

What Does it Mean to Be a Leader in the Infant and Early Childhood Mental Health Field?

Research on Training and Supervision Needs

Emily C. Brown, Wayne State University

Christie Spudowski, PCS Counseling, Northville, Michigan; Live Light Birth & Family, Detroit, Michigan

Carla C. Barron, Merrill Palmer Skillman Institute, Wayne State University

Abstract

This mixed methods study aimed to better understand the training and supervision needs of those in infant and early childhood mental health (IECMH) leadership positions. The study used individual interviews and online surveys to explore the question “What does it mean to be a leader in IECMH and what unique challenges do they face?” 10 IECMH leaders completed individual interviews and 64 completed the online survey. Using qualitative thematic analysis, interview data suggest that while IECMH leaders have extensive clinical training and education, they described challenges related to race, training/development, and feeling prepared and competent in their leadership roles. Data suggest that IECMH leaders use reflective supervision as one way of managing these challenges. This research provides considerations for organizations in regard to educating, training, promoting, and developing IECMH leaders.

The role of a leader in the infant and early childhood mental health (IECMH) field is complex. IECMH leaders hold in mind layers of relationships and influences that can impact the health and well-being of very young children and their families. This relationship-based perspective within the IECMH field requires an understanding of the many ways relationships can impact other relationships—including those between a young child and their caregivers, caregivers and IECMH practitioners, and practitioners and supervisors (Pawl, 1994; Weatherston et al., 2010). Thus, IECMH leaders must maintain a broad view of these important relationships. IECMH leaders often provide direct guidance to practitioners to address the emotional aspects of the work through the provision of reflective supervision (RS) and consultation and through advocacy for ongoing training and emotional support for their staff.

In addition, IECMH leaders must also hold in mind programmatic needs, such as productivity, billing, budgets, and agency goals (Schafer, 2007). Maintaining this balance

is challenging to accomplish in a way that can offer both a reflective space for staff to explore their emotional responses to this work and opportunities to discuss administrative aspects of this work. IECMH leaders may also be in positions that require grant writing, networking, and advocating skills. In these ways, they offer indirect support of staff and families by effectively managing programs and advocating for policies that support IECMH work and the well-being of the families they serve (Weatherston et al., 2020).

Given these complex aspects of their work, it is important to gain a better understanding of the experiences of IECMH leaders. Identifying and examining the challenges that leaders face in this field and the resources that support them can strengthen service delivery. While there is vast clinical literature and growing empirical research related to the provision of RS (Heffron & Murch, 2010; Heller & Gilkerson, 2009), there is minimal research aimed at understanding the experience of IECMH leaders and supervisors. This study fills a gap in understanding ways to best support and mentor IECMH leaders in their role.

For the purposes of this study, we defined leadership within IECMH primarily by specific roles/positions such as reflective supervisors, middle/upper program management, and

Competencies for Prenatal to 5 (P-5) Professionals™

P-5 (6) P-5 (7)

For more information see page 4, or visit www.zerotothree.org/p-5

Photo: shutterstock/SteelStock



Infant and early childhood mental health leaders hold in mind layers of relationships and influences that can impact the health and well-being of very young children and their families.

.....

policymakers. While there is clinical and empirical literature aimed at the provision of services for young children and families, there is a lack of understanding about how to recruit, support, mentor, and train IECMH professionals to take on a leadership role.

Becoming a Reflective Supervisor

RS is a cornerstone element of IECMH practice and may be the first leadership position a practitioner can assume. RS provides a supervisory experience in which IECMH professionals (supervisees and supervisors) work together with the intention of deepening the practitioner's reflective capacity, which includes the capacity to be curious and aware of one's feelings, thoughts, beliefs, and biases that are evoked within work with infants and families (Stroud, 2010; Wilson et al., 2018). By strengthening the practitioner's reflective capacity within the context of a secure and nurturing RS relationship, the practitioner is better able to offer the same relationship and space for parents of young children to do the same with their children, promoting a healthy attachment between the parent and child (Dayton et al., 2020; Weatherston et al., 2020).

