



Updates



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Reflecting on Our Reflections with Pre-Conference Colleagues

By Deborah Harris, LISW, IMH-E and Jacqui Van Horn, MPH, IMH-E

“It was helpful to observe reflective supervision as a process and to be a part of a reflective supervision session as a way to practice and learn this method of building relationships.”

Pre-conference participant

We had the pleasure of gathering on a cool fall day for the 3rd year in a row with colleagues interested in enhancing their Reflective Supervision competencies. Each year, our group has grown, so that during this preconference we were joined by 100 professionals from all regions of NM representing many different service settings. The thoughtful comments, questions and overall energy shared during the pre-conference demonstrated that NM professionals working with infants and their families have clearly embraced the concept of Reflective Supervision with more vigor, openness, and a much more “Yes we can!” spirit than ever before.

As a group, we have grown from a basic level of curiosity about what reflective supervision means to exploring strategies for effective participation in reflective supervision. More recently we’ve been able to share experiences along with discussions about what makes reflective supervision “work well”, how we know when it is “working”, and how reflective supervision supports the quality of our services to families.

Some of the important observations and

insights that emerged during our time together at the pre-conference are shared below:

- Reading and talking about reflective supervision are helpful.
- *Experiencing* reflective supervision is the most effective way of learning what reflective supervision is, what it “feels like”, how it is practiced, and why it is an essential component of best practice.
- Receiving reflective supervision from an experienced infant-family practitioner who has had a number of years of direct experience applying relationship-based practice with infants, toddlers and their families is very helpful.
- An in depth understanding of the parallel process and its application to all levels of infant-family work is an essential element of reflective supervision.
- A specific vocabulary is developing in the field that can be helpful as we develop a shared understanding of relationship-based infant-family work with reflective supervision as a best practice element. The actual words aren’t as important as the shared understanding, yet words shared in the context of a trusting relationship can help us know when we are truly sharing meaning.
- Reflective supervision can enhance the supervisor’s ability to address performance issues and oversee administrative concerns including achieving program outcomes.
- Supervisors themselves benefit from receiving reflective supervision so that they too are supported in a trusting relationship that enhances their professional development.

Reading and writing about reflective supervision is a bit like trying to read and write instructions for how to ride a bicycle. It is necessary to experience the process in order to know what is being conveyed – and in order to help others experience it as well. This is the parallel process we so often

The Early Childhood Network is interested in making sure that the Updates newsletter meets your needs and expectations. Please take a few minutes to share your thoughts and ideas. You can access the Survey online: http://www.surveymonkey.com/s.aspx?sm=YGiEMVB8sO1NvgagYOkSZg_3d_3d or complete and mail the enclosed self-addressed-stamped card. Thank you in advance!

referred to. During our time together at the pre-conference, we also discussed the experience of inter-subjectivity and the creation of relationships. These are some of the many concepts that are often explored through reflective practice. These terms comprise a working vocabulary that helps us describe a shared meaning of an experience in this process. There are many approaches to reflective supervision across various service settings. A shared set of principles guide us as we engage in this important practice. The experience for each supervisor and supervisee is unique, yet those of us who have participated



in the reflective supervision process are becoming more able to articulate the beneficial outcomes.

We wondered what made this workshop so dynamic and the participants so engaged? Probably a number of factors combined, but what stood out were the appreciation for the

reflective process, the value of integrating this practice into infant and family programs in a variety of service settings, and most notably, the participants' willingness to fully engage in the process. It is exciting to be part of this group of colleagues who see the value of providing and receiving reflective supervision and see it as necessary for quality work in the infant-family field. We are very pleased to be part of the process to move reflective supervision ahead in New Mexico.

The document *Reflective Supervision/Consultation Defined* can be found at www.nmaimh.org on the Endorsement Materials page.

Reflections from the Field

As told to Holly Harrison

During a telephone conversation with Johnnie Bradford at the CARC Child Development Center in Carlsbad I asked her why and how Reflective Supervision became an integral part of her practice. Johnnie shared that their director, Arlene Waters, always has been open and willing to incorporate new ideas and proven models into their program in order to improve services and come closer to their vision and the FIT (Family Infant Toddler) system to support young children and their families. So when Arlene learned about Reflective Supervision and its benefits to staff she quickly realized the importance of incorporating it into her program. Johnnie became a willing follower but confessed that she was primarily "motivated in order to survive and have the ability to support families with increasing challenging situations."

