regarding this subtheme, one RSC supervisee responded,

“The greatest challenge would be the expectation to "coach" providers that I work with when there are built in time constraints that prohibit a true coaching relationship.”

Finally, RSC supervisees were asked whether they would change anything about their work environment/experience and 87% (n = 27) indicated that they would desire such changes. Suggestions for changes to the work environment/experience included having more time to complete work effectively, more support or opportunities to connect, more effective and consistent communication, and increased opportunities for personal and professional development. This set of responses serves to validate the challenges and concerns captured in the Burnout Factors/Indicators theme.

RSC Supervisee Posttest Themes

As previously stated, the posttest RSC qualitative data (n = 26) revealed new themes with shifts in the ways in which the RSC supervisees responded to the questions about their work experience (See Table 5). Specifically, the posttest data results include four themes, only one of which is a duplicate from the pretest data. The first main theme is *Description of Work Approach/Focus*, which was also a theme in the pretest results. Similar to the pretest data, this theme centers around responses that describe the type of practice or methods used by the RSC supervisee in their work. Once again, the two most common categories of responses were *relationship-based/relationship-focused* and *modeling/coaching/facilitating/supporting*; An example of a relationship-based/relationship-focused response is:

“I try to connect with program staff, earn their trust, listen, observe and help them to define their goals.”



An RSC supervisee who described their approach to their work as including a modeling, coaching, facilitating, supporting approach stated,

“I try to engage my team as much as possible in all the work we do. The team is strong collectively, and independently they all have strong skills in different areas. We are able to assign tasks based on those skills when there is a need to work independently, or couple team members when one has a desire to grow their skills in a new area.”

A notable difference between the Description of Work Approach/Focus pretest and posttest themes is that reflective practice approaches constituted a larger proportion of the responses (16.7%, $n = 14$) in the posttest theme as compared to the pretest theme (7.5%, $n = 7$). Responses that described reflective practice approaches referred to participants’ use of or their support of teachers/staffs’ use of: reflection and/or self-awareness, connections between emotional responses and interactions with others, mindfulness, perspective-taking, and/or awareness of the parallel process. An RSC supervisee stated,

“Open and reflective. I believe in giving those on my team their time to talk, and be heard. Everyone's input is valuable, and sometimes, the experience of wading through someone's input is in fact the value.”

Another RSC supervisee’s response illustrates the ways in which the participants were intentionally integrating both reflective practice and a relationship-based approach in their work:

“I like to observe first, then ask the teacher how they feel about a situation--what are the strengths of themselves, the child, the family, as well as the challenges. I am working on writing some intentional question prompts and wonderings before I meet with a teacher and try to focus on the teachers[sic] feelings first, then digging deeper. I know that the relationship building is the most important element to the success of the consultation.”

The second main theme is *Range of Impacts of Relationship-based Work on Personal and Professional Self*. This theme includes a subtheme of *positive perceptions and experiences of the work*. This same subtheme was found in the pretest data, under Protective Factors, and includes responses that indicate RSC supervisees value their work, experience their work as being purposeful, and/or experience positive rewards from their work. Of note, in the posttest data, the



value of the work was at times expressed in terms of the value of the relationships with families. One RSC supervisee remarked,

“This experience, as hard as it can be at times, has been very positive for me. I love helping others and knowing that I can make a difference in other peoples' lives. It has made me a better parent to my own children. We all need love, a person to hold our hands in troubling times and a person who will just listen and hear us. Not only do I think I can provide that for the families I serve, but they have provided that for me.”

A second, but much smaller subtheme is *burnout risk factors/indicators*, which concerns responses that describe negative impacts of the work on the RSC supervisees' work/life balance and emotional state, a sense of doubt about the efficacy or purpose of the work, and a lack of resources/systemic issues. It is notable that in the pretest data, Burnout Risk Factors/Indicators was a main theme due to the prominence of such responses. By contrast, in the posttest data, these risk factors were identified in such limited frequency that they are represented in a minor subtheme with a low response rate (See Table 5). An example of such a response is:

“I feel disappointment with myself at times when it feels like the outcome of a situation is not positive. Sometimes I feel helpless in impacting change when there is difficulty in building a trusting relationship with a teacher.”

