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On Supervision

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I have been a part of supervisory processes for about 40 years and I am beginning to get a sense of it. Professionally, I have always been involved in what in my field is called clinical supervision, either as a supervisee or a supervisor.

Because my first supervisory experiences in the field of clinical psychology were related to testing and I was supervised by those whose expertise was quite narrowly in that area, I have a very direct experience as to what it is like to be supervised in a rather technical, task-focused way. As I began to test, this is what I understood about what I was to do. I was to learn the test silly perfect in its verbal aspects, actually a superb idea, and I was to learn how to administer it flawlessly in its manipulative aspects - also a splendid thing. I was to learn how to score it properly and I was to learn how to write it up. How I was to get the child into the room, what I was to do once the child was actually standing in the room, what this rapport was that the test booklet and the supervisor told me I was to establish, were not discussed with me. I wondered—was I to rely on the obvious anxiety created in the child by the abrupt and incomprehensible separation from the parent and the subsequent closeting with a total stranger to result in cooperation? Was this rapport?

One supervisor, I remember, watched me administer a Stanford-Binet on an inpatient ward to a bedfast child and, having then corrected three words of my totally memorized administration and having pointed out that I incorrectly placed two pieces of the car puzzle, pronounced my administration, nonetheless, excellent.

Later, she was equally pleased with my scoring, the scoring consisting of judging whether or not a child's answer was right or wrong and correctly compiling areas of strength or weakness according to those scores. During the administration of that observed testing, I was so unbearably anxious that it is a miracle that I remembered anything about anything I had studied and memorized or that more pieces of puzzle did not slip out of my perspiring hands at the wrong time.

I remember that one supervisor tried very hard to teach me how to wedge a hyperactive child into a corner with the testing table and to be accompanyingly personally forceful and firm. Another tried to teach me how to pursue a child and test simultaneously under radiators and on top of desks. I was far better at the latter than at the former,—a really lousy trapper but an indefatigable, patient and tireless pursuer—though I was unsure what this "testing" could possibly represent that anyone might wish to know.

I could sequence analysis the very devil out of the Rorschach, but I wasn't really sure how I should be while I was giving it. None of my supervisors talked about any of that and I wasn't quite sure what I wanted to ask them or if I should reveal what must be only my discomfort, ignorance and yes—sense of fraudulence. I knew I didn't know what I was doing but I appeared to be fooling them. When were they going to find out and could I bear the charade in the meantime?

I remember testing one child who ceased having any successes on the Binet very quickly and whom I then needed to question relentlessly in order to comply with the

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instructions—doggedly confronting the child with incomprehensible items until the required levels had been failed. Both of us got increasingly miserable but was I administering the test right or what?

Just as I was finishing torturing him, I realized that I was not being observed, so I dropped back several levels and began giving him items I knew he could pass. I even made some up. I was sure I would be drummed out of the corps if anyone knew—but he and I were both in a fine mood when I decided it was all right to quit. There was really no-one to tell except another student who thought it was a swell idea and adopted it.

Only when I began to do psychotherapy with children did my sense of what supervision could be begin to change, but I have never forgotten what it was like initially. No one helped me know how to be or to understand why it might be important to be in a particular way and no one was at all interested in my personal experience of what I was trying to do in this process of being with someone. No-one was really interested in the child's experience (as opposed to his performance) or certainly in mine. Gradually, as I was supervised in my clinical psychotherapeutic work and even more when I began to be a supervisor, I began to evolve the notion of what clinical supervision was, what its main purposes were and how one needed to be as a supervisor. Clinical supervision is a very special environment for teaching, created by the interaction between the supervisor and the supervisee. Just like any relationship, it always bears the stamp of each contributor and just like any relationship where one person bears greater responsibility than the other, the supervisor assumes the greater responsibility for the quality of what passes between them and for the basic parameters of the relationship.

It need not represent a power differential in terms of mutual acknowledgment and respect but it must, by virtue of the expertise and experience differential, acknowledge that the more experienced teacher bears greater responsibility than does the student for what transpires. In this relationship, the supervisor shares not only her expertise regarding the technical and skill challenges; she also contributes a crucial perspective concerning the power lodged in the relationship between the supervisee and the recipient of services. This is important because the relationship is, after all, the medium through which all services are given. This is true not only for psychotherapy but for recreational therapy, occupational therapy, speech and language, childcare and podiatry.

The degree to which it matters will vary enormously from absolutely central to only somewhat. But how one is in the situation is inextricably intertwined with what one does. Once a practitioner begins to know the truth of this she also begins to know that the service, whatever it is, is being delivered to a complex person who lives in a world in a complex set of relationships. Then the practitioner can begin to consider the implications of that. How one is with someone, how one treats someone—has an important impact which should not be overlooked.

Whether one actually attends to these things, is aware of them, values them, or cares a fig, they are influencing crucial outcomes. As a speech therapist, I may be primarily interested only in improving speech skills. But if I am, I need to understand the impact of how I am and how I go about that on the child with whom I work and on his mother and father. From every perspective, that matters, sometimes as much or more than what I am doing in regard to speech—whether I want it to or not. It's rather like transference in psychoanalytic theory. Analysts noticed it but they neither invented nor created it. It runs merrily or not so merrily quite rampantly throughout all of our relationships whether we care to credit it or not.

We need to focus on the profound impact simply of the practitioner's way of being. It is a crucial variable in the process. Improvement of speech in a child may be the goal but that outcome may be achieved as much by how the practitioner is with the child as what he actually does. Obviously, an improvement in speech affects the child's sense of himself and his impact on others but so does how one relates to the child. Thus, how one is, affects outcome both directly and indirectly in very complex ways.

The parents of the child, in their relationship with the practitioner involved, are simultaneously affected in many of these same ways so that unless one thinks of a nest of relationships cross-influencing one another, one misses appreciating the incredible power at all those levels that is influencing outcomes of all kinds.

A practitioner must understand this kind of influence in addition to understanding his work with particular people and his feelings about his work in order to develop as fully and effectively as possible. A place to do this most usefully is within a supervisory relationship. Of course, this adds another layer to the complexity. The supervisory relationship becomes a part of the nesting matrix as it influences the practitioner. I have coined a shorthand platinum rule to supplement the golden one in order to quickly convey a sense of this parallel process, "Do unto others as you would have others do unto others". This is an essential aspect of the supervisory relationship to appreciate. The relationship between supervisor and supervisee sets a major tone that verberates throughout the system, whether it does so for good or for ill. When it is positive, it can hasten exponentially the process of what the supervisee learns through experience and self-reflection. The practitioner's experience in supervision directly affect the interactions he has with the child and family. It is this complex nest of relationships we must care about.

