

An Exploration of Racial Equity through the Reflective Process:
Key Equity Findings from the 3rd Annual Reflective Supervision /
Consultation Symposium

Participant Survey

Prepared for:
The Alliance for the Advancement of Infant Mental Health
and
Colorado Association for Infant Mental Health

Report Prepared by



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January 2019

Acknowledgments

The authors of this report would like to thank the following people for their tremendous assistance with this report:

Jean Cimino at Colorado's Association for Infant Mental Health (CO-AIMH) and Nichole Paradis at the Alliance for the Advancement of Infant Mental Health for their leadership, guidance and support in conceptualizing a report focused on racial equity that could be shared with the Alliance leadership, and for Nichole and Jean's vision in promoting a report/product that could also be shared with the broader IMH field.

University of Minnesota – Center for Early Education and Development (CEED) for their timely assistance in providing the platform for the on-line survey, disseminating the survey to Symposium participants, gathering responses and analyzing initial quantitative feedback.

Jena Nagamine & Sandie Rieck at *Indigo Cultural Center* for their assistance in formatting charts and graphs for the report.

Participants at the 2018 Annual Symposium for the time and energy spent in providing extremely thoughtful and thought-provoking responses that will surely benefit all of us in a lasting way.

Suggested Report Citation:

Shivers, E.M. & Arbel, Y. (2019). An Exploration of Racial Equity through the Reflective Process: Key Equity Findings from the 3rd Annual Reflective Supervision / Consultation Symposium. Report funded by The Alliance for the Advancement of Infant Mental Health.

Disclaimer:

The context, background, discussion, and implications contained in this report reflect the views of *Indigo Cultural Center* and do not necessarily represent the views of the Alliance for the Advancement of Infant Mental Health and /or Colorado's Association for Infant Mental Health (CO-AIMH).



Introduction

The Center for Social Inclusion defines racial equity as both an outcome and a process. As an outcome, we achieve racial equity when race or one's racial identity no longer determines and predicts (in a statistical sense) one's health, educational, development, and socioeconomic outcomes; when everyone has what they need to thrive, no matter where their neighborhood or zip-code. As a process, we apply racial equity when those most impacted by historical, institutional and structural racial inequity are meaningfully involved in the creation and implementation of the institutional (and organizational) policies and practices that impact their lives. When the term 'racial equity' is used in a process sense, we are also referring to racial equity as one part of racial justice. Accordingly, the term 'racial equity' includes the process of working to address and confront root causes of inequities not just their manifestation. This includes the disruption of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them¹. (CSI, 2017).

Infant Mental Health and Racial Equity

Nobel Memorial Prize Laureate Professor, James Heckman, concluded that investment in young children is one of the most valuable investments in our country's future (Heckman, 2008). To that end, in the past decade there has been a groundswell in large-scale investments in early childhood systems (Escamilla, Cordoba, Cuevas, & Morales, 2017). Similarly, over the past two decades there has been a groundswell of investments in initiatives, programs, and policies that are guided by core principles of infant mental health. Despite these large-scale public and private investments and increasing volumes of evidence that early childhood interventions are catalyzing positive outcomes, certain disparities in child and family outcomes still persist. The racial background of families continues to endure as a major predictor of negative health and mental health outcomes (Annie E. Casey, 2018).

With the exception of the current national wave of interest and increasing adoption of the Diversity-Informed Infant Mental Health Tenets (Irving Harris Foundation Professional Development Network, 2012), the infant mental health field has remained relatively silent about the need to fully embrace a racial equity lens into all levels of our work. Indeed, most well-known infant mental health conceptual frameworks and seminal publications include a nod to cultural influences (Ghosh-Ippen, 2019; Institute of Medicine, 2000; Zeanah, 2019), but exploration of diversity-related themes in our work

¹ Center for Assessment and Policy Development

[*Catalytic Change: Lessons Learned from the Racial Justice Grantmaking Assessment*](#) Report, Philanthropic Initiative for Racial Equity and Applied Research Center, 2009.



and understanding the socio-cultural influences in children's development and family and community systems are only one piece of addressing and dismantling the deeper issues around racial inequity that include confronting and healing the root causes of racial disparities in child and family outcomes (Gorski, 2016).

