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## RELEASE, REFRAME, REFOCUS, AND RESPOND: A PRACTITIONER TRANSFORMATION PROCESS IN A REFLECTIVE CONSULTATION PROGRAM

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**ABSTRACT:** This article presents findings from a qualitative research study exploring the experiences of early intervention practitioners in a reflective consultation program. Fifteen licensed early childhood special education teachers and speech, occupational, and physical therapists as well as a psychologist from an urban school district participated in interviews discussing their work stressors and involvement with monthly reflective consultation groups. They described a loosely temporal, iterative process which transformed how they thought and felt about both themselves as practitioners and the children and families with whom they worked. These practitioners also shared ways that their participation in reflective consultation changed some of their intervention strategies with young children and families. Analysis of themes from their descriptions led to the creation of a change process model defined as release, reframe, refocus, and respond. These findings contribute the practitioners' voices and experiences in a structured way to a growing body of evidence about the efficacy of reflective supervision and consultation.

**Keywords:** reflective supervision, reflective consultation, early intervention

**RESUMEN:** Este artículo presenta resultados de un estudio de investigación cualitativa que explora las experiencias de especialistas en una intervención temprana dentro de un Programa de Consulta con Reflexión. Quince maestros, terapeutas físicos, de habla y de ocupación con idoneidad en la educación especial en la temprana niñez, así como un psicólogo de un distrito escolar urbano, participaron en entrevistas para discutir los factores de estrés de su trabajo y su participación mensual con grupos de Consulta con Reflexión. Ellos describen un proceso iterativo, algo temporal, el cual transformó la manera como ellos pensaban y sentían acerca de ellos mismos como especialistas y de los niños y familias con quienes trabajaban. Estos especialistas también compartieron maneras en que su participación en Consulta con Reflexión cambió algunas de las estrategias de intervención con niños pequeños y familias. Los análisis de temas a partir de sus descripciones condujeron a la creación de un modelo de proceso de cambio definido como Soltar, Replantear, Reenfocar y Responder. Estos resultados aportan las voces y experiencias de los especialistas de una manera estructurada al creciente cuerpo de evidencia acerca de la efectividad de la Supervisión y Consulta Reflexiva.

**Palabras claves:** supervisión reflexiva, consulta con reflexión, temprana intervención

**RÉSUMÉ:** Cet article présente les résultats d'une étude de recherche qualitative explorant les expériences de professionnels d'intervention précoce dans un Programme de Consultation de Réflexion. Quinze enseignants certifiés en enseignement spécialisé et orthophonistes, ergothérapeutes et kinésithérapeutes, ainsi qu'un psychologue venu d'un district scolaire urbain ont participé à des entretiens afin de discuter leurs facteurs de stress et leur participation à des groupes mensuels de Consultation de Réflexion. Ils sont décrit un processus plus ou moins temporel et itératif qui a transformé la manière dont ils se pensaient et s'estimaient en tant que professionnels et la manière dont ils pensaient et estimaient les enfants et les familles avec lesquels ils travaillaient. Ces professionnels ont également partagé les manières dont leur participation à la Consultation de Réflexion a changé certaines de leurs stratégies d'intervention avec les jeunes enfants et les familles. L'analyse des thèmes de leurs description a mené à la création d'un modèle de processus de changement défini comme Libérer, Recadrer, Recentrer, et Faire Face. Ces résultats ajoutent les voix et les expériences des

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professionnels, d'une manière structurée, à l'ensemble des preuves grandissant sur l'efficacité de la Supervision de Réflexion et la Consultation de Réflexion.

**Mots clés:** supervision de réflexion, consultation de réflexion, intervention précoce

**ZUSAMMENFASSUNG:** Dieser Artikel präsentiert die Ergebnisse einer qualitativen Forschungsstudie, welche die Erfahrungen von Fachpersonal aus dem Bereich der Frühintervention in einem reflexiven Beratungsprogramm erforscht. Fünfzehn lizenzierte speziell zur frühen Kindheit ausgebildete Lehrer, Sprach-, Arbeits-, und Physiotherapeuten sowie ein Psychologe eines städtischen Schulbezirks nahmen an Interviews zu Stressoren bei der Arbeit und zur Beteiligung an monatlichen reflexiven Beratungsgruppen teil. Sie beschrieben einen zeitlich losen, sich wiederholenden Prozess, der veränderte, wie sie sowohl über sich selbst als Praktikierende als auch über die Kinder und Familien, mit denen sie arbeiteten, dachten und fühlten. Die Praktikierenden erlebten auf gleiche Weise, inwiefern die Teilnahme an der reflexiven Beratung einige ihrer Interventionsstrategien mit den Kleinkindern und Familien veränderte. Eine Themenanalyse anhand ihrer Beschreibungen führte zur Erstellung eines Modells von Veränderungsprozessen definiert als Freigabe, Umdeutung, Neufokussierung und Antwort. Diese Erkenntnisse zu den Äußerungen und Erfahrungen der Praktikierenden leisten in strukturierter Weise einen Beitrag zu den Wirksamkeitsbelegen der reflexiven Supervision und Beratung.

**Stichwörter:** reflexive Supervision, reflexive Beratung, Frühintervention

抄録: この論文では、内省的コンサルテーション・プログラム Reflective Consultation Program における早期介入臨床家の経験を探索する質的研究から、所見を提示する。都市の校区の15人の免許を持つ児童特別教育教員、言語・作業・理学療法士、並びに心理士が、仕事のストレスと毎月の内省的コンサルテーション・グループへのかかわりについて議論する面接に参加した。彼らは、臨床家としての自分自身と彼らがともに仕事をしている子どもと家族の両者について、彼らがどのように考え感じているかが変容した、ゆるやかに時間的に繰り返されるプロセスを述べた。これらの臨床家はまた、内省的コンサルテーションへの参加によって、幼い子どもと家族への彼らの介入戦略の一部が変化した歩みを、共有した。彼らの記述のテーマ分析から、解放、リフレーム、再焦点化、そして応答 Release, Reframe, Refocus, and Respondと定義される変化プロセス・モデルが創り出された。これらの所見から、構造化された方法での臨床家の声と体験は、内省的スーパービジョンとコンサルテーションの効果についての根拠の増大に貢献する。

**キーワード:** 内省的スーパービジョン, 内省的コンサルテーション, 早期介入

摘要: 本文紹介一個定性研究, 探討反思諮詢計劃早期干預員工的經驗。十五位持牌幼兒特殊教育教師、演講、職業和物理治療師, 以及來自城市學區的心理學家接受訪問, 談論他們在每月的反思諮詢組的工作壓力和參與。他們描述了一個鬆散時間、反復的過程, 轉化他們如何思考和感受作為從業者和其服務的兒童和家庭。這些從業者並分享他們的在反思諮詢參與方式, 改變了他們一些幼兒和家庭的干預策略。從他們描述的主題分析, 創作變化過程模式, 定義為釋放、重構、重新聚焦、和回應。研究結果有助擴展從業者的聲音及經驗, 以結構化方式, 增加越來越多的反思監督及諮詢療效的證據。