There is growing evidence that the leadership skills, consistency, and nonjudgmental stance of reflective supervisors positively impacts their supervisees and, in turn, the families they work with (Barron et al., 2022; Tomlin et al., 2013). In addition, Tomlin et al. (2013) surveyed 35 expert-level reflective supervisors to identify the critical components of RS and many identified characteristics can be considered leadership skills, such as promoting continuous learning and development of skills in the supervisee. But how do IECMH leaders and reflective supervisors develop these skills? In some cases, experienced IECMH practitioners are promoted into formal leadership positions and may receive training related to management and administrative policies. However, formal training in the provision of RS is limited (Shea et al., 2016).

Schmelzer and Eidson (2020) posited that it is critical to offer system leaders the experience of RS to examine ways their values, beliefs, and biases impact their administrative leadership, including the development and implementation of policies and procedures. Providing IECMH leaders with their own opportunities in RS to examine their emotional responses to this work demonstrates a commitment to the relationship-based approach and strengthens the leader's capacity to offer quality programs and services for young children and families (Schmelzer & Eidson, 2020). However, it is often the case that upon reaching this management and supervisory role, IECMH leaders may not be provided/offered their own RS (Schmelzer & Eidson, 2020).

Promoting Workforce Needs

Along with the provision of RS, it is important to consider the full range of IECMH workforce needs. Simpson et al. (2018) found that IECMH practitioners identified flexible work hours and a supportive organizational culture as important to their work. In addition, reflective supervisees have also identified issues of race and diversity and agency support of RS as variables impacting the implementation of services (Barron et al., 2022; Eaves et al., 2020; Eaves et al., 2022). To prepare and support front-line practitioners, it is not only important to offer RS as a way of managing their day-to-day work and emotional experiences/needs, but it is also important to consider logistical, system-level needs. Therefore, it may be important for IECMH leaders to have training that focuses on management as well as the provision of reflective supervision.

Current Study Questions

This mixed methods study aimed to fill a gap in the IECMH literature related to the skills and needs of leadership within the field. Due to the lack of research related to the needs of IECMH leadership, this study aimed to investigate the following questions:

1. How are IECMH leaders supported in their development of leadership skills?
2. What skills do IECMH leaders need to most effectively help their teams, programs, and organizations work toward their common goal?
3. Where and how do IECMH leaders obtain these skills?

Methods and Sampling

The current study used a concurrent mixed methods design (Fetters, 2020). This type of design is used when the research questions are best answered using both quantitative and qualitative data. This study gathered both types of data at the same time; qualitative data was collected using individual interviews and quantitative data was collected using an online self-report questionnaire. In this type of mixed methods study, both types of data are analyzed separately, and mixed methods analyses are used to find similarities and differences (Fetters, 2020).

Eligible participants for this study had supervisory or leadership duties within the IECMH field. Participants for individual interviews were recruited using an Institutional Review Board-approved email sent by the state association for infant mental health. The current study used a purposive sampling strategy for the qualitative portion to ensure the sample included IECMH leaders of diverse racial and ethnic backgrounds as well as various levels of leadership. Purposive sampling is a process of selecting respondents on the basis of their capacity to provide information that addresses the study's aims and sample goals (Padgett, 2017).

Eligible participants for the online self-report questionnaire were recruited through an Institutional Review Board-approved email sent by the state association for infant mental health. This recruitment method was utilized for the quantitative sample in order to collect a greater amount of data from around the state. The email included information about the study and a link to the online survey. Participants agreed to participate in the study when they accessed the survey. A follow-up reminder email was sent 3 weeks after the initial email.

