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REVIEW ARTICLE

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Mind the Gap(s): Reflective supervision/consultation as a mechanism for addressing implicit bias and reducing our knowledge gaps

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Abstract

Mental health-related professions, like many fields, have begun reexamining common practices and opportunities following the 2020 reawakening to the need for antiracist practices/policies. This push includes encouraging both seasoned professionals and newer trainees to do inward and outward work to increase self- and other-awareness and recognize biases. Often, it is unclear where to begin, and this deeper reflection can bring up uncomfortable realizations about oneself, colleagues, and even broader professions. Doing this deep work is most beneficial when done in a community that can provide support and further challenge. Thus, the practice of reflective supervision/consultation (RSC) is well-suited for integration of conversations about bias (implicit and explicit) as well as racism/antiracism. The current paper provides background on these concepts, the model of RSC, and specific examples of diversity, equity, and inclusion principles within the infant and early childhood mental health (IECMH) field. Parallels are drawn to existing "key concepts" of reflective supervision to provide examples for integrating conversations about bias into reflective supervision. Finally, specific tools and strategies for use are offered as starting points, with encouragement for supervisors to continue to generate ideas and tools for these important conversations. Next steps and implications for broader practice are also discussed.

KEYWORDS

diversity, equity, implicit bias, inclusion, reflective supervision

"I just didn't know if I could go back there after I saw that lawn sign!" Celia expressed with frustration as she sat in her supervisor's office at the beginning of their weekly meeting. Celia's supervisor took the opportunity to delve into Celia's verbal response and emotional reaction and began to unpack what this meant for Celia as a home visitor, as well as a 27-year-old Latinx mother to two young African American boys. Later that day, another home visitor, Sharon, had her own reaction to a different lawn sign. She shared this response with her supervisor, who helped Sharon to delineate her feelings and reactions as a 35-year-old White female home visitor, and wife of a county police officer. This reflective interaction helped both Celia and Sharon understand how their reactions related to their own experiences, the experiences of families on their caseloads, and how the two can interplay in the work together.

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DIVERSITY AND ANTI-RACIST STATEMENT

The aim of this article is rooted in appreciation for diversity and the goal of furthering anti-racist practices across the early childhood mental health field. Mental health and related systems have been a source of unintentional and intentional harms for children and families they serve. Discussion of implicit bias within reflective supervision/consultation has potential for increasing the identification of biases and ultimately reducing their impact, both within the supervisory relationship and for children and families. Intentional efforts were made to use inclusive language and to include work of scholars of color whose voices may have been overlooked in the field.

STATEMENT OF RELEVANCE

Reflective supervision, a common practice/requirement within the infant/early childhood mental health (IECMH) field, provides many opportunities to discuss explicit and implicit biases. Using existing frameworks as guidelines can help identify specific aspects of reflective supervision that are most amenable to these conversations and understand examples of how this may look in practice. Specific tools are shared in the text to encourage applications to practice.

KEY FINDINGS

1) This article reviews reflective supervision/consultation content and process variables and describes specific parallels for integration of conversations about implicit bias.
2) Specific strategies for using the reflective supervision/consultation framework to incorporate discussions and reflection about implicit and explicit biases within the supervisory context are presented.
3) Next steps and ideas for movement from reflection to action within infant/early childhood practice are suggested for consideration by both seasoned practitioners and trainees in the field.

Both women and their supervisor were engaged in reflective supervision and these examples illustrate an important opportunity that can be incorporated into reflective supervision/consultation: identifying and exploring implicit (and explicit) biases.

1 | BACKGROUND

In recent years, and particularly following the 2020 murder of Mr. George Floyd, references to implicit and explicit biases have become more commonplace in societal discussion. These discussions have extended to and have been continued within mental health professions as well, with many underscoring the importance of consideration by those who work with children and families. Ideas for trainings and personal growth have been shared, but less work focuses on the opportunities that the supervisory relationship presents for uncovering and addressing bias. Reflective supervision/consultation (RSC) is well-suited for this work due to the focus on both content and process, as well as the attention to dynamics of the supervisor-supervisee relationship. This article reviews these variables and describes specific parallels and strategies by considering the key concepts of RSC as a foundation for initiating discussions about implicit and explicit biases within the supervisory context.

1.1 | Implicit bias

Implicit biases are an unconsciously held set of associations about a social group, which may result in attributing qualities to all individuals from the group (Banaji & Greenwald, 1995; Nosek et al., 2002) and can manifest in behaviors (e.g., Payne et al., 2017; Spencer et al., 2016). For this reason, organizations for child- and family-serving professions have begun to recommend specific education about implicit bias and associated strategies for addressing these biases (e.g., AAFP, 2018).

Implicit biases exist in every person (Harvard University, n.d.). They are a natural product of being raised in any given culture, group, or family. The key to minimizing the impact of implicit biases is to identify and monitor how one responds to the bias. Recognizing implicit biases is analogous to recognizing blind spots when driving a car. When getting into a new car, most drivers know to look to see where the blind spots are; it is their responsibility to identify these locations even though they did not manufacture the car/create the blind spots. To continue with this analogy, those who drive frequently, likely have had the experience of attempting to change lanes and seeing

(either by good fortune or a loud honk) a car driving in that blind spot area. They may then turn the wheel back to their lane, often filled with a jolt of fear or adrenaline, and wait. Some might even resonate with the experience of waiting a long while to be sure that car has passed before attempting the lane change again. The fear felt in nearly colliding with another car is analogous to the fear that may be experienced when recognizing the presence of an implicit bias about a particular group. But, in implicit bias work, rather than hesitating or avoiding that lane change as a result, providers are encouraged to actually "dig in" to that fear in order to fully understand and address it. RSC offers a unique potential for doing this work. However, historically, this has not been an explicit focus of supervision, even when reflective in nature.