**關鍵詞:** 反思監督, 反思諮詢, 早期干預

**مفتاحية:** تقدم هذه الدراسة نتائج من دراسة وصفية تتناول تجارب المختصين والممارسين للتدخل المبكر وذلك من خلال برنامج استشارة تأملية. شارك في الدراسة 15 مدرس مرخص في التربية الخاصة والتخاطب والعلاج الطبيعي والوظيفي. كما شارك طبيب نفسي من المنطقة المدرسية. تم إجراء مقابلات شخصية حول الضغوط العصبية في عملهم واشتراكهم في مجموعات استشارة تأملية بشكل شهري. خلال المقابلات قاموا بوصف عملية متكررة تمت على مدى زمني مفتوح شكلت تحول في تفكيرهم وشعورهم تجاه أنفسهم كممارسين وتجاه الأطفال والعائلات الذين يعملون معهم. كما وصفوا أيضا كيف أن الطرق التي شاركوا بها في الاستشارة التأملية غيرت كثيرا من استراتيجياتهم التدخلية مع صغار الأطفال والعائلات. من خلال تحليل محتوى وموضوعات المقابلات تم التوصل إلى نموذج عملية التحول والذي تم تعريفه على هذا النحو (تنقيس- إعادة تأطير - إعادة تركيز - استجابة). هذه النتائج تقدم وجهة نظر وتجارب الممارسين بشكل نظامي بما يمثل مزيدا من الأدلة التجريبية التي تؤيد فاعلية الإشراف والاستشارة التأملية.

**كلمات مفتاحية:** الإشراف التأملي - الاستشارة التأملية - التدخل المبكر

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Literature on reflective supervision, also called *reflective consultation*, has been growing over the last two decades, with increasing focus on ways to articulate and measure a change process for both the supervisees and the young children and families with whom they work (e.g., Eggbeer, Mann, & Seibel, 2007; O'Rourke, 2011; Tomlin, Weatherston, & Pavkov, 2014; Virmani & Ontai, 2010). Reflective supervision, a "relationship for learning,"

posits that the relationship itself, between the supervisor and the practitioner, is the mechanism of change (Fenichel, 1992). Relational processes are fluid, internal, mutually influential, and ever-changing, making them hard to measure. There have been recent useful and illuminating contributions to understanding the essential qualities of both a supervisor and supervisee, as described in Tomlin et al. (2014), as well as the alliance between them (Watkins,

2015). In addition, there are measurement tools in various stages of development (e.g., Ash, 2010, as cited in Gallen, 2013; Watson, Neilsen Gatti, Cox, Harrison, & Hennes, 2014). Part of this broad research agenda includes determining individual and process variables by which change can be measured.

This study aims to contribute to the growing evidence base by presenting a change process model that resulted from analysis of practitioners' descriptions of their participation in reflective consultation. While several studies have elicited ideas from experts who most often do supervising (e.g., Tomlin et al., 2014), studies about practitioners' own perceptions of the reflective supervision or consultation relational experience and process of change are still emerging (e.g., Gallen, Franco, Smith, Ash, & Willford, 2016; Willford, Franco, Smith, Ash, & Gallen, 2016). This article summarizes one set of findings from a small research study in which a group of early intervention practitioners (licensed early special education teachers as well as licensed speech, occupational, and physical therapists, and a psychologist) described their participation in an ongoing reflective consultation group as well as their ideas about the ways that their participation had impacted their practice with children and families.

## STUDY BACKGROUND AND PURPOSE

This study developed as a follow up to a pilot study done in the 2005 to 2006 school year when 14 early interventionists participated in a newly implemented reflective consultation program (for an in-depth description and results, see Watson & Gatti, 2012). Findings from that study included interventionists' expression of appreciation for dedicated time to reflect on and explore their practice, think about the emotional experience of their work, and get ideas from the consultant and each other about how to work differently (Watson & Gatti, 2012). As a result of the pilot program, the particular school district chose to fund an expanded reflective consultation program offered to all early interventionists in the district on a voluntary basis. At the time of the follow-up study, the district had offered the reflective consultation program for 7 consecutive years. This article summarizes findings from the follow-up study, which sought descriptions from the early interventionists about their personal experience with the program.

### Research Question

The research question for this study was "How do early interventionists experience the reflective consultation program?" Early interventionists included licensed early childhood special education teachers for children ages birth to kindergarten as well as licensed speech, occupational, and physical therapists and a psychologist. The reflective consultation program was as an ongoing program for early interventionists who worked in an urban Midwestern school district from the 2005 to 2006 school year through the 2011 to 2012 school year, at which time this study was done.

## Description of Reflective Consultation Program

Reflective supervision and consultation experiences and programs can vary widely by setting and discipline. Frequently, the literature has discussed reflective supervision as a dyadic process. In this case, the reflective consultation program was provided to a group by an outside consultant. The program was designed and revised over time to meet the needs of this particular work setting and these particular practitioners. When the program was opened to all early interventionists in this urban school district, administrators chose to make participation voluntary, given practitioners' full caseloads as well as other demands. The program continued contracting with the same outside consultant, who was a licensed mental health clinician and trained in infant mental health and who had more than two decades of practice and consultation experience. The group was convened monthly for 90 min, and the consultant also offered three additional 30-min blocks of time each month. These time blocks were available for voluntary sign up by small groups or individuals who wanted additional time to process complex situations. Attendance at the large-group sessions ranged from between 10 to 20 people in any given month. Exact attendance was not recorded because the group was voluntary, so the group size reflects an estimate by participants.

## METHODS

### Design

The data and findings presented in this article were part of a larger, mixed-methods research study (Watson, Gatti, Cox, & Harrison, 2011). Qualitative research methods are useful when exploring the significance of an experience or phenomenon (Padgett, 2008). Thus, the design included the use of applicable qualitative methods to explore the complexity and meaning of participation in the reflective consultation program for the early interventionists.

### Sample

The sample was drawn from a total of 29 early interventionists who had participated in reflective consultation for at least 1 year and had chosen to complete a survey about their participation. Using Patton's (2002) recommendation of balancing the ability to fully understand a phenomenon while also meeting the needs of stakeholders, 15 people, or roughly half, were invited to participate in the qualitative portion of the study.