Qualitative and Quantitative Measures

Qualitative interviews were conducted with leaders in the IECMH field ($n = 10$). Accompanying the interview, participants completed an online demographic survey. Interviews were conducted by the research team virtually through video calls. Interviews were audio recorded and saved in a protected data cloud for confidentiality. To further ensure privacy, each participant was assigned a number that corresponded with their audio files. The interviews were transcribed verbatim by the research team, and transcripts were stored in the protected data cloud under an assigned participant number.

Qualitative interviews were semistructured and based on a list of questions created by the research team that aimed to explore participant perspectives on leadership responsibilities, RS within IECMH leadership, as well as an understanding of the training and educational processes of leaders in the field. The interviews lasted approximately 35 minutes and, although they followed a list of specific questions, participants were encouraged to elaborate on their answers and contribute other thoughts and experiences they felt were relevant to the discussion. Participants were able to refuse to answer any question and could end the interview at any time.

The online self-report survey was completed using an online survey platform and consisted of 20 questions. Along with demographic information, participants answered questions about their experiences as a leader, the level of support they felt, the details of their RS process, and how prepared they felt entering leadership. Participants were also invited to share other relevant ideas and experiences through the short-answer portion of the questionnaire.

Analytic Strategy

Qualitative interviews were coded by a three-person analysis team using thematic analysis (Braun & Clarke, 2006) to identify



Photo: shutterstock/fizkes

Reflective supervision is a cornerstone element of infant and early childhood mental health practice and may be the first leadership position a practitioner can assume.

themes, patterns, and connections. A random sampling of interviews ($n = 4$) was coded by each member of the team to come to consensus and measure reliability. Following data analysis, codes were tabulated and compiled within a table to record the presence of each code in each interview. Quantitative data from the survey was analyzed using statistical software. Descriptive analyses were used to identify means and frequencies. Once qualitative and quantitative data were analyzed separately, the research team compared both to determine areas of convergence and divergence.

Interview and Survey Participants

Interview participants ($n = 10$) were leadership-level professionals within the field of social work. These positions included but were not limited to program supervisors, program directors, and executive directors within the field. All participants identified as female, 60% identified as African American/Black, 40% identified as White, and none identified as Hispanic or Latino. All participants provided reflective supervision/consultation for others in the IECMH field.

Survey participants ($n = 64$) represented 26 counties across the state. Respondents identified as 98% female, 86% White, 9% African American or Black, 3% American Indian, 3% Other (did not specify), and 3% preferred not to identify their race. Two participants identified as Hispanic or Latino. In addition, 69% of participants had obtained IECMH endorsement from the state association for infant mental health, 37% were providers of reflective supervision/consultation, and 77% received their own RS. Of those receiving RS, almost half (49%) access it outside of their agency.

Findings

The interviews and survey results provided important insight about the experiences and needs of IECMH leaders. The findings are organized according to themes from the qualitative interviews and data from the quantitative survey.

Photo: shutterstock/fizkes



Leaders in this study agree that reflective supervision is still important even if one is not working directly with families.

Qualitative Interview

The following themes emerged from the semistructured interviews. The themes were grouped into three categories:

1. Organizational culture and support
2. Aspects and needs of leadership
3. Considerations of race and racial identity

Organizational Culture

Three subthemes from the data are included in the category organizational culture and support: (a) RS, (b) mentorship, and (c) work culture.

RS. The importance of RS was consistently identified throughout the interviews. Leaders in this study agree that RS is still important even if one is not working directly with families. Along with reflecting on the leader's relationship with their staff, discussions in RS also centered on administrative responsibilities, agency-wide policies and procedures, and the feelings of being responsible for clients the leader does not work with directly.

You're much more removed from the baby at the systems level and so, I think, in some ways I have to work harder to maintain that focus, and others do as well. And I am able to because I continue to receive reflective supervision...

I think it's different in the sense of because it's from a supervisor/leadership position versus just talking about your cases. This is talking about how to support other clinicians in their work, so that's...that's the main difference. But, the need to be held, the need to be heard...that hasn't changed.