1.2 | Reflective supervision/consultation (RSC)

Reflective supervision/consultation (RSC) is conceptualized as supervision that expands on clinical content (learning of new information) and administrative (documentation, policies, procedures) supervision, and allows the supervisor and supervisee to step back from the work to *reflect* on their own experience both with and of the child and/or family. Heffron and Murch (2012) define RSC as "a relationship-based supervisory approach that supports various models of relationship-based service delivery." (Heffron & Murch, 2012, p. 5). Watson et al. (2014) describes the function of RSC as helping professionals recognize relational dynamics and associated responses in work with babies, young children, and families. This reflection allows for an increase in reflective capacity of the supervisee, more effective engagement of families, and more successful implementation of services/treatment models (Meuwissen & Watons, 2021). Thus, RSC is increasingly considered a critical component of professional development when working with children and families (Meuwissen & Watons, 2021; Watson et al., 2014).

In recent years, efforts to define (e.g., Heffron & Murch, 2012; Watson et al., 2014), measure (e.g., Ash, 2012; Shea et al., 2012), and evaluate the impact and outcomes of RSC have been made across professions (e.g., Harrison, 2016; Low et al., 2018). Similar studies have demonstrated impacts of RSC on self-efficacy, job satisfaction, job stress (e.g., Frosch et al., 2018) and well-being (Susman-Stillman et al., 2020). Longer range studies have begun to establish an evidence base for the utility and distal impacts of RSC on staff turnover and child/family outcomes (Eggbeer et al., 2010; Korfmacher et al., 2008). Finally, some work has sought to identify barriers and facilitators to the implementation of RSC in early childhood-serving agencies (e.g., Williams et al., 2019). Less has been done, however, to delineate the role for diversity, equity, inclusion and/or antiracism work within this body of research.

1.3 | Integrating reflective supervision/consultation with diversity, equity, and inclusion work

With the exception of Crawford's (2012) model of culture-based countertransference and Tummala-Narra's (2004) work that considers race and culture within a supervisory context, there has been little explicit consideration of culture, race/ethnicity, and other aspects of identity within the context of supervision broadly. Even less work examines implicit or explicit biases and how providers' own experiences and beliefs may impact care. Although the models and work discussed here draw primarily from social work/psychotherapy fields, the relevance is applicable across disciplines.

Cultural identity, family, societal, personal, and environmental influences are all potential origins of countertransference, or professionals' reactions to content the patient/family raises (Pérez Foster, 1998; Stampley, 2008; Stampley & Slaght, 2004). However, because prejudices and biases often exist in pre-conscious domains (Dovidio et al., 2002), and if those biases are stigmatized, providers may not recognize or report these types of responses (in Crawford, 2012; Harris, 2002). Nevertheless, these reactions can impact therapeutic work and alliance (e.g., Stampley, 2008). These manifestations may also reveal themselves through explicit or implicit biases and "microaggressions" or "the brief, commonplace verbal, behavioral, or environmental exchanges that communicate insulting, demeaning, and negative messages to people of color" (Constantine, 2007; Sue et al., 2007, in Crawford, 2012).

Despite their notable impacts, little work identifies specific strategies for management of these types of behaviors (Crawford, 2012). General strategies for managing countertransference such as personal therapy, supervision, reflection on session, and personal self-care are likely relevant for culture-based countertransference but are not specific to this need (Crawford, 2012). Crawford's model of culture-based countertransference (2012) addresses this gap by including (1) awareness of culture and culture-based countertransference reactions; (2) identifications of triggers and manifestations of culture-based countertransference reactivity (CBCR); (3) management of culture-based countertransference; (4) effects of culture-based countertransference; (5) an interconnected model; and (6) interview experiences. Crawford's later work (Crawford et al., 2019) discusses the LET UP model for addressing biases, which

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is considered later in this paper as a recommendation for use in RSC.

Tummala-Narra (2004) argues that integrating racial and cultural diversity issues into supervision has implications not only for patients' experience of clinical care but for clinical and teaching competencies as well. Further, Tummala-Narra (2004) notes the potential of the supervisory relationship for exploration and meaning-making of the provider's and the client's race and culture, providing several strategies that supervisors may consider in addressing race and culture including (1) attaining a reasonable level of cultural awareness, level of knowledge and range of communication skills to model to supervisees; (2) initiation of the exploration of race and culture themselves (vs. relying on the supervisee to raise the topic); (3) creating a supportive environment that explicitly raises open discussions of race and culture; and (4) making on-going efforts to educate themselves about multicultural perspectives. These suggestions will be discussed later in this paper in relation to strategies for use within RSC.

Resistance to such discussions may exist due to supervisors' ability to tolerate anxiety, fear and vulnerability, and power dynamics. These barriers are of particular concern when the provider is a person of color and the supervisor is White, as these dynamics can create risks for inadvertent microaggressions or discriminatory experiences and/or the need for the supervisee to do the "emotional labor" of educating the supervisor. Although it will not be the focus of this manuscript, Crawford (2012)'s observation that supervision has not always been a safe or productive place for addressing experiences related to race, especially for providers of color is an important one to keep in mind (e.g., Constantine & Sue, 2007).

