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>> JACKIE BROCK: Hello, everyone, and welcome. I see people are coming in from the waiting room. So I will give it just a moment here as people are trickling in.

>> JACKIE BROCK: All right, everyone. So welcome to our second annual virtual infinite early childhood reflective spaces, practices, communities and selves. My name is Jackie Robinson Brock and I'm the collaboration director. With me I have Tracy Walters, Virginia's early mental health coordinator.

>> TRACY WALTERS: Good morning, good to be with all of you.

>> JACKIE BROCK: Thank you, Tracy, I also have Kristen Stahr.

>> Good morning, everyone. Thank you so much for joining us today.

>> JACKIE BROCK: Thank you all so much for being here. Funding is made possible by the Virginia Department of Behavioral health and developmental services and head start collaboration within the Virginia Department of Education. So all of our sessions are being recorded and the recordings are posted to our event website, which we will be dropping a link in the chat. Recordings will be available to you for 90 days after the conference.

Certificates are also available and will be sent to

you automatically once you complete the evaluation. So the link for the evaluation for our live webinar today will be put in the chat at the conclusion of this webinar. Our evaluation links are also posted on our event website so you can complete them for the sessions if you are watching the recording.

So our Day 1 conference theme is reflective practices. Before we get started here I would like to go over some of the technical features and functions of Zoom webinar before we start.

So here you have what your screen will look like as you are going through the webinar. Please use the question and answer feature in your Zoom webinar panel. You can use this if you have questions for our presenters throughout our keynote this morning. You can also use the raise hand feature if you have a question. And we will unmute you to speak. We also encourage you to use chat to interact with panelists, hosts and everyone in our webinar. And to test this out, if you could, put your name, organization, and what state you are joining us. We know we have a lot of people from outside Virginia joining us today. So we also have people who will be monitoring the chat throughout our session today. If you have any technical questions or issues. All participants will be on mute to reduce background noise. Unfortunately we cannot see your videos. Captions are being provided and we will drop that link in the chat as well.

Please also keep an eye on your mailbox. If you haven't done so already, you will be getting a swag bag in your mailbox for registering for our

conference. Fifty lucky door prize winners will get a copy of Dr. Ferguson's newest book. So keep an eye on your mailbox, if you have not received your conference swag bag.

We also have our Facebook page, early childhood mental health Virginia. We encourage you to head over there, share what you are learning about the conference, use our hashtag rooted in relationships. And last but not least we encourage you to visit our conference website. So on our conference website you will see everything and anything you need to access our site. And anything about the conference. So you will see that each page is organized by day. When you click on that day, you will see the breakout sessions and keynote sessions. Within that you will see the session evaluation. So for those of you watching the recordings you can access those there. We also encourage you because our conference theme this year is all about reflection, to use this reflection resource. Every day, take some time to write down your thoughts, reflections, any a-has you had for the conference that day to take with you.

So with that I would like to hand it over to Tracy, who will welcome our keynote.

>> TRACY WALTERS: Thank you, Jackie. And thanks everybody for being with us today. We are so thrilled. We have been texting behind the scenes talking about our big launch today. We are so glad you joined us. We have an amazing experience curated for you today. Kicking it off with our first day of the conference and our keynote, we will have an experience all about the

RIOS framework, guide for reflective conversations and outlining the principles for reflective conversations and current reviews on reflective supervision and consultation.

Framework consists of five topics that focus on perspectives of different people in the work as well as five steps of reflection described what occurs during those conversations. We will discuss this tool how it can be used in its application and understanding come flex stories.

Our keynote speakers I would like to introduce you to Deborah Ottman, MA, a coordinator in the center for early education and development at the University of Minnesota, Twin Cities. Deb supports early childhood cross sector professionals by creating and offering PD opportunities through seed and grant activities. She is focused on ensuring infinite early childhood, mental health principles are embedded in these offerings. Praf Proofpoint we also have Alyssa Meuwissen from University of Minnesota, Twin Cities. Specific research interests include promoting nurturing adult-child interactions and use of reflective practice. And with that, I'm going to turn it over to our experts in the field and again, we just thank you so much for being here with us today and look forward to your messaging this morning.

>> DEBORAH OTTMAN: Hi, everybody. I'm Deb, happy to be here with you all. One of the drawbacks is not being able to see you in person. I've been following the Q&A and the chat. I don't know if the chat is still disabled or not, if it is -- no, it looks like it is working again. Could you please, so we know who you are and where you

are coming from, if you would like to share it with us, put your name in the box. Where you are coming to us from and the role that you play within that organization. To get started we will play just a really short video for you. And in order to be able to be ready to respond, could you just grab a piece of paper and a pen. Or have a device that you can take some quick notes on as we go through this video. So let's get you started here. Okay, if you could just take a couple seconds actually, and jot down what it is, what impressions you took away from this portion of the video. What you thought about the characters that were presented. And any questions that you may have about them.

So just you can go ahead and do that quickly. Then we will get started on the next bit. Sorry, we are working off two screens here. I messed those up. So we need to get to our controls. Go ahead.

okay, so once again. What came up for you? How did you respond to this segment of the video. What questions or feelings were you aware of as you watched this segment of the video?