Mentorship. Each of the 10 participants discussed the importance of mentorship in their leadership career. Mentorship was described as an informal relationship with a colleague in the field, sometimes within the same organization but not necessarily. Participants spoke about learning aspects of their positions from their mentors that could not have been learned elsewhere.

It's like, "Who do the leaders go to?" Yeah, I would just have to say [they go to] other leaders.

I would really love a more formalized opportunity to have a mentor, and I would be really interested in tapping into mentors in different professions. Just purely out of curiosity and that you know continuing to broaden my skill set. So, in the business world or in economics, or philanthropy, or, you know, something that is not in my wheelhouse. I think that would be something that would be really cool.

Work culture. Interviewees also identified support in their workplace as an important source of support, including policies, and opportunities for development.

"One thing I just really want to get across is how important it is for organizations to support their leaders."

Aspects and Needs of Leadership

Three subthemes from the data are included in the category aspects and needs of leadership: (a) leadership preparation and intention, (b) administrative/management training, and (c) leadership challenges.

Leadership preparation and intention. Most participants in this study shared that they did not initially plan on working in a leadership or supervisory position and subsequently reported feeling unprepared to fulfill their leadership role in some ways.

I don't think you can ever be fully prepared for leadership in any role simply because you have to do the work in order to know the work...

Administrative/management training. Participants overwhelmingly shared the need for specific training focused on finance, management, and administrative skills. Most of the participants entered leadership positions with education and experiences focused more on clinical work.

It's not so unusual in our field, our social services field, for people who had some clinical expertise to then be moved into supervisory or leadership roles and not be prepared, you know, with formal training.

Leadership challenges. Participants discussed the pressure of holding so many relationships in mind as a leader. Supervisors in the field must make space for their clinicians and each of their client families, administrative needs, the leader's own needs, and other workplace considerations. They also shared a concern for becoming "out of touch" because they no longer worked directly with families.

I feel like I'm holding not only the manager that reports to me but all of the supervisors on my team, their staff, their staff stories, their therapist's caseloads, all of their case-loads... I have, you know, for each clinician who has about 12 families, times how many clinicians are in my program... I mean, I feel like I have the responsibility of hundreds of families, you know, that I'm holding on a regular basis...

Considerations of Race and Racial Identity

Nearly all participants discussed the topic of race in their interview despite the researchers not specifically asking about it. Some participants shared unique challenges they faced due to their identity and others discussed the need to incorporate diversity, equity, and inclusion (DEI) principles within their work. While recent progress toward a diverse, equitable, and inclusive IECMH field was recognized by most participants, a call for more work to be done was consistent.

I think representations matters and having younger clinicians that are of color come in and have someone of color to speak to has been really important to me in this role.

So sometimes there are those pressures that come from society or maybe within my own culture to perform at a certain level, to be able to accomplish certain things, to represent, you know, my culture in a certain way because I'm the first.



Photo: shutterstock/Natee Meejian

Participants overwhelmingly shared the need for specific training focused on finance, management, and administrative skills.

Quantitative Survey

This study aimed to better understand the experiences of leaders within the infant and early childhood field. The survey data were analyzed using descriptive statistics to identify frequencies and percentages.

A majority (73%) of the survey respondents reported having clinical experience in the field, and most (59%) were initially hired at their agency in a clinical capacity. Respondents provided RS to direct service/clinical staff (39%) and to supervisors or managers (34%).

Table 1 lists the frequency and percentage of how prepared and supported IECMH leaders are in their role and how satisfied they are in their level of support from their programs and agencies.

Results of Mixed Method Analysis

This study gathered qualitative and quantitative data using similar questions in order to gain a deeper understanding of the experiences of IECMH leaders. Although interviewees identified RS as important to their leadership role and 77% of

the survey respondents said they receive RS, just 27% felt very supported in their emotional and reflective needs as leaders. The majority of interview and survey participants reported being initially hired as a direct service provider and importantly also noted that they did not feel prepared when they took on their leadership role. Organizational support was identified as important to leaders, and while most survey respondents were satisfied with the level of support they receive, there was a small percentage of participants who felt unsatisfied. Finally, while nearly all interview participants (six identifying as Black or African American and four identifying as White) reported race as important, survey participants were not asked about race and the sample did not represent a wide range of racial identities.

