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The Early Childhood Committee of the Illinois Children’s Mental Health Partnership created a Reflective Practice Work Group charged with developing a guide to reflective practice to support practitioners, supervisors, and organizations working with young children and their families. The Work Group focused on the commonly held views about the value and purpose of reflective practice, while also leaving room for individuals’ unique voices. The Guide was conceived as a resource for the novice as well as the experienced early childhood professional. The Guide introduces the concept of reflection and offers examples of activities that support reflective practice, as well as resources for exploring how reflection can be used and applied in a variety of settings. Whether you are a clinician, home visitor, early childhood educator, manager, or supervisor, this Guide offers resources that can help you incorporate a reflective approach into your work.
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WHAT IS THIS GUIDE AND HOW DO I USE IT?

Karen Freel, Ph.D.

This Guide was created by the Reflective Practice Work Group of the Early Childhood Committee of the Illinois Children’s Mental Health Partnership. The use of reflection as a powerful facilitator of learning has gained currency not only in clinical practice but also in early education and early intervention. Indeed, the conviction of the authors of this Guide is that everyone can benefit from reflective practice whether operating from an administrative/systems level, supervisory level or in working directly with young children and families.

The Guide was conceived to be useful to novices of reflective practice and to those experienced in the use of reflective practice. It provides definitions and an overview of various methods of reflective practice that can be employed to make reflection part of your work.

Whether you are a clinician, a consultant, a supervisor or an administrator, the Guide contains information and tips on how you can implement reflective practice in your professional work. The resources at the end can be used for further study, training or informative workshops. Some sections and resources will be of greater interest or relevance to you than others. Feel free to browse the Guide and use what you need or is of interest.

The Guide was not intended to be a comprehensive and definitive source for reflective practice. We have used seminal works when available and other sources, either known to or made known to the authors. Numerous other resources and references, including many cited in the reference section, are available for deeper study.
WHAT IS REFLECTIVE PRACTICE?

Tina Dorow, LCSW

Work with young children and their families involves taking multiple perspectives. Thinking about and “holding” each family member’s experiences and feelings is necessary to intervene in a sensitive and comprehensive manner. Considering the contexts, cultures, and communities in which families live, work, and go to school is one piece of the practitioner’s perspective-taking.

Just as the practitioner must be mindful of the family’s culture and individual influences — what each family member brings to interactions with one another — the practitioner must also be mindful of what she/he brings to interactions with the family and the meaning of her/his presence to a particular family. While the practitioner’s experiences, thinking, and feelings can bring richness to his/her understanding of the family and favorably influence interventions, there are also potential risks. The practitioner’s experiences, thoughts and feelings can create blind spots that block perceptions of important family interactions, and lead to missed opportunities for meaningful and effective interventions. The practitioner may fail to notice and explore salient family interactions and/or misunderstand the underlying meaning of these interactions. Reflection is a tool that enhances the practitioner’s awareness of multiple influences and is viewed through their own experience. Reflection can occur quietly with oneself or in a relationship with a supervisor or peers.

Reflection on the part of the practitioner includes and supports awareness of the parallel process. The parallel process “describes the interlocking network of relationships between supervisor, supervisees, families, and children” (Heffron & Murch, 2010). Practitioner reflec-
tion increases awareness and understanding of this parallel process. The practitioner is taking time for him/herself to consider what has been done, said, felt, and thought during interactions with the family or family members, peers and colleagues, supervisors and all the systems that surround families and give their lives meaning. A deep understanding of the parallel process increases the practitioner’s ability to respond to the family with empathy, attunement and support. It influences both the choice and timing of interventions. Practitioners may be better prepared to assist families in slowing down, taking the time to identify and fully understand their challenges, the effectiveness of their approaches and to consider other possible meanings or responses. Practitioners’ interactions with families and their interactions with one another sometimes can lead to misunderstandings and disruptions in relationships, but self-reflection can be the first step in restoring those relationships.

Reflective practice involves practitioners questioning what they think of and do with families as well as what they have not thought about or done with families. This questioning and examination by the individual practitioner is done in the spirit of curiosity and a desire to do one’s best and to help the family do their best. Individual reflection is also done in the spirit of acceptance and forgiveness. Self-reflection accepts that one’s experiences influence one’s worldview and choices AND that this worldview is never comprehensive or complete but is constantly being updated based on one’s encounters with others, mistakes made, and repair of those mistakes. Practitioners are constantly evolving, just as family members are evolving as they learn about one another and gain new perspectives and empathy for one another.
A practitioner finishes a therapy session with a family and notices herself feeling frustrated and unusually fatigued. She wonders about potential causes of her feelings. Maybe she didn’t sleep well last night, maybe she had to work late three times this week, or maybe there is something about this family and/or their situation that is wearing her out or making her feel ineffective. The practitioner considers her role with the family (“I’m there to help the foster parents understand their foster child’s behaviors in light of the child’s traumatic experiences.”) The practitioner considers the goals of therapy (“I’m there to help the child express her feelings about her traumatic experiences and feel safe.”) The practitioner thinks about the progress the family made (“The foster parents understand that their foster child was frightened and confused by her traumatic experience, and the child is better able to calm down and is hitting other children less frequently than when treatment began.”) As the practitioner is reviewing her work with the family, she is reminded of the struggles she has had with the foster care agency, and their reluctance to support involvement of the child’s biological mother in treatment (“I can only do so much work with the foster parents and this child. The biological mother has to be involved and to understand her child’s experiences.”) The practitioner becomes more frustrated as she thinks about how her recommendations to the foster care agency seem as if they fall on deaf ears (“They asked me to work with this family because they want to address the kid’s trauma, but they ignore my recommendations.”) The practitioner thinks back to how she interacted with the foster family and child and how she was not as patient as she would like to be and was sometimes agitated when the child was rough with toys or easily dysregulated (“I get easily irritated by this kid in sessions. She is always so easily slighted. When I react abruptly to her, it may just feed into her feelings of being unsafe or feelings that adults cannot help her calm down.”) The practitioner strategizes about how she might respond differently to the child and family during the next session (“I need to be more patient with the child, and I can share with the foster parents my own challenges with remaining calm when the child is upset as a way to empathize with how the foster parents may feel.”) The practitioner decides to bring her thoughts and challenges with this family to supervision for further discussion.

