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# A PRACTICAL GUIDE TO REFLECTIVE SUPERVISION

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## WHAT STAFF DEVELOPMENT ACTIVITIES CAN BE USED TO BUILD REFLECTIVE CAPACITY?

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*The world is a looking glass  
and gives back to every man the reflection of his own face.*

*—William Makepeace Thackeray (1906, p. 10)*

Staff members differ in their experience with reflective process and their comfort with it. As we view the capacity for reflection as a basic human capacity, we believe that reflection is an ability that can be nurtured and strengthened. As you launch reflective supervision (RS) in your program, we suggest that you consider offering staff learning experiences that promote reflection among all members of the group/team/program. The message you will be conveying is that reflection is a process that staff members all are learning and relearning at every point of their professional lives. Here, we offer you a toolbox of eight reflective activities with specific strategies and activities to build and expand the reflective capacity in both novice and senior staff. We also review central concepts that influence all reflective work, focusing on the importance of paying attention to and using our feelings as part of the helping relationship. By the end of this chapter, you will be able to:

1. Talk with staff about the role of feelings in the helping relationship.
2. Create a safe space for staff to play with and engage in reflective activities.
3. Use Reflective Tool 9 to collect the lessons learned about reflection from the leader and participants.

### THE IMPORTANCE OF PAYING ATTENTION TO FEELINGS AND EXPERIENCES

This chapter begins with a brief review of four central concepts in reflective work, all aimed at explaining the critical importance of paying attention to personal feelings and subjective experiences in work with families. These concepts are as follows:

1. The universal experience of transference in human relationships.
2. The power of personal stories in relationship-based interventions.
3. The important distinction between describing feelings and revealing personal lives.
4. The importance of creating a safe environment for reflective activities.

### The Universal Experience of Transference in Human Relationships

Transference is ubiquitous—it occurs everywhere and in all persons. Although the clinical meanings of the term deserve special attention, the everyday meaning of the concept is that each new experience is

influenced by what has occurred before. Formally, transference refers to the experience a person encounters when the thoughts, feelings, characteristics, and beliefs about people and experiences in the past are associated and confused with ("transferred" to) persons or situations in the present. (See also Keyes, Cavanaugh, & Scott Heller, this volume, p. 99, for a discussion of the potential influence of transference in the reflective supervisory relationship.) It is as if there is a kind of time travel that takes place, when affects and ideas associated with prior relationships are applied to current relationships—where the past and the present merge.

This transference occurs in everyday life and experiences, such as the sudden like or dislike someone may feel for a perfect stranger. In such experiences, the suddenness of the experience of an unknown person suggests that the feelings do not belong to the other person, but are likely triggered by internal memories of others. These can be good or harmful experiences and feelings. We know that babies are powerful transference objects (Fraiberg, Adelson, & Shapiro, 1980; Trout, 1989) to their own parents, meaning that babies are sometimes treated as if they were figures, sometimes harmful ones, from the parental past. Fraiberg and her colleagues referred to this phenomenon as "ghosts in the nursery." We also know that the infants, children, and families professionals work with will elicit thoughts and feelings that may be based on past relationships. A practitioner may meet a family who looks and feels very familiar to her, so she will approach her work with a feeling of comfort. Sometimes the family dynamics may stir up uncomfortable feelings that are based on a practitioner's role in her own family. Many of these feelings will be experienced on an unconscious level so that she may not be aware of the reason why she dreads or looks forward to interactions with certain families. Reflective work is needed not only for the cases in which the practitioner experiences difficulty, but also (perhaps especially) in those cases when she falls in love with the family and is not aware of any difficulties or challenges in the clinical work. In fact, such cases can present a number of blind spots—aspects of herself and the family that she remains unaware of.

### **The Power of Our Personal Story in Relationship-Based Interventions**

As the previous section on transference suggests, each infant, child, and family has the power to activate within a practitioner something about his personal narrative. Many of the tools described in the later section of this chapter (notably Reflective Activity 1) are helpful in making this point clear. Working with families from a relationship-based perspective means that such normal and expected associations between a practitioner's personal life story and the feelings that are activated in his work require that he pays attention to the subjective experiences he has and uses the feelings and beliefs he encounters.

Many interventionists come to their work with histories that may reflect some of the same stressors and injuries being faced by the families with whom they work: child abuse, family violence, parental substance abuse and mental illness, foster care, early loss, and deprivation. Such experiences can be the source of both great empathy, as well as great difficulty in their work. In addition, workers come to care deeply for the infants, children, and families they serve, and when families face adverse experiences or trauma, staff can experience vicarious trauma or caregiver fatigue, even when the worker's own life history may not contain such experiences (see Jones Harden, this volume, p. 135, for more on this topic). In these cases, reflective practices are necessary to ensure that families are being provided with

principled, thoughtful help. Costa (2004) examined this issue as a particular threat—and need—for child protective staff who on a daily basis encounter children who are maltreated, most often by those who love them.

In all these cases, attention to the workers' reactions and awareness of their life narratives are critical.

### **The Important Distinction Between Describing Feelings and Revealing Personal Lives**

As was briefly mentioned in chapter 6 (Keyes et al., this volume, p. 99), staff unfamiliar with reflective practices may often confuse the goals and activities of reflective work with psychotherapy. Therefore, it is important that leaders who promote reflective work make clear the distinction between being able to identify and discuss the feelings, experiences, ideas, and reactions to families, and the private, intentional work of engaging in psychotherapy—where one's private, personal life is explored and understood through a specialized relationship with a mental health professional. It is critical that staff feel safe in respectfully and supportively discussing their feelings and reactions to families. Staff must also be helped to anticipate that their own personal experiences, even traumatic events, may be activated through their work with a particular family. Leaders must help staff to be careful not to share too much private information, unless such sharing appears helpful in the understanding of these experiences.

**Role of feelings.** Relationship-based intervention considers the notion that interventionists form affective, interpersonal connections with families that require attention not only to the workers' actions and tasks, but also to their emotional and subjective experiences. In this perspective, staff should be helped to understand the profound yet often unexamined role their own feelings, reactions, and subjective experiences with infants and families have on their work. (See box How Affect Impacts Experiences for information on how feelings help practitioners.)

#### **How Affect Impacts Experiences**

Our feelings help us:

- Organize and interpret information
- Give meaning
- Energize (or deplete)
- Connect
- Divide
- Engage in promoting learning and development

**Focusing on reactions.** It is important to help a staff member recognize that her reactions or behaviors may be influenced by her own personal narratives. The discussion focuses on how her own personal life history impacts her professional life; that is, how it impacts her interactions with a particular client or coworker (not how it impacts her current life outside of her work). To keep the discussion focused on

this, we have found it helpful in approaching work with infants, children, and families to ask the two questions in the box Two Critical Questions for Reflection.

### Two Critical Questions for Reflection

Questions to help focus on the impact of the helper's personal narratives on his interactions with a client or coworker:

1. Who is this baby to this family?

This refers to the importance of understanding the nature of the parental relationship. We addressed this briefly in the earlier section on transference and with the concept of "ghosts in the nursery."

2. What is going on inside of you, or what is being stirred up in you, the helper?

This refers to the essential requirement that all who form helping relationships with families must pay attention to the feelings, personal "narratives," and elements of his own life that naturally get activated by every child and family he works with.

In all the exercises provided in this chapter, we have attempted to be mindful of this important distinction. Nonetheless, we must acknowledge that the nature of relationship-based work will activate personal stories and experiences, and workers will often experience—consciously and unconsciously—material from their past that can intrude on the work, but can also inform it. Trout (1988) noted that many in the clinical field of infant mental health will be drawn to a personal psychotherapy, in part related to the nature of their work with families. Trout noted that the famed pediatrician-turned-psychoanalyst Donald Winnicott urged all pediatricians to undergo psychoanalysis. We regard this not as a judgment of pathology but as a recognition that all who work with families, particularly involving the care of infants and toddlers, will necessarily have their personal stories reawakened. Thea Bry, the late supervisor of the first author, once stated during a clinical supervision that "something about this family stirs something up in you but that is between you and your therapist. Our job is to be sure it does not hurt the work." This distinction is an important and critical one, and led another supervisor, David Peters, to remark that "we need supervision to save our patients from ourselves."

We must help individuals and group members to understand that reflecting on their feelings about their work does not require them to share their most personal and private selves. Supervisors will focus discussions on thoughts and feelings within the context of their helping relationships. Although these reflective discussions will be intimate and thoughtful, they are not meant to be a form of therapy. When leading a group, it is important for a supervisor to share some ground rules for reflective discussions. The group rules should set parameters that allow group members to feel safe enough to share their thoughts, fears, and feelings regarding their work; the box Reflective Group Rules provides a list of some rules you may want to include.