Discussion and Implications

The findings of this study highlighted the importance of recognizing and supporting the unique experiences and needs of leaders in IECMH. Following is a discussion of why this recognition and consideration are important and how they can be addressed in the IECMH field.

Table 1. How Prepared, Supported, and Satisfied Leaders Are in Their Role

	How prepared did you feel to enter your leadership role?		How well are your emotional and reflective needs supported?		How satisfied are you with the emotional and reflective support you receive?	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Very	14	22.6	17	27.4	17	27.4
Somewhat	27	43.5	26	41.9	20	32.3
Moderately	12	19.4	9	14.5	12	19.4
Not very	6	9.7	7	11.3	9	14.5
Total	59	95.2	59	95.2	58	93.5
Missing/did not answer	3	4.8	3	4.8	4	6.5



Photo: shutterstock/insta_photos

The majority of interview and survey participants noted that they did not feel prepared when they took on their leadership role.

Considerations of Race

When designing this study, the research team was intentional about representing Black or African American leaders in the IECMH field within the qualitative data collection. Although this representation was intentional, responses on considerations of race and racial identity in the qualitative interviews were unexpected. Even though participants were not specifically asked to share how issues of race affected their work, 70% of them did. One participant discussed the pressure felt from being responsible for incorporating DEI practices into the organization she worked in. Another participant shared her feelings about being the only African American in the room with other leaders or the pressure of being the first African American woman to sit in her position within the organization.

Administrative/Management Training

When asked about formal administrative/management experiences, many participants reported a gap in their training. Respondents felt confident in their abilities to build positive relationships with their team, facilitate RS, and advise on issues surrounding clinical IECMH work. Challenges arose in the areas of finance, management skills, and administrative processes. Respondents shared their difficulties performing these required aspects of their positions without formal training on the subject. All the interview participants shared a desire for more formal leadership training to support their role.

Mentorship

When the research team wondered how IECMH leaders were supported and how they obtained their leadership skills, one resounding answer was through mentorship. A mentor acts as a coach, counselor, educator, and supporter and can be extremely valuable to someone stepping into a new leadership position (Dziczkowski, 2013). Every interviewee discussed the importance of mentorship relationships even though interviewers never specifically asked about it. While many participants spoke on the importance of formal leadership

training, they also shared the need for experience and doing the work in order to understand the unique responsibilities of IECMH leadership. Strong mentorship relationships allowed participants to bridge the gap between “book learning” and real life. Interview participants also discussed the unique level of understanding and emotional support that can come from a mentor who has had similar experiences to them.

Leadership Challenges

Leadership in most fields is complex and involves balancing the needs of clients, staff, and administration. A leader in the IECMH field may not feel the full emotional toll working with each family individually takes, but they are exposed to the overflow of this toll from each family, therapist, manager, and director they work with. It is a challenge to keep the well-being of children and their families in mind when not working directly with them (Schmelzer & Eidson, 2020). Participants shared a feeling of urgency in creating or changing policies to better support therapists and families.

RS for Leaders

RS is one of the most essential pillars of the IECMH field (Weatherston et al., 2010). It is common practice for direct service providers in the field to receive some type of RS on a regular basis. This research explored how RS is received by those in leadership and management positions and how this type of RS does or should differ from that of a clinician-focused method. Similar to clinicians, leaders in the IECMH field require RS in order to reflect on their relationships within the organization, their biases and beliefs, as well as their own experiences that are relevant to the work (Schmelzer & Eidson, 2020).