The third main RSC supervisee posttest theme is *Resources & Skills to Address Relationship-based Challenges*, which describes RSC supervisees' descriptions of the ways in which they respond to or approach difficult relational situations. A subtheme, *skills used to address problems*, describes responses that include specific strategies used by RSC supervisees in response to relationship-based work challenges, such as reaching out to parents, teachers or staff when problems arise. For example, one RSC supervisee responded,

“I have been working more diligently to connect with those parents/families to help them see themselves as an integral part of the team.”

Another subtheme within the Resources and Skills to Address Relationship-based Challenges concerns *internal resources*, which describes responses that are indicative of RSC supervisees'



sense of agency as well as responses regarding their ability to distinguish between what can be controlled and what cannot. An example of a response within this subtheme is:

“I have dealt with this by knowing and understanding that I cannot stress over the things I cannot control or change and should focus on what I can do.”

A third and final subtheme within this main theme is *external resources* and includes responses where RSC supervisees identified specific supports that they use to assist them in navigating relationship-based work, such responses include personal and professional development resources and reflective supervision. One RSC supervisee remarked,

“I have found that the time spent in reflective consultation has be more aware of my own thoughts and feelings and understanding how they impact my interactions and relationships with others.”

The fourth main theme identified in the posttest RSC supervisee data is *Challenges to Relationship-based Work*. This theme is defined by responses that describe difficulties encountered by RSC supervisees in their work, specifically in the context of efforts to support or engage in relationships with others. Within this theme, RSC supervisees described some of the challenges they may face supporting engagement with services when working with parents or teachers expressing ambivalence and difficulties navigating conflicts or making difficult decisions that impact others. This theme also captured RSC supervisees’ concerns about a lack of time to connect with colleagues, families, teachers, and staff and the insufficient time needed to engage in relationship-based work when also managing many other responsibilities. Two RSC supervisees described this challenge in the following ways:

“Responding to the many different personalities and temperaments from adults that I face each day.”

and

“The greatest challenge so far has been getting ' buy-in' from teachers and directors in a few cases.”



Finally, similar to the pretest survey, RSC supervisees were asked at the conclusion of the pilot whether they would change anything about their work environment/experience. Strikingly, the vast majority (68%, n = 17) indicated that they would not make any changes. Suggestions offered by the respondents who did indicate a desire for changes to the work environment or experience included having more time to engage in relationship-based work, personal and professional development opportunities, and some logistical and practical changes related to the burdens/challenges imposed by the COVID-19 pandemic.

Table 5
RSC Supervisee Pretest (n =32) and Posttest (n =26) Experience of Work: Main Themes

Pretest Themes	Subthemes
Protective Factors (n = 104)	a. Positive perceptions and experiences of the work (n = 61) b. Resources to support the work (n = 43)
Description of Work Approach/Focus (n = 93)*	a. Modeling/coaching/facilitating/supporting (n = 31) b. Relationship-based or relationship-focused practice (n =28) c. Quality program implementation-quality care (n = 9) d. Other (n = 25)
Burnout Risk Factors/Indicators (n = 85)	a. Negative impacts of the work on RSC supervisees' emotional state/responses (n = 36) b. Negative perceptions of the work (n = 30) c. Barriers to work performance/lack of supports (n = 19)
Posttest Themes	
Description of Work Approach/Focus (n = 84)*	a. Relationship-based or relationship-focused practice (n =34) b. Modeling/coaching/facilitating/supporting (n = 22) c. Reflective practice (n =14) d. Other (n = 14)
Range of Impacts of Relationship-based Work on Personal & Professional Self (n = 68)	a. Positive perceptions and experiences of the work (n = 55) b. Burnout Risk Factors/Indicators (n = 13)
Resources & Skills to Address Relationship- based Challenges (n = 41)	a. Strategies used to address challenges (n = 15) b. Internal resources (n = 14) c. External resources/supports (n = 12)
Challenges to Relationship-based Work (n = 28)	a. Difficulties navigating challenging relationships with teachers, colleagues, staff; impacts of time constraints on relationship-based work (n = 28)