### Reflective Group Rules

- *Group confidentiality.* All members must agree that the discussions and reflections will be held confidential and not discussed outside of the reflective session.
- *Be open to the thoughts and reactions of others.* It is important to ask for and consider other's responses to the situations and feelings being described during reflective time. It is easy to assume that everyone feels the same way or that they experience the same situation in the exact same way. Listening to the objective opinions of coworkers may help practitioners see the situation in another way or give them another way to look at their experiences with infants, children, and families.
- *Encourage group members to share both the "hits" and "misses" in their work.* It is just as important to spend time thinking about the times things seemed to go well or not so well in their work. They can learn from both types of situations, and participants should be encouraged to think about the lessons they can take from the hits and misses in their work with families.
- *Participants might be asked to share their temperature when describing a situation.* This phrase can be used to elicit more descriptive feedback on what each person might have been thinking, feeling, and experiencing during an interaction. "What was the conversation like for you?" and "How could you tell the mother was upset with you?" are examples of questions that might help identify the temperature of an interaction.

### The Importance of Creating a Safe Environment for Reflective Activities

It is now evident that in this context, staff require support to engage in reflective practices, and leaders must establish ways to ensure a safe climate for staff sharing to occur. Such climates are best considered outgrowths of organizational cultures (Bertacchi, 1996) in which staff experience at all levels feelings of trust and safety, and witness models of respectful and reflective sharing about relationship-based work. It is important to understand that as in all meaningful relationships, behavior speaks louder than words, so simply telling staff they are safe to share all they wish does not ensure this will occur. Reflective practices unfold over time and require strong, thoughtful leadership in creating and sustaining the climate to support such discourse. In this regard, parallel process is the key: Administration models and promotes reflection for supervisors, supervisors model and promote the practice in staff, staff members promote this work with families, and families become more reflective with their children.

The importance of reflective practices to the work is also evident when organizations protect time for reflective activities. By so doing, organizations convey that reflective work is considered an essential requirement of working with families, and that it supports both professional development and quality care. Administration's commitment to and support of reflective practice are vital at every stage from the discovery (Boris & Grabert, this volume, p. 41) and implementation phases (Scott Heller, this volume, p. 25) to the RS sessions (Atchley, Hall, Martinez, & Gilkerson, this volume, p. 83; Weatherston & Barron, this volume, p. 63) as well as the reflective environment (Jones Harden, this volume, p. 135, and this chapter). In this way, reflective time is not something that occurs when there is extra time or if some other event is cancelled; instead, it is viewed as an integral component of the program.

Leaders set the tone for group reflective discussions by creating regular opportunities for staff to gather to speak about their work, facilitated by well-trained staff. Often, discussions might begin by asking the participants if anyone has something he or she would like the group to help them think about. This sets a more positive and thoughtful tone than asking if they have any problems or concerns in their work.

The group could be an informal structure in which whoever has something to discuss brings it up to the group. It could also have a more structured format in which for each group one participant is designated to be the discussant or focus of the group session (see Atchley et al., this volume, p. 90, for an example), or groups can have a predetermined case conference-like format (Copa, Lucinski, Olsen, Wollenburg, 1999; Costa, 2006). Regardless of the format, keeping questions and probes open-ended and positive are important to maintaining a supportive group tone. Also remember that it is equally as important to talk about “hits” or cases in which one is in love with a family as it is to discuss those cases in which one is experiencing some challenges or less positive experiences.

The activities in this chapter were designed to activate some personal reactions within the participants so that the material becomes real. It is important to remember that whenever a worker forms a helping or caregiving relationship with a child/family, some personal experiences—often unconscious—from within the helper’s own psychological history will necessarily be activated. The box Being Aware of One’s Subjective State lists three areas of personal or psychological history that supervisors will find helpful to remind staff to attend to carefully. It is important to help staff remember that attending to their feelings does not necessarily mean disclosing or acting on these feelings. Using their feelings in ways and situations that will benefit the child/family is what is required.

#### Being Aware of One’s Subjective State

Helpers should maintain an awareness of:

- Their own emotional state going into a situation with the child/family.
- Sensitive issues and experiences from their own life/background.
- Any changes in their emotional experiences while with a client.

### Managing Strong Feelings in the Moment

As a leader of reflective practice sessions, it is important to keep in mind that each staff member will respond differently to discussions and activities. At times, the intensity of an individual’s reaction to a family or an activity may appear out of measure—meaning that the emotional response might be unexpectedly intense or personalized. It is critical that the leader consider his or her role as one of co-regulator—meaning that how the leader responds to the response will convey a sense of manageability of the experience and assist the helper in restoring a sense of calmness and capacity to handle both what is being shared and the nature of the relationship being addressed.

At times, a staff member may express personal *values* (e.g., “I think hitting a child for misbehaving is okay. My parents hit me and I’m okay.”), personal *beliefs* (e.g., “I think all mothers should stay home when they have a baby.”), personal *judgments* (e.g., “That father is a real lazy guy. I don’t know why she stays with him.”), or other provocative comments. In group settings, others may react to such statements with agreement or protest. Whether in an individual or group setting, the leader must be able to manage his own reaction in the moment and carefully, tactfully, and sensitively move forward in helping the staff member become self-reflective. The box Facilitator Prompts to Address Provocative Statements lists some prompts or questions that can facilitate this process. These questions were designed to convey an

inquisitive, open posture and to help move the discussion along the way toward deeper insight. What is critical is that the leader monitors his own state and helps co-regulate the others in the group.

#### Facilitator Prompts to Address Provocative Statements

- "Help me understand more about your experience with this family?"
- "You are so involved with this family because it is clear you feel deeply about your work. Where do you think your feelings come from?"
- "I wonder if we can understand where this family is coming from?"
- "Families are so different from each other. Is there something about this family's culture, history, or experiences that can help you see the world through their eyes?"
- "What would you like to say to this person and what do you imagine they might want to say to you?"

### A Toolbox of Reflective Activities

The next section provides eight activities or exercises that can be used to promote reflective practices in individuals and groups. See Table 9.1 for a list and description of purpose of these activities. Each activity is designed to be self-contained, and they can be used in any order (although we have found Reflective Activity 1 to be a very effective beginning into the process of reflective work).

Here are a few general principles to consider in using these tools:

1. Read through each activity and determine whether one or more of the activities lends itself to an issue you want to address. For example, if you are hoping to promote reflection and team building, Activity 6 (Feel Free to Wonder) describes the 2-4-6 Task that can be done as a group and demonstrates the concept of synergy—that the whole (team) is greater than the sum of its parts (individuals working alone).
2. Be sure to protect a time and space to engage in the activity:
  - a. Select a space that lends itself to privacy and minimizes intrusion.
  - b. Ask all participants to turn off cell phones and pagers.
  - c. Introduce the activity as both enjoyable and serious to the group's work.
  - d. Anticipate the duration of the activity and be sure that all participants are aware of the time expectation so that all can protect time accordingly.
3. It is important to honor the influence of culture and family differences in all discussions.

All tools contained in this chapter were designed to be useful across all cultural and individual differences. It is critical that leaders understand that culture organizes and creates the context for how families and staff approach helping relationships. For example, although staff members may regard a family's limited eye contact or failure to ask questions as indicators of poor engagement, these behaviors may reflect cultural practices that must be understood. Heffron, Grunstein, and Tilmon (2007) described the challenges inherent in addressing issues of diversity in reflective and clinical practice, and offered a series of guidelines for supervisors in respectfully addressing these challenges. It is critical to recognize that differences within cultures can be as great as differences between cultures, and no family, supervisor, or staff member can speak on behalf of a culture or ethnic group. Trout and Foley (1989), in writing about a family systems approach to working with families of children with developmental disabilities, offered a



