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BIPOC REFLECTIVE PRACTICE



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RESEARCH CONTEXT SUMMARY

IMPORTANCE OF REFLECTIVE PRACTICE

Reflective Practice, also known as Reflective Supervision or Reflective Consultation, is a core component of the field of infant and early childhood mental (IECMH), which can also be referred to as social and emotional health. Research has shown the importance of reflective practice in supporting and strengthening the workforce working with young children and their families by improving multiple workforce outcomes. In a field where secondary impacts and vicarious trauma is prevalent due to systemic challenges like low compensation and large caseloads (Frosch et al., 2018; Morelen et al., 2022), reflective practice is considered a promising practice in reduction of secondary impacts (Miller et al., 2019; Van Berckelaer, n.d.) by ultimately supporting staff retention and wellness (Heller & Ash, 2016; Shea et al., 2016).

In addition, by providing a space to reflect critically on how practitioners' own perspectives, beliefs, and thoughts impact how they are within the context of work (Wilson et al., 2021), reflective practice has been shown to promote professional and personal growth, efficacy and confidence, as well as enhancement of practice through better family engagement (Barron et al., 2020). This space of reflection can parallel the developing relationships between practitioners and the families they work with, which can then parallel the relationship between families and their babies (Pawl, 1994).

WE DO NOT LEARN FROM EXPERIENCE, WE LEARN FROM REFLECTING ON EXPERIENCE John Dewey



EQUITY LIMITATIONS OF REFLECTIVE PRACTICE

Despite the research evidence detailing benefits associated with reflective practice, the underlying research, theoretical frameworks, and practice orientations within the field of IECMH have perpetuated inequities that require critical examination from a social and racial justice perspective (Noroña, 2020; Shivers et al., 2022; St. John et al., 2018). Noroña et al. (2023) provides examples of inequities historically and currently maintained and reproduced by Reflective Supervision/Reflective Consultation (RS/C) practices within the field of IECMH:

EQUITY LIMITATIONS OF REFLECTIVE PRACTICE

Summarized by Noroña et al. (2023)

- *Access to positions of leadership and supervisory roles have historically been granted to White individuals who are highly educated and already hold positions of power.*
- *Until very recently there have not been equitable and transparent pathways in endorsement bodies, RS/C training and mentorship programs, and in organizations for the promotion of leadership and professional development (Thomas et al., 2019) of BIPOC and of individuals representing other minoritized identities, such as linguistic, gender identity, socioeconomic status, education, ability, and nationality (Noroña, 2020; St. John et al., 2018; Teran et al., 2017; Thomas et al., 2019).*
- *Therefore, nationwide there has been a lack of representation in these positions of BIPOC and of individuals embodying those aforementioned aspects of diversity (Noroña, 2020; St. John et al., 2018; Teran et al., 2017; Thomas et al., 2019).*
- *The conceptual models supporting the teaching, mentoring, learning, and practice of RS/C in the field of IECMH have been based on Eurocentric perspectives and values which consequently have not responded to or reflected the sociocultural, historical, political, linguistic, ethnic, racial, and other diversity aspects of the young children served by IECMH programs and of the providers working with them (St. John et al., 2018; Thomas et al., 2019).*
- *Moreover, the dynamics of power and privilege in the consultant–consultee/supervisor–supervisee/ practitioner–family relationships, historically have not been intentionally and consistently addressed by these models (Noroña, 2020; St. John et al., 2018; Thomas et al., 2019).*
- *In addition, the literature and published workforce resources on RS/C in IECMH with a focus on racial equity, social justice, diversity, and culture is scarce (Hardy & Bobes, 2017; Hause & LeMoine, 2022; Heffron et al., 2007; Noroña et al., 2012; Noroña et al. 2021; Shivers et al., 2022; Stroud, 2010; Van Horn, 2019; Wilson et al., 2018).*

THERE IS AN INCREASING URGENCY TO ACKNOWLEDGE THE DYNAMICS OF RACE, EQUITY, AND POWER IN REFLECTIVE PRACTICE

Shivers et al. (2022)

In Reflective supervision, the power dynamics inherent within a supervisor-supervisee relationship presents a strain on the ability to establish trust, which has been identified as one of the essential components of reflective practice (Barron et al., 2022). Without a trusting relationship, it becomes extremely difficult for professionals – especially those who also identify with many of the same adversities experienced by families and communities – to avoid burnout, compassion fatigue, vicarious trauma, etc. (Barron et al., 2021), which are the benefits that Reflective Practice is theoretically supposed to offer. Given that BIPOC practitioners experience adversities similar to families served at higher rates than their white counterparts (Shivers et al., 2022), the ability to establish trust within a Reflective Supervision model becomes more important but also more difficult. For BIPOC professionals in the field as compared to their white counterparts, there are significantly lower race/ethnicity and linguistic matches (Shivers et al., 2022).

