



Mirror Mirror On the Wall:

Reflective Practice With Vulnerable Families

Clay Jones, M.Ed., IMH-E(III)

clay.jones@hotmail.com

imheaz@gmail.com (ITMHCA)

What is “Reflective Practice”?






Reflective Practice- a working definition

A way of working that encourages us to:

- Think about the implications of interventions while doing the work
- ***Slow down***, filter our thoughts, carefully choose our words and actions
- Attain a deeper understanding of things that affect our work



Reflective Practice- a working definition

Spend time thinking about the work and related experiences in order to make good decisions about future steps.

Heffron & Murch (2010)

An organizational environment in which all staff are learning together, can overcome the painful feelings that often accompany work with suffering young children and families.

Emde, Mann & Bertacchi (2001)



“How you are is as important as what you do”

How you are is as important as what you do... in making a positive difference for infants, toddlers and their families

J. Pawl & St. John (1996)

“Everyone deserves the experience of existing in someone’s mind”

J. Pawl (1995)

Working with vulnerable families is a “different” kind of work





- Reflection with others creates a partnership so that the helper never feels alone, is not overwhelmed by fear or uncertainty and feels safe to express fears, thoughts, uncertainties and reactions.
- ***“It is not possible to work on behalf of human beings to try to help them without having powerful feelings aroused in yourself”***

J. Pawl (1995)



Key Components of Reflective Practice

- Contemplation
- Self-awareness
- Curiosity
- Professional/personal development
- Emotional response
- Parallel process

***From IMH Endorsement competencies- ITMHCA
(The Alliance for the Advancement of Infant Mental Health)***



Contemplation

Regularly examines own thoughts, feelings, strengths and growth areas and discusses issues, concerns and actions to take with supervisor, consultants and peers

(From IMH Endorsement competencies) MI-AIMH

Slow down and consider the implications of the work with families while doing the work

Strive to deepen our understanding of the underlying meaning of the work with families

Consider the influence of past relationships within the families and also your own



Self-awareness

- Consults regularly with supervisor, consultants and peers to understand own capacities and needs, as well as the capacities and needs of families
- Seeks a high degree of agreement between self-perception and the way others perceive him/her
(From IMH Endorsement competencies)

Attention to the self; attention to the relationships:
(supervisee-supervisor; parent-child)

Attention to my thoughts; attention to my feelings

Exploring/openness to what I do not know yet



Curiosity (A gift)

- **Remains open and curious**

(From IMH Endorsement competencies)

I wonder why I think this way, or feel that way about **this** family

I wonder how what I do affects **this** family?

I'm curious why the parent responds the way they do
(to their child; to their family; to workers)

Have you ever experienced frustration in the work?



Professional/personal development

- Identifies and participates in learning activities related to the promotion of infant mental health
- Keeps up to date on current and future trends in infant/young child development and relationship-focused practice
(From IMH Endorsement competencies)

What have I learned from work with families in the past that helps me with **this** family?

What areas am I weak/strong in?

What are my professional goals for this year?



Emotional response

- Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work and recognize areas for professional and/or personal development

(From IMH Endorsement competencies)

- Why does this family affect me the way that they do?
- How do my feelings inform the work I do with families?



Parallel Process

15

- **Recognizes and responds appropriately to parallel process**

(From IMH Endorsement competencies)

Do unto others as you would have others **do unto others.**
(The Platinum Rule)

J. Pawl (1995)

Contrast with the **Golden Rule:**

Do unto others as you would have them do unto you.
(Pay it forward)

The parallel process is **always** at work (for better or for worse),
whether we are aware of it or not



The PARALLEL PROCESS:

Do unto others as you would have others do unto others....

- Do you see the parallels between your relationship with the parents and their relationship with the baby?
- Between your relationship with your supervisor and your relationship with the parents you see?