Table 9.1. Description of Eight Activities to Enhance Reflective Capacity

|   | ACTIVITY  | PURPOSE   | EXAMPLES OF TIMES TO USE   |
|---|---|---|--|
| 1 | The Earliest Memory Interview   | Highlights how present or current experiences can trigger past experiences or feelings  | <ul style="list-style-type: none"> <li>• Good icebreaker</li> <li>• Effective exercise to begin the reflective process</li> </ul>  |
| 2 | The Art of Practicing Conversations   | Provides participants with: <ul style="list-style-type: none"> <li>• A way to acknowledge difficulty or anxiety around certain topics</li> <li>• Opportunities for support</li> <li>• Guidance about appropriate and inappropriate roles staff can serve</li> </ul> | <ul style="list-style-type: none"> <li>• When staff are having problems communicating with families</li> </ul>   |
| 3 | Movies Without Sound: How Do You Really Know the Message That Someone Is Communicating? | Helps participants to: <ul style="list-style-type: none"> <li>• Pay attention to others' verbal and nonverbal communication</li> <li>• Look outside ourselves and see how others perceive our responses</li> </ul>  | <ul style="list-style-type: none"> <li>• When staff are too quick to draw conclusions about families</li> <li>• When staff are unaware of their own nonverbal communication with families</li> </ul> |
| 4 | Bodies and Feelings: Paying Attention to Our State                                      | Illustrates how the way we feel about a family influences how we: <ul style="list-style-type: none"> <li>• Engage,</li> <li>• Interact,</li> <li>• Interpret, and</li> <li>• Terminate</li> </ul> with clients or families  | <ul style="list-style-type: none"> <li>• Enhance participants' reflective skills regarding their own internal states and responses to others—especially clients</li> </ul>                           |
| 5 | A Basket Full of Questions  | Provides a format to help participants to: <ul style="list-style-type: none"> <li>• Talk about their work</li> <li>• Reflect on their work</li> </ul>   | <ul style="list-style-type: none"> <li>• Introduction to reflective case discussions</li> </ul>  |
| 6 | Feel Free to Wonder: The 2-4-6 Task and Other Fun Activities                            | Helps participants to <ul style="list-style-type: none"> <li>• Think outside the box</li> <li>• Recognize that group processing can enhance problem solving</li> </ul>  | <ul style="list-style-type: none"> <li>• When staff are too quick to draw conclusions about families</li> <li>• Good team builder</li> <li>• Promotes group reflection</li> </ul>                    |
| 7 | Babywatching: Babies, Others, and Us!   | Helps participants to: <ul style="list-style-type: none"> <li>• Focus on being an observer</li> <li>• Recognize that we often feel with those we observe</li> <li>• Realize it is difficult to observe without interpreting</li> </ul>                              | <p>When staff need to:</p> <ul style="list-style-type: none"> <li>• Learn how to become objective observers</li> <li>• Become familiar with “wondering” about their observations</li> </ul>          |
| 8 | Becoming an Attuned Observer: Attending to Change                                       | Helps participants to: <ul style="list-style-type: none"> <li>• Learn to pay close attention to clients' nonverbal cues and emotional states</li> <li>• Become thoughtful and careful observers</li> </ul>  | <ul style="list-style-type: none"> <li>• Introduction to reflective case discussions</li> </ul>  |

useful metaphor: practitioners must sit at the feet of families and wonder what it is like for them. This helping posture is one that can help staff become more sensitive to the individual and cultural differences among families. As described in chapter 3 (Boris & Grabert, this volume, p. 41) and chapter 6 (Keyes et al., this volume, p. 99), it is important for organizations to provide training, consultation, and support in helping staff learn about the cultures and groups represented in the community and programs they serve.

The directions for each of the eight exercises are organized in the same format. Each activity or exercise starts with a description of when it is useful to utilize the activity. It is followed by a section that describes the purpose of the activity; that is, what the exercise hopes to teach participants. The final two sections describe the setup of the activity and details the procedures and possible prompts or questions.

### THE IMPORTANCE OF SAFETY AND DEBRIEFING

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As we noted earlier, safety is a critical element of reflective activities, particularly for those times when others (supervisors and peers) meet a person's comments or reflections with criticism, disagreement, or rebuke. The reflective leader's role is to modulate the discussion so that no participant dominates or sidetracks the intent of the reflective session. It is critical to debrief after an activity as very personal and charged memories and feelings may be stirred up. If the leader notices that a participant appears upset or seems to need more time to process her feelings following the reflective time, an individual follow-up meeting may be scheduled. Reflective Activity 9, at the end of this chapter, provides a framework to conduct a brief post activity inquiry about the "lessons learned."

### Transition Strategies

It is essential that the leader provide support to the group to make the transition from the group discussion back to the work with infants, children, and families. Before the reflective time is over, the leader should ask the participants to reflect on and share with the group one or two helpful ideas, suggestions, or comments that they have heard. Once these have been identified, the leader can ask how each participant might put them to use during her next interaction with the family. Group discussions often generate many ideas and suggestions, which could be experienced as overwhelming for the worker. It is more likely that participants will be able to embrace or pay attention to one or two ideas or suggestions if they are asked, "Have you heard anything today that you think is helpful, and how will you use it in your work?"

Another helpful transition strategy is to ask everyone to think about and share with the group one thing they learned from the discussion that they will take back to their work. For example, someone might offer, "It's important to remember that I can't always tell how a family member is feeling based on their body language. Just because she didn't make eye contact with me doesn't mean she wasn't listening to me." Or, "I'm going to try to not ask so many questions the next time I meet with this family. I'll try to let them share more with me when they are ready."

Every member of the reflective discussion has the opportunity to learn and benefit from the experiences of their coworkers. Another good transition strategy might be to ask each member of the group to share something in his personal or professional life that he is looking forward to in the upcoming week. This often adds a sense of humor or lightness as an ending to the more focused reflective discussion. "I'm looking forward to sleeping this weekend" or "I can't wait to hear how Philip's mom made out with the suggestions I gave her about helping him learn to share with his sister" might be examples of the types of responses you can expect from the group. The goal of the transition activity should be to help the group move ahead and end the discussion on a positive and helpful note.

## SUMMARY

The concept and process of reflective practices are rooted in the notion that thoughtful, principled help with families requires attention to the subjective experiences of the helper. It is also clear that reflective practices are a critical element of self-care. Staff members who engage in helping relationships form caring relationships that, at times, can feel exhausting, particularly when the caregiver's own needs are often unmet. These experiences deplete practitioners physically, emotionally, and spiritually. By virtue of their responsibility to intervene in crises in which the stakes can feel quite high, caregivers can experience fatigue exhaustion and burnout. Thus, it is essential that staff members are provided with support for reflection and self-care. (See Jones Harden, this volume, p. 135, for more on organizational strategies to support self-care in staff members.)

In this chapter, we have provided strategies and tools to promote reflective practices for those who work with infants, toddlers, children, and families. Our goal has been to provide tools that support thoughtful, principled care for those families with whom we are privileged to work. We hope that you find these exercises as helpful and productive as we have found them.

## REFERENCES

- Atchley, T., Hall, S., Martinez, S., & Gilkerson, L. (2009). What are the phases of the reflective supervision meeting? In S. Scott Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 83-98). Washington, DC: ZERO TO THREE.
- Bertacchi, J. (1996). Relationship-based organizations. *Zero to Three*, 17(2), 1, 2-7.
- Balamuth, R. (2000). Re-membering the body: A psychoanalytic study of presence and absence of the lived body. In L. Aron & F. S. Anderson (Eds.), *Relational perspectives on the body* (pp. 263-285). New York: Routledge.
- Boris, N. W., & Grabert, J. C. (2009). How do I introduce reflective supervision to my program? In S. Scott Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 41-61). Washington, DC: ZERO TO THREE.
- Copa, A., Lucinski, L., Olsen, E., & Wollenberg, K. (1999). Promoting professional and organizational development: A reflective practice model. *Zero to Three*, 20(1), 3-9.
- Costa, G. (2003). Better treatment for Candace: How trained psychotherapists would have approached this case. In J. Mercer, L. Sarnier, & L. Rosa (Eds.), *Attachment therapy on trial: The torture and death of Candace Newmaker* (pp. 135-159). Westport, CT: Praeger.

- Costa, G. (2004). *The experience from within: Helping the child protective service caseworker. Best practice/next practice*. Washington, DC: National Child Welfare Resource Center for Family-Centered Practice.
- Costa, G. (2006). Mental health principles, practices, strategies and dynamics pertinent to early intervention practitioners. In G. M. Foley & J. D. Hochman (Eds.), *Mental health in early intervention: Achieving unity in principles and practice* (pp. 113–138). Baltimore: Brookes.
- Foley, G. M., & Hochman, J. D. (Eds.). (2006). *Mental health in early intervention: Achieving unity in principles and practice*. Baltimore: Brookes.
- Fraiberg, S., Adelson, E., & Shapiro, V. (1980). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant–mother relationships. In S. Fraiberg (Ed.), *Clinical studies in infant mental health: The first year of life* (pp. 164–196). New York: Basic Books.
- Heffron, M. C., Grunstein, S., & Tilmon, S. (2007). Exploring diversity in supervision and practice. *Zero to Three*, 28(2), 34–38.
- Jones Harden, B. (2009). Beyond reflective supervision: How can my organization support staff well-being? In S. Scott Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 135–148). Washington, DC: ZERO TO THREE.
- Keyes, A. W., Cavanaugh, A. E., & Scott Heller, S. (2009). How do I, as a reflective supervisor, repair ruptures in the supervisory relationship? In S. Scott Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 99–119). Washington, DC: ZERO TO THREE.
- Mehrabian, A. (1972). *Nonverbal communication*. Chicago: Aldine-Atherton.
- Mehrabian, A. (1981). *Silent messages: Implicit communication of emotions and attitudes*. Belmont, CA: Wadsworth. (Currently distributed by Albert Mehrabian: am@kaaj.com)
- Scott Heller, S. (2009). How do I develop an implementation plan to begin reflective supervision in my program? In S. Scott Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 25–39). Washington, DC: ZERO TO THREE.
- Stern, D. (1995). *The motherhood constellation*. New York: Basic Books.
- Thackeray, W. M. (1906). *Vanity fair: A novel without a hero*. New York: Thomas Nelson and Sons.
- Trout, M.D. (1988). Infant mental health: Monitoring our movement into the twenty-first century. *Infant Mental Health Journal*, 93(3), 191–200.
- Trout, M. D. (1989). *Working papers on process in infant mental health assessment and intervention*. Champaign, IL: The Infant–Parent Institute.
- Trout, M.D. (1992). Infant mental health: A psychotherapeutic model of intervention. Tape six of *The awakening and growth of the human: Studies in Infant Mental Health: A six-part videotape series*. Champaign, IL: The Infant–Parent Institute.
- Trout, M. D., & Foley, G. (1989). Working with families of handicapped infants and toddlers. *Topics in Language Disorders*, 10(1), 57–67.
- Wason, P. C. (1968). Reasoning about a rule. *Quarterly Journal of Experimental Psychology*, 20, 273–281.
- Weatherston, D. J., & Barron, C. (2009). What does a reflective supervisory relationship look like? In S. Scott Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision* (pp. 63–82). Washington, DC: ZERO TO THREE.

