
REFLECTING TOGETHER: REFLECTIVE FUNCTIONING AS A FOCUS FOR DEEPENING GROUP SUPERVISION

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ABSTRACT: This article proposes how group reflective supervision, informed by the theory of reflective functioning, may provide a powerful method for developing reflective capacity of staff serving families, infants, and young children in multidisciplinary settings. An explanation of reflective functioning, related research, and its relevance to relational treatment and preventive intervention are discussed. Other approaches to reflective practice are referenced. We describe the necessary tension and encounters with distressing affect that mark reflective supervision groups using this focus. In addition, we identify areas of heightened difficulty in infant family work and describe how a group supervision process that enables use of self alongside perspectives of others may address these challenges while leading to increased reflective capacity among participants. Finally, we touch on relevant research on group supervision and parameters of size and focus, and highlight facilitation skills needed to create group safety and coherence. Areas for further study are proposed.

Keywords: reflective supervision, reflective functioning, group supervision, mentalization, reflective practice

RESUMEN: Este artículo propone cómo la supervisión con reflexión en grupo, con base en la teoría del funcionamiento reflexivo, pudiera aportar un método poderoso para desarrollar la capacidad de reflexión del personal que les sirve a las familias, infantes y niños pequeños en escenarios multidisciplinarios. Se discute una explicación del funcionamiento reflexivo, la investigación relacionada con el mismo y su relevancia para el tratamiento relacional y la intervención preventiva. Se hace referencia a otros acercamientos a la práctica reflexiva. Los autores describen la tensión necesaria y los encuentros con el afecto angustioso que marca la supervisión con reflexión en grupos que usan este enfoque. Adicionalmente, los autores identifican áreas de dificultad elevada en el trabajo en familia con el infante y describen cómo un proceso de supervisión en grupo que permite el uso de perspectivas de otros alineadas con uno mismo pudiera indicar estos retos al tiempo que apunta al aumento de la capacidad reflexiva entre los participantes. Finalmente, los autores se refieren a la investigación relevante sobre la supervisión en grupo y los parámetros de tamaño y enfoque, y subrayan las habilidades de facilitar necesarias para crear la seguridad y coherencia del grupo. Se proponen áreas para estudios posteriores.

Palabras claves: supervisión reflexiva, funcionamiento reflexivo, supervisión en grupo, mentalización, práctica con reflexión

RÉSUMÉ: Cet article porte sur la manière dont la supervision réfléchie en groupe, informée par la théorie du fonctionnement de réflexion, peut offrir une méthode puissante pour le développement de la capacité de réflexion des employés travaillant avec des familles, des nourrissons et des jeunes enfants dans des domaines multidisciplinaires. Une explication du fonctionnement de la réflexion, les recherches qui y sont liées, et sa pertinence quant au traitement relationnel et à l'intervention préventive sont discutées. D'autres approches à la pratique de réflexion sont présentées. Les auteurs décrivent la tension et les rencontres nécessaires avec un affect de détresse qui marquent les groupes de supervision de réflexion qui utilisent cet accent. De plus les auteurs identifient les domaines de plus grande difficulté dans le travail avec une famille d'un nourrisson et décrivent la manière dont le processus de supervision d'un groupe qui permet l'utilisation de perspectives personnelles tout en étant à l'écoute de celles des autres peuvent faire face à ces défis tout en permettant d'améliorer la capacité de réflexion chez les participants. Enfin, les auteurs présentent les recherches importantes sur la supervision de groupe des les paramètres de taille et de concentration, et ils mettent en évidence les compétences de facilitation qui sont nécessaires afin d'assurer la sécurité du groupe et sa cohérence. Les domaines qu'il faudrait étudier plus profondément à l'avenir sont proposés.

Mots clés: supervision de réflexion, fonctionnement de réflexion, supervision de groupe, mentalisaion, pratique de réflexion

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ZUSAMMENFASSUNG: Dieser Artikel erläutert, inwiefern reflexive Gruppensupervision, unter Beachtung der Theorie zum “Reflective Functioning”, eine überzeugende Methode für die Förderung des Reflexionsvermögens von Fachpersonal aus multizentrischen Einrichtungen für den Umgang mit Familien, Säuglingen und Kleinkindern darstellen kann. Eine Erklärung von “Reflective Functioning”, die damit zusammenhängende Forschung sowie dessen Bedeutung für die Behandlung und präventive Intervention werden diskutiert. Auf andere Ansätze der reflexiven Praxis wird verwiesen. Die Autoren beschreiben die notwendige Spannung und Begegnungen mit belastenden Affekten, die reflexive Supervisionsgruppen, die diesen Fokus verwenden, kennzeichnen. Darüber hinaus identifizieren die Autoren besonders schwierige Bereiche bei der Arbeit mit Familien von Säuglingen und beschreiben, wie ein Gruppensupervisionsprozess, der die Nutzung von Perspektiven des Selbst und der anderen ermöglicht, diese Herausforderungen bewältigen kann und gleichzeitig das Reflexionsvermögen der Teilnehmer erhöht. Schließlich diskutieren die Autoren relevante Forschung zu Gruppensupervision und die Rahmenbedingungen Gruppengröße sowie Fokus, und betonen die erforderlichen Fähigkeiten, um Sicherheit und Kohärenz in der Gruppe zu schaffen. Forschungsbereiche für weitere Studien werden vorgeschlagen.