*only the three most frequently identified categories are presented

Comparison of Pretest and Posttest Main Themes

A comparison between the main themes that emerged in the pretest and posttest results highlights the significant reduction in burnout risk factors/indicators. At the time of pretest,



burnout was central element of participants' experience of their work, constituting a main theme (n = 85), marked by negative impacts on work/life balance, a sense of exhaustion and hopelessness, and doubt about the ability to have an impact in the professional context. At the conclusion of the 12-month pilot, burnout risk factors/indicators was no longer a main theme and constituted an extremely small segment of the results (n = 13). In fact, the posttest responses regarding work experience were markedly positive in terms of descriptions regarding ways in which the work positively impacts the personal and professional self (n = 55). Another contrast that can be highlighted concerns the increase in relationship-based focus of the work at posttest. While relationship-based focus/approach was identified as the second most common description of work approach at pretest, the posttest main themes are rooted in a relationship-based approach to work with two of the main themes focusing on challenges to relationship-based work and resources and skills to address relationship-based challenges. These results suggest that the relationship-based approach was more strongly integrated into participants' ways of understanding and navigating their work following their participation in RSC. Finally, while modeling/coaching/facilitating/supporting and relationship-based or relationship-focused practice remained the top two descriptions of work approach at posttest, it is notable that reflective practice was also identified at posttest as a work approach, suggesting that the reflective practice skills developed or enhanced in the context of RSC were then utilized by participants in the context of their work.

Strengths & Areas for Growth in Reflective Supervision Consultation: Qualitative Findings

Reflective consultants (n = 6) responded to three open-ended questions at the conclusion of the pilot. The previously described two-cycle coding method was used to analyze these qualitative data and the results include four main themes to describe reflective consultants' experiences of the RSC groups during this pilot period (See Table 6). The main theme with the largest number of responses is *Skills and Strengths*. This theme includes a subtheme of *RSC supervisees' reflective practice skills* that have developed over the course of the pilot. One consultant stated,

“When asked to share what came up for them after attending to another group member's reflection they are able to describe their thoughts and feelings rather than share 'solutions' to the dilemma that was explored...Identifying principles such as parallel process,



multiple perspectives, 'what might be the rest of the story?,' professional use of self, awareness of judgments, cultural sensitivity, curiosity etc. as they reflect.”

A second subtheme is *strengths that support RSC participation*. The most common response in this subtheme concerned RSC supervisees’ willingness to “show up” and participate. An example of a response that is representative of this subtheme is:

“From day one they showed up, they might not have really wanted to or known what any of this was all about but they showed up with a willing ability to explore.”

The second main theme that emerged in the reflective consultants’ responses was *Barriers to Reflective Consultation*. This theme had the second highest number of responses and included a subtheme, *RSC supervisees’ lack of knowledge about RSC, relationship-based practices and/or IECMH principles*, which impacted the experience of the group and required the consultant to potentially take on a role of teacher. For example, one consultant responded,

“I also feel that the professionals in the groups needed more foundational information about what reflective work was all about. Members...have shown that they didn't realize what the reflective process is about, or how to engage and value the work, so it has been a steep learning curve for all of us.”

There are two other subthemes within this main theme of Barriers to RSC; one of these is *scheduling, participant availability, and participant turnover rates*; this barrier type impacted the group dynamics and the level of consistency that could be achieved. One consultant remarked,

“My group size changed 3 times...That was challenging to navigate for myself and with the group members.”

The final subtheme is *RSC supervisee role differences*. Reflective consultants described these differences as a barrier due to members’ lack of familiarity with or understanding of each other’s job description or approach. Often, the group members were saddled with the need for additional layers of explanation when presenting. Additionally, the role differences sometimes impacted group dynamics given that the range of direct and indirect practice warranted different responses and types of exploration. For example, a consultant stated:



“...their roles are very different; there are members that have similar roles to each other but not throughout the group. I believe that this has caused some uncertainty about content within the group and finding commonalities and a group identity. I think because the group is also getting to know each other at the same time they are getting to know me that the process is slower. Because they are not together on a regular basis or on the same team, I think it is harder to reinforce the relationships that are being built once a month.