## Reflective Tool 9

### Wondering: Did the Activity Help Promote Reflection?

Reflective Tool 9 provides a framework to conduct a brief postactivity inquiry about the “lessons learned.” The Participants column lists questions for the group participating in the activity. Immediately following each activity, the leader can either distribute a Feedback sheet or, with the group as a whole, ask participants to provide feedback using the following probe questions (or others that the leader develops as ways to wonder about the impact of the activity). If these questions are discussed with the entire group, the leader needs to model the characteristics that promote safety and discussion reviewed early in the chapter. The Leaders column lists questions for the people who led the activity. The activity can be done as a group or individually, as described earlier.

Remember these key points as you gather feedback:

- Be an “active listener,” by looking at the speaker, showing in your face and body that you are attentive, and making supportive comments or asking probe questions as needed.
- Restate what the speaker has said if you feel this would be helpful.
- Invite all to share but do not require anyone to speak.
- Be sure to allow all views to be expressed.
- Protect all speakers from feeling personally criticized, by reminding all participants to be respectful of differing views.
- Thank all for participating in the activity and for providing feedback.

|                   |                                   | PARTICIPANTS  | LEADERS   |
|-------------------|-----------------------------------|---|---|
| QUESTIONS         | Safety of Environment             | <ul style="list-style-type: none"> <li>• Did you enjoy this activity? Why or why not?</li> <li>• Did you feel “safe”? In other words, you did not feel that your confidentiality was violated, or that you were made to feel anxious or pressured. Why or why not?</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Did you enjoy the activity? Why or why not?</li> <li>• Do you feel that the participants enjoyed the activity? Why or why not?</li> <li>• If you answered no to either of the above questions, what can you do in future trainings to address this?</li> </ul> |
| ACTIVITY FEEDBACK | Experience of Professional Growth | <ul style="list-style-type: none"> <li>• Did you have any personal insight or an <i>aha!</i> moment during or after the activity? Please share.</li> <li>• Do you feel that this activity increased your awareness of ideas and feelings that influence how you are and what you do? Please explain.</li> </ul> | <ul style="list-style-type: none"> <li>• Did you experience any personal insights or increased awareness?</li> <li>• How will this influence your role in leading this or other reflective activities?</li> <li>• How will this influence you in your day-to-day work?</li> </ul>                       |
| POST REFLECTIVE   | Future Behavior                   | <ul style="list-style-type: none"> <li>• How do you think this activity might change the way you work with a child and his or her family?</li> </ul>  | <ul style="list-style-type: none"> <li>• How do you think this activity will change the way participants will work with a child and his or her family?</li> </ul>   |
|                   | Future Reflective Activities      | <ul style="list-style-type: none"> <li>• Do you have any suggestions about how the activity might be changed or done differently? If yes, please describe.</li> </ul>   | <ul style="list-style-type: none"> <li>• Do you have any suggestions about how the activity might be changed or done differently? If yes, please describe.</li> </ul>   |

## REFLECTIVE ACTIVITY 1: THE EARLIEST MEMORY INTERVIEW

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This is a wonderful group activity that can serve as an icebreaker. It also illustrates the powerful impact of a practitioner's own personal life narrative on her work and relationships with the children and families she serves.

### Purpose

This exercise provides an illustration of how present and current experiences can sometimes trigger past experiences and feelings. It is critical that you convey a sense of safety here because often participants will share losses that are painful.

### Setup for Group

- Pair off in twos, preferably with someone you do not know well.
- Interview each other and ask two questions:
  1. "Tell me something about yourself. It could be about work or personal, but don't share anything you do not want to share."
  2. "Tell me your earliest memory of an attachment or a loss. It could be a person, place, thing, idea, even feeling."
- Return to the larger group and tell the group about the person *you interviewed* (not yourself)!

### Procedures and Prompt Questions

Following the setup directions, have the group pair off and give them about 10 minutes to complete the two-question interview. *Stress that they should reflect on their earliest memory; not a memory from their teens or later childhood, although these are important, but from as early in life as they can recall.*

- When the group reconvenes, ask for volunteers to share the answers of the person they interviewed (for many, it is easier to talk about someone else other than oneself). If the group is too large, explain that you may be able to ask for six or eight responses, and that those not selected should introduce themselves at the end of the exercise.
- Here are some strategies that will help you process or "unpack" the answers of your participants:
  - Allow the participant to talk about the person he interviewed, but you then might go back and forth in asking follow-up gentle-probe questions.
  - Ask each respondent about the sensory aspects of his shared memory. You may be surprised at how a respondent will remember the color or smell of a place (e.g., a visit to a hospital) or may remember the weather on the day of a particular memory.
  - Try to make connections between something the respondent shared and current experiences. Examples like entering a home on a home visit, and suddenly becoming aware that you feel very positively about the home, without realizing that the home is decorated in the same patterns and colors as that of your favorite grandmother whose home you loved to visit as a child.
  - In our experience, one man recalled a very rich memory of his red and yellow crib blanket. He recalled carrying this blanket everywhere, and he could describe the color, smell, and texture. As he

did this, he suddenly pointed to his shirt, which was red and yellow, and remarked, "Now I know why I like these colors so much!" We remarked that he "found a way to bring his blankie through life with him!" But we all bring our blankies through life with us, whether they are good blankies or bad ones!

- Emphasize that there are no correct answers here, but that we must remember that we are always engaged in a kind of time travel in which the events and experiences of the present can commingle and get confused with the elements and feelings of the past! (Just like transference issues covered in this and previous chapters.)
- Remind participants that when they encounter certain children or families and certain experiences (e.g., a child who is having a very hard separation from a parent), that these events will always stir up their own personal stories and narratives—and that is why they must always build in reflective time in helping them do the best with regard to their work with families.

*Note.* This activity is based on one we participated in with Michael Trout, director of the Infant-Parent Institute in Champaign, Illinois. We wish to acknowledge his contribution to our learning.

## REFLECTIVE ACTIVITY 2: THE ART OF PRACTICING CONVERSATIONS

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Practicing Conversations is an activity that helps staff members (as a collective group) consider ways to begin and accomplish conversations with families that are difficult. In our work as infant mental health consultants, we have used this tool as a way of supporting courageous conversations between a staff member and family. It is important to emphasize that the support of consulting specialists is very important, but the art of practicing conversations can also apply to concerns of a much less serious nature, but ones about which staff might feel awkward (e.g., a preschooler's interest in his or others' private areas).

Practicing Conversations is not quite the same as role-playing, in which one staff might play the role of the parent, another the child, and a third the staff person. It is also not creating a script to use because each person will likely use different language.

### Purpose

This exercise provides staff members with ways to acknowledge their anxiety or difficulty around certain topics, indicates opportunities for consultation and support, and ensures that such responsibilities should never be carried alone. It also offers opportunities for staff to discern and receive guidance about appropriate and inappropriate roles they may find themselves serving.

During team meetings, when staff gather together to discuss the children and families they have come to know, team members occasionally identify a concern or difficulty that they wish to address with a particular family. Although certain staff members may have formal roles or positions that involve certain conversations (e.g., the educational coordinator may want to speak with parents about recommending a learning evaluation), we have found that the staff who engage children and families on a daily basis are often the ones with whom families are most comfortable.

For example, in an early intervention program for infants and toddlers with developmental disabilities, the home visitor might express concern about an issue (e.g., use of physical discipline, parental depression), but view him- or herself as inadequately trained to speak with the family about such sensitive issues, deferring for example to the mental health consultant or social worker. This is understandable. One way of addressing this need is the use of mental health and other specialized consultants in infant and early childhood programs. However, this exercise can be a means to support the home visitor (as a nonmental health professional) in having a conversation with the family about parental depression or use of physical discipline. Costa (2006) and Foley and Hochman (2006) presented strategies to support the notion that mental health promotion, prevention, and intervention are the province of all disciplines.