Stichwörter: reflexive Supervision, Reflective Functioning, Gruppensupervision, Mentalisierung, reflexive Praxis

抄録: この論文は、内省機能の理論の知識を与えられた内省的グループ・スーパービジョンが、学際的な設定で家族と乳幼児のために働くスタッフの内省機能を開発するための強力な方法をどのように提供できるかを、提案する。内省機能の説明、関連する研究、そして関係性の治療と予防的介入へのその適用性について考察される。内省的臨床へのその他のアプローチが言及される。著者は、内省的スーパービジョン・グループがこのフォーカスを用いることを際立たせる、必然的な緊張と苦痛な感情との出会いを記述する。さらに、著者は乳幼児の家族との仕事における高度に困難な領域を見つけ、他者の視点と同時に自己を用いることを可能にさせるグループ・スーパービジョン・プロセスが、参加者の間に内省的な能力を増大させつつ、どのようにこれらの難題に取り組むのかを記述する。最後に、著者は関連するグループ・スーパービジョンと、サイズとフォーカスのパラメータの研究に触れ、グループの安全性と一体性を創るのに必要なファシリテーション技術を強調する。さらに研究が必要な領域が提案される。

キーワード: 内省的スーパービジョン, 内省機能, グループ スーパービジョン, メンタライゼーション mentalization, 内省的臨床

摘要: 通過反思功能的理論,本文提出小組反思監督,如何為在多學科環境服務家庭、嬰兒、幼兒的員工,有效地發展其反思能力。作者討論反思功能的解釋、相關研究、及其與關係治療和預防性干預的關聯,並引用反思方法功能的其他方法。作者描述以反思監督為重點的小組,必然遭遇的壓力與痛苦。此外,作者列出了嬰兒家庭工作的高度困難,並描述利用自身和旁人看法的小組監督過程,如何應對這些挑戰,及增加參與者的反思能力。最後,作者提及小組監督的相關研究、人數和焦距的參數,以及突出發展小組安全性和一致性的技能。作者並提議進一步研究領域。

關鍵詞: 反思監督, 反思功能, 集體監督, 心理化, 反思方法

مفتاحية: تعرض هذه المقالة اقتراح كيفية أن الإشراف التأملي – المعتمد على نظرية الأداء التأملي – يمكن أن يقدم طريقة قوية لتنمية القدرة التأملية لدى فريق العمل الذي يخدم العائلات والرضع وصغار الأطفال في سياقات متعددة التخصصات . كما تناقش معنى وتفسير الأداء التأملي والأبحاث الخاصة به ومدى ارتباطه بالمعالجة العلائقية والتدخل الوقائي . كما تقدم المقالة اتجاهات ونظريات أخرى مرتبطة بالأداء التأملي . ويصف الكاتب حتمية التوتر ومواجهة الجوانب الوجدانية المؤلمة التي تميز المجموعات الإشرافية التي تستخدم هذا الاتجاه . كما يستعرض الجوانب الصعبة في العمل مع عائلة الرضيع وكيفية الاستعانة بعملية إشراف الفريق التي تستخدم منظور ذاتي ومنظور الآخرين أيضا للتعامل مع هذه التحديات وفي نفس الوقت تؤدي إلى مزيد من القدرة التأملية عند المشاركين . وفي النهاية يقدم المقال استعراضا لأهم الأبحاث عن إشراف الفريق ومعايير ومحددات الحجم والتركيز كما يؤكد على مهارات التيسير المطلوبة لتعزيز أمان وتماسك الفريق . ويقدم الكاتب مقترحات لمزيد من الدراسات في المستقبل .

كلمات مفتاحية: الإشراف التأملي – الأداء التأملي – إشراف الفريق – التأمل الذهني – الممارسة التأملية

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How they argued! Each one insisted that he alone was correct. Of course, there was no conclusion for not one had thoroughly examined the whole elephant. How can anyone describe the whole until he has learned the total of the parts? (Kuo & Kuo, 1976, p. 85)

The cautionary tale of the blind men and the elephant illustrates the dangers in deriving understanding through reliance on a singular perspective. The blind men’s folly in discerning the “what-ness” and “is-ness” of an elephant from solely the trunk, tail, or foot underscores the value and wisdom of collecting data from multiple

sources, recognizing limitations of human insight, acknowledging separateness of minds, and tolerating uncertainty and not-knowing. Giving definition to and creating consensus on any unknown is a predictably uncomfortable, turbulent process requiring suspension of premature conclusions and judgment. Notably, all of these vital attributes exist at the core of a meaningful and productive group reflective supervision process and are essential features of reflective functioning (RF).

This familiar allegory serves as the launch point for this article’s exploration of the import and utility of group reflective

supervision—a process requiring openness to, and tolerance of, diverse perspectives to derive meaning and enrich understanding. For programs that deliberately employ individual or group reflective processes to support staff in education, nursing, family support, medicine, and psychology, both agreement and divergence persist in the use of terms and focus of activities. Definitions of and distinctions between reflective practice and reflective supervision vary considerably across disciplines and programs. Areas of emphasis can vary, even among practitioners within the same agency. Reflective practice facilitators provide support and build staff capacity through reflective activities, but may not have any direct supervisory responsibilities. Reflective supervisors, on the other hand, carry distinct responsibilities for families served through the work of supervisees and, by definition, are providers of reflective practice. While there is growing literature on reflective practice as used in programs serving infants, young children, and families—including specific requirements for reflective supervision in some models and general consideration of the role of RF—we are championing a broader effort to understand and target provider RF across all forms of reflective practice, supervision, and workforce development. For many entering the infant and early childhood field from different disciplines, group reflective supervision can provide valuable education about and exposure to the significance of building reflective capacity. For seasoned providers from any field, groups offer a means to sustain and expand meaningful reflective practice *and* RF. Given the paucity of writing and research focused specifically on *group* reflective supervision, in this paper we advocate targeted use of this process as a powerful means to develop RF of cross-system infant–family and early childhood providers, supervising staff, and the agencies that support them.

Reflective functioning is the term used for operationalizing mentalization, a process by which we understand, interpret, and make meaning of others' behavior in light of the thoughts, feelings, beliefs, wishes, desires, and plans that underlie and motivate that behavior (Fonagy & Target, 2005). Viewed largely as a developmental achievement arising in the context of secure attachment relationships, reflective capacity is dynamic rather than static in nature, and is particularly responsive to relational stress and arousal (Fonagy, Bateman &, Luyten, 2012). Research has demonstrated that RF is intrinsic to affect regulation (Slade, 2005), plays a crucial role in mediating the intergenerational transmission of attachment (Fonagy, Gergely, Jurist, & Target, 2002; Slade, 2005), and is a protective factor against hostile and intrusive parental behavior (Grienenberger, Kelly, & Slade, 2005) as well as the development of personality psychopathology (Fonagy, 1998). These critical findings point to RF as key to relationship security, and they form the basis for our argument that a relational group reflective supervision process that expressly promotes provider RF, in turn, boosts the RF of families served through multidisciplinary, relationship-focused, infant–family and early childhood services.