The third main theme is *Concerns and Areas for Growth* and describes reflective consultants’ perspectives about areas for future personal and professional development for the RSC supervisees as well as general concerns about the RSC group experience. There are two subthemes; the first is the *concerns about the RSC supervisees’ responses to the group experience*. While the majority of the reflective consultant descriptions of the group experience were marked by growth in reflective capacities and a willingness to engage in the process, there were a smaller number of responses that described a lack of buy-in to the RSC experience and a lack of change in reflective practice skill development. One consultant remarked,

“It is hard for me to tell if there has been much change regarding their engagement and participation...They are unsure what to bring to the group for reflection...”

The second subtheme is *areas for growth in reflective practice skills*. This subtheme describes the next set of developmental shifts a consultant might expect to observe in their supervisees as they become more engaged with the reflective process and more fluent in the RSC model. For example, areas for growth include making connections between one’s emotional responses and impacts on the work. An example of such a response is:

“I believe that the space is feeling safer for them to be more vulnerable with each other and that growth for this group will be in delving more into their emotional experiences.”

The final main theme identified in the reflective consultant responses is *Reflective Consultant Responses to Challenges*. This theme includes two subthemes, one of which is the *strategies and approaches employed by reflective consultants* to respond to the various challenges or barriers identified in previous themes. One strategy employed by consultants is to discuss the challenges with the group and invite their input, which has sometimes led to



adaptation or change; and in other cases, has only resulted in limited change. For example, one consultant stated,

“I have discussed options with the group, attempted collaborative engagement in how they want to use the time, answered questions...”

The second subtheme is *other factors that have supported the RSC experience*. Such factors include having at least one group member who is able to engage in the reflective process and serves as a model for other participants. A response that represents this subtheme is:

“This member has been committed to engaging in RS, which I believe has helped with the other members.”

These main themes suggest that reflective consultants observed increases in RSC supervisees’ reflective practice skills over the course of the pilot and participants have been able to grow in their capacities to use and engage in RSC. The themes also highlight challenges to implementing this model, namely with regard to the mixed role configurations of the groups and the wide variations in participants’ understandings of the purpose and intent of RSC.

Table 6
Strengths & Areas for Growth in RSC: Reflective Consultant (n =6) Main Themes

Main Themes (n = 97)	Subthemes
Skills & Strengths (n = 52)	a. Reflective practice skills (n = 33) b. Strengths that support RSC participation (n = 19)
Barriers to RSC (n = 20)	a. RSC supervisee lack of knowledge about RSC, relationship-based practices and/or IECMH principles (n = 7) b. Scheduling/availability/member turnover (n = 5) c. RSC supervisee role differences (n = 5)
Concerns/Areas for Growth (n = 16)	a. Concerns about RSC supervisees’ responses to RSC groups (n = 10) b. Areas for growth in reflective practice (n = 6)
RC Responses to Challenges (n = 9)	a. Strategies employed by reflective consultants (n = 5) b. Other factors that support RSC (n = 4)

*only the three most frequently identified categories are listed

Outcomes for Infant-Early Childcare Educators and Children: Secondary Data Findings

Data collected by The PA Key to measure outcomes of IECMH consultation in infant and early childhood education settings were used in this evaluation to assess for differences during