### Setup for Group

- During group discussion, when a staff member identifies something she wishes to address with a parent, but feels unprepared or awkward, the leader can suggest that this may be a good time to practice a conversation. Usually, the staff member initiating the discussion is the beneficiary of the activity, in that she will likely feel better prepared on how to proceed.



- Ask the initiating staff person to clearly state the concern she has. For example, suppose a preschool classroom teacher states, "Jimmy is avoiding all contact with the other children, and sometimes he will run around and flap his hands. His language is so delayed, and I just think his parents may have to have him evaluated for autism." (Only certain professional staff are qualified to make diagnoses, but many times staff struggle to know how to talk with a family about the need for an evaluation.)
- The leader would first want to ensure that staff members are aware of professional role limitations, and that certain consultants may be available for work with the staff and as a resource for the family.

## Procedures and Prompt Questions

Following the setup:

- The leader might then ask, "How might you begin a conversation with a parent in this situation?"
  - This is an attempt to elicit a first line of dialogue, a way of opening the discussion. We have found this to be an extremely helpful strategy as we have found staff generally able to speak sensitively with families they know, once they get the conversation rolling.
  - This avoids the common pressure in role-playing in which one person has the sole responsibility to create an imaginary starting dialogue, and replaces it with a collective effort. This is based on the concept of synergy, in which the whole is greater than the sum of its parts. Staff as a group tend to be better problem solvers than individuals.
- One staff member may offer an idea. For example: "How about if you begin by saying, 'I've sometimes noticed that Jimmy likes to play alone and is very quiet. Have you noticed the same at home?'"
  - This might lead a second staff person to add, "Yeah. Then maybe you can say something like, 'Do you have any ideas about what that might mean?'"
  - Then a third staff person might say, "You know, it's real important that you talk to the mom when she has time, so maybe you should call the mom and plan a time when she can meet with you."
  - Another might suggest saying something like, "You know, it may be a perfect time to let the mom know that we have staff who are specialists in child development, and that it may be helpful for 'us' to plan a discussion with that person."
- The group, with the initiating staff member as the leader, could then wordsmith the remarks and refine the ideas, perhaps offering language that fits the person involved.

### REFLECTIVE ACTIVITY 3: MOVIES WITHOUT SOUND: HOW DO YOU REALLY KNOW THE MESSAGE THAT SOMEONE IS COMMUNICATING?

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This activity assists the helper in paying attention to the nonverbal ways in which interpersonal communication occurs. In an often cited analysis of the relative importance of verbal and nonverbal factors when a person is communicating feelings and attitudes, Albert Mehrabian (1972, 1981) reported that 55% of the communicative intent is conveyed by facial expressions, 38% by vocal tone, and only 7% by the words themselves. Thus, when a message is inconsistent, the nonverbal cues win out! You can illustrate this by intentionally mismatching what is said with the facial expression/tone being used. For example, the leader might ask participants (and act out) if they have ever asked a person, "Are you upset with me?" and the other person's words are, "No, I am not upset with you," but the facial expression and tone clearly convey otherwise.

This activity can be done by an individual on his own time, or as a group activity.

#### Purpose

The purpose of this activity is to help participants pay attention to themselves, as well as the others (e.g., children, family, or colleagues) to whom they are listening. It helps participants to look outside themselves and imagine how others might perceive them when they communicate. This activity can also be a tool in discerning times when what they feel (even when they may be unaware of the feeling) may come through even when they try hard to say or do the right thing. This is a point we also address in Reflective Activity 4: Bodies and Feelings: Paying Attention to Our State.

#### Setup for Group

- Introduce this activity as one filled with fun that has the power to teach participants about how communication works.
- The task is rather simple: Ask participants if they have ever watched a movie on a plane, on TV, in the theater, and so forth without the sound. Ask them to imagine watching the movie, so they can observe the actors' movements, expressions, pace, interactions, reactions, and so on, but not hear the words spoken or any narration/music.
- Have a brief (no more than 10-minute) clip of a popular movie available so that the group can watch the movie without sound; discuss the prompt questions; then replay the movie with sound to determine the extent to which group members were able to correctly interpret the communicative intent.

#### Procedures and Prompt Questions

Following the setup, the leader might ask a participant to give an example from a movie she has recently watched. Then show the prepared 10-minute segment, without sound.

- Then ask:
  - "Can you figure out what is going on?"
  - "Can you get a good sense of the plot?"

- “Can you tell who the good guys or bad guys are?”
- “Can you usually tell who is telling the truth and who is not?”
- “Can you describe the overall nature of the scene?”
- Then, show the movie with sound, and discuss and compare the impressions and interpretations between the viewings of the movie with and without sound.
- Caution the participants that although this exercise provides a reminder of the ways in which people convey the meaning of their feelings and attitudes in alternate ways, the participants can sometimes be wrong about their impressions and interpretations. For example:
  - In our clinical trainings we use a segment of an infant mental health training videotape developed by Michael Trout (1992) of a young African American mother named Vanessa who is holding her infant son. Claudio was diagnosed as a “non-organic failure to thrive due to maternal neglect” child. The infant, at 4 months of age, weighs less than he did at 1 month, and he was removed and placed in foster care while his mother was remanded by the Child Protective Service agency to parenting classes. During the episode, the mother is seen as depressed, holding her listless baby and appearing unengaged, even feeding him at one point with a bottle in which the disk was seated in the nipple so that not one drop of formula could be obtained from the infant’s frail suck.
  - We play the short segment (about 6 minutes), revealing only the information provided earlier and asking the participants to develop some hypotheses as to what is going on. Invariably, participants are drawn to interpret the problem as related to the mother’s youth, and are likely influenced by her minority membership and clear poverty. Some viewers, more familiar with developmental disorders, often note that the infant’s listless body suggests some developmental or neurological disorder (e.g., “low tone, no protest to the absence of formula from the bottle), but often remain influenced by what they see as a depressed, poorly educated, inadequate mother and by the diagnosis provided.
  - After playing the clip without sound, and the ensuing discussion, we then play the videotape with sound. It is revealed that the infant had Pompe disease, an almost-always fatal glycogen-storage illness, characterized by failure to gain weight, muscle atrophy, and death. The mother is now understood to be depressed as a reaction to the child’s failure to respond or give back to her care, not as a cause of his problems. The child died soon thereafter.
- This powerful lesson cautions all to be careful in making conclusions and prematurely accepting them.

#### REFLECTIVE ACTIVITY 4: BODIES AND FEELINGS: PAYING ATTENTION TO OUR STATE

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This activity is designed to help participants become aware of how their bodies encode their feelings. This notion can be understood by simply noting that when people are happy their bodies—their somatic state—are quite different than when they are anxious, sad, or angry. Daniel Stern (1995), a noted infant researcher, offered the idea that as infants form relationships with people in their lives, they form a schema-of-being with each person. These schemas are actually fused experiences that involve body states (somatic), emotions (affects), ideas (cognitive), and interpersonal components. In our training workshops in infant mental health, we often ask participants to note that “for every emotion you have there is an associated somatic state, and for every somatic state, there is an associated emotion!”

This need for participants to become aware of their own body states helps them be more reflective about what is going on inside of them. This activity offers a simple, but powerful, way to help participants reflect on their relationships with, and their responses to, infants, children, families, and all others.

#### Purpose

This activity illustrates how the ways participants might feel about a child or family, often without their awareness, can influence the host of ways in which they engage, interact, interpret, and even terminate their work with families.

#### Setup for Group

- Tell participants that they will be thinking about some of the infants, children, and families in their care.
- Reassure all that this activity is a safe way to acknowledge that it is normal to have different feelings about the families with whom they have working relationships. Some staff or home visitors may have families in which the relationship is experienced as helpful, productive, and mutually satisfying, and which the worker approaches with ease and positive anticipation. Other children and families may stir up more conflicted or difficult feelings in which the worker can acknowledge ambivalence or even a wish, at times, not to see the client.
  - In our trainings, we have often used humor to help staff understand the normalcy of having difficult feelings about their relationship with certain children and families. A home visitor, for example, may approach the front door of the home of a family about whom he feels negatively. As the worker approaches, very loud music is blaring from inside, and the worker gives a soft and hesitant knock on the door, to which no one responds. The worker may repeat the tap with the same outcome. Objectively, all might regard the knock as much too little to be heard, but subjectively, the worker feels satisfied at the effort and returns to his car with relief, happily recording in his notes that no one answered the door! Of course, even if this has never happened, it allows for the disclosure that they sometimes wish this could be the case. They can acknowledge that they feel relieved when they avert contact with certain clients. In the interest of fairness, the leader must also make the point that there may be times that families are relieved that the worker did not show!
  - Participants must also be aware of those feelings about relationships in which the worker falls in love with the infant, child, or family, as these feelings too will show up in their body states as well as their ways of interacting with families. Costa (2006) quoted his supervisor, David Peters, as once remarking,

"When we fall in love with our patients, there are two patients and no doctor." Use this idea as a way of reminding staff that reflective work is required not only for those cases in which they have some difficulty, but also in those cases in which they find themselves caring deeply. Both types of cases require principled, thoughtful support so the participants ensure that families are being helped in the best possible ways.