A central interest in this research was exploring whether participants thought that the length of time they participated had any impact. This was based on Siegel's (2010) description of the necessary time needed to create resonance or deep understanding within relationships. Thus, the primary and initial sampling strategy was Patton's mixed purposeful sampling to deeply explore a theoretically based concept (p. 244). This yielded a group of the 9 interventionists who had participated in the program the longest,

**TABLE 1.** Participant Characteristics

Participant (names changed)	Professional Role <sup>a</sup>	Years of Work Experience	Years in Reflective Consultation
Marianne	Developmental Therapist <sup>a</sup>	10+ Years	5+ Years
Diana	ECSE Teacher	10+ Years	5+ Years
Cristina	Developmental Therapist	10+ Years	5+ Years
Kendra	Developmental Therapist	7–10 Years	2–4 Years
Yvonne	ECSE Teacher	10+ Years	5+ Years
Stacey	ECSE Teacher	10+ Years	5+ Years
Sonja	Developmental Therapist	10+ Years	2–4 Years
Jamie	ECSE Teacher	10+ Years	1–2 Years
Alex	ECSE Teacher	10+ Years	5+ Years
Silvia	Developmental Therapist	10+ Years	1–2 Years
Elsie	ECSE Teacher	10+ Years	5+ Years
Clara	Developmental Therapist	10+ Years	2–4 Years
Samantha	Developmental Therapist	10+ Years	5+ Years
Chris	ECSE Teacher	10+ Years	5+ Years
Lorena	ECSE Teacher	4–6 Years	2–4 Years

ECSE = Early childhood special education.

<sup>a</sup>To maintain confidentiality, we grouped together the speech, occupational, and physical therapists as well as the psychologist. In some categories, there was only one person from a particular discipline, and maintaining discipline-specific distinctions would have violated this principle.

between 5 and 7 years. Of these, 7 were licensed early childhood teachers, and 2 were “developmental therapists.” To maintain confidentiality, the category of developmental therapists was created to include the speech, occupational, and physical therapists as well as the psychologist. In some cases, there was only one person from a specific discipline, and any specification would have violated confidentiality. The secondary sampling strategy aimed at diversification by inviting more developmental therapists as well as a male participant ( $n = 5$ ) (Patton, 2002). The final selection was done using Patton’s purposeful random sampling strategy to “reduce bias in a purposeful category” (p. 244). Table 1 shows the sample. All names are pseudonyms, and some names are purposely androgynous to protect the identity of the male participant.

### Recruitment

The Institutional Review Boards of the University and the school district approved the study. The consent form used when the early interventionists filled out the survey also covered consent to participation in the qualitative study. The program administrator provided e-mail addresses of the 15 participants from the initial sample for recruitment, and all 15 agreed to be interviewed.

### Measure

**Semistructured interview.** A semistructured set of interview questions, along with prompts, was used to guide the interview process (see Table 2). These questions expanded on the research of Watson and Gatti (2012) to more deeply explore participants’ experiences, with special focus on the extent to which that they

thought the length of time participating had been impactful, if at all. The semistructured questions and prompts were supplemented when appropriate with exploration of emerging themes (Patton, 2002).

### Data Collection and Analysis

The district administration only allowed one interview per participant, which was conducted at times that worked best for each participant in a private space at the workplace. Interviews were digitally recorded and transcribed by a University employee.

Thomas’s (2006) general inductive approach was used for coding and analysis, which included steps informed by different methodologies to develop main themes and subthemes (e.g., Miles & Huberman, 1994; Patton, 2002; Strauss & Corbin, 1998). Coding included open coding procedures, comparison of similarities and differences in responses, analysis of context and process, and analysis of negative cases (Corbin & Strauss, 2008; Patton 2002). Initial themes emerged about the background and context for the program, including common work stressors, information about the implementation process and the practice methods, themes about the individuals’ thoughts and feelings during or about the reflective consultation group meetings, and themes about short- and long-term perceived impacts of participating in the group on individuals’ thoughts and feelings as well as on practice and choice of interventions.

Qualitative research requires proactive and systematic practices to ensure validity and integrity of the findings. Part of the analysis process included adherence to Lincoln and Guba’s (1985) standards for trustworthiness and integrity, including credibility; applicability and transferability; consistency and dependability; and neutrality. Credibility was established through the use of

TABLE 2. Semistructured Interview Protocol

Semistructured Interview Protocol With Prompts	
1.	<b>If you were having a conversation with a colleague, how would you describe reflective consultation to him or her?</b>
a.	<i>Prompt: How would you describe your personal experience with reflective consultation?</i>
b.	<i>Prompt: What parts of the experience are meaningful to you, if any?</i>
c.	<i>Prompt: What are some of the main themes that have emerged during the reflective consultation process?</i>
2.	<b>Please describe aspects of your work that are stressful.</b>
a.	<i>Prompt: What helps you understand and/or deal with these stressful aspects?</i>
b.	<i>Prompt: How are these things helpful in dealing with stress?</i>
3.	<b>In what ways, if any, is reflective consultation helpful in dealing with any stressful aspects of your work?</b>
a.	<i>Prompt: What aspects have been most helpful, if any?</i>
b.	<i>Prompt: In what ways, if any, have any feelings of stress in your work changed over time because of your participation?</i>
4.	<b>What impact, if any, has reflective consultation had on the work you do with young children and their families?</b>
a.	<i>Prompt: When you make decisions about the types of interventions you use and how to implement them, what are some of the things that help you make these decisions?</i>
b.	<i>Prompt: Please provide an example.</i>
5.	<b>In what ways do you think the length of time or number of years you have spent participating in reflective consultation has impacted your professional work?</b>
a.	<i>Prompt: What parts of the experience have impacted you over time?</i>
b.	<i>Prompt: Have your thoughts or feelings changed over time?</i>
c.	<i>Prompt: Has the way you have participated in consultation changed over time?</i>
d.	<i>Prompt: Has the way you have practiced professionally changed over time?</i>
6.	<b>Why do you choose to participate in reflective consultation?</b>
7.	<b>Do you have any final thoughts?</b>

member checks and peer debriefing (Lincoln & Guba, 1985) as well as exploring themes that emerged with participants (Patton, 2002). Applicability and transferability were established using participants' own words and connecting themes to this evidence (Lincoln & Guba, 1985). Consistency and dependability were established with a transparent audit trail that included memos written immediately after interviews and with establishment of raw codes, a cross-checking process of codes for accuracy, and use of a documentation system linking codes and raw data to subthemes (Lincoln & Guba, 1985). Finally, neutrality in qualitative research requires open exploration of research bias (Lincoln & Guba, 1985). This was established using an in-depth process documenting researcher assumptions derived from practice experience and the literature. This was shared during peer debriefing for feedback to enhance transparency in interpretation and establishment of themes. In this article, when appropriate, connections between the literature, the raw data, and the establishment of subthemes are included in the results section to demonstrate the influence of literature on the interpretation of findings.