Reflective practice begins with oneself. In beginning reflection, we see our interactions with families, colleagues and systems as needing or being worthy of further thinking and exploration. With self-reflection one acknowledges that there is more to these interactions than meets the eye. Just as we are listening to and gaining information from families and colleagues with whom we work, we are learning about and gaining deeper understanding of ourselves, and how we interact with others.

By individually reflecting on our work, we take responsibility for the multiple factors that influence our interactions with others. Being individually reflective includes the recognition that we are the primary “tool” in work with families. Models, theories, mentorship, supervision, and education all influence and “sharpen” the tool of “self.” Further “sharpening” of the tool includes developing increased awareness of our reactions, feelings, motivations and taking time to examine how these influence our behavior and work with families.

Self-reflection includes recognition of the internal and external forces that affect our work. It is a first step, but it does not nec-
essarily lead to changes in our practice. The second step is con-
sciously and intentionally incorporating the knowledge gained
in individual reflection into our interactions with others – in-
cluding interventions with families and interactions with col-
leagues. The ultimate goal is to enhance communication with
others and gain a better understanding of all those involved.

Individual reflection may not be a skill that every professional
begins on his or her own. Without the exposure to reflection
in the work environment, professionals may be unaware of how
and when such reflection can be useful. Most professionals en-
gage in some type of self-reflection but may not be mindful of
when they are doing it or may simply not call it “reflection.”
Others may engage in individual reflection but feel limited in
how far they can go on their own. They may wish for reflec-
tive supervision.

REFLECTIVE SUPERVISION
Peggy North-Jones, Ph.D.

As the field of early childhood and infant mental health has de-
veloped, reflective supervision has been pointed to as a crucial
element supporting the successful work of practitioners. While
there may not be universal agreement on a definition of what
reflective supervision is, and while the “mystery” of it can be in-
timidating, there are widely accepted constructs, methodolo-
gies and descriptions of how reflective supervision work is
done. Many of these have been developed and defined by pio-
neers in the field who continue to actively practice and consult
to ensure that there is common understanding of what brings
success to early childhood and infant mental health work.

Reflective supervision supports the supervisees growing un-
derstanding of her/himself in relationship to the young children
and families with whom s/he works. It is differentiated from ad-
ministrative supervision or clinical supervision in that the focus
is on the supervisor and supervisee together forming a “safe,
protected reliably occurring space created as context in which
there is authenticity and genuine interest in exploring emo-
tional experience in order to support a non-defensive willing-
ness on the part of the supervisee to share strengths and allow
vulnerabilities to be seen” (Shahmoon-Shanok, 2009).

Reflective supervision has three core characteristics (Fenichel, 1992):

It is collaborative. From the beginning both supervisor and
supervisee agree together to fully participate in a respect-
ful, mutual relationship where both are learning and grow-
ing and where either may be the expert on a topic being
discussed. It is a non-hierarchical relationship.

It is regular. There is a mutually agreed upon, set schedule
for meetings and the time is seen as dedicated and pro-
tected by both the supervisor and supervisee. The meet-
ings are set at intervals with sufficient frequency to support
the development of the on-going supervisory relationship.
Regularity also underscores the importance of an expected,
consistent nature of the relationship (Weatherston & Barron,
2009) and of the routines characterizing the supervisory ses-
sion (Atchley, Hall, Martinez & Gilkerson, 2009).

It is reflective. Not all relationship-based supervision is re-
reflective. Reflective supervision focuses on the supervisees’
considerations as s/he steps back to look at observations
and interactions of children and families from multiple per-
Reflective Supervision continued

spectives. Focus is on the shared exploration of emotional content expressed in relationships occurring at all levels – between the child and family members, between the supervisee and the family, and between the supervisee and supervisor. Reflection allows the supervisee to gain an ever increasing awareness and understanding of “self,” by attending to the emotional content of the work, her/his personal reactions to being with the family and their young child(ren), and the impact this may have on her/his ability to develop meaningful understanding of the family and effective interventions.

The focus of reflective supervision is on the child or family and the experience of the supervisee as s/he engages with them. The relationship that the supervisor and supervisee create to examine the work being done and reactions to it “sets a major tone that reverberates 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 reflections. The practitioner’s experience in supervision directly affects the interactions s/he has with the child and the family. It is this complex nest of relationships that we care about” (Pawl, 1995). Ideally, the supervisor is engaged in an identical process of personal reflection so as to be simultaneously growing and developing in the supervisory role as well. This parallel process is a core construct of reflective supervision – what happens in one relationship will be mirrored in all others, between supervisor and supervisee and in the system or organization.

Reflective supervision can be provided individually or in a group. Over time, reflective practitioners may grow to a point of such comfort and skill in self-reflecting that less time with a reflective supervisor or mentor is desired, but most professionals suggest that reflective supervision is beneficial as long as one is working in the field of infant and early childhood mental health.

Role of the Reflective Supervisor: In order for reflection to occur, the supervisor must work 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” (Pawl, 1995). One of Pawl’s guiding principles is to “do unto others as you would have others do unto others.”

To create the holding space required for effective reflective supervision, the supervisor should:

- Initially form a collaborative agreement with the supervisee about meeting times, frequency and how their meetings will unfold;
- Keep appointments and consider their time together as dedicated and protected for the supervisee;
- Listen and remain emotionally present;
- Foster the reflective process;
- Explore the parallel process and support personal reflections;
- Ask for periodic feedback on how successful the supervisory relationship is in meeting the professional needs of the supervisee;
- Nurture, support, mentor, guide or teach as the needs of the supervisee require and as requested by the supervisee.