When we think of it in the context of supervision we see how key supervision can be in its quality, its process and in its content. It is the concept of interlocking relationships that really links content and process. We have here, not a row of dominos but circles of dominos, the movement of any one of which at any moment affects the system in a notable way. Clinical supervision comes in many forms and shapes and may not always even be recognized by that name. It may happen over a cup of coffee - supervision on the fly. Something akin to it may happen in a kind of mini-form between, for example, providers of services, between a provider of services and the director or head teacher or an aide, and it may not be labeled as such though it may share some of its hallmarks. These hallmarks are frequently conceptualized as reflection, collaboration and regularity but they are only effective when they are nested in a relationship that is characterized by respect, mutuality and safety. A supervisory relationship without these qualities may teach some techniques and skills but has not reached the heart of what practitioners need to learn and experience to be most effective with their families. Supervision occurs in the environment of a work place and systems of relationships exist throughout that work place. The characteristics of attitudes and relationships that typify the leaders of an institution are felt throughout. Feelings flow both ways at every step and the tapestry of relationships of director-staff, staff-staff, secretary-staff and so on are the containers and carriers of the attitudes and feelings, and these flow up and down and across the system, often magnifying in the processes of transaction.

The program that I am with not only offers services to families but also offers mental health consultation to daycare -both center-based daycare and family daycare. In the course of doing our process evaluation, we looked at the relationship between problems described in the various centers on what we have imaginatively called our problem-goal forms and the quality of relationships between providers and children as reflected on our initial evaluation forms. These were filled out at the time of entry into the center and before there was any consultation. The programs with the most dismal relationships between providers and children had the following kinds of problems: There was an unclear flow of authority,—while at the same time there were markedly authoritarian methods of doing business with one another. Also, the relationships between staff and director and staff and staff were marked by a great deal of hostility, disrespect, and insensitivity. In such programs there were a number of cliques and a number of scapegoats. The most vulnerable of the scapegoats were the children who were either aimless wanderers or timed-out objectors to the culture of "ignore them" and/or "sit and shout at them from your chair." All of this is pre-

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dictable—but there it was in our process evaluation. Those providers who were treated the worst, treated the children the worst. This is a very costly parallel process. One thing that was noted on occasion was what one might think of as a "buffer supervisor." This referred to the fact that even when a system's basic attitude was negative and disrespectful and this negative influence was passed along the chain of command, occasionally there was a place in the hierarchial structure where there was a singular individual who changed the valence from negative to positive. Beyond this person the system functioned well in terms of reciprocity, respect and collaboration. Sometimes this person was a director of a small aspect of a larger system, or sometimes this person was a head teacher. Always, the person was remarkable in her ability to somehow absorb and deflect the negativity.

In those situations the relationships between providers and children were excellent. In fact, it seemed almost to be especially good, probably reflecting the unusual gifts, in terms of interpersonal skills and general attitudes, of this buffer supervisor. Without such buffer supervisors in a wretched and mean-spirited system, the line practitioner is buffeted by difficult feelings stemming from the experience within the organization and the complicated and sometimes conflictual feelings engendered by the family and the children with whom she works.

As one works to change systems, creating buffer zones may be a beginning and may protect some recipients of service. Determined peer supervisors or study groups or anything that will allow a few people to cohere in the spirit of collaboration may protect the work the organization is truly about and that's the point. Ultimately in such negative atmospheres the work will suffer and the point of the work is lost—or worse. In addition to everything else that it does, supervision can provide such buffer zones. Even in well-functioning organizations it is a protection against tense and difficult times.

Supervision exists to provide a respectful, understanding and thoughtful atmosphere where exchanges of information, thoughts and feelings about the things that arise around one's work can occur. The focus is on the families involved and on the experience of the supervisee. Depending on discipline, content may vary enormously, but it is not possible to work on behalf of human beings to try to help them without having powerful feelings aroused in yourself. At these times, process and content become one. In working with families who are in great difficulty, rage can become the most familiar affect,—at the system, at a world with too much violence that creates too much helplessness and also at a family who will not be better or even seem to try and then at yourself as an ineffective, incompetent, masochistic fool and who do you think you are anyway? And besides, your own system treats you like something ultimately very disposable.

Supervision is the place where all of these things belong, in addition to the specific discipline content. It is the place to understand the meaning of your work with a family and the meaning and impact of your relationship with the family.

A family with a child with a difficulty that troubles you particularly and with whom you cannot seem to find your balance—that belongs in supervision. Something about Arthur's mother that rubs you entirely the wrong way and you realize you really snapped at her very unpleasantly today—that belongs in supervision. In effect, one is examining one's practices and one's responses to one's work. One is also conceptualizing the underlying principles of that work from ever new perspectives and experiences over and over and over.

From a non-specific, non-discipline perspective, there are two major things that are the overarching concerns of every supervision. One, learning about your own view of people and the world, your biases, and your expectations. Two, appreciating that you will be the recipient of those same kinds of pre-formed expectations from others. Learning how to manage this is the work of supervision. It allows you to behave as you need to in order to understand others and to create experiences with them that are useful.

In the process of supervision itself, the

sets of expectations through which the world enters are automatically broadened for both supervisor and supervisee because two sets of sensitivities, knowledge and experience are now collaborating. The wonderful individual differences between all of us, guarantee no duplication of effort. With the additional differences of age, sex, culture, ethnicity, religion, fatness, prettiness, shyness, boldness, oldness, you name it, the participants in this process are guaranteed an extraordinarily rich experience of learning where each is an enhancing and sometimes corrective filter and lens for the other.

A male supervisee teaches me not only what he can because of who he uniquely is but also because he is a male. When there is not a racial or class match, then this provides a fruitful ground for mutually enriched learning and understanding on both sides. The many differences in experiences and natural styles of being between supervisor and supervisee enlarge the understanding of each participant. Differences in group memberships between supervisor and supervisee guarantee no specific contributions to understanding because of the filter that each individual provides to her membership experience. Still, they are individual experiences of very different worlds of meaning and understanding and this is very enriching. I have come to feel that people are simultaneously both more different than alike and more alike than different in almost every way I can think of.

Supervision is not intended to produce a clone of the supervisor. It is instead designed for the mutual discovery within the process of supervision of the relevant characteristics and skills of these unique supervisees. In the process, they will learn how best to use themselves in relationship to those to whom they will provide their services. It is through a process of understanding, discussion and self-reflection, interwoven with the understanding that some appropriate amount of theory, technique, practicality, or skill may bring that good outcomes are achieved. Any good supervisor learns to count on the supervisee's unique, appropriate responses to many things which occur in their work—responses that are different from those the supervisor would have had.

Supervision well done equally enlarges and teaches the supervisor. Not only in the ways just described, but also because the supervisor re-experiences her own professional growth and is very often markedly reinspired by the supervisee's enthusiasm for the work. The supervisee has the benefit of the supervisor's rekindled memories paralleling her experience. Those memories, freely shared, are of equally sound and useful efforts and sometimes equally useless treks down equally worn paths and with a mutual understanding of the reasons for such journeys. Many of the things that arise in the discussion are clear for the first time to the trainee and newly deepened for the supervisor. Others remain mysteries to both. Parenthetically, I must say, that I am not sure when it was that I began to think of myself as the Miss Marple of Supervision, (clearly to a fault), but I do know, that the same memory of an experience is not the same in the context of the new illumination of a particular trainee's individual light. I have learned that I can learn something new—quite new, about an old insight and that there is no experience with which one is ever done or has ever used up.