the 12-month pilot period (4/1/19-3/31/20) when compared to the year prior to the pilot period (4/1/18-3/31/19). Such differences in outcomes, when combined with the other findings in this evaluation, might yield information about ways in which IECMH consultant participation in RSC impacts outcomes for infants/children and infant-early childhood educators. This pilot evaluation included two of The PA Key measures designed to assess infant-early childhood educator outcomes in classrooms where an IECMH case is opened: a) the JSI (Curbow et al., 2000), which assesses infant-early childhood educator job stress; and b) based on the age of the infant/child, the TPOT-Short Form (Hemmeter, et al., 2009) or TPITOS-Short Form (Hemmeter et al., 2009), both of which assess the degree to which the classroom environment and infant-early childhood educator's behavior supports infant/young children's social-emotional development. In addition, this evaluation included two of The PA Key measures that are used to assess infant/child outcomes for infants/children who are referred for IECMH services. These measures include: a) the SDQ (Goodman, 2005), which assesses a child's (age 2+) strengths and difficulties; b) the closing status report that describes the reasons for closure of IECMH cases including expulsion rates and instances where families and/or teachers declined services. In order to provide a similar comparison group for the pilot period, the data analysis only included IECMH cases assigned to IECMH consultants who participated in the RSC groups. The pretest year included only cases that were closed within the 12-month period of 4/1/18 and 3/31/19. The pilot year included only cases that were closed within the 12-month period between 4/1/19 and 3/31/20.

Infant-Early Childhood Educator Outcomes

A paired sample *t*-test was conducted to assess for differences in the pretest and posttest scores of the JSI (Curbow et al., 2000) during the year prior to the pilot and no significant differences were found. However, a paired sample *t*-test was conducted to assess for the differences in the pretest and posttest scores from the pilot period and the results indicated a decrease, with a small effect size, in job stress at posttest (See Table 6). These findings demonstrate that while there was no change in infant-early childcare educators' self-report of stress during the pre-pilot year; there was a decrease in educators' self-report of stress during the 12-month period in which IECMH consultants were participating in RSC.

Paired sample *t*-tests were used to assess for differences in the pre-pilot pretest and posttest TPOT (Hemmeter et al., 2009) scores and the pilot period pretest and posttest TPOT



scores. There were significant increases in scores for both years (See Table 6). An independent sample *t*-test was also conducted to compare for differences between the pre-pilot period and pilot period TPOT; the results indicated that there were no differences between the results for the two years. Similarly, paired sample *t*-tests yielded significant increases for both the pre-pilot and pilot year TPITOS (Hemmeter et al., 2009) scores (See Table 6); however, an independent sample *t*-test indicated that there were no significant differences between the results for the two years. These results suggest that the IECMH consultation supported infant-early childhood educators to increase the degree to which their classroom environments and their behaviors/responses to children are conducive to supporting the social-emotional needs of infants, toddlers, and young children both prior to the implementation of RSC and throughout the RSC pilot. Additional independent sample *t*-tests were conducted with all three measures using the pre-pilot results and a restricted date range for the pilot results where the cases were limited to those that were opened during the pilot period. This restricted date range ensured that the pilot data would only reflect cases that received services during the implementation of RSC groups; however, the findings did not change.

Infant, Toddler, Young Child Outcomes

Paired sample *t*-tests were used to assess for changes in SDQ (Goodman, 2005) scores both during the pre-pilot and pilot years. The findings indicated that there were significant decreases in SDQ scores both in the pre-pilot and the pilot year (See Table 6). An independent *t*-test was used to assess for differences in pre-pilot SDQ results and pilot year SDQ results. Similar to the TPOT and the TPITOS findings, both the pre-pilot period and the pilot period yielded significant reductions in toddler/young child behaviors warranting concern for children ages 2+ receiving IECMH services; however, there were no differences in the results of the pre-pilot year when compared to the pilot year. An independent *t*-test was conducted to compare the pretest results with the results from a restricted date range that reflects only cases that were opened and closed during the pilot year; however, the results did not yield any differences.

The closing status reports for IECMH consultants participating in the RSC pilot were compared for the pre-pilot period (*n* = 11) and the pilot year (*n* = 19). The pre-pilot period report indicated the IECMH consultants who participated in RSC had a total of 135 case closures; during the pilot year, there were 194 case closures. Independent sample *t*-tests were used to compare the pre-pilot IECMH consultants' (*n* = 11) mean case closure rates with the pilot period



IECMH consultants' (n = 19) case closure rates by closure reason. There were no significant differences between the pre-pilot period and the pilot year in terms of the mean number of child cases closed by IECMH consultants for the “met goals” reason. Similarly, there were no significant differences between the pre-pilot year and pilot year for the mean number of child cases closed by IECMH consultants due to expulsion where expulsion included all expulsion types. No differences were found in comparisons of individual types of expulsion. However, an independent sample *t*-test demonstrated a decrease in the mean number of IECMH cases closed due to families discontinuing services during the pilot year when compared to the number of IECMH cases closed during the pre-pilot year due to families discontinuing services. This result suggests that during the RSC pilot year, IECMH consultants who were participating in the pilot had a significant decrease in the number of case closures due to families declining to follow through on IECMH consultant recommendations or choosing to change centers when compared to the year prior to participation in RSC.