The reflective supervisor may increase the probability that critical reflection will occur thus supporting the professional development of the supervisee by encouraging mutual engagement in the following activities (Braun, 2000):

- Challenging simple cause and effect statements
- Expanding thinking to reveal the ‘spider web’ of causal influences
- Committing to dialogue and discussion
Expectations of the Supervisee: Engaging in reflective supervision will be a different experience for the supervisee who has had administrative and/or clinical or case supervision previously. Like all relationship-building, it is important to anticipate that the creation of trust and a willingness to open oneself up about challenges and successes, with the reflective supervisor will take time. The supervisee can expect the supervisor to keep appointment times that have been agreed upon and dedicate the time to the reflective supervision process. It is helpful for the supervisee to remember that this is a collaborative relationship in which both members are learning and growing together to create a reflective experience together. Supervisor and supervisee both assume equal responsibility for the success of the meetings in terms of commitment and openness to engage collaboratively. If needs are not being met or if agreements on how the process is to move forward are not as expected (appointments are cancelled and not rescheduled, time is reduced, topics feel more administrative-like, rather than reflective etc.), then it is important that the supervisee feel both responsible for and comfortable with bringing issues to the table for discussion.

In a “Consumer’s Guide to Reflective Supervision,” Robert Weigand (2007, p. 22) suggests four qualities that a supervisory relationship must include in order for his own reflective work to move forward. These seem to provide an appropriate model for all supervisees to mold their expectations around. The qualities are:

“Presence. My supervisor must be fully present and engaged in this process with me and not be distracted by his or her own personal or professional agenda . . . I need full attention about what I am feeling and thinking.”

“Commitment. I will prepare myself for supervision and the work we will do together; I need a supervisor who will fully commit to this process as well. It must be a priority.”

“Reverence. My growth will proceed in fits and starts. I will occasionally become stuck. The relationship contract offered to me must therefore be ‘how can I help?’ not ‘I know what you need and I have the expertise to bestow it.’”

“Mutuality. My demands of a supervisor are high and it’s unreasonable to expect that anyone can meet them without fail. To err is inevitable. Mutuality involves a willingness to own inevitable mistakes, acknowledge them, and work collaboratively, as equals, to resolve them.” (Weigand, 2007)

Reflective Case Consultation

Nick Wechsler, M.A. and Kelly Woodlock, M.S.

Programs and practitioners that serve young children and their families often operate from the premise that the most effective way to prevent difficulties later in life is by promoting strong, reliable and resilient relationships in the earliest years. However, there are times when the level of emotional distress expressed by parents of young children goes beyond what program staff or their supervisors and practitioners can absorb. To help navigate through the complexities of families’ and children’s lives, it can be helpful to engage in reflective case consultation with an outside consultant.

Reflective case consultation can influence how staff members and practitioners view experiences with the families and children who challenge them the most. With someone to turn to who is devoted to their understanding, competence and comfort in working with a difficult situation, staff and practitioners are better able to confront challenging issues. Over time, collaborative case consultation can embolden staff and practitioners to bring new approaches to their work with families and children.

Reflective case consultation goes beyond the opportunity to learn from a more experienced or more knowledgeable expert.
A reflective consultant demonstrates her/his own professional use of self by listening to the case ‘story’ from the beginning. The consultant seeks to learn about the experiences, knowledge, attitudes, feelings and strengths of the family, as well as of the staff and practitioners. Both the consultant and program staff/practitioner seek to expand communication and understanding with one another by using open-ended questions. Each is invited to describe, explain, wonder and discover new ways of looking at the case. Through this reciprocal discussion, an ever-deepening self-awareness and reflection occurs for all participants.

Reflective case consultation becomes an opportunity, and a safe place, for program staff and practitioners to challenge themselves, to practice seeing and hearing more through a variety of methods and expressions. For the program staff or practitioner, the consultant joins the supervisor and other colleagues who keep them “in mind.” When others know and understand what you are experiencing, believe you can do the work, and hold the case’s hard moments in their minds, this helps develop self-confidence. This is part of the parallel process that allows the staff member or practitioner to experience being held in others’ minds, so they in turn can hold the children and families in their minds.

Reflective case consultation can also be done within a group. One team or staff member can present a case to other teams or staff members, with facilitation by consultant/s to ensure the same process of listening, asking open-ended questions, exploring and wondering together occurs, as in individual case consultation.

An example might be a group consisting of teams from home visiting programs, including a home visitor, supervisor and a mental health consultant to the program. The group is facilitated by home visiting experts knowledgeable about the tenets and practice of infant mental health. All members explore what it is like to be the baby in the situation and how their professional use of self affects their colleagues and families. The teams are encouraged to think about the work they do to support the parent-child relationship, as well as the experiences of the infant within the context of that relationship. Using questions to elicit thought about the baby’s perspective provides opportunities for group members to restructure how they think about their work and the effect they have on families and their young children. Through thinking, talking and reframing, members of the group learn about themselves and each other. Over time and within safe holding relationships, successes and vulnerabilities are shared, and everyone supports the others’ learning and willingness to learn.

**REFLECTIVE GROUPS**

Laurie Kabb, LCSW

The group modality is an effective method in which to engage in reflective learning, practice and/or supervision. Reflective Groups may take many forms—Supervision Groups, Peer Consultation Groups, Learning Groups. The effectiveness of the group modality for reflective work is dependent on the group’s purpose, contract and goals; structure—including rules, roles, expectations, norms, values, responsibilities; leadership (this varies and will not exist in some types of groups); and, membership. Regardless of the type of reflective group that is established, the path is set for a positive group experience when a clear contract is developed and agreed upon by everyone.

The Reflective Supervision Group has a supervisor whose role is to be responsible for the supervision of the members in the context of the group experience. When the group supervisor has knowledge and skills in group work, all participants can have a rich experience with reflective practice. It is the group supervisor who determines if any administrative functions will occur in the group and if so, under what circumstances.