We seek in supervision to learn where our professionalism lies. I sometimes think that it is mostly unspoken anxiety that interferes with professional flexibility and generosity of spirit, as if a carefully constructed professional persona were somehow more important and more likely be valued than simple personhood—that qualities of ordinariness might make us seem and feel less important or that to be more like than unlike someone with whom we work might diminish us. Perhaps this over-professionalization is a singular problem in the field of traditional mental health. Despite the fact that being unprofessional is a present and distinct danger, being lost in a too rigid, somewhat artificial sense of what professionalism is seems equally dangerous.

In fact, we are professionals by virtue of our knowledge and expertise and part of that expertise needs to be learning "How to be." As the psychiatrist, Harry Stack Sullivan implied long ago, we ought to work toward the day when professional training

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does not need to be followed by a period of unlearning. Mental health professionals often bear the burden of needing to unlearn attitudes about how to be with a patient. Other professionals delivering highly skilled, but less amorphous services often seem instead to need to learn that their attitudes and relationships with those with whom they work matter profoundly. Both need to be continuously alert and continually learning about just what the parameters of those relationships should be—in general and in relationship to particular people. All of these things are the objects of reflection in supervision. It is a process that preserves sanity and good practice and preserves a stable staff. Both those with enormous natural gifts in understanding themselves and others and those without such gifts will need that safe space with someone where they can test the reality of their perceptions, express their feelings, get some confirmation and feel a sense of doing their job well. Personally, I value supervision very highly. I have preserved it at some cost to myself and to my staff in terms of time and energy. And although within my own place supervision is not only reflective and collaborative but regular and frequent I recognize that there must be many models for how one might achieve a good measure of what it is all about. But I don't think that it is possible for any of us to do what we do without some good place to tell our tales. I would like to spend some moments talking about what the barriers to supervision or mentorship, which ever comes first, might be in the fields of intervention which are not specifically in the area of formal mental health.

In some ways these barriers to the institution of clinical supervision seem to me self-evident but I'll talk about them anyway. Clinical supervision within formal mental health training occurs very naturally and automatically. That is because we have no concrete skills and cannot help with anything except the procurement of cheese and other comestibles and the expression and understanding of feelings. Therefore, we are forced to learn something about how people operate and how we should operate in relation to them in order to be at all helpful—or to cure them, or to make them behave right, or to overwhelm their oppositional resistances or to resist their devious manipulations or to find some strengths or to admire their determination or I'm sure you get the point. The goals of mental health with and without supervision as delivered by a wide variety of professionals are not necessarily either the same all the time or benign all the time. Supervision within mental health does not guarantee particular positive attitudes towards those with whom one works or toward oneself as a practitioner. Supervision designed to create stress can be considered awfully good for the soul and conceptualizing supervision as only the relentless analysis of countertransference by the supervisor can result in the trainee deciding it would be a duplication of effort to seek additional treatment when it's already being provided.

Nonetheless, clinical supervision in the mental health profession is a teaching method which does focus on process and interaction much of the time. And one does become very aware of oneself as a variable in the situation. This, as I said, obviously presents the major difference. As a childcare worker, an OT, a nutritionist, or a speech pathologist, it is the technical skill and personal learning experience in regard to the work that is the primary focus. The self as an instrument of influence is not the focus. When one shifts one's professional focus on the patient from his specific difficulty to his breadth of personhood and his context and to one's relationship with that patient and what it can tolerate, one has already created both a different self and more self-awareness as a practitioner. But this still leaves out the impact we have that is not purposeful,—all the considerations of self as a constant factor as well as all the other complexities I mentioned before. When it is suggested that some of this be included in the thinking about one's work, it is easy to imagine a certain ruffling of well-arranged and well-nurtured feathers. To wit, "I know what business I'm in and I chose to be in that business because that is what interested me." "I really don't appreciate somebody redesigning my profession." "I am in childcare partly because I'm not trained to do anything else,

but also because I like kids and that's enough." or "because I am an educator and I know curriculum and I know what children need in terms of learning." In this latter instance it may be unappreciated that the nursery school teacher of the past rarely exists and instead the child's caregivers share his world for 8, 10, or 12 hours a day, not two. The role that this substitute caregiver plays in a child's life and what this means in terms of how that caregiver needs to be may not have been at the heart of the matter in terms of that person's choice of profession. Understanding why a child behaves in a particular way can be irrelevant if you know that what you need to do is to control him or, if that's not possible, make it clear that he can no longer be in your daycare center. As for the parents, when they're rude and impossible, it's their problem, not yours.

Any time one tries to enlarge the vision of what someone else's job is, it is not likely to be embraced without some resistance unless the person has been earnestly seeking it, as some people do. A dear colleague of mine talks about how uncomfortable he was with what he felt happening between himself and some of the mothers of the children whom he was seeing early in his practice. He felt that things were going on that he didn't understand and he sought clinical supervision (not treatment you will notice) as a way of examining his work and his feelings about it. This is the extreme end of receptivity. It can be more a matter of "this was really not what I had in mind when I chose to focus on child development". It may turn out that by advocating supervision one is advocating including a focus on exactly what the professional's choice was designed to avoid.

I should make very clear that I'm not suggesting that these more ephemeral but vital aspects of the relationship would be the sole or even the central part of supervision for every professional working in intervention. They should be part of it, but they certainly do not need to be the sole focus. Just because they are the core of my own profession does not suggest to me that they have to be the core of any other. For those aspects to be ignored, however, is to distort in a negative way the services provided. A supervisor of an OT may well be another very experienced OT but that OT must be able to provide expertise not only of a most focused and practical kind but expertise that stems from having moved well along the road in understanding a great deal of the contexts and impacts of relationships and her own role in all of that. As the field of early intervention moves to a family focus this is impossible to avoid if one is to be at all effective.

Part of the resistance to accepting a broader vision and the need for a supervisory relationship may be that it feels like an imposition of mental health unto all of the other disciplines in early intervention. But, in fact, nobody owns mental health in the most important and general sense of it. And what does stem more specifically from mental health is only a way to understand how to think about and begin to manage many things with which one is being confronted already,—no matter what one's profession is, as well as a way of learning how to use personal impact in a positive way. This latter can only happen if one begins by appreciating its existence and then becomes determined to house the exploration of this phenomenon in a safe and useful place.

Although partnership with parents is unquestionably a natural and necessary way of conceptualizing and carrying through work with families, this does not eliminate the need to acknowledge very real and different skills and expertise that parents and professional bring to the effort. In fact, the recognition of this differential can, it seems to me, more genuinely enhance and promote partnership—but this is another topic.

Clinical supervision may carry with it the association to mental health too strongly for it to be used as the word or phrase for this interactive, educative relationship within other fields. And supervision alone, without the word clinical modifying it, may suggest a too mechanistic approach. Perhaps the word mentorship is more appealing and carries less baggage. In any case, whatever it is called and whatever the exact purposes of the process are, it needs to be a place where a supervisee is treated in such a way that she feels free to raise issues of all kinds that interest or concern her. What

As the field of early intervention moves to a family focus, understanding the impacts of relationships is essential.

