USING TECHNOLOGY IN CONSULTATION:
Enhancing Relationships

An Interview with Infant Mental Health Consultants
Terri Pease, SPIN USA, Carlisle, MA
Annette Copa, Portage Project, McFarland, WI,
and Gregory A. Proulx, Independent Consultant, Ossineke, MI
by
Jennifer Boss, Senior Program Associate, ZERO TO THREE,
and Guest Editor of Zero to Three

Practitioners in early childhood settings continuously seek high-quality training and program consultation. As programs are more widespread than ever before, availability of support has been limited. How can practitioners share or obtain important information—such as training in infant mental health (IMH), reflective supervision, or relationship-based practice—when there may be few local resources and a limited budget? Practitioners often address this concern by sending staff members to training sessions in other areas or inviting trainers on-site to provide workshops. But both solutions can be costly. Early childhood practitioners are finding it increasingly necessary to seek less costly training solutions—and many have found the answer in technology. A less expensive but often equally beneficial training option, technology has enabled many practitioners to bridge the distance gap, making information, support, and training from experienced practitioners readily available.

Zero to Three editors recently spoke with three IMH consultants who worked with three different EHS programs as part of the Pathways to Prevention (PTP) initiative. These consultants used various forms of technology in their work with the programs. We interviewed the consultants about the experience of using technology in consultation, with a specific look at how to infuse technology into consultation arrangements that center around building and supporting relationships. How can we incorporate technology into consultation arrangements that focus on the importance of supporting relationships? Is using technology counterintuitive?

ZTT: "Using technology" can mean any number of things. What kinds of technology did you specifically use in consultation with your programs?

AC: I primarily used teleconferencing.

GP: I also used teleconferencing, but I have had experience utilizing other forms of distance education venues such as interactive cable and satellite.

at a glance

- Practitioners who are interested in sharing or obtaining important information—such as training in infant mental health, reflective supervision, or relationship-based practice—often have few resources and a limited budget.

- Technology—which can be a less costly training solution—has enabled practitioners to bridge the distance gap, making information, support, and training from experienced practitioners readily available.

- In this article, three Pathways to Prevention consultants talk about their experiences in using technology—specifically, how to infuse technology into consultation arrangements that focus on building and supporting relationships.

PHOTO: NANCY P. ALEXANDER

TP: I used video technology and strengths-based feedback to build reflective practice.

ZTT: Let's begin with teleconferencing. Why did you decide to use this type of technology as a consultation method?

AC: Well, we had the more obvious issues related to geographic location and scheduling barriers, as well as health-related issues—I could not fly to the program, located in a rural area of southern Illinois, during the last few months of my pregnancy. Several members of the program staff had family-related circumstances, which made work and traveling difficult for a period of time. This sometimes affected their ability to be present during my visits.

In addition, we wanted to increase the amount of contact between staff and myself, and their contacts with each other around issues of reflective practice and IMH. Having a regularly scheduled phone call seemed to give folks "permission" to set aside time to talk about this most important work with children, families, and one another—something not traditionally nurtured in most work environments in our society.

We were also motivated by the desire to maximize the learning process for staff—to move beyond the on-site face-to-face experience and offer other opportunities to process content and strategies in an ongoing manner. Scheduling follow-up conference calls with the staff gave them further structured opportunities for ongoing learning and feedback. This way, they did not have to wait a month for my return in order to process. It also helped the supervisory staff feel more comfortable about encouraging new strategies and ways of thinking, as they did not feel the full weight of supporting implementation. In other words, they could talk about content with their staff, encourage them to try new ways of being with families, and in addition had a regular phone call with me to more formally process their experiences.

ZTT: What about you, Greg? You've used various types of technology in consultation. Tell us about that, and then tell us how you came to use teleconferencing.

GP: I first began to explore alternate methods of distance communication about 10 years ago when I moved away from all of my close sources of support. I was given an opportunity to develop a new IMH program in a geographically remote area of Michigan. I felt that I would need to maintain a support connection, and I knew that I needed ongoing supervision. Since I knew no one in my new area and I was given money in my budget for supervision/support, I began to look around locally.

I was initially very excited by the availability of interactive satellite technology located at our local community college. You could see and hear who you were talking to, individually or in groups, and you could share documents using cameras. My excitement turned to disappointment, though, when we began to talk about costs and scheduling. In order to use this system, you had to schedule the room locally and coordinate that [scheduling] with the room on the other end [of the satellite exchange]. Then there are rental fees on both ends. These barriers put interactive satellite technology out of reach at that time.

ZTT: So you gave up on long-distance support?

GP: No. I went to Plan B, which was the inexpensive use of telephone consultation for 1 hour twice a month. Scheduling was convenient, and the only equipment cost was for the phone call.