The Reflective Peer Consultation Group does not have a supervisor or facilitator and the members co-create the group entirely. Similarly, the development of a clear contract and mutually agreed upon purpose, goals, and structure set the
group on a positive course. The group members are responsible for the reflective functions in the group, so Reflective Peer Groups are more effective when at least some of the members have experience in reflective practice.

The Reflective Learning Group may or may not have a facilitator. If there is a facilitator, he/she takes responsibility for supporting a group process whereby the members move the group forward in determining the contract, purpose, goals, and structure.

Groups that have supervisors and facilitators operate differently than a Reflective Peer Group in the area of role functions. Yet, reflective groups of all kinds can be successful when the above steps are taken and when there are shared values and plans to use reflection as a tool for growth and learning.

A group which includes reflective practice follows:

A worker, Carolyn, tells the story of a family in her caseload. The mother, Jewel, is 19 and the father, Troy, is 18. They live with their son, Jerome, age 9 months, in the home of Jewel’s parents. Troy has another child who is 2 and who lives with her mother.

Carolyn shares her experience with her peer group:

I try to schedule appointments with the family, mostly with Jewel, because Troy is in school, and she always puts me off. She has made a couple of appointments with me but then she cancels them or is not there when I arrive. But she calls me when she wants something like diapers or Christmas gifts for Jerome and it is driving me crazy. I don’t even want to try to see her because she won’t go along with our contract, which includes the visits to their home. I can’t get anywhere with this family. I don’t know what to do!

While in the past, the peer group members used to offer advice upon hearing their co-worker tell them about a situation, they now have a more varied range of responses. One inquires about the different feelings Carolyn has, which Carolyn responds to by sharing her anger, frustration, resentment, and feeling of ineffectiveness. A newer peer in the group begins to tell Carolyn that maybe she should tell Jewel she can’t work with her unless she keeps her visits. Another peer kindly explains to the new member that in the peer reflective group, they try to help the worker figure out what is going on inside of her and with the family so that she can think about the dynamics of their relationship, perhaps make some speculations, better understand their process, and see how those understandings might inform her next steps. Examples of some other questions posed by the peer group members included:

• What are some possible reasons why Jewel may not want to have a home visit?
• What is Carolyn’s experience with Jewel while she is with her, during those times she sees her to give her resources? How does Jewel come across during those brief exchanges and how does Carolyn feel about her then?
• When Carolyn briefly sees Jewel and Jerome, to what degree is she able to notice their relationship? What does she observe about how they interact? And how is their relationship with Troy? Also, what does Carolyn notice about Jerome’s development?
• What does Carolyn expect from Jewel and Troy and what are the bases for her expectations?

As this group has worked to implement a reflective group process, they are more and more able to ask questions and share observations of Carolyn and her story that help the worker reflect upon her feelings about the situation, identify the family’s strengths, identify her own strengths, and come to some ideas about her next steps.

In this case, the peer group’s inquiries and observations led Carolyn to realize that she, herself, has worked very hard to provide for her own children and felt strongly
about doing all she could to meet their basic needs. She represented Jewel for freely accepting concrete help and made a judgment that she wasn’t doing all she could for her child. By thinking through the group’s questions, Carolyn realized that when she saw Jewel and Jerome, they seemed very bonded and that Jerome appeared to be developing well in all domains. She also realized that Jewel did appreciate receiving the help she has given her. She wondered if Jewel may be uncomfortable having Carolyn come to her parents’ home, and the group’s questions made her think further about the fact that Jewel was still seeking her out and perhaps it would take time (and maybe another location) to be able to have longer visits with her. She also realized that she had not been thinking very much about Troy and that may have been related to the fact that she, herself, is a single parent. She also considered that, in fact, Jewel had indicated that she was very invested in her child and that she did want some help from Carolyn. Carolyn realized she had not considered that the ways she proposed the home visits might not work well for Jewel. She felt more open-minded and ready to learn more about Jewel, what her needs were, and how they might move forward in their relationship.

The group members posed questions that enabled Carolyn to think more deeply about her own reactions to the family and the source of those feelings, as well as think more expansively about the family, their strengths and willingness to be involved with her in any way. Her feelings of anger and her critical judgments about the family diminished as she was able to sort out her own issues and view the family from a broader perspective. The other group members took the time to reflect upon their own learning. They noted that the discussion re-affirmed how important it is to identify their own feelings in their work. One group member shared that she is often quick to make judgments about families which clouds her identification of family strengths. The newer group member stated that this was a different experience for her; she was not accustomed to giving the work this much thought and she realized she quickly jumps to problem-solving with her families and with co-workers.

Reflective groups offer diverse and rich opportunities to learn from and with others in ways that can be even more powerful than a one-to-one reflective partnership.

THE REFLECTIVE ORGANIZATION

John Roope, M.Ed.

“We run fast here…”

“We are a learning organization…”

Every effective organization has mantras. The two above have been a prominent part of my work life for the past 12 years. As part of our agency’s administrative leadership team, responsible for leading and supporting the work of over 200 people guiding and working with children 0-21 and their families, I am surrounded by a peer group of talented, mission driven, “caring, competent, people of character” (another mantra) who believe in and act upon those statements. We do, in fact, run fast. We are, in fact, a learning organization.

“Slow down.”

Another mantra: this one a core tenet of the reflective process, part of the language of reflection. This has also been a part of my working world. For over a decade, I have been immersed in the thinking, practices, and language of infant mental health, and surrounded by amazing people for whom “slow down” is part and parcel of their view of competence.

On the surface, there would seem to be a significant tension between these two mantras. How does an individual, much less an entire organization, run fast AND slow down? Can these ideas co-exist, or must one paradigm demand the subjugation of the other?
For those considering adopting reflective practice at the organizational level, here are some observations that may help ease this confusion.