One must always take time to think before acting.

should be talked about is what needs to be talked about. It differs from any kind of therapy, although in any setting it may be therapeutic, because it does not focus on nor intend to investigate the privacy of the supervisee's inner life except as it naturally arises in the understanding of the performance of his work. Even then, it is discussed in a comfortably circumscribed way —not pursued for its own sake.

It is easy to imagine a seasoned practitioner in any of the fields of early intervention being of enormous help to a new practitioner in advancing understanding of the skills and subtleties of her work both technically and interpersonally. The supervisory relationship provides the place for exploration, creativity and understanding which will not only advance but possibly transform the practitioner's work in basic, permanent ways. It is a perspective that is created. If such efforts cannot be weekly or one-to-one, the effects will be different but not diminished and perhaps in particular ways, even enhanced. If meaningful relationships for the purposes of understanding and exploring are formed that are safe, mutual and respectful, then supervision, or mentoring is occurring in a positive way.

I can imagine, and I absolutely love the idea, of flying a plane into a rural area (preferably in the midst of an incredible snow storm) in order to meet once every other month with a lone practitioner who is providing early interventions that meet a variety of needs of families in the area. More sensibly, I can imagine an assessment of what the supervisory needs are in particular geographical areas and sending in appropriate teams to work with the practitioners to better help them meet those needs. Assistance with technical skills would be provided as well as a general understanding of one's role and relationship with those with whom one works. My point is, that we must be neither too precious nor rigid about the form clinical supervision or mentorship take as long as we demand that it exists in some form. If we are clear about both its parameters and purposes we can be as creative as we need to be.

It occurred to me as I was writing this that I have, only in the last 14 years, individually supervised for one hour a week for over a year or more about 125 people within the Infant-Parent Program. I remember every single one of them. Probably each of us has come to know unique parts of the other as we have needed to in working together in regard to particular families. The intensity of what we do together in supervision,—the hard work, the sadness, the responsibility, the worry, the pleasure, the joy and the delight are really very special. In addition, we share something with one another that we share with absolutely nobody else and that is our intense investment in particular, specific other human beings. It is like being some kind of devoted mini-family—a duo, determined that together we will somehow understand and make something better for this family that we've come to care about. In order to do this, we have to consider everything relevant that we can possibly think of and to be as creative as possible in thinking about what we might do.

I do not have anything like the same relationship with each person I have supervised, but all of the supervisory relationships have been marked, I think, by mutual respect, affection and generosity of spirit on both sides. I carry within myself specific and unique things that I have gotten from each of them that I bring to each new trainee even as I add their contribution to my understanding of the world. I know that many of the families to whom we have devoted our understanding, gained from our mutual efforts tremendously and I know that others failed to, but it was not from want of trying or caring. I know also that each subsequent family will benefit from what we learned together.

I have a rule at the Infant-Parent Program that I make clear for all new trainees. Simply put, it has to do with never making a difficult decision alone. There will always be someone available to think with someone who needs to make a grave decision. I do this, I think, for several reasons. It creates the notion that one must always take time to think before acting and that two people thinking are probably going to do a better job than one alone. It also ensures that no-one is ever abandoned to make what are

sometimes life-shaping decisions for which no single person ought to bear the responsibility. What occurred to me about this as I wrote, was that something akin to this exists in supervision and has a very important effect. I think a practitioner, particularly in the beginning, can only allow herself to know how terribly important things really are if the burden for it all doesn't rest entirely on herself. I think that sense of being able to depend on someone else is, in and of itself, extremely important in allowing practitioners to come to grips with what they feel and to acknowledge and register what they observe. This, of course, will be a crucial factor in how they proceed. The data will actually be different. As I thought about it I realized that there were some very troubled families whom a supervisee and I have struggled hard to keep together, whom I would not have found the courage to maintain alone—nor would the supervisee. This is a dramatic example but it illustrates what I think is true of supervision in general. It is the place where you can slow down, think with someone and try to understand as much about the things that are happening and how you are feeling about them before you decide what to do. This allows for different decisions to be made. This is not to say that much of what we do is not also spontaneous, in the moment, and retrospectively untraceable but even this probably rests on a sense of trust in our own internal responses—a trust developed over time, certainly through experience, but particularly developed out of the opportunity to depend on the support of a supervisory relationship. Supervision is the vehicle for the transmission of the competence and professionalism of a supervisor to a supervisee in the context of that supervisee's unique skills and personhood. It is important for us to be imaginative in recognizing the many shapes such learning relationships might have and in determining how they might be put in place for the benefit of all of the work which practitioners do with infants, toddlers and their families. No work could possibly be more important and it deserves our very best.

Two people thinking are probably going to do a better job than one alone.

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STANDING FIRM AGAINST THE FORCES OF RISK: Supporting Home Visiting and Early Intervention Workers through Reflective Supervision

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A central goal of early intervention is to support the development of a nurturing relationship between the child and the primary caregiver, one in which the child is made to feel special (Barnard, Morrisett & Spieker, 1993; Bromwich, 1997). It is considered best practice in providing services for high-risk families to identify and build on strengths (Weissbourd, 1990). Helpers[1], however, can become susceptible to the same "forces of risk" that affect the families with whom they work (Campbell, Earley & Gray, 1999) and, like the family, they begin to feel overwhelmed by the family's problems. When helpers feel ineffective, programs become ineffective (Gomby, Culross & Behrman, 1999; Landy, 2002), and ineffective helping leads to burnout and staff turnover.

Even in difficult circumstances, many parents are able to protect their children from the forces of risk by keeping their children's well being a priority. Similarly, programs can protect their staff by providing nurturing, reflective supervision that enables helpers to provide best practice in supporting the family and the parent-child relationship (Bernstein, Campell & Akers, 2001; Dumas, Laughlin, Smith & Prinz, 2001; Grant, Ernst & Streissguth, 1999). Reflective supervision provides an opportunity for staff to reflect on their own work in a safe, supportive environment. A professional, supervisory relationship encourages sharing in an atmosphere of warmth, acceptance, respect, understanding and trust, and it allows for experimentation and mistakes (Worthen & McNeill, 1996). The core belief behind reflective supervision is parallel process — nurturing begets nurturing. "Do unto others as you would have others do unto others" (Pawl & St. John, 1998).

While this might sound easy, it is very hard to do. Supervisors are susceptible to the same forces of risk as are home visitors and families. These forces take the focus off the parent-child relationship. When a stressed home visitor presents a problem in supervision, the supervisor's natural instinct is to help and to solve the problem. The supervisor might jump in with suggestions or help the home visitor figure out what to do. In either case the problem becomes the priority and exploring what is working for the child and the parent gets left behind.

