

ZERO TO THREE JOURNAL

Measuring and Building Reflective Capacity

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Revealing “The Space Between”

Creating an Observation Scale to Understand Infant Mental Health Reflective Supervision

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Abstract

The Reflective Interaction Observation Scale (RIOS) describes and operationalizes the nature of the interactions between a supervisor and supervisee(s) during reflective supervision. Developed in collaboration among researchers and clinicians from the University of Minnesota, the Minnesota Association for Infant and Early Childhood Mental Health, and the Alliance for the Advancement of Infant Mental Health, the RIOS is organized around five core Essential Elements that constitute the content of the discussion conducted between the supervisor and supervisee during a reflective session: Understanding the Family Story, Holding the Baby in Mind, Professional Use of Self, Parallel Process, and Reflective Alliance. Interactions between supervisor and supervisee(s) are identified as Collaborative Tasks: Describing, Responding, Exploring, Linking, and Integrating. The RIOS coding process captures the nature of interactions during a supervision session and can demonstrate the progression of the relationship over time.

It's not coaching or technical assistance, and it isn't mental health case consultation or therapy. So what is infant mental health reflective supervision or reflective consultation for professionals working with infants, young children, and families? In spite of its widening circle of participants in multiple infant and early childhood disciplines and programs, there is no single, commonly held definition of reflective supervision. It is not a manualized process, and, in fact, reflective supervision is intentionally not constrained by a strict protocol. Although it has been eloquently described (Heffron & Murch, 2010; Heller & Gilkerson, 2009; Schafer, 2007; Shahmoon-Shanok, 2009; Weatherston & Barron, 2009; Weatherston, Weigand, & Weigand, 2010), there is no empirically established definition. As a result, it has appeared to be somewhat mysterious and may even appear arbitrary to those who are unfamiliar with the purpose and goals of the practice. In addition, as programs and funding organizations focus more keenly on evidence-based practice, there is continual pressure to confirm the efficacy of

work with children and families. Currently there is no empirical evidence to substantiate the effectiveness of reflective supervision (Korfmacher, 2014).

This particular form of supervision is based in developmental and attachment theories and is informed by the rapidly growing body of research exploring interpersonal neuroscience (Schore, 1994; Siegel, 2012; Siegel & Shahmoon-Shanok, 2010). Many professionals in the field believe that reflective supervision serves a dual purpose. The first is to assist professionals in understanding the many facets of their work with families, in particular the varied relational dynamics involved in meeting the needs of babies, young children, and their families and the professionals' responses to those dynamics (Schafer, 2007). As a result of having a deeper understanding of their work, professionals can more effectively engage families and implement home visiting models, developmental interventions, or child care curricula. The second purpose is to support those

professionals when they struggle with the many challenges in their work, which can include families living in poverty and/or unsafe communities, parents with mental health issues, or other challenging circumstances (Lipsky, 2009). In the face of emotionally evocative work performed in sometimes chaotic settings, professionals can struggle to maintain focus and equilibrium (Lane, 2011). Reflective supervision addresses the impact on the professionals of these contextual factors so that she can better focus on her particular role with families.

How does reflective supervision achieve these two goals? Since 2010, members of the research committee of the Alliance for the Advancement of Infant Mental Health (formerly called the League of States), have been engaged in a collaborative project to create a measurement tool, the Reflective Interaction Observation Scale (RIOS), to answer this question. The tool defines and operationalizes the process of reflective supervision by identifying and demonstrating the unique components which differentiate it from other forms of relationship-based professional development. The RIOS assesses the nature of the interactions between the supervisor and supervisee in a given time period using digitally recorded reflective sessions. The focus is not specifically on characteristics or behaviors of the supervisor or supervisee individually, but rather on how the dyad works together to attend to specific aspects of the work. We refer to this as “the space between the two.” It is not about judging either participant but on understanding what is occurring in their work together.