**Reflective practice is developmental in nature.**

Those who seek to be reflective, whether individuals or persons leading organizations, can expect to experience a learning curve. Within any organization there will be those who mature more quickly in their reflective journey, and those who travel a bit more slowly and deliberately. My colleague, Peggy North-Jones, Ph.D., observed and identified five separate stages of development in the reflective capacities of a group of mental health consultants and their supervisors, progressing from initial uncertainty and self-questioning of their personal competency in an unfamiliar role, and culminating in a deep and pleasurable enjoyment of, and lifelong commitment to, working in a reflective way. These stages were clearly apparent in the parallel development of the consultants and their supervisors individually (they traveled very similar paths), and most importantly in the reflective interactions between the two. This parallel could also be seen in the interactions between the consultants and their consultees in the field.

It would be a disservice to your efforts toward adopting reflective practice to expect uniform, concurrent development across individuals, departments, or organizational charts. Converging on the same destination will not require the same journey for each traveler. Understanding this, you will become aware of the “three steps forward” for some and “three steps backwards” for others, requiring patience, support and open-ended time frames at an organizational and management level as reflective practice becomes fundamental to the organization.

**Reflection is not “one size fits all.”**

The CEO of our agency is a very social, assertive, and effective leader. She is an easy person to follow. She exemplifies “we run fast.” Surprisingly to many, she self-identifies as an introvert who has structured her world to carve out blocks of time for self-reflection. Some of her words: *Sometimes you gotta go slow to go fast. I do a lot of self-reflection on the front end. I think self-reflection is easier for us introverts.*

In contrast, another prominent, remarkable leader in our organization recently caught my attention with this statement: “It was time to slow down and back up, so I set up a retreat for our team.” Thus two competent people are seen approaching the same need in different individual ways, both carving out time from “running fast” for reflection. One up front. One midstream. Both contributing to the organization’s journey.

In the examples above, please note that time – real, significant, protected time – was mindfully set aside for the activity of reflection.

**Reflection needs protected, dedicated time.**

Here perhaps is where we encounter the common goal of both the “run fast” and “slow down” mantras: a common desire to deliver the best, in the best way, by being our best.

One quite successful example in our agency is the time, set aside and dedicated for reflection, for the staff in our residential programs. On a regular schedule, groups of staff and their supervisors gather together to review video clips of their work in the residential cottages. Then, with the help of a reflectively skilled group leader, they reflect, not problem solve. Recently the supervisors involved asked for separate time to meet and “reflect on what is happening in the groups.” Supervisors had the following comments about the value of the groups: *It slows me down. It keeps staff from just going with the flow. It changes practice. This is the first time we’ve had time to get together just to get better.*

Whether the experience is one-on-one, group based, formal supervision or peer support, reflection requires time. To carve out that time or not, and to maintain that protected time when other priorities compete is a management decision that must be faced if you are going to support the development of a reflective organization.
Organizationally, reflection needs champions.

When asked to summarize our progress as an agency toward incorporating reflective practice, our CEO pointed out the rise of several agency champions in key positions. Wherever there was an identifiable champion encouraging reflection, the language of reflection was taking hold. Wherever the language of reflection was taking hold, practice was shifting. Sometimes practice seemed to shift a bit and then language caught up. The factor that seemed to matter most was the presence of committed champions. When asked her take on areas where reflection was not as readily apparent, she simply offered: “No champion yet – it’s a journey.”

This suggests another mantra, borrowed from the recovering community that may be helpful when thinking of the importance of champions: “attraction rather than promotion.” When key opinion leaders step forward and begin to talk, and then walk reflective practice, others have a respected example to follow, enthusiasm to catch, and mentors they can emulate. This “practice in action” is much more inviting and inspiring than yet another memo to resist. Champions, by the way, are not necessarily experts. They do not need to be “master reflective practitioners” to encourage the organizational journey. Experts can certainly be wonderful assets. Experts with champions are ideal. Our agency hired a remarkably skilled reflective practitioner specifically to help guide and support the development of our mental health consultants. Quietly and competently, what she brought contributed to what others wanted. Champions emerged. The journey grew. Attraction rather than promotion.

Reflective practice becomes organizational when practiced throughout the organization.

At what level in the organization does one rise above reflection? If (along the aforementioned developmental curve) those who deal directly with clients receive reflective supervision and support (therapists, consultants, home visitors, residential staff), is the organization then “reflective?” What about those who supervise them? What about those who supervise the supervisors? Where on the organizational chart does the need for reflection stop? Asking this question reveals much about the nature of an organization. The reason for reflection is the support of on-going thinking about the work being done, the challenging of assumptions, the connecting of theory to experience to practice, ensuring awareness about developmental trajectories and movement, all so that no one runs on automatic pilot. At what level is this not desirable or necessary? A reflective organization is characterized by on-going reflection at all levels.

In a truly reflective organization, reflection does not drop off in the middle or even stop at the top. Certainly the adoption of formal reflective supervision is part of the package, but there is more. The language of reflection becomes part of the culture, permeating staff, team, and leadership meetings, even hallway conversations. Reading choices begin to incorporate articles on reflection. Emails about reflection appear in in-boxes. Perhaps most importantly, at every level on the organizational chart, in both structured and unstructured ways, reflection becomes something to be sought.

Turning one last time to our CEO, when asked where she seeks her “reflective supervision,” she didn’t hesitate at all before identifying three colleagues to whom she turns for reflection. She described her relationship with each as being regular, collaborative, challenging, rewarding, and reflective in nature: “There is always somewhere to go, even if it’s not on the organizational chart” and finally, “if I do without it, I’m hungry for it.”

She is on the journey.
As the field of infant and early childhood mental health has grown over the last 30 years, it has become clear that having the opportunity to work reflectively not only supports the development of feelings of competency and professional satisfaction for the practitioner but is fundamental to providing quality services to children and families. Reflective practice involves stopping and examining the work that one is doing, “stepping back from the immediate experience to become aware of and sort through thoughts and feelings about what one is observing and doing with children and their parents” (Shahmoon-Shanok, Gilkerson, Eggbeer & Fenichel, 1995).