For the process of supervision to be effective, it must be

- Regular — the time must be protected from interruptions
- Reflective — provide a chance to think about what has been happening in the work with families
- Collaborative — communicate mutual trust that the home visitor and supervisor have a partnership and are working together for the benefit of the family (Fenichel, 1992)

Perhaps "supervision" is not the best word for this process because usually a supervisor is in a position of power over the home visitor. Supervision connotes vigilance, authority and control, and de-emphasizes reflection and nurturing. The nurturing, reflective aspect of supervision can be thought of as "to see from above" rather than being embroiled in the middle of what is happening and reacting moment-to-moment. Reflection offers a chance to see more clearly what may have been confusing at the time it actually happened. Supervision provides perspectives from different angles. During supervision, the home visitor can really see, i.e., realize ("real eyes") what happened with a family that she might not have been able to see and understand on her own. Perhaps a better word to describe the whole supervisory process is "illumination."

Like parenting, supervision is complex. Beyond nurturing, the supervisor also must attend to basic requirements of the program that keep it running. For example, do the home visitors have adequate training to carry out their jobs? Are the staff seeing their families and completing their paper work on schedule? Does the program have the supplies it needs? Basic requirements and nurturing responsibilities often conflict, but in effective programs, the commitment to reflective practice for nurturing staff is a priority equal in importance to that of meeting basic needs.

The following stages of the supervisory relationship help home visitors and supervisors understand how supervision works to support their work. These stages parallel those for developing nurturing professional helping relationships described in the previous article (page 2).

The Stages of the Supervisory Relationship: A mutual competence model for developing nurturing, caring, supervisory relationships

Stage I—Orientation: Defining expectations. This stage lays the foundation for both supervisor and home visitor to understand their roles. The home visitor's job description and role need to be laid out and discussed during this stage: work schedule, benefits, basic job performance, etc. The supervisor

needs to clarify her administrative and nurturing roles for the home visitor. As the supervisor explains the goals of the program, she also shares her administrative expectations, e.g., to make weekly home visits, to arrive on time, to complete paperwork, etc. The home visitor learns what to expect when she meets with her supervisor in terms of whether a supervisory session will focus on administration or nurturing, i.e., task performance vs. reflection. The home visitor learns how to prepare for reflective supervision, i.e. to have a story of her work to share and to indicate what kind of support or information she would like from her supervisor. Supervisor and home visitor discuss the purpose of reflective supervision to provide support and strengthen the home visitor's work. It is an opportunity to reflect, to change, to learn, and to grow as a professional. Reflective supervision is an essential part of both the supervisor's and home visitor's job.

Sometimes the supervisor may become concerned about how the home visitor does her work. Stage I issues about job performance, e.g., the type of notes to be kept for each visit or how to write about other members of the family, should not be dealt with during "protected" reflective time. Instead, a separate, additional meeting can be set to make expectations clear and concerns may be noted in the form of a written summary. The home visitor's failure to perform as expected, as defined in Stage I, will likely lead to the conclusion that this is not the right job situation for the home visitor.

Stage II—Acceptance—even if we disagree. If a home visitor's behaviour is **unacceptable** as defined in Stage I, this will lead either to a plan of correction or termination. However, a particular home visitor belief, activity or practice may not be against program policies and has not been defined as violating a clear expectation for job performance during Stage I. Then the supervisor is obligated to **accept** the way the home visitor chooses to work with the family even when she may **disagree** with the approach. The supervisor may find the home visitor's actions **disagreeable**, e.g., adopting a mothering attitude toward the young mother, giving advice about discipline, or suggesting how the mother might talk to the baby's father. However, for **the nurturing supervisory relationship** to develop and move forward, the supervisor must be supportive of the home visitor's choices so the home visitor can feel accepted and not judged as doing poorly. If a home visitor feels that her supervisor is beginning to judge her, she may begin to withhold important information to avoid being criticized or corrected. Acceptance becomes the foundation of mutual trust and respect and allows the home visitor to be open to sharing and, ultimately, to learning.

To accept, however, does not mean to ignore or that the supervisor cannot disagree or impose what she thinks best. As will be seen in Stage III—Understanding, times of disagreement, handled properly, promote learning for both the supervisor and the home visitor. It is perfectly legitimate to have a discussion about what is disagreeable, but not to have a power struggle. The vignette later in this article provides a concrete example.

Stage III—Shared understanding. "No one listens until s/he feels heard." Listening is where most of the supervisor's time should be spent. It is critical for the supervisor to create an atmosphere in which the home visitor is eager to share her story of the work with a family. The very process of sharing a story in detail brings new clarity to what the home visitor sees as happening with a family. One way of thinking about these interactions is to imagine that the supervisor is trying to get a "verbal video" of what occurs between the home visitor and the family. The following are some examples of the kinds of comments and questions that help the home visitor share her story and move the process along:

Interesting.
What do you think the family meant by ...?
I noticed that you said ...How did you figure that out?
It seemed to work when ...
You seemed to keep calm in that difficult situation. How were you able to manage that?
Let me see if I'm getting what you're saying. It seems to me that... (reframing).
What do you mean by ...?
What exactly did you say when ...?
How did you decide to ...?
How did that make you feel when ...?

Over and over, this process of helping home visitors tell their story of what happened has proven to help them reflect on their thoughts and actions and how this is working (or not) for the family. Insight and new understanding often leads the home visitor to consider what she wants to try next. Sometimes a home visitor's story brings up serious concerns for the supervisor. This happens most often during a crisis when there is a tendency to overreact. We call this "stress eye tis," meaning when we are under stress we can become "blinded" and cannot see what is actually happening, especially what might be working for the family. More often than not, the situation is not as bad as it seemed at first and rushing in to help solve a problem can have the unintended consequence of making matters worse.

How does support work to reduce stress? Telling and listening to the whole story can provide a calming influence for both parties. Just having a chance to talk and feel listened to helps a stressed person feel organized. A fuller picture helps the supervisor understand the family's coping strategies. The family survived in the past without our help, and most likely they will figure out how to manage without our rushing in to save them. This insight itself is reassuring. Recounting the details of the encounter often helps the supervisor see positive aspects of the visit that the home visitor may have been "blinded" to because of stress. Better informed, it is easier to understand the home visitor's point of view and to accept practices that may differ from the supervisor's perspective.

Because the supervisor avoids resolving the home visitor's or family's crisis, she communicates that she has confidence in the home visitor and family to figure out their own solution. This gives the home visitor confidence to trust the family to deal with their situation. When the supervisor provides support through listening and asking questions, the home visitor can maintain her nurturing role and feel less pressure to make things better. Less stressed, the home visitor becomes less defensive and more open to asking the supervisor for support, information, suggestions, and recommendations.

The supervisor has wisdom to offer the home visitor in the form of her own experiences, information, and expertise as a helper. The purpose of sharing wisdom, however, is not to suggest a course of action or to problem solve, (unless absolutely necessary as in an emergency.) Just as parents are the experts on their children, the home visitor is the expert on her families. The purpose of the supervisor's sharing is to lend her perspective and to reframe or reinterpret the same events from a different angle. Better informed and seeing more clearly, the home visitor, not the supervisor, should decide what happens next.