Table 6
ECE and Child Outcome Comparison of Means

	Pretest		Posttest		<i>t</i> *	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
JSI						
Pre-pilot (n =165)	68.055	15.08	66.546	14.5	1.716	
Pilot period (n = 212)	64.703	15.112	63.387	15.107	-1.316*	0.14
TPOT						
Pre-pilot (n = 25)	104.44	18.148	112.36	17.507	4.664**	0.933
Pilot period (n = 198)	108.394	15.87	114.763	14.927	11.245**	0.8
TPITOS						
Pre-pilot (n =42)	82.452	11.859	86.286	9.118	3.621*	0.559
Pilot period (n = 36)	80.778	11.172	84.667	12.831	3.758*	0.626
SDQ						
Pre-pilot (n =143)	20.937	8.004	18.469	7.708	-4.642**	0.388
Pilot period (n = 196)	20.73	10.379	18.199	10.644	-3.242**	0.501
Met Goals						
Pre-pilot (n =11 consultants)			12.273	9.371		
Pilot period (n = 19 consultants)			8.316	8.247	1.205	
Expulsions						
Pre-pilot (n =11 consultants)			2.091	1.921		



Pilot period (n = 19 consultants)	1.632	1.3	0.782	
Family DS				
Pre-pilot (n = 11 consultants)	3.909	1.578		
Pilot period (n = 19 consultants)	1.947	2.392	2.423*	0.968
* p ≤ .05				
** p ≤ .01				

SUMMARY & RECOMMENDATIONS

The 12-month pilot evaluation of the implementation of a group reflective supervision consultation model with infant-early childhood program professionals included an assessment of participants' reflective practice skills, relationship-based skills, and experiences of their work. The evaluation was also designed to assess for changes in outcomes for infants, toddlers, and young children as well as infant-early childhood educators receiving services from pilot participants. This secondary aim provided an opportunity to engage in a preliminary exploration of the ways in which reflective supervision may impact infant and early childhood services, an important but understudied area of inquiry in reflective supervision research. The pilot evaluation included both quantitative and qualitative findings, which serves to strengthen the impact of the results while also ensuring ample opportunity to capture changes in the skills and experiences of participants.

Impacts of RSC on Infant-Early Childhood Program Professionals' Skills

The pilot evaluation results illustrate that the IECMH consultants, Pre-K Counts specialists, EHS-CCP specialists, and program managers and supervisors demonstrated an **increase in reflective practice skills** following participation in RSC. Over the course of the pilot, RSC supervisees demonstrated an increased sense of confidence about their reflective practice skills. In addition, IECMH consultants, as a subgroup of the RSC supervisees, exhibited greater use of self and reflective practice skills with teachers and families, which suggests that participation in RSC served to support the development of or enhance participants' use of reflective practice skills. Participation in RSC supported the integration of reflective practice into IECMH consultants' work with infant-early childhood educators and families, Pre-K Counts and EHS-CCP specialists' work with infant-early childcare programs, and program managers



and supervisors' work with staff. This integration is evidenced by an increased identification of reflective practice as a component of their work approach or focus at the conclusion of the pilot. Additionally, the growth in reflective practice skills was also evidenced by the changes in the ways that participants engaged in RSC over time, including a growth in their capacities to use reflection when responding to the group and an effort to avoid problem solving. These findings are reinforced by the associations between previous experiences of having received reflective supervision and higher reflective practice self-efficacy scores, suggesting that increased experience receiving RSC supports greater confidence about reflective practice skills.

