Supporting IECMH Consultants Through Reflective Supervision

Speakers: Tobie Barton, Product Manager with the Center of Excellence and Dr. Sherryl Scott Heller, Associate Professor at Tulane University School of Medicine

Tobie Barton: You’re listening to a podcast from the Center of Excellence for Infant and Early Childhood Mental Health Consultation. Established by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2015, the Center of Excellence is a combined effort of SAMHSA, the Health Resources and Services Administration (HRSA), and the Administration for Children and Families (ACF). The mission of the Center of Excellence is to support states, tribes and communities in using Infant and Early Childhood Mental Health Consultation (or IECMHC) as a tool for promoting mental health and school readiness.

I'm Tobie Barton, Product Manager with the Center of Excellence. Today I'm talking with Dr. Sherryl Scott Heller. Sherry is an applied developmental psychologist and an Associate Professor of Psychiatry in the Department of Psychiatry and Behavioral Sciences at the Tulane University School of Medicine. She has been a fellow in ZERO TO THREE’s Leaders for the 21st Century program and co-edited a book on Reflective Supervision.

Sherry provides training and consultation on Reflective Supervision throughout the United States. On our podcast today, Sherry will discuss how Reflective Supervision can support infant and early childhood mental health consultants. Thank you for joining us, Sherry. Can you please start by defining Reflective Supervision?

Dr. Sherryl Scott Heller: Tobie, I'm happy to do that. That's always quite a question. There's a number of different definitions out there in the literature and so when I do my trainings I kind of have this one pat definition that I feel like really kind of captures all the elements of Reflective Supervision.

And the way I would define it is that it's a relationship that aims to create a climate where both the client's needs, so for early childhood mental health consultants that would be the teacher, the director or the children in the classroom, and the helper's needs so the consultants needs are being considered so that the effectiveness of the intervention is optimized and that would be it in a nutshell.

Tobie Barton: And how is this different from reflective consultation or reflective facilitation? I've heard both of those terms used as well.

Dr. Heller: Right. I think there's a lot of confusion and people are still kind of trying to create the definitions for those. I think the biggest commonality is that reflective piece. No matter what you're doing, if there's a reflective in front of it you're really working at creating a relationship that's nonjudgmental, that's accepting, that's nurturing and that's safe so that
people can really think about all the variables they may be bringing into the interaction or that may be contributing to an interaction or relationship.

When I think about Reflective Supervision, I consider that to be if you are in a supervisory role be it that you direct a program or you're on a leadership team and you're providing it to somebody that works for you then it's Reflective Supervision.

**Barton:** So you highlighted the role of reflection and we also know that collaboration and regularity are important components of Reflective Supervision. Could you explain in a little more detail the characteristics of these three components?

**Dr. Heller:** I think that when you get exposed to the Reflective Supervision literature that you will run across those three terms quite a bit. Most people who work in and provide Reflective Supervision or write about it or research it really agree that those are the three core components of it.

And so of course reflection is really just taking that space to slow down and really think about a relationship or an interaction or how an intervention is working with a specific family so that gives you that space to slow down.

And you want to create a nice space. People do their best thinking when they're feeling not judged, when they're feeling safe to talk about things that are tough and that are hard. It can be pretty scary to talk to somebody who is your supervisor about where you think you're growing edges might be or something that you may have done that didn't go well so you really want to work to create that space.

The next term is collaboration, and that I think is a real important term to keep in mind because it really is a collaborative relationship that you're trying to create there and that you as the reflective supervisor creating that space so the individual can really think about what they're bringing into the interaction, think about what might be influencing it but also they want to walk away with kind of where they think they're going to go next or what might be the helpful next step in the situation.

And so together once you explore the situation you're going to really think about what variables might be helpful or what the next steps might be. It's collaborative in the fact that the person who's going to make the final decision what they're going to do is going to actually be the consultant, the person receiving the supervision. They're going to go ahead and in the next interaction that next moment decide where they're going to go.

And they will hopefully use the dialogue you had in that reflective conversation so it really needs to be a two-way conversation where both of you are able to really think together and the consultant can decide what they're going to use and not use.

Regularity I think has two components to it that are really important. One component is that, I as your reflective supervisor will be the same every time you meet with me, right. You're
going to come into the room. You're going to sit down in the same space. I'm going to be focused on you. I'm going to have turned off all my distractions. My tone and what not is going to be the same. You know you're getting the same person.