Stage IV—Agreement: The plan for the next visit or the work plan for the family. After the home visitor and supervisor have gone through the stages outlined above, they will be ready to agree on a plan of action. The home visitor's responsibility is to plan for the next visit, attempt to use the plan with the family, and be prepared to share what happened during the next supervision session. Even if the supervisor is skeptical, whatever the home visitor believes is the objective of the next visit and the methods she will try should form the basis for the plan. One strength of on-going, regular supervision sessions and building a nurturing supervisory relationship is that there are repeated opportunities for the supervisor to raise her concerns supportively (e.g., "I wonder if..." or "Have you thought about...? What might you like to try instead? How might I be helpful? Would you like some ideas about where to turn next?").

Stage V—Accountability: Follow-up —Keeping the home visitor and the work in mind. The supervisor's obligation is to provide stability to the home visitor by making sure there is continuity from one supervisory session to the next. The supervisor must make notes about the session (just as the home visitor does after the home visit) and review them just before the next session. Continuity comes from consistent "areas of inquiry." At some point in each session the supervisor must ask about priorities: 1) What happened with the plan you made during our last session? 2) What did you notice about the parent-child relationship and what did you do to support it? and 3) What seems to be working for the family? Table 1 provides some examples of questions & comments that support home visitors in focusing on strengthening the parent-child relationship.

The "Shape of the Supervisory Session"

Similar to the stages of the supervisory relationship, we have found that there is a general "shape" or series of steps to the supervision session itself.

Step #1. Ask how things are going in general and with a particular family. If there is distress and/or frustration one must take time to listen, to let the home visitor tell her own story. The listening decreases the home visitor's stress and helps the home visitor become ready to listen to what the supervisor has to say.

Step #2. Find out what actually happened (the "verbal video" described in Stage III — Understanding.) The supervisor listens carefully (or asks as in #3 below) for when things went a little better, things that the home visitor may not notice because of "stress eye tis" stemming from the family's problem or an incident during the visit.

Step #3. Inquire about when things seemed to work (a little) better. For example, "Was there ever a time when the parent or child smiled?" "Was there ever a time when the parent was a little calmer?" "Was there ever a time when she noticed her baby?" etc. Then ask, "What happened?" This is what is meant by identifying what is working i.e., strengths. Once identified, they will be used to build on and to plan (steps #4 and #5)

Step #4. The supervisor reflects on the story and shares her own perspective to help fit the puzzle pieces together based on the supervisor's expertise and experience. This means checking to ensure that she heard the story correctly, and then reframing the story. For example: **"normalizing"** by sharing similar experiences, **"appreciating"** by sharing what seemed to be working in the story that the home visitor may have missed due to "stress eye tis", or **"rotating"** the perspective by offering a different interpretation of the behaviour, e.g., "I wonder if she yells at her child because she really cares about how he is doing. Do you think that is possible?" It is important to hold off suggestions such as., "Have you ever tried...", or "What do you think of...?", etc. during this step and to be patient. The chance to think about what happens next comes under step #5.

Step #5. Ask the home visitor, "What does this make you think the next steps are?" If the home visitor seems stumped, it is supportive to brainstorm the next steps with the home visitor, applying the supervisor's wisdom by sharing her own experiences in similar situations without making recommendations. The next steps must be concrete so they can be reviewed in the subsequent supervisory session.

Step #6. Ask the home visitor to give feedback about today's supervision. Was it useful? What part? Was anything less helpful? What? How come?

1. Was the child there? If not, does this happen often?
2. What did the parent and child do together?
3. What did you enjoy most about the visit?
4. Tell me something positive that the child did. How did the parent react?
5. What great thing did the parent and child do?
6. How did explanation of program goals go?
7. How did they react to our focus on the parent-child relationship?
8. Did you follow-up as we agreed during our last meeting? What happened?
9. Who in the family are you working with?
10. What else made you feel good during the visit? Is there anything that you have a concern about or did anything make you fell uncomfortable? What do you think is the difference?
11. When did parent and child connect best? When were they having problems? What do you think is the difference? Do you think the parent has a sense of this? How can you help her see what you have observed — to see the difference?
12. When the supervisor feels that she is becoming too preoccupied with concerns or trapped by the families' problems (i.e., when staff is describing a difficult family situation)
    a) When did you (home visitor) feel most effective?
    b) When you felt yourself moving away from the relationship, were you able to shift the focus back to the parent-child relationship? How did you do this?

Table 1 — Examples of supervisor questions to support focus on the parent-child relationship

Step #7. During the next supervision (illumination) session follow up on what happened.

Vignette

During a supervision session, a staff member in an early intervention program told the following story. It concerned a family of three headed by Sylvia, the grandmother, her 18-year-old daughter, Jean, who has a substance abuse problem, and Jean's 18-month-old child, Mia, who is developmentally delayed, has mild cerebral palsy and a seizure disorder. The child is the recipient of early intervention services through the school district.

The home visitor, Monique, came into supervision very upset. Becky, the supervisor, asked what the matter was. Monique said she had just come from visiting the "family from hell," the one that had been on the Ricki Lake show, the one that had four different agencies in the community making home visits. She said the grandmother screamed the whole time, and the baby cried during most of the visit. The teen parent was not home during the visit. Monique was frustrated that she couldn't do any work with the child, and went on to say that most visits went that way. The grandmother dominated the sessions talking about herself and her frustration that Jean, Mia's mother, was missing. Monique was exasperated in part because she rarely had a chance to work with Mia due to the grandmother's apparent neediness. Becky said that the visit sounded really difficult and asked if Monique thought the grandmother has some sort of personal problem. Monique replied that some of the other agencies involved had been recommending mental health counselling for her, but that she had refused. (This discussion follows step #1.)

Becky asked Monique to describe just what happened on the visit. Monique said, "Sylvia sat with her back to us the whole time, screaming while she was watching TV". Becky asked, "Who else was there, i.e., who is the 'we'?" It turned out that the job training counsellor from the public assistance office and the public health nurse were present too during the early intervention session. Becky asked, "How come there were so many people?" Monique replied that there had been a multi-agency collaboration sponsored through the regional centre. The family had not been present. The group decided that it would be best to combine efforts in a single visit rather than for four agencies to make four different home visits. The group believed that it would be easier on the family not to have to deal with so many scheduled appointments. Becky commented that the personnel from the different programs really seemed concerned about trying to make things better for the family, but wondered to herself if their attempts at collaboration were backfiring. During this home visit, the job counsellor had been talking to Sylvia about the need for her to enter some sort of job training program in order to remain eligible for welfare.

At this point, two thoughts are running through Becky's mind and will frame what happens next in the supervision session. First, due to the stressful nature of the visit, she wondered if Monique was exaggerating that Sylvia was yelling all the time. She thought to herself, "When might Sylvia have been a little less upset? What was happening in the home at that time?" Second, Becky wondered whether Sylvia was so upset because she felt that she was being told what she had to do, but no one was considering her situation of being saddled with the responsibility and difficulty of caring for a disabled toddler. Perhaps Sylvia was feeling overwhelmed by what she perceived as an additional demand being placed on her. Perhaps Sylvia was feeling that she could barely (or not even) manage the demands with which she was already confronted. (These thoughts reflect the supervisor's experience and she will use them to ask Monique several questions aimed at helping her think about the home visit from a different perspective, i.e., addressing steps #3 & 4.)