RSC supervisees evidenced a **greater use of relationship-based skills/approach in their work across professional roles**, in both direct and indirect service sectors. At the conclusion of the pilot, participants overwhelmingly described their work through a relationship-based lens. There was a striking difference in the ways in which participants described their work challenges at the conclusion of the pilot when compared to their sense of their work prior to engaging in RSC. Specifically, at the conclusion of the pilot, there was a decrease in participants' identification of their work as involving directive approaches, a primary focus of policy oversight/administration, and/or quality program implementation and oversight. Following participation in RSC, participants more often contextualized work challenges as stemming from difficulties navigating relationships or connecting with others and were able to identify relationship-based approaches to address such challenges, including perspective taking, and seeking support or connection with others. Additionally, participation in RSC resulted in the creation of new relationships within the RSC group context and enhanced participants' capacities to use and engage in these relationships to support personal and professional development.

Impacts of RSC on Experience of Work

While the quantitative measures of burnout did not indicate change in participants' experience of their work, the qualitative findings provided strong and compelling evidence of a **reduction in experience of burnout risk factors/indicators following participation in RSC**. The growth in participants' relationship-based and reflective practice skills was accompanied by a greater sense of agency to make changes and have an impact in response to challenges. Participants' increased references to a sense of agency at the conclusion of the pilot can be contrasted with degree to which participants described a sense of futility or hopelessness in the face of challenges prior to beginning RSC. At the conclusion of RSC, participants were



overwhelmingly able to identify ways in which their work positively impacts them and/or has a positive impact on programs, staff, infant-early childhood educators, infants/young children, and families. Finally, plans to seek Endorsement® were associated with an increased sense of personal accomplishment. Further exploration is warranted to understand the degree to which supporting professionals' application for Endorsement® might serve to increase their sense of personal accomplishment, which is a protective factor in the prevention of burnout.

Impacts of RSC on Outcomes for Services for Infants, Toddlers, Children & Families

The results of the secondary data analysis of The PA Key outcome measures indicated that during the 12-month RSC pilot, there was a reduction in the job stress reported by infant-early childhood educators working with IECMH consultants. This differs from the year prior to commencing RSC when there was no significant change in infant-early childcare educator job stress during IECMH consultation periods. Additionally, there was a decrease in the number of IECMH case closures attributed to a family's decision to decline services or IECMH consultant recommendations. These two findings, when interpreted within the broader context of the pilot evaluation results, may suggest that IECMH consultant participation in RSC impacted their work with infant-early childhood educators and families. The decrease in infant-early childhood educator job stress is notable given that the RSC supervisee findings indicated a significant reduction in burnout risk factors/indicators. It is possible that the infant-early childhood educator reduction in job stress is a reflection of a parallel process whereby the IECMH consultant experiences a reduction in burnout factors due to participation in RSC and is then more able to meet the needs of infant-early childcare educators who subsequently experience reductions in job stress.

Additionally, there may be a linkage between RSC supervisees' increase in reflective practice self-efficacy and IECMH consultant use of reflective practice skills and the reduction in infant-early childhood educator job stress. It is possible that the RSC supervisees' increased capacity to remain curious, use perspective taking, and avoid problem solving enhanced their practice approaches with infant-early childhood educators. RSC supervisees' increase in reflective practice skills and the integration of a relationship-based approach into their work may also have impacted the decline in the number of IECMH case closures associated with families discontinuing services. The pilot results included RSC supervisees' acknowledgment of the challenges of engaging parents in services. Following the pilot, RSC supervisees increased their



capacities to understand and reflect on difficult interactions with parents, using perspective taking in their work and in their RSC experience. It is possible that such capacities influenced the parent response to services. It should be noted that while these results are promising in terms of the potential linkages between RSC and infant-early childhood services, they are exploratory in nature and require additional testing and analysis.