## RESULTS

Participants described both what happened to them and within them, personally, while they attended the group as well as the impacts on their thinking and feeling about their work and themselves over time. They gave numerous examples of ways that they thought their participation had impacted their practice. Analysis of the themes that emerged led to a change process model that summarized the loosely temporal and iterative process described by the early interventionists.

TABLE 3. Main Themes and Subthemes

Main Theme	Subtheme
Release	Feeling Heard, Validated, and Affirmed Reducing Feelings of Isolation Feeling Coregulated
Reframe	Exploring One Aspect of Parallel Process Asking Questions Shifting Perspective Addressing Biases
Refocus	Setting Boundaries and Being Realistic Being Direct Focusing Feeling Self-Efficacious
Respond	Slowing Down, Observing, Listening Being Flexible Consciously Providing a Parallel Experience

### Description of Change Process

Practitioners' descriptions of their experiences while participating in the reflective consultation program led to the emergence of several thematic categories or subthemes (see Table 3). From these, four overarching themes—*release*, *reframe*, *refocus*, and *respond*—emerged as processes that summarized the subthemes. Subsequent sections provide examples of data that contributed to these categorizations as well as descriptions of how they are related to each other. In general, the “release” process supported the ability to “reframe,” which supported the ability to “refocus,” and ultimately, all of these experiences contributed to the practitioner's ability to “respond” in new ways in practice. Figure 1 was created

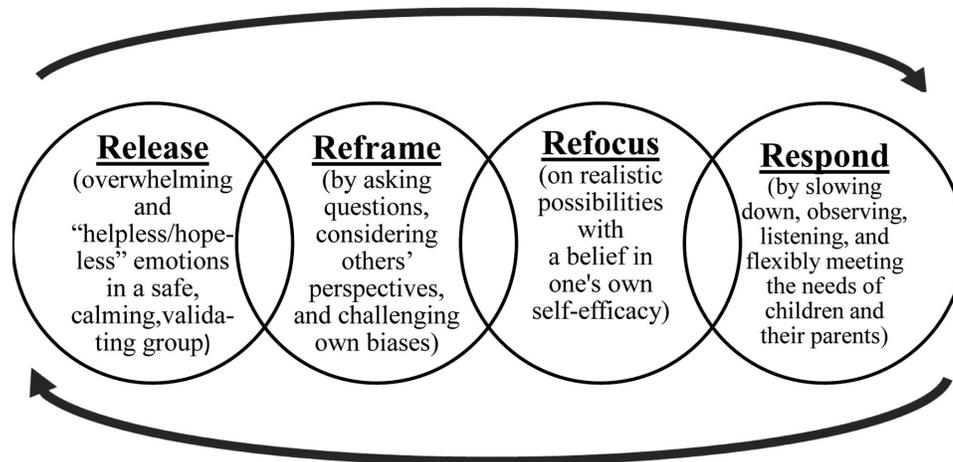


FIGURE 1. Practitioner-described transformation process.

to illustrate the ways that the themes overlap and support each other as well as the way the process repeats over time. Long-term participation in the group gave rise to the opportunities to have experiences with the subthemes that led to this overarching change process. Analysis procedures carefully rooted the findings in multiple examples from the data and parsed out the differences and important components the practitioners described.

### **Release**

When asked how they would describe reflective consultation to a colleague, practitioners supplied vivid detail about their own experiences with aspects of their work that they found stressful. They then described the extent to which participating in reflective consultation was helpful in dealing with the stressful aspects of their work. In describing how it felt to do their work, practitioners shared what can be summarized as often feeling overwhelmed with “helplessness” and “hopelessness” when faced with the array of stressors that families experienced. In addition to dealing, for example, with a disability diagnosis for a child, the families with whom they worked also were often challenged by living in poverty, homelessness or high mobility, hunger, interpersonal violence, unsafe neighborhoods, and parental mental illness, among other negative circumstances. Chris discussed entering homes that felt like “total chaos” and not knowing what to do:

... you’re taking all this stuff in and we’re getting these parents that are just getting settled and a lot of times we are on the front line. They’re just getting the diagnosis or they’d just gotten out of the hospital or the kid’s back and forth in the hospital. That crisis, that trauma. And then pair that with extreme poverty, domestic violence, and living in a neighborhood where there’s gunshots going off ...

Another experienced birth-to-3 teacher said:

How can they concentrate on their child learning how to walk when they’re homeless, they don’t have enough to eat, they don’t have clothes...

you’re way at the bottom of the needs scale and who’s gonna be able to think way up there about their baby talking pretty soon? ... So is it enough for us to go in and just listen ... or what do we have to offer?

In their stories, practitioners described how their emotionally stressful experiences could become “stuck” in their bodies, leading to a more generalized feeling of “helplessness” and “hopelessness.” Some practitioners described feeling like a “failure” as a practitioner because they thought that they could not provide enough help to fix problems. At other times, practitioners described this helpless/hopeless state as contributing to biased or judgmental thoughts about the families with whom they worked.

In contrast, practitioners described the reflective consultation group as facilitating a “release” of their “helpless/hopeless” feelings and thoughts. This “release” occurred as a result of three different, but interrelated, experiences in the group: feeling heard, validated, and affirmed; reducing feelings of isolation; and feeling coregulated.

*Feeling heard, validated, and affirmed.* Every practitioner interviewed described the value of feeling heard, validated, and affirmed by the reflective consultant as well as by their peers. They recounted the sense of slowing down and paying attention to their own emotional reactions and acknowledging them as valid. They were reminded of ways that they may not have realized were helpful to families by simply being a reliable presence. Lorena said:

Some of the difficult cases ... have been homelessness, poverty, and especially depressed moms. Again, those are the things that we don’t have training in ... So, talking through, problem solving, how can we be supportive, and [being reminded] “this is what we’re doing that is helpful even if it feels like we’re not helping.”

Marianne noted “That whole piece of just having someone say ‘what you do is really important.’ So we get validated a lot ... validation that nobody else tells us what a hard job this is.” Practitioners described the experience of feeling heard, validated,

and affirmed in the safe holding-place of a reflective consultation relationship and experience as becoming a vital part of their work.