Over the past two years (perhaps in part motivated by the divisive political climate), there has been a surge of interest in bringing issues of equity, power, privilege front and center in our IMH professional communities. The urgency and focus of this interest are most often played out in the context of our professional development meetings, retreats and conferences. The themes that are commonly explored in these venues include:

- Awareness of new and emerging research and evidence related to equity and culture in an IMH context;
- Exploration of the lack of racial and ethnic diversity in IMH leadership and in the IMH workforce;
- How to understand one's own identity, privilege, power, and personal transformation in the context of one's professional role.
- The role of implicit bias in early education and an exploration of how mental health consultants can aid in dismantling the impacts of implicit bias on young children;
- How to build inter-personal capacity within organizations to understand 1) how micro-aggressions play out; 2) how to be present to and engage in authentic racialized conversations and interactions among colleagues (including among and with leadership within organizations); 3) how to increase the capacity of our IMH workforce to recognize and address racial equity issues in their day-to-day work.
- How to understand the root causes of racialized disparities in our IMH-informed initiatives and programs and IMH clinical work by employing a systemic, historical, and institutional lens.
- How to 'see' and recognize the myriad ways that racialized inequity plays itself out in day-to-day work, and how to employ applied and concrete strategies aimed at reducing inequities and racialized disparities.

Reflective Supervision in IMH and Racial Equity

To date, there is only a limited amount of literature as well as other published workforce resources that explicitly focus on culture, diversity, and/or racial equity in the context of IMH Reflective Supervision (Hardy & Bobes; Heffron, Grunstein, & Tilmon, 2007; Stroud 2010; Stroud, 2014). Nevertheless, there is also an increasing sense of urgency to acknowledge race, power, and equity in reflective practice and to increase the capacity of those who provide reflective supervision (and reflective supervision / consultation) to integrate more of a racial equity lens into their day-to-day work. To that end, the Alliance for the Advancement of Infant Mental Health responded to their national membership's growing interest in and concern for equity and dedicated their 3rd Annual Reflective



Supervision / Consultation Symposium to an exploration of equity in the reflective process.

About the Symposium

The Reflective Supervision Symposium is a collaborative event that is co-hosted by the Alliance for the Advancement of Infant Mental Health ('the Alliance') and a different Alliance IMH state association annually. The Symposium's purpose is to deepen the exploration of the practice of reflective supervision/consultation. The Third Annual Reflective Supervision Symposium took place at the School of Mines in Golden, Colorado in August 2018 and was co-hosted with the Colorado Association for Infant Mental Health. Over 170 professionals participated in this event.

3rd Annual Reflective Supervision / Consultation Symposium:
Mining the Depths, an Exploration of Equity through the Reflective Process.
August 1-3, 2018 ☞ Colorado School of Mines, Golden, CO.

The Symposium Agenda and Welcome Message from the racial equity keynote speaker can be found in Appendices A and B respectively.

About Indigo Cultural Center and Dr. Eva Shivers

Fighting for and promoting racial equity is at the forefront of *Indigo's* mission, vision and research agenda. We work to promote equity and reduce infant and early childhood disparities based on race, ethnicity, language, gender, culture, and socioeconomics. Recognizing the central role that race has played historically in contributing to persistent inequities, *Indigo Cultural Center* is committed to confronting and addressing all forms of racism, particularly institutional and structural, and integrating a racial equity lens into all aspects of our research, training, consulting, and local community arts programming.

The *Indigo Cultural Center* is led by a cis-gendered African American woman, Dr. Eva Marie Shivers, and *Indigo's* research and evaluation division includes a very diverse staff. A frequent keynote speaker, Dr. Shivers currently provides early childhood racial equity training and consultation to early childhood mental health community agencies, statewide and national IMH annual retreats, and state departments around the country. Analyzing and exploring participants' responses to Shivers' equity training and facilitation is an increasingly important part of Dr. Shivers' national advocacy work in advancing a racial equity agenda in the IMH field and IMH workforce.