There are a number of efforts now under way to address the lack of consensus on a definition of reflective supervision, identify its “active ingredients,” and clearly articulate the process that occurs during this complex ongoing professional development relationship (Tomlin, Weatherston, & Pavkov, 2014; see, Gallen, Ash, Smith, Franco, & Willford, this issue, p. 30; Heller & Ash, this issue, p. 22; Shea & Goldberg, this issue, p. 54).

Tool Development

From the start, our research committee focused on developing a tool to make direct observations of the supervisory relationship. We envisioned developing an observational measure to make reflective supervision “testable” (For an in-depth discussion see Watson, Gatti, Cox, Harrison, & Hennes, 2014). At the 2010 annual Alliance Retreat, we collected initial data from five focus groups with approximately 10 participants each including people with years of reflective supervision experience, clinical infant mental health practice, and research expertise. Each group viewed a different videotaped recording of a reflective supervision session and identified concrete examples of the characteristics of the dyad that they believed defined reflective supervision. Subsequently, we conducted a thematic analysis of the data to begin to hone in on essential elements of the reflective supervision process, and, as a result of this phase, we determined there were 16 elements. We then verified the face and construct validity of these elements through an extensive literature review and via a survey sent to a broad national group of experts through a modified Delphi process, which is

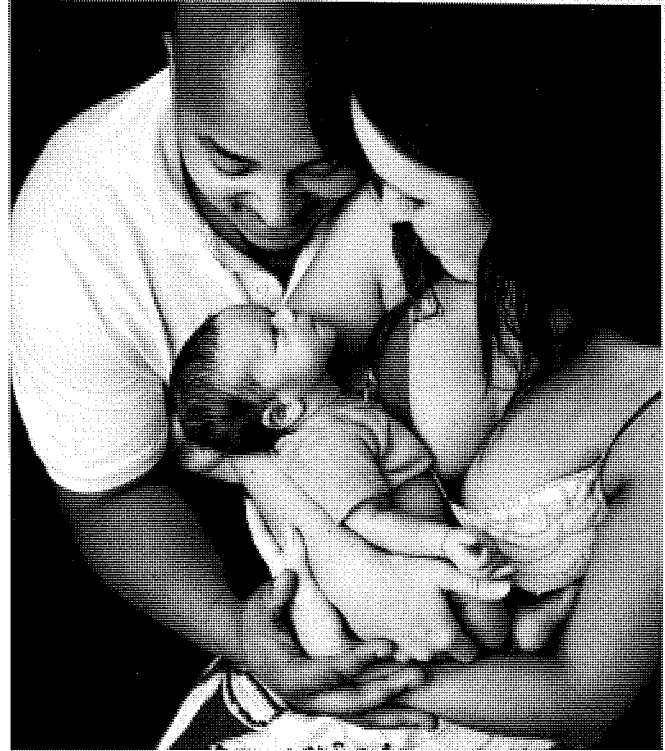


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In the process of working with a family, attention cycles back to the baby and the baby's experience and well-being.

a structured communication process that allows a group to establish consensus without meeting face-to-face (Linstone & Turoff, 1975). We developed a preliminary concept map from the survey data results. Other research occurring simultaneously (Tomlin et al., 2014) confirmed some elements. In addition, we held monthly calls with members of the research committee that detailed progress on the creation of the tool and sought input to support the research process.

As a result of this phase, we identified two dimensions that comprise the focus and process of reflective supervision. First, we identified five *Essential Elements* that constitute the content of the discussion between the supervisor and supervisee and the alliance established between them during a reflective session. These *Essential Elements* are: (1) Understanding the Family Story, (2) Holding the Baby in Mind, (3) Professional Use of Self, (4) Parallel Process, and (5) Reflective Alliance.

Second, we defined the critical relational and dialogue processes that occur during reflective supervision, which we called *Collaborative Tasks*. The tasks include: (1) Describing, (2) Responding, (3) Exploring, (4) Linking, and (5) Integrating. The *Tasks* track the developmental level of the supervision interaction. Together the *Essential Elements* and *Collaborative Tasks* form the framework of the RIOS.