We do not argue for group reflective supervision as a replacement for individual reflective supervision or as the only avenue for building RF but rather as a process offering rich opportunities to strengthen reflective capacity in and among staff, leveraging

individual RF in the service of growing RF of the entire community. In distinguishing the nature of group from individual reflective supervision and elaborating differences, we consider common skills and traits of all supervisors. Most important, for benefits to flow from a group supervision process, we propose that key elements must be present: administrative leadership that champions the methodology of group reflective supervision and endorses its full implementation, ongoing training and support for group reflective supervisors, orientation to group purpose and process for incoming group members, and manageable group sizes so that individual members may participate effectively in a reflective group process.

To a large extent, writers past and present have described aspects of the proverbial elephant, noting various ways that reflection enhances the quality of practice and improves service delivery across many fields (Dewey, 1910; Gilkerson & Shahmoon-Shanok, 2000; Johns, 2013; Schön, 1987; Tomlin, Weatherston, & Pavkov, 2014; Van Berckelaer, 2011; Virmani & Ontai, 2010). In this article, we add a vital dimension to this evolving tale of reflective practice. In concentrating on emerging literature on RF and its application to group reflective supervision in a variety of settings, we explore how targeting RF can be used to sharpen the focus of group supervision and describe in greater specificity how it may be understood, enhanced, and practiced through use of strategic inquiry, pulling for and shaping various aspects of reflective function for the individual and the group at large.

CREATING CONDITIONS OF SAFETY IN GROUP REFLECTIVE SUPERVISION

While group reflective supervision draws on similar skill and sensitivity as does individual supervision, it is not merely a scaling up of the one-to-one process for supervisor *or* supervisee. Amplified according to the scale of the group, the volume of verbal and nonverbal communication between supervisor and supervisees requires the supervisor at times to hold a broader view and at other times to prioritize and focus on specific elements of the group process to better serve the client families being discussed (Proctor, 2008). With the understanding that regulation promotes ease of reflection and, likewise, that reflective process promotes increased regulation, the group supervisor must attend to the states of mind of both individuals *and* group to discern when, where, and how to shift focus in the service of promoting reflective process. For example, in a given moment, the supervisor might leverage the higher reflective capacity of one or more individuals to support the entire group to deepen. Accordingly, sufficient supervisor training with emphasis on facilitating reflective process must be taken into consideration to promote conditions, which Proctor characterized as “sufficiently safe yet challenging” (p. 4).

Reliability of the Frame

In group reflective supervision, certain parameters of practice create an atmosphere where RF can occur. Regular and consistent

meeting times, holding a listening stance, and a focus on deepening before moving to solutions are tenets of individual reflective supervision which also are essential for group safety (Heffron & Murch, 2010; Heller & Gilkerson, 2009). These conditions mitigate novelty in the frame of practice and invite deepening and complexity in the process. When the frame is clearly articulated, reliable, and predictable, participants are freed of having to monitor these external aspects of their experience. Curiosity and receptivity—to both external and internal events—arise out of safety. Under conditions that increase the felt experience of safety, participants are more likely able to attend to shifting internal states and responses to clinical material. Difficult to tolerate emotions such as helplessness, shame, or vulnerability can challenge norms of communication in an established group, but become more accessible when safety is a reliable aspect of the supervision frame. Clarifying the frame at the outset, including agreements around time, confidentiality, elements of process, communication, roles, responsibilities, and intentions of the group, helps orient group members as they enter into reflective supervision. Likewise, much as one might use the edge to catch a breath in the deep end of a pool, the frame can continue to lend stability along the way. To support stabilization, groups may regularly mark entry into the frame utilizing explicit reference to co-constructed agreements and rituals of transition or settling, such as mindful attention, intentional breathing, or group check-in.

Safety

Emotional safety within a reflective practice group is complicated by group culture, context, and the expectations of participants. Perhaps equal to the supervisory skills of building trust, listening, reflecting, and deepening, the supervisor also must demonstrate group management and facilitation abilities (Heffron & Murch, 2010; Heller & Gilkerson, 2009; Proctor, 2008). Supervisees likewise are called upon to demonstrate skills in sharing, witnessing, and supporting the reflections of others. This kind of group process moves far beyond describing a case and then bearing an onslaught of advice or “war stories” about other participants’ successes with similar situations. When the supervisor has created a safe working group, members use their own perceptions to actively participate in reflective observation and inquiry, unlocking deeper aspects of the case under discussion.

In this sense, both supervisor and participants are required to pay specific attention to group coherence and group alliances to remain focused on utilizing group process to the benefit of the client families (Proctor, 2008). Ruptures in group process are inevitable, however; if the group becomes distracted by a lack of emotional safety, deepening the process is more difficult. Arguably, a lack of safety related to the frame or otherwise also may parallel information about the client family and is a useful indicator to refocus. Infant and early childhood mental health providers across disciplines are likely to come into frequent contact with extreme states of vulnerability, dependency, and anxiety (O’Rourke, 2011). Groups provide a multifaceted, relational, and reflective forum to access nonverbal, emotive qualities—states of mind *and* body linked to

the work (Shai & Belsky, 2011). Our relationship to safety, regulation, and emotional process is alive and constantly in flux. Beyond initial group formation, safety is an ongoing consideration in response to the evolution of group process and the idiosyncrasies of relational work. The comings and goings of providers, complicated clinical material, revelations, and shifts in group dynamics can stir feelings about safety, and may provide opportunity or necessity to review and discuss. Frequently revisiting the notion of safety promotes deepening in the group and can implicitly guide participants to regulate themselves in response to the complexities of relational work.