*Reducing feelings of isolation.* In a related way, practitioners participating in the reflective consultation group described the benefit of not feeling as isolated in their work and in their emotional reactions to their work. Stacey shared:

... one thing that has helped me is the fact that ... I'm not the only one who leaves stressful situations with the feelings I have and ... it's okay to feel that I have to get rid of [these feelings] somewhere. That I'm not the only one who needs to talk about this or process it ... . When I go to those reflective practice sessions I think "Oh! They have that same feeling! ... [Participating in reflective consultation has] given me permission to feel okay about feeling confused or not knowing where to go.

As practitioners received affirmation and validation from the reflective consultant and other group members, they realized that they were not alone in their feelings.

*Feeling coregulated.* In exploring with the participants their experiences in the group setting, there were repeated examples of changes in their bodies while sitting in the group or as a result of participation. Based on this, and as is common and valuable in qualitative research, the author began asking participants specifically whether they felt "coregulated" in the group. For example,

**Chris:** It's just nice to come [to the group] and kinda go (interviewee inhales and exhales loudly) and get the consultant's (interviewee exhales loudly). Ya know?

**Author:** Looks like it regulates your body?

**Chris:** It does! And maybe that's priceless. To have somebody come in who you feel safe with and that you can share ... .

Similarly, Sonja said "I would walk in there all keyed up and (interviewee takes a loud deep breath and exhales) come down a few notches when I come out. For me it was very freeing ... ." Mariannestated "Leaving, you just feel lighter." From practitioners' stories, it became clear that the consultant used empathic and validating facial expressions and language as well as body language both as a mirror to validate the practitioners' experiences and to demonstrate a coregulatory "release" process through deep breaths.

Together, these experiences supported what practitioners described as a crucial process in their short- and long-term experience in the group. Being able to release stress and emotional strain, being able to voice concern and frustration, and being held safely in relationships with members of the group provided support for new ideas and ways of thinking.

### **Reframe**

The idea of reflection often connotes a cognitive process, and participants described several different kinds of experiences that supported and promoted their cognitive consideration of themselves and their work. Yvonne shared: "I feel like I've gotten like a re-

framing and kinda different perspective on some of the ways that I've experienced or looked at what's happened to me [with families]." In general, participant experiences of reframing included purposeful consideration of the complex experiences of the families with whom they worked using a strengths-based approach. These experiences included exploring one aspect of parallel process; namely, their own emotional reactions to their work, asking themselves questions, shifting their perspectives, and addressing their biases.

*Exploring one aspect of parallel process.* The concept of parallel process has been linked to reflective supervision often using Jeree Pawl's guidance to "do unto others as you would have others do unto others" (Pawl & St. John, 1998, p. 7). Inherent in this idea is Pawl and St. John's (1998) guidance that "how you are is as important as what you do." Together, these ideas emphasize the importance of a practitioner's relational skills and qualities for clients' growth. In one regard, this means that the compassionate listening and holding environment that the practitioner experiences can be provided in a parallel way to a parent and, in theory, from a parent to a child (Heller & Gilkerson, 2009). In another regard, it means that the practitioner can use her or his own relational experiences and emotional reactions with a parent as useful "data," giving her insight into a parent's and child's worlds. The purposeful exploration of parallel experience is an important skill in infant mental health practice (Weatherston, Kaplan-Estrin, & Goldberg, 2009).

Practitioners described both of these ideas in the interviews. In this *reframing* process theme, practitioners described the latter example. Namely, during reflective consultation, they practiced exploring the meaning of the relationship dynamics between themselves and the parents and children. In particular, practitioners described how they learned to use the way their body felt when they were in homes as "data" about how it might feel to be in the family with whom they were working. In other words, their bodily experiences during home visits may parallel the feelings of parents or children in the home. Christina articulated:

The reflective supervision ... helps me understand why I might be feeling a certain way ... if I'm feeling chaotic and confused and exhausted after a visit, I've learned that this is often how things really are in the family ... or that's how it is for the parent. So it gives me a lot of empathy and understanding ... if I come out feeling depressed and drained, often times it gives me an indicator "Oh, well that mother—that's probably it; she's probably depressed and drained" [which] makes me a lot more compassionate and understanding of the situation.

Christina's description summarizes what many practitioners shared about using their bodies as barometers to tell how it might feel to be a child or a parent in a particular family context. This purposeful exploration gave meaning to the "helpless/hopeless" feelings and thoughts that many practitioners had been experiencing in their work. As they described, this process allowed practitioners to use this new understanding to shift toward empathy

and compassion for families rather than remaining overwhelmed or stuck.

*Asking questions.* Using bodily reactions as helpful data along with the consultant's wondering stance led to many practitioners asking themselves questions about their work and the choices that they made in their practice. For example, Sonja described:

I had a family last year that I went way overboard in helping them and I had to ask myself . . . "Why am I doing this? . . . What's going on here? Why is this happening? Why do I feel this way? . . . [reflective consultation has] given me the skills to do the reflective thinking myself.

Similarly, Yvonne linked her process of introspection with helping her take the perspective of her client:

I'm asking myself "Why am I doing [this]? What am I doing? How can I connect with this parent?" Again, [reflective consultation] makes me slow down; it makes me probably really put myself as close to in their shoes as I kind of can.

For Sonja, Yvonne, and most others who were interviewed, their repeated practice of pausing to consider why they were behaving or reacting in a particular way contributed to their transformation as practitioners. Being invited to step outside themselves, or listening as their colleagues did so, seemed to help practitioners shift from a reactive state of mind to a reflective state of mind.

*Shifting perspective.* Practitioners' process of asking questions was directly linked to their ability to shift their perspective about themselves and others as they considered their clients' experiences. As participants described, the reflective consultant invited them to consider events from the perspective of the child(ren) and the parents as a way of promoting compassion and empathy. Elsie discussed the difficulty of thinking in the moment:

. . . When you're going on home visits . . . you're kinda coming in with your perspective and they have their perspective, but in the moment you're not always thinking of what might be going on behind the scenes. Sometimes when you have a person to consult with, it gives you a little bit more insight to the possibilities of what else might be going on.

Here, Christina described the facilitated process during the reflective consultation group of asking questions and considering multiple perspectives:

. . . What might be going on with us and what might be going on with families; different interpretations, different frameworks than we would normally entertain . . . We've been able to return to our situation with a different approach. And we've been able to expand it, generalize it to other families.

Kendra described a similar experience:

. . . As a person I'm much more of a thinker than a feeler . . . stepping back and reflecting does help me to go for more of the empathy. "What's this

like for this child? What's the world like? What's the experience like? Oh that's gotta be scary for him." . . . I sometimes have to kind of step back and do that; otherwise I'll just kind of go forward with the mechanical stuff.