Within the IECMH field, Stroud (2010) has explored some ways in which professionals can expand their understanding of cultural differences and engage in related discussions about diversity. More recently, the Irving Harris Foundation has created 10 tenets that integrate diversity-informed principles with work with young children and their families (St. John et al., 2012). The focus of these tenets is to highlight central principles for diversity-informed practice for work with infants, children, and families, diversity-informed resource allocation, and advocacy towards diversity, equity, and inclusion in institutions (St. John et al., 2012). The 10 tenets are described at diversityinformedtenets.org and detailed further in St. John et al. (2012) and Thomas et al. (2019). Thomas et al. (2019) and others identify several ways that RSC can serve as a space to engage in this type of self-reflection on personal beliefs/biases, contextual forces, and barriers to diversity-informed practice (e.g., Eggbeer et al., 2007; Heffron et al., 2007; Noroña et al., 2012). Thomas et al. (2019) consider mindfulness (e.g., Shahmoon-Shanok, 2009) and reflective functioning (Slade, 2005) as key behaviors that can enhance self-reflection in the context of considering racism and biases.

Of note, historically, RSC was characterized by creating a "safe" space for supervisee and supervisors to discuss challenging content and process variables. However, an important update to this characteristic is Arao and Clemens' (2013) reconceptualization of "safe spaces" to "brave spaces." This an alternative formulation notes that the assumption of safety (i.e., free from harm or risk) does not necessarily make sense in honest discussions related to social justice, which inherently require risk, difficulty, and controversy to produce learning. Instead of avoiding difficult emotions that may come with hearing stories about or discussing unearned privilege, bias, and oppression, they propose "brave spaces" which may be uncomfortable but are necessary to facilitate learning and growth. Within RSC, this shift from the outset is necessary for the integration of discussions of implicit and explicit biases.

2 | ADAPTING THE RIOS FRAMEWORK TO INCORPORATE DISCUSSIONS ABOUT IMPLICIT BIAS AND CULTURAL DIFFERENCES

Considering the above recommendations, there is tremendous potential for the reflective supervisor to bring in the ideas of implicit and explicit bias to work with a supervisee. The Reflective Interaction Observation Scale (RIOS; Watson et al., 2016a) was created to measure and operationalize the process and components of RSC by assessing what happens within an RSC session. Specifically, building on the work of Tomlin et al. (2014), Watson et al. (2014), and Shea et al. (2012), Watson et al. (2016a, b) discuss *content* variables that include understanding the family story, holding the baby in mind, professional use of self, parallel process, and reflective alliance. Whereas "collaborative tasks" are oriented toward the *process* of describing, responding, exploring, linking, and integrating within the context of RSC. Each process element or activity can occur for each content area; the presence of these elements is recognized by indicators (concrete examples of the activity occurring). Importantly, process activities are appropriate at different times, so a given session may also center on a content component. Detailed definitions and descriptions of each key elements of are listed in Table 1. These key elements offer a framework for both process and content considerations for incorporation of implicit bias discussions. Thus, each key element is described below in relation to relevant opportunities for more in-depth discussion of bias within supervisory conversations.

TABLE 1 Essential elements (content) and collaborative tasks (process) of reflective supervision/consultation, as identified in the RIOS (Watson, Hennes, & Harris, 2016a)

Term	Definition/description
Essential elements	
Understanding the family story	Understanding what is known about the environment, focusing on people who provide relational context for social-emotional development; gaining an understanding of the realities of the family's experience.
Holding the baby in mind	Attention focuses on the baby and the baby's experience and well-being, as well as presence of the baby on others in the family/story.
Professional use of self	Attention to one's own subjective experiences, thoughts, beliefs, and emotional responses. A high level of self-awareness allows for one's reactions/perceptions to promote progress, growth and/or change within the family via the helping relationship.
Parallel process	Focus on the relationships between children, families, supervisees, and supervisors in order to understand how relationships/dynamics impact one another. Understanding these dynamics allows for a shift in/work from a new perspective.
Reflective alliance	The "vessel" that holds the relationship-based work of the supervisor and supervisee and includes a focus on strengths and partnership to grow in areas of vulnerability. Requires a respectful, collaborative stance and process, attention toward emotional content and co-regulation, and agreement to establish a safe (or brave) working relationship.
Collaborative tasks	
Describing	"What do we know?" May include factual information, details that clarify or organize what was seen/heard.
Responding	"How do we and others think and feel about this?" Discussion focuses on emotional experiences, thoughts, and feelings of all players involved.
Exploring	"What might this mean?" Focus is on gaining insight into emotional experience of the players involved. May involve addressing difficult topics or concerns.
Linking	"Why does this matter?" Focus is on creating connections (e.g., between baby/parent experience and theory, research, and practice. Includes reflection on roles, boundaries, and purpose of the work.
Integrating	"What have we learned?" Summarizes what has been revealed and associated implications for the work.

2.1 | Content variables

2.1.1 | Understanding the family story

Learning about the family, their experiences, and the various identities at play for each individual will help to conceptualize and anticipate ways in which the family's experience is similar or different from one's own. This conceptualization creates space for questioning and reflecting on implicit biases that may arise. Providers' expectations about child development, interactions within families, and mental health are largely influenced by their own experiences and what they are exposed to in childhood and within society (e.g., Sarche et al., 2019). Therefore, providers' "blindspots" or biases can also shape how they see a child's development and parent-child interactions. Similarly, behavior or symptoms that are conceptualized as a "problem" may be due to the provider's own views or experiences, rather than actually being problematic. It is also important to consider whether "problems" are concerning due to the expectations of the setting (i.e., variations across home and school contexts).

A caregiver and family's understanding of child development is also largely influenced by their own identities and upbringing. What parents believe is typical or atypical may be based on their own cultural background (e.g., Sarche et al., 2019; Tsai, 2007; Uchida & Kitayama, 2009). Taking an ecological perspective to broaden focus and consider the many factors that may be affecting a situation moves providers toward a family-centered approach. From an RSC standpoint, the work must be grounded in a deep appreciation and desire to understand culture, background, and current context of a child and family (Heffron & Murch, 2012). This creates an opportunity for mutual learning and potentially psychoeducation to complement parents' culturally-based beliefs. RSC can be a space to discuss strategies that would help the child but would also be acceptable to caregivers' cultural context. A strengths-based approach both for the family and for the supervisee can help to focus on the skills that are present (rather than absent) and can be mobilized to address needs and challenges (Heffron & Murch, 2012).