Safety can only be partially generated by the tenets of reflective supervision and the conscious attention of the group. To feel truly congruent to participants, reflective practice and supervision also must be endorsed by and consistent with an agency and system’s culture and policies. It can be difficult to appreciate the value of an approach characterized by slowing down, curiosity, and the cultivation of multiple perspectives when an action state of mind and the many demands of infant, child, and family work prevail. But just as we individually make our way toward increased awareness through a slow-drip process of reflection, so, too, an agency or system must be afforded the time to acculturate to, sanction, and fully implement reflective process, including understanding the links between reflective practice, quality service delivery, staff well-being, and retention (Turner, 2009).

USE OF SELF IN THE REFLECTIVE GROUP PROCESS

With practitioners for whom an invitation to group reflective supervision is relatively new, it will be helpful to provide orientation and priming to the core concepts of use of self and RF as well as the utility of these concepts to their work through training (Knight, Sperlinger, & Maltby, 2010; Proctor, 2008). A range of structured, introductory activities prior to formation of a supervision group can support group coherence and familiarization with fundamental reflective practice skills such as listening, observing, focusing attention, and linking thoughts, feelings, and behavior (Heller & Gilkerson, 2009).

Mentalization

A primary task of orienting to either individual or group reflective supervision is to understand the relevance and import of one’s internal states in the service of relationship-based work. Reflective supervision can deepen appreciation for how one’s internal states are actively informed by and informing others and the world. This process corresponds intimately to the theory of RF or mentalization outlined by Fonagy et al. (2002), which describes the essential human capacity to make meaning of one’s own or others’ behavior through understanding the “beliefs, feelings, attitudes, desires, hopes, knowledge, imagination, pretense, deceit, intentions, [and] plans” (p. 24) that inform and give meaning to that behavior. The Reflective Functioning Manual (Fonagy et al., 1998) states that “Parents who cannot reflect with understanding on their children’s inner experiences, and respond accordingly, deprive their children

of a core psychological structure which they need to build a viable sense of self” (p. 4). Referred to in developmental literature as “theory of mind,” RF arises in the relationship between parent and child, with the parent’s own capacity to differentiate self from other, and inner from outer, directly informing the child’s developing sense of self (Fonagy et al., 2002). This vital early process is thought to precede and organize the capacity for self-knowledge and expression of subjective states of mind (Fonagy et al., 2002; Slade, 2005). Understanding how to apply and expand this fundamentally unique relational capacity in a professional role can be enhanced and deepened in the safety of a well-functioning group or individual supervision.

From the earliest preverbal interactions, reflective capacity is gained through exploring the meaning of others’ behavior, and is ultimately employed to explore one’s own experience. It is both an unconscious implicit and conscious explicit process considered to underlie the emerging capacity for self-regulation (Fonagy et al., 2002; O’Rourke, 2011; Shai & Belsky, 2011; Slade, 2005). Distinct from introspection, which describes the “application of the theory of mind to one’s own mental states,” mentalization, the knowledge of minds itself, enables one to fully experience, interpret, and regulate mental states and behavior (Fonagy et al., 2002, p. 27; O’Rourke, 2011; Shai & Belsky, 2011; Slade, 2005). Regulation is a key outcome of RF and an essential attribute for service providers. Just as a well-regulated, reflective parent supports and soothes a distressed child, so a well-regulated and reflective provider serves a similar function in supporting regulation of parents and children (Virmani & Ontai, 2010).

Invitation of the Self

The use of “self” inherent in relational approaches can become a point of confusion. Discerning which parts of the “self” are relevant to the work setting can be meaningfully explored through group reflective supervision. Being able to identify one’s responses to clinical material without being swept away promotes presence in the here and now and enhances a provider’s capacity to empathize while taking in what families are communicating about their experiences. In the course of linking personal material to case material at hand, group supervision, with multiple participants in the room, provides many opportunities to distinguish one’s own feelings from those of another and also one’s past experience from that of the present. Group reflective supervision validates provider responses to clients, steering clear of using the supervision process as personal therapy by consistently returning focus to the case material.

Retrospective Reflection

Group reflective process enables retrospective reflection, or thinking back on what has happened and, at best, also facilitates reflection in the moment. However, this requires that the group, or at least some members, have a level of self-awareness such that the diversity of emotional responses and reactions to the clinical material can be utilized in the service of client families. Just as in the allegory of the elephant, perhaps here it is less useful to attempt

to identify the exact shape of the animal through a patchwork collection of data than to devise a means to communicate about the variety of perspectives. Appreciating that we can only ever grasp part of the whole, and with an understanding that we are likely to have pockets of higher or lower RF in response to various states of mind and content, group reflective supervision reminds us of the complexity within and multiple responses to any given family situation.

REFLECTION AND GROUP SIZE

Group reflective supervision offers participants an opportunity to learn about and experience group dynamics, a relevant and instructive feature for those working within family systems. Reflective supervision that targets provider RF is essentially an experiential model. It invites participants to think about what they are feeling in response to case material and welcomes feelings about what they are thinking. Accordingly, group size must be considered because it impacts group safety, a group’s capacity to hold the complexity of case material presented, and the ability of participants to access and enhance RF in relation to cases under discussion. A minimum of five to six participants is great to get the action going whereas larger groups can leave some participants in the corners. A tailored, site-by-site approach considers appropriate group size and frequency of meetings in light of the specific group purpose, experience level of participants, supervisor training, and available supervisor support (Regan, 2012). In one of the few studies considering group scale in relationship to reflective supervision, Knight, Sperlinger, & Maltby (2010) emphasized that a group with a maximum of 10 to 13 participants was optimal and even ethically necessary to minimize participant distress and maximize perceived value. Notably, some organizations limit group size to no more than eight participants (<http://www.cacenter-ecmh.org>) to support reflective process (California Center for Infant-Family and Early Childhood Mental Health, 2012).

At first glance, increasing the scale of the group might be thought of as more cost-effective, yet where relationship-building is a key focus of services provided, intimacy is essential. Larger groups can lead to increased formality and a diffusion of personal responsibility to participate. Sometimes, purely through time constraint, participants in large group supervision are not afforded the opportunity to participate or may choose not to participate due to perceived lack of emotional safety related to group scale (Knight, Sperlinger, & Maltby, 2010).