The research group went on to identify observable “Indicators” for each of the *Collaborative Tasks* associated with the *Essential Elements*. The *Indicators* are defined as examples of “topics of

conversation, observable behaviors and ways of interacting” (Watson, Harrison, Hennes, & Harris, 2016).

The following section provides excerpts from the RIOS coding manual with detailed descriptions of the five Essential Elements and Collaborative Tasks as well as brief summaries of the content (Watson et al., 2016). See Figure 1 for a visual representation of the Essential Elements and Collaborative Tasks.

The Essential Elements of Reflective Supervision

The RIOS is organized around five core Essential Elements that constitute the content of the discussion conducted between the supervisor and supervisee during a reflective session. These components embody the distinctive nature of this form of reflective supervision grounded in infant mental health theory and practice.

Understanding the Family Story

“...There is no such thing as a baby’—meaning that if you set out to describe a baby you will find you are describing a *baby and someone*. A baby cannot exist alone but is essentially part of a relationship” (Winnicott, 1964, p. 88, italics in original). Understanding the family story includes what is currently known about the baby’s environment, focusing on the people who provide the relational context for the baby’s social and emotional development. Topics of conversation might include what was seen and heard and other relevant facts and information. The attention of both reflective partners is on gaining an understanding, to the best of their ability, of the realities of the family’s experience. Events, interactions, and details are considered from the perspective of family members and caregivers.

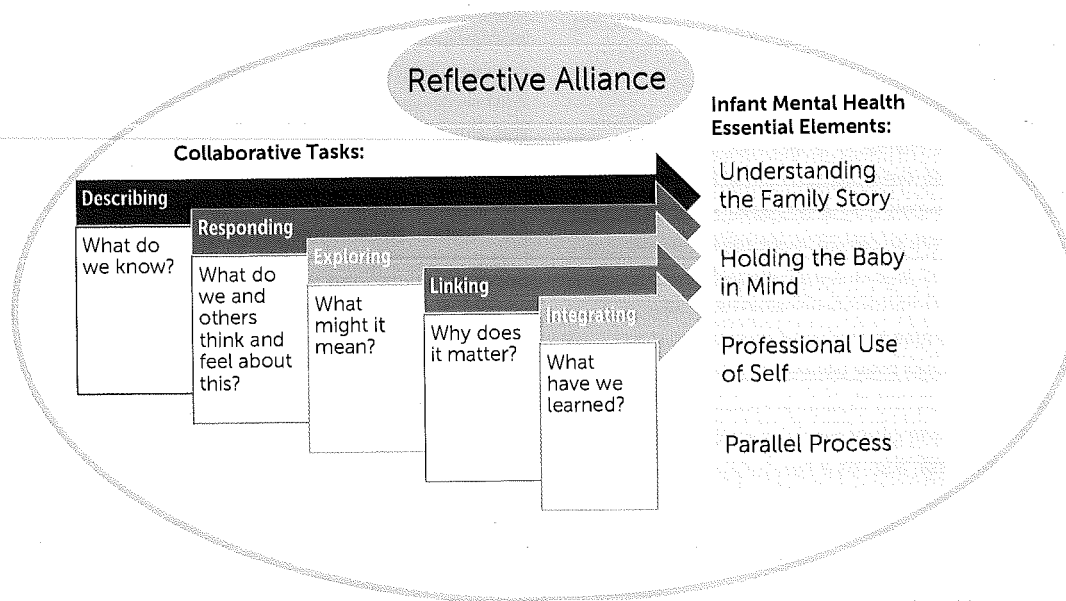
Holding the Baby in Mind

“Growing infants are held in their caregiver’s symbolic world before they form one of their own” (Lichtenberg, 2003, pp. 498–499). Holding the baby in mind refers to a central tenant of reflective practice within infant mental health work: that in the process of working with a family, attention cycles back to the baby and the baby’s experience and well-being, as well as the impact of the presence of this baby on the others in the story. The supervisor and supervisee may consider imagining how it might feel to be a baby in this particular family.

