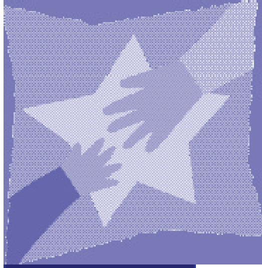

The Newsletter of
The Indiana Association for Infant and Toddler Mental Health

REFLECTIONS

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From The Chair

This issue examines inter-related ideas associated with reflection, including the terms reflective practices and reflective supervision. For many of us, this may be a challenging time to advance a practice that does not appear to directly bring in funding. In these times of economic uncertainty, many of us have been asked to increase our "productivity". For some of us the reality is that we feel pressure to do the same work in less time, while others have been expected to fit more income producing tasks into the day. It may feel unrealistic to suggest that we slow down, take time to consider our own experience, or to wonder more with families. For those who already use reflective methods, consider this as a call to keep going. If you are new to these ideas, I hope you will find something that sparks your interest to learn more. These practices build our skills and may increase our efficiency and effectiveness, resulting in higher client satisfaction as well as better family outcomes. For ourselves, reflective supervision and practice are important components of professional development and may even help prevent burnout. There has never been a better time to invest in ourselves.

Angela M. Tomlin, Ph.D., HSPP

Reflecting on "Reflection": Functioning, Practice, and Supervision

In recent years, reflective practice and supervision have been cited as pathways to improve quality in many disciplines, including our work with infants, toddlers, and young children (Eggbeer, Mann, & Seibel, 2007). Although many of us read and use these terms easily, when asked to define them, we may find ourselves floundering. This article will review the definitions of these and related terms and discuss their utility for workers who wish to support social and emotional development of young children.

We start with the term *reflection* itself. Arietta Slade has called reflection "the essential human capacity" (2005). In this context, reflection refers to the ability of human beings to reason purposefully and thoughtfully about behaviors--our own and those of others—in terms of mental states. There are many different kinds of mental states that we may think about, but some include intentions, beliefs, feelings, and desires. We can never directly observe another person's mental states—instead we infer them from behavior. For example, a mother who thinks to herself, "My baby is looking at that toy—I bet he wants me to get it for him" is inferring a desire from a behavior. Even young children have some ability to understand about others in this way. Cleverly designed studies show that children as young three years old have some understanding that others have thoughts, beliefs, and wants that are sometimes different from their own (Gopnik, Meltzoff, & Kuhl, 1999).

We may also use reflection to examine our own mental processes and behaviors. A person who apologizes to their spouse by saying, "I am sorry I yelled earlier. I was upset by a disagreement at work today and I thought you were mad at me too" is ascribing an underlying cause

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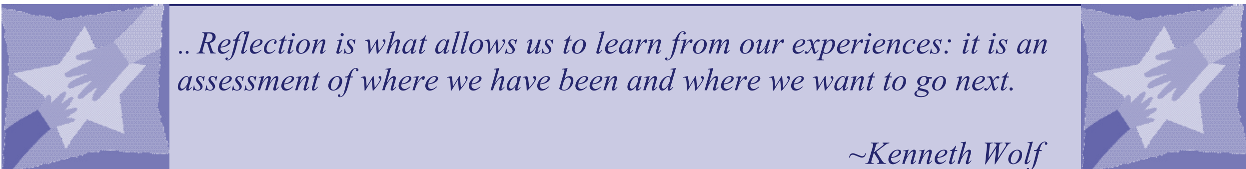
(feeling upset) to his or her behavior (yelling). This every day example also shows that our past experiences may influence our thinking about the current mental states of other people. While being able to reflect on our own or others' behaviors is useful in keeping peace at home, it is essential to our work with families with young children.

Psychological processes that are used in reflecting have been thought of in various terms, including *reflective functioning*, *reflective capacity*, and *mindfulness* (Fonagy and Target, 1997). Exposure to another person who has adequate reflective capacity is thought to be one of the ways that reflective functions are developed. For example, parental reflective functioning has been shown to relate to the parent-child attachment and a secure attachment is related to the development of reflective capacity in the child. Similarly, a strategy to help parents with their reflective skills is for the provider to use reflection in their interactions. Furthermore, measurement of change or increase in reflective functioning of parents has been used to support the effectiveness of treatment approaches that seek to enhance the parent-child relationship.

So we have seen that reflective functioning is the capacity for reflection, or thinking about internal states of oneself and others. Professionals who actively and purposefully use reflection as a strategy in their work are said to be taking a *reflective practice* approach. Providers can use reflection immediately (in action) or in thinking back on an experience (on action) (Schon, 1996). They can apply reflection to their own actions, by attending to their own thoughts and feelings during time with a client. Paying attention to one's own responses is thought to provide helpful information in many ways. For example, an infant mental health specialist may find that monitoring her own reactions provides information about what the baby or mother may be feeling or thinking. This awareness can



lead the worker to more sensitive responding to the client or dyad. Some of the behaviors or strategies that comprise a reflective practice model are careful observations, wondering or asking questions, and active listening.