Strengths and Limitations

The focus of this study on IECMH leadership is unique and fills a gap in how the field understands their reflective and training needs. However, a limitation of this study is the mixed methodology used. Because there is a lack of data understanding the needs of IECMH leadership, it would have strengthened the study if the qualitative data was used to develop the questions on the quantitative survey. The qualitative and quantitative phases of the study took place concurrently, using similar questions and content. Considerations of race and racial identity that were found within the qualitative data would have been important to include in the survey. However, questions related to this finding were not asked in the survey. In addition, the quantitative survey sample was small and lacked in racial diversity. It is unclear whether this is due to the sampling strategy or if this demonstrates a lack of diversity within the IECMH leadership in our state.

Recommendations

These findings suggest opportunities to support and strengthen the development and success of IECMH leaders. Results from

this study underscore the importance of reflective supervision for leadership that is focused on their unique role. Organizations should consider offering this support as they do for direct service IECMH professionals. Further, this research highlights the gap in education for IECMH leaders, suggesting that training in both higher education and professional development opportunities should include administrative and managerial skills. Another area for organizations to consider is the value of mentorship relationships and purposeful organizational support for leaders. Finally, this research makes it abundantly clear that race in IECMH leadership needs to be examined more deeply. Not only should the IECMH field take actionable steps toward diversifying the field, but organizations should consider ways in which they can specifically support leaders of color both regarding promotion and professional development, such as formal training and support for leaders of all backgrounds in the advancement and provision of DEI principles within programs and organizations.

Emily C. Brown, MSW, is a recent graduate of Wayne State University. She studied children and families at the University of Michigan–Dearborn. In 2022, she received her master’s degree from Wayne State University with a concentration in macro-social work as well as completing the Infant Mental Health Dual-Title Program. Emily has spent the past several years working in early childhood education.

Christie Spudowski, LLMSW, currently works as an infant mental health therapist at PCS Counseling in Northville, MI. Ms. Spudowski is also the owner and founder of Live Light Birth & Family, a collective of birthworkers, where she has offered her expertise and support as a birth doula and childbirth educator. She has also worked with at-risk children and families through the child welfare system. Ms. Spudowski studied child development at Central Michigan University and in 2021 completed the Infant Mental Health/Master of Social Work Dual-Title Program at Wayne State University.

Carla C. Barron, PhD, LMSW, IMH-E, is the clinical coordinator and assistant research professor for the Infant Mental Health Program at Merrill Palmer Skillman Institute at Wayne State University. Dr. Barron facilitates a graduate-level infant mental health seminar, engages in community-based research, and provides professional development training on a variety of topics including reflective supervision/consultation and home visiting ethics and boundaries. She facilitates reflective supervision/consultation with infant and early childhood professionals across Michigan and nationally. She received her doctorate in social work from Wayne State University and is endorsed as an Infant Mental Health Mentor–Clinical by the Michigan Association for Infant Mental Health.