In reflecting on a supervisees' experiences and what they learn about a family's beliefs, supervisors might help them

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also consider the similarities and differences that exist across different cultures or experiences. For example: *"I know that your approaches to parenting may be very different than this family's. What do you see that is the same? What is different? What skills do you think you can bring to this situation?"* In the preliminary story, Celia might consider how her own identity and experiences as a Latinx woman shapes her expectations for children's development. She might also consider how the identities she (Latinx, cisgender woman) and her children (Black, male) hold may shape her views of the children and families with whom she works. Similarly, it is important to understand not just what is "right" from the provider's perspective, but the values and beliefs that underlie family practices. For instance, if Sharon brings to her supervisor a question (or judgment) about a parent who "refuses" to work on emotional vocabulary with their preschooler, it would be important for the supervisor to help Sharon consider variations of expectations for emotional expression across cultures (e.g., Tsai, 2007). What Sharon may see as limited emotional literacy or expression may be consistent with norms of the family's culture. Further, RSC can help Sharon identify whether this is creating challenges for the child. If not, it may not be an issue to address. However, if so, it will be important for Sharon to reflect on her own expectations and consider how best to engage in a conversation with caregivers about their expectations.

2.1.2 | Holding the baby in mind

For this component, providers can consider What identities does the baby (or young child) already have? How are these identities similar or different from their family? How are these identities similar or different from the provider? From birth (and often before), children quickly have identities placed on them by family or by society, for example, gender identity, racial/ethnic identity, older or younger sibling. As children grow and develop, they will add identities to this list. When holding the baby in mind, one can consider what it means within the society (and family) in which this child will be raised to be a Black male who is the middle child, or a Hispanic female who is the oldest child. Of course, there is no blanket description for any of these permutations. Identities and roles will vary across families, so it is important to explore what even the same identity means in different families. Sharon and Celia, from the preliminary example, may reflect on what beliefs (or biases) about the family were unearthed by the lawn signs that they saw. Understanding the experiences and identities the family or children hold may also help them understand the presence and meaning of the lawn signs' messages. If those identities are different from their own, these home visitors might use reflective supervision to delve into how each party's identity comes into the room.

2.1.3 | Reflective alliance

Reflective alliance dictates that learning takes place in the context of relationships, and the nature of those relationships critically affects learning (Heffron & Murch, 2012). With regard to discussions of race, culture, identity both in clinical and supervisory relationships, this could not be more true. Often individuals are motivated to identify or consider their own biases by having a conversation with a trusted individual. In the case of clinical work, being in direct contact with children and families of many different backgrounds can present new perspectives or information. Celia and Sharon's supervisor might use their respective reactions to the lawn sign to invite them to share their own stories and experiences that underlie the responses they had. Similarly, supervisors might share their own stories regarding what brought them to their current role, including aspects of their identities, as a means for building the mutual alliance.

By building strong relationships—with patients through the therapeutic alliance and with a supervisor through a trusted mentorship (see also #1 under Moving Forward)—the critical foundation for learning is formed. The nature of these relationships has the potential to create more buy-in for conversations and further reflection on biases than an individual might have in another context. As these conversations arise—particularly when difficult reflections are revealed—the key concept of positive regard and caring can help to communicate belief in the capacity to grow–both for the supervisee and the supervisor. Celia and Sharon's supervisor might acknowledge that talking about identity-related issues and biases can be uncomfortable and validate the effort, especially when the conversation is not smooth. Language such as, *"Talking about these things can be really difficult. Thanks for sticking with me in this conversation. I feel like we are growing together"* can be a helpful way of communicating regularity and reliability in tough discussions. Given that these kinds of conversations will likely continue over many sessions of supervision, Celia and Sharon's supervisor can build the expectation for the conversation to be on-going by making clear that they are available and want to keep talking about these issues. For example: *"I know we spent a lot of time talking about your reaction to that lawn sign. Let's check in again next week after you see the family again. I really want to keep talking about your feelings about this case."* Supervisors might also model expressing vulnerability by sharing their own reactions. For instance, they can share their own

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- **Speak from the "I" perspective:** Avoid speaking for others by using "we," "us," or "them."
- **Listen actively:** Listen to understand, not to respond. Try to avoid beginning to formulate a response to someone else's comment, as this can impact how ability to truly listen.
- **Step up, step back:** If you usually speak up often or you find yourself talking more than others, challenge yourself to lean in to listening and opening up space for others. If you don't usually talk as much in groups and do a lot of your thinking and processing in your own head, know that we would love to hear your contributions, and challenge yourself to bring your voice forward.
- **Respect silence:** Don't force yourself to fill silence. Silence can be an indication of thought and process.
- **Share, even if you don't have the right words:** Suspend judgment and allow others to be unpolished in their speaking. If you are unsure of their meaning, then ask for clarification.
- **Uphold confidentiality:** Treat the candor of others as a gift. Assume that personal identities, experiences, and perspectives shared in this space are confidential unless you are given permission to use them.
- **Lean in to discomfort:** Learning happens on the edge of our comfort zones. Push yourself to be open to new ideas and experiences even if they initially seem uncomfortable to you.
- **Ouch/Oops:** We are going to stumble and make mistakes. It's okay to acknowledge if something someone said was hurtful or harmful in some way ("ouch"); the speaker should then acknowledge that person's feelings, acknowledge that the impact did not match their intent ("oops"), and commit to listening and learning.