Professional Use of Self

“How you are is as important as what you do” (Pawl & St. John, 1998). Professional use of self has also been referred to as “the conscious use of self” (Heller & Gilkerson, 2009, p. 16). It involves the careful attention to one’s subjective experiences, thoughts, beliefs, and emotional responses, which become important information and lend greater understanding and clarity to the work with families. The deliberate use of one’s own reactions and perceptions in order to promote progress through a helping relationship depends upon a high degree of self-awareness. In reflection with a trusted supervisor, and through experience and expression of authentic responses to the work, this continually evolving awareness allows the supervisee to make conscious, moment-by-moment decisions about if, when, and how personal responses might be “used” to promote growth and change in a family. Concurrently, the supervisor engages in the process of self-awareness and use of self to help guide decisions regarding when and how to promote the continued learning of the supervisee.

Figure 1. Essential Elements and Collaborative Tasks



Parallel Process

"Do unto others as you would have others do unto others" (Pawl & St. John, 1998, p. 21). Parallel process "describes the interlocking network of relationships between supervisors, supervisees, families and children" (Heffron & Murch, 2010, p. 9). The supervisor and supervisee seek to understand how the lived experience of one relationship might be impacting the other relationships. Awareness of the dynamics of how one relational experience might echo another relationship allows the supervisee to understand the work from a new perspective.

Reflective Alliance

Reflective supervision is "a collaborative relationship for professional growth that improves program quality and practice by cherishing strengths and partnering around vulnerabilities to generate growth" (Shahmoon-Shanok, 2009, p. 8). An effective and supportive professional relationship is at the heart of reflective supervision. As a relationship-based approach to professional development, *how* the supervision happens and the quality of the relationship developing between supervisee and supervisor are of utmost importance. With some individuals, this relationship will require time to develop, but a successful alliance can also develop quickly between two individuals with no previous relationship. As conceptualized in the RIOS, the Reflective Alliance is the "vessel" which holds the work of the supervisor and supervisee.

The Reflective Alliance between supervisor and supervisee facilitates the supervisee's understanding, reflective capacity, and professional judgment. It is a mutually created relationship of trust and requires a commitment to maintaining ethical standards and the safety of the participants. The pair may either begin with, or come to know, a mutually understood purpose of their interaction. They come together to learn about, clarify, and refine both the supervisee's case and the work in general. Their focus is on forming a partnership to explore the experience of the supervisee and to ensure that the work is firmly grounded in infant mental health principles and theory.

An alliance for the purpose of reflection requires a respectful collaborative stance and process, an attention to emotional content and co-regulation, and an agreement to establish a working relationship that is safe. Both parties have responsibilities in the creation of this relationship. The supervisee takes responsibility for co-creating the agenda, sharing honestly and openly, including personal reactions, being willing to consider various perspectives, and generating possible solutions when appropriate. The supervisor has responsibility for creating a safe and predictable environment, attending to and holding the concerns of the supervisee, attempting to understand deeply the supervisee's experience, sharing in vulnerability and self-reflection, and considering new ways of thinking about a situation. An effective Reflective Alliance allows for joint exploration and learning with regard to expectations and assumptions of boundaries related to both the supervisee's work and also to the supervisee-supervisor relationship. Emotional reaction to the content of the work requires mindful attention. Together



Photo: Karen Anderson

The supervisor and supervisee seek to understand how the lived experience of one relationship might be impacting the other relationships.

the pair learns to fully experience the joys and the sorrows of the work, and maintains or regains a regulated state. As the pair interact, it becomes clear that there is a shared vision of their work: they come together in a relationship that engenders curiosity, creativity, and learning in order to co-create a clearer formulation of the work at hand. There is a sense that together they can pursue a line of inquiry even as they address difficult issues.