ZTT: We talk so much about the importance of relationships in this field. Is there a danger of "losing the relationship" when you're relating distally?

GP: You do have to sacrifice that personal connection—the give-and-take, the nuances that you can play off of when you are interacting with someone face-to-face.

AC: I agree. I found that the calls with large groups of staff were difficult in the sense that I couldn't "read" faces, and the quality of sound fluctuated, depending on the presence of others in the building, traffic, and size of the room. It was especially difficult when I functioned as a voice from a speakerphone in the middle of a table in the crowded room (more our experience) versus multiple lines arranged by a teleconferencing service.

ZTT: Are there ways to minimize that effect?

AC: Yes. As we continued to combine these calls with on-site visits, a mental picture of faces, tones, and mannerisms developed, helping me more comfortably check out [people's] "feeling states" when noticing a long silence—as well as when encountering gales of laughter. As our relationships deepened, I noticed staff becoming more motivated to make the exchange work—despite our difficulties with the sound and space. The process of connecting and talking about their work was so meaningful. Knowing this helped provide an extra nudge to listen closely and embrace the full impact of the shared experiences. What was suppressed visually was usually made up for as people relaxed and told their stories. Once we were able to get lost in the story, technical difficulties didn't really matter.

GP: I also recommend meeting in person, if possible, and getting together as often as is practical. It really does help you carry a mental image of one another. Another way of supporting this mental image is to share photographs of one another. Here you can get creative, depicting yourself with different expressions—in a group, sitting at a table, or any other fun ideas you may have. I even talked with one of my programs about setting up miniature furniture on my desk with pictures of each of them sitting at a table! I hope you get the idea—that being playful can really help you connect. Another way of enhancing closeness is to snack together. Arrange to have food on both ends. I even heard of a consultant who once sent snacks in the mail ahead of time so that everyone was sharing the same treats! One final idea that helps in information sharing is to send or fax handouts ahead of time. This way, everyone can be looking at the same material at the same time. Remember, the goal is to establish relationships. Work together to minimize any barriers that might get in the way.

ZTT: It sounds as if you can really create some meaningful experiences in consultation, even distally if you're thoughtful about it.

> **Having a regularly scheduled phone call seemed to give folks "permission" to set aside time to talk about this most important work with children, families, and one another.**

AC: Yes that's true. Oddly enough, one of the most significant benefits to teleconferencing that we experienced was in how it actually helped build and maintain relationships. Using conference calls helped us regularly connect with work team members unable to be present during my on-site visits (due to scheduling difficulties)— they could call in from home or other locations. It also appeared to help integrate new ideas and principles into their daily routines. For example, participating in the calls afforded direct-service staff more opportunities to process and obtain feedback after trying out new strategies such as family mapping, or to reflect on new insights after an on-site consultation around boundary issues with families. This helped individualize and focus my time even more when meeting with them in person. I had more experiences and situations to work with and integrate.

Another unexpected benefit was that it helped a few of the direct-service staff move more naturally into the role of facilitation and leadership. I'll use the Experience-Based Discussion Process as an example. This process is one of several reflective practice strategies that my colleagues and I use in our work with the Portage Project. It involves using a semi-structured format for teams to talk about situations, in a strengths-based, ecological, and reflective manner. It takes into account multiple perspectives and examines the impact of relationships. After sharing how to use this discussion process, I was later able to move into more of a supportive rather than facilitative role. Functioning as a "voice" on the phone rather than being present in person gave me the opportunity to support a staff person to take on the role of facilitator—something that may have been more difficult to do if I were physically present. This way, I could participate as part of the group, following the lead of the facilitator, and give private feedback after the call. I think it helped them make the process more of their own, and it certainly built confidence and new skills on the part of those willing to facilitate.

GP: In my experience with the EHS program I consulted to, we combined monthly site visits with conference calls two to three times per month. My aim was to establish an ongoing supportive "relationship for learning." I believed that talking together regularly would keep a sense of continuity going between visits. The nice part about using the phone was that I could join in the regularly scheduled staff meetings without anyone having to change their schedule or make special arrangements. I could meet with the home-visit staff on their meeting days while accommodating the child-care workers who had different schedule demands.

By regularly scheduling phone conferences and meetings, we develop rituals about how we do our work. Every-

PHOTO COURTESY CLINTON COUNTY REHABILITATION CENTER, INC.

one learns to slow down and discover more about the interplay between feelings, behavior, and how families actually experience you as a visitor or care provider. It really takes an atmosphere of trust to be able to talk about what and how you do your work. Conversely, it takes a lot of courage to be self-disclosing with coworkers. It took a little while for us to get a working relationship going, but I think the staff discovered trust and the benefit of being courageous.