Kendra's description touches on what might happen or has happened, at least for her, at times when she did not take time to ask questions and consider other perspectives. As she described, she went "forward with the mechanical stuff." Others talked about "coming in with my bag of toys" and more rigidly having the family stick to the intervention plan that had been developed for their child. Participants said in the past that they would, at times, become frustrated when families did not follow the plan. In contrast, participants' experience considering multiple perspectives helped them go back to home visits with "a different approach," as described by Cristina.

*Addressing biases.* Finally, closely related to asking questions and shifting perspectives was the experience of practitioners discovering and addressing their personal biases. The particular population with whom this group of early intervention practitioners worked were often from a different cultural, racial, and/or socioeconomic group than was the interventionist. Jamie described the benefit of group consideration of biases:

. . . We bring with us pre-conceived notions a lot of the times; it's prior knowledge. It's what you know until something happens, 'til you hear it differently . . . And you buy into it—I'm willing to admit that, that I've got biases. I've got my opinions . . . but I like to think I'm working toward open-mindedness . . . when you're in the heat of [working with families], it's not always the time to contemplate it as deep, but in something that's inviting and conducive and productive, I think we're more apt to look into that and explore it further.

Jamie's frank self-assessment touches on the difficulty of recognizing personal biases in isolation and the benefit of participating in a relational process that invites contemplation about what may be a difficult realization.

Similarly, Chris said:

. . . Reflective practice kind of opens you up and exposes your inner being . . . It's about "why am I feeling the way I'm feeling?" And not that it's good or bad, but looking at my own biases, my cultural biases . . . reflective practice makes you slow down and dissect those pieces . . .

Both Jamie and Chris described a process in which each may feel vulnerable, and yet, both also described it as helpful and necessary. Similarly, other practitioners shared that they have become more "patient," "accepting," "less critical of colleagues and families," and "more tolerant and understanding."

The internal cognitive work of asking oneself questions, considering multiple perspectives, and unpacking biases is critical to ongoing professional development as well as the ability to form an effective working alliance with families (Weatherston et al., 2009). The working alliance, or the ability of the relationship

between practitioner and client to promote positive growth, is one of the most important components in relationship-based work (Fluckiger, Del Re, Wampold, Symonds, & Horvath, 2012; Weston, Ivins, Heffron, & Sweet, 1997). Rather than being done in isolation, practitioners reported that participating in a safer relational process promoted these important shifts.

### **Refocus**

As practitioners described, renewed energy and new perspectives contributed to the ability to refocus their professional energy on aspects of their work about which they hoped to have the most influence. As Lorena said “[I] focus on the things that I can make a difference with, and the [areas where] I feel I can [be] constructive.” For practitioners who had described often feeling overwhelmed, helpless, and hopeless, it had been difficult in the past to determine a sphere of influence, especially when families faced stressors such as homelessness and domestic violence. Everyone shared that their professional training had not prepared them in ways to help parents and children work with these kinds of family stressors. Practitioners reported that their participation in reflective consultation had, over time, helped them think of new ways to work with children and families. These changes included setting boundaries and being realistic about their work scope, being direct, focusing, and ultimately building self-efficacy by thinking that they had the ability to make meaningful change.

*Setting boundaries and being realistic.* Many practitioners reported that their involvement in reflective consultation helped them think about setting boundaries and being more realistic in their work. Many had described working with families who often faced numerous stressors and, at times, feeling responsible to address as many of these as possible, only to find themselves overwhelmed and burned out over time. In addition, working in a family’s home arouses deep emotional reactions. Chris noted:

You’re too sucked in to some of the families. Again, you are so much a part of their life, whether you want to or not want to; you care about these families. You’re in their home . . . those boundaries get really hard . . . I think reflective practice pretty much helps center me.

For Chris and others, the group provided a helpful place to talk about their role and responsibilities.

Many described processing these experiences and being helped to sort out ways to be more realistic about what they could contribute as well as ways to set boundaries around other needs. Samantha described her experience:

[Participating in reflective consultation has helped with] increased awareness . . . so I don’t take on so much . . . I think what happened for me is when you first start the job you take on too much because you don’t know that you’re not supposed to or no one comes and says “Why are you doing all this?”

Thus, prior to the implementation of the reflective consultation group, participants indicated that there was not a regular practice of asking themselves or each other questions about how it felt to do the work and why they were making particular choices. The group process seemed to allow for this kind of questioning and consideration.

*Being direct.* Another concrete shift many described as related to setting boundaries was learning how to be more direct with clients. Most participants described feeling unsafe at times in the neighborhoods or homes of their clients. Participants said that in the group, they could think about and practice ways to be direct with clients about their own safety and the client’s safety. Elsie said she found a way to say “You know I’m not feeling comfortable with all the stuff that’s going on here” or ask a mother “Do you feel safe?” For Elsie, this was “empowering;” she said “It lowers my stress level and I feel like it makes parents more comfortable, too, when you can say things like that.” In another example, Elsie said she now asks directly about postpartum depression and other sensitive topics, saying “. . . the most important thing is to be able to connect, that human connection, I think. Being able to be honest and real; you can do that much easier.” For many who described not liking “conflict” or “confrontation,” the group process provided helpful opportunities to think differently about interactions and practice new ways of engaging with parents.

*Focusing.* Participants described a shift in how they viewed their work, from thinking about obstacles to finding a way to look for opportunities. Alex described:

I think [participating in reflective consultation] has helped me view families with a different lens . . . it’s helped me see what is there instead of what’s not there. And to work with what’s there and be able to figure out where the inroads are . . . so that I can be effective somehow. And it may not be in the way I thought I was gonna be effective. So I have to have a certain comfort level . . . with the unknown.

Alex’s description was echoed by many participants, who described having to shift from holding onto their set ideas to being open to “the inroads” that would emerge. Similarly, Sonja said:

When we come to families that are really in a crisis mode and there’s so much, the reflective practice just helps us narrow it down and gives us a focus and “Okay, you can’t help with X, Y, Z, but you can do A and B.” . . . you don’t feel so overwhelmed then.

Because these practitioners work in homes with highly stressed families, they were often overwhelmed with families’ basic needs in addition to a child’s developmental needs. As they described earlier, talking through families’ situations with the consultant and the group helped them figure out where they could put their energy and reduce their stress.

*Feeling self-efficacious.* An undercurrent throughout this category was a sense of increased self-efficacy among practitioners. Bandura

(1997) defined self-efficacy as “people’s beliefs in their capabilities to produce desired effects by their actions” (p. iv). These beliefs are cognitive understandings linked to feelings of self-confidence. They stand in contrast to practitioners’ descriptions of feeling overwhelmed, helpless, and hopeless. Yvonne described this change: “I think just, in general, it helps me going in there with more strength and be less overwhelmed and really enjoy what I’m doing.” Many practitioners described a shift in their beliefs about themselves as professionals and that they could make a difference in the lives of the young children and families.