States of Mind

In considering group size, it is vital to keep in mind that shifts in RF arise not merely through introspection but also encompass changes in states of mind and ultimately behavior. It is the practice of entering into various states of mind triggered by the work which affords the greatest opportunity to make sense of otherwise unintegrated aspects of the self. We pull for RF through specificity, linking detailed memory to emotional content. Conversely, generality or

cliché can be used to move away from feeling states, signaling rigidity in thinking. To have the greatest relational impact, group members must ultimately lean toward and enter into difficult, *not safe* feelings to shift how they respond to them with families served (O'Rourke, 2011). Small groups genuinely achieve more of what we seek to support in families: a secure place for building relationships and fostering growth and development over time.

Strong reflective group facilitation skills are needed to support group members to deepen and make meaning of internal states underlying behavior. The group reflective supervisor is called upon to track multiple minds and navigate complex dynamics while also raising questions and deciding when to intervene to ensure safety and focus on the work. The supervisor must foster working alliances for the group to benefit from the complexity of the multiple perspectives present. He or she must be able to move between small details and the bigger picture—naming emergent, but perhaps unspoken, feeling states such as tensions, giddiness, or distancing, inviting group members to expand awareness and become more flexible in their thinking. “Man cannot discover new oceans unless he has the courage to lose site of the shore” (Gide, 1973). Group reflective supervisors have the charge of holding staff as they are encouraged to move away from the shore while also helping them remember that there is one.

Knowing that parental RF is a primary means of communicating security in parent–infant attachment relationships, it is understandable that we would focus training dollars on building RF in providers to truly enable change within the client families served (Fonagy et al., 2002; O'Rourke, 2011; Slade, 2005). It is necessary, then, that group reflective process supports providers' capacities to hold both compassion for and greater complexity about the infants, children, families, and intervention approaches under discussion. Increasing the provider's RF in response to the client relationship and family circumstances must then drive the focus for individual and group reflective supervision.

MEASURING REFLECTION

To build an evidence base that would help create policy shifts and organizational rationale to fully value, support, and embed ongoing group reflective supervision targeting provider RF, we must acknowledge the need for further exploration and research within the infant and early childhood fields to support this approach. We believe we have made a strong case for the value of group reflective supervision and demonstrated an understanding of how RF can enrich that modality, including that the group reflective supervision process itself can support building provider RF and, in turn, increase staff capacity to strengthen parental RF and promote secure parent–child attachments.

RF is typically measured through use of the Reflective Functioning Scale (Fonagy, 1998), which offers broad assessment of mentalization through scored interviews, including the Adult Attachment Interview (George, Kaplan, & Main, 1985), the Pregnancy Interview (Slade, Grunebaum, Haganir, & Reeves, 1987, 2002, 2011), and full or brief versions of the Parent Development

Interview (PDI; Slade, Aber, Bresgi, Berger, & Kaplan, 2004), all of which are labor-intensive to administer and score. In the service of creating RF measures that are considerably briefer and easier to employ, two self-report, paper-and-pencil measures, the Parental Reflective Functioning Questionnaire (Luyten et al., 2016) for parents of infants and toddlers, and the Prenatal Reflective Functioning Questionnaire (Pajulo et al., 2015) are undergoing validation through a series of studies (Pajulo et al., 2015; Rutherford et al., 2013), with promising initial findings. In addition, two recent PDI adaptations have extended use of the brief PDI to study RF of care providers, including childcare workers (Jurie, 2011) and preschool teachers (PDI R/T; Stacks, Wong, & Dykehouse, 2013). As yet, as a field and across disciplines, we are still searching for a standardized, economical means to fully evaluate provider RF. We propose that the study of group reflective supervision as a context for promoting provider RF may make contributions to broader questions about the benefits of reflective supervision in general. Areas for further research include exploring the role of participation in reflective supervision and its promotion of provider RF together with other measurables such as client outcomes, employee satisfaction and retention, and more.

PROMOTING OPTIMAL REFLECTION

Whether we are working to nurture reflection in a parent, home visitor, early childhood educator, nurse, program manager, or other infant mental health professional, strengthening RF requires thoughtful, deliberate attention to the dimensions of reflection currently in use by client or staff, alongside awareness of dimensions less used or absent altogether. The reflective supervisor must sharpen the focus of group supervision to enhance these dimensions through strategic inquiry. While there are many ways to consider social cognition that capture particular aspects of mentalization, including retrospective (“offline”) and here and now (“online”) reflection, and under various social conditions including stress (Fonagy, Bateman, & Luyten, 2012), a comprehensive understanding and enhancement of RF necessitates tailored, specific investigation of individual reflective process.

After over 20 years of study, mentalization is now seen as a multidimensional construct (Fonagy & Luyten, 2009). Four functional polarities of mentalization have been proposed, including (a) Focus on Self versus Focus on the Other, (b) Cognitive Process versus Affective Process, (c) Automatic (Implicit, Unconscious) versus Controlled (Explicit, Conscious), and (d) Internally Focused (Mental States) versus Externally Focused (Behavior). Whether in clinical work with parents or within the context of infant mental health supervision, each of these polarities may serve as a focus of reflective investigation for providers. What is critical in building reflective capacity is to work toward balance within each of these polarities. Optimal mentalization is characterized by a flexible capacity to move between thought and feeling, self and other, with focus on linking internal motivations and external behavior. Reflective inquiry nurtures mentalizing responses,

facilitating the conditions for change or transformation in relation to self or other.

Providers and supervisors may pull for RF in clinical or supervisory contexts by accessing explicit dimensions of reflection as well as inviting affect-specific inquiry on stressful or activating moments from the past or in the here and now. “Why do you think she looked at you with such disappointment?” may pull for the cognitive/affective dimension as well as focus on the internal (mental states)/external (behavior) polarity whereas a sudden switch in perspectives such as “What do you think your toddler was feeling when you pulled her quickly away from the busy street?” may illuminate challenges in the self/other dimension. Sustaining reflection in the face of stress or arousal is the gold standard for mentalization; maintaining a responsive, reflective, regulating stance when under the pressure of negative emotions is key to attachment security. Can a reflective group supervision serve as a secure base or reflective “village” for exploration of the full range of emotions that may arise in the course of work in the infant–early childhood field? Our experiences in reflective group supervision suggest that yes, creation of a containing, growth-promoting reflective culture is not only possible but is an emotional fact of a meaningful group process, and a process we strongly encourage in support of developing the infant mental health workforce.