Parallel Processes are at work:

- **Attachment:** *children to parents; parents to workers*
- *Breach and Repair: between parent & child; worker & parent*
- **Anticipatory Guidance:** *what's next for child; what's next for the family?*
- *Parent following the child's lead; worker following the parents lead*
- **Consistent routine for child; consistent routine for the family from worker**
- *Ghosts in the nursery; worker's fears of scary places with parent*
- **Angels in the nursery; worker's hopes and identification of parents strengths**

Reflective Practice

Do the work **with** families, not **to** them

- *Am I intervening or interfering?*
- Intervention: usually less is more
- How do I get myself out of the way?





The benefits of Reflective Practice:

The “payoff”: (At least) 2 critical things happen:

- Families receive more effective services***
- Workers feel less vicarious trauma, burnout and are likely to have an increased sense of satisfaction in their work, which is likely to help us to be more effective with families***



The Gold Standard

- The Gold Standard of reflective practice:
remaining reflective, **even when under stress**

Heffron, Reynolds & Talbot (2016)

- What would that be like?
- How can I get there?
- In other words, **exactly what we want for parents with their children!**

Reflective Functioning/Mentalization





Reflective Functioning/Mentalization:

The ability to imagine mental states in ourselves and others

Being held in another's mind

“An individual's ability to mentalize, or appropriately attribute mental states and beliefs to others, has been termed “reflective functioning.”

“High RF permits individuals not only to respond to others' behavior but also to their perceptions of what beliefs, feelings, wishes, desires and mental states underlies the others' behavior”

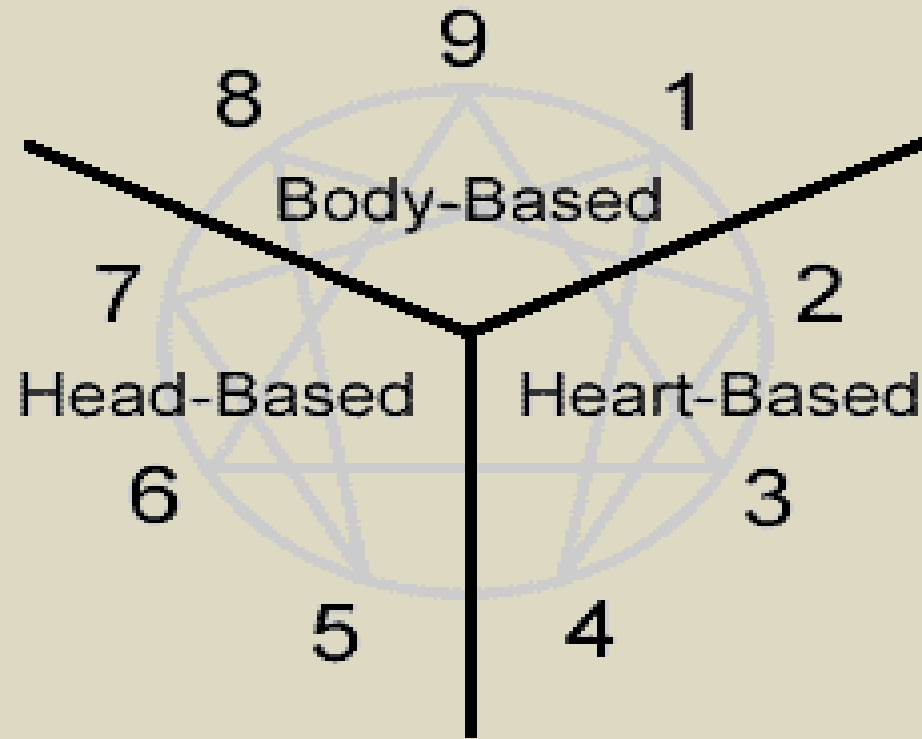
Fonagy & Target (1997)



The Mind, Heart, Body Triad

- How do I integrate my whole self in the work?
- I have thoughts
- I have feelings
- I have bodily sensations, “gut feelings”
- I have thoughts about my feelings

The Mind, Heart, Body Triad



The Enneagram Institute



Central to Reflective Practice:

- Embrace ambiguity while tolerating uncertainty
- ***Listen***-the use of *silence*
- ***Counterintuitive to our Western culture?***