Often the terms “reflective supervision” and “reflective practice” are used interchangeably resulting in lack of clarity. Becoming a reflective practitioner engaged in reflective practice is the goal for successful work in the infant and early childhood mental health field. Reflective supervision is a primary source for the experiences that nurture the practitioner’s ability to grow, develop, and increase his/her awareness about the complex nature of relationships involved in this type of work – to become a reflective practitioner. It may help to think of reflective supervision as a way of doing and reflective practice as a way of being.

Reflective practice focuses on the establishment of relationships that support growth and development between supervisors and staff; staff and families; and, parents and children. It is within these parallel relationships that learning and change can take place. The process of reflection results when time is dedicated to analyzing or musing about the links between educational experiences – reading, learning theoretical material, reviewing research and best practices – and professional experience – actually doing the work.

Consider attending a training, learning an entirely new curriculum and then going to work using it with families. Initially, one’s focus is on the material, the presentation, establishing relationships and making sure the information being shared is being understood and can be used. After five or six consultations or visits with families using the same focus, the consultant will begin to make connections between what she/he learned in the abstract to what she/he is actually experiencing in the work being done. We might think about “aha!” experiences we have all had about wondering or speculating or predicting and growing. These experiences or “reflections” underlie the development of a reflective practitioner. We might say that reflection keeps a practitioner from running on autopilot.

“A practitioner’s reflection can serve as a corrective to overlearning. Through reflection he can surface and criticize the tacit understandings that have grown up around the repetitive experiences of a specialized practice, and can make new sense of the situations of uncertainty or uniqueness which he may allow himself to experience.” (Schön, 1983, p.61)

There are numerous opportunities for reflection in infant and early childhood work, all of which can support the ideal outcome – the development of a reflective practitioner, who is thoughtful, questioning and constantly striving to reach heightened levels of understanding about her/himself, the children and families with whom s/he works, and the connecting relationships being experienced, as well as a practitioner who is able to consider issues of culture, context, perceptions, values and beliefs, both her own and the family’s and how these can impact behavior and interactions. These can include:
Reflective Consideration — Individual, mindful consideration and contemplation about content specifically chosen as a focus of study and thought. This can be referred to as a form of self-reflection.

Reflective Expression — The use of the arts to thoughtfully consider and explore the work one is engaged in. Moving away from language, to non-verbal forms of expression, often evokes a different reflective experience for some individuals which they find can provide awareness and insight. These creative expressions may, if desired, be shared with others.

Reflective Journaling — Journaling can provide a private and immediate venue for reflecting. “Such journaling is an exploration of challenges, emotional content, insight and successes, and confusing elements related to the work, and not simply a chronological narrative of events” (Stickel & Waltman, 1994).

Reflective Facilitation or Reflective Learning Groups — This reflection occurs within a formal relationship between an individual or group, and a facilitator skilled in supporting others in the reflective process. The framework for these relationships includes reflectively considering and exploring the work being done by the participant(s) during mutually agreed upon regularly scheduled meetings for the purpose of professional development.

Reflective Supervision or Consultation — Key to the development of reflective practice is the process of reflective supervision. While it is possible to make connections, grow, develop, and reflect by oneself, the process is facilitated and strengthened when one has a mirror in which to look. This function is supported by the reflective supervisor whose role is to create a safe holding space where the reflective practitioner becomes comfortable questioning, self-evaluating, wondering and confronting areas of weakness that eventually will result in growing skill development. “Reflective supervision/consultation relates to professional and personal development within one’s discipline by attending to the emotional content of the work and how reactions to the content affect the work” (Michigan Association of Infant Mental Health, n.d.).

Each of these reflective activities support the practitioner’s ability to gain greater understanding of her/himself and the work being done. They foster careful consideration of situations and the practitioners’ responses, during and after experiences, and encourage reflections such as:

What did I do that worked and why?
What did not work and why?
What might I do differently should the same situation arise?
How do I feel about what happened in that situation and my reactions to it?

As individuals practice reflection, the capacity to honor and cherish their own strengths while exposing and working on their vulnerabilities will continue to foster a foundation for ongoing personal and professional growth, as well as improving the quality of the programs in which she/he works (Shahmoon-Shanok, 1991).
Working in any facet of a service profession can be challenging for those who serve and those who are being served. Understanding relationships and the role we each play can be paramount in managing daily interactions with others.

As an Early Intervention Program Manager, adopting a reflective approach to my work has enabled me to support my staff in a more meaningful way. Since adopting the reflective supervision model, I have gained a deeper appreciation for the manner in which my staff serves families, as well as an increased awareness of the challenges of our work. Our Service Coordinators provide support to some of Chicago’s most vulnerable children and families, infants and toddlers with disabilities. We have one of the highest caseloads of families involved with the Department of Children and Family Services, and many of our families live in impoverished communities that are beset and challenged by increasing gun violence. Provider shortages, high caseloads, and limited resources continue to directly impact staff morale.

Utilizing a reflective approach to management has allowed our program to thrive and retain quality staff in spite of daily stressors. In a safe and nurturing environment, we are striving to build capacity for our most vulnerable work force. Assisting staff in recognizing their own strengths, acknowledging the daily challenges in their work and the critical impact of what they do to support families, has enhanced our capacity to keep families engaged in our program. Additionally, the practice of reflection and attention to each staff member’s role and experience has allowed opportunity for us to be more creative in our outreach efforts. Listed below are examples of challenges that have been presented in reflective supervision meetings.

- Exploring the difficulties and engaging family members who may not be responsive to calls, letters, etc.
- Supporting providers who are experiencing difficulties connecting with a family.
- Managing conflict between parents/caregivers on how they deal with their child’s developmental delay.
- Addressing fears of home visiting in neighborhoods that have had a recent shooting.
- Supporting families after the loss of a child or when given a prognosis that a child has a life threatening illness.
- Compliance challenges with documentation, case loads and general employee concerns.