USING GROUP REFLECTIVE PROCESS TO NAVIGATE COMMON INFANT MENTAL HEALTH CHALLENGES

While group supervision holds the possibility of deepening reflective capacities in a way that aligns with relational theories of change, we want to highlight more specifically how reflective supervision groups can help navigate four kinds of challenging landscapes common in the world of infant and early childhood mental health. Using dialogue to illustrate questions and prompts specifically related to the construct of RF, we will consider cultural and contextual differences in child-rearing, witnessing the unmet needs of children, and focus on the impact of trauma and loss on parents and on the exploration of diversity.

Group Reflective Supervision: Cultural Differences in Child-Rearing

The first of these landscapes is the potentially treacherous terrain of cultural difference in child-rearing. Parenting young children stirs deeply held cultural beliefs in most parents and equally in the providers charged with supporting and nurturing the burgeoning relationships emerging between young children and their parents. For example, children should or should not sleep in the parental bed, too much holding is a form of coddling that promotes dependence, or conversely, close contact promotes secure attachment, parents must include a man and a woman, or same-sex parents have the same capacity to nurture and develop. Despite developmental knowledge about the vast differences in child-rearing shaped by culture and context that informs

the field, individual providers can become perplexed about caregivers whose practices reflect a different worldview than their own.

Unconscious or conscious bias about a parent’s beliefs regarding interactions with children, daily care, or hopes for a child’s future can be communicated to a parent in ways that inadvertently convey judgment or criticism. Staff members often feel uncomfortable when these feelings emerge, and a reflective supervision group can provide opportunities to increase awareness, explore depth of feelings, and consider how these feelings inform relational interventions. Barrera and Corso (2002) provided useful guidance for practitioners to engage in dialogue that is culturally attuned, and Ghosh Ippen, Noroña, and Thomas (2012) described clinical and organizational strategies that align with a set of diversity-informed infant mental health tenets developed by the Irving Harris Foundation Professional Development Network (2012). However, since many of the feelings about difference are unconscious or, if conscious, not fully explored, reflective supervision groups can provide a space to more fully investigate these possibilities. Ghosh Ippen et al. (2012) offered a diversity-awareness model for individual supervision, with overlapping circles holding the experiences and perspective of clients, supervisor, and the clinician. In reflective supervision groups, we imagine even more overlapping circles, representing the cultural perspectives of multiple group members, which can inform and enlarge perspectives and lead to a more complete understanding of otherwise murky territory. The following case example from an author’s experience illustrates dialogue from a reflective supervision group, demonstrating how prompts and questions can elicit and build RF.

Case example. In this example, we see multiple things occurring, including acceptance of the provider’s distress and the usefulness of the group’s help to explore further and expand perspectives. We see how gradually the provider lets in some difficult feelings, which allows her to expand understanding of the child’s developmental needs and the current caregiver’s approach. We also see how the participation of other group members serves to slow down the process and illuminate the complexity of the moment described. Elena, a mental health clinician providing treatment in a program serving foster and adoptive parents, presented this case to her reflective supervision group. Elena and Mrs. Ames are from different cultural and class backgrounds, and the foster child is from the same cultural background as is Elena. “Mrs. Ames is so sweet to this little boy, she just smothers him with kisses and hugs all the time, but he just seems so clingy and dependent for an 18-month-old.” Elena’s comment gives a sense of the nature of the relationship, but is focused on behavior. To help Elena begin to link to feeling states, her reflective supervisor then asked: “What is it like to be with them?” Elena replied: “I can’t say, I just feel a little uncomfortable sometimes.” Clearly, Elena is having feelings, but she’s not yet able to identify them. Accordingly, her comment has a slightly generic quality. Another participant added: “You look kind of tense as you talk about this, is there something in

particular that makes you uncomfortable?” Supporting the facilitation, her colleague pulls for specific detail and reflects non-verbal cues while shifting Elena’s focus slightly to hold both her memory of the experience and also her here-and-now response in the group. Elena continued, “She doesn’t do much to play with him, or help him learn, she’s just a cuddler.” “How do you think Mrs. Ames sees this?” another participant asked, shifting Elena’s attention to the caregiver’s internal states, and added: “I wonder if his history prior to this foster placement really hit her hard?” Elena replied: “I try not to think about how long he had been left in that apartment all alone.”

Here, we start to get a sense of what might be difficult for Elena to think and feel about and how she might relate to the foster parent’s perspective. Shifting focus from Elena, the group begins to respond to the scenario, adding some feeling tone and perhaps helping Elena to deepen. Other participants considered the child’s removal from parental care in a series of short comments and questions, wondering about his experience, and expressing anger toward the parents and a system that they felt had not responded quickly enough. Elena then blurted out: “It is awful, and also I worry about him going forward in the world, what did he miss, what does he need?” Although Elena’s worry is the only mental state we hear, we cannot know how it was to sit in the group with her as she made this comment. Her supervisor offered a reflection intended to help Elena access more of the feeling response that she might have been communicating through tone and nonverbally: “It seems that this feels urgent to you, but how might we describe what he is getting from the foster mom? What does his experience of her affection seem to be?” Elena continued, haltingly, “He can’t take his eyes off her,” then Elena shifts back to behavior, “It is just a part of what he needs, such an important one, but sometimes I wonder if foster mom is even thinking about his learning.” Perhaps beginning to wonder about the meaning of this observation to Elena, another group member explores a link to her feelings: “Elena, you know a lot about early learning, and it must feel hard to see a little guy who needs this much to build a secure base . . . and there is little room now for the kinds of things he needs later.” While this comment might have been accurate for Elena and helped link her thoughts to underlying feelings, because it is somewhat conclusive, it could inadvertently narrow her focus.