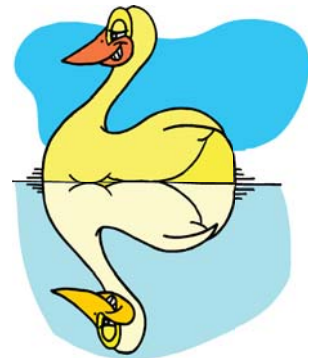
Johnnie related that, once she committed to incorporating Reflective Supervision into her regular meetings, she found it helpful immediately. She also said that although some staff members, especially in the beginning, were reluctant

to embrace Reflective Supervision, they eventually became converts. Johnnie shared a story about attending one of the Summit Meetings with a colleague who had been reluctant to embrace the process. Half way through the Summit she turned to Johnnie and said "Oh, now I get it!" Johnnie related that, "it seemed like ten things came into focus at once for her and she was sold." That person returned to Carlsbad and shared her 'epiphany' with other staff members.

Johnnie also shared some information on how her program provides Reflective Supervision. She said they began by setting up a schedule for routine reflective sessions for each staff member. In the beginning some members were reluctant to admit they needed a session for reflection on their cases, she confessed, but over time things changed and "now most staff members look forward to sessions and access support when they need it not just during their assigned time."

Johnnie stressed that Reflective Supervision has become an integrated process in our work and "just how we operate, if you need it you simply ask." In addition, she said that the agency has found that the implementation of Reflective Supervision and practice has resulted in "less staff burnout and emotional upset for everyone."

I asked Johnnie to share a little about what has made incorporating Reflective Supervision successful in her program. She was adamant that first and foremost was Arlene's and the agency's support for ongoing reflective practice. She stressed that staff members began to realize that without it they wouldn't be able to make as "wise decisions for themselves as well as the families they serve." In addition, Johnnie believes that Reflective Practice has benefited her agency and made her program stretch their Agency's lines and boundaries. For example, they work regularly with CYFD (Children Youth & Family Department) caseworkers. They now set aside time to meet monthly and model reflective practice for the caseworkers. Johnnie acknowledged that it has helped build rapport and relationships within that agency. She stressed that, "especially since we are geographically isolated, we had to look both within and outside our agency and work hard to support each other and other programs we partner with in our community."



Johnnie added that the use of Reflective Supervision has also impacted practice with the families, even those who are mandated to receive services. "We use the skills we have learned to model this practice and help parents reflect on their behavior or situations." She acknowledged that reflective practice has become an educational tool where "even others outside our agency have observed changes in behavior: parents becoming more trusting, open and talkative."

We are firm believers!

Greetings from the New Mexico Association for Infant Mental Health (NMAIMH)

By Marcia Moriarta

As the president of the NMAIMH Board of Directors, I am pleased to take this opportunity to share highlights about the association, our history, and some of our current activities.

The NMAIMH is a voluntary and interdisciplinary professional organization that evolved out of an ad hoc and diverse group of folks with a mutual passion and commitment to bettering the lives of infants, toddlers and their families in New Mexico, and to the principles of relationship-based and reflective practice. This group of creative and highly dedicated individuals (known as the “Infant Mental Health Collaborative Coalition” (IMHCC)) came from various parts of the state and included representation from state agencies, higher education, early childhood education, mental health, early intervention, health care, Head Start, parent advocacy, and other fields. This group began meeting together monthly in 2001 at the invitation of the NM Children Youth and Families Department. It was through this group of focused and committed individuals that *A Strategic Plan for Infant Mental Health in New Mexico* was developed and published in 2003. This document provides a guide for building a quality system of care for infants, toddlers, and their caregivers in New Mexico and is the supporting back drop for many of the current NMAIMH activities.

As time went on, members of the IMHCC recognized the need for a more formalized organizational structure to promote and support the needs of our youngest children and their families. Members of the IMHCC began work to become an incorporated nonprofit professional membership organization (501.c3) and the NMAIMH was officially “born” in 2004. The current mission of the NMAIMH is to promote and support healthy development and nurturing relationships for all infants

and young children in NM and to provide a forum for interdisciplinary collaboration by advocating for the application of infant mental health principles in services for infants, young children and caregivers. In addition,

the NMAIMH works to implement the goals outlined in *A Strategic Plan for Infant Mental Health in New Mexico* (2003).