Indigo Cultural Center makes every attempt to partner with agencies to conduct the type of research that can lead to social change. *The Institute for Child Development & Social Change* at the *Indigo Cultural Center* uses a methodology known as participatory-based action research. In alignment with this approach, we have partnered with Alliance and CO-AIMH leadership to collaboratively design this equity evaluation in a focused, but flexible way that can accommodate new developments and new insights. For more information, please visit our website: www.IndigoCulturalCenter.org.

Methods

Our methodology for the present evaluation was characterized by a mixed-methods approach. Approximately four weeks after the Symposium, members of the Alliance Symposium Planning team invited participants to complete an on-line survey, which explored ratings of the content, resources and format. Means and frequency counts were computed for each rating question.

The survey also provided many opportunities for participants' open-ended responses. Participants' open-ended responses were repeatedly read and discussed by the *Indigo* research team. Content codes were derived by repeated reading of participants' responses, consensus agreement on codes, and coding at a primary and secondary level²³. The code counts were then computed to determine the salience of response. Those counts are also presented in the charts and tables in Results section below.

Evaluation Objectives

Our objectives for the current analysis of highlighted findings from the Symposium Participant Survey include:

- 1) Highlight themes and patterns in the findings that can help the Alliance further its commitment to promoting diversity and equity among state membership, future symposia and all other products and activities;
- 2) Explore the thematic variations in participants' responses to their experience(s) integrating the themes of reflective supervision/consultation and racial equity;
- 3) Frame the racial equity findings in a policy and practice context that is relevant for the broader IMH field.

² Primary codes were based on Dr. Shivers' Racial Equity Transformational / Healing Framework that was presented throughout the symposium and included coding participants' responses based on the following thematic levels: Internal; Interpersonal; Institutional (or organizational).

³ Secondary codes were based on themes that capture the actual content of participants' responses.

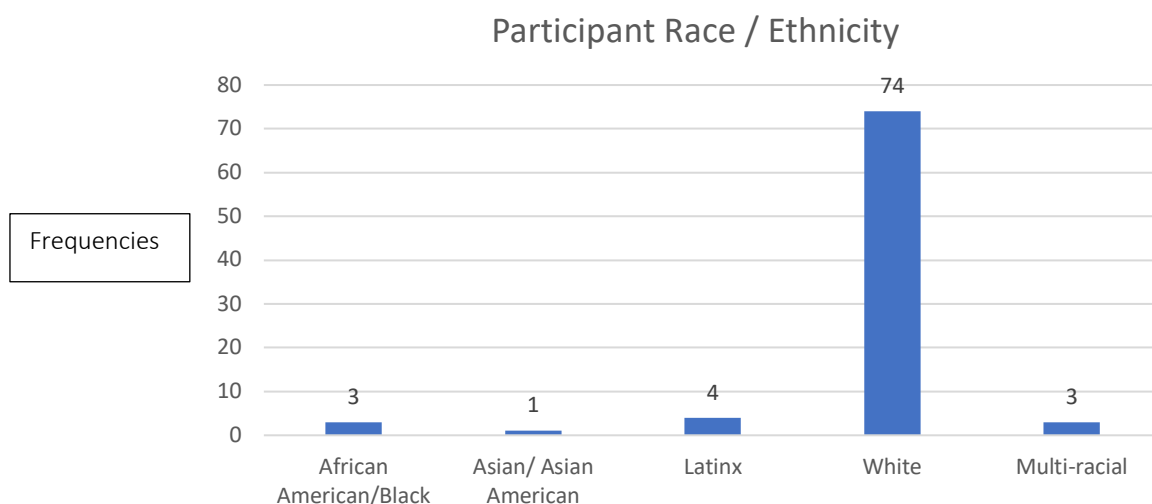


Results: Highlighted Equity Findings from Symposium Participant Survey

This section highlights survey results that were most germane to the three racial equity evaluation objectives listed above. The full survey report with all findings from the survey questions can be obtained from either Nichole Paradis⁴ or Jean Cimino⁵.