It is important for Elena first to identify her feeling states, to facilitate her own regulation and her ability to regulate others. Beyond her statement of feeling uncomfortable, perhaps Elena is feeling overwhelmed, scared, or helpless, feelings that may be pulling her toward a specific focus on learning. Over time, she might shift her attention from avoiding uncomfortable states to understanding how these feelings shape her responses to the family. Doing so also would likely assist her in supporting the foster mother to do the same. This process requires ample time and practice as well as the supportive curiosity and openness of the group. Accordingly, the group supervisor redirects this moment: “Let’s slow it down a little and have you describe a bit more about this foster mom and little guy, maybe there is more for us to think about.” The supervisor uses pacing to re-regulate the group, then

pulls back the lens to broaden perspective to continue filling in detail and deepening around Elena’s experience.

Group Reflective Supervision: Witnessing the Unmet Needs of Children

Families who are not always fully present for their child for a variety of reasons (e.g., parental trauma or an early history of loss, abuse, or neglect) are a frequently encountered challenge in the infant and early childhood service landscape. Clinicians and home visitors are typically well-trained in the importance of such parental risk factors, but additionally are instructed that babies cannot wait and are informed of the long-term consequences of inadequate caregiving and neglect. It can be painful to observe or engage with children whose needs are not met; it is even possible that knowledge about early development can exacerbate feelings of anger or annoyance toward parents whose historical or current trauma makes attunement to their children’s needs more difficult. Clinicians and home visitors frequently witness lapses in attunement, physical, and emotional neglect as well as negative interactions that can shape a child’s core self. These incidents can activate protective urges toward children that overwhelm established practice parameters and shake clinicians to their core.

Case example. Ann, a well-trained clinician providing case management and mental health support to parents and children in a homeless shelter, was working with a 2-year-old girl and her mother. Ann was repeatedly horrified that the child was always dirty despite the presence of bathroom facilities, soap, and towels. One day, without asking the mother, she scooped up the child, went to the bathroom and washed the little girl’s filthy hands before lunch. She immediately felt the mother’s jolt of shame followed by defensiveness. The clinician left the shelter worried about the damage that she had done to the relationship with this mother, humiliated by her own impulsive action, and worried how her assumption of a parental role may have impacted the mother–child relationship. Later in a reflective supervision group, the clinician explored this incident. Ann’s confidence in her skills seemed rattled. Recognizing that Ann could identify her feelings and was distressed by her actions, the group supervisor began by asking her in a soft tone to try to recall the moment when she decided to act. Ann said: “It just came over me that it wasn’t fair for this kid to live like this, and nobody was going to do anything about this but me.” Perhaps distressed by Ann’s response, a group member began to tell her what she could have done instead. To deepen the provider’s understanding of her underlying feelings and communicate a wondering stance to the group, the supervisor interjected: “Before we move to that, let’s ask Ann what she needs right now.”

The supervisor’s comment promotes a culture of reflection, where the entire group is invited to together tolerate difficult thoughts and feelings so that these more unconscious urges are made welcome and therefore more apparent. Ann replied: “I just need to figure out if I know how to do this at all, I feel like

such a flop. How could I get so mad at this mom that I took over?" Staying with the feelings, but beginning to wonder about intentions that might have motivated Ann's actions, another group member chimed in: "This sounds like it was so hard to see the little girl be dirty over and over, so hard not to be feeling mad at a mom who is not doing the basics. I wonder how long you have been feeling this sense of protectiveness for this little girl?" Over time, hearing group members' empathy for her position helped Ann to create more internal space and regulation around her feelings so that she did not feel the same urgency to act on them. She regained her own surety and focus and began to talk about how she might repair her connection with the girl's mother.

Group Reflective Supervision: Focus on the Impact of Trauma or Loss on Parents

Next, we consider how parents' histories of trauma or loss may entrain home visitors and clinicians so deeply into the adult's story that the child's needs are overlooked because of a parent's need for support. Some clinicians may rationalize that they are attending to parental needs, which will in turn make it possible for the parent to attend to the child(ren) when he or she is more contained. Reflective group supervision provides a space where agreed-upon practices of relational infant family work are held and remembered, but where temporary moments of amnesia about the fundamental tenets also are accepted and explored, and in the process, recalled and reinvigorated for group members.

Case example. The experience of Rhonda, a new Healthy Steps home visitor, illustrates this example. The case she brought to group described a mother and an 18-month-old seen at home due to the mother's depression and anxiety and her toddler's flat affect. Rhonda shared a recent experience with the family. The client had been returning home from a doctor's appointment with her child in the backseat. She told Rhonda that the police had blockaded off her street because a man was randomly firing a gun. She could not move from this chaotic scene for some time because there were other cars blocking the street. So far, Rhonda has provided a purely behavioral description, and the focus of our attention is skewed slightly toward the mother. We can wonder about where the feelings are in this situation: What is going on in the mother's mind? Do we have a sense that the child's experience is being considered by the mother or by Rhonda?

Moments where terror is an understandable, but unspoken, reaction in a scenario can sometimes have a contagious effect, creating rigidity and hyperfocus (Regan, 2012). However, as Rhonda recounted the material from this recent home visit, a coworker asked her where the child was as this story unfolded. Rhonda's colleague demonstrated how we rely on other group members to bring alternate voices to the discussion. This simple question prompted the group members to remember and reinvest in their complex task of supporting both parent and child in building their relationship. The coworker's question reminded the group of how to stay regulated by moving flexibly in and out of focus with various aspects

of a scenario, such as states of mind, feelings, interactions, context, relevant history, sequence of events, and behavior. Through this group reflective practice, Rhonda may learn how to help this parent strengthen her capacity to better hold her child's perspective in mind, bring balance to consideration of self and other, and ultimately provide a compassionate space for everything that unfurled after this incident.