Let's watch again.

Okay. So any new feelings? New thoughts? New questions that came up for you during this segment, just take a minute and jot them down, please.

One last time. Jot down anything that came up for you. Anything you were thinking about, physically wondering about. And then I'm going to just ask that you put your notes aside once you have had captured everything you were thinking. And I

would just like to take a minute to acknowledge the fact that we recognize this audience is most likely made up of a really wide experience and knowledge level when it comes to reflective practice and reflective supervision consultation. And so this next segment is going to be a review of what reflective practice is. And reflective supervision consultation and how it's used in our work. So I recognize that for some of you this will be a review. And for others of you, this will be new. But what we hope it will do is by the time we do get into the section with where we cover the RIOS more specifically, it will have everyone on a more equal footing. So thanks. And the other thing I just wanted to let you know is that throughout the presentation we will use reflective supervision, the supervisor, the supervisee, as a way of talking about both reflective supervision and reflective consultation, so we are not ignoring one or the other. As we talk about reflective practice, we recognize it has a number of theoretical underpinnings. It's used in a variety of cross sectors and disciplines. As well as the roles that are within those disciplines and fields. A number of different people use reflective practice. And broadly speaking, what it is, is simply taking reflective principles and embedding it into every day life and every day work. One of the things that we do know, however, is that for professionals that intentionally embed reflective practice into their work, they are doing it as using it as a lever for learning by spending time thinking about the feelings and the emotions and the behaviors that are a result of those things.

They use it as a way to learn and discover things about the relationships, about the experiences of the baby or child they are supporting, the families. Maybe colleagues. Most importantly, how these things inform us and impact us.

And so, as we think about reflective practice, we talk about it as being a tool. And we typically, most specifically use that tool with ourselves.

Reflective practice begins with us.

It's a skill we intentionally build in order to enhance our capacity to recognize thoughts and feelings in ourselves and in others.

And we use this state of reflection as a pause, as a time to use that space to begin to link these mental states that we recognize with the behaviors that we see.

And when we do this in reflective supervision or in a specified reflective space, this practice of reflecting on action builds the capacity to reflect inaction or in the moment. And that's really what we are hoping to achieve because by doing this, we are able to translate things that may be our reaction and turn it into a response.

So when we talk about the attributes of reflective practice there's a focus of being over doing. Jerry Collins once famously said how you are Arizona important as what you do. Regardless of the context in which reflective practice is being used or discipline which we find it, it shares a number of characteristics.

The first characteristic being mindful is incredibly important, it means being attune and present in the moment. It also means stilling our bodies. Stilling our thoughts. It doesn't mean we won't

have these things. It means we simply acknowledge them and release them and return to what is happening in the moment.

Being non-judgmental is another critically important characteristic we bring to reflective practice. It means we put aside our own judgments. Our own feelings and particularly implicit biases. It also asks we become aware of them in the first place. Being comfortable with ambiguity and discomfort is another hallmark of reflective practice.

When we talk about being comfortable with ambiguity it means we are comfortable with not having all the answers. That we are not always expected to be right or the expert.

Having comfort with discomfort means that we are able to enter into brave spaces and have brave conversations. We are able to go into areas that may cause us some discomfort but we are willing and able to have them regardless of that.

I think another, for me, really important characteristic of reflective practice is the attribute of being curious.

Having curiosity is what I like to think of as being what we replace our judgments and our biases with. Being curious opens us up to wondering about the others' perspectives and experience.

And I think that we, I would hope that all of us here are familiar with that notion of perspective taking. And the importance. We hear about it so much in DEI conversations. And for me, this is a strand. Not something separate that we do.

Being in a reflective space or practicing reflective practice means that we are empathetic, rather



than casting shame or blame on the other. It also asks that we bring humility into the space. We put aside our perception of ourselves or assigned role of being the expert. We step down from that and we enter into an equal partnership with the other. I also think that we are -- we come with a couple different types of motivation. We are motivated to assume best intent of the other. We are motivated to protect and uphold the sanctity, if you will, of the reflective space, and the partnership that exists within that reflective space.

And finally, we are open to learning. This entire professional development tool of using reflective practice and reflective supervision is based on this overall goal of being a learner. And as John Dewey said all learning comes from reflecting on the experience, rather than reflecting or just learning from the experience itself. We have to make meaning out of that experience. And there are a couple of other different types of formalized supervisory experiences that are intended to help us learn. And I would like to, real quickly, just review that those are.

This first yellow column is typically what we call administrative supervision. This type of supervision deals with looking at the rules, looking at the oversight of federal, state or organizational regulations, policies. It looks at paperwork and how we take notes and keep track of what we are doing. It also looks at our performance and evaluates us. And often times with these two last pieces, they are rubrics that actually outline and describe what that needs to

look like. So we are being asked to perform to a specified set of rules or indicators.

The next column which is this green column is what we call clinical supervision. It's problem-focused. And it often times will incorporate elements of administrative supervision into it. But it basically is looking at case management. It's looking at -- oh. I understand you are having trouble hearing me.

In clinical supervision, we are looking at the diagnoses. We are looking at diagnostic impressions. How we are approaching the client and typically the supervisor acts as a mentor in this situation. There's an exploration of what should be tried next?