FIGURE 1 Guidelines for conversations about race, racism, discrimination, identity, and oppression (from Lingras et al., 2021)

reflections during situation in which they and the supervisee are working with families from a different experience or cultural background and suggest learning more about together.

Inherent to infant mental health tenants is the idea of rupture and repair: it is natural for there to be moments of rupture in relationships, and it is not the ruptures but the repair (or lack thereof) that has the most lasting impact. This is a fitting parallel for conversations about identity and bias and is an important part of building a reflective alliance. Invariably, participants in such conversations will stumble, inadvertently say something offensive, and display ignorance. Assuming good intention in these situations is helpful, but it does not outweigh the impact of something hurtful even it was unintentional. So, with these inevitable ruptures, the parallel question is how best to repair. The "ouch/oops" guidelines described in Figure 1 provide concrete expectations for engagement from both parties in these moments of rupture.

2.1.4 | Parallel process

Parallel process is grounded in the creation of the emotional impact of experience. The emotional atmosphere that an IECMH professional experiences in the RSC session can impact the experience of the family in a session with that same provider. Taking it a step further, the way that a family is treated by a provider in a session can be reflected in the caregivers' interactions with their child. For instance, if not processed outside of their sessions, Celia and Sharon's reactions to the lawn sign and their subsequent beliefs (biases) about the family might reveal themselves in the home visiting interaction.

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Consideration of identity (e.g., race, gender, etc.), biases, and cultural background or expectations can work similarly. A supervisor who makes space for discussions about identities, the concept of intersectionality (Crenshaw, 1991; Sarche et al., 2019; or the way that multiple identities come together to create different experiences of oppression), and models facilitating conversation about experiences and worldviews. In turn, the provider can model conversations about worldviews by discussing the family's own experiences, in particular when they are different from the provider's experiences. Subsequent conversations can take place, then, in either the clinical session or the supervisory relationship to further facilitate reflection and insights.

Supervisors will need to be explicit about these reflections at the outset. Of key importance is that there be active discussion, not just silent reflection, on these topics. It is only by engaging and "digging in" that biases can be uncovered and addressed. Supervisors can then reflect on the feeling in the room when biases are named. As biases are identified, collaborative problem solving can be a tool to actively explore a topic and identify action steps to modifying biases. Supervisees may become invaluable resources to one another as well. Supervisors can encourage team learning and provide supervisees an opportunity to share their own backgrounds and cultures with one another as they are comfortable.

2.1.5 | Professional use of self

Professional use of self in RSC requires that supervisors and ECMH professionals assess how their own values and perspectives can impact work with families, including consideration of how words or actions might impact others. Heffron and Murch's (2012) definition of professional use of self also specifically calls out awareness of values, cultural background, regional perspectives, personal history and beliefs. The additional mandate to reflect on how these beliefs may play out and how they might be perceived by others in session is a clear opportunity to engage in conversation about biases and reflection on one's own experiences, how they may differ from others, and what lens that experience brings. Discussions of power and privilege can also come into play here. For instance, considering the inherent power of an IECMH provider in relation to a patient in the professional context/room can allow for consideration of how this power dynamic can be explicitly named and discussed.

Psychological mindedness is critical to the process of uncovering bias, as understanding how one's values and perspectives impact effective work with families. Psychological mindedness refers to the intersubjective nature of the work, including a sharing of thoughts and feelings and a recognition of the presence of emotions from the past (Heffron & Murch, 2012). This is a particularly important component to consider for practitioners of color and others who hold minoritized identities who may have experienced discrimination or oppression. Celia's own experiences with racism or discrimination, or those that her children may have had, might be a part of her reaction to the lawn sign. Sharon's experiences with discrimination due to sexism or lack of experience with racism due to her White identity can lead her to either align or resist in her work with families whose experiences are either the same or different from her own.

Similarly, supervisors have opportunities to reflect on their own perspectives and biases and learners may benefit from supervisors modeling that reflective process. When supervisors share times that they recognized a bias in themselves, it opens the space and models self-reflection for the supervisee. For example: *"When you began to talk about this family, I automatically asked you about 'mom and dad', but I realize that was a bias on my part, since I don't know the gender of the other caregiver in this child's life and there can be many structures to a family unit."*

2.2 | Process variables (collaborative tasks)

2.2.1 | Describing, responding, exploring, linking, and integrating

RSC is comprised of several main collaborative process tasks: describing, responding, exploring, linking, and integrating (Watson et al., 2016a, b). These key tasks are the way in which RIOS explains the process activities that take place within the RSC context. Each task is detailed in Table 1 and can also align quite well with considerations of implicit bias, identity, and racism/discrimination. When considering these process variables from the lens of implicit bias conversation, the opportunities seem unlimited. For instance, in the examples described above with Sharon, **describing** may have focused on what was known about the lawn sign and its message and what is known about the family. While it was not specified what the lawn sign said, as the wife of a county police officer having a strong reaction to the sign, one might imagine it said something negative about police. A supervisor might help Sharon reflect on what is known (facts) about the messages and the experience of the people who resonate with those messages. Sharon may even be encouraged to some research to learn more about the sign/message she reacted to. **Responding** would allow Sharon and her supervisor to

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explore Sharon's reaction or emotional experience in seeing the lawn sign but could then go deeper to consider how the message of the lawn sign might fit with what is known about the family and the family members' practical (lived) and emotional experiences that may have led to putting up the lawn sign. Responding would also allow for consideration of the sign and its message from all perspectives. Then **exploring** would allow for consideration of the meaning and how those perspective and experiences might inform the child and family functioning. So, if the lawn sign held an anti-police message, Sharon and her supervisor might consider what the nature of this family's and community's interactions with the police has been and whether anyone in the family was personally affected by those experiences. Exploring might bring to light that as a family of color, the children's interactions with police may be different than Sharon's own experiences with police, especially as the family member of an officer. The supervisor could help Sharon delve deeper into her own reaction and what that might mean for her experiences with race and racism. **Linking** could encourage Sharon to consider overarching topics, such as critical race theory, and its relevance in this instance and for this family. Similarly, Sharon and her supervisor could consider literature and theory on identity, power, privilege, and other topics directly related to race relations and implicit biases including community safety. Finally, **integrating** will allow for the expansion of these new reflections and knowledge in order by considering what this might mean for Sharon's beliefs going forward in the world and in interactions with other families who have different experiences and backgrounds than her own.