*This is the hard work- should I do more,
should I do less... of what? **Be curious!***



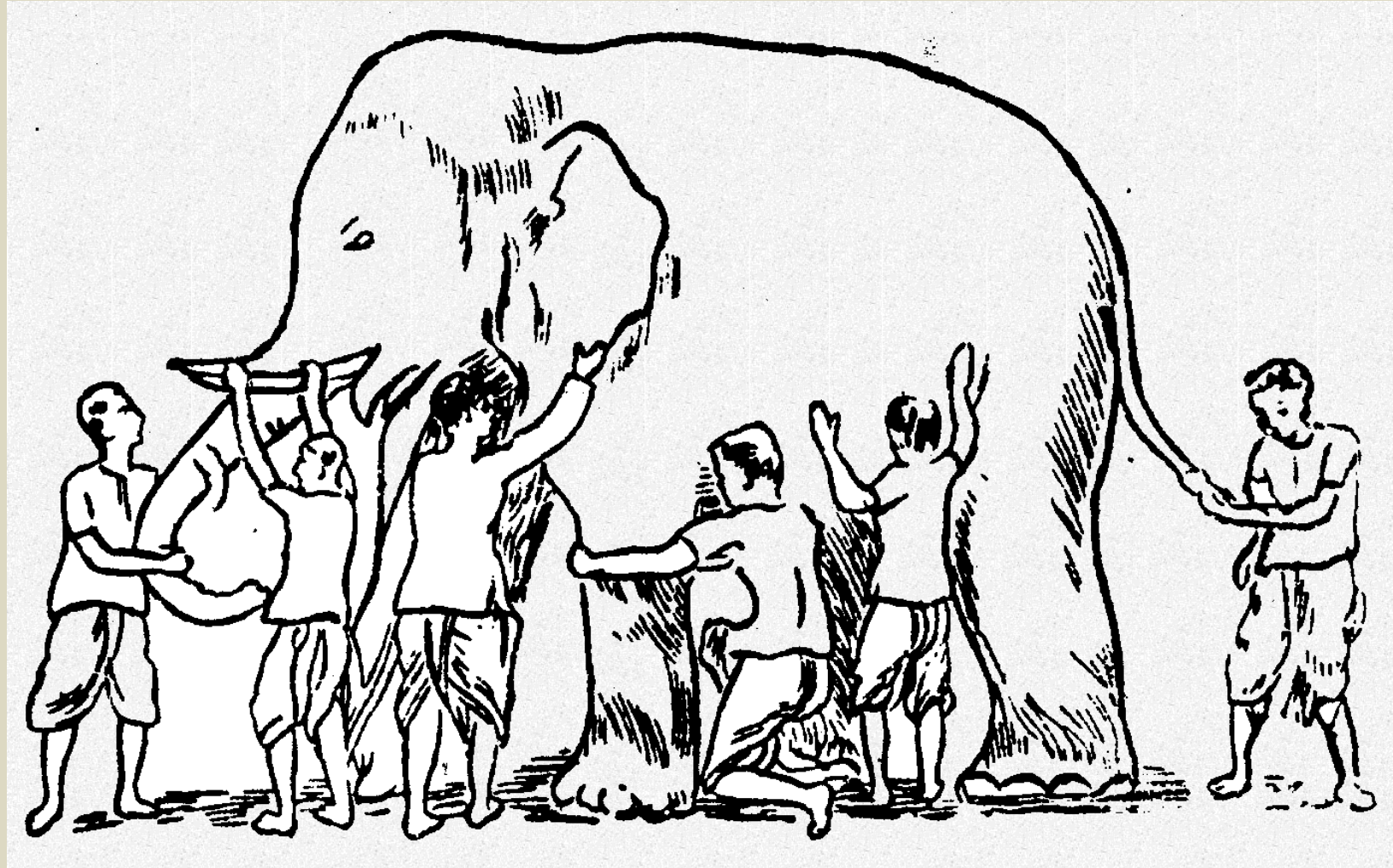
Embracing ambiguity & tolerating uncertainty

Have you ever been in a home with a family and asked yourself, “What am I doing here?”