When we get to reflective supervision, there is a significant shift in what this type of supervision is looking to do.

Obviously, everything that takes place within this type of supervision is based on reflection.

We focus on the relationships that are in the conversation and how they impact one another.

This is also referred to as parallel process.

We learn to take meaning from what it is we are observing and trying to understand the feelings and emotions behind what it is that we observe.

And it helps us bring questions into the conversation that asks us to think about how these things are impacting the baby or child that we are serving. What about the family? What might be happening with colleagues that we work with? And most importantly, how is all of this impacting us?

And finally, I think, for me, what I find notable

about reflective supervision is in this type of learning environment. The supervisor almost removes him or herself through the use of space and silence and waiting. They offer this as a place for the supervisee to take what has been discussed, process it and make new meaning and to hopefully take away new learning from the conversation. As we think about reflective practice, and reflective supervision, I think it's notable here as we look at this definition that currently there is not one specific recognized definition for reflective supervision consultation. I particularly like Rebecca Shahmoon Shanok's definition. So one of the things I think about as I look at this definition, and I read other definitions out in the literature, I wonder, if as you read this definition, are there things that you would like to add or see put in, in addition to what's here? And if there are, would you please go ahead and share it in the chat box? I think it would be really interesting for all of us to see what comes up for you, as you look at this definition. Regardless of the definition that we use, I think that we can all agree that reflective supervision is characterized by three things. By regularity, collaboration, and reflection.

When we talk about regularity, I think, for a lot of people they would agree that this is a really tough one to land on. Regularity means that we agree to a specified, agreed upon, regular meeting time and that time is protected. The consistent and scheduled. And the reason this is so important in reflective supervision, is reflective supervision is really about relationship. And it's a relationship

for learning. And we cannot, in the absence of coming together on a regular basis develop the type of relationship that is needed and the other thing that this regularity does, is it demonstrates to the supervisee, that the supervisor is going to regularly show up. Meaning that they come attuned, ready to listen, ready to engage and participate with us.

And that helps build trust within the relationship as well. The second characteristic is collaboration. And collaboration is just another way of talking about sharing and partnering in this relationship and it means relinquishing the control of power. This is particularly important when we consider some of the dynamics raised when we talk about DEI or any power differential between someone who holds majority culture or attributes and the other person who does not. And so collaboration is really a critical piece of reflective supervision. And it results in creating this equal partnership rather than that expert and learner dynamic. Finally, it almost feels silly to say this, we know reflective supervision is characterized by the act of reflection itself. We know reflecting builds this capacity when we are reflecting in space and building our muscles in the capacity to reflect in action in the moment. And it's very important for us to step back from that intense, hands-on work of the moment. In favor of having time to slow down and give pause in order for our thoughts and feelings to come forward. I think what this does, it provides us information that we can continue to think about and use as information. And finally, all of these attributes are directed

toward building something that we call reflective functioning. I would like to think of participating in reflective supervision as being the equivalent of working with or being a personal trainer.

Reflective supervision is what builds our reflective functioning muscles. And I think it's important to remember that what we reflect on is what determines what we learn. Reflection is the process that turns experience into insight. I think that for me, reflective functioning forms both the threshold and the portal that we step over and into in order to reach that point of discovering and new learning. When we talk about the guiding principles of reflective supervision, I think it's important to revisit this notion that reflective supervision or consultation is meant to model and replicate in some way those infant and early childhood mental health principles that are known to support healthy social and emotional development of very young children.

We cannot give what we ourselves do not get. And so reflective supervision is meant to create that experience for us, that the supervisee experience that we hope and want to see very young children are feeling and receiving from their primary caregivers.

So the first principle we talk about is all development happens within relationships that happen over time. We as human beings only exist within the context of other relationships that we have with other human beings.

Because relationship is so central to our experience of being human, the relationship becomes both the target and the vehicle of the

intervention.

In our work. And results in continued healthy growth for all of us.

We also know that trust and safety are essential for healthy development. Trust and safety are only able to develop over time. And they develop when we regularly experience these notions of being held, of being seen, of being accepted when we are vulnerable and not at our best.

And that we are regularly and consistently offered more attunement and empathy.

So when these are in place, as they typically are in reflective supervision, it helps us grow within the relationship and grow in our exploration and learning.

We also know that time and space needs to be made to consider all perspectives and experiences. We all come from a particular culture. We all have our unique life experiences. And within that context, we create values and beliefs. We create judgments. Sometimes, often times we will encounter people who are not like us. The ability to step outside of ourselves and adapt these feelings of curiosity and empathy are the tools that allow us to do perspective taking. And perspective taking is an absolutely critical skill in our field.

And finally, we know that feelings matter. They are data for us in this type of supervisory experience.

We learn about ourselves. We learn about others. And I think it's also important to note that working with human beings, particularly very vulnerable young babies and children, is

inherently complex. And it is arousing for us. Therefore we need to self-regulate in the space of this work. We need to regulate our bodies. Our minds, and our spirits. And so in many ways the supervisor, or the consultant serves as the co-regulator for us. This support is one of the things that allows ourselves to come back to center and think in ways that are growth-promoting and help us move forward in the work. So finally, what I would like to do is just share with you, many of you may be experiencing or offering reflective supervision. But there are those of you that don't. This is just a little snippet of a video I will play for you that comes from a training video produced by the Michigan alliance and it was created as a training video for people who are interested in learning about reflective supervision and consultation.