Celia and Sharon's supervisor might agree or disagree with their respective reactions to the lawn signs. However, in order to explore further, it is essential for the supervisor to withhold judgment in that moment. The supervisor may utilize self-reflectiveness in sharing a response that they have had from their own experience being faced with a sign (or other representation of a view) with which they disagree. And, in order to move the conversation forward, the compassionate, supportive/brave, and confidential space must be maintained. The conversation may generate conflicting feelings, both on the part of the supervisor and the supervisee, so the ability to hold ambivalence will be important as well.

3 | MOVING FORWARD: ACTION STEPS/RESOURCES

The concepts below can help supervisors think broadly about this work and how to create a framework that sets expectations with supervisees for these deeper conversations and associated reflective work on implicit and explicit bias.

3.1 | Make explicit and intentional environmental and emotional space for reflection

It is important to create the space for usual RSC processes and to name, from the beginning, the intention to also use the space to discuss challenging and sensitive topics such as implicit and explicit biases, racism, and discrimination. Make sure to explain why this is important and how it is related to the work, in the same way you would provide context for RSC. Consider, however, that these conversations may be slightly different as they may encourage the supervisee to explore things in their personal interactions and lives as well. This provides a framework for later discussions and for pointing out examples to explore when they arise. Once the space has been nurtured and explicit guidelines are provided for brave conversations (see Arao & Clemens, 2013), there will be a model for the process itself and the space will feel more supportive for exploring these conversations.

3.1.1 | Structure of environment

The structure of the supervisor environment includes aspects like a private and quiet space, a comfortable and calm environment, and regularly scheduled supervision (Heffron & Murch, 2012). All of these components are particularly relevant for incorporating implicit bias discussions, as they may evoke strong feelings that may require additional reinforcement of the calm and comfort in which supervision should take place. The aspect of regularly scheduled supervision allows for these continued discussions to happen proactively and over time.

3.1.2 | Supervisory behaviors and qualities

Supervisory behaviors include items such as maintaining perspective, curiosity, engagement, thoughtfulness, attentiveness and openness to the supervisee, skillful observation, and minimizing distractions (Heffron & Murch, 2012). Self-awareness and self-control on the part of the supervisor are also included in these behaviors and are essential in discussion of what can be "hot button" topics such as racism and biases.

Supervisory qualities are related to the above behaviors but represent more of a way of being (the "how") than the action. In discussions of implicit bias, particularly

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relevant qualities of supervisors include: compassion, self-reflection, ability to withhold judgment, to offer support, to maintain confidentiality, to hold ambivalence, to challenge and to maintain hope (Shea et al., 2012; Tomlin et al., 2014; Watson et al., 2014).

3.2 | Set up guidelines and normalize reactions

Creating guidelines for *how* to have conversations that can be deeply personal and potentially challenging is essential. The graphic in Figure 1 depicts an example of guidelines for conversations about race that may be brought to the supervisory context (Lingras et al., 2021). Both supervisors and supervisees can benefit from a frank discussion about these or adapted versions of agreements that will guide the conversation. The guidelines presented are merely examples and there is no "one right way" to do this. However, it is important to identify some way that works both for the supervisor and supervisee(s).

Defining the work and recognizing boundaries between personal and professional relationships is a component worthy of consideration in creation of these guidelines. Equity, diversity, and inclusion work and conversations about bias within supervision can bring up personal experiences. Help supervisees identify boundaries that are comfortable for them and the supervisor regarding these experiences. These boundaries can be challenging due to the nature of the content, so it is helpful to think about this upfront. For example: *"what will we do if we get to a point where I think it would be helpful for you to explore this more with different resources (e.g., therapy, advocacy, legal or social justice connections) than supervision? How would you like me to share that suggestion with you?"* Consider also that a supervisor's discomfort does not necessarily indicate that it has reached a point that different resources are needed.

3.3 | Be responsive/encourage sharing of natural opportunities/examples

Supervisors should encourage conversation about identity or culture and should be particularly attuned for language that may imply a bias or limited perspective that could benefit from further exploration. Supervisors may use the ideas outlined below to facilitate reflection and engagement around these topics, and as a starting point for more intentional conversation. For instance, if providers are discussing a child or family and have not referenced any aspect of their identity, it is important to encourage them to consider what identities might be at play for the family and to push the provider to notice why they may have overlooked that in their presentation of the case.

3.4 | Plan intentional activities to evoke conversations

Table 2 provides examples of links between reflecting on biases and the critical skills and strategies of RSC. Specific strategies are also highlighted to help "jump start" planning for incorporating conversations about bias into RSC. Activities that focus on understanding and examining privilege, equity, implicit biases, and identity can serve as exemplar tools for beginning and facilitating conversation. Books that provide foundational theories and concepts may be helpful to foster discussion as well. The following are recommended titles for engagement: My Grandmother's Hands (Menakem, 2017), White Fragility (DiAngelo, 2018), Blindspot: Hidden Biases of Good People (Banaji & Greenwald, 2013), Why are all the Black Kids Sitting Together in the Cafeteria? (Tatum, 2017), So You Want to Talk About Race (Oluo, 2018), and How to be an Antiracist (Kendi, 2019).