ZTT: So, sometimes when you can't be face-to-face, using teleconferencing as a method of consultation is very effective. Clearly it can pose some challenges to building relationships, but again, if you are thoughtful about it, there are ways to minimize that risk. Let's hear now about Terri's experience using another kind of technology, videotape. Terri, tell us more about the videotaping. What did you do?

TP: The approach I used was both high tech and high touch. I used a structured method called SPIN[1] to help focus everyone's attention on what was working well in the EHS program and to apply that learning to solve problems and meet challenges.

ZTT: And videotaping helped?

TP: Yes. But [you should always] videotape with a plan. It's just like with computers. The way we use technology is always shaped by the software that's available. And when I came to this EHS program, I found a wealth of video equipment—lots of hardware—without a systematic way to

use video to support families and staff. In a way, what I brought was the software—a specific way of making video records of what happens in a program—and an extremely tight analytic framework (SPIN) to do strengths-based coaching. This approach was originally developed in the Netherlands by a team of Dutch psychologists and social workers. It is now used widely internationally. I have been a trainer for SPIN USA for many years and was excited to be able to bring this approach to Early Head Start.

ZTT: So what did this approach—this "software"—do for the EHS program?

TP: At every point in the EHS program, I was able to use on-site video. I helped home visitors analyze their interactions with parents and children. I also used the SPIN video approach to help with supervision.

ZTT: It sounds like you used video to focus on relationships.

TP: Exactly. As Greg mentioned, having a clear image is crucial. I analyzed videos before our meetings to find segments that illustrated the best [interactions] in each person's classroom and supervisory relationships. Getting to see one's own strengths in interactions is a great way to build new capacity.

ZTT: But weren't you also worried about videotaping getting in the way of the relationships?

TP: It's true that people worry initially—bad hair days are high on the list—but once they see an edited tape that highlights only their successes, they become more convinced of the benefits of videotaping.

People like that video is so concrete—it's essentially a slice of real life—and that the feedback is very visual. It gives information about relationships and interactions that

---

[1]SPIN is the Dutch acronym for "Stichting Promotie Intensieve Thuisbehandeling Nederland," which means the Association for the Promotion of Intensive Home Training in the Netherlands. The acronym reveals the Dutch origins of the model. For more information, visit www.spinusa.org.

you just can't get from talk alone. And watching a video of your own success is so compelling. It's not like looking at a tape of some ideal model and thinking "Yeah, right—I could never do that." All I ever showed people was their own way of succeeding. Especially for highly visual people, the chance to see what they do that works leads to a much deeper analysis of interaction. They are able to see—and not just be told—that what they do works.

For example, it's common that a manager who is having success in working with one home visitor may want help with a less successful supervisory relationship. The SPIN approach starts by analyzing what is working in the successful situation, breaking it down into minute detail, and finding ways to apply those same skills in the more difficult situation.

ZTT: So your work, too, is a form of reflective supervision.

TP: Exactly. We know that reflective supervision is based in the relationships that supervisors and their staff construct together, and that supportive contexts call forth a staff person's best work. I took that reflective approach with the supervisors and coached them to do the same with home visitors. The very same approach helped home visitors see how to expand their reflective work with families. Using this model at all levels of an early childhood setting can help build an incredibly powerful strengths-based agency. It turns out that we can always find some of the elements of successful interaction and use those [elements] to build on the goals of the individual and the program. I see this as being the heart of reflective practice.

ZTT: How did you use the program's video equipment, and in what ways did this method enhance your consultation?

TP: The director and program managers videotaped themselves in a supervision session, and home visitors taped themselves with families. I reviewed the tapes, found the segments that could best illustrate that person's goals for herself, and presented the video segments during a feedback session.

ZTT: Doesn't that mean that people were just acting for the camera?

TP: Well, if they were, it didn't matter. Since this approach uses a person's best performance as a self-model to build toward new skills, I am delighted when a person stretches to try to do her work in the best way she knows.

ZTT: Interesting. Can you share an example of how that worked?

TP: In one case, a home visitor came to her supervision session needing help to think through her work with a family. The director and I looked at the video of that supervision meeting. We could see that the better the supervisor listened, the more the home visitor was able to deeply probe her own feelings. This might seem pretty self-evident, but the SPIN model let us go a step farther by looking in great detail at the interplay of attention between the director and the staff person. The director and I looked frame-by-frame at the session. When the supervisor looked directly at the home visitor and nodded in response to her anxious questions, the home visitor kept talking—and more importantly, kept thinking and feeling about her concern. We all learn about active listening, but in this approach—seeing how we use interaction, how we wait for a response, and [how we] carefully attend and attune ourselves to staff during supervision sessions—makes this process come alive. At the end of the supervision session, the way the supervisor made this a supportive relationship was clear.

> **Keep convenience and cost in mind, but never ignore the impact of technology on relationships— that is, never sacrifice the quality of your relationships.**

Looking at this successful supervision session helped the director understand what a direct effect a supportive supervisory relationship has on staff performance. After that, it was an easy jump to think about how to use those same skills in other meetings.