At present, the NMAIMH has over 100 members with representation from all areas of New Mexico. We are proud of our Board of Directors who are passionate about the needs of infants, toddlers and their families in our state. In the past year, we have become an affiliate of the *World Association of Infant Mental Health* (WAIMH), and look forward to this relationship with the larger IMH community.

A major accomplishment for the NMAIMH has been the adoption and implementation of the professional *Endorsement System for Infant Mental Health* developed by the Michigan Association for Infant Mental Health (MI-AIMH). The MI-AIMH has over 25 years of IMH expertise and developed their competency-based endorsement process in 2002. New Mexico is now one of eight states working to implement the MI-AIMH Endorsement process. We in New Mexico, are part of a national movement toward developing competency-based endorsement for individuals working at all levels in the infant-family field. Endorsement represents a clear commitment to quality and competency across an array of professionals and practitioners working with infants/toddlers and their parents/caregivers. The adoption of the Endorsement system represents an important step in implementing the *Strategic Plan for Infant Mental Health in New Mexico*.



Endorsement represents **recognition** that the professional demonstrates **specific competencies** necessary to work effectively in the infant-family field. These competencies (Theoretical Foundations, Law, Regulation & Agency Policy, Systems Expertise, Direct Service Skills, Working with Others, Communicating, Thinking, Reflection) reflect specialized infant mental health knowledge acquired through education, reflective supervision and relevant work experiences. Anyone working with or on behalf of infants/toddlers and their parents/caregivers can be endorsed regardless of educational level or role as long as he/she demonstrates competency in the eight areas.

Endorsement as an IMH professional is not licensure. Each professional must always practice within the scope of his or her professional license or credential. Endorsement is an overlay of specialized infant mental health competence to your existing practice under your current license or credential and does not change the practice scope of your role or discipline.

For more information about the NMAIMH, our mission, and the Endorsement process please go to our website: www.nmaimh.org and/or e-mail (info@nmaimh.org) or leave a voice mail message at (505) 331-7138. We look forward to hearing from you!



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CDD Library Information Network for the Community (LINC)

1-800-827-6380 or 272-0281

Visit the Early Childhood & Specialized Personnel Development Division website at <http://cdd.unm.edu/ecspd/>



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Early Intervention Workshops

Please Post

January 2009

January 16

Service Coordination 1: Family Centered Service Coordination
Roswell

Sheila McKisson – ECNTraining.salud.unm.edu

January 29

Service Coordination 2: From Intake to Eligibility
Roswell

Sheila McKisson – ECNTraining.salud.unm.edu

January 30

Service Coordination 3: IFSP Process
Roswell

Sheila McKisson – ECNTraining.salud.unm.edu

February 2009

February 13

Service Coordination 4: Transition
Roswell

Sheila McKisson – ECNTraining@salud.unm.edu

February 26

It's Only Natural: Supports and Services in Everyday Routines, Activities and Places

Albuquerque

Sheila McKisson – ECNTraining@salud.unm.edu

March 2009

March 6

Service Coordination 1: Family Centered Service Coordination
Grants

Sbicca Brodeur – sbicca.brodeur@state.nm.us

March 12

The Developmental Evaluation: An Ebb and Flow Process
Taos

Sheila McKisson – ECNTraining@salud.unm.edu

April 2009

April 9

Service Coordination 2: From Intake to Eligibility
Grants

Sbicca Brodeur – sbicca.brodeur@state.nm.us

April 10

Service Coordination 3: IFSP Process
Grants

Sbicca Brodeur – sbicca.brodeur@state.nm.us

April 24

Service Coordination 4: Transition
Grants

Sbicca Brodeur – sbicca.brodeur@state.nm.us

April 30

Developing the Dream: The Individualized Family Service Plan
Las Cruces

Sheila McKisson – ECNTraining@salud.unm.edu

May 2009

May 8

Service Coordination 1: Family Centered Service Coordination
Santa Fe

Sbicca Brodeur – sbicca.brodeur@state.nm.us

May 14

The Developmental Evaluation: An Ebb and Flow Process
Laguna

Sheila McKisson – ECNTraining@salud.unm.edu

May 21

Service Coordination 2: From Intake to Eligibility
Santa Fe

Sbicca Brodeur – sbicca.brodeur@state.nm.us

May 22

Service Coordination 3: IFSP Process
Santa Fe

Sbicca Brodeur – sbicca.brodeur@state.nm.us

Service Coordination modules are required for all new service coordinators working in early intervention programs.