[ Video - pre-captioned ]

it will be interesting to watch that match, that process, listening to her.

>> DEBORAH OTTMAN: Okay. At this point I will turn the presentation over to my colleague Alyssa. And she is going to begin with the research behind this.

>> ALYSSA MEUWISSEN: Thanks. So I can't see myself, so I don't know how we are doing with the background but hopefully that works. All right, so as said, I want to talk about the research around reflective supervision and consultation.

And research is kind of new but has started building in the last 5-10 years. It's a little behind like the up take of the practice. A lot of people are doing this and we are trying to figure out what

can we say about the impact on workers, on families. And so, to start talking about the research we want to note that a majority of the researchers and the people who have been in the research have been white. So what we know is somewhat limited to that population and there's definitely more we need to learn about how the current best practices might be white centric because they have been made by white people. The impact of cultural mismatch or match between supervisors and supervisees. Again the workforce is more diverse than the supervisor workforce, so we tend to have more white supervisors and that might not always be a great fit or just might impact levels of trust and vulnerability and something we should be aware of.

And then recently a lot of researchers and the alliance, we are trying to become more aware of racialized experiences including biases, micro aggressions. And that's a caveat to the research that we have got so far.

But what we do know when we look at impact on burn out and well-being, reflective supervision helps. They feel they have more supportive relationships and it gives them positive energy around the work. There's a bit of a consensus this is helpful to people in feeling good and reducing stress about their work.

However, when we use other measures of stress, such as surveys and standardized measures we don't always see a change. Sometimes we even see an increase across time. There may be a few reasons why. It's become apparent, reflective



supervision is not a replacement for addressing root causes of stress, caseloads that are too high, workplace cultures that are toxic or not supportive. Dropping in a one-hour a month thing is not going to change these bigger systemic issues.

We also know the quality of supervision reflection counts. If people are getting it but it's inconsistent and doesn't meet the criteria Deb was outlining it is not going to have as much impact.

We also have some thoughts out there it's possible that people become more aware of their stress if you have only studied it, if people have only been receiving it a little bit they might report more stress because they are more aware of the impact themselves of the job. So it might be that stress might increase before it decreases but our studies really often aren't long enough. The one study that tried to address this asked how long it took to see impacts on their practice, they said 2-3 years. So if the study doesn't go for 2-3 years we might not be capturing the full impact.

And does it impact the work? Does it impact the families and how professionals interact with the families. Again, if you ask professionals who receive reflective supervision, they feel it improves self-awareness, listening and observation skills. They feel there's empathy. They do emphasize relationships more, they are more able to reflect. But there just hasn't been the research done to say and how does that impact families and childrens and outcomes. So that's still kind of the work that needs to be done.

But in general, there is pretty good consensus when you ask people about their experiences it tends to be positive and it tends to be specifically helpful around burn out and stress.

We are now going to turn to the RIOS framework. Created as a partnership between seed and alliance for the advancement of infant mental health to try to be a sort of playbook. So if we have all these pring polies that are kind of big picture, what do we do to turn that into a reflective conversation. How do we know if what we are doing is reflective consultation and how do we know it's effective?

The alliance put the content of the RIOS in their framework of what reflective supervision is. We are kind of talking about this center circle here and held in a structure of environment, helping what the supervisor does. It's really kind of the core of what actually happens to make this work? So the RIOS is an organizing framework. When I started this work of trying to do research on reflective supervision about five years ago, I would hear people say things like, you know, you just feel it, it's kind of unknowable. It's ethereal. Sometimes that's a characteristic of that experience of being held in relationship. But I think we could actually try to say what is happening? What it entails. And it's really helpful to be able oto say what stage are we at, how deep is the reflection. It's not an assessment tool or judgment about the supervisor's skill or supervisee's skill. That's not how it's intended to be made, it's about what happens in a specific session and what happens between the supervisor

and supervisee rather than judgment of either one's skill or capacity.

Here is a scale we will walk through step-by-step. We have five topics of conversation in yellow. The reflective alliance is a little different and encircles the whole thing. We will start with the collaborative tasks. These processes of how do we progress through a reflective discussion.

So basically the collaborative task described how we can lay a foundation, wonder about what had happened and integrate that knowledge about a situation. The first collaborative task is describing. And it focuses on what do we currently know. So we know that infant mental health, observation and listening are foundational. We aren't just going in and making assumptions about our family. We are really saying what did the baby do, we are gathering facts. The reporting of facts is not in itself reflective. It's important to start there so our reflection can be meaningful and accurate rather than assuming things about people.

The second step is responding. So thinking about feelings. How do we feel, how do others feel, identifying emotions. Identifying reactions of people that might be different. Once we have that foundation of what happens and we start trying to gradually peel back the layers of what emotions did we see represented in that behavior? And then that leads into this exploring of that bigger picture, what does this mean? What does it mean that person seemed frustrated and that person seemed sad and that person seemed angry.