Symposium Survey Participants

Ninety-eight Symposium participants completed the on-line survey. This rate of response (65%) on an external participant feedback survey is considered quite high (Survey Gizmo, 2015). Almost half of the Symposium participants were from Colorado (40%). Fifty-Six percent (56%) were from another state.

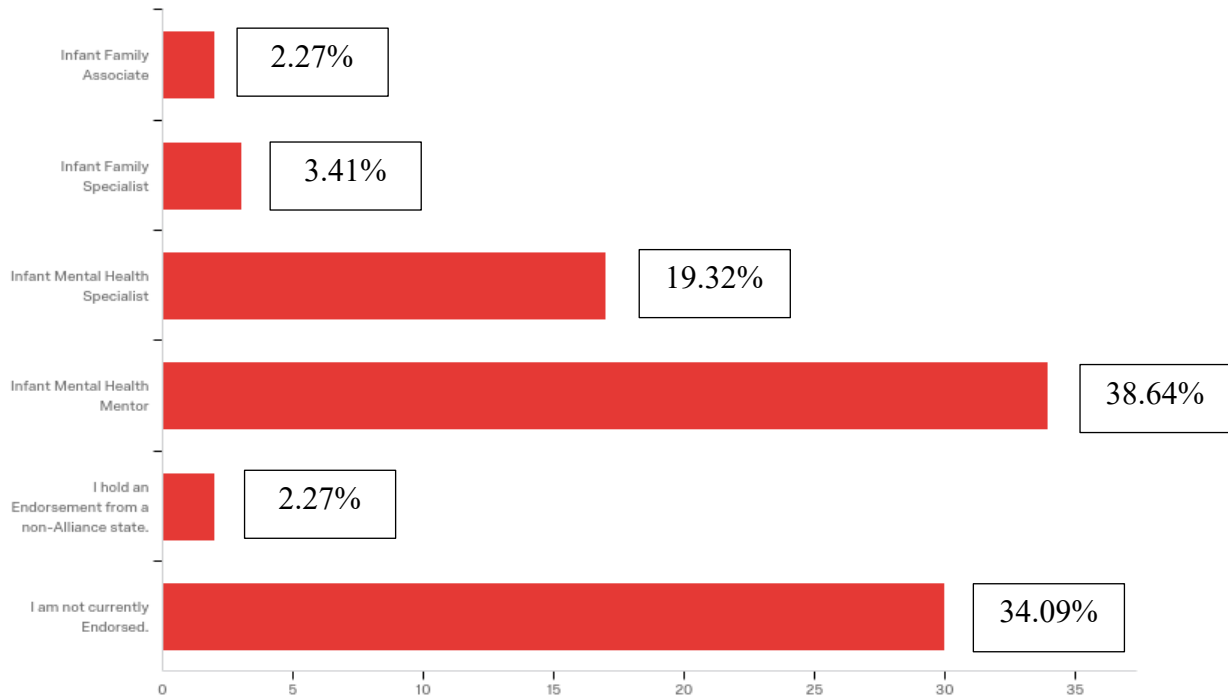


⁴ Nparadis@allianceaimh.org

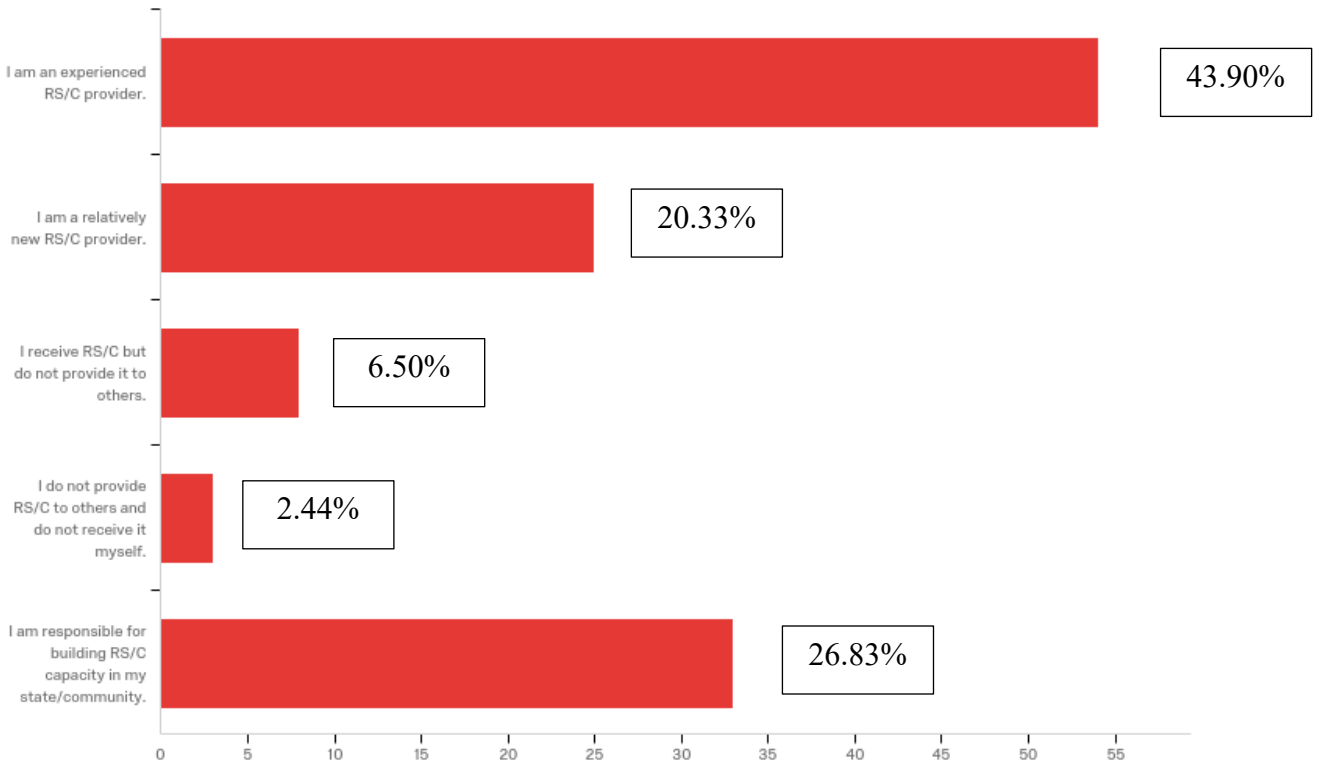