It is highly recommended that these modules be taken in order, if at all possible.

June 2009

June 12

Service Coordination 4: Transition
Grants

Sbicca Brodeur – sbicca.brodeur@state.nm.us

Please make reservations for all workshops.

Announcements

Resources

New Mexico Association for Infant Mental Health Annual Membership Meeting

Come and learn more about the NMAIMH organization. The annual meeting is a time for the Board of Directors to give a yearly update on activities and accomplishments, present newly elected members of the Board, provide a forum for a training activity (CEUs are available), and serve you lunch!

Wednesday, January 21, 2009

11:00-1:30 p.m.

United Way of Central New Mexico

Albuquerque, NM 87106

RESERVE YOUR SPOT TODAY!

Send an email to info@nmaimh.org

Subject Line: Annual Meeting

Include your First and Last name

The 16th Annual Children's Law Institute

Trauma: Foundations for Effective Response, will present innovative research on the many ways that trauma impacts children and families. Dr. Bruce Perry, an internationally acclaimed speaker, will provide the closing plenary, elaborating on his research on trauma and effective responses for children and youth. In addition, Dr. Perry will present a post-session following the keynote address. For more information and to register online visit: www.familyand-child.net

The Part C Orientation Online Course

This self-paced online learning experience presents an overview of the NM Early Intervention system and the process from Intake to Transition. The course provides a description of the Family Infant Toddler (FIT) program's core values and the 16 services offered to infants and toddlers with or at risk for delays and their families. A Certificate & three Contact hours are awarded for course completion.

Technology requirements include a high speed internet connection (DSL, Cable, T1) along with Speakers, Adobe Reader and Flash Player.

For Registration Information: <http://cdd.unm.edu/ecspd/ecn/>



Resources for Reflective Practice and Supervision

- The World Association for Infant Mental Health (WAIMH) is a not-for-profit organization for scientific and educational professionals. WAIMH's central aim is to promote the mental wellbeing and healthy development of infants throughout the world, taking into account cultural, regional, and environmental variations, and to generate and disseminate scientific knowledge. For more information: www.waimh.org

The following Resources are available from Zero to Three www.zerotothree.org:

- Parlakian, R. (2001). *Power of Questions (The): Building Quality Relationship-Based Work*. This resource presents direct service work with parents and children and explores how leaders and staff alike can use reflective approaches to establish quality relationships with families. It provides strategies for 'boundary-setting' and managing one's relationships with families to address the complex decisions staff face everyday.
- Parlakian, R. (2001). *Look, Listen, and Learn: Reflective Supervision and Relationship-Based Work*. This resource is written for program supervisors and explores the link between supportive supervisory practices and effective staff-parent relationships. The tools and techniques presented help program leaders promote high-quality services to young children and their families.

E-Learning

REACH Telehealth Program at the Center for Development and Disability

By Sandy Heimerl

The Center for Development and Disability REACH program provides telehealth services with support from funding through the Department of Health, Office of School and Adolescent Health. In this fiscal year we prioritized Infant Mental Health (IMH) services, because the New Mexico Interagency Coordinating Council identified it as a main concern for early intervention. There is a need for infant mental health training, consultation and ongoing support to address the issues confronted by children in early intervention who have experienced adverse environmental stressors impacting the young child and family. REACH has contracted with an expert, Deborah Harris, to provide reflective supervision and consultation regarding infant mental health services. Three early intervention programs in the state made a commitment to take advantage of these free services and have received monthly or bimonthly sessions since September. Each program identified their priorities and developed a plan with Deborah that would fit their program needs. The REACH program assisted with identifying and testing the technology and provides ongoing coordination of the services. If other programs are interested, we have a limited capacity to add two to three additional EI programs. Contact sheimerl@salud.unm.edu.