Using a reflective approach to address such concerns and challenges allows me to refrain from suggesting what the Service Coordinator should do, but instead to listen to and guide each on their own path to problem solving. Over the years, I have seen my staff’s confidence rise and believe that they feel more empowered to slow down and truly partner with families to meet the developmental needs of their child.

Reflecting on moments when we’ve felt good about our work has also given a significant boost to staff morale. We utilize reflection as a tool to focus on a time when we felt most effective in our work and to look at opportunities to create change.

I am fortunate to have a partner with whom I am able to have regular reflective consultation. We not only reflect when the work gets hard, but we take time to reflect when the work is going well. Together we strive to stay focused on what is work-
ing and create opportunities to reflect and share with our staff along the way. The framework for reflection is multi-tiered and is challenging at times, but we are committed to the process.

I believe that each of us has the capacity to be reflective in just about everything we want to do well in life and each of us desires to be competent and successful in our work. The process of reflection allows us to look back at things we have done and assess what worked well and what didn’t, gain a better understanding of the how’s and why’s of our success, as well as to problem-solve and make plans for improvement. Establishing a reflective approach to care strengthens our opportunities for providing optimal service to others.

There are a variety of ways to be reflective in your work. Whether you are an administrator, clinician or classroom teacher, reflection can offer a wonderful tool to enhance your experiences and skills. As an administrator I have learned the importance of embracing and implementing reflective practice at an organizational level. It has made a significant difference in positive measurable outcomes for our clients and staff, including increased participation rates, positive child and family outcomes, as well as increased employee retention and job satisfaction.

“The beginning of love is the will to let those we love be perfectly themselves, the resolution not to twist them to fit our own image. If in loving them we do not love what they are… then we do not love them: we only love the reflection of ourselves we find in them.”

(Thomas Merton, 2005)
HOW DO I START REFLECTIVE WORK?
Linda Delimata, LCPC and Nancy Segall, LCSW, I/ECMH-C

It can seem daunting when determining just how to get started with any new process or approach to one’s work. Finding square one and the direction to square two is not always clear or easy. This section attempts to provide some suggestions and initial structure for those who are new to working reflectively.

If you are an individual working independently as a consultant or practitioner, consider:

- Utilizing the Self-Reflection Tool
- Forming a small group of peers to pursue reflective discussions or peer supervision
- Determining if there is a ICMHP sponsored Reflective Learning Group that you are eligible to join

If you are an individual working within an agency or other organization, consider:

- Utilizing the Self-Reflection Tool
- Determining if there are others working within your agency interested in developing their reflective opportunities
- Investigating if your supervisor is willing and able to provide reflective supervision or to help you obtain reflective supervision from another staff member
- Checking to see if you can form a small group of peers to pursue reflective discussions or peer supervision
- Determining if there is a ICMHP sponsored Reflective Learning Group that you are eligible to join

If you are a supervisor working within an agency or other organization, consider:

- Utilizing the Self-Reflection Tool
- Determining if your administrator is supportive of reflective supervision
- Investigating if there is a member of your organization with reflective supervision experience who would be willing to act as a mentor
- Determining if your agency would consider bringing in a Reflective Supervision Consultant
- Investigating if you can obtain agreement administratively that it is desirable to create a safe environment in which to discuss the work and staff’s personal/professional response to clients and their situations
- Proceeding, if supported by administrators, to bring you interest in Reflective Practice to your staff and create a safe space and protected time to start to talk about the work

If you are a leader/administrator of an agency or organization, consider:

- Utilizing the Self-Reflection Tool
- Introducing supervisors and then staff to concepts of reflective practice and reflective supervision
- Creating a safe environment in which to discuss the work and personal/professional response to clients and their situations
- Providing staff with the Self-Reflection Tool
- Identifying and training staff that can provide reflective supervision groups and individual reflective supervision
- Contracting with a Reflective Practice mentor or consultant for administrators and supervisors

If you are a new staff member entering an organization, consider:

- Thinking of the process of inquiring about opportunities for reflective supervision, consultation and growth as being part of the way in which you are learning about various aspects and conditions of your new employment and the agency’s practices
SELF-REFLECTION TOOL
Useful for anyone, at any level!

This scale is a section of a document, entitled *Infant and Early Childhood Mental Health Consultation Professional Development Planning Tool*, that was compiled by the Early Childhood Consultation Network of the Illinois Children’s Mental Health Partnership. The Infant and Early Childhood Mental Health Consultant Professional Development Planning Tool was adapted from tools created by Lauren Wiley, Laura Hansen, and Tonya Bibbs with contributions from the Early Childhood Consultation Network.

### Self-Reflection Tool

Please review each question listed below. Mark which response most closely indicates your experience with the concept referred to in the question. **Use the scale of 1 – 5 with the following reference:**

- **1. No experience**
- **2. Minimally competent**
- **3. Emerging competence**
- **4. Competent**
- **5. Highly competent**

#### REFLECTIVE WORK

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<tr>
<th>REFLECTIVE WORK</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td>Ability to step back from the immediate experience to sort through my own thoughts and feelings about what I am observing and doing with children, families, others in the situation.</td>
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<td>Ability to consider one’s own history and experience (as a child, parent, student, etc.) as influencing one’s perspectives/ beliefs, values, actions and interactions. Ability to consider one’s meaning to the provider.</td>
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<td>Capacity to use self-assessment, reflective practice and continued study to inform my work with children, families, other systems.</td>
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<td>Ability to use critical thinking skills to ask questions and make interpretations as a way to help build understanding in myself and with others.</td>
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<td>Ability to assist administrators or directors in developing reflective capacities in their supervision work with staff.</td>
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After completing the scale you should note which of the statements you rated **4 or 5** - these are the areas in which you feel more competent and which represent strengths in within your current work. Those statements for which you marked **1, 2, or 3** are areas to target as you work to develop and strengthen your reflective practice.
WHERE CAN I LEARN MORE ABOUT REFLECTIVE PRACTICE?

Compiled by Micaela Bishop, A.M.