Supervisors may also wish to explore or encourage specific exercises like taking the Implicit Attitudes Test (IAT; Greenwald et al., 2009), use of social identity wheels (Inclusive Teaching at U-M, n.d.), privilege/power wheels (Cooper, 2017), and/or privilege checklists (e.g., Brown et al., 2015; McIntosh, 1990) to create reflection and learning opportunities. Critical race theory (e.g., Crenshaw et al., 1995)—a growing area of education in medical training contexts—provides a concrete educational framework for shaping these conversations. Table 3 includes additional examples of checklists/ prompts that can be used to spark individual reflection as well as discussion within RSC.

3.5 | Encourage growth activities/conversations *outside* of the clinical environment that may impact practice change

In addition to the prompts and tools referenced in Table 2, supervisors may suggest growth activities or conversations outside of the clinical context and then use supervision to discuss how those experiences might impact practice change. For instance, a provider who grew up in a predominantly White suburb may never have had opportunities to go to engage with more diverse communities. Encourage the provider to find out what local events, celebrations, or festivals might be happening in the community and attend one. For instance, attending a Lunar New Year festival, a

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TABLE 2 Key concepts in reflective supervision (from Heffron & Murch, 2012) with parallel applications for exploration and discussion about bias

Critical skill/strategy in reflective supervision	Description (from Heffron & Murch, 2012)	Implicit bias parallel application: Suggested question/activity/prompt
Attunement and mindfulness	Paying attention and keeping in mind the supervisee's needs even when those needs are not expressed in words	Consider the privilege and power differential of being a supervisor and varying levels of ability and comfort with expressing needs, particularly with regard to cultural experiences and backgrounds.
Slowing down	Slowing down the process so the situation can be explored in depth and there is space for new ideas, real insight, and finding the meaning that might not be obvious.	Consider discussion of activities suggested above (i.e., Identity Wheel, Invisible Knapsack, etc.). Take the time to explore rather than let go of "passing comments" that could reveal—and be an opportunity to discuss—deeper beliefs or biases.
Containment	Help to manage strong feelings. The supervisor manages own feelings and creates internal calm to support the other.	Take breaks. Discussing implicit biases, racism, and discrimination is hard work and often has "big feelings" associated. Use the same calming and mindfulness skills in supervision that you would teach to patients to help re-regulate the supervisee(s) and the space, especially if it is a group process.
Sorting and selecting	Sifting through all the information about the situation and prioritizing in order to make decisions about what to do or say.	Not every issue can be addressed and few issues will be "resolved" when it comes to implicit biases. Make a plan as to what you would like to discuss and what you can let go until another time. Be sure to bring up the "issues for another time" later. Connect beliefs to behavior and highlight or emphasize shifting behavior along with biases (beliefs).
Perspective taking	Seeing and valuing the supervisee's perspective while helping to broaden and shift the view to allow for something new.	Respond to the supervisee's reaction, and extend the conversation to consider new perspectives. For instance, "It seems like you had a strong reaction to that parent's discipline choice. What beliefs or biases do you have about that form of discipline? That parent? What might it be like to be [race/ethnicity] in our community? How do you think that impacts the way this person parents?"
Gentle inquiry	Strategic and careful use of questions to gain a broader understanding and gain insight.	Consider questions targeted towards experiences of the family related to their various identities, such as "What are the identities important to this parent? To this child?" "What happened in this person's life to shape their perspective?" "How do you think their (e.g., refugee status) could have impacted this parent-child dyad?"
Professional use of self	Sharing personal awareness, feelings, perceptions, and experience carefully and thoughtfully for the purpose of helping the supervisee to uncover and explore complex feelings and thought that may be affecting the work–some of which may be an internal process for the supervisor.	We each have many identities. Consider what you may be comfortable sharing about your own and experiences related to bias and discrimination (or lack thereof) that you have faced. If you have not had these experiences, this is a good opportunity to reflect on and share which of your identities may have afforded you privilege. Which identities are visible or invisible? Having a model for these reflections can help supervisees in their thought process.
Negative capability (wait, watch, wonder)	Containing the impulse to speak before fully exploring and understanding–letting the process unfold and withholding suggestions, interpretations, and conclusions that may shortcut the process.	In explorations related to bias, we may stumble and ideas and reflections may become tangled. Letting the process unfold is an important step, especially for supervisees who are new to this type of reflection. It is also important for supervisors, as the learning journey is on-going and we all stumble at different points.

(Continues)

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TABLE 2 (Continued)

Critical skill/strategy in reflective supervision	Description (from Heffron & Murch, 2012)	Implicit bias parallel application: Suggested question/activity/prompt
Raising concerns, addressing differences of opinion or spotlighting	Addressing aspects of the work that the supervisee may be unaware of or avoiding. As a supervisor, addressing concerns that may raise about job performance after taking time to explore the whole situation and the supervisee's perspectives.	In the current era, addressing differences of opinion or raising concerns can be intimidating. However, one of the benefits of doing this in the context of reflective supervision is that you have built trust within the relationship. This may allow for more sensitive conversations than the supervisee may have with others. Be specific when raising a concern or example. Point out the impact, even if the intent was not negative. For instance, "when you made that statement and used the language "those people" I found that offensive. Even though you may not have meant it that way, I'm concerned that a parent may pick up on that/feel hurt."
Rupture and repair	Acknowledging that ruptures (i.e., strain or breakdown) in a supervisory/collaborative relationship or therapeutic alliance may occur, regardless of intent. As a supervisor, modeling and explicitly discussing ruptures that occur either with a supervisee or in a session, can allow for repair opportunities (i.e., modeling/discussing feelings and reactions to the rupture).	The Oops/Ouch rule suggested in the community guidelines above helps to provide a clear path when someone—either supervisee or supervisor—has either intentionally or unintentionally said something hurtful. Additional techniques such as mindfulness may be useful in sitting with uncomfortable emotions (Clark et al., 2019). Supervisors may encourage mindful pauses as well as self-compassion (Neff, 2011) to support both parties staying present and engage in this process of rupture/repair.