⁵ CO.endorsement.coordinator@gmail.com



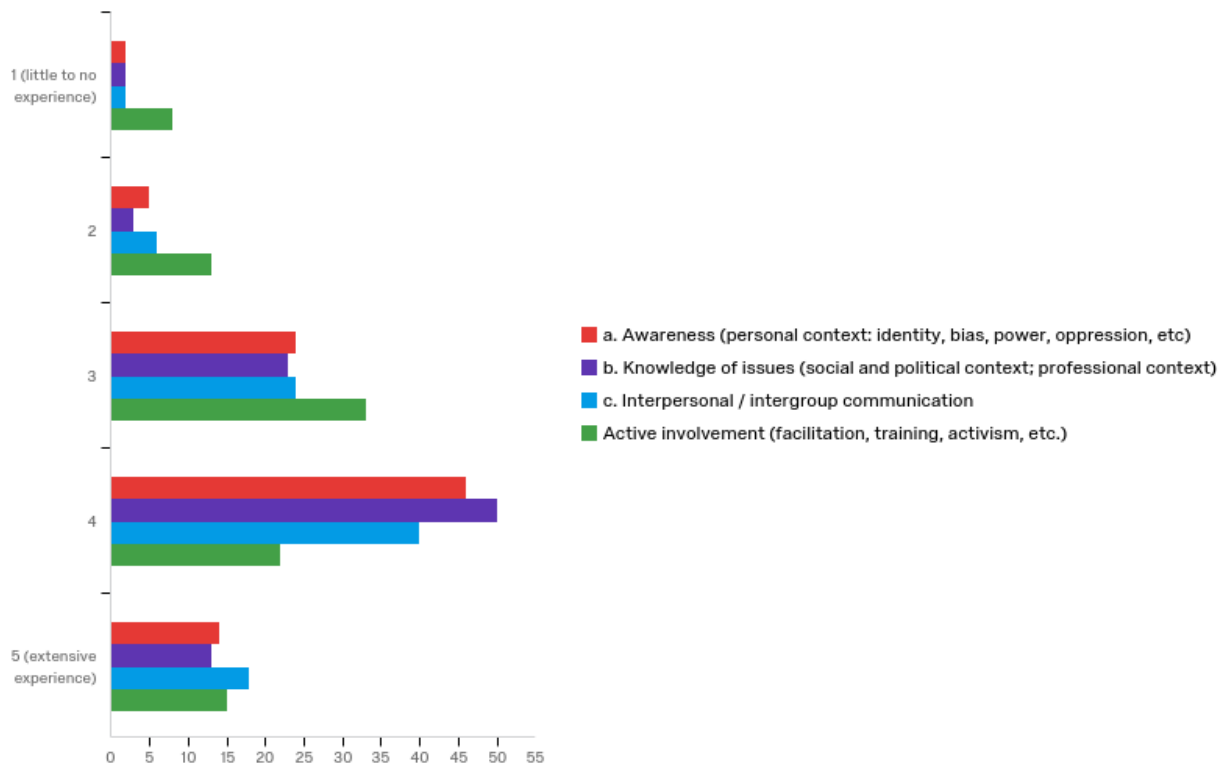
Level of Endorsement



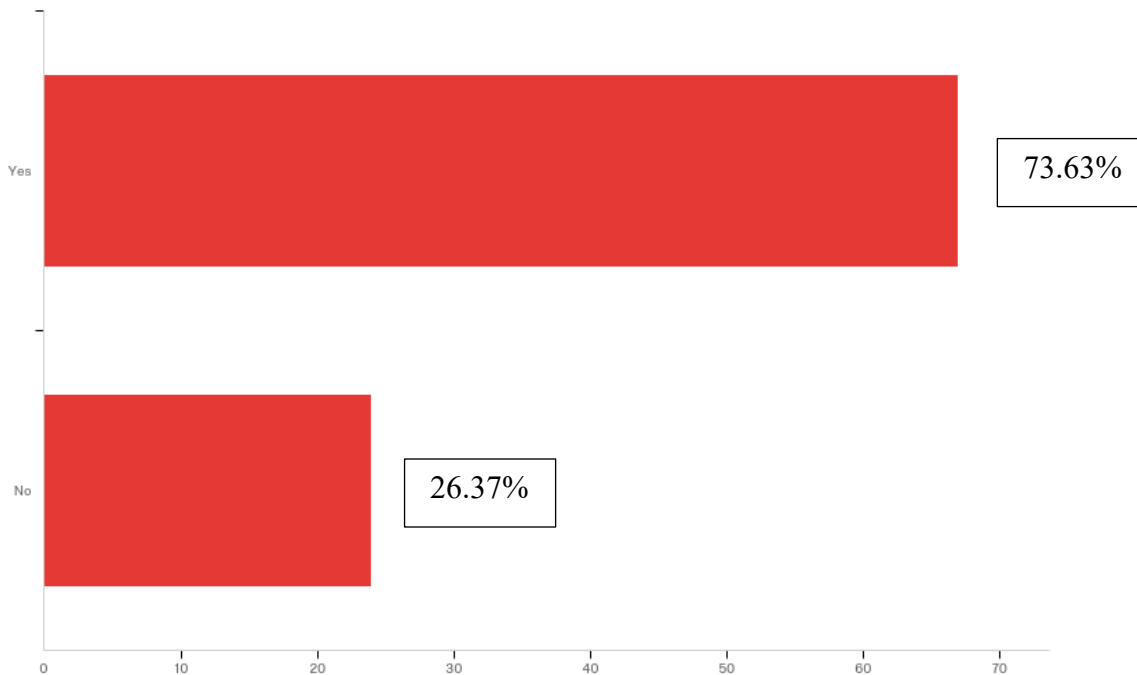
Which following statement(s) best describes you?