When things get murky – you’re human, bring all of yourself to the work

Practice ***embracing*** ambiguity in the work;
“It is ok not to know”

The blind men and the elephant



Relationships:



GUESS WHAT I JUST DID

Go on guess....



RELATIONSHIPS

30

Relationships are the vehicle through which most important learning occurs

“Development happens in the context of relationships, past and present”

D. Weatherston (2000)



RELATIONSHIPS

“The primary instrument for growth and change is the Relationship”

From IMH Endorsement competencies/Code of Ethics



NASW and Reflective Practice

- **Value:** *Importance of Human Relationships*
- **Ethical Principle:** *Social workers recognize the central importance of human relationships.*
- **Social workers understand that relationships between and among people are an important vehicle for change.**
Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

National Association of Social Workers (2018)



NASW, Relationships & Reflective Practice

- **Value:** *Dignity and Worth of the Person*
- **Ethical Principle:** *Social workers respect the inherent dignity and worth of the person*
- **Social workers** Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity.

National Association of Social Workers (2018)



Unconditional Positive Regard:

To give a client or person one's full caring attention without judging or evaluating them.

“It is a kind of liking which has strength and which is not demanding.”

Carl Rogers (1961)



Mutuality and Reciprocity

- Healthy relationships are usually reciprocal and influence each other
- **Circle of Security:** Serve and Return
- **Healthy Families:** “cheeers”

Rhythmicity/***R***eciprocity



Is there mutual initiation of interaction and activities? Is there a smooth back-and-forth, give-and-take quality in the interaction between Dad and child? Between worker and parent? Between supervisor and supervisee?



Breach and Repair

- Between worker and parent
- Between supervisor and supervisee
- Between mom and her baby

It is not the breach that impedes the relationship;

It is the lack of awareness of and lack of desire and effort to repair the breach.

Empathy or Sympathy?

35





Empathy or sympathy?

- Not mentioned in the NASW code of Ethics, can be confusing
- Working definitions:



Definition of Empathy:

1: The action of understanding, being aware of, being sensitive to, and **vicariously** experiencing the feelings, thoughts, and experience of another of either the past or present **without having the feelings, thoughts, and experience** fully communicated in an objectively explicit manner

Merriam-Webster Dictionary



Definition of Sympathy:

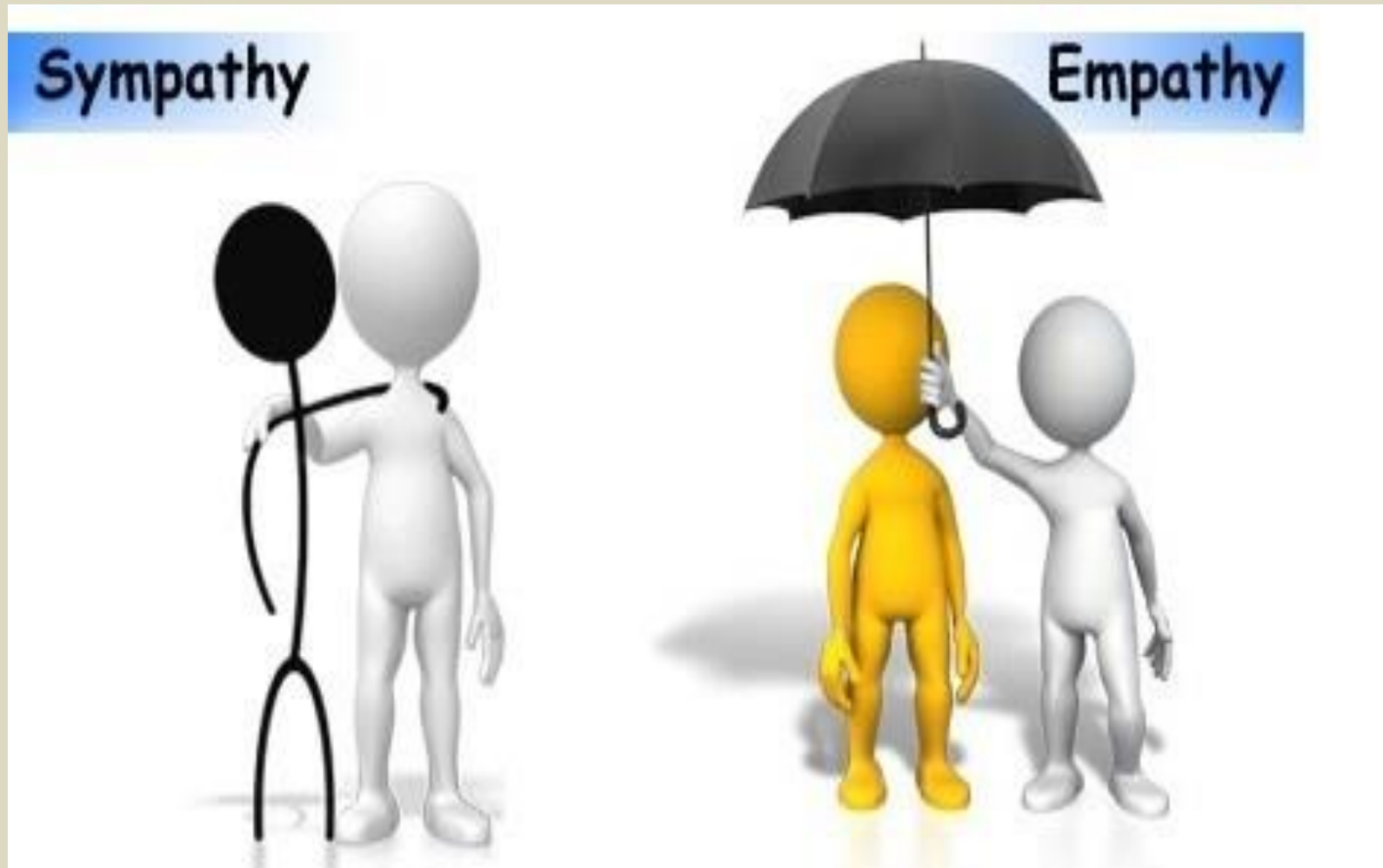
a: an affinity, association, or relationship between persons or things wherein ***whatever affects one similarly affects the other***

b: mutual or parallel susceptibility or a condition brought about by it

c: unity or harmony in action or effect

Merriam-Webster Dictionary

Strive for empathy, not sympathy





Boundaries and role confusion

- Boundaries: self disclosure as a tool to build rapport
- I am not my clients “friend” however we have a “friendly” relationship
- I may not be my client’s therapist, however I have a therapeutic relationship with them



NASW: BOUNDARIES

1.06 Conflicts of Interest

(c) Social workers should not engage in **dual or multiple relationships** with clients or former clients in which there is a risk of exploitation or potential harm to the client. ***Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.***

National Association of Social Workers

Bias, beliefs, ghosts from (our) past
A self test to see if we have any biases

45





Where am I biased? Hot buttons:

- Do you ever have feelings about working with:
- **Knowingly expectant women who use drugs?**



Where am I biased? Hot buttons:

Do you ever have feelings about working with:

- Knowingly expectant women who use drugs?
- ***Parents with mental illness, (diagnosed or not)?***



Where am I biased? Hot buttons:

Do you ever have feelings about working with:

- Knowingly expectant women who use drugs?
- Parents with mental illness, (diagnosed or not)?
- ***Parents diagnosed with a personality disorder?***



Where am I biased? Hot buttons:

Do you ever have feelings about working with:

- Knowingly expectant women who use drugs?
- Parents with mental illness, (diagnosed or not)?
- *Parents diagnosed with a personality disorder?*
- ***Men who are abusive “domestic violence perpetrators”?***
- ***Women who stay with abusive partners?***



Where am I biased? Hot buttons:

Do you ever have feelings about working with:

- Knowingly expectant women who use drugs?
- Parents with mental illness, (diagnosed or not)?
- Men who are abusive “domestic violence perpetrators”?
- Women who stay with abusive partners?
- ***Parents who prostitute themselves, steal, break the law, are in and out of jail? Homeless?***
- ***A mom who “pretends not to know” that her partner physically or sexually harmed their child?***



Where am I biased? Hot buttons:

Do you ever have feelings about working with:

- Knowingly expectant women who use drugs?
- Parents with mental illness, (diagnosed or not)?
- Men who are abusive “domestic violence perpetrators”?
- Women who stay with abusive partners?
- Parents who prostitute themselves, steal, break the law, are in and out of jail?
- A mom who “pretends not to know” that her partner physically or sexually harmed their child?
- ***A baby who is especially (or a little) fussy, and you want to pick up that baby or take him out of his moms arms, but know you should not?***



Where am I biased? Hot buttons:

These are vulnerable families!



What about overly *POSITIVE* bias?



What about feelings about therapists, GAL's, judges, DCS workers. Do you have hot buttons regarding:

- A worker who rarely or never sees the parent and child together, yet comes to all kinds of “negative” conclusions about the parent?
- A worker who does not give the parents clear expectations about their concerns and what needs to be remedied?
- A worker who moves the bar; after a parent completes one requirement, another is presented?



What am I pretending not to know?

- It serves no families for me to **pretend** to myself that I have no bias (negative OR positive), regarding any parent, child, worker or program
- **Solution:** EXPLORE HONESTLY and seek to understand our own biases, in order that we can have self-awareness to not allow it to interfere with our sincere desire to support the vulnerable families we work with

Reflective Supervision





Reflective Supervision

Administrative Supervision

Clinical Supervision

What is the difference?



Administrative Supervision:

- Policies***

- Human Resources***

May or may not be reflective in nature



Clinical Supervision:

- Staffing interventions***
- Team problem solving***
- Service plan goals***

May or may not be reflective in nature



Reflective Supervision

- An opportunity to reflect with another in order to grow professionally.

3 Cornerstones:

Reflection: Stepping back, slowing down, wondering

Collaboration:

Having a “partner” in the process of reflection

Regularity:

Occurs consistently, protected time, free from intrusion and distractions.

Fenichel & Eggbeer (1992)



Reflective Supervision (Individual)

- The relationship should strive to be:
- Open
- Honest
- Active listening and thoughtful questioning on both parts

Reflective Relationships

To see ourselves from the outside and others from the inside





5 key elements:

- A** Working **ALLIANCE** with the family
- S** Understanding the **STORY**
- U** Professional **USE** of self
- B** Holding the **BABY** in mind
- P** Exploring the **PARALELL PROCESS**



A working **ALLIANCE** with the family

- Creating and nurturing an effective and supportive professional relationship
- Based on a mutually understood purpose, focus and approach with a collaborative stance
- How are you “joined” with the family?



Understanding the **STORY**

- Avoid generalizations, explore the **SPECIFICS** about what is unique about **this** family, **this** dyad, **this** situation



Professional **USE** of self

In order to be successful, workers must maintain an openness to examining their reactions and their feelings, both negative and positive, towards the families who come.

Betacchi & Coplon (1992)

“Integrating emotion with cognition” *Heffron & Murch (2010)*

Being aware of your own internal experience:
I have feelings, and I have thoughts **about** my feelings

What am I pretending not to know? Not to feel?

Holding the **BABY** in mind

60

Oftentimes in the business of exploring the families struggles, the experience of the baby is **completely** lost to the team.



"What about the Baby?"
Selma Fraiberg



Reflective Supervision is...