Ramadan celebration, or the open house of a community organization that serves primarily individuals from BIPOC backgrounds can provide exposure to individuals from a different background and new traditions with which the provider may not have been familiar previously.

In sum, it is important to note that these examples of action steps are a non-exhaustive list of resources and strategies available. Supervisors are encouraged to do their own research into existing resources and/or to design additional tools of their own to engage supervisees. The examples shared here may serve as a springboard for idea generation for the concepts of integration of conversations about bias into RSC.

3.6 | Implications

The model described for incorporating implicit and explicit bias discussions into reflective supervision/consultation (RSC) has implications across professions. Increasingly, needs are being identified to create spaces of reflection for home visitors, mental health professionals, medical professionals, early education staff, and more. As these needs become identified and met by RSC opportunities provided by either in-house staff or external consultants, opportunities abound for impacting professionals of many backgrounds. Similarly, this intentionality could provide a framework for larger conversations about implicit biases in organizations as well as personal experiences of staff. Ultimately, these conversations will lead to more equitable, compassionate, and appropriate care for children and families who are served by a diverse group of professionals. As recent research has recently indicated, the ability of professionals to have conversations about racism and discrimination with patients may also impact health outcomes in both the short- and long-term (American Public Health Association, 2020; Saha & Cooper, 2021).

4 | CONCLUSION

Reflective supervision/consultation (RSC) provides many opportunities to discuss explicit and implicit biases. Using the existing frameworks as a guideline can help to identify specific aspects of RSC that are most amenable to these conversations and understand examples of how this may look in practice. The stories of Celia and Sharon above illustrate some of these ideas and give a sense for the ways in which RSC can incorporate discussions of implicit and explicit biases in order to effect change and increase productive work between families and providers. Going forward, it will be important to incorporate these ideas into future research on RSC, both for its process

TABLE 3 Examples of checklists and principles to address bias in the moment or in rsc discussion

Name of tool/ author	Description	Questions or prompts
Implicit Bias Checklist Reese (n.d.)	Suggestions to pose for reflection on implicit biases within oneself and with supervisees. This checklist can be used in consideration of a caregiver/family as well as in understanding the perspectives of colleagues, applicants, and more. For the purposes of this illustration, the questions have been focused to consider a parent/caregiver's experience or perspective in relation to a provider's reactions.	• Am I having a reaction to the caregiver/child's speech pattern, choice of words, or accent? • Am I having a reaction to a caregiver/child's dress, tattoos, or piercings? Are any of these directly relevant to the situation at hand? • What is my reaction to the caregiver/child's race, complexion, culture, gender, weight, age, perceived religion, perceived veteran status, perceived sexual orientation, perceived socioeconomic status, etc.? What information creates those perceptions? • Am I being biased regarding education, type of experience, location of experience, political affiliation, etc.? • How comfortable/familiar is the caregiver's parenting style? • Am I having thoughts about "fit" or what is the "right" approach? Do my thoughts reflect a possible implicit bias? • Focus on the caregiver's skills and competences avoiding unnecessary reliance on "education" or "pedigree" • How might the expected skills and competencies come "packaged"? Be open to a wide range of approaches that may actually have the skills/competencies required but may present differently or come from a non-traditional source.
BREATHE-OUT (Danner, 2018)	The mnemonic resource BREATHE-OUT may be useful in reflecting alone or together in supervision ahead of a potentially challenging visit. These steps focus on moving from awareness to action and concretize a process for identifications of biases in the moment.	**Pre-visit reflection**: • Bias: List at least one Bias/assumption you have about this patient. • Reflect: Reflect upon why you identify this patient as "difficult." • Accomplish: List one thing you'd like to accomplish today. • THink: Think about one question you'd like to address today that would enable you to further explore your assumptions. Review some humanizing aspect(s) of the social history with the patient that will allow you to connect with them. • Enter: Stop before you Enter the patient room and take three deep breaths (in through your nose and out through your mouth). **Post-visit review**: • Outcome: Reflect on the outcome of the encounter ○ a. From the patient's perspective: What was their agenda? ○ b. From your perspective: Did you accomplish your agenda? If not, how do you feel about it today? • Unexpected: Did you learn anything unexpected? • Tomorrow: List one thing you look forward to addressing if you were to run into this patient tomorrow.
LET UP (Crawford et al., 2019)	LET UP provides steps for moving from awareness to concrete action. These steps map directly on to many RSC principles. Supervisors may wish to utilize Crawford et al. (2019) in discussions with supervisees and/or colleagues.	• **Listen**: Acknowledge and explore your experience, affective, behavioral, cognitive, and physical reactions • **Empathize**: Avoid judging your reactions; instead, honor your own history, trauma, and reactions related to the trigger. • **Tell your story**: On the basis of insight gained from listening and empathizing, determine what information about your cultural factors are relevant for culturally effective care. • **Understand**: Reflect on your role in the larger system of bias, prejudice, and racism. • **Psychoeducate**: Use your expertise to correct unhelpful/ unhealthy thinking patterns.

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and its impacts. If the ultimate goal of RSC is to improve care for the patients served, then the incorporation of discussions of bias can only strengthen this impact.

CONFLICT OF INTEREST

The author notes no conflicts of interest, human subjects approvals, or funding relevant to this manuscript.

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