ZTT: So this was a very detailed way of using video.

TP: Yes. With this approach, video becomes a microscope that lets us look frame-by-frame at an interaction between the manager and her staff person. Small successful moments gave us a starting place. The staff person comes in with a concerned look on her face—the manager notices, turns to look at her, and asks what she wants to discuss in supervision today. The staff person sinks, with relief, into a chair, and begins to talk.

But the video is also a mirror. When the supervisor sees how readily her attentive and attuned response to the staff person leads to a meaningful reflective discussion, she can internalize this way of working with her staff, and she can do it again and again.

Maybe most importantly, video is an amplifier. When I'm training a supervisor who is stuck in some way, finding even a tiny moment of success is the starting point to explore what skills and strategies she's used when she has been effective. In the example I just used, if the supervision session had gone downhill after that moment of relief (which it didn't), we would not focus there. Instead, we would look closely at what the supervisor did that invited that one open moment. That would lead to a productive discussion of the value of careful attention and listening, even when there are problems on the agenda. This kind of self-modeling can help a person expand on fundamental skills—skills that she already has—to become a much more effective supervisor who knows how to listen, support, and motivate teachers and home visitors.

It's not just watching video that is important. SPIN uses a specific model, a very strict way of looking at the

interaction that I teach to the person, so she knows just what to look for. I don't have to rely on intuition or instinct. There's an organized way of analyzing what we see, and teaching the person the underlying structure that they can internalize and then use themselves. With each video, I use an easy editing program on my computer to break down the most successful interactions I see into tiny components that can be taught, internalized, and used again and again. My goal for every feedback session is that the person immediately takes away lessons she can use that same day.

But video is just the tool: The real innovation is the structured model for analyzing real-life video to show how communication and interaction work. I taught a framework that people can continue to use themselves to strengthen their own practice long after the consultation has ended.

ZTT: Wow. You've all had some very powerful experiences using different kinds of technology in the programs with which you consult. There are so many different ways to approach the use of technology in consultation. Have you thought about other possible venues?

AC: We explored the use of video satellite technology for the 2 months in which I couldn't travel to each site, but it never got off the ground. It was difficult to understand and make sense of the technological considerations, even though we got as far as identifying and confirming potential sites to transmit and receive. It was also hard to connect with the technology staff, as we did not understand their "language" and were faced with limited availability to schedule due to existing commitments that sites had with local educational coursework. I definitely think that using some type of interactive video conferencing has potential, but I need someone to walk me through it. Perhaps if I had more experience using it on a regular basis, it wouldn't have felt so difficult to arrange.

GP: Using satellite communication, I have recently been able to set up meetings that occur simultaneously in several locations. With a piece of equipment called a "bridge," it is possible to bring people together face to face. It seems to be a good way to go, but there is still the problem of scheduling two or more locations. One other strange thing you will encounter with this technology is how you have to talk to one another. There is a brief time lag in transmission, so you really have to focus on taking turns or your communication gets lost. It can really take something out of your attempts to be in relationship.

TP: I recommend finding other careful ways of using video. I really enjoy using this video technique with families, too. In other programs, I've taught this method to home visitors, who use SPIN strengths-based video feedback to build parents' ability to interact with their babies and children. Also, the EHS program is now gearing up to use video of parent–child interaction to plan for social–emotional development in their curriculum.

ZTT: There seems to be a great range of methods and resources out there. As the field becomes more technologically savvy, do you have any closing words of advice for our readers who may be thinking about using technology or distance learning in consultation?

GP: To be honest, I would probably use different systems for different purposes. For those who I know well, telephoning has always been pleasant. For large, formal educational groups or meetings, satellite or cable systems work well. And for small, intimate, and personal sessions, I like Web cam. Think about what you are trying to accomplish, then look for the technology that best supports that goal. Because none of us has unlimited resources, keep convenience and cost in mind, but never ignore the impact of technology on relationships—that is, never sacrifice the quality of your relationships. Use technology to enhance them.

AC: Approach the idea of utilizing technology in consultation with a sense of exploring possibilities, rather than assuming it will be difficult or a failure. Never underestimate the power of relationships and the beauty of harnessing that power to overcome technological snafus. If you and your group share a clear understanding of the overall purpose attached to different modes of communication, and you are open to creating or maintaining a relationship, it will most likely take you where you need to go. Trust the process.

TP: I would say explore technology, but use it thoughtfully. Combining technology with developmentally appropriate practice can be an incredible tool. Look for an approach to video that focuses on strengths and that helps you know where to point the camera, what to do with the frames you get, and why. Video should never be a tool for giving negative feedback. And one more thing I've learned—we all get over the bad hair days! ✶