- Let participants know that you will be guiding them through an "imaging" exercise about their feelings and body states.

## Procedures and Prompt Questions

- Have everyone sit quietly in a comfortable chair (not too comfortable that they might fall asleep), and ask them to close their eyes as the leader guides them in an imaging exercise, using the script below as a guide:

Think about a client with whom you have a very difficult relationship, one in which you might feel anxious, frustrated, or unsuccessful. You may even feel angry or fearful about the client. Then imagine that you are driving to her home for a home visit, you park the car, and you leave the car and walk up the stairs to her home or apartment and you are about to knock on the door. (Alternately, for those who of you who see clients at a center, imagine that the appointment time is approaching and the receptionist calls to say that the client has arrived).

- The leader should then read aloud the following guided imagery about the body, using very slow and deliberate pacing, so that the listener can focus on each body group and reflect about her state of tension or relaxation.

Pay attention to your scalp, your forehead, your eyelids, your cheeks, your chin, your mouth and tongue, your neck. [pause]. Okay, now focus on your posture, your shoulders, your chest, your upper arms, your wrists, your hands, your fingers, your stomach, your waist and sides, your breathing. And now pay attention to your thighs, your legs, your calves, your ankles, your feet, your toes.

- Be aware that this exercise, and the act of focusing on one's inner experiences, may stir up memories and feelings from a participant's own history that may make him feel anxious or stressful. Help participants anticipate this and encourage those who find themselves getting anxious or upset to open their eyes and try the activity with their eyes open or stop altogether.
- Wait about 30 seconds after the last statement and ask the group to prepare themselves to share their observations/awareness of what their body states were telling them about their emotions and experiences.
- Repeat this exercise with a child or family member with whom the worker has a positive working relationship.
- The goal of the exercise is not to change the feelings, ideas, or even the relationships participants form with families. This would be an unrealistic goal of this activity. It is aimed at allowing participants to observe and learn about their reactions and become more reflective—more mindful—so that they can use this knowledge to develop a deeper understanding of themselves and those they seek to help. It is good to emphasize that the overall attitude is of acceptance of what comes up so participants do not feel that there is a success/fail factor in this exercise.

It is critical to note and discuss with participants that these states can influence:

- How they greet a person.
- The pacing of their conversation, whether they pause to listen, and how they show with their bodies and faces that they care and are interested.

- The amount of eye contact they use.
- Their tone of voice.
- The posture, gestures, and movements they make associated with what they are saying.
- The overall experience a person has in being with them and how they experience the other.

These nonverbal behaviors can influence how others feel about this client. For example, if a participant rolls his eyes every time a family's name comes up, others will begin to share the bad reputation he is suggesting. It is important for participants to pay attention to what these feelings mean about their work and to share these experiences in RS so that their work with families is not compromised and they can develop strategies to address the underlying meanings for the feelings. These body states can even influence how they say good-bye or terminate their work with a family.

*Note.* This activity is based on one led by Ron Balamuth, PhD, during a faculty retreat for the Interdisciplinary Council on Developmental and Learning Disorders in 2004. The exercise emerged from his work with Frances S. Anderson (see Balamuth, 2000).

## REFLECTIVE ACTIVITY 5: A BASKET FULL OF QUESTIONS

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This is a nice introduction to reflection activity for providers who are not familiar with the concept or who may not have experience with case-based discussions. We have found it a good way to get people started sharing some of their thoughts, struggles, and successes in their work with infants, young children, and families.

### Purpose

This is an easy activity to get people talking and reflecting on their work, and was a popular one with child care providers. After doing it for several sessions, group members may want to provide their own questions or statements that can be added to the basket. It provides the facilitator with a gentle format for raising some of the emotionally challenging topics that we have found to be commonly experienced but not often examined in work with infants, young children, and their families.

### Setup for Group

- Prepare some prompt questions or open-ended statements on index cards or strips of paper and place them in a basket or other container.
- Make sure the questions target both positive and challenging topics. Try to have some that are more fun and lighthearted when the activity is first being introduced. The level and intensity of the questions and topics can be adjusted as the group becomes more comfortable with the process.

### Procedures and Prompt Questions

- Have each person select a question from the basket and read it without sharing the question with the group. Allow participants a minute or two to think about their response. If they decide to answer it, ask them to read it aloud to the group and then share their response. Once a person has shared, ask if others would like to respond and allow time for sharing.
- We offer participants the choice to opt out or take a pass on any question they do not want to answer. They are free to choose another question from the basket in that situation.
- Take turns until everyone has had a chance to select and answer a question from the basket. Always remind the participants of the following: (a) they do not have to share anything if they do not want to, (b) the discussions that take place in the groups are confidential, and (c) the group should be a safe place to share our hits and misses in our work.
- The role of the facilitator should be to respond to and help make connections between the experiences of the caregivers and the work that they do with infants, young children, and families.
  - How do their past experiences affect the people they are and who they have become?
  - Why are some children and parents easier to connect with?
  - What is being stirred up in a participant when he reacts to something that happened in his work?
- The facilitator should ensure that all who want to participate have a chance to share their thoughts during the activity and help to maintain a climate of respect for all during the discussions.

- Here is a list of sample questions/open-ended statements that we have used with a group of child care providers in a Head Start program. Feel free to develop your own list or solicit ideas from the group:
  - Talk about a child who reminds you of someone else in your life.
  - I find it easy/hard to work with children who are \_\_\_\_\_ (fill in the blank).
  - Talk about a parent who you find difficult to get along with.
  - Describe a good day at work. Describe a bad day at work.
  - Talk about yourself as a child—what were you like?
  - What helps you when you feel stressed?
  - Do you remember an adult who was kind to you as a young child?  
What about one who was mean to you?



## REFLECTIVE ACTIVITY 6: FEEL FREE TO WONDER: THE 2-4-6 TASK AND OTHER FUN ACTIVITIES

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This activity provides participants with strategies to think “outside of the box” and to see how group processing often enhances problem solving. Three activities are described.

- **Activity 1: What’s Going on Inside? Task**

This involves helping staff wonder about their “subjective” experiences about an infant, child, or family with whom they have a relationship.

- **Activity 2: The 2-4-6 Task**

This involves a classic logic problem. This is a fun, sometimes frustrating, apparently difficult but amazingly simple illustration of how participants can get trapped and fixed in the way they think and problem solve.

- **Activity 3: The Nine-Dot Problem**

This is a simple visuospatial problem that can literally be solved only by going outside of the box.

### Purpose

All three activities were designed to help staff pay greater attention to the ways in which they can be influenced by feelings and beliefs without their awareness. These are easy-to-administer tasks and generate fun and lively discussion. The three activities represent how feelings, ideas, and perceptions can influence a person’s approach to problem solving, often leading to errors of which she can become more aware. The activities can also illustrate how a group tends to do better than someone might individually.

### Setup for Group

Prepare the group for each activity by following the guidelines below. Always begin with a gentle prompt to “leave other responsibilities and concerns behind” and ask all to take a moment to “attend to the present” activity.

#### **Activity 1: “What’s Going on Inside?”**

The leader will recall that we have suggested two key questions as helpful prompts in all case discussions about families that both help participants apply lessons from the field to enhance their understanding and empathy for families and help them become aware of how their subjective experiences about, with, and through a child and family influence their work with them.

- The first question (“Who is this baby to this family?”) helps participants wonder about the meaning of the particular baby in the context of the family history and, when there are impaired emotional relationships, wonder about the “ghosts in the nursery” (Fraiberg et al., 1980).
- The second question (“What’s going on inside of us?”) can provide very useful ways for participants to better understand and empathically respond to families by paying attention to their own feelings and ideas that occur in their work with a particular family. We focus on the second question here.

During a team discussion about an infant, child, or family, a staff member may express some difficulty in working with a family. As an illustration: Suppose a home visitor describes a client in very negative ways, even ways we might regard as judgmental. It is important to note that staff discussions must always be guided by respectfulness for families and should never devolve into gripe sessions or parent bashing as these erode their fundamental obligations for empathy and protection from being regarded with toxic reputations. Nonetheless, staff must feel able—in the safety and confidentiality of supervision and team process sessions—to express genuine feelings and beliefs that, if unexpressed and unchecked, will adversely affect the nature of helping relationships.