The Collaborative Tasks of Reflective Supervision

As conceptualized in the RIOS, the reflective process at work during the interaction between the supervisor and supervisee encompasses a cumulative, and therefore overlapping, progression of Collaborative Tasks. Although these Tasks are distinctive, they may coexist within the session.

Describing addresses the question, "What do we know?" It may include discussion of factual information, what has transpired, and clarifying and organizing details of what was seen and heard.

Responding addresses the question, "How do we and others think and feel about this?" Discussion may focus on the emotional experience of the baby, parents, or the supervisee, as well as thoughts and feelings related to the baby, parents, and the issue at hand.

Exploring addresses the question, "What might this mean?" It may be focused on gaining insight into the emotional experience of self and others, including the baby. It may involve attempting to acknowledge and address difficult issues and concerns.

Linking addresses the question, "Why does this matter?" This involves creating connections between the baby's and parents' experience and relevant infant mental health theory, research, and best practice. Linking includes considering the supervisee's role, boundaries, and the purpose of the work.



An effective and supportive professional relationship is at the heart of reflective supervision.

Integrating addresses the question, “What have we learned?” It can include developing a summary of what has been discovered and exploring the implications for the work going forward.

Coding Interactions Using the RIOS

The RIOS is based on the hypothesis that reflective supervision contains common processes that occur between the supervisor and supervisee that can be ordered and measured within and between sessions. It is hypothesized that the Essential Elements and Collaborative Tasks may be present to different degrees depending on how long and at what depth the issue has been discussed, as well as the extent to which the supervisory relationship has developed. It was anticipated that some Collaborative Tasks and Essential Elements may be present in greater quantity early on in the relationship while others may emerge more frequently as the relationship evolves over time.

The RIOS includes a coding manual with detailed descriptions of the Essential Elements and Collaborative Tasks along with indicators for each (Watson et al., 2016). The coding process involves viewing a digitally recorded reflective supervision session in 15-minute segments and using a coding matrix to assess the specific Collaborative Tasks the pair are using to discuss each Essential Element. Coders listen for the Essential Element being discussed and then look at the nature of the Collaborative Task in which the pair are engaged. For example, when hearing the pair discuss the baby, coders assess whether what they hear indicates Describing, Responding, Exploring, Linking, or Integrating on the basis of specific indicators which distinguish one task from the others. The researchers “code” this Collaborative Task using its assigned numerical code with a focus on noting the “highest” number, or most complex Collaborative Task, occurring.

As the RIOS was being refined, it became clear that the fifth Essential Element, Reflective Alliance, required a different approach to account for its presence. The Reflective Alliance between supervisor and supervisee(s) permeates every aspect of the professional relationship. In addition to verbal indicators,

the Reflective Alliance encompasses important non-verbal ways of communicating between the collaborators. In the RIOS, the Reflective Alliance is coded using a checklist of observable behaviors indicating the extent to which those engaged in the process are interacting in a manner consistent with a collaborative, reflective stance such as “sharing power” and “contingent mirroring each other’s affect.”

The RIOS does not focus solely on either the supervisor or supervisee to code or “rate” the “performance” of either participant. Rather, it serves to document the nature of the interaction between the two parties during a particular session. It is anticipated that by coding multiple sessions over an extended period of time, an observer can discover whether and in what ways the nature of the conversation and collaborative supervision relationship and process change as a supervisory relationship unfolds over time. By looking at the codes, we anticipate that patterns will be revealed which will further illuminate how the process evolves. The codes function as a sort of “shorthand” in order to look at and think about the kinds of patterns that occur in this form of relationship-based professional development. We hope that the data that make up this shorthand will illuminate a broader story about the phenomenon of reflective supervision across sectors and disciplines.