Study Limitations

As previously stated in the evaluation description, evaluations of reflective supervision have inherent limitations given the limited number of measures designed to assess reflective practice or reflective supervision. As is often the case with reflective supervision research, it was essential to develop new measures tailored to the professional roles of the participants in order to assess the impact of RSC on their reflective practice self-efficacy. While the measures are modifications of the RSSESS (Shea et al., 2012), which has been utilized in previous studies (Shea et al., 2016; Shea et al., 2020), it is important to acknowledge the risks associated with piloting adapted measures due to the lack of evidence about the measures' reliability and validity. In addition, sample size poses another challenge to the pilot evaluation study. The total group sample size is relatively small, which impacts the generalizability of the quantitative findings; however, the qualitative findings serve to broaden the scope of the evaluation by providing additional data that may not have been captured in the quantitative results. There was minimal room for comparison among the three groups of professionals because the very small size of the group samples decrease the power of the quantitative results and could also pose threats to confidentiality given that one of the professional groups had only 5 respondents. Finally, the results of the analysis of secondary IECMH consultation service outcome data are preliminary in nature based on the small sample and variations in the data and outcome reporting consistency. Additional investigation is necessary to support an association between RSC and infant-early childhood service outcomes.

Additional Considerations regarding the Pilot of an RSC Model: Brief Recommendations

In addition to the positive impacts on skills and work experience, the evaluation also highlighted factors that impacted the implementation of a statewide RSC model with infant-early childhood program professionals and their supervisors and program managers. Specifically, the impact of creating RSC groups composed of professionals who are engaged in vastly different roles posed challenges to fostering productive group dynamics and the development and



sustainment of relationships. These challenges were linked to the participants' lack of contact with each other outside of the RSC experience and the additional time needed to establish safety and basic understanding of different work experiences. Additionally, the differences in roles also posed challenges to the RSC experiences because it was difficult for infant-early childhood program professionals who work with program administrators and grants to engage in reflective process with professionals who provide services to infant-early childhood educators, infants/children, and families without having their own context for direct services. Reflective consultants were also impacted by the structure of these groups, finding it challenging to learn about the indirect service roles represented in the groups.

A second factor that impacted the implementation of this RSC model concerned the participants' knowledge about RSC and its uses. Participating in RSC is an important experiential means of learning about reflective practice; however, it may impede the reflective progress of the group when a significant amount of time is dedicated to instruction. This is a risk for groups when a significant proportion of the supervisees have had no previous exposure or knowledge about reflective supervision and its purpose. Finally, when embarking on the implementation of a model of this size and scope, it is inevitable that there will be scheduling challenges and member turnover that will result in new group configurations. This reality can create a tension in the context of RSC where consistency is a key feature of the model and a necessary ingredient for the development of safe and predictable relationships that can then be the conduit for the group's capacity to engage in reflection (The Alliance, 2018; Tomlin, Weatherston & Pavkov, 2014).

Based on these findings, the following recommendations are suggested for the implementation of similar RSC models:

- 1) It may be advisable to structure RSC group membership around professional roles so that supervisees are engaging in reflection regarding similar work tasks and experiences and are also able to more readily form and sustain relationships.
- 2) The implementation of an RSC model that includes RSC supervisees who are not in a direct service role, such as supervisees who are in an administrative or policy role, will require additional preparation for the reflective consultants so that they are well versed in the roles and tasks of their supervisees prior to RSC group commencement.



- 3) It may be useful to introduce reflective supervision, including a description of the purpose and process, through a brief training or other professional development modality prior to commencement of the RSC groups so that all supervisees enter the group with a baseline understanding of the experience as well as their role and responsibilities in terms of consistent attendance, full attention, and confidentiality. This may need to be reinforced for those who are not providing direct services or who have less exposure to IECMH training and practice.

Conclusion

In conclusion, this evaluation determined that the OCDEL, The PA Key, and The Alliance's statewide pilot of an RSC model with IECMH consultants, Pre-K Counts and EHS-CCP specialists, and program managers and supervisors: a) increased participants' reflective practice and relationship-based skills; b) reduced burnout risk factors; and c) advanced reflective practice within the context of infant-early childhood programs and administration with the potential to impact IECMH service outcomes. The evaluation findings suggest that RSC supports the personal and professional development of infant-early childhood program professionals and their supervisors and program managers, which can have positive implications for service outcomes for infants, toddlers, young children and families.



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