### Respond

When asked about the impact, if any, that their participation in reflective consultation had on their practice, participants shared several examples—ways they had changed as professionals and new interventions they were using. The examples reflected both integrated cognitive and affective regulation shifts. They also described some new intervention modalities such as slowing down, observing, and listening; being flexible; and consciously providing a parallel experience.

*Slowing down, observing, and listening.* Almost all participants described versions of slowing down, observing, and listening as “new,” or at least more purposeful, practices that they used and ways of being that they embodied in their work. Alex said:

I think I listen more [to families] . . . . I think I observe more. I think I probe more . . . . I’m more “hands off.” . . . I try to help the parent figure out the meaning of what’s going on and help reframe things for them, as well as reframe things for me.

This also describes things Alex does *not* do as often (give advice) as much as it describes actions (probing, wondering with, and reframing). Yvonne shared the same idea:

I think I’ve been more aware of listening better, listening to the words and listening to what’s happening. And not trying to jump in and fix it . . . . listen not just to what you’re hearing but what you’re seeing and what does it mean for [families]?

For Yvonne, *not* talking but rather taking time to listen and observe instead of feeling compelled to “fix” a situation was a purposeful practice choice she made. She also took time to consider the families’ perspectives.

Cristina articulated what many described as substantial shifts in practice:

I’ve slowed things down 1,000%. I consider things like listening and observing, actually, an intervention. And I’m pretty thoughtful about the words I use with families, the words I use and the words I don’t use . . . . I think of things like affirmation, support, I think of those as intervention techniques which I never would have thought about that much before . . . . I try to ask a lot of open questions about how things go, how they went over the last week . . . so that parents will elaborate and that gives me much more information about what might be going on, what’s important

to them, and what we need to do that session . . . . The other thing that’s changed is I’m a lot more “in the moment.” We talk about things that happen right then and teach in the moment.

For Cristina and most others, letting go of predetermined agendas or needing to fix problems, provide advice, or teach skills let them be more responsive to a particular child and a particular family’s needs on a particular day. As Cristina described, she used “things that happen right then” as teachable moments, and for her and others, this happened more naturally because of the quiet, purposeful observation.

*Being flexible.* Cristina talked about being and teaching “in the moment,” and this idea was echoed by many. Of her way of connecting with families, Diana shared:

. . . I’ve been able to be really present for families in different ways . . . it’s very clear families have very different ways they need our support . . . . If it’s heavy curriculum and you can’t meet mom and you can’t be patient at hearing time after time that she’s really sad that this baby just isn’t . . . that’s when I’m able to be present. It’s really helped a lot of families to open the door next time I come . . . . I have a very flexible work bag.

As Diana articulated, families—especially those facing multiple stressors—can be at different levels in their interest in and willingness to engage in intervention ideas. Diana described attending to a mother’s grief over a child’s diagnosis, and how this process of letting go of the curriculum at certain times and instead focusing on emotional support helped her form a stronger working alliance. As Cristina, Diana, and others described, this practice shift came from spending time thinking about families’ perspectives as well as asking themselves what they hoped to accomplish with a family. By being more responsive to families’ immediate situations, the practitioners reported having more successes and feelings of accomplishment.

*Consciously providing a parallel experience.* The practices of slowing down, listening, observing, being flexible, and being responsive to what is presented mirror the role and practice of a reflective consultant (Shahmoon-Shanok, 2009). In the section on the reframe process, parallel process was defined and described in two ways. In one way, reframing was associated with exploring the relationship and family dynamics and their impact on the emotions of the practitioner as important data. This data or experience can be seen as a parallel to how it might feel to be in a particular family system. In another way, parallel process also includes the transmission of parallel relational experiences from consultant to practitioner, practitioner to parent, and parent to child. When describing changes to their practice, some practitioners said they *responded* by trying to purposefully provide a relational experience for a parent that paralleled what they had experienced with the consultant and in the reflective consultation group.

Alex said: “I’ve learned to take a deep breath with the family and let it go,” mirroring how the consultant helped practitioners in the group coregulate. Diana said:

For the families that are just really at the moment where moms or dads—the situation is really sad, the experience of having been in reflective practice helps me to recognize that maybe this is where we're at, and I need to let go of all of the objectives . . . . And that's sometimes a more sustaining and powerful force for the family to have that moment of being held, to have that moment of not being judged . . . . I'm there as a partner, and so that is an imitation of reflective practice is being able to be present and available.

Diana's description echoes some of the essential elements of reflective consultation as a practice model in creating a holding place for difficult emotions and ensuring safety in the face of vulnerability (Weatherston, Weigand, & Weigand, 2010). For Diana and others, letting go of "all of the objectives" was a change in their practice, but as she also described in her comments about flexibility, she believed it ultimately helped her deepen her working alliance with a family. Finally, Yvonne said:

You know that parallel process where we get [support] from our peer and then we can give it to the parents and the parents can give that support and understanding and patience [to the children]? That's a big part of what I get I think.

These practitioners were able to notice and articulate the ways that they were incorporating the relational experience that they had in the reflective consultation group into their work with families.

## DISCUSSION

The release, reframe, refocus, and respond change process model contributes to the literature on reflective supervision/consultation by providing a descriptive structure of the experience from a supervisee's perspective. Given that a central purpose of reflective consultation is to support practitioners in the field, the model validates that in this case, the reflective consultation group provided a supportive, safe, relational experience that practitioners valued. For these practitioners, regular participation in this "relationship for learning," as it was first described by Fenichel (1992), led to exploration about how their work made them feel which in turn supported cognitive exploration of multiple perspectives and a willingness to examine their biases. Practitioners also described concrete changes to how they interacted with families by becoming more direct and focused as well as responding to families in the moment with a parallel kind of supportive, safe, relational experience.

A central value of the model will be the extent to which it resonates with reflective supervisors and consultants as well as new and seasoned supervisees in other programs. Findings from qualitative studies contribute to the field by providing "thick description" which readers can consider in light of their own experience in their particular setting (Lincoln & Guba, 1985). The value of "prolonged engagement" with people's stories lies in finding the areas of agreement or deviation to better understand a phenomenon (Gilgun, 2004). The model and subthemes presented here are now available for consideration to better understand the phenomenon of

a reflective supervision–consultation relationship. Given that relational processes are difficult to define and describe, the model and subthemes provide a starting place to think about the experience from the supervisee's perspective. These findings also contribute to the consideration of outcome measurement or change for practitioners, including attitudinal/bias changes, changes in feelings of self-efficacy, and changes in level of secondary traumatic stress or burnout. To make the best use of the findings, it will be important to understand the context of this particular reflective consultation program.