Issues Encountered in Development of the Tool

Creating the RIOS involved working through a number of stages of development and entailed many unanticipated challenges. The first great challenge was distilling the data we had gathered regarding the components of reflective supervision into discrete Essential Elements. Each Essential Element had to contain distinctive characteristics of reflective supervision used in conjunction with infant mental health work—characteristics that set it apart from coaching, mentoring, and other forms of relationship-based professional development. In addition, each had to stand alone as an independent topic, such as “Holding the Baby in Mind,” or concept, such as “Parallel Process.” As we began coding digital recordings, it became apparent that clarifying the ways the Essential Elements may overlap would take careful observation. For instance, Professional Use of Self and Parallel Process are closely aligned. Careful scrutiny of exactly what was heard and observed was required to determine which of the Essential Elements was at play during a given segment of reflective conversation.

The second large challenge was deciding how many Collaborative Tasks constituted a complete developmental, reflective process and ensuring that the Tasks were described in such a way as to focus on the reflective nature of the interaction while using an infant mental health lens. After settling on the five Collaborative Tasks, we realized how they were related but still retained their distinctive nature.

Defining the components of a Reflective Alliance and how to code them was a third challenge. We began with a long list of verbal and nonverbal behaviors that fit into establishing and

maintaining an alliance. Then we attempted to “fit” the list into the format of the five Collaborative Tasks we had identified. Eventually Reflective Alliance was converted to a checklist format, which allows observers to more accurately account for the wide variety of ways this important aspect of interaction is revealed.

We did not want to cast the RIOS as an evaluation tool in its initial research form. The RIOS is meant to “record dyadic process—what is seen and heard;” to make visible the developmental process of a supervisory session (Watson et al., 2016). The emphasis is not on “getting a high code or score.” For example, the first Collaborative Task of Describing—producing a rich description—is a critical foundation of

reflection and not a “lesser” task. Even so, over time, the supervisor and supervisee are increasingly familiar with a case and would likely spend more time Responding, Exploring, and, eventually, Linking and Integrating as they more deeply understand the evolving story of a particular child and family. The RIOS provides a way to delineate the relational process and organize the fluid, organic, and subjective experience of reflective supervision in order to better understand this phenomenon. In the manual, each Essential Element has its own description of the Collaborative Tasks and indicators associated with it. The box Holding the Baby in Mind presents an abbreviated example of how one of the Essential Elements is described in the RIOS Manual (Watson et al., 2016).

Holding the Baby in Mind

Describing: “What do we know about the baby?” The supervisor and supervisee focus on the facts of the baby’s experience including what was seen and heard. This Collaborative Task may also include clarifying and organizing what is known about the baby. The distinguishing characteristic is that the pair is primarily attempting to gather rich facts and detail.

Indicators of the Collaborative Task—Describing:

- Discussing factual information and what has transpired
- Discussing observations of the baby, highlighting baby’s interaction with others
- Clarifying and organizing what is known about the baby’s experience

Responding: “How might the baby think and feel?” The pair openly consider their thoughts and feelings about the baby’s emotional experience as well as the baby’s effect on the supervisee, parents, and caregivers related to the baby. The distinguishing characteristic is that thoughts and feelings of participants in the story, including those of the supervisee and supervisor, are expressed.

Indicators of the Collaborative Task—Responding:

- Considering the baby’s emotional experience
- Expressing thoughts and feelings related to the baby

Exploring: “What might this mean?” The distinguishing characteristic is a deep exploration of the lived experience of the baby, with a deliberate and thoughtful discussion of what is known about the baby or what the baby’s experience with the caregiver(s) might mean.

The supervisor and supervisee acknowledge the complexity of the unfolding story, naming perceptions, motivations, values, biases, impacts of history, and cultural context for the purpose of organizing the baby’s experience. They seek to articulate impressions, patterns, and themes, with particular attention to what these might mean for the baby’s developing sense of security, self-worth, and understanding of how relationships work.