Where are those emotions coming from? We don't always know why, we don't know what happened

in their past, we don't know if that was triggering for them but open up the space of wondering, not concluding, this relationship with their mother... We aren't able to know things they haven't told us. So trying to hold that as well. We don't know. We only know what they have shared with us. But these could be meanings of the behavior we are seeing and behaviors we are identifying and considering possible assumption and bias, that my experience is not the same as this family's experience but trying to dig underneath that, just the observable feelings.

The next step is called linking. And so that's kind of taking it a step further into the big picture. Why does this matter? And really using our infant mental health principles, theories, thinking about attachment and thinking about safety and the roles and boundaries of our work. Having the ethics and the principles of the intervention we are doing. All that kind of stuff would go into linking what is the bigger picture here? Why does it matter what I do with this family and why does it matter what they do with their child, trying to put all that together. Focus on what's guiding the work. Finally we have a step integrating which focuses on what have we learned?

I feel in some of the training videos you get to some really big a-ha. I was thinking about it from my perspective but when I can shift perspective and hold that I don't know, it might really change how you plan to approach that family and implications are for the work going forward. So while we have these five steps that build on each other, as I said, we see it sort of as having a

foundation of describing and responding, building up into explore, linking and finally integrating. And you are not going to spend the most time at the highest steps because you have to build that foundation. The other thing that is really important to understand, we can outline this progression, in actual supervision sessions it doesn't happen 1, 2, 3, 4, 5, kind of ever. There's a lot of circling going back. And we switch focus to another person and we go up and down and it's almost more of like a cycling and right, sometimes you get to integrating which brings up more questions then you go back to exploring. It's not any sort of checklist, I have answered these five questions, I have now done reflective supervision. It's trying to describe what are the pieces of reflection and how can we see them. It's also good to think about if you are a supervisor or supervisee, which come naturally to you? We have heard some people really dig into that responding and exploring and this is a really good reminder, also you should think big picture. Some want to see a big picture, it's a good reminder, let's get to the foundation and make sure we have covered the bottom parts of this pyramid before we try to integrate so we aren't rushing our pace. It's a good way to check yourself and say am I doing all of these at some point? Again, not necessarily in order, not necessarily in every session. Some sessions around a new client might only pick these foundational ones, if you have been seeing this family for years you myobe thinking of integrating because you have done this in previous sessions.

But it's kind of a well-balanced meal of getting these other pieces of understanding the whole story and having reflection be useful in informing the work and furthering the relationships.

So that's a brief overview of the collaborative tasks. The other part of the RIOS are essential elements. Who are we talking about when we are talking about going through this progression of reflection.

Today we want to tie that back to the first video about the present. The basic outline, for anyone who joined late, we see a boy playing video games. The shades were shut. He seemed very not engaged with the outside world. His mom comes in, brings him a present. He opens the present. It's a dog. At first he seems interested then he notices the dog was missing a leg, he dismisses the dog, throws it aside, the dog is persistent, resilient and eventually the boy takes the dog outside to play and when the boy stands up, we only then realize the boy appears to have an amputated leg. It's a good video because we don't get all the information until the end. Which happens in our work with children and families as well.

I wanted to kind of tie this part into thinking about the boy as the child, the mom as the mom, and you as a professional going in and working with this family. What would that have meant to you, if you had been in a home visit and had seen that interaction. Which is a manufactured scenario but helps us to be on the same page thinking about this.

So the first essential element we want to talk

about is reflective alliance. And that is about establishing and maintaining the relationship between the supervisor and supervisee. That would be, if you had seen this in a home visit for example and had a chance to have reflective supervision. What would you be willing to share with your supervisor? How would that conversation go? Do you feel held? Trusted? Were you able to say things, I thought that boy was terrible. I didn't like him. I thought he was really mean. That space for those negative feelings that come up in the work. Is there space for that to be held?

The second element is focusing on the adults surrounding the child. In this story might have been the mom who was our primary contact but maybe there's a dad. The mom is in contact with the community. The person she bought the dog from. The mental health, does she have the support she needs in the situation. And kind of in service of understanding the situation for the family. And then he really also want to include aspects of family history, culture and in our RIOS we -- it's been evolving across 10-15 years they have started it. And we have increasingly put more and more in there about culture and community and trying to really make that, bring that into our consciousness that that matters. And making sure that reflective supervision in our space to address those issues and it's not something that gets brushed under the rug. But to say, this is, you know, an immigrant family, this is an African American family. And why that matters in this community and in this situation

and things like that.

So, we are going to now kind of walk through if we were in a reflective supervision session and we were thinking about the mom, so understanding the family's story. What are some of the questions we could ask that hit those different collaborative tasks. If I'm a reflective supervisor and you told me this story you saw this in a home visit, some of the things we could talk about would be at the level of describing, what the mom did, what happened, what room were they in, how did it go? Responding could be identifying of mom's feelings. How has she been doing lately. Assuming this isn't the person you saw, has mom been struggling with feelings of depression or grief or things like that potentially this accident or what happened. We could explore further, why do you think she chose that present, what do you think she was hoping when she gave her son that present. Linking could be bigger picture, where is mom in the grieving process, is they able to hold her son's grieving. Why does that matter and the integrating what support helps mom where she can do this big intervention, what does she need to go forward to continue to heal while also holding her son's grief. Taking this mom's perspective and walking through the process of connecting what happened to why it mattered and what we can do as an intervention. As using ourselves as a relationship that can support this family.