When I train people, I urge people to have a phrase that you start with. Use that same check-in phrase and then as you go through it and speak and support the supervisor that you’re supporting, you also want to keep the same tone. They know that you're going to respond to them in a nonjudgmental manner, that you're going to really push them to think about different variables and contributing factors.

And then you want to end it the same way. So that regularity, providing that supports that environment of safety that we want. People like predictability. People feel safer when it's predictable so I think that's important. And then it even gets as concrete as that your supervisor needs to know they're going to meet with you every two weeks. If that's what the schedule is, first and third Tuesday of the month, we're going to meet.

So the regularity piece is that they know every two weeks they're going to get me and they're going to get me for that one hour and that way folks will hold things and you're not going to get those informal grabs in the hallway where somebody is very worked up about something and suddenly needing your advice and you're getting pulled in different directions as a supervisor.

But they know if I wait till next week I'm going to get 100% of her attention, not five or 10% and I'm going to get it for that full hour, not two minutes because she's walking into another meeting or having to do something else. So having that regularity again helps people to say okay, I can wait until this time and then if they need you in-between and they call, you know it's really something that needs to be attended to.

**Barton:** Sherry, do you have an example or two that demonstrates how Reflective Supervision has improved the skills of an infant and early childhood mental health consultant?

**Dr. Heller:** There's a lot of mental health providers who really believe in Reflective Supervision who are beginning to develop research tools so I think we're going to have a nice evidence base in the coming years. Prior to that, there's lots of good qualitative data out there for it.

When I think about examples, it's kind of hard to pull just one example because I really believe in Reflective Supervision. I can see that over time as I work with folks every day, I'm hearing stories of individuals saying to me you know, I went into the classroom and we talked about how important it is for me to develop a relationship with the teacher and not just go in there and start interacting with the kids.

And so I stopped and I made sure to check in with her and it turned out she was having a rough day so I was able to just listen to her and empathize with her and I felt like for the next hour as I was in the room she was paying attention to me more. We were connecting more over what was happening with different kids in the classroom.
Therefore, that person wouldn't have gotten to that place if they hadn't been able to sit with a reflective supervisor who was holding them and saying you know part of the process is relationship building. Sometimes you just need to be in the classroom and touch base with that person and see what's going on, connect with them. That person was able to kind of slow themselves down and not just go interact with the kids but actually check in with the teacher.

In another instance, that globally happens a lot but and that's kind of more specific is a lot of times when we are looking for mental health consultants we really love it when they've had prior experience in childcare so that they've been a teacher or they've been an administrator or sometimes people who have worked in resource and referral and for whatever reason then went and got their mental health degree afterwards or maybe they had the mental health degree but they also had this other experience. So it's nice when they have that breadth of experience but it can be challenging to shift hats a little bit.

As consultants we really talk about that consultative stance, that you really are following the teachers lead that you're kind of seeing what it is that they're concerned about, that you're supporting them around their areas that they wish to grow in. You're not kind of jumping in with your agenda or making recommendations right away. Your recommendations will come but it needs to come after you've built this foundation of trust and a nice rapport.

And so this consultant, because of her prior experience and used to setting up the room the way she liked it and doing these kinds of things she would tend to jump in and start fixing right away. Over time, as we talked through our Reflective Supervision, she was able to identify that she did tend to jump in and when she did people shut down. Even though eventually a lot of times she would have the opportunity to bring up her ideas and a lot of times they really appreciated it and she realized that she needed to figure out how to time it better and listen more.

And so we had talked about mindfulness and mindful self-regulation, and different strategies to help her think of how she could slow herself down in the moment. She came up with a mantra and it worked for her for the rest of her time with us. When she caught herself jumping in she would take a breath and she would say in her head I am not the band-aid. I am not the band-aid.

Over time she realized she wanted to be the fixer. She wanted to jump in and fix and that when she could just say I am not the band-aid it kind of released that pressure to go in and fix and she could sit and just listen and collaborate and then move towards the solution together.

**Barton:** Other great examples, thank you. Can you tell us a little bit more about what distinguishes Reflective Supervision to an infant and early childhood mental health consultant from Reflective Supervision to other providers?

**Dr. Heller:** I think infant mental health is really the key. Folks who are doing early childhood mental health consultation the majority of the programs I know around the country make sure that they get some kind of exposure to infant mental health, that they haven't already
been trained or certified in it. They expose them to it and that's a real important part of what
we do.

