

Introduction to Module 4

Have you ever left the house without checking in the mirror? Typically, all of us check ourselves in the mirror before we go out for the day and, periodically, throughout the day. This is how I see reflective supervision, an important component of what's reflective practice.

Hi. My name is Sherryl Scott Heller, and I'm a child psychologist at Tulane University in New Orleans, Louisiana. I'm part of the leadership team for our infant and early childhood mental health consultation program to childcare centers throughout the state. We call it TIKES. I also direct the TBEARS Program, which is a home-visiting program based on the Fussy Baby model.

In both of my roles in these two programs, I find reflective practice and reflective supervision essential to helping support my staff, as well as the caregivers and children that they support in their care.

Today, I'm going to talk to you about Module Number Four -- Reflective Practice and the competencies for infant and early childhood mental health consultation that have been developed by the Center of Excellence on Infant and Early Childhood Mental Health Consultation.

To start off, let me define reflective practice as it pertains to our work as infant and early childhood mental health consultants. In short, reflective practice is a way of working that encourages consultants to, one, slow down and filter their thoughts and feelings, so as to more wisely choose their words and actions.

There are a variety of ways a program can support this practice. One example is incorporating mindful breathing exercises at the start of each team meeting.

The second way that we can support reflective practice is using this slowing-down process to deepen the consultants understanding of the contextual forces that affect their work. These contextual forces include the consultant's own beliefs, values, or implicit biases, as well as those of the people and agencies to whom they are consulting.

Many team-building type activities, even simple icebreaker prompts, can help consultants to develop a deeper understanding of themselves, as well as their co-workers.

Number three, the consultant then uses this new level of understanding to consider the impact of their words and actions on others, and to identify the intervention or response that best meets the consultant's needs.

Reflective supervision is one of the key tools used to support this level of thinking. In reflective supervision, a space characterized by safety, calmness and support is co-created by the supervisor and supervisee. This reflective space, formed through a foundation of acceptance and trust, is environment where we know people do their best thinking and reflecting.

It is important to keep in mind that reflective supervision is not the same as administrative supervision. That is, reflective supervision shouldn't be a simple review of cases and where a consultant is with each case, or if the paperwork has been completed.

Nor is reflective supervision therapy, although, it can feel restorative and helpful around work challenges, which may include personal and home challenges, but as they affect the work. It should not consist of personal ideas or personal issues alone. Those types of issues should be addressed in therapy.

I'm fortunate enough to provide reflective supervision to infant mental health therapists, home visitors, and supervisors, and of course, infant and early childhood mental health consultants.

Providing as well as receiving reflective supervision is one of my favorite things about the work I do. It is incredibly beneficial at multiple levels. I would like to share a story with you about a recent reflective supervision session.

In this session, Jill, an infant and early childhood mental health consultant who had been providing consultation to centers for several years, was discussing a center where she was struggling.

I had been providing reflective supervision to Jill for over five years, and our relationship was characterized by comfort, safety, and trust.

Jill was providing consultation to a Ready Set Go Childcare Center and was struggling to connect with the director, Ms. Nancy. Jill stated that Ms. Nancy was not a team player and that she was bold and opinionated, and you really couldn't tell her anything.

Although, she was funny, it was in a sarcastic way. She was not the warm, fuzzy type of person typically found in childcare. Jill also found Ms. Nancy to be jaded and shared that she had the personality that Jill struggled to connect with.

As Jill got to know the teachers, she discovered that the assistant director, Ms. Beth, was not liked by most of the staff, and Ms. Nancy even shared with Jill that many of the teachers and parents had suggested that she fire Ms. Beth.

The director did not want to fire Ms. Beth because she felt Ms. Beth was dependable. Interestingly, in the past year, over 20 teachers have left this small, six-classroom center.

As the consultation continued, Jill also began to struggle with supporting the teachers in their classrooms. For example, while observing Jack, a young boy in the four-year-old classroom, Jill noticed that the children were expected to sit still for long amounts of time and wait for the next activity.

This young boy, as well as several other children, would exhibit challenging behaviors during these waiting periods. Jill helped the teacher to see this and then suggested some simple transition activities.

The teacher seemed positive about this in the moment, yet, made no changes to incorporate any type of transition activities and continued to expect the children to sit for long periods of times waiting for the next activity. Jill experienced a similar response from the two-year-old class teacher regarding a young girl who was extremely inhibited.

Much of our reflective supervision time was spent on thinking about the difficulties Jill was having with both the director and the teachers. Jill and I discussed different self-regulation and self-care strategies Jill could use to help motivate and focus her on the days would be at Ready Set Go Childcare Center.

In a recent session, Jill was discussing Jack and how frustrated the teachers were with his parents. His parents were unwilling to have Jack evaluated or even consent to allow Jill to observe and provide individual recommendations for him.

The teachers had given Jack's parents a list of resources that Jill had provided, but the teachers doubted the parents had used them, as they continued to struggle with Jack's behavior.

As we reflected on the case, I noted to Jill that there seemed to be a parallel process occurring, in that the teachers were frustrated with the parents and director for not listening and she was frustrated with the teachers and director for not listening. In other words, nobody, including Jill, was feeling heard or seen.

Jill paused and then said, "Yeah. I think that might be something to consider." The next time Jill was at Ready Set Go, she was observing the four-year-old class during circle time. The teacher was struggling to keep the children still for what Jill felt was too long. It was clear the teacher was frustrated with the children.

Jill opted to approach the teacher from a new angle. Jill suggested to the teacher that she might be being hard on herself by expecting this class of busy, active children to sit still for long periods of time.

The teacher paused, smiled, and suddenly seemed to connect with Jill at a different level. The teacher felt seen. This time, the discussion on transition strategies was much more productive.

Whereas individuals in group reflective supervision is an essential part of any infant and early childhood mental health consultation program, competent programs should also strive to promote reflective practice in other ways.

For example, some programs have create-a-book clubs where the whole program reads a book that is applicable to the work they do and then meet in groups to discuss the book.

Some programs include reflective activities in their annual consultant retreats, such as including mindfulness moments in the agenda, providing fidget items to help consultants stay focused, or incorporating team-building activities to promote relationship-building among team members.

In Module Four, we will briefly review reflective practice as it relates to infant and early childhood mental consultation. In this module, we discussed self-reflection, as well as helping others to reflect. We offered you some ideas on ways to incorporate reflective practice into your own work.

Remember to check the mirror before you go into a center, meeting, or home.