Emergent research gathering data from participants in diverse sectors of the IECMH workforce are beginning to examine more deeply the needs and priorities of IECMH practitioners, especially of those disproportionately impacted by systemic inequities. In asking what needed to be transformed in infant and early childhood systems to strengthen anti-racism and decolonization of practices, in a survey of over 1000 practitioners in IECMH, the #1 ranked desire was to create and open pathways for training and supporting diverse practitioners to become reflective supervisors (Shivers et al., 2022). Other desires for improving the diversity-reflective practice include the ability to reflectively process with colleagues in a space outside of reflective supervision and broadening the paradigms and structures of what reflective practice could look like (Shivers et al., 2022).

Highlighting and raising the skills of practitioners to better understand the role of race and diversity in reflective practice can lead to a workforce that is stronger and more diverse (Stroud, 2010; Wilson et al., 2022).

BIPOC SPACES AND RADICAL HEALING

The creation of spaces where BIPOC practitioners can truly feel held and whole, with supervisors/reflective consultants equipped to be aware of and have sufficient skills to facilitate discussions on the intersection of their work and topics such as systemic inequities, implicit biases, privilege, social justice and generational trauma, has gained an increased recognition of importance. There has been a growing movement in the field of IECMH towards the recognition of diversity-informed practices and expanding worldviews in work with children and families, including the work on Diversity-Informed Tenets for Work With Infants, Children and Families (Irving Harris Foundation, 2012). Researchers have begun to explore the promise of merging radical healing principles with diversity-informed reflective practice for shifting the paradigm in infant mental health practice (Shivers et al., 2022, Noroña et al., 2023).

Radical healing is a framework within psychology that emphasizes the importance of holistic well-being, particularly in marginalized or oppressed communities. The concept was introduced as a response to the traditional models of mental health that often pathologize, are ineffective, or even harmful to the experiences of these communities (French et al., 2020). Radical healing posits that social, political, and historical contexts significantly shape individual and collective experiences, and as such, the promotion of true healing must incorporate these factors (Ginwright, 2010).

Radical healing includes a set of principles that emphasizes (1) collectivism, (2) critical consciousness, (3) strength and resistance, (4) cultural authenticity and self-knowledge, (5) radical hope, and (6) restorative self-care (French et al., 2020). In response to racial trauma and a desire to create spaces for radical healing and processing, BIPOC spaces have increased in recent years. Racial Affinity Groups, for example, as well as research on effectiveness of Racial Affinity Groups have continued to increase (Shivers, et al, 2022). BIPOC-only spaces recognizes that while "safe space" is an ideal, the idea of "safe spaces" in group contexts represents an illusion and an expression of privilege (Arao & Clemens, 2013).

More recent work in our own projects have yielded a greater understanding of the positive impacts of reflective practice spaces designed for BIPOC IECMH practitioners from multiple and diverse sectors. This opportunity will continue to expand our learnings.

Quotes from participants in BIPOC Reflective Practice Groups in WA State:

IT WAS THE KIND OF SPACE I DIDN'T EVEN KNOW I NEEDED

I WOULD BE A MESS RIGHT NOW IF I HADN'T PARTICIPATED IN THE BIPOC [COMMUNITY OF LEADERS] GROUP. I WOULD NOT STILL BE HERE, IN MY ROLE.

THIS GROUP IS DIFFERENT FROM OTHER REFLECTIVE GROUPS I'VE BEEN IN. I FEEL LIKE I CAN BE MY AUTHENTIC SELF AND NOT HAVE TO EXPLAIN THINGS OR FILTER. OTHER FOLKS IN THE GROUP HAVE EXPERIENCED WHAT I HAVE AND SO WE CAN MOVE ON TO PROCESSING AND HEALING, RATHER THAN YET AGAIN FEELING LIKE WE CONSTANTLY HAVE TO 'BE ON GUARD', OR TAKE TIME AFTER TO THEN PROCESS AND HEAL FROM REFLECTIVE SPACES THAT ARE SUPPOSED TO BE SAFE, BUT AREN'T REALLY.

THE OPPORTUNITY

In providing a reflective practice space designed for and specifically focused on the BIPOC experience, we address the emergent needs presented by research as well as further close the research gap that exists in understanding and bolstering the needs of practitioners disproportionately affected by workplace adversities and yet underrepresented in positions of power and influence. Among other mechanisms, this opportunity will do so directly by:

- *Creating a pathway to increase the diversity of the workforce to better represent families served, especially populations that have been underserved*
- *Promoting practices that draw on cultural strengths, ways of knowing and healing from the global majority and de-center and de-colonize traditional Eurocentric reflective practice supports, questioning the top-down structure of reflective supervision and spotlighting the potential of peer-to-peer reflective practice.*
- *Building skills to explore the impact of systemic inequities, implicit biases, internalized oppression, privilege, social justice and generational trauma for both participants and the families they support*
- *Providing the opportunity for true reflection, radical healing, and as a result, learning, for BIPOC practitioners who cannot otherwise get the same experience in a racially integrated reflective practice space. Through the large and small reflective practice groups, BIPOC participants will feel held in reflective practice spaces designed for them and begin to feel whole in their work with young children and their families*
- *Measuring impact and collecting stories to bolster the field's understanding of what works and what is needed to further support and strengthen the workforce.*

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