On a scale of 1—5 (1 = little to no experience; 5 = extensive experience,) how would you rate your PREVIOUS EXPERIENCE with RACE AND EQUITY ISSUES on each dimension listed below?



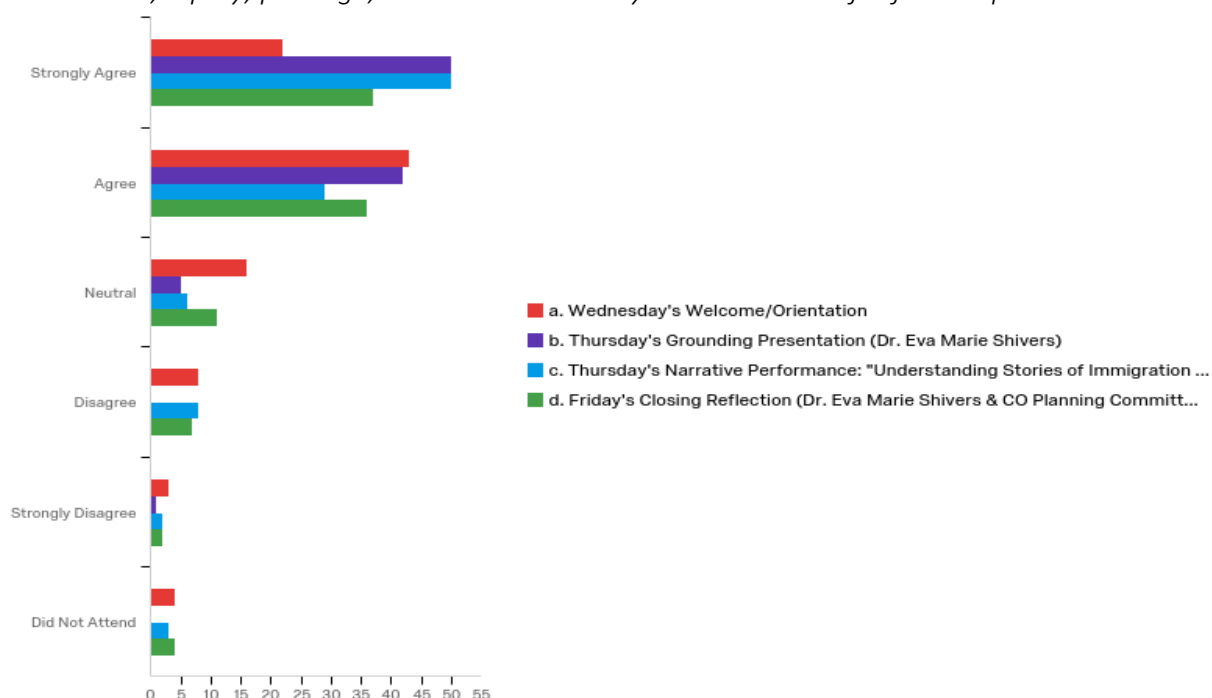
PRIOR TO THE SYMPOSIUM (within the past year), have you sought out TRAINING OR OTHER PROFESSIONAL DEVELOPMENT EXPERIENCES related to themes of EQUITY AND SOCIAL JUSTICE?