The next element is holding the baby in mind. In some cases we call this holding the child in mind depending on the population they are working



interchangeable and this case it was not a baby. Importance of this is often times in home visiting work, in child protection work, in various fields we do, the adult chaos is very present in the conversations in the visits. So to be able to keep returning the focus to the child and what is the child's experience and holding that baby in mind as the person who often doesn't have as much of a voice, actual infant, truly doesn't have a voice, but even older children can get kind of swept up in the conversation. Really trying to remember to think about how does this impact the child. What is the child's experience of this, how does this affect development and growth. We think of the child. They also have teachers and friends. They have a relationship with you, as the home visitor. Kind of understanding their network as well. If we do the same exercise about holding the child in mind, what was that voice perspective, we can ask questions like describing questions how did he behave toward the puppy. What emotions did you attribute given his behavior? Anger, disgust things like that. Exploring. Why do you think his reaction was anger. What do you think he was really angry about. Linking. Why might it be important for this boy to connect with others, including dogs with disabilities? Integrating how did your understanding of the boy's needs overtime, what do you think is necessary for his healing. So bridging what you have seen into that big picture. Why does this matter, what can we do to help. And then the third kind of main perspective is your own. The professional use of self. So why does it matter it is you that is going into this

family. That it's not anyone. But you have your own thoughts, you have your own feelings, you have your own strengths that you are bringing. You have your own culture which may be similar or different. And tying that back to the how you are as important as what you do.

I now want to give you guys a chance to think of some of your own questions. You can look back at your notes you took originally during the video. And try to think about right. You have responding exploring, linking, integrating stories about your reactions, if you are a supervisor, how would you ask someone who experienced this? Just take a minute. If you want to share in the chat that's great.

Oh yeah, I was thinking big picture and these pictures were about emotions. Just take a minute to look back and see how does your thoughts fit into this framework and if anyone wants to share some in the chat, that would be great.

I will give you ideas but if people want to continue to chat, feel free to do so. Describing questions, that behavior. What did you do when you arrived? Again, this didn't actually happen. But responding questions. What were you feeling as you first watched the boy interact with the dog? How did your body feel? Mindfulness. Is your stomach hurt, your shoulders tense, when you saw how he interacted with that dog? An exploring question could be about yourself. What experiences have you had working with children with disabilities? How are they similar or different to this case? Again, that might be really important to think about. Am I, you know, holding my own

experience as separate. Am I thinking about where I'm coming from and what disability means to me? Things like that.

And then linking, what biases and judgments do you hold that may impact your work on this case. Integrating how can your relationship with this family be used as an intervention for healing? There are so many ways you can go with this and talk about any of these perspectives for a good chunk of an hour.

Uh-huh, getting a couple chats, am I making observations or am I making assumptions? That's a great one. Holding that we don't know everything. We know what has been shared with us. And there might be reasons. People haven't shared things with us yet. Understanding the role of trust and the role of vulnerability when you are working with families.

All right, and then the very last essential element is parallel process.

So this is thinking about each of those individual people and noting how does one relationship affect others? And so another Jeree Pawl quote, do unto others as you would have them do to you. If I'm supportive to the mom, that makes her more able to support the child. We can think of that supervisors supporting professionals, supporting families. We may have a grandma who impacted a mother who is now impacting a child. But when we connect these relationships and understand history and understand why, and understand how we can build this system and network of support, if everyone is more supported, they will be able to provide more

support, so that's foundational why we think supervision is important.

So here is a diagram of the essential elements and just, again, kind of understanding this is complicated, you know. I have just included a few people here. But when you are trying to sort through what has happened, why it matters, what I can do to kind of hold these different pieces and look at them separately and look at them reflectively that we can make more meaning out of this network of people. So I kind of color-coded here, these are the relationships to be considering in each essential element. How is this relationship impacted in another relationship.

People have used the RIOS in different ways. A lot of times informally people say I print it out and hang it on my wall so I remember to think about it, maybe you look at it in a session. Who haven't we addressed yet. Have we actually thought about the baby's perspective? Have we thought about your perspective? Not as a checklist, it's not prescriptive, it certainly might not all happen in one session, might be these two perspectives today and talk about other perspectives next time. So it's a flexible and flowing thing but it helps us just keep in mind what are the factor that's should go into these conversations? What are the best practices? How do we know we are doing reflective supervision. I think we are covering all these, that's a good indicator that we are doing reflection that is informed by infant mental health principles and it's relationship-based.

Deb is going to share more about how people

have used the RIOS and what feedback we have gotten about it.

>> DEBORAH OTTMAN: Thanks, Alyssa. I want to make sure we get through this and get to any questions you might have.