Group Reflective Supervision: Exploring Diversity

The last aspect of mapping the terrain of infant and early childhood services is topographical, multidimensional, and less frequently explored in group reflective supervision despite possibilities for learning and growth. This aspect includes the more difficult to access explorations of race, class, context, and difference. Both clients and providers bring a great deal of experience, feelings, and often injuries to this arena. It could be that it is hard to speak about this data at times because of the accumulated constrictions, anger, and fear that can accompany this topic. We believe that reflective supervision groups can provide a sturdy-enough container for exploration of racial and class differences as well as microaggressions present in many workplaces and even within clinical interventions. Providers often worry that investigation of these differences with clients and colleagues will be uncomfortable for them or others, may cause recrimination or accusation, or simply lead to hurt feelings and stalemates. Group reflective supervision informed by this perspective can raise worry about the possibility of making cultural faux pas, detonating a verbal minefield, or tapping into deep feelings of resentment about not feeling seen or heard in one's own beliefs or in those of others. Individuals often have strongly held feelings, personal or family histories of oppression, and awareness or a lack of awareness about particular privileges that can make deeper reflection difficult. Supervisors or group members may have concerns that the introduction and poking about in these compelling topics can infuse the group with politics and beliefs, taking over a group process and eroding time needed to focus on work with clients.

Jones (2000) offered a theoretical framework for understanding racism on three levels: institutionalized, personally mediated, and internalized. This and other frameworks such as the Infant Mental Health Diversity Tenets (www.imhdivtenets.org/tenets/) have encouraged deeper consideration of racism and difference. However, current conditions and tensions can make it difficult to know how to enter into reflective dialogue about these topics despite inherent knowledge that it is necessary (Tummala-Narra, 2004). Along with more commonly explored aspects of service delivery, the ability to consider how difference impacts relationships is essential for individuals and groups. A challenge for facilitators and group members is how to integrate an awareness of institutionalized, personally mediated, and internalized racism without taking a group whose purpose is to support client work away from their goal. Group supervision where the facilitator invites a robust and reflective stance in response to strong feelings provides a rich environment for clinicians to work together, practice deep listening,

explore diverse perspectives, and ultimately, enrich understanding of clients' history and experience.

Case example. The following vignette illustrates how a reflective supervision group, using questions and prompts informed by ideas of RF, helped a small group of home visitors working with teen mothers and their infants to explore and open up greater understanding of assumptions about race and issues of privilege.

Belinda, an African American clinician, brought up feelings of anger that had recently been directed at her by a client who also was African American. Initially, the young parent had passively resisted fully engaging in the home visits through a series of missed appointments. At one point, trying to support her client to connect to the feelings underlying her resistance, Belinda asked: "How is it for you, us working together?" The client accused her of being too "white." After listening to Belinda's account, the supervisor asked Belinda: "What was it like for you to hear this mom's response?" Belinda said: "I felt unappreciated, but it also brings up some complicated feelings." She seemed to hesitate to talk more. After some important silence, which allowed the group to stay with the moment, one member of the group of mostly White home visitors said: "I don't quite know how to respond. I have felt like that and had that same conversation, and sometimes feel I could do a better job for my clients if I were black like you."

We hear this provider beginning to link her thoughts about specific scenarios to the context of belief systems that she has about race. Another group member added: "I am a little shocked," and shared that she had often felt rejected by clients, but thought that being Black might make it easier to engage the African American moms. Introducing more complexity into the discussion by acknowledging how assumptions related to race might obscure other dynamics, another clinician noted seriously: "We are all jumping to the conclusion that it was all about matching skin tones, but I wondered what else could make this girl mad?" While she could not know for sure what the mother was feeling, after a time, Belinda began to wonder even further about the mother's perspective: "Did she want to put me down because she was jealous? What might it mean to her to have a home visitor who was educated and had a real job while she had a baby and was working for her GED?" While she was not yet clearly identifying her own feelings about the experience, Belinda's tearful response demonstrated some distress as she began to link the exchange to her thoughts about the differences between their experiences: "I started my life at the scratch line, but this mom is behind because of her poverty and abandonment as a child."

This interaction raised the awareness of everyone in the group and, for the first time, gave permission for the group to broach the fact that the majority of the staff serving the mostly African American clientele were White and had been uncomfortable talking about difference in this way. As a result of the group, Belinda became increasingly aware of her privilege as an educated person of color and painfully conscious of how awkward this was for her at times in her work. She felt somewhat burdened by this knowledge, and

over time, she used the group to find greater comfort with the subject as well as gain the language and confidence to open up these conversations with her clients.

SUMMARY AND CLINICAL IMPLICATIONS

In this article, we have discussed the use of a group reflective supervision model to promote and expand staff RF in a variety of treatment settings, with the ultimate aim of benefitting families served through parallel attunement in service delivery. Group reflective supervision with explicit focus on strengthening staff RF is not a replacement for individual reflective supervision. Individual supervision also supports growth of this ability and provides a more intimate space to explore, discover, and focus on what is most urgent. Group supervision can be an effective space to further develop, enhance, and sustain the reflective stance of practitioners, as the presence of many minds, perspectives, and voices in a group has special resonance with the dynamics of family work. When groups effectively promote RF within a safe environment, providers learn how to identify and hold tensions within a system of relationships, explore feeling states, and vividly experience the perspectives of others.

We also suggest that this kind of reflective group experience promotes resilience in clinicians. Strong arguments have been made that opportunities for meaningful group supervision reduce rates of staff turnover and lead to greater program success through client retention (National Council on Crime and Delinquency, 2006; Turner, 2009). We encourage development of easier-to-use measures of RF to foster research into enhancement of provider RF through group reflective supervision, including potential impacts on related clinical and programmatic outcomes. Group reflective supervision builds team coherence and an understanding of the intricacies of the intervention model used as well as a sense of containment that can reverberate between group sessions. Through shared understanding, engagement in the mission, and enriched capacity to work in diverse settings, groups move toward a stronger identity and solidarity. Group members begin to appreciate that the theory of change applied within a relational framework requires a deeper focus on relationships. Group reflective supervision offers opportunities for deep exploration, development of relational capacities, and the ability to make use of tensions and conflicts that ordinarily arise in the course of service delivery. In group reflective supervision, we learn flexibility in clinical thinking while sustaining compassion and enriching understanding of the importance and complexity of our work with infants, families, and children.

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