

Importance^{1,2}

Infant mental health clinicians rely heavily on the use of relationship-based inquiry, observation and intervention. Professional growth is promoted by increasing clinician knowledge of early child social-emotional development and of one's own competencies and weaknesses. CPS groups can increase awareness of community resources, strengthen the ability to consult with other professionals and enhance the power to discriminate between normal variations, transient disturbances and more serious psychiatric disorders. Support and guidance are provided to one's colleagues within the context of an ongoing and trusted relationship in a way that mirrors the same empathy and guidance offered to the child and their family. The following four paragraphs further illustrate the importance of CPS groups to those who provide health and mental health services for young children and their caregivers.

Parents and parent-child interaction can evoke complex responses in professionals.

These can be difficult to sort out in a manner that supports the parent, child and their relationship. "Making relationships across classes and cultures, or with people who have been wounded and who cannot join reciprocally, who cannot give us the feedback that would let us know that we are doing all right, requires the insight, courage, and resilience born of collaboration." (p. 39)²

"The best supervisors I've had. . . listened intently, found something to value, and then recast what I told them, embellishing it with something of their own. The experience of good supervision is **like finding a fellow traveler on a challenging journey**, a companion worthy of trust who has visited similar destinations. This fellow traveler knows many routes to our goal but is open to discovering a different path, a path we walk together, often with me in the lead, except when I miss the flowers to smell, or when I stumble or can't find my way. Then the supervisor is there to guide, even to prod a little, to bolster my courage, and to help me regain my footing and focus, to help me find my strength." (p. 37)³

"When trainees observe staff understanding families in different ways, they develop new levels of appreciation for the complexity of the issues involved, find themselves considering alternative ways of being as clinicians, and practice **suspending the urge to 'know' in favor of sustaining an openness to a multiplicity of meanings.**" (p. 391)⁴

"It is essential that the [group] maintain **a welcoming, flexible center of calm**....Without that reflective space, the [presenter] will all too readily be drawn into the chaos he encounters and will feel and act overly responsible, empowered to fix, angry, resentful, too pleased, too impassioned, or any number of ways which will not inform but interfere with the enhancing of the parent-child relationship." (p. 396)⁴

¹Gilkerson, L., & Shahmoon-Shanok, R. (2000), Relationships for growth: Cultivating reflective practice in infant, toddler, and preschool programs. In J. Osofsky & H. Fitzgerald (Eds.), *WAIMH handbook of infant mental health: Early intervention, evaluation and assessment*. Vol. II (pp. 33-79). New York: Wiley.

²Fenichel, E. (Ed.) (1992). *Learning through supervision and mentorship to support the development of infants, toddlers, and their families: A source book*. Arlington, VA: Zero to Three.

³Shahmoon-Shanok, R. (1992). The supervisory relationship: Integrator, resource and guide. In E. Fenichel (Ed.), *Learning through supervision and mentorship to support the development of infants, toddlers, and their families: A source book*. (pp. 37-41). Arlington, VA: Zero to Three.

⁴Pawl, J., St. John, M., & Pekarsky, J. (2000), Training mental health and other professionals in infant mental health: Conversations with trainees. In J. Osofsky & H. Fitzgerald (Eds.), *WAIMH handbook of infant mental health: Early intervention, evaluation and assessment*. Vol. II (pp. 377-402). New York: Wiley.