One of the things that particularly, as we worked on getting the RIOS published, Alyssa mentioned earlier the anecdotal reporting and also happening through surveys and work being done in the field that there's an increasing attention being paid to just the power imbalances and lack of representation with majority versus minoritized cultures in the field and in particular in reflective supervision.

Christopher Watkins who is the primary author of the RIOS and I right before this was going to press, had the opportunity and this happened concurrently in the wake of Mr. George Floyd's murder, had the opportunity to recognize that we needed a lot more in the RIOS so it could be fleshed out with specific attention being paid to DEI. What I'm going to share with you now, this is a video that came on the heels of the RIOS being published. But this is Dr. Katie Lingres, works here at University of Minnesota, in pediatric medicine and also does a lot in infant and early childhood mental health.

What we discovered, Katie wrote an article that was published about two years ago that appeared in the journal of infant mental health. On having these courageous conversations and bringing the notion of DEI principles and characteristics and culture into squarely into our work and conversation. So this video is about how she uses

the RIOS. Oops, I'm sorry.

>> Hi, my name is Katie Lingress, I'm an associate professor in the Department of Psychiatry and behavioral sciences at the University of Minnesota, Twin Cities. I wanted to offer some comments how this work has been particularly helpful and for me in some of my work. I published an article last summer called mind the gaps. Discussing use of reflective supervision, and consultation as a mechanism to address implicit bias. It's been a passion project of mine for about five and a half years or so. The idea first came to me when I attended the reflective supervision symposium in 2017. That was some of my first exposure to the RIOS work. When I discovered this framework it really got the wheels in my head turning around how can we use this framework to really think about bias? And how can we incorporate conversations around bias and diversity equity and inclusion in our work in mental health?

I remember specifically sitting with a handout that delineated different aspects of the RIOS. It's like a light bulb went on in my head to see the connections between the different domains kind of lining up with a lot of the things I had been thinking about in terms of how we can expand our conversations with DEI work within supervision. What really helped me in this process and framework itself, the RIOS, it gave me a framework and a way to organize my many different thoughts. It helped a lot to have something to work from. So knowing there had been all this work and this research going into

this tool was really helpful for me to take that and move it to the next level.

I think that's one of the things the RIO and frameworks like it is that organizational structure to lots of different ideas. So with that structure that really allows us to move forward in the conversation about what this might look like in supervision to incorporate more conversations explicit by about reflection on diversity, equity and inclusion, our own identities and human biases, et cetera.

Ultimately my hope and I hope the team shares this hope as well how we can use frameworks like the RIOS to engage in this conversation and ultimately affect practice and change across our mental health field. I think this framework is helpful thinking about supervisees and supervisors how we bring those conversations together and put it into practice thinking of specific activities and specific tools by extension going forward we know this will in-turn affect our practice within mental health across different disciplines.

>> DEBORAH OTTMAN: So this next video is from one of the directors of Tulsa Educare. Alyssa & Christopher worked on a training program with a couple sites there. Chris is just going to share how -- what was interesting about these sites is that everybody in the organization was trained on the RIOS. And what we found -- and you will hear him talk about is how the RIOS is being used now just, not just within reflective supervision sessions but really as a framework for a way of being and thinking about the work.

>> Hi there, my name is Chris Arol, I'm a school director here at Tulsa, Educare in Oklahoma. I'm thrilled to be talking about RIOS. We have been part of this project for a while and benefited from RIOS in so many ways. Of course in our field we try to focus keeping that baby at the center. Thinking about the family's story and sense of respect and curiosity. Those are the two features of our early head start program that we have always embraced.

But RIOS added other things, professional use of self. We focus on mindfulness that's been particularly important the last three years. As we do we have to recognize sometimes we don't show up the way we might want. We spend a lot of time talking with our teachers about this, family advocates and my leadership team. All of those conversations we try to recognize we have choices we can make how we want to show up and how we can use who we really are in a professional manner that promotes the work we do. The reason this is so important is because of parallel process.

Parallel process, in my building, we talk about that how we are. Is so important and some ways much more important than what we actually do. The idea that each of our interactions builds culture, positive or negative. Has become part of the way we do literally everything in the building and it's part of the way we do leadership development. I think RIOS is an extraordinary tool for leadership development and we have been using it a lot in parallel with our other projects. It's become part of the vocabulary to



think about these effective alliances where we are interacting with each other to promote support each other and take those steps in our own develop. The been a great, great project for me to be involved in. I'm so thrilled and excited to look forward to the book. I hope everyone else is enjoying this wonderful moment of celebration.

>> DEBORAH OTTMAN: Okay, so this last video we are going to share with you, this is Sarah Fitz Gibbons. These big picture thinkers. There are -- there's a movement of, by the time you get to organizational leaders, we know they are no longer in direct service and direct practice. They are not boots on the ground. Which Alyssa did such a nice job of showing how that is used for the direct service provider. Yet we know that because of parallel process we want everyone in the organization to by thinking and practicing these same attributes along these same lines. One of the things that's become apparent to us is that we may need to come up with an additional or supplemental framework for organizational leadership because we know that leaders are now using the RIOS as a way of thinking and approaching the work. And Sarah does a really nice job of sharing what her organization is doing.