- Leaders must maintain their own neutrality at these times in order to help staff members unpack these very powerful moments. The leader might ask the staff member to describe how she feels when she is with the parent or when she reflects on the nature of the work.
  - The staff member might:
    - Express feelings of frustration with a mother who never seems to follow up with suggestions.
    - Express feeling inadequate and the belief that she cannot do enough to help this mother. This, in turn, makes the visitor feel that the mother does not value her efforts, thus making the visitor want to avoid the sessions.
    - Might even admit feeling overwhelmed and depressed when she is on a home visit.
- These are very critical opportunities for leaders to help staff wonder about the nature of these feelings and even wonder about the mother/family and what their experiences have been. For example, the leader might reply with the following observation:

It sounds like you are upset with yourself for having these feelings and even upset with the mother who makes you feel this way. But I wonder if we can think about where these feelings might be coming from. It is true that the feelings you described—frustration, inadequacy, poor self-value, feelings of being overwhelmed, and even depressed—are your feelings, but maybe one way to think about this experience is that you are feeling what the mother is feeling. Perhaps she somehow induced in you what it feels like to be her. So maybe she is frustrated and feels inadequate and not listened to, or maybe she feels of poor value, overwhelmed, and, at times, depressed. Perhaps what you are feeling is your best way to understand how she feels?

We sometimes can feel how other people feel, as if we vibrate with (like a tuning fork, we become attuned to) the feelings of others. In psychology, we sometimes use the term *projective identification* to refer to the process whereby others can project onto us how they feel. If this may be happening here, perhaps your feelings are your best way to have empathy for this mother, so that rather than you owning the feeling as your own, you can understand that your feelings are helpful tools in understanding the mother. In this reformulation, perhaps your next visits and conversations can be planned in response to this new idea and you can begin to find ways to talk and feel with the mother about how she is doing and not plan your sessions around activities that are frustrating.

- It is critical to note the obvious caution here that not all subjective experiences staff have originate from families, but in fact are also often reflective of our own experiences and life narratives. It is for this reason we noted earlier that work with every family has the power and potential of stirring up experiences from our own lives. Accordingly, we must find ways to become aware of our own contribution to the relationship and to find ways to address and use these. Reflective practices and supervision are some ways to help us, but other forms of self-reflection are also helpful. Costa (2006) again quoted an early supervisor, David Peters, as stating, “We need supervision to save our patients from ourselves.”

- The previous illustration is one of many possible ways in which we can help staff wonder about the nature and origin of their subjective experiences with families.
  - Other examples of the Feel Free to Wonder approach can involve helping staff pay attention to their gut feelings at times. In our clinical and consulting experiences, we have often worked with staff members who have expressed feelings that a family member of their client might be abusing drugs, a mother might be the victim of domestic violence, or a parent might be depressed. Staff members who experience these feelings are often reluctant to speak about these in supervision for fear that they lack evidence for these impressions. This is where our **Reflective Mantra** comes in:

*Feel free to wonder and generate hypotheses, but don't fall in love with your hypotheses. They may be wrong!*

- Nonetheless, once expressed, the supervisor and team can strategize on how they might discern whether the expressed concerns exist and how best to help families.
- The major point here is to help staff use their feelings in ways to promote empathy and principled, thoughtful interventions.

### Activity 2: The 2-4-6 Task

This task is remarkably simple, and we describe how it can be done with individuals and with groups. It was developed by Peter C. Wason (1968) and illustrates very common reasoning strategies and fallacies.

- The leader can use either a handout or a flipchart with the following information as shown in the table below.

| NUMBERS | REASON FOR CHOICE | DOES IT FIT THE RULE? |    |
|---------|-------------------|-----------------------|----|
|         |                   | Yes                   | No |
| 2, 4, 6 |                   | X                     |    |
|         |                   |                       |    |
|         |                   |                       |    |
|         |                   |                       |    |

- Explain to the individual(s) that the handout/flipchart has a three-number series that was generated by a rule, and that their task is to
  - Generate more three-number series (exemplars) that fit the rule, in order to discover what the rule is. The rule is known by the leader (to be revealed shortly).
  - The participant is told to let the leader know when he is certain about the rule.
- If administered to a group, the leader can prepare a handout (with many rows), explain the task, then go around the group, one at a time, to inform each participant if his three-number series fits or does not fit the rule. In this way, each person works individually and does not share his number series, and the leader quietly informs each person about the status of his exemplar.
- The task is remarkably seductive in that almost every person will begin to generate numbers that are even, and separated by 2. For example, here is one person's protocol in the table below:

| NUMBERS    | REASON FOR CHOICE            | DOES IT FIT THE RULE? |    |
|------------|------------------------------|-----------------------|----|
|            |                              | Yes                   | No |
| 2, 4, 6    |                              | X                     |    |
|            |                              |                       |    |
| 8, 10, 12  | Even numbers, separated by 2 | X                     |    |
| 14, 16, 18 | Even numbers, separated by 2 | X                     |    |
| 20, 22, 24 | Even numbers, separated by 2 | X                     |    |
|            |                              |                       |    |

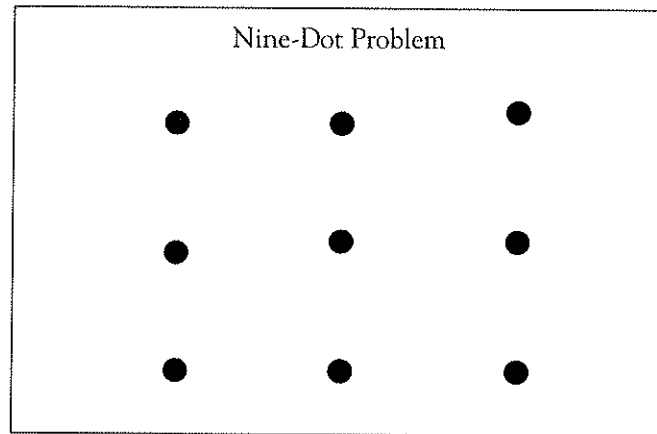
In the above illustration, the participant has generated three sets of numbers that fit the rule. At this point, the participant might confidently inform the leader that she knows the rule: "Even numbers separated by 2." The leader will inform the participant she is not correct.

- Puzzled, many participants will actually persist in generating the same kinds of number series and persist in restating the rule! Some may offer some alterations, such as generating three even numbers separated by 4 (e.g., 12, 16, 20) or 10 (e.g., 20, 30, 40). Again, although all of these exemplars fit the rule, the rule does not involve evenness or separation by a fixed amount.
- Here's why: The actual rule is the following: *Any three ascending numbers*. However, virtually all participants infer that the evenness and fixed distance between the numbers of the exemplar provided are essential to the rule. Only when a participant generates an exemplar that violates his incorrect rule (e.g., 1, 18, 1001) or when he generates a counterexample (e.g., 50, 32, 17; i.e., a descending series) does the true rule get discovered.
- This task is remarkably impervious to solution and in that regard is quite seductive because almost everyone sees it as simple, but almost no one immediately gets it.
- The lesson is simple: Do not be trapped by ideas you bring to the problem. Think outside of the box!
- An alternate way of conducting this activity involves a group administration, in which each member offers a possible three-number series and "rules" to consider.
  - If the group size permits, have one set of participants complete the task individually, as shown earlier, and another set of individuals (same size group) complete the task as a group.
  - Invariably the group determines the solution more quickly because all participants benefit from each person's contribution. This is a wonderful way to illustrate the benefits of group processing and synergy—that the whole is greater than the sum of its parts.

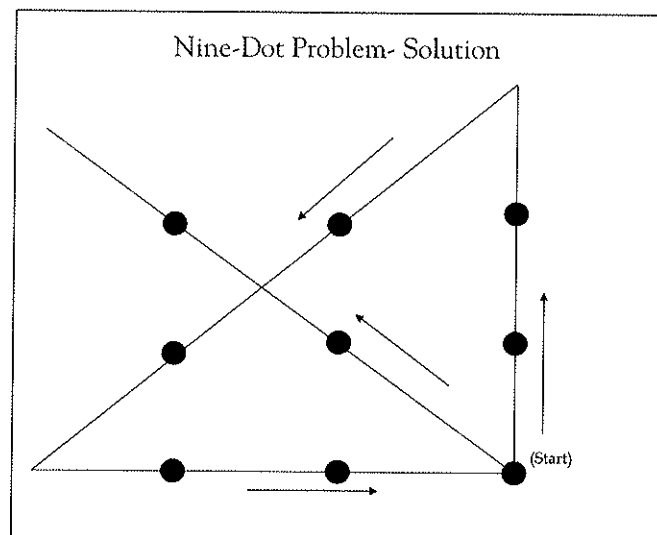
### Activity 3: The Nine-Dot Problem

This is a simple, but powerful, illustration of how people often fail to think outside of the box. The task might be regarded as a kind of optical illusion because it reveals how perceptual—and conceptual—approaches to certain problems work.