### *Reflective Consultation Program Implementation Process*

An in-depth analysis of the reflective consultation program's implementation process using Fixsen, Naoom, Blasé, Friedman, and Wallace's (2005) summary of the literature on best practices can be found in Harrison (2014). Here, a brief description will provide important context for the results and model.

As summarized in Watson and Gatti (2012), this particular reflective consultation program began with support and investment by key stakeholders from both within and outside the broader early intervention district program. This kind of key stakeholder support aligns with Fixsen et al.'s (2005) recommendations for successful program implementation. In addition, there was a "goodness of fit" between the reflective consultation program and the practice model called *Routines-Based Interview* (RBI) that was used by the early interventionists in this district (McWilliam, 2010). Briefly, RBI promotes embedding interventions for young children into a family's regular routines within their natural home settings versus coming into a home and focusing mostly on the child (McWilliam, 2010). This requires that early interventionists engage in dialogue with parents about the challenges of their daily routines and their particular child (for an in-depth discussion, see McWilliam, 2010). Those practitioners interviewed described how this shift in the early intervention field created both opportunities and stressors depending on a particular family's dynamics and challenges. As they noted, the fact that this shift in the field coincided with the implementation of the reflective consultation program in their district provided a useful format and venue to process these challenges. This congruence likely contributed to the positive experience and results described by the practitioners.

### *Qualitative Study Limitations*

Findings also must be considered in light of the limitations of this study. First, the sample of practitioners interviewed was already biased toward positive experience with reflective consultation because they had chosen to complete an initial survey. In addition, purposeful sampling was used to select those who had chosen to participate the longest to determine the extent to which longer participation had any impact. Thus, those interviewed reflect a group who had already demonstrated high interest and motivation. The extent to which this represents other early interventionists who had chosen not to participate is not clear. In essence, the study is

a story about those early interventionists who chose this kind of professional support.

Second, the interview questions did not explicitly ask participants to describe ways the program could improve nor did it solicit constructive or negative feedback about the program. There was, in fact, 1 participant who shared criticism that she did not see the group discussion of family stressors as related to her role; rather, for her, setting firmer work boundaries addressed this issue. She described the group conversation as “spinning,” at times without purpose or resolution, including topics beyond her work scope. That said, this participant did describe the “release” process as helpful for her at a time when she was dealing with a dangerous family situation, and she did explain that perhaps this kind of group processing is a good fit for some of her peers even if it was not a good fit for her. While this example provides useful contrast to the other findings, it does not represent an in-depth analysis of those for whom this process did not feel like a good fit, was not useful, was harmful, or any other variation of negative outcome. Third, it is unclear whether and to what extent the skills, background, and relational qualities of this particular reflective consultant contributed to the findings.

Qualitative research results must be considered in context and are not generalizable. These findings reflect the descriptions of a particular group of practitioners who volunteered to be part of this reflective consultation program.

### *Useful Components*

Keeping the limitations of qualitative research in mind, it is still helpful to articulate the components of the program and experience that these practitioners found most useful. The components can then be considered by other program administrators and researchers as they weigh structure and process variables in different reflective consultation programs.

*Outside consultant.* Practitioners valued having a reflective consultant from outside their workplace. They described feeling more comfortable sharing stressors related to administrative and policy changes and pressures in their work with someone from the outside who could keep their feelings confidential. Practitioners also described feeling comfortable talking about times they felt insecure or unsure as practitioners because the consultant was not evaluating their job performance.

*Voluntary participation.* Participants valued the voluntary nature of the group. This is a variation on programs that require participation, such as Nurse-Family Partnership and Health Families America home-visiting programs as well as many other programs (Nurse-Family Partnership, 2011; U.S. Department of Health and Human Services, 2011). This particular reflective consultation program was voluntary because of demands on these early interventionists’ schedules. The unanticipated benefit, however, was that those who participated were *interested and invested in participating*. Some described attending the group multiple times with-

out talking or presenting a case, but finding value in listening to colleagues process their challenges. The participant who had described the group discussions as “spinning” chose to stop attending and, instead, get the support she needed from immediate colleagues.

These findings are especially interesting when considering different temperaments and comfort levels with sharing stories about which participants might feel vulnerable. The fact that the consultant also offered times to sign up for individual and small-group conversations provided a flexible format for those who did not want to share in a larger group. This design may be of particular interest to program administrators with limited budgets or whose workforce has limited time.

*Duration of participation.* Nearly all participants reported that it took more than 1 year and, in most cases, between 2 and 3 years of attending the reflective consultation group before they began to notice changes both personally and in their practice. It is not clear why it took this amount of time; for some, in fact, this may have been the first time that they had been asked to reflect on and describe their experience. Some who were new to this kind of reflective process may have needed time to engage deeply. As most participants described, it took time to form trust, understand and appreciate the purpose and value of such a new process, and feel comfortable sharing stories which made them feel vulnerable.

### *Impact on Early Intervention Program*

An unexpected finding was that practitioners described ways that this “reflective practice” had become integrated into their early intervention program as a whole. Nearly all participants described how their teams had begun to weave elements of reflective consultation into their everyday interactions with each other. Some talked about asking each other “What would the reflective consultant say [in this situation]?” Others said they would redirect colleagues from trying to “fix” their work stressor to making themselves available as an empathic listener. Some shared that if funding changed, they would miss the reflective consultant, but that a reflective stance had become such a part of how they practiced in their small teams—even with those who did not attend the group—that they saw lasting benefits.

This unexpected finding invites questions about whether this has happened in other work settings where practitioners have participated in reflective supervision or consultation. If so, it would be helpful to determine when this kind of work culture shift begins and what components support this kind of shift. Program administrators and funders considering reflective supervision and consultation may be interested in this finding as a potential longer term outcome.

### *Implications for Future Research*

There are several implications for future research. First, it will be important to get feedback from other practitioners as well as

reflective supervisors and consultants about the extent to which the release, reframe, refocus, and respond model, subthemes, and process resonate with their experience. These findings invite a conversation among those in the field and researchers to more deeply understand the essential elements of reflective supervision and consultation. The presentation here of the release, reframe, refocus, and respond model contributes to the discussion about possible measurable variables and outcomes for supervisees. There may be ways to document and measure variables related to stress and the release process, attitude shifts related to the reframing process, self-efficacy related to the refocusing process, and shifts in practice or in the working alliance related to the responding process. Ultimately, it will be most important to measure any impact on parents and children. While that is part of a broader and longer term research agenda, it is hoped that the findings and the model presented here will contribute to research examining the utility of reflective supervision and consultation as a model of professional development and support.

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