>> Hi, Sime Sarah Fitz Gibbons joining from Rochester New York. I serve as Vice President of programs and prakt Is society for protection and care of children. SPCC. Our organization has about 130 employees and offers prevention and intervention programming for infants, young children, older children and adolescents and their families. We focus on children and families

impacted by trauma, loss, adversity, separation related to child welfare and high conflict custody. I'm so excited that the RIOS guideline is here, we know this will be a tremendous tool moving forward. Since 2018 we have been on a journey to infuse reflective supervision and reflective practices at all levels and all supervisory relationships at the organization. From our IT manager, our HR director, our HR staff, me as a Vice President, of course our direct service practitioners and everyone else in between. We know the RIOS has been a great tool and this book, this guide will be a tremendous one moving forward.

One of the things we have been moving forward with the RIOS is using the RIOS in its most traditional form over the iterations, of course with supervisees who provide direct services for children and families and have found that to be really helpful as we trained our supervisory staff in the RIOS. They found it very helpful as a way to operationalize reflective supervision and as a way to track their comfort and growth areas.

One of the things we have been doing though is thinking about using the RIOS as a launch pad, the concepts related to the elements and tasks that reflective alliance and how to translate that for supervisees who don't do direct service.

Maybe now in their role, like me. So I could certainly tell you stories and examples about how we have been doing that across different roles and how different people have been using the RIOS to translate. But I thought I would share with you just a little bit about myself as an

example, and how my supervisor has been using the RIOS to help me think about my work more deeply. So we have been thinking about understanding the family's story. Part of my role is working across systems and across organizations in the community to increase infant early childhood mental health professional capacity. So doing so means lots of relationships with lots of systems and people in those systems and big systems and small organizations. And for me, understanding the family story has helped me figure out how I can best be and serve. So instead of seeing the family as we traditionally would, when we are doing direct service work I have been thinking a lot with my supervisor about the family being comprised of our professional community, our professional 0--year-old serving community as the family. Thinking about our community and our city's history. From the rise and fall of Kodak to Susan B. Anthony and Frederik Douglas to purposeful and systemic racism and practices like segregation of housing, to current power dynamics at play, funder relationships, trauma in our system and communities history, growth, present day stressors and opportunities. Thinking about who the family members are and particularly what the ghosts and the angels in the nursery of our professional community family is.

So thinking about understanding the family story through those tasks of describing and considering why it matters, how I and others might think and feel about a particular dynamic in our community collaborative efforts has been very helpful in the

way I can integrate those reflections and step into refreshed or renewed trauma-informed culturally-responsive ways of being in my cross-systems collaborative work.

So that is just one way that, for me, the RIOS has been so helpful. And one example of a way that our organization has been thinking about using the RIOS across our whole system for the support of our staff.

>> DEBORAH OTTMAN: Okay, so this is a picture of the RIOS guide. It's the cover. And it is available on the 0-3 website there, publishers. And as Alyssa said, this is really a playbook. It's not meant to be prescriptive. It's meant to give shape to your own interactions. So this last slide has our contact information. You are welcome to reach out to either of us. But also, I know we have just a couple of minutes. But if there are any questions we would be happy to answer them.

>> TRACY WALTERS: Oh my gosh, thank you so much, Deb and Alyssa for the wonderful presentation, it was packed with information we can take back with us to the field and every day. I'm looking to see if there's anything in the chat that we need to look at for you guys.

Lots of thank yous for you, of course. I think one of the biggest things you really hit on for us today is that being over doing. And I think that's such an important message as we are working with children and families every day and trying to embrace infant and early childhood mental health principle throughs whatever discipline we are working with, with young children.

Also that common sense approach about the

reflective principles, just being in our every day work. And I think Alyssa, you kind of hit on this too with the research piece. Sometimes it seems like reflective supervision can kind of be out there, and people are kind of grappling with what it is, right? Unless you are practicing it or receiving reflective supervision, I think it could be really difficult to wrap your brain around it. But I think you guys did a beautiful job of walking through that RIOS scale and showing us with the video how it could be picked apart and how it could be used to serve a child and family well. And so, I just thank you so much for all of your expertise and your knowledge. I see Maria is saying she truly loved the clarity of the presentation and the new insights and the refresh knowings. I love that, I love how you phrase that. And lever for learning. That's a really important phrase for us to be thinking about. So I really appreciate all of those pieces and then just looking back around as we close this session, it's that reflective supervision all about the relationship. You are right, sharing about our children and families we hope that what they will hold for us, we will be able to hold for the child and family and I think that's just a beautiful process when we can think of it in that way. I thank you so much for the presentation. It sounds like everybody enjoyed, you will have to look back at the chat and we will make sure we capture all that for you guys so you can take away how wonderful you should feel about the presentation today.

>> DEBORAH OTTMAN: We are just really happy

you invited us and thanks and we wish all of you well in your respective efforts and thank you for all the work that you do on behalf of little ones and families. It's so needed.

>> TRACY WALTERS: Great, thank you. And thanks on behalf of Virginia, we appreciate you coming and joining us today.

>> DEBORAH OTTMAN: All right, thank you, bye.

[ Recording stopped ]

[ Zoom abruptly closed at 10:00 a.m. CT ]

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