- The leader draws nine dots (three dots in three rows, evenly distributed) on a flipchart, like the illustration below:



- Provide each participant with a blank sheet of paper, and ask the participants to reproduce the configuration on the paper. The leader says, "In one movement, without lifting your pencil off the paper, draw four straight lines (and only four) that intersect all nine dots."
- Most participants remain in the invisible boundaries of the box created by the nine dots, but the solution requires you to think, and move, outside of the box. Provided below is a correct solution (this is the most common one offered, although all correct answers require you to move outside of the box):



- As with the 2-4-6 Task, the solution appears quite easy once participants become aware of the ways in which they limit their search for solutions.

### Procedures and Prompt Questions

- The procedures for administration were described previously for each activity.
- At the end of one (or more) of the activities, ask the group:
  - What lessons can you describe from these activities?
  - How can you decrease the risk of errors in your problem solving?
  - What helped you reach the solutions?
  - How might these activities apply to your work with families?

## REFLECTIVE ACTIVITY 7: BABYWATCHING: BABIES, OTHERS, AND US!

This activity helps people focus on their own subjective experiences as observers and begin to identify in objective terms what they are seeing, hearing, and feeling as they focus on infants and adult caregivers. The key phrase that we offer as part of this activity is for participants to “wonder about” what they are seeing. When they wonder they are thinking carefully and thoughtfully about the relationships between infants and their caregivers. Their task is to wonder and ask questions about what they are seeing in order to help them learn more about what the experience might be like for the infant and the caregiver.

### Purpose

This exercise is intended to help participants focus on the experience of being an observer and to remind them that they often “feel with” those they are observing. It is often difficult to observe without interpreting, and that is the skill that we are promoting here.

### Setup for Group

- The task is to observe unobtrusively the interactions that occur between an infant and a caregiving adult for a brief period (less than 15 minutes).
- The observer is asked to write up a summary of the interactions in an objective manner and present to the rest of the group.
- The observer should then record her own subjective experience while making the observation.

### Procedures and Prompt Questions

- Participants should not observe any infants or caregivers they know. They should strive to be anonymous. However, we have had students who felt “the babies were onto them” while they were observing from a distance.
- The observations can take place anywhere infants and caregivers can be found (e.g., the mall, a park, doctor’s office, supermarket, riding a bus). In our work with graduate students, we have heard about interactions in a variety of settings ranging from a New York City subway to a mountaintop ski resort.
- The direction given to the observer is to watch and describe the interactions while attempting to avoid interpretation of the events. The emphasis is on what they are seeing and, at the same time, how what they are seeing makes them feel.
- Instruct the participants to observe and wonder about aspects of the infant–caregiver relationship:
  - Describe the content, theme, or purpose of the interaction.
  - Do not assume who the people are to each other. For example, how would you decide if the woman you see is the baby’s mother or babysitter? If you decide to try and determine the relationships, give some justification for your decision. What makes you feel this is a mother and baby you are watching? What about what you are seeing helps you determine the roles?
  - What is the extent of infant-initiated/caregiver-initiated interactions?
  - How would you describe the responsiveness/availability of the caregiver to the infant? Is there a match or mismatch between the two?

- Do you see a range of emotion/affect displayed by the pair? What does it look like in each of them?
- What is the amount and quality of sensory cues that you observe (visual, vocal, touch, movement) between the pair?
- How would you describe the overall affective (emotional) quality of the relationship?
- Have the observer read the written description to the group and talk about what she saw and what she felt. Allow other group members to comment on the observations and to ask questions.
- Possible questions might include those that address what the observer thought the baby or caregiver was feeling.
  - What do you think was going on for the baby?
  - Why did you feel the caregiver was enjoying or not enjoying during the interaction?
  - How could you tell the infant and caregiver were in sync?
- The box Babywatching Observation Sheet gives a good overview of the direct and objective style of the written record of an actual babywatching.



### Babywatching Observation Sheet

Date: Saturday, October 26, 2002

Time: 4:30 p.m.

Location: 1 subway line, NYC

Length of observation: 10 minutes

#### Observations:

This observer gets on the train at the same time as a young couple with a baby. As they step onto the train, the man helps the woman lift the stroller onto the train. Once on the train, the baby remains in the stroller while the woman and man get settled; they both appear tired, especially the woman, who blows her bangs out of her eyes while she leans back in her seat. The baby is sitting straight up, even though his stroller seat is angled back, alertly looking around at all of the people in the crowded car. His eyes are wide open, and with this broader bird's-eye view, he now looks out at the people in front, to the side, and in back of him, stretching and turning his body to get a better view. While he moves about, the man maintains a gentle but firm hold on him, all the while watching the baby watch his environment, their faces within an inch of one another's. The baby points up to one of the lit signs, babbles at a moderate volume, and then turns to the other side and does the same, once again moving his body this way and that to see what is around him, at one point "scrunching" his body up and down as if he is doing a little dance. After the baby turns, the man whispers something closely in the baby's ear and then gives him a series of "butterfly" kisses on his cheek. The baby smiles but continues to examine what's around him. He then turns back the opposite way; the man once again whispers something and gives him another gentle kiss. The baby then makes eye contact with a man who is standing near him, who smiles at the baby. The baby maintains eye contact for a brief period of about 10 seconds, offers a small smile, and then turns away. Throughout this whole period, the man watches the baby's movements with a look of bemusement; the woman watches from a short distance of about 2 feet. The baby makes eye contact with her once as he surveys the room, and they smile at one another briefly until he breaks eye contact to continue looking around the car.

#### Subjective Experience of the Observer:

Throughout the babywatching episode, I did not experience any particular overwhelming affective response; however, while watching the baby I experienced a warm feeling of bemusement that I think matched the man's and was fascinated by this baby's gaze to see what he was looking at. I also found the man's combination of firm hold of the baby's body, intense interest, and tender gestures of affection very comforting. I recall thinking how "great" it was that the man did not feel the need to intrude upon the baby's exploration of his environment; he seemed content to simply witness it. Finally, I did also find myself looking at the woman to see what she was doing, as she seemed somehow removed from the man and the baby. As I noted above, she did watch them and make eye contact with the baby at one point, but for most parts of the episode, she remained seated quietly, looking pensively down at the floor.

*Note.* Thanks to Thea Bry, the late mentor, colleague, and friend to Gerard Costa, for her use of babywatching as an integral part of all formation in the field of infant mental health. Further thanks to Laurie Reider-Lewis for her babywatching completed during her doctoral psychology externship during the 2002–2003 academic year at the YCS Institute for Infant and Preschool Mental Health.

## REFLECTIVE ACTIVITY 8: BECOMING AN ATTUNED OBSERVER: ATTENDING TO CHANGE

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As in Reflective Activity 5, this activity is another enjoyable way to introduce reflection to those new to the concept. Reflective practices involve self or "internal" observation. Reflective Activity 8 supports growth in this capacity by first engaging the participants in an observation of others in the "external" world. Although the activity involves no discussion of feelings or reactions to families, the leader can help participants understand how all who form relationships with infants, children, and families can see or fail to see aspects of the families and themselves. Participants can discern lessons about why they "saw" or "missed" the changes that occurred and become more attentive to careful observation.

### Purpose

The purpose of this exercise is to remind participants of the importance of observation in their work with infants, young children, and families. Participants need to pay close attention to the nonverbal cues and emotional states of those with whom they work. Infants, toddlers, and their families may often show how they are feeling through their behaviors. Participants need to become thoughtful and careful observers as they do their work.

### Setup for Group

- Ask people to find a partner for this activity. You might want to suggest they find someone in the group who they do not know very well or do not know at all.
- Tell group members that you are going to ask them to become careful and attuned observers.
- Talk about the fact that being a good observer takes practice and concentration. Sometimes we can see the same event but notice very different aspects or details. Give the example of a group of eyewitnesses to a car accident who give three very different and varied accounts of what happened and what they observed when giving a report to the police.

### Procedures and Prompt Questions

- Once the group has paired up, ask the pairs to face each other. Tell them they are to look very carefully at each other without talking for the next 2 minutes. Each participant should focus on noticing details about the other person (e.g., clothing, hairstyle, jewelry).
- Time the 2 minutes out, telling the group when to begin and end.
- Once the 2 minutes have passed, ask the group to talk about how it felt to be the observer or the person being observed.
  - How was the experience for each of them?
  - Were they comfortable or not comfortable?
  - How did not talking impact the activity?
- Next, tell the pairs to turn facing away from their partners.

Once everyone is facing away from the partners, ask each person to change three things about his or her appearance. Allow a minute or two for people to make the changes.

- Now ask the pairs to turn and face their partners. Ask the partners to see if they can observe and identify the three changes the other person made to his or her appearance. Have them discuss the changes with each other.
- Have some of the pairs share what they observed and describe the three changes that were made. Lead group members in a discussion of how quickly, or not, they were in noticing the changes. Ask them why they think they did or did not notice the changes quickly. See if group members can make any connections from this activity to their work.
- Have there been times when they did or did not notice something that was important?
- What are important changes to be aware of in the behavior of infants, young children, and their families?