A **shared** exploration of these 5 elements in order for the supervisee to be heard

A vehicle for the supervisee to share their experience about being with this family with someone who listens and understand deeply

“...To be held in another’s mind”

An opportunity for the supervisee to explore the deeper meaning about this particular family and themselves

Group reflective supervision





Group reflective supervision

- Groups should be organized by level of responsibility, ie. No supervisors and supervisees in the same group
- Diversity within the group is desirable: different “practices.” ie. pediatric, home visitors, CASA’s, etc.
- A dyadic process conducted within a group
- Group size: 5-6 is ideal, to a maximum of about 10

A decorative vertical image on the left side of the slide showing a thin, dark brown branch with several elongated, light green leaves that have some brown spots, possibly indicating age or damage. The background of the slide is a light beige color.

Group reflective supervision: Advantages

- Lower cost than individual supervision
- Exposure to a more diverse group of workers
- Provider likely works outside of the organization



Reflective Consultation

- Refers to someone from outside of the organization who is providing reflective supervision
- Advantage: Provider of RS/C may be more “neutral” than an internal staff, having no direct ties to the organization



Barriers to RS

- Lack of endorsed and trained providers-capacity building
- High cost; typically \$100/hour individual
- Lack of recognition of the benefits by funders & managers
- Belief “We don’t have time for that”
- Lack of trust
- Lack of agency/organization support/culture



Opportunities to have RS/C:

- Zoom distance technology
- Growing recognition that it pays off in big ways
- Group supervision is more affordable than 1:1



Reflective Supervision- the future is here

“Despite the wide recognition of the value of reflective supervision, there is relatively little empirical evidence about its effect on professionals and practice”

Tomlin & Heller (2016)

...But that is changing....



RESEARCH on RS/C: Why?

- To access funding to support the value of reflective supervision in early intervention programs
- To develop a competent workforce to provide reflective supervision
- To provide data on the impact of reflective supervision to inform policy regarding infant and family work



Most recent publication:

- **IMPACT OF REFLECTIVE SUPERVISION ON EARLY CHILDHOOD INTERVENTIONISTS' PERCEPTIONS OF SELF-EFFICACY, JOB SATISFACTION, AND JOB STRESS**

Frosch, Varwani, Mitchel, Caracciolo & Willoughby (2018)

First published: 03 July 2018, Infant Mental Health Journal

RESULTS/CONCLUSIONS:



Reported self-efficacy increased significantly from pre- to post-assessment, and ***participants reported a positive overall impact of reflective supervision with respect to a variety of indices,*** such as job satisfaction, professional development, and the ability to cope with job-related stress.

These results provide necessary quantitative data demonstrating a positive impact of reflective supervision on early childhood professionals and suggest the value of reflective supervision for supporting workforce development.



Ongoing research into RS:

Reflective Supervision Rating Scale: RSRC

J. Ash (2010)

Reflective Supervision Self-Efficacy Scale

Shea, Goldberg & Weatherston (2012)

Reflective Interaction Observation Scales: **RIOS**

Watson et al (2016)



University of Minnesota: The Center for Reflective Practice

May 30, 2017

The Center for Early Education and Development in the Institute of Child Development has received a \$1 million grant from the Lynne & Andrew Redleaf Foundation to establish a center that will focus on reflective practice in infant and early childhood mental health.



RIOS:

75

Reflective Interaction Observation Scales:

Used to record the dyadic process- what is seen and heard

University of Minnesota College of
Education and Human Development

Watson et al (2016)



RIOS looks at collaborative tasks:

Describing:

“What do we know?”

Responding:

“How do we and others think and feel about this?”

Exploring:

“What might this mean?”

Linking:

“Why does this matter?”

Integrating:

“What have we learned?”



Reflective minds:

- Are CURIOUS about what underlies behavior
- See all behavior as having meaning: ***Including our own***
- Learn and practice tolerating uncertainty and not-knowing
- Slow down and examine our own thoughts, feelings and reactions
- Accept breaches as an ordinary part of relationships and strives to repair them

The Future? WHAT IF...?





WHAT IF...

Reflective practice was one of the core values and an integral part of the culture of large organizations such as DCS and others?

What might that look like?

Is it unrealistic? Can we dream aloud here?