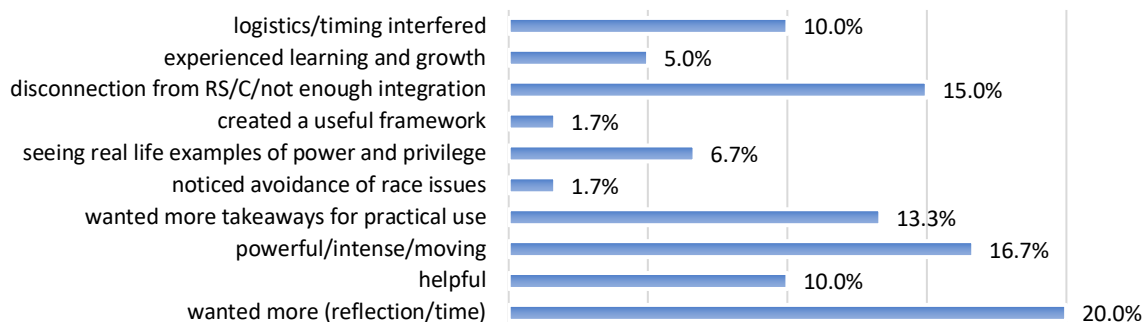
Reflections on Key Elements of Symposium

In this section of the report, we first present data on participant's Likert scale ratings and then we present data on the themes that emerged from our qualitative data analysis of participants' open-ended responses. These open-ended themes are further illustrated with exact quotes from participants whose names are not included in order to maintain confidentiality.

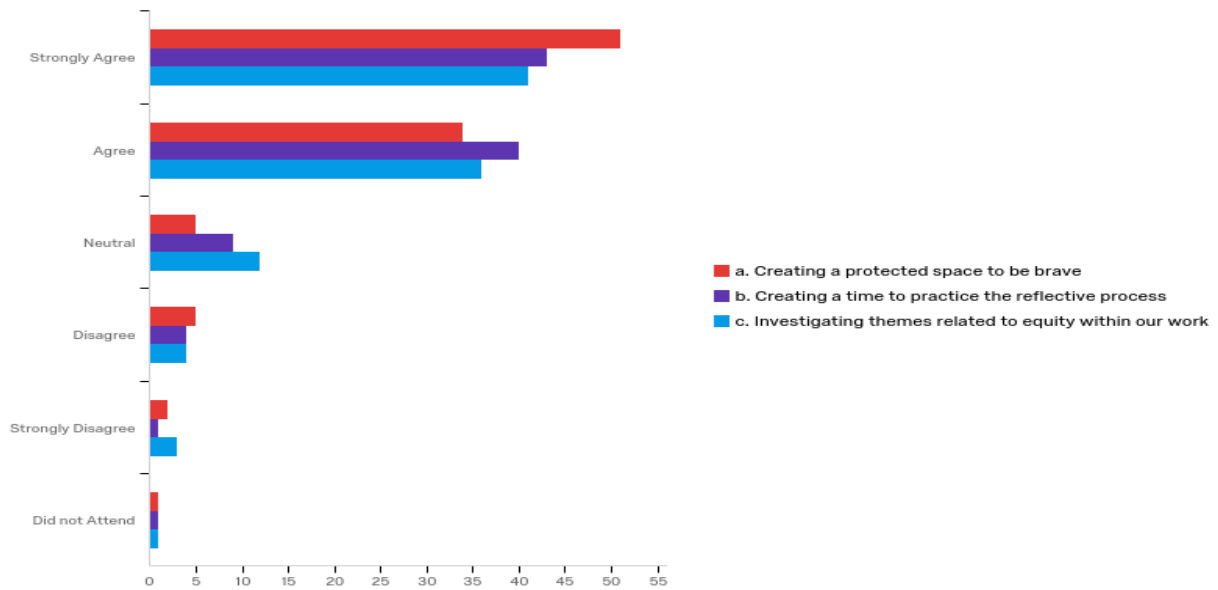
The following Symposium activities met the desired goal of EXPLORING THE CONNECTION between race, equity, privilege, and intersectionality in the context of reflective practice.