WHAT’S HAPPENING IN ILLINOIS?
The following is a list of organizations and/or programs that address reflective practice for early childhood professionals. The list is not inclusive but provides resources that may be useful to users of this guide.

- Child and Family Connections (CFC)
  Illinois has implemented a Social Emotional Component to the Early Intervention Program. Each CFC has been funded to provide a Social Emotional Consultant to provide the following supportive services:
  - Relationship based training for providers and service coordinators
  - Reflective consultation for the CFC Manager
  - Integrated assessment and intervention planning
  - Case consultation for service coordinators
  - Social Emotional Consultant Network with other Social Emotional Specialists
  - Parent to Parent grants

- Reflective Learning Groups (RLGs)
  Mental Health Consultants enter this field with a variety of professional experience and expertise – for most consultants, on the job training and support is needed. The work is extremely complex but as of now there is no prescribed learning available to the consultants.

  Reflective Learning Groups offer one of the most significant tools available to support consultants in their work with early childcare providers, teachers, early intervention staff, families and young children.

  - Reflective Learning Groups are peer learning groups that are essential to building the workforce – they educate, support and sustain consultants in their work.
  - Reflective Learning Groups are recognized by national leaders in infant and early childhood mental health as a basic and necessary standard of best practice.
  - These groups offer a way to support the effectiveness of consultants and assure quality and accountability of service delivery.
  - Groups address consultants’ work directly. Groups offer learning opportunities that are pragmatic, draw on evidence-based practice and the collective knowledge, wisdom and experience of the group.

As of 2013, there were eight Reflective Learning Groups organized by the ICMHP around the state. To find out how to join a group, or for more information, visit www.icmhp.org.

- Illinois Association for Infant Mental Health (ILAIMH)
  The ILAIMH is a membership organization of diverse professionals working with infants, toddlers and their families. It provides continuing education opportunities for professionals throughout the year. The Association administers the ILAIMH Early Childhood Mental Health Credential project. The project is a unique relationship-based 10 month process of reflective readings, writing assignments, reflective practice learning groups and individual reflective supervision sessions. The ILAIMH also maintains a listserv for professionals to share ideas, resources, and seek information from other practitioners.
Professionals interested in becoming ILA I MH members, attending continuing education programs or learning more about the listserv or credential process can go to the Association’s website www.ilaimh.org.

- **Caregiver Connections**
Caregiver Connections is an Early Childhood Mental Health Consultation project, funded by the Illinois Department of Human Services that provides consultation and reflective support to child care providers who serve children zero to five and their families. Each of the 21 Caregiver Connections consultants receives individual reflective supervision within their various home agencies, regular small group reflection with their peers, and participates in the Reflective Learning Groups sponsored by the ICMHP. Their development as reflective practitioners, and the parallel development of their supervisors, is supported by Peggy North-Jones, Ph.D. and Laura Hansen, LCSW, I/ECMH-C. The project can be contacted through Project Manager/Director John Roope at www.caregiverconnections.org/ or in Cook County at www.actforchildren.org under Provider Services

- **Infant/Early Childhood Mental Health Consultant Retreat**
The Early Childhood Consultation Network, a sub-committee of the Early Childhood Committee of the ICMHP, regularly organizes and convenes an annual retreat for mental health consultants across the state. This retreat presents attendees with content of substance and interest to their work. Past retreats have addressed topics ranging from pathways to becoming a consultant, to research on the consultation experience, to the presentation of “in vivo” reflective supervision. The Reflective Learning Group Project was launched at one of these retreats. To learn more about the Consultant Retreat, contact ICMHP’s Consultation Coordinator Linda Delimata at www.icmhp.org.
Listed below are resources for learning more about reflective practice. The list of materials is not comprehensive and is not meant to be an endorsement of one resource over another. Materials are listed by categories of reflective practice, and are presented throughout the guide.

**Reflective Supervision**

**Books, Journal Articles, and Other Publications**

Atchley, T., Hall, S., Martinez, S., & Gilkerson, L. (2009). What are the phases of the reflective supervision meeting? In S. Scott Heller & L. Gilkerson, L. (Eds.), A practical guide to supervision (pp. 83-98) Washington, DC: ZERO TO THREE.


Victor Bernstein, Ph.D. Reflective Practice Handouts

A collection of (mostly) one-page handouts that cover: Relationship-Based Practice, Parallel Process, Basic Assumptions about RP, Basic Principles of RP, Stages in the Supervisory Relationship, Sharing Observation and Using Inquiry as Intervention, Questions and Comments to use with Staff, Open-Ended Questions to stimulate Supervisee’s thoughts on professional role, Questions that Encourage Problem Solving. See It – Say It-Feel It-Own It: [http://bit.ly/18xN07g](http://bit.ly/18xN07g)

Applying the Beach Ball to Reflective Practice: The Shape of the Supervisory Session

A one page handout from Dr. Bernstein that breaks down the steps of a Reflective Supervisory Session. Includes guidelines for planning the order of the session and types of questions asked, such as “How are you feeling about this family?” and “What’s working? What’s not? What’s the difference?” Useful to supervisors. [http://bit.ly/18xN07g](http://bit.ly/18xN07g)

Reflective Supervision Vignette

A vignette that describes a frustrating situation for a home visitor (Monique), followed by a reflective supervision session with her supervisor, Becky. References to “the Beach Ball” are used throughout (see above). [http://bit.ly/18xN07g](http://bit.ly/18xN07g)


References continued


Screen or Online

Best Practice Guidelines for Reflective Supervision/Consultation at www.mi-aimh.org/reflective-supervision, Michigan Association for Infant Mental Health.

Reflective Groups

Books, Journal Articles, and Other Publications


Reflective Case Consultation

Books or Journal Articles


Video/Screen/Online

Best Practice Guidelines for Reflective Supervision/Consultation at www.mi-aimh.org/reflective-supervision

Individual Reflection

Books, Journal Articles, and Other Publications


**The Reflective Organization**

*Books, Journal Articles, and Other Publications*


**Video/Screen/Online**