As mental health providers, there's a lot of variables we can think about. We're trained to
think about relationships and helping relationships work and how they can impact child
development and also a lot about how our own upbringing and our own beliefs and values
may impact what we're seeing or what we're observing and how we can contain those so that
we can really observe as unbiased as possible.

And so I think that is what you can focus on comfortably with mental health then you can get
into some of those mental health theories that we're familiar with and we talk about in
Reflective Supervision.

When you're providing supervision to other providers really the goal is to provide a space for
them, to slow down, to think about interactions and to think about things from another
person's perspective. And you tend not to get into that mental health language or that mental
health component or thinking about those variables with just your providers who are not
mental health folks.

We get the same positive results in that people think about their work better and provide
better treatment when they have that space to slow down and think about it. So for a mental
health consultant I'd really want to make sure that they were receiving supervision from a
mental health person.

**Barton:** So how does someone become qualified to provide Reflective Supervision particularly
to infant and early childhood mental health consultants and how would a consultant find
someone to provide them with Reflective Supervision?

**Dr. Heller:** That's the million dollar question right now. I think that the field really has
embraced Reflective Supervision, which I think is wonderful. There's lots of qualitative data
out there supporting that it decreases burnout, that it decreases turnover that people just
don't feel like they're alone when they're out there doing their work and they really feel like
they're able to do a better job at what they do.

Now we want to get it and give it to as many people as we can and the demand has
superseded the supply. I know that some folk's solutions that they're doing group Reflective
Supervision so that people who are in the same role maybe a handful of them may receive
Reflective Supervision from one person.

But what you want to look for is somebody who has received Reflective Supervision and who
has attended some type of Reflective Supervision training so that they feel comfortable
providing it. And you also want to make sure your reflective supervisor is getting their own
Reflective Supervision to some degree so that as they provide support to you they can think
about their work with you with somebody else. I really believe that that's important.
If you're in a state that has adopted the Michigan Infant Mental Health credentialing system, their folks will be trained to do Reflective Supervision and they will have certain people who they will tell you can do it so that's one way to go about doing it.

I do think down the road there'll be some way of credentialing around it but right now there isn't. If somebody has gone through an infant mental health program that's specific for infant mental health, Reflective Supervision is inevitably going to be a part of it and so they will have received Reflective Supervision and they should be somebody who is able to provide it and more skilled in it. Right now I think it's just asking questions and finding out who knows.

A lot of times if it's a standard of the program, the program is going to seek somebody out to provide it or it's going to train their own staff to provide Reflective Supervision so they will call somebody up like me who will come in and provide a couple days of training and then will continue to consult and provide some Reflective Supervision, reflective consultation as they roll out that program and they start to get their supervisors comfortable with the idea of providing Reflective Supervision. A lot of my colleagues will be asked to do that and they'll do that as well.

**Barton:** And finally, what are the benefits that make Reflective Supervision a good investment?

**Dr. Heller:** I hinted at that a little bit with some of the other questions. What we know is that in these high stakes situations, NICU nurses, providers working with families who have been exposed to a lot of trauma, families who are high risk and vulnerable families, that's very draining and that takes a lot out of people. Providing Reflective Supervision gives them the space to think about how that's impacting them and what they can do to prevent the negative impact of those things. Also just having a space to talk about it makes that individual not feel alone.

So when we look at that qualitative literature what we see is a decrease in burnout, people staying in the job longer, people reporting that they like their jobs better, that they feel supported, all the kinds of things we want to hear. And so I really believe that's where we want our workforce to be.

Folks now are really working hard at measuring to see if a session is meeting those Reflective Supervision variables that we think are there and that we're seeing change in people's reflective capacity. Once we can measure those, then we'll be able to relate it to how it impacts outcome of an intervention program. Are teachers less likely to be absent? Is there a lower teacher turnover? Are class scores looking better in those classrooms where Reflective Supervision is being provided? That's where we're going to be heading the research.

And just from my own personal experience, I know I'm better at what I do when I have regular Reflective Supervision around whatever kind of work I'm doing. I can see I'm better. I can see that I'm better regulated and I can see that I think more creatively and connect with people better and so that I do better work.
Barton: Wonderful. Well thank you so much, Sherry, for talking with us today about how Reflective Supervision can benefit infant and early childhood mental health consultants.

Dr. Heller: My pleasure.

Barton: Thank you for listening to the podcast.

For more on Infant and Early Childhood Mental Health Consultation, including the Center of Excellence Toolbox, which is a collection of over 60 original resources put together by the Center with experts in the field, please visit us at our website www.samhsa.gov/iecmhc.

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