References

- Barron, C. C., Dayton, C. J., & Goletz, J. L. (2022). From the voices of supervisees: What is reflective supervision and how does it support their work? (Part I). *Infant Mental Health Journal*, 43(2), 207–225. <https://doi.org/10.1002/imhj.21972>. <https://onlinelibrary.wiley.com/journal/10970355>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Dayton, C., Barron, C., Stacks, A., & Malone, J. (2020). Infant mental health: Clinical practice with very young children and their families. In J. Brandell (Ed.), *Theory and practice in clinical social work* (3rd ed., pp. 521–544). Cognella.
- Dziczkowski, J. (2013). Mentoring and leadership development. *The Educational Forum*, 77(3), 351–360. DOI: 10.1080/00131725.2013.792896. www.tandfonline.com/doi/full/10.1080/00131725.2013.792896
- Eaves, T., Mauldin, L., Megan, C. B., & Robinson, J. L. (2020). The professional is the personal: A qualitative exploration of self-care practices in clinical infant mental health practitioners. *Journal of Social Service Research*, 47(3), 369–387. <https://doi.org/10.1080/01488376.2020.1817228>. www.tandfonline.com/doi/full/10.1080/01488376.2020.1817228
- Eaves, T., Robinson, J. L., Brown, E., & Britner, P. (2022). Professional quality of life in home visitors: Core components of the reflective supervisory relationship and IMH-E® Endorsement® engagement. *Infant Mental Health Journal*, 43(2), 242–255. <https://doi.org/10.1002/imhj.21970>. <https://onlinelibrary.wiley.com/doi/10.1002/imhj.21970>
- Fetters, M. D. (2020). *The mixed methods research workbook: Activities for designing, implementing, and publishing projects*. SAGE Publications.
- Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership in infant and early childhood*. ZERO TO THREE.
- Heller, S. S., & Gilkerson, L. (2009). *A practical guide to reflective supervision*. ZERO TO THREE.
- Padgett, D. (2017). *Qualitative methods in social work research* (3rd ed.). SAGE Publications.
- Pawl, J. (1994). On supervision. *ZERO TO THREE Journal*, 15(3), 21–29.
- Schafer, W. (2007). Models and domains of supervision and their relationship to professional development. *ZERO TO THREE Journal*, 28(2), 9–16.
- Schmelzer, M., & Eidson, F. (2020). The intersection of leadership and vulnerability: Making the case for reflective supervision/consultation for policy and systems leaders. *The Infant Crier*. <https://infantcrier.mi-aimh.org/the-intersection-of-leadership-and-vulnerability-making-the-case-for-reflective-supervision-consultation-for-policy-and-systems-leaders>
- Shea, S. E., Goldberg, S., & Weatherston, D. J. (2016). A community mental health professional development model for the expansion of reflective practice and supervision: Evaluation of a pilot training series for infant mental health professionals. *Infant Mental Health Journal*, 37(6), 653–669. <https://doi.org/10.1002/imhj.21611>. <https://onlinelibrary.wiley.com/doi/10.1002/imhj.21611>
- Simpson, T. E., Robinson, J. L., & Brown, E. (2018). Is reflective supervision enough? An exploration of workforce perspectives. *Infant Mental Health Journal*, 39(4), 478–488. <https://doi.org/10.1002/imhj.21719>. <https://onlinelibrary.wiley.com/doi/10.1002/imhj.21719>

- Stroud, B. (2010). Honoring diversity through a deeper reflection: Increasing cultural understanding within the reflective supervision process. *ZERO TO THREE Journal*, 31(2), 46–50.
- Tomlin, A. M., Weatherston, D. J., & Pavkov, T. (2013). Critical components of reflective supervision: Responses from expert supervisors in the field. *Infant Mental Health Journal*, 35(1), 70–80. <https://doi.org/10.1002/imhj.21420>. <https://onlinelibrary.wiley.com/doi/10.1002/imhj.21420>
- Weatherston, D. J., Ribaud, J., & Michigan Collaborative for Infant Mental Health Research. (2020). The Michigan infant mental health home visiting model. *Infant Mental Health Journal*, 41(2), 166–177. <https://doi.org/10.1002/imhj.21838>. <https://onlinelibrary.wiley.com/doi/10.1002/imhj.21838>
- Weatherston, D., Weigand, R., & Weigand, B. (2010). Reflective supervision: Supporting reflection as a cornerstone for competency. *ZERO TO THREE Journal*, 31(2), 22–30.
- Wilson, K., Barron, C., Wheeler, R., & Jedrzejek, P. E. A. (2018). The importance of examining diversity in reflective supervision when working with young children and their families. *Reflective Practice*, 19(5), 653–665.
- Wilson, K., Robinson, C., Donahue, A., Hall, M., Roycraft, N., & Barron, C. (2019). Experiences of infant mental health home visiting professionals in challenging and high-risk environments. *ZERO TO THREE Journal*, 39(6), 5–11.