Becky asked, "Was there ever a time during the visit when Sylvia's yelling was less intense or when she was just talking?" Monique answered that there were two times. The first was when she was talking about herself and how tired she had been feeling. The second was when she was saying how Mia has a bad cold and had been getting her up throughout the night. She said she had taken her to the doctor twice in the last week. Becky said, "So when she talked about herself and Mia she was a little more reserved?" Monique said that was correct. Next Becky said, "Tell me about the conversation between Sylvia and the job counsellor." Monique said that because there was a looming problem with welfare eligibility, the counsellor and Monique had agreed ahead of time that the counsellor would take the lead on the visit. The counsellor began the conversation with, "You know that you are on the verge of losing your welfare benefits because you haven't found a job or entered a job training program. I have some ideas about what you could do." Monique said this is when Sylvia began yelling, turned away from them toward the TV and continued yelling.

At this point Becky was thinking about Stage III — Understanding and that the counselor had not first asked Sylvia what her thoughts were on her situation and what she might want help with. So Becky said, "So the counsellor shared her ideas before she asked Sylvia what she thought?" Monique confirmed that was correct. Then Becky asked, "What happened that led Sylvia to start calming down?" Monique said that the public health nurse asked how Mia had been doing, and that was then Sylvia started talking about how tired she was and how sick Mia had been. Becky said, "So when Sylvia talked about herself and how Mia was doing, she was calmer?" Monique concurred.

Moving to step #5, Becky said, "Do you have any ideas of what you might try during the next visit to try to improve things?" Monique said that she thought she would try to go on her own next time to keep the focus on Mia. Monique said that she would start the visit by chatting with Sylvia about how things were going and asking her what, if anything, new she had seen Mia doing. Then she said she would ask Sylvia to tell her how she thought that Mia learned to do that new skill. She said she hoped that these strategies would help to engage Sylvia and help Sylvia see the important role she was playing in Mia's life. Becky commented that seemed like a reasonable plan. Moving to step #6, Becky said, "Tell me about our meeting today. Was it useful? If so, how come?" Monique replied that she had felt lost when she came into the meeting. She had no idea how to work with the family. Now she did. This was because their talk had helped her see the kinds of things that seemed to work better for Sylvia that she could not see before. As for what was not as useful, Monique

said that she would let Becky know during their next supervision session after she made the home visit.

Becky went out of town on vacation so their supervision was delayed, but Monique was excited about her visit; she wrote Becky the following e-mail (step #7):

> "An update on the Sylvia and Mia: I did a home visit today and it was only grandma and baby and me. Grandma started out telling me how depressed she was and I let her vent a bit then brought it back to the baby (she let me do it). I stayed mindful of the process and the visit seemed to go well (the best one we ever had). Since we had some success, I feel this is a gold mine of positives from which to move more fully into the process with this family. Grandma agreed that we had had a great session with baby, so I want to explore why she thought that/what did each one of us do to make that happen...I think this will be a good way to go back to Stage I (which I neglected to do in the beginning) and let grandma help define some of the parameters. I'll keep you posted. The "goddess" gave me a gift with this family and with you. I am truly grateful that after all these years working with families, there is still room to grow and exciting new ideas to try. Be well, enjoy vacation, and I'll keep in touch. Fondly, Monique"

Videotapes—An Observational Tool for Home Visitors and Supervisors

Just as the lens of Mutual Competence (Goldberg, 1977) is used to identify positive parent-child interactions, it is used to observe the home visitor-family relationship and the home visitor-supervisor relationship. The above vignette can be used to consider the type of comments and questions that worked best, those that did not work as well, and to think about what to say during the next home visit or supervisory session to help the home visitor and supervisor transform reflection into practice.

Videotapes can be used with families to help parents become more aware of their important interactions with their children (Bernstein, 1997). Similarly videotapes of home visitors working with the families can illuminate home visitor interactions with families. Videotapes of supervisory sessions too can be helpful, particularly when the supervisor and home visitor together view the home visitor reviewing a video with the family. These videos help to see what kind of comment engages the parent and leads to the parent's sharing of thoughts about what they are observing, what they like and what concerns them. Similarly, videos make it easier to notice changes in the parent's facial expression or body posture that may indicate discomfort that might be worth following up on during a subsequent visit.

Videotaping one's own work and sharing it can only be used effectively when there is trust between the home visitor and supervisor. In addition, there needs to be informed consent. All parties must agree in writing on an agency-approved consent form if a videotape is to be shown outside the course of regular work activities to individuals (even co-workers) other than the supervisor. As with home movies, these videotapes should be fun and informative. If the videotapes are experienced as otherwise, they should be stopped, the issues discussed and videotapes re-examined as a tool.

The following principles underlying the Mutual Competence model of supervision parallel those of effective home visiting to support families:

1. To be effective, the supervisor must develop a positive relationship with the home visitor.
2. All home visitors (and supervisors) want what is best for the family.
3. Home visitors are the experts on their families, not the supervisor.
4. The most important thing in supervision is to find whatever works best.

Conclusion

The mutual competence model for nurturing helping relationships provides the home visitor and supervisor with a frame of reference and concrete suggestions for building positive relationships between home visitors and supervisors. These ideas on supervision will not work for all home visitors and supervisors. What counts is observing and understanding when the relationship works the best for both.

This article is based on the work of the Ounce of Prevention Fund Developmental Training and Support Program, and the collaboration of Sally Campbell, Melanie Gray and Lynn Kosanovic of Northern Virginia Family Service, Alexandria, VA; Adrienne Akers, Early Intervention Research Institute, Utah State University; Deborah Bump of The University of Chicago Home Visitor Project; Helene Wilkie, Humboldt, CA, County Department of Education; Linda Flanagan, Andrea Thomas, and Connie Hodo of the Florence Crittenton Program, Charleston, SC; and Sheila Wolfe and Angela McGuire from the WestEd Center for Prevention and Early Intervention, Sacremento, CA. The author is grateful for the editorial assistance of Robert Glatzer, Adrienne Akers, and the IMP Editorial Committee.