What if all of us dream that dream aloud and in each of our own small parts **we do unto others as we would have others do unto others?**

We NEED support in RS, just as parents need us, just as children need their parents



4 things you can start doing today: 80

1. LEARN about reflective practice and reflective supervision in the context of Infant Mental Health



4 things you can start doing today:

1. *LEARN* about reflective practice and reflective supervision in the context of Infant Mental Health
2. *PRINT* the references presented here and discuss them with your team



4 things you can start doing today:

1. LEARN about reflective practice and reflective supervision in the context of Infant Mental Health

2. PRINT the references presented here and discuss them with your team

3. INITIATE discussions with your team about reflective practice, reflective supervision and what it means



4 things you can start doing today:

1. *LEARN* about reflective practice and reflective supervision in the context of Infant Mental Health
2. *PRINT* the references presented here and discuss them with your team
3. *INITIATE* discussions with your team about reflective practice, reflective supervision and what it means
4. *ADVOCATE* for providers of RS and funding to make your team a “reflective oasis”



Final thought to take home:

Come to the edge...



"Come to the edge," he said

"We can't, we're afraid!" they responded

"Come to the edge," he said

"We can't, We will fall!" they responded

"Come to the edge," he said


And so they came

And he pushed them

And they flew

Guillaume Apollinaire





**On behalf of vulnerable families, Thank
YOU for the hard work you do every
day!**

clay.jones@hotmail.com

or

imheaz@gmail.com (ITMHCA)

Clay Jones M.Ed., IMH-E(III)



References:

Ash, J. (2010). Reflective Supervision rating Scale; Unpublished assessment tool

Betacchi & Coplon (1992). The Professional Use of Self in Prevention; Learning Through Supervision and Mentorship; Zero to Three

Class, C. (Feb/Mar 1997). The Home Visitor-Parent Relationship: The Linchpin of Home Visiting. Bulletin of Zero to Three

Emde, Mann & Bertacchi (Aug, 2001). Organizational Environments that Support Mental Health; Zero to Three

The Enneagram Institute (2018). <https://www.enneagraminstitute.com/>



References, Cont.

Fenichel, E. (1992). Learning Through Supervision and Mentorship; Zero to Three

Fenichel & Eggbeer (1992). Overcoming Obstacles to Reflective Supervision and Mentorship; Learning Through Supervision and Mentorship; Zero to Three

Fonagy & Target (1997). Attachment and Reflective Function: Their role in self-organization. Development and Psychopathology

Frosch, Varwani, Mitchel, Caracciolo & Willoughby (2018). Impact of Reflective Supervision on Early Childhood Interventionists' Perceptions of Self-Efficacy, Job Satisfaction and Job Stress. Infant Mental Health Journal

Heffron, Reynolds & Talbot (2016). Reflecting Together: Reflective Functioning as a Focus for Deepening Group Supervision; Infant Mental Health Journal



References, Cont.

Heffron & Murch (2010). Reflective Supervision and Leadership for Infant and Early Childhood Programs

Merriam-Webster Dictionary (2018)

National Association of Social Workers (2017)

Pawl, J. (1995). The therapeutic relationship as human connectedness: Being held in another's mind. Zero to Three

Pawl, J. & St. John, M; (1998) How you are is as important as what you do in making a positive difference for infants, toddlers and their families. Zero to Three

Rogers, Carl; On Becoming a Person. (1961) Boston: Houghton Mifflin.



References Cont.

Shea, Goldberg & Weatherston (2012). A Community Mental Health Professional Development Model for the Expansion of Reflective Practice and Supervision: Evaluation of a Pilot Training Series for Infant Mental Health Professionals; Infant Mental Health Journal

Tomlin & Heller (2016). Measurement Development in Reflective Supervision; Zero to Three

Watson, Harrison, Hennes & Harris (Nov. 2016). Revealing “The Space Between”; Creating an Observation Scale to Understand Infant Mental Health Reflective Supervision; Zero to Three.

Weatherston, D. (Oct/Nov 2000). The Infant Mental Health Specialist; Zero to Three