One of the ways that professionals improve their practices is to participate in supervision. There are many types of supervision, all of which involve training or support to a relative novice worker given by a more seasoned or experienced worker. Indeed, many disciplines require supervision as part of advanced practice. As many of us realize, supervision helps us move from understanding information to applying what we have learned. Supervision that starts with a relationship between the supervisor and the learner and that explicitly involves use of reflection is called *reflective supervision.* Many of the techniques used by interventionists with families can also be used in reflective supervision, most characteristically, taking a wondering stance. The supervision helps the learner to look more carefully at themselves, their clients, and the work that they do together. As Rebecca Shahmoon-Shanok expresses it "reflective supervision nourishes '*super vision'*—the ability to see further, deeper, and more" (2006, pp. 343). While it is often intensive, reflective supervision is not the same as psychotherapy. Although the learner is encouraged toward self-examination, this introspection occurs in the service of enhancing the work to be done with clients. A good supervisor should help the learner stay on track and recommend personal therapy if this proves too difficult.

The dimensions of reflective supervision are not universally agreed upon, probably because of the range of professionals who use the term. However, some characteristics have been identified and put forth. In addition to the use of reflection, reflective supervision should occur on a regular basis and be experienced as a partnership or collaboration. Further clarification of the process is provided by several authors and recently summarized by Shahmoon-Shanok (2006). The typical steps are; 1) Preparation, 2) Reconnecting; 3) Opening the Dialogue/Finding the Agenda; 4) Gathering Information/Focusing on the Details; 5) Formulating Hypothesis; 6) Considering Next Steps; and 7) Closing. While in the process of supervision, the participants may not be aware of moving between phases; instead the steps "just happen" (Shahmoon-Shanok, 2006, pp. 346).

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It is generally agreed that changes in parent-infant relationship are mediated in some way by a positive relationship between the parent and a professional. As a result, infant mental health practice can be seen as inherently relationship-based. In many cases, the relationship is developed through the reflective capacity and skills of the provider interacting with the parent's desire to make things better for their family. In parallel, reflective supervision also serves to support the care giving professional as they take on this often emotionally challenging work. In just the way that the professional provides emotional support to the parent, so the professional can receive support from the supervisor.

Finding ways to be supported as a professional can be challenging. In some cases, reflective supervision is a required part of the work and provided by an employer. However, this is likely to be rare. Some professionals, even those who are quite experienced, value the opportunity for reflective work so highly that they pay for supervision. Again, this may not be possible for all. Group or peer supervision is a model that offers an opportunity for trying out some reflective methods at a lesser expense. One useful group approach, the Collaborative Peer Supervision groups can be found at the Ohio Association for IMH website, oaimh.org.

Finally, the IAITMH is committed to increasing the opportunity for reflective experiences for mental health and other providers in Indiana. Mentorship groups have been offered for early intervention providers in the past and are currently being presented for mental health professionals. We are also currently developing some study guides that are intended to provide structured self-study for groups that wish to continue. If you are interested in finding out more about these mentorship activities, please see our website at **iaitmh.org.**

TRAINING CALENDAR

Developmental Therapist Forum, March 13, 2009, Indianapolis, Sponsored by Pro-Kids

Indiana Special Education Law: Working for You, March 16, 2009, Indianapolis, Sponsored by Riley Child Development Center

IAEYC, April 2-4, 2009, Indianapolis

THE Institute, April 20-22, 2009, Indianapolis—Features Sunny Start sponsored IMH Conference with Teresa Ostler, PhD.

MHAI Annual Meeting, June 5, 2009, Indianapolis, IN

IAITMH Annual Conference, August 14, 2009

RESOURCES

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What is IAITMH?

The Indiana Association for Infant and Toddler Mental Health is an inclusive group of individuals, family members, caregivers, professionals and agencies who collectively use their knowledge, concern, education and expertise to actively advocate, promote, educate, and influence local, state, national and international mental health issues regarding infants and toddlers.

Additional Reading on Reflective Practices

Shahmoon-Shanok, R., et al., (2005). Apprenticeship, transformational enterprise, and the ripple effect. In K. M. Finello (Ed.) *The handbook of training and practice in infant and preschool mental health* (pp. 114-133). New York: Jossey-Bass.

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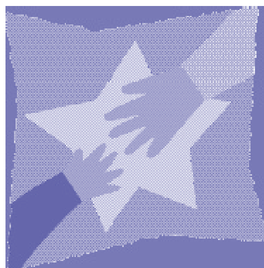

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