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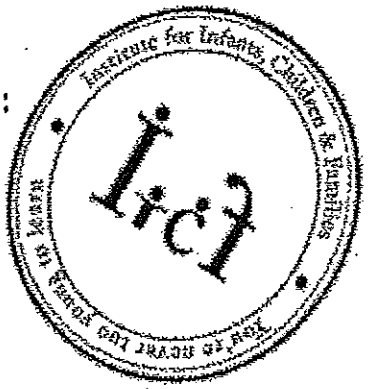
It Takes Relationship to Build Relationship:
Why Circles of Vitality are Essential to the Creation of Meaning with Families*



Central Ideas and Guiding Principles

- A sense of safety is vital.
- Social, emotional, cognitive communication and moral development are fostered through nurturing, contingent relationships, and supportive relationships. (Think mirror neurons, imitation, empathy.)
- The younger or more vulnerable a child the more s/he needs an integrative, transdisciplinary set of resources.
- Being in a family is an emotional experience.
- When one person in a family is hurt, all are hurt. When one stands strong, all do likewise.
- Parents are and should be the "central organizers" for *their* child.
- We help children when we recognize that our role is to strengthen parents.
- Observation is key to Assessment and Intervention
- All behavior has meaning
- Relationship is a unit of development, observation, assessment, & intervention.
- There is growth-promoting potential to working with children and parents together, relationally.
- The experience of being held in another's mind promotes stability, self-regulation & growth.
- Between people there will always be mismatches or ruptures. A key to growth is commitment to empathic negotiation by adults dedicated to repair.
- Each child, each parent and each family have individual differences: one-or two-size fits all programs cannot work.
- Families need professionals who can think and work with them, their children and other professionals in a transdisciplinary, relational and culturally caring way.
- Staff need to held, be supported and nurtured if they are expected to support and nurture children and families.

"No (hu)man is an island, no (hu)man stands alone ... "

* R. Shahmoon Shanok (in press)

ESSENTIAL QUALITIES OF REFLECTIVE SUPERVISION

- Reflective Supervision Requires a Trustworthy, Responsive Environment That Is Open to Change
- Reflective Supervision Models Parallel Process: Holding So That Others Can Hold
- Reflective Supervision Is Based Upon Shared Power
- Reflective Supervision Builds Shared Understanding of Philosophy and Practice
- Reflective Supervision Diminishes Scale
- Reflective Supervision Supports Ethical Practice
- Reciprocity in Reflective Supervision Begets Initiative and Effective, Engaged Practice
- Reflective Supervision Develops the Art of Remembering
- Reflective Supervision Creates and Hones Self-Knowledge
- Reflective Supervision Supports Cross-Cultural Competence
- Reflective Supervision Amplifies Calm and Responsibility
- Reflective Supervision Encourages Trial Action and Critical Thinking
- Reflective Supervision is Essential for Quality Improvement and Program Accountability
- Reflective Practice Contributes to Professional Identity and Career Development

Gilkerson, L. & Shahmoon-Shanok, R. (2000). Relationships for Growth: Cultivating Reflective Practice in Infant, Toddler, and Preschool Programs. In J.D. Osofsky & H.E. Fitzgerald (Eds.), *WAIMH Handbook of Infant Mental Health: Vol. 2. Early Intervention, Evaluation, and Assessment* (pp. 33-79). New York: John Wiley & Sons, Inc.

Shanok, R.S., Gilkerson, L., Eggbeer, L., Fenichel, E. (1995). *Reflective Supervision: A Relationship for Learning.* (Videotape and Discussion Guide): Arlington, VA: Zero to Three

ON THE WAY TO REFLECTIVE PRACTICE: MAKING IT HAPPEN

- Reflective Process in Group Meetings
  - Administrative Meetings
    - Reframing Meetings: A Community at Work
    - Providing Consistent, Yet Flexible Leadership
    - Distinguishing Clinical Discussions from Administrative Management
    - Opportunities for Reflection within Existing Meetings
    - Forming a "Committee on the Group"
    - Stepping Back to Move Forward: Coming Together to Appreciate and Understand One Another
    - Creating Celebrations and Developing Rituals
  - Clinical Meetings
    - Role of Parallel Process in Clinical Meetings
    - Considering the Phases of Clinical Discussion
    - Leadership of Clinical Meetings
    - Maintaining a Theme
    - Following Affect (Emotion)
  - Considering Group Supervision
    - Group Process
    - Using Consultants
- Reflective Process in Individual Supervision
    - Supervisory Intensives
    - In-Situ Supervision
    - Formalized Peer Mentorship
- Reflection with Families

Gilkerson, L. & Shahmoon-Shanok, R. (2000). Relationships for Growth: Cultivating Reflective Practice in Infant, Toddler, and Preschool Programs. In J.D. Osofsky & H.E. Fitzgerald (Eds.), *WAIMH Handbook of Infant Mental Health: Vol. 2. Early Intervention, Evaluation, and Assessment* (pp. 33-79). New York: John Wiley & Sons, Inc.

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During the summer of 1998, Rebecca Shahmoon-Shanok viewed the paintings by Pierre Bonnard at the Museum of Modern Art in New York. She wrote, "Listening to the acoustiguide (by Glen Loury, Director and John Elderfield, Curator), I was astonished to recognize the descriptions of the paintings as one metaphor after another for the internal experience of reflective practice. These quotations and ideas have been adapted from the narrative of the acoustiguide."

~ "An experience is something we assume that we should be able to take in all at once, yet we find ourselves asking questions of it in this hide-and-seek game. There are tender little touches that make us want to come up close and look. But then the confidence wavers, and we have to step back and bring it into focus again. We may need to push to recognize new kinds of problems and complexities, to catch perception in our peripheral vision so that the images tighten up and become more stable. Indeed, peripheral experience can become the center of the work. We become aware of what it's like to gain glimpses of things, and to register information about objects, even when we're not looking at them directly. It's a bit like seeing more than we can take in."

~ "Reflective supervision encourages you to actively look at the experience, to puzzle it out, notice the content, and abandon the fiction that the whole picture is available to you at once. Hunt for the appearance of the subtext, the emotional tone, and the narrative. Some aspects are more quickly recognized than others."

~ "*As you look longer, they change. Figures move in and out, and what seems solid at one moment isn't the next, similar in a sense to the complex and mysterious processes of seeing and remembering....Reflection together invites the supervisee to become an active participant in producing the narrative, or meaning, of her experiences.*"

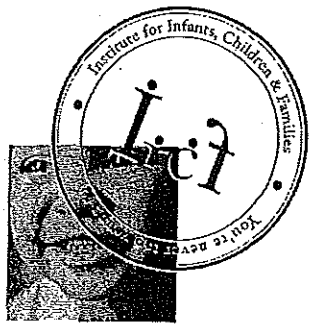
~ "What is so significant is awareness of the subjectivity of vision, the possibility of a double, or even triple, reading of a scene, and the understanding that vision and memory cannot claim any kind of essential certainty. Rather we cultivate a profound sense of the nature of experience—an understanding of remembering as a process that extends over time and one that is dependent on the makeup of the observer."

please turn over →

~ "Play here with the idea that inconsistencies are always going to exist in the world, and that even if you look at something first with one eye, and then the other, there will be these slight differences...vision is binocular. We see with two eyes, and not one. The views of the world are not the same—there are complexities and inconsistencies in this—yet we have to work to reconcile them, based on deepening understanding, as all the while we tolerate the tension inherent."

~ "As your senses settle into the experience, you see some things very quickly. Other things come more slowly..."

~ "The very uncertainty of appearance of some of the elements slows down our perception of the image...and encourages us to take time over them; to become aware that some things are at the point of irresolution, which makes them difficult to identify, forcing us to keep scanning the surface to discover all sorts of incidents and nuances...The idea of a gaze that simply identifies or possesses an object is, in fact, undermined here."



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