Indicators of the Collaborative Task—Exploring:

- Seeking insight into the baby’s experience
- Attempting to acknowledge difficult issues and concerns for the baby
- Searching for meaning in impressions, themes, and patterns in the baby’s experience

Linking: “Why might it matter?” The distinguishing characteristic of this Task is that conversation seeks connection between the baby’s experience and fundamental theoretical principles that might clarify and organize understanding of the work. They consider theoretical frameworks such as attachment, trauma, and child development that inform their hypotheses and anticipate future implications in light of these frameworks. The reflective partners approach the application of theory with curiosity, resisting rigidity and avoiding absolutes while maintaining an openness to other possibilities.

Indicator of the Collaborative Task—Linking:

- Identifying connections between this baby’s experience and relevant theory and principles

Integrating: “What have we learned?” The supervisor and supervisee use their understanding about what they have learned together to form a summary of the baby’s experience and the baby’s impact on developing relationships. The distinguishing characteristic is that they use the central focus on the baby to formulate an understanding of the supervisee’s role in promoting growth and change in the family relationships.

Indicators of the Collaborative Task—Integrating:

- Developing a summary of what has been discovered about this baby
- Anticipating the impact of this baby’s development on relationships
- Exploring the implications of the work going forward given the baby’s current and anticipated developmental needs

Source: Watson, Harrison, Hennes, & Harris, 2016, p. 10–16

Next steps

We are continuing to receive valuable input from the research committee and others as we complete the development of the RIOS. In August 2016, the RIOS was used as one lens with which to view “fishbowl” reflective supervision sessions at the first annual Reflective Supervision Symposium sponsored by the Alliance and the Michigan Association for Infant Mental Health. We have identified video exemplars of the Collaborative Tasks used to explore each Essential Element that we will use in reliability training. Negotiations are underway with partner organizations in several states who want to join with us in using the RIOS in pilot studies and who are interested in receiving training in reflective supervision using the RIOS as a framework for understanding the supervision process. We feel the RIOS has potential as a

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tool for conducting empirical investigation about the content and process of reflective supervision, which, up until this point, has been under-researched. It is our hope that eventually this line of research will lead to an understanding of the impact of reflective supervision on child, family, and provider outcomes.

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Mary E. Harrison, PhD, LICSW, is a research associate at the Center for Early Education and Development (CEED) in the College of Education and Human Development at the University of Minnesota–Twin Cities. Her research focuses on reflective supervision with an emphasis on the ways practitioners and their work with families are impacted by participation. She also does training and professional development for practitioners in the child welfare system on infant mental health principles and best practice. Prior to this work, Mary was an infant and early childhood mental health therapist.

Jill E. Hennes, MSW, LICSW, IMH-E® (C), is an independent consultant and trainer specializing in infant mental health and reflective consultation. Jill serves to build capacity among those serving families with very young children through the creation of reflective spaces that support growth and change. Previously, at the Minnesota Department of Health, Jill was able to learn about building a statewide system of support for reflective practice while training and mentoring Public Health supervisors, home visitors, and infant mental health consultants.

Maren M. Harris, MA, LMFT, IMH-E® Infant Mental Health Mentor, reflective practice consultant, and clinical supervisor, of Aequus Consulting, LLC, provides reflective consultation and clinical supervision to early childhood practitioners and home visitors. She has trained on infant mental health and reflective practice, and is currently co-chair for the Minnesota Association for Infant and Early Childhood Mental Health.

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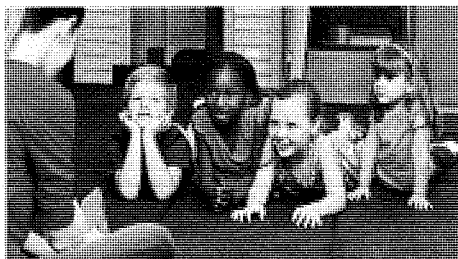
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