

## RESEARCH ARTICLE

# The implementation of a multi-level reflective consultation model in a statewide infant & early childcare education professional development system: Evaluation of a pilot

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## Abstract

The growth in professional development for the infant-early childhood workforce has necessitated the implementation of novel, sustainable approaches to meet infant early childhood mental health (IECMH) training and reflective supervision consultation (RSC) needs. The 12-month pilot of a US statewide reflective consultation (RC) group model included IECMH consultants, grant specialists, supervisors, and program managers ( $n = 38$ ) and their group reflective consultants ( $n = 6$ ). The pilot evaluation provided an opportunity to design a study that assessed the impact of RC on infant-early childhood professionals. The mixed-methods study included an assessment of consultees' reflective practice skills and experience of their work. Findings included consultees' self-reported increased reflective practice self-efficacy and increased use of reflective practice skills. While there were no changes in the Maslach Burnout Inventory (MBI) personal accomplishment, emotional exhaustion, or depersonalization results, qualitative findings indicated a decrease in burnout and an increase in relationship-based practice across professional roles. This unique pilot provides an example of an organizational approach to instituting RC with a broad spectrum of infant-early childhood professionals and yields valuable information about the impacts of RC models on such professionals' work experience and professional practice.

## KEYWORDS

burnout, professional development models, reflective practice, reflective supervision

## 1 | INTRODUCTION

The commitment to the professionalization of the infant and early childhood workforce is evidenced by the growing number of state associations of infant mental health (AIMHs) who have adopted the Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant, and Early Childhood Mental Health<sup>®</sup> (Endorsement<sup>®</sup>) (Michigan Association for Infant Men-

tal Health, 2017). Endorsement, licensed by the Alliance for the Advancement of Infant Mental Health (Alliance), provides infant and early childhood professionals in a variety of settings, systems, roles, and disciplines with a professional credential that highlights their infant and early childhood mental health (IECMH) specialized skills and knowledge (Funk et al., 2017). In the last 18 years, the adoption of the Endorsement credential has expanded from the state of Michigan to now include AIMHs in 31 US

states, Ireland, and Western Australia (Alliance, n.d.). The significant growth of Endorsement in such a relatively short period of time has highlighted the need to attend to the infrastructural and funding support that ensure increased and equitable access to the specialized professional development activities that lead to competency and Endorsement.

Reflective supervision consultation (RSC) is one of the central requirements for several categories of Endorsement (Alliance, 2018) and has been identified as a practice standard for the IECMH field (Alliance, 2018; Center for Excellence for IECMH Consultation, 2020; Head Start Early Childhood Learning & Knowledge Center, 2019; Rowe et al., 2019). As organizations grow their workforce, they must support professionals' access to RSC while also addressing the capacity building that is necessary to train qualified reflective supervisors/consultants. This tension speaks to a need for the development and implementation of new and innovative RSC models. The two-pronged purpose of such models is to meet immediate RSC needs while also cultivating a future generation of reflective supervisors/consultants, ensuring both sustainability and an ongoing strategy for reflective supervision capacity building.

One such model was piloted with infant and early childhood education professional development leadership and staff of the Pennsylvania (PA) Key, which "works collaboratively with partners and community organizations to deliver educational, professional, and administrative services to early childhood educators and leaders to support the enhancement of early learning experiences for young children" (The Pennsylvania Key, n.d.). The purpose of the pilot was to address the professional development needs of the PA Key's IECMH consultants, grant specialists, supervisors, and program managers. In order to ensure that the reflective consultation (RC)<sup>1</sup> groups would provide RC aligned with the best practice standards, the state administrators contracted the Alliance, to provide virtual RC (Alliance, 2020). The Alliance's vast national and international professional network includes experienced reflective consultants who have earned a category of Endorsement that signifies their expertise as providers of RSC. The Alliance contracted an evaluator, from Eastern Michigan University's School of Social Work, to design an evaluation that would assess the impacts of RC on consultees' experiences of their work and the efficacy of the RC model to support the professional development needs of ECE professional development staff and leadership. The design of the mixed-methods evaluation reflects the interdependent purposes of contributing to the research regarding RC's impact on the workforce and providing relevant information to inform policy and funding decisions related to use of RC within the ECE professional development system.

## KEY FINDINGS

- After 12 months of participation in group reflective consultation (RC), consultees, including IECMH consultants, grant specialists, supervisors, and program managers reported increases in reflective practice self-efficacy and use of reflective practice skills.
- Following completion of the 12-month RC pilot, consultees demonstrated a reduction in burnout.
- Consultees, including both leadership and other indirect service providers, described an increased identification of a relationship-based approach to practice following participation in the 12-month pilot of RC.

## Statement of relevance

Reflective supervision consultation (RSC) is a central component of infant-early childhood mental health (IECMH) practice; however, many organizations and programs experience challenges securing administrative approval and funding to implement sustainable RSC models. This study provides initial evidence to support the growing body of research about the positive impacts of RSC, with attention to the unique use of RSC in infant-early childhood professional systems that include both leadership and indirect service providers.

## 1.1 | RSC, reflective practice skills and mindfulness

One of the central purposes of RSC is to support the consultee's development and use of reflective practice skills. Reflective practice includes observational skills, embracing curiosity rather than certainty, reflection, awareness of emotional responses to the work, and use of RSC to both enhance personal and professional development and explore the process of the work (Alliance, 2018; Fraiberg et al., 1975; Shahmoon-Shanok, 2009; Shea et al., 2020; Weatherston & Barron, 2009; Weatherston et al., 2009). Such skills equip the consultee to create and sustain an authentic relationship with a family, consider the impacts of implicit bias, culture, and inequity, remain attuned to the infant, toddler or young child's emotional world, and engage parents in wondering about their baby's and

their own emotional world (Clark et al., 2019; Eggbeer et al., 2010; Gilkerson, 2004; O'Rourke, 2011; Schafer, 2007; Shahmoon-Shanok, 2006; Shea et al., 2020; Stroud, 2010; Watson, Harrison, et al., 2016; Weatherston & Barron, 2009; Wilson et al., 2018). Consultants support consultees' development of reflective practice skills by providing the parallel relational experience that they can then offer the families with whom they work (Clark et al., 2019; O'Rourke, 2011; Schafer, 2007; Shahmoon-Shanok, 2006; Shea et al., 2020; Weatherston & Barron, 2009; Wilson et al., 2018). Based on this theoretical model, the strength of RSC to impact practice is therefore tied to the consultant-consultee establishment of a trusting, consistent, and caring relationship, with attention to both the consultee-family relationship and the consultee-consultant relationship (Shea et al., 2020; Tomlin et al., 2014; Watson, Harrison, et al., 2016).

Reflective practice skills in RSC and with families can be enhanced with the use of mindfulness (Clark et al., 2019), "an enhanced attention to and awareness of current experience or present reality" (Brown & Ryan, 2003, p. 822). Tomlin et al. (2014) identified the capacity to "remain thoughtful and mindful" as essential for both supervisor and supervisee in the context of RSC (Tomlin et al., 2014). Mindful attention in RSC can be explicitly designed with an opening meditation or moment of silence (Heffron, Reynolds & Talbot, 2016) or the consultant's integration of mindful moments throughout the meeting, particularly during moments of significant emotion or conflict (Clark et al., 2019). Mindfulness can enhance reflective practice by, "invit[ing] self-awareness and self- and coregulation, ... thoughts, feelings, and interpretations to emerge with less judgment" (Clark et al., 2019). There is a strong parallel between the consultant's use of mindfulness in RC and the consultee's use of mindfulness with families or early childhood educators to support their "mindful self-and coregulation" with the infants, toddlers and young children in their care (Cosgrove et al., 2019; Gilkerson & Imberger, 2016).

Efforts to evaluate the impact of RSC on reflective practice skills, including the development of new measures designed to assess such changes, have grown in recent years (Finello et al., 2016; Frosch et al., 2018; Gallen et al., 2016; Harrison, 2016; Heller & Ash, 2016; Low et al., 2018; Shea et al., 2016, 2020; Virmani & Ontai, 2010; Watson & Gatti, 2012; Watson, Harrison, et al., 2016; Watson, Bailey, & Storm, 2016). The existing preliminary research suggests that infant-early childhood professionals receiving RSC report increased reflective practice self-efficacy and increased use of reflective practice skills (Frosch et al., 2018; Shea et al., 2016, 2020; Watson, Bailey, & Storm, 2016) as well as capacity for insight (Virmani & Ontai, 2010). Based on the theoretical literature suggesting a reciprocal

relationship between mindfulness and reflective practice, researchers have begun to examine such relationships, with mixed results (Pryce et al., 2018; Watson, Bailey, & Storm, 2016). However, some preliminary findings such as the potential of RSC to increase early childhood interventionists' capacity to be "mindful about their work," (Frosch et al., 2019, p. 453) suggest further research regarding the mutual impacts of RSC and mindfulness is warranted.

## 1.2 | RSC in infant-early childhood systems

The expansion of RSC within the infant-early childhood profession is well documented. RSC has been utilized in a variety of direct service infant-early childhood professional contexts including a range of home visiting programs, infant and early childhood mental health consultation, allied health, early childhood care and education, infant/pediatric healthcare, and early intervention (Bernstein & Edwards, 2012; Eaves Simpson et al., 2018; Frosch et al., 2018; Gilkerson, 2004; Heller et al., 2013; O'Rourke, 2011; Rowe et al., 2019; Salomonsson, 2019; Shahmoon-Shanok & Geller, 2009; Shea et al., 2020; Susman-Stillman et al., 2020; Virmani & Ontai, 2010; Watson & Neilsen Gatti, 2012). RSC is designed to provide the IECMH professional a relational experience that can serve as a parallel for the professional's relationship with the family (Heller et al., 2013; Schafer, 2007; Shea et al., 2016, 2020). Similarly, for IECMH consultants, RSC "supports the consultant's ability to develop positive relationships with child care providers through a parallel process" (Heller et al., 2013, p. 21). Heller et al. (2013) suggest that RSC can offer IECMH consultants opportunities to experience and thereby practice some of the skills that they can use in their work with early childcare staff: maintaining a curious stance, highlighting the power of observation, and navigating a balance between offering valuable resources and amplifying consultees' expertise.

While traditionally understood as an important resource for professionals who benefit from the experience of protected space to reflect on their direct practice, it can be argued that there is significant benefit to extending the reach of RSC to include leadership/administrative roles (Schmelzer & Eidson, 2020). Parlakian and Seibel (2001) suggest that relational capacities are a cornerstone of effective leadership. In order to hone such relational capacities, leaders must use "self-awareness, careful observation, and flexible responses" (Parlakian & Seibel, 2001, p. 2), all of which are key reflective practice skills nurtured in the context of RSC. Furthermore, Schmelzer and Eidson (2020) suggest that RSC for leadership is a natural and necessary outgrowth of the parallel process experience.

Policy specialists and program managers/directors who are able to consider their impacts on and the ways they are impacted by the systems they lead are better equipped to consider the experiences of the systems' direct service providers and the infants, toddlers, young children, and families they serve (Schmelzer & Eidson, 2020). Engaging in this kind of reflection can strengthen a collaborative understanding about the purpose and goals of the work. In this respect, both the direct service and the administrative/policy sectors are holding tight to the same thread that extends from leadership through the various levels of the system to the families and communities served (Parlakian & Seibel, 2001).

### 1.3 | Impacts of RSC on infant-family professionals

There are a variety of stressors that impact the infant-early childhood workforce (Frosch et al., 2018, 2019; Heller et al., 2013; Watson & Nielsen Gatti, 2012). Such stressors emanate from systemic/organizational, personal/individual, and relational factors endemic to infant-early childhood-family work (Frosch et al., 2019) and may include professionals' "feelings of inadequacy" regarding their work with families (Watson & Nielsen Gatti, 2012, p. 116). In conjunction with the attention to the stressors impacting the workforce, there is also a growing body of evidence to describe the impact of RSC on work experience. Watson and Nielsen Gatti (2012) provide qualitative evidence that early childhood special educators and service providers identify RSC as a resource that improves and enhances their understanding of their work. Furthermore, Frosch et al. (2019)'s qualitative study of early childhood interventionists receiving RSC, "suggest[s] that RS can be beneficial in helping practitioners become mindful about their lives and their work" (p. 453). Such findings speak to the value of RSC in providing professionals opportunities to intentionally consider their work within a relational experience with others who are also engaged in deep reflection about the work, both expanding perspectives about next steps and decreasing isolation (Heller et al., 2013).

RSC has also been connected with burnout reduction, job satisfaction, and related work experience factors. For example, RSC has been associated with a reduction in stress for early childhood special education teachers/service providers (Watson et al., 2014). Gallen et al. (2016) found consultees' ratings of their reflective supervisor were positively associated with job satisfaction, work-life balance, and Compassion Satisfaction and negatively associated with burnout and secondary traumatic stress. Such findings suggest that higher quality RSC may be associated with improved work experience (Gallen et al.,

2016). Similarly, Shea et al. (2020) found that the reflective practice self-efficacy of IMH home visiting therapists receiving RSC is positively associated with job satisfaction and negatively associated with burnout. Early childhood interventionists self-reported increased reflective practice self-efficacy after 9 months of RSC and the vast majority indicated that RSC was a contributing factor in their job satisfaction and their capacity to cope with work stressors (Frosch et al., 2018). Qualitative research focused on the experiences of reflective supervisors providing RSC to a spectrum of early childhood professionals identified RSC as "cultivat[ing] emotional skills"; "increas[ing] reflective skills and perspective-taking"; inspiring "supportive relationships"; and "improv[ing] ability to manage stress and job challenges" (Susman-Stillman et al., 2020, p. 1157). It is notable that self-efficacy, increased job satisfaction, and decreased burnout were identified as subthemes (Susman-Stillman et al., 2020), echoing previous findings regarding work experience and RSC (Frosch et al., 2018; Gallen et al., 2016; Shea et al., 2020; Watson et al., 2014).

Conflicting research has also emerged. Frosch et al. (2018) found that work-related stress increased for professionals over 9 months of RSC. In addition, while Watson, Bailey, & Storm (2016) found that a majority of supervisors and supervisees self-reported increased reflective practice knowledge and skills after 18 months of participation in a reflective practice "tiered model" that included RSC, there were no changes in consultees' personal accomplishment or depersonalization scores based on the Maslach Burnout Inventory (MBI). In fact, in alignment with Frosch et al. (2018)'s finding, consultees' emotional exhaustion scores increased over the course of the 18-month study period; although, personal accomplishment and the function of RSC as a means of "releasing" stress were prominent qualitative themes for these participants (Watson, Bailey, & Storm, 2016, p. 649). These studies suggest that further research is necessary to understand the relationships between RSC, job satisfaction, stress, compassion fatigue, self-efficacy (Eaves Simpson et al., 2018) and such research should be expanded to include the impacts of RSC on leadership and indirect service providers.

### 1.4 | Barriers to RSC implementation

Despite the growing linkages that can be made between programmatic establishment of RSC and improved direct service well-being as well as the theoretical and practice literature's acknowledgment of the importance of system-wide adoption of reflective practice, barriers to RSC implementation remain. The establishment and sustainment of RSC within a system is a significant investment because it requires a "culture of reflection" (Heller et al., 2013, p. 25)

that is developed and nurtured. This includes not only the continued provision of RSC, but also reframing hiring priorities to include reflective capacities as a key skill (Heller et al., 2013), creating multiple opportunities to further enhance reflective practice skills (Costa & Sullivan, 2009), and enhancing relationships throughout the professional continuum (Heller et al., 2013).

System barriers include work environments compromised by various stressors to such an extent that RSC would not yet be a trusted or productive experience (Heller, 2009). Additionally, in some locations, it may be difficult to identify reflective consultants who are qualified to provide RSC. As RSC training access and resources vary widely among organizations, agencies, and AIMHs, it can be challenging for professionals to develop the requisite reflective consultant skills and to maintain ongoing professional development in this area (Susman-Stillman et al., 2020). In other instances, RSC is not adopted due to a systemic lack of investment in RSC, associated with leadership's limited knowledge of RSC (Williams et al., 2019). In such instances, the cost-benefits analysis can be challenged with some of the existing evidence that describes the impacts of RSC on the direct service workforce; however, the lack of evidence regarding the impacts of RSC on indirect service providers, administrators, and leadership weakens the argument for systemic implementation of RSC (Schmelzer & Eidson, 2020).

## 1.5 | Pilot of an RC model

The model implemented by the PA Key provides a unique example of a system-wide adoption of RC. Based on the recommendations from an external evaluation (Davis & Perry, 2016), the PA Key initially sought to provide RC to their IECMH consultants. However, given the PA Key's recognition of the ways in which all system levels directly impact infants, toddlers and young children, leadership acknowledged that reflective practice cannot be relegated to one portion of the system. Therefore, in alignment with the PA Key's focus on organizational health and wellness and with the intent of increasing systemic reflective practice, a multilevel RC group model was proposed. The model was designed for leadership and other indirect service providers, including IECMH consultants, grant specialists, supervisors, and program managers working in or with early learning centers, Early Head Start Child Care Partnership (EHS-CCP) sites, or Pre-K Counts preschool program, a state-funded program that offers income-qualifying families free preschool options. For the purposes of the pilot, these roles were consolidated into three categories based on the tasks associated with their roles: IECMH consultants, grant special-

ists, and program managers/supervisors (See Table 1 for descriptions).

The PA Key proposed a mixed-role group model as a means of forging new, collaborative relationships and to provide professional development for the staff and leadership's work supporting infant and early childhood care providers who provide quality early experiences to nurture children's social-emotional development. The IECMH specialists, grant specialists, program managers, and supervisors were notified about the implementation of RC and provided with written information about the value of RC in the context of professional development. Participation was mandatory for IECMH consultants, program managers and supervisors, and some grant specialists; other grant specialists were given the option to participate. While IECMH consultants had reflective consultation knowledge, many of the grant specialists did not and expressed uncertainty about participation. There was little time for preparation as the timing of the funding precluded an extensive onboarding process.

In response to the contract with the PA Key, the Alliance identified seven endorsed reflective consultants to facilitate 11 RC groups. Two of the consultants, representing the Alliance, served as project liaisons between the PA Key, the consultants, and the evaluation's Primary Investigator (PI), providing updates about group changes and project and evaluation timelines. Initially, all of the consultants were informed that they would be working with groups largely composed of IECMH consultants and others providing technical assistance in infant-toddler early care and education settings, including administrators. The consultants contacted group members via email to schedule a standing RC monthly meeting. For the duration of the project, the consultants met monthly in a peer reflective learning group, facilitated by an Endorsed IMH Mentor, representing the Alliance, who was not providing group consultation for the project. This peer reflective learning group provided a space for the consultants to learn from one another, reflect on group dynamics and ensure consistency across the groups. During the early stages of the pilot, the consultants identified a need for more information from the PA Key about the landscape of the organization and the specific job responsibilities/roles of consultees. That information was then provided by the PA Key's Director of Cross Sector IECMH Initiatives. The consultants continued to learn about the consultees' work roles and the PA Key while developing relationships with their groups.

Over the course of the 12-month pilot, there were modifications to group configurations due to changes in consultee availability, retirement/end of employment, new hiring, and consultee withdrawal from RC. The final configurations for the 12-month pilot included 11 groups with

**TABLE 1** Administration X early child care program professional role descriptions

Role	Description
IECMH consultant	<ul style="list-style-type: none"> <li>• Provide IECMH consultation in early care settings for children age 0–5</li> <li>• Assess social-emotional development and identify concerns</li> <li>• Identify and provide appropriate interventions to address concerns and support prevention, reduce/prevent expulsion</li> <li>• Provide referrals to community based mental health service providers and early intervention services</li> <li>• Support teachers' professional development to enhance focus on IECMH needs in the classroom</li> </ul>
Pre-K Counts grants specialist	<ul style="list-style-type: none"> <li>• Provide programmatic support to ensure quality preschool education in settings providing Pre-K Counts preschool options</li> <li>• Conduct classroom observations and program visits</li> <li>• Provide coaching and technical assistance for classroom staff and program administrators</li> <li>• Support implementation and monitoring of state and local early education initiatives</li> </ul>
Early Head Start-Child Care Partnership (EHS-CCP) Grants Specialist	<ul style="list-style-type: none"> <li>• Provide programmatic support for center-based and home-based infant-toddler childcare programs to meet EHS standards and provide enhanced child care services</li> <li>• Support community hubs and child care programs' understanding and implementation of the Head Start Program Performance Standards (HSPPS)</li> <li>• Monitor budgets</li> <li>• Monitor hub and childcare program compliance with HSPPS using a monitoring tool</li> </ul>
Supervisors	<ul style="list-style-type: none"> <li>• Provide supervision to IECMH consultants or grants specialists</li> </ul>
Program managers/coordinators	<ul style="list-style-type: none"> <li>• Supervise preschool program Pre-K Counts, IECMH, or EHS-CCP supervisors</li> <li>• Manage/Coordinate IECMH project, preschool program, or EHS-CCP</li> <li>• Policy oversight and administration</li> </ul>

three to seven consultees. Nine of the groups included a blend of IECMH consultants, Pre-K Counts preschool program grant specialists, and EHS-CCP infant-toddler grant specialists. Another group was attended by IECMH, EHS-CCP Program, and Pre-K Counts preschool program supervisors and one group was attended by IECMH, EHS-CCP and Pre-K Counts preschool program managers/coordinators.

The RC groups met monthly for 2-hour sessions throughout the course of the pilot with the use of distance technology. The pilot included a mixed-methods evaluation that was conducted over the course of 12 months and the analysis of secondary data related to early childhood program outcomes, a secondary focus of the pilot (not reported here). The primary purpose of the study was to assess the impact of RC on consultees' reflective practice and approaches to and experiences of their work informed by the consultee quantitative and consultee and consultant qualitative data. This evaluation addressed the following research questions: (1) Do consultees' reflective practice skills change over the course of 12 months of group RC? (2) Does consultees' mindfulness change after 12 months of RC? (3) How do consultees' experiences of work change after 12 months of group RC? and (4) How do consultees' approaches to their work change after 12 months of group

RC? Finally, although not a research question or focus of the evaluation, limited data were collected regarding the consultants' experiences of the pilot implementation of this RC model.

## 2 | METHOD

### 2.1 | Participants and recruitment

An invitation to participate in the pilot evaluation, via an online survey, was emailed to 53 RC group consultees<sup>2</sup> prior to participation in RC groups. A total of 38 consultees provided their consent to participate in the pilot evaluation in an online consent form included in the online survey. The sample included six supervisors and program managers, 13 grant specialists (representing both Pre-K Counts preschool and EHS-CCP), and 19 IECMH consultants.<sup>3</sup> The majority of consultees (89.47%,  $n = 34$ ) described their gender identity as female and identified as White, Non-Hispanic (94.73%,  $n = 36$ ). The majority of consultees (68.42%,  $n = 26$ ) hold a master's degree with education as the discipline most widely represented (63.16%,  $n = 24$ ). More than half of the consultees (65.7%,  $n = 25$ ) had been in their current employment role for 5 years or less and had

not received RC prior to this pilot (60.5%,  $n = 23$ ). While the majority of IECMH consultants (68.4%,  $n = 13$ ) and half of the supervisors/managers (50%,  $n = 3$ ) reported an intention to seek Endorsement, this was not the case for grant specialists (23.08%,  $n = 3$ ) (See Table 2).

All seven reflective consultants were contacted via email and invited to participate in the pilot evaluation via an online survey disseminated at posttest only. There were six reflective consultants who provided their consent in an online consent form in the online survey. The majority of the consultants (83.3%,  $n = 5$ ) described their gender identity as female. Half of the consultants (50%,  $n = 3$ ) were between the ages of 30–39 and the other half were between the ages of 60–69. Over 80% ( $n = 5$ ) identified their race as White, non-Hispanic. A master's degree was the highest degree of education earned by the majority of the consultants (83.3%,  $n = 5$ ). All of the consultants have earned Endorsement and had more than a decade of experience working in the infant-early childhood-family field. Half of the consultants (50%,  $n = 3$ ) had 16–20 years of experience providing RSC while another third of the respondents (33.3%,  $n = 2$ ) had 1–5 years of experience providing RSC (See Table 3).

## 2.2 | Study procedures

A mixed-methods approach offered an opportunity to triangulate the data in multiple ways in order to enhance the understanding of constructs that have limited empirical precedent, such as reflective practice skills, and create opportunities to identify new, previously unreported experiences of indirect service providers participating in RC. Data encompassed a variety of measures, including new quantitative self-report measures piloted for this evaluation, existing quantitative self-report measures focused on related constructs (mindfulness), and qualitative data. Additionally, data collection included both the pretest and posttest perspectives of consultees and the retrospective perspectives of reflective consultants to increase the frames of reference for assessing impacts of RC.

Specifically, the assessment of consultees' **reflective practice skills** included both attention to: (a) the context of consultees' indirect practice roles via quantitative consultee self-report measures and consultee qualitative data about approaches to work and ways of addressing challenges; and (b) the context of RC via retrospective qualitative consultant descriptions of consultees' strengths, areas for growth, and changes in RC participation. **Mindfulness** was assessed with a quantitative self-report measure. **Experience of work** was assessed with a quantitative self-report burnout measure as well as consultees' qualitative descriptions of work challenges and resources and impacts of the work. **Approach to work** was assessed

with consultees' qualitative descriptions of work approach and impacts. Consultant's retrospective qualitative data also provided some additional, limited information regarding the pilot implementation. In addition to the varied sources of data, data were collected over multiple time points during the pilot period and the qualitative data were collected concurrently with the quantitative data (Creswell, 2013). The PI submitted an application to Eastern Michigan University's Human Subjects Review Committee and was approved as exempt to conduct this evaluation.

Consultees ( $n = 38$ ) completed an online survey including quantitative self-report measures prior to the commencement of the RC groups (pretest), at 6 months (interim-test), and again at 12 months (posttest). Consultees also responded to online survey qualitative questions at pretest and at posttest. The survey was confidential and consultees entered a unique code that could be used again at interim and posttest in order to compare results. Reflective consultants ( $n = 6$ ) responded to an online, confidential demographics questionnaire and qualitative survey at posttest only. During the early stages of the pilot, a brief overview of pretest quantitative results was shared with the project team that included the two reflective consultants representing the Alliance, another Alliance representative, and the PA Key Director of Cross Sector IECMH Initiatives. To minimize the impact of bias, no qualitative data was shared at this time and no further updates regarding the data or data analysis were shared with these team members until after the conclusion of the pilot.

## 2.3 | Measures

### 2.3.1 | Measures for reflective consultees

#### *Demographics questionnaire*

This questionnaire included questions about consultees' gender identity, race, age, education, length work experience, and supervision experience. All participating consultees completed this measure at pretest only.

#### *Reflective practice self-efficacy measures (Shea et al., 2019)*

Three new self-efficacy measures, the Reflective Practice Self-Efficacy (RPSE) Scale for IECMH Consultants (17 items), the RPSE Scale for Infant-Early Childhood Program Specialists (16 items), and the RPSE Scale for Infant-Early Childhood Program Managers and Supervisors (16 items) were piloted in this evaluation to assess confidence about reflective practice skills. The measures are adaptations of the Reflective Supervision Self-Efficacy Scale for Supervisees (RSSESS) (Shea et al., 2012), which has been utilized in previous studies with promising

TABLE 2 Reflective consultee demographics ( $n = 38$ )

	Program managers and supervisors ( $n = 6$ )		Grant managers ( $n = 13$ )		IECMH consultants ( $n = 19$ )	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Age</b>						
30–39 years	2	33.3	4	30.8	9	47.4
40–49 years	1	16.7	7	53.8	7	36.8
50–59 years	3	50	2	15.4	3	15.8
<b>Gender identity</b>						
Female	5	83.3	11	84.6	18 <sup>a</sup>	94.7
Male	1	16.7	2	15.4	–	–
<b>Race/Ethnicity</b>						
White (Non-Hispanic)	5	83.3	13	100	18	94.7
Hispanic	1	16.7	–	–	1	5.3
<b>Education</b>						
Bachelor's degree	–	–	6	46.2	6	31.6
Master's degree	6	100	7	53.8	13	68.4
<b>Education discipline</b>						
Counseling	1	16.7	2	15.4	1	5.3
Education	5	83.3	8	61.5	11	57.9
Psychology	–	–	2	15.4	3	15.8
Social Work	–	–	–	–	3	15.8
Other	–	–	1	7.7	1	5.3
<b>Years employed in current role</b>						
Less than 1 year	2	33.3	3	23.1	6	31.6
1–5 years	1	16.7	6	46.2	7	36.8
6–10 years	1	16.7	3	23.1	5	26.3
11–15 years	2	33.3	1	7.7	1	5.3
<b>Years of infant-early childhood experience</b>						
Less than 1 year	–	–	–	–	1	5.3
1–5 years	–	–	–	–	–	–
6–10 years	2	33.3	3	23.1	2	10.5
11–15 years	1	16.7	3	23.1	8	42.1
16–20 years	–	–	2	15.4	1	5.3
More than 20 years	3	50	5	38.5	7	36.8
<b>Receive supervision (NOT RSC)</b>						
Yes	5	83.3	10	76.9	8	57.9
No	1	16.7	3	23.1	11	42.1
<b>Provide supervision (NOT RSC)</b>						
Yes	6	100	–	–	1	5.3
No	–	–	13	100	18	94.7
<b>Received RS</b>						
Yes	3	50	4	30.8	8	42.1
No	3	50	9	69.2	11	57.9
<b>Plan to apply for endorsement<sup>®</sup></b>						
Yes	3	50	3	23.1	13	68.4
No	3	50	9 <sup>a</sup>	69.2	6	31.6

<sup>a</sup>missing response.



**TABLE 3** Reflective consultant demographics

	Reflective consultants ( <i>n</i> = 6)	
	<i>N</i>	%
<b>Age</b>		
30–39 years	3	50
60–69 years	3	50
<b>Gender identity</b>		
Female	5	83.3
Unidentified	1	16.7
<b>Race</b>		
White (Non-Hispanic)	5	83.3
Unidentified	1	16.7
<b>Education</b>		
Master's degree	5	83.3
Doctoral degree	1	16.7
<b>Education discipline</b>		
Psychology	2	33.3
Social work	4	66.7
<b>Endorsement<sup>®</sup> category</b>		
ECMH category III	1	16.7
IMH category IV-C	5	83.3
ECMH category IV-C	1	16.7
<b>Years of endorsement<sup>®</sup></b>		
6–10 years	4	66.7
11–15 years	1	16.7
More than 15 years	1	16.7
<b>Years of infant-early childhood experience</b>		
11–15 years	3	50
More than 15 years	3	50
<b>Years receiving reflective supervision</b>		
11–15 years	3	50
16–20 years	3	50
<b>Years providing reflective supervision</b>		
1–5 years	2	33.3
6–10 years	1	16.7
16–20 years	3	50

reliability indicators (Shea et al., 2016, 2020). The RSSESS includes items related to reflective practice skills used in the context of RSC and with families as well as items that are specific to the relationship with the reflective supervisor/consultant. For the purposes of this study, it was not possible to assess the specific relationship with the reflective consultant because all of the participants were embarking on new relationships with reflective consultants at the outset of the pilot.

In consultation with the PA Key and the Alliance, the roles and tasks associated with each category of infant-

early childhood program professional were described within the context of reflective practice. The RSSESS items were then modified as necessary to align with the job roles and tasks for each group, resulting in three measures. Items were specifically focused on the use of RC and reflective practice skills related to each job role. An example of an item included in each of these measures, tailored to fit the particular role is, “Facilitate the discussion of teachers’ [IECMH consultant version (*n* = 19)] teachers or infant/early childhood program directors or hub administrators [grant specialists’ version (*n* = 13)] staff/supervisees’ [Program manager/supervisor version (*n* = 6)] emotional responses regarding difficult or challenging experiences in their work with infants/young children and their families.” The three measures share 11 items in common. Respondents are asked to rate their level of confidence using a five-point Likert scale (1 = no confidence, 5 = extremely high confidence) about their abilities to engage in specific reflective practice tasks/skills. A higher mean item score indicates a greater sense of reflective practice self-efficacy. Given the small sample sizes for each of the three reflective practice self-efficacy measures, the internal consistency of the 11 common items was assessed (*n* = 37, one case excluded through listwise deletion) to provide a reasonable assessment of the measures’ reliability. Cronbach’s alpha for the 11 self-efficacy items was .87, which is similar to the RSSESS measure of reliability ( $\alpha = .90$ , *n* = 114) (Shea et al., 2020). The RPSE measures were administered at pretest, interim-test, and posttest.

#### *Use of Self and Reflective Practice Skills (Heffron, 2013)*

This 14-item scale asks participants to rate the degree to which they are aware of/using (0 = not aware/not using to 5 = mentoring) specific reflective practice skills in work with children and families. The highest possible score for this scale is 70. An example of such a skill is: “I maintain professional boundaries in settings such as home visits, child development centers, or other community settings.” This measure, intended for IECMH professionals, was administered to IECMH consultants at pretest, interim-test, and posttest.

#### *Mindful Attention Awareness Scale (MAAS) (Brown & Ryan, 2003)*

This 15-item scale “assess[es] a core characteristic of mindfulness, namely, a receptive state of mind in which attention, informed by a sensitive awareness of what is occurring in the present, simply observes what is taking place” (Brown & Ryan, 2003). This scale was used to assess consultants’ mindfulness and has been used in studies related to reflective practice (Pryce et al., 2018). The measure asks respondents to rate the frequency with which they engage in certain behaviors (1 = Almost Always to 6 = Almost

Never), such as “I tend to walk quickly to get where I’m going without paying attention to what I experience along the way.” A higher score indicates a greater sense of mindfulness. Reliability for the MAAS with this sample of reflective consultants ( $n = 38$ ) was assessed with a Cronbach’s alpha calculation of .88, replicating the findings of Brown and Ryan (2003) ( $\alpha = .87$ ) in their sample of 239 US adults, the majority of whom were female (66%) and identified as “Caucasian” (93%). The MAAS was administered to all participating consultees at pretest and posttest.

#### *Maslach Burnout Inventory-Human Services Survey (HSS) (Maslach & Jackson, 1981a)*

This 22-item measure assesses burnout for professionals in the human services field and has been used in other studies of reflective supervision (Eaves et al., 2021; Watson, Bailey, & Storm, 2016). Respondents report the frequency (0 = never to 6 = every day) of specific responses to their work. Maslach and Jackson (1981b) based their measure on the principle that burnout encompasses three distinct dimensions, resulting in three subscales. Emotional Exhaustion (EE) describes the experience of burnout and is related to Depersonalization (DP), which occurs when burnout impacts one’s capacity to remain attuned to and empathize with others and results in negative perceptions of and attitudes toward clients (Maslach & Jackson, 1981b). The third dimension and subscale is Personal Accomplishment (PA), which describes one’s self-evaluation of work performance and competence. The scale is scored using the three subscales. Higher scores indicate greater frequency. Cronbach’s alphas were calculated for this sample of reflective consultants for each of the subscales. The  $\alpha$  for the MBI-EE was .91 ( $n = 37$ , 1 case excluded through listwise deletion). The Cronbach’s alpha for the MBI-DP was .72 ( $n = 38$ ) and  $\alpha = .62$  ( $n = 38$ ) for the MBI-PA. Maslach and Jackson (1981b) reported the subscale reliability coefficients on a sample of 420 human service professionals (69% female, race not reported) with similar results for the MBI-EE ( $\alpha = .90$ ). Comparatively, both the MBI-DP ( $\alpha = .79$ ) and the MBI-PA ( $\alpha = .71$ ) had higher reliability coefficients (Maslach & Jackson, 1981b). These differences align with the findings from a meta-analysis of the reliability coefficients for the MBI-HSS and MBI-Educators Survey (ES) (Wheeler et al., 2011) where the Cronbach’s alphas for the MBI-DP and MBI-PA had greater variation across studies as compared to the MBI-EE. The MBI-HSS was administered to all participating consultees at pretest and posttest.

#### *RC participant qualitative survey*

This survey includes five open-ended questions and was created for this pilot evaluation. Survey questions were developed in consultation with the PA Key and the Alliance to address experiences of work. The survey was

administered to all participating consultees at pretest and posttest and provided additional data to address changes in reflective practice skills, experience of work, and approaches to work (See Table 4).

### 2.3.2 | Measures for reflective consultants

#### *Demographics questionnaire*

This questionnaire includes questions about reflective consultants’ gender identity, race, age, education, and RC experience. All reflective consultant participants completed this measure at posttest only.

#### *Reflective consultant qualitative survey*

This survey includes five open-ended questions and was created for this pilot evaluation. The Alliance was consulted in the development of this qualitative survey to gain important feedback and input about the questions that would invite consultants’ description of the consultees’ reflective practice skills in the context of RC. Descriptions of consultees’ participation, strengths, and areas for growth in the context of group RC were invited. The survey was administered to all reflective consultant participants at posttest only to collect additional data regarding consultees’ changes in reflective practice skills in the context of RC. An additional question that is not tied to the main research questions was included to provide preliminary data about the pilot implementation of RC groups (See Table 4).

## 2.4 | Data analysis

Repeated measures ANOVAs were conducted to assess for changes in reflective practice self-efficacy and use of self and reflective practice skills at pretest, 6 months, and 12 months. A bivariate correlation assessed associations between the pretest and posttest differences of self-efficacy and use of reflective practice skills. Following an assessment of the data’s distribution using the Shapiro-Wilk test, paired sample *t*-tests were conducted to assess for changes in pretest and posttest MAAS and the MBI-PA scores and Wilcoxon signed-rank tests were used to assess for differences between the pre- and posttest MBI-EE and MBI-DP subscales. For all measures scored by mean item score, item-level missingness was accounted for by using the mean item score when at least 90% of the measure had been completed. There were missing data at the interim and posttest collection points for each of the measures and additionally, one missing pretest measure for the Use of Self and Reflective Practice Skills Scale due to a change in professional roles that occurred in the

TABLE 4 Qualitative surveys

Survey questions	
Consultees	<ol style="list-style-type: none"> <li>1) What is the greatest challenge you encounter in your work? How have you responded to this challenge? What has helped? What has not helped?</li> <li>2) How does your work impact children and families?</li> <li>3a) How are you impacted by your work? (<i>Supervisors and program managers only</i>)</li> <li>3b) How are you impacted by your work with children and families and/or programs serving children and families? (<i>IECMH consultant and grant specialists only</i>)</li> <li>4a) How would you describe your approach to infant-early childhood mental health consultation or teacher/program consultation? (<i>IECMH consultants and grant specialists only</i>)</li> <li>4b) How would you describe your supervision and/or leadership style? (<i>Supervisors and program managers only</i>)</li> <li>5) Are there things you would like to change about your work environment/ experience? If so, what?</li> </ol>
Reflective consultants	<ol style="list-style-type: none"> <li>1. Are there ways in which the group has changed with regard to their engagement with/participation in reflective supervision consultation?</li> <li>2. What challenges have you encountered in providing reflective supervision consultation to this group?</li> <li>3. What are the strengths and areas for growth for the group?</li> </ol>

first half of the pilot. At least 84% of the pretest sample completed posttest MAAS, MBI-EE, MBI-DP, and MBI-PA measures. The same percentage completed the interim Reflective Practice Self-Efficacy Scale and 87% of the sample completed that measure at posttest. A total of 79% of the IECMH consultants completed the interim and posttest Use of Self and Reflective Practice Measure. Listwise deletion was used to address construct-level missingness when conducting the repeated measures ANOVAs, paired sample *t*-tests, and Wilcoxon signed-rank tests.

All of the qualitative data were coded and analyzed by the PI. Qualitative data for each pretest RC participant group (IECMH consultants, grant specialists, and program managers/supervisors) were first analyzed separately using an inductive two-cycle coding process. The first coding cycle included open line-by-line coding to identify significant statements and create preliminary descriptive codes. The codes were then further refined and defined to be able to label the content meaning to capture emotions, values, approaches, and perceptions (Saldaña, 2016). All significant statements across all three groups were then coded with the finalized codes. The coding process revealed many common codes across all three groups. Code mapping was used to create an initial clustering of codes into meaningful groups with shared commonalities (Saldaña, 2016).

The second cycle coding, which has a primary goal to “develop a sense of the categorical, thematic, conceptual, and/or theoretical organization from [the] first array of codes” (Saldaña, 2016, p. 234), involved organizing the codes for all three participant groups into categories that served to provide “consolidated meaning,” and to describe clusters of codes with greater detail (Saldaña, 2016, p.10).

Next, the identification of broader themes emerged out of reflection on the meaning and processes that connect categories (subthemes). These themes and subthemes describe the major conceptualizations of consultees’ work experience prior to the commencement of RC.

In order to ensure that the consultee posttest qualitative analysis was not dictated by the findings of the pretest data, this same two-cycle coding process was utilized again, beginning with open coding. The posttest analysis resulted in the addition of some new codes and categories (subthemes) and the replication of several codes and categories (subthemes). These subthemes describe the meaning of the broader themes that represent the consultees’ experience of their work at posttest. Negative case analysis was conducted for both sets of data to identify data that was not representative of the themes; themes were modified to incorporate negative cases in order to provide a more comprehensive analysis of data and increase the trustworthiness of the analysis (Tenzek, 2017). A two-cycle coding process was also used to analyze the consultant qualitative data with the same two-cycle coding approach and identification of themes to describe the consultants’ assessment of the consultees’ participation in and experience of the RSC groups.

In qualitative research, trustworthiness is similar to quantitative methods’ emphasis on reliability and validity (Nowell et al., 2017) “refers to the quality of an inquiry—whether the findings and interpretations made are an outcome of a systematic process, and whether the findings and interpretations can be trusted” (Lincoln & Guba, 2013, p. 13). Several steps were taken throughout the data analysis process to ensure trustworthiness. First, prior to initiating and throughout the qualitative data analysis, the

PI engaged in bracketing, which is an in-depth reflective approach that involves identification of the researcher's previous research and clinical experiences and an exploration of their knowledge, beliefs, values, and emotional resonance with the study topic and/or population. Bracketing is utilized by qualitative researchers to ensure that the analysis is not overly influenced by the researcher's prior experience, worldview, and/or values (Tufford & Newman, 2012) and can take on many forms, including reflexive memo writing and journaling or consultation with a colleague or professional who is external to the project. The researcher engages in these techniques throughout the research process so as to "uncover and bring into awareness preconceptions and biases" (Tufford & Newman, 2012, p. 7) so that the data analysis can be approached with an openness that is not driven by pre-existing assumptions.

In this case, the PI has significant experience with RSC both as a consultee and as a reflective consultant and it was, therefore, necessary to engage in a conscious exploration of the ways in which these experiences might inform assumptions about the data. During the analysis, the PI engaged in reflexive self-exploration about the data analysis and personal experience and also consulted periodically with two qualitative researchers who are also experienced in RSC regarding the coding process. Such bracketing served to increase the PI's sense of vigilance about maintaining an open and curious stance when analyzing the data so as not to arrive at premature conclusions based on prior experience with the phenomena and increase the trustworthiness of the analysis (Tufford & Newman, 2012).

This study involved the use of a single coder, which can occur in instances where additional resources are not available (McDonald et al., 2019), eliminating the use of interrater reliability as an element of trustworthiness. However, in such cases, there are other means of establishing rigor in qualitative analysis (McDonald et al., 2019). For example, the use of "prolonged engagement" (Lietz et al., 2006, p. 444) with the data is a means of establishing trustworthiness. The PI revisited the data after completion of the two-cycle coding process and recoded portions of the data twice, verifying consistency over a 7-month period and making adjustments when appropriate. The PI also revisited the interpretation of the codes into subthemes and themes multiple times over a 10-month period post-analysis. Additional reflection, as well as consultation with an expert in the field (Saldaña, 2016), resulted in further refinement of these subthemes and themes during this 10-month period. The final results were shared with a consultant for peer feedback, another strategy designed to support trustworthiness (Lietz et al., 2006).

### 3 | RESULTS

#### 3.1 | Quantitative results: Reflective practice skills, mindfulness and burnout

The results of a one-way repeated measure ANOVA demonstrated a significant main effect of time on the Reflective Practice Self-Efficacy mean item score (See Table 5). Fisher's LSD post hoc tests illustrated that there was an increase in the mean reflective practice self-efficacy scores after 6 months of RC when compared to the pretest ( $p = .021$ ) and there was an increase in the mean reflective practice self-efficacy scores after 12 months of RC when compared to pretest mean scores ( $p = .019$ ). There were no differences between the 6- and 12-month mean reflective practice self-efficacy scores.

A one-way repeated measure ANOVA indicated that there was a significant main effect of time on the Use of Self and Reflective Practice Skills total score (See Table 5). Fisher's LSD post hoc tests illustrated that there were no differences in the Use of Self and Reflective Practice Skills scores between pretest and 6 months; however, there was a significant increase between 6- month and 12-month scores ( $p = .05$ ). IECMH consultants also reported increased skills in their work after 12 months of RC when compared to pretest ( $p = .022$ ). In addition, the difference between IECMH consultants' pretest and posttest reflective practice self-efficacy mean scores is positively associated with the difference between pretest and posttest Use of Self and Reflective Practice Skills scores ( $r = .7$ ,  $n = 14$ ,  $p = .005$ ), which further supports the findings regarding reflective practice skill development over the course of the pilot. The results of a paired sample  $t$ -test indicated no significant changes in consultees' report of their mindful attention awareness. It is important to note that the group reported a relatively high degree of mindful attention awareness prior to the commencement of the RC groups (See Table 5).

A paired sample  $t$ -test comparing the pretest and posttest MBI-PA subscale revealed no significant change in personal accomplishment. There was a significant departure from normality for the pretest ( $W(38) = .89$ ,  $p = .001$ ) MBI-EE data and for pretest ( $W(38) = .839$ ,  $p < .0001$ ) and posttest ( $W(32) = .714$ ,  $p < .0001$ ) MBI-DP data. Wilcoxon signed-rank tests demonstrated that there were no significant changes in the pretest and posttest MBI-EE and MBI-DP mean scores. The pretest mean scores for each of these subscales suggest that the consultees were reporting low levels of emotional exhaustion and depersonalization and high levels of personal accomplishment at pretest (See Table 5).

**TABLE 5** Reflective consultees' reflective practice skills and experience of work: Quantitative results

	Pretest		Interim		Posttest		F(df)	$\eta^2_p$
	M	SD	M	SD	M	SD		
<b>RP self-efficacy</b> (n = 31)	3.77	.5	3.94	.41	3.98	.42	4.4 (2, 60)*	.13
<b>Use of self and RP skills</b> (n = 12 IECMH consultants)	43.67	11.35	45.92	9.78	50.92	8.71	4.05 (2, 22)*	.27
	M	SD			M	SD	t(df)	
<b>MAAS</b> (n = 33)	4.23	.68	–	–	4.36	.53	1.19(32)	–
<b>MBI-PA</b> (n = 32)	4.61	.69	–	–	4.39	.76	–1.55(31)	–
	M	SD			M	SD	Z	
<b>MBI-EE</b> (n = 32)	1.31	1.09	–	–	1.09	.68	–1.33	–
<b>MBI-DP</b> (n = 32)	.48	.52	–	–	.41	.44	–1.03	–

\* $p \leq .05$ .

## 3.2 | Qualitative results: Reflective practice skills, experience of work and approach to work

### 3.2.1 | Reflective consultee pretest themes

A total of three main themes concerning work experience were identified across the pretest IECMH consultant, grant specialist, and program manager/supervisor survey responses (n = 32) (See Table 6). *Description of Work Approach/Focus* is a main theme that centers around responses that describe the type of practice or methods used by the consultee in their work. For this theme, the most common category of response was *modeling, coaching, facilitating, and supporting*. The modeling/coaching/facilitating/supporting responses highlighted more solution-focused approaches to the work:

“I listen and truly HEAR the struggles of the professionals and the family and help them come up with workable strategies to help the child be successful. I am their resource person as well as their cheerleader as they make steps forward.”

By contrast, an example of the second most common approach, *relationship-based/relationship-focused* is:

“Relational, empathetic, supportive. Not very directive because most of the challenges in early childhood programs are people-related (children, families, staff) and don't have simple solutions.”

A second main theme was *Protective Factors*, which highlighted preventative influences to reduce risk of

burnout. The theme included two subthemes, one of which was *positive perceptions and experiences of the work/relationships*, illustrated by this response:

“I have a great sense of pride in my work and the opportunities it allows me to work with and collaborate with others. My work generally provides me with energy and motivation, as each day tends to be different from the next.”

A second subtheme was *resources to support the work*. An example of a response that is representative of this subtheme is:

“I have responded professionally in all instances with confidence that I will get them an answer. [O]ngoing training has helped this and I feel as though I am growing more comfortable answering the hard questions.”

The third main theme identified in the consultee pretest data was *Burnout Risk Factors/Indicators*, which included three subthemes, one of which was *negative impacts of the work on RS/C consultees' emotional state/responses*. For example, one consultee remarked,

“This work is mentally and physically draining. It is overwhelming to balance needs of children, providers and families. I feel like the lines between work and home is blurred, as providers and families are in constant contact regarding challenges and behaviors.”

A second subtheme described *negative perceptions and experiences of the work/relationships*. The following

TABLE 6 Reflective consultees' experiences of their work: Qualitative results

Consultee pretest themes and subthemes	Consultee posttest themes and subthemes
Description of work approach/focus* ( <i>n</i> = 95)	Description of work approach/focus* ( <i>n</i> = 85)
<ul style="list-style-type: none"> <li>Modeling/coaching/facilitating/supporting (34.74%, <i>n</i> = 33)</li> <li>Relationship-based or relationship-focused practice (29.47%; <i>n</i> = 28)</li> <li>Policy oversight/quality program implementation (13.68%, <i>n</i> = 13)</li> <li>Directive/systems focused (8.42%, <i>n</i> = 8)</li> <li>Others (13.68%, <i>n</i> = 13)</li> </ul>	<ul style="list-style-type: none"> <li>Relationship-based or relationship-focused practice (40%, <i>n</i> = 34)</li> <li>Modeling/coaching/facilitating/supporting (25.89%, <i>n</i> = 22)</li> <li>Reflective practice (17.65%, <i>n</i> = 15)</li> <li>Policy oversight/quality program implementation (7%, <i>n</i> = 6)</li> <li>Others (9.4%, <i>n</i> = 8)</li> </ul>
Protective factors ( <i>n</i> = 98)	Protective factors ( <i>n</i> = 87)
<ul style="list-style-type: none"> <li>Positive perceptions and experiences of the work/relationships (62.24%, <i>n</i> = 61)</li> <li>Resources and skills to address work challenges (37.76%, <i>n</i> = 37)</li> </ul>	<ul style="list-style-type: none"> <li>Positive perceptions and experiences of the work/relationships (81.67%, <i>n</i> = 49)</li> <li>Resources and skills to address work challenges (<i>n</i> = 38)</li> </ul>
Burnout risk factors/indicators ( <i>n</i> = 87)	Work challenges ( <i>n</i> = 37)
<ul style="list-style-type: none"> <li>Negative impacts of the work on RSC supervisees' emotional state/responses (43.68%, <i>n</i> = 38)</li> <li>Negative perceptions and experiences of the work/relationships (34.48%, <i>n</i> = 30)</li> <li>Barriers to work performance/lack of support (21.83%, <i>n</i> = 19)</li> </ul>	<ul style="list-style-type: none"> <li>Burnout risk factors/indicators (45.96%, <i>n</i> = 17)</li> <li>Relationship-based work challenges (40.54%, <i>n</i> = 15)</li> <li>Impacts of COVID-19 pandemic on work (13.51%, <i>n</i> = 5)</li> </ul>
Change work environment ( <i>n</i> = 31)	Change work environment ( <i>n</i> = 24)
<ul style="list-style-type: none"> <li>Yes (70.97%, <i>n</i> = 22)</li> <li>No (25.81%, <i>n</i> = 8)</li> <li>Unsure (3.23%, <i>n</i> = 1)</li> </ul>	<ul style="list-style-type: none"> <li>Yes (33.33%, <i>n</i> = 8)</li> <li>No (66.67%, <i>n</i> = 16)</li> <li>Unsure (0%, <i>n</i> = 0)</li> </ul>

Note. \* = only top four subthemes presented.

response from a consultee is representative of this subtheme:

“I just wish I felt more effective. This is what exhausts me. If I knew what would help the situation, I would do it. But too often, I feel like I’m just sitting in a classroom watching negative interactions between the teacher and the child and not really sure how to have an impact.”

The final subtheme was *barriers to work performance/lack of supports*. Regarding this subtheme, one consultee responded, “The greatest challenge would be the expectation to ‘coach’ providers that I work with when there are built in time constraints that prohibit a true coaching relationship.”

Finally, consultees were asked whether they would change anything about their work environment/experience and 70.97% (*n* = 22) indicated that they would desire such changes. Suggestions for changes to the work environment/experience included having more time to complete work, more support or opportunities to

connect, more effective and consistent communication, and increased opportunities for personal and professional development. This set of responses serves to validate the challenges and concerns captured in the Burnout Factors/Indicators theme.

### 3.2.2 | Reflective consultee posttest themes

The posttest reflective consultee qualitative data (*n* = 25) revealed new themes with shifts in the ways in which the RC consultees responded to the questions about their work experience (See Table 6). With regard to the theme, *Description of Work Approach/Focus, relationship-based/relationship-focused* constituted the most identified approach in the posttest results. Another important difference between the pretest and posttest results is the identification of *reflective practice* as the third most common approach to the work. A consultee described their reflective practice approach to their work in the following way:

“Open and reflective. I believe in giving those on my team their time to talk, and be heard.

Everyone's input is valuable, and sometimes, the experience of wading through someone's input is in fact the value."

*Protective Factors* was again a main theme in the posttest data. In the posttest subtheme, *positive perceptions and experiences of the work*, the value of the work was at times expressed in terms of the value of the relationships with families. One consultee remarked,

"This experience, as hard as it can be at times, has been very positive for me. I love helping others and knowing that I can make a difference in other peoples' lives. It has made me a better parent to my own children. We all need love, a person to hold our hands in troubling times and a person who will just listen and hear us."

Under the subtheme, *resources and skills to address work challenges*, consultees identified personal and professional development resources such as RC. One consultee responded: "I have found that the time spent in reflective consultation has [sic] more aware of my own thoughts and feelings and understanding how they impact my interactions and relationships with others." Perspective-taking and collaboration were also described in this subtheme, including consultees' efforts to address conflicts or challenges by bridging gaps in understanding and seeking collaboration with others. For example, one consultee responded, "I have been working more diligently to connect with those parents/families to help them see themselves as an integral part of the team."

The third main theme identified in the posttest consultee results, *Work Challenges*, differs from the pretest results where *Burnout Risk Factors/Indicators* was a main theme. In the posttest results, consultees described a variety of work challenges and *burnout risk factors/indicators* was limited to a much smaller proportion of the responses, constituting a subtheme. A new subtheme was identified at posttest, *relationship-based work challenges*, which describes consultees' struggles with creating sustainable partnerships or navigating relationships. For example, one consultee identified the challenge, "Responding to the many different personalities and temperaments from adults that I face each day" and another consultee remarked, "The greatest challenge so far has been getting "buy-in" from teachers and directors in a few cases." A third subtheme concerned *impacts of COVID-19 pandemic on work*, which speaks to the fact that the pandemic began a month prior to the conclusion of this pilot and was beginning to have effects on consultees' work experiences. Finally, similar to the pretest survey, consultees were asked

at the conclusion of the pilot whether they would change anything about their work environment. Strikingly, the vast majority (66.67%,  $n = 16$ ) indicated that they would not make any changes, which is a significant departure from the pretest results.

### 3.2.3 | Reflective consultant themes: Assessment of consultees' reflective practice skills in RC

Two main themes were identified to describe reflective consultants' assessment of the RC groups' use of reflective practice skills in RC during this pilot (See Table 7). The main theme with the largest number of responses is *Skills and Strengths*, which includes a subtheme of *reflective practice skills* that consultees have developed over the course of the pilot. One consultant stated,

"When asked to share what came up for them after attending to another group member's reflection they are able to describe their thoughts and feelings rather than share 'solutions' to the dilemma that was explored...Identifying principles such as parallel process, multiple perspectives, 'what might be the rest of the story?,' professional use of self, awareness of judgments, cultural sensitivity, curiosity etc. as they reflect."

A second subtheme is *strengths that support RC participation*. An example of a response that is representative of this subtheme is "From day one they showed up, they might not have really wanted to or known what any of this was all about but they showed up with a willing ability to explore."

The second main theme is *Concerns and Areas for Growth* and describes reflective consultants' perspectives about consultees' future personal and professional development. The first subtheme is *concerns about the consultees' responses to the group experience*, which represents a small number of responses that described a lack of buy-in to the RC experience and a lack of change in reflective practice skill development. One consultant remarked, "It is hard for me to tell if there has been much change regarding their engagement and participation... They are unsure what to bring to the group for reflection..." The second subtheme is *areas for growth in reflective practice skills*, including the next set of developmental shifts a consultant might expect to observe in their consultees. For example, "I believe that the space is feeling safer for them to be more vulnerable with each other and that growth for this group will be in delving more into their emotional experiences."

TABLE 7 Strengths and areas for growth in RC: Consultants' perspectives ( $n = 6$ ) main themes

Main themes	Subthemes
Skills and strengths ( $n = 51$ )	a. Reflective practice skills (64.71%, $n = 33$ ) b. Strengths that support RC participation (35.29%, $n = 18$ )
Concerns/Areas for growth ( $n = 16$ )	a. Concerns about reflective consultees' responses to RC groups (56.25%, $n = 9$ ) b. Areas for growth in reflective practice (43.75%, $n = 7$ )

TABLE 8 Reflective consultant reflections on pilot implementation ( $n = 6$ ) main themes

Main themes	Subthemes
Barriers to reflective consultation ( $n = 20$ )	a. Reflective consultees' lack of knowledge about RC, relationship-based practices and/or IECMH principles (35%, $n = 7$ ) b. Scheduling/availability/member turnover (25%, $n = 5$ ) c. Reflective consultee role differences (25%, $n = 5$ ) d. Other factors (15%, $n = 3$ )
What has helped/Responses to challenges ( $n = 9$ )	a. Strategies employed by reflective consultants (55.56%, $n = 5$ ) b. Other factors that support RC (44.44%, $n = 4$ )

### 3.3 | Reflective consultants' assessment of barriers/challenges to RC

As previously noted, while implementation was not a focus of this evaluation, the study provided an opportunity to obtain feedback from the consultants regarding the challenges or barriers they experienced facilitating RC in this unique context (See Table 8). Based on the consultant qualitative data, the main theme of *Barriers to Reflective Consultation* included a subtheme, *consultees' lack of knowledge about RC, relationship-based practices and/or IECMH principles*. For example, one consultant responded,

"I also feel that the professionals in the groups needed more foundational information about what reflective work was all about. Members...have shown that they didn't realize what the reflective process is about, or how to engage and value the work, so it has been a steep learning curve for all of us."

There are two other subthemes within this main theme of Barriers to RC: *Scheduling, consultee availability, and consultee turnover rates* and *consultee role differences*. Reflective consultants described these role differences as a barrier due to consultees' lack of familiarity with or understanding of each other's job description and the need for additional layers of explanation when presenting. For example, a consultant stated:

"...their roles are very different; there are members that have similar roles to each other

but not throughout the group. I believe that this has caused some uncertainty about content within the group and finding commonalities and a group identity."

The final main theme is *What Has Helped/Responses to Challenges*. This theme includes two subthemes, one of which is the *strategies and approaches employed by reflective consultants* to respond to various challenges or barriers. For example, one consultant stated, "I have discussed options with the group, attempted collaborative engagement in how they want to use the time, answered questions..." The second subtheme is *other factors that support RC*, such as group size.

## 4 | DISCUSSION

### 4.1 | Impacts of RC on infant-early childhood program professionals' skills

The pilot evaluation results suggest an increased integration of reflective practice into consultees' work in indirect service contexts. Consultees demonstrated increased confidence regarding their reflective practice skills over the course of the pilot and IECMH consultants reported greater use of self and reflective practice skills with teachers and families at the conclusion of the pilot. Consultees increasingly articulated reflective practice approaches in their description of work at the conclusion of the pilot. Additionally, the growth in reflective practice skills was also noted by the reflective consultants via changes in the



ways that consultees engaged in RC over time, including heightened capacities to use reflection when responding to the group without relying on problem-solving.

At the conclusion of the pilot, consultees at all levels of the system increasingly described their work through a relationship-based lens. There was a decrease in consultees' identification of their work as involving directive approaches, policy oversight, or quality program implementation. The increase in reflection and decrease in directive approaches aligns with findings regarding the impacts of RSC and RSC training (Susman-Stillman et al., 2020; Williams et al., 2019). The evidence of change in practice approach is further supported by the ways in which consultees contextualized work challenges and resources for addressing such challenges following participation in RC. A proportion of challenges identified at posttest stemmed from difficulties navigating relationships or connecting with others. Rather than operating from a directive stance or retreating to a helpless stance, consultees were increasingly able to use both personal and professional resources to support them in their work and were able to focus on forging partnerships with parents, teachers, and staff, and their fellow RC group members by using perspective-taking skills and an appreciation for the value of collaboration.

## 4.2 | Impacts of RC on experience of work

While the quantitative measures of burnout did not indicate change in consultees' experience of their work, the qualitative findings provided strong and compelling evidence of a reduction in experience of burnout risk factors/indicators following participation in RC. At the time of pretest, burnout was central element of consultees' experience of their work, constituting a main theme. At the conclusion of the 12-month pilot, burnout risk factors/indicators was no longer a main theme and constituted an extremely small segment of the results. The change in work experience is notable with the vast majority of consultees reporting that they wanted to alter their work environment at pretest and the majority of consultees reporting that they did not recommend any changes to their work environment after 12 months of RC. These findings align with previous studies regarding RC and associations with work experience and burnout (Begic et al., 2019; Benatar et al., 2020; Frosch et al., 2019; Gallen et al., 2016; Rowe et al., 2019; Shea et al., 2020; Susman-Stillman et al., 2020; Watson et al., 2014). Heller et al. (2013) suggest that while IECMH consultants' work stress and satisfaction can be impacted by a wide number of factors, RC can play a key role in reducing the isolation that furthers experiences of burnout and stress.

While implementation was not a focus of this evaluation, it is useful to consider the consultants' descriptions of challenges and barriers in their facilitation of RC to provide additional context for the RC experience. First, the impact of creating RC groups composed of professionals who are engaged in vastly different roles may pose some challenges to fostering productive group dynamics and relationships. These challenges were linked to the consultees' lack of contact with each other outside of the RC participation and the additional time needed for consultants and consultees to establish trust and basic understanding of one another's work experiences.

Another factor to consider is consultees' knowledge about RC and its uses. Limited knowledge of RC and relationship-based approaches can be a risk for such groups of indirect practice professionals. In this pilot, it is possible that the consultees' limited knowledge of RC paralleled the consultants' limited familiarity with the PA Key and the nature of the consultees' work, creating a dynamic where both consultants and consultees engaged in teacher and learner roles in the experiential context of the RC groups. Finally, scheduling challenges and consultee turnover can create a tension in the context of RC. Consistency is a key feature of the model and a necessary ingredient for the development of trusting and predictable relationships that can then be the conduit for the groups' capacity to engage in reflection (Alliance, 2018; Tomlin et al., 2014).

## 4.3 | Study limitations

RC evaluations have inherent limitations given the limited number of measures designed to assess reflective practice. There are risks associated with piloting adapted measures due to the lack of evidence about the measures' reliability and validity. Given the differences between the quantitative and qualitative findings regarding work experience, it is necessary to investigate which measure of burnout and/or work satisfaction is most suited to the study sample. Further research is warranted to better understand the complex relationship between RC, workplace culture/environment, protective factors, and experience of work (Eaves Simpson et al., 2018; Harden, 2009).

This evaluation focused on the immediate need to understand the impacts of this pilot on the consultees employed by the PA Key, which precludes some of the elements of a larger-scale research study. For example, the dual relationship of the two consultants who served as project liaisons can sometimes be necessary in multisystem pilots with limited resources, but also may constitute a study limitation with regard to minimizing the impact of bias in the evaluation. Additionally, the small sample did not allow for comparison among the three groups of

professionals because individual group data analysis would lead to a decrease in the power of quantitative results and threaten confidentiality in the qualitative results. In addition to the small sample's threat to generalizability, the sample's lack of racial and gender identity diversity negatively impacts the generalizability as well, a significant area of concern in IECMH research (Chu et al., 2020). While the scope of this evaluation was limited to the consultees employed within this particular system and the reflective consultants contracted to provide RC, it is critical for future RC research to include more diverse samples, addressing an important gap in the literature regarding the impacts of RC on BIPOC consultees.

#### 4.4 | Implications and future directions

With regard to the pilot evaluation design and implementation, the multilevel implementation of RC lends opportunities for increased integration of reflective practice throughout the system. Further inquiry is needed to explore the unique experiences of each of these levels, spanning from the direct practice teams to the administrative leadership. It is important to consider the types of data that will provide information that is meaningful for administrators and funders who are faced with decisions regarding the sustainability of such RC models. In this case, the PA Key decided to continue funded support for the statewide RC for the following fiscal year based on both key evaluation findings and overall staff response.

Specifically, the evaluation findings related to the consultees' increased reflective practice skills and decreased burnout provided compelling evidence for the continued use of RC. In addition to the pilot evaluation findings, the PA Key also considered staff's anecdotal positive feedback about their satisfaction with RC as well as the expressed willingness of staff, who had been reluctant at the outset of the pilot, to continue RC also served as an important factor in the Administration's decision (B. Fox, personal communication, January 22, 2021). The pilot ultimately resulted in a system-wide recognition of the value of RC for these teams, creating a "nested support model" (Clark et al., 2019, p. 25). Such a model relies on the power of parallel process to address the needs of leadership and indirect service professionals who support the infant and early childhood caregivers who hold the infants, toddlers, and young children.

## 5 | CONCLUSION

In conclusion, following participation in this statewide pilot of RC, IECMH consultants, grant specialists, and pro-

gram managers and supervisors demonstrated increased reflective practice and relationship-based skills, reported reduced burnout, and evidenced advanced reflective practice within the context of infant-early childhood indirect services and leadership. The evaluation findings suggest that RC can support personal and professional development in a multilevel infant-early childhood system and highlight the need for additional research regarding the broader, systemic impacts of RC on work environments and services.

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### PERMISSIONS

Content and tables are included with permission from the Alliance for the Advancement of Infant Mental Health. This study was determined to be exempt by the Eastern Michigan University Human Subjects Review Committee.

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### ENDNOTES

- Reflective consultation (RC) is the term that is used when the provider is an external reflective consultant, as in the case of this pilot, rather than a reflective supervisor employed by the agency. Reflective supervision consultation (RSC) is the broader term to describe the use of either internal or external facilitators.
- All RC group members are referred to as "consultees" to denote the fact that they were participating in reflective consultation groups facilitated by reflective consultants external to their organization.
- Early in the pilot, a small number of participants transitioned roles due to promotion or job change. These participants were included in employee role group that accounted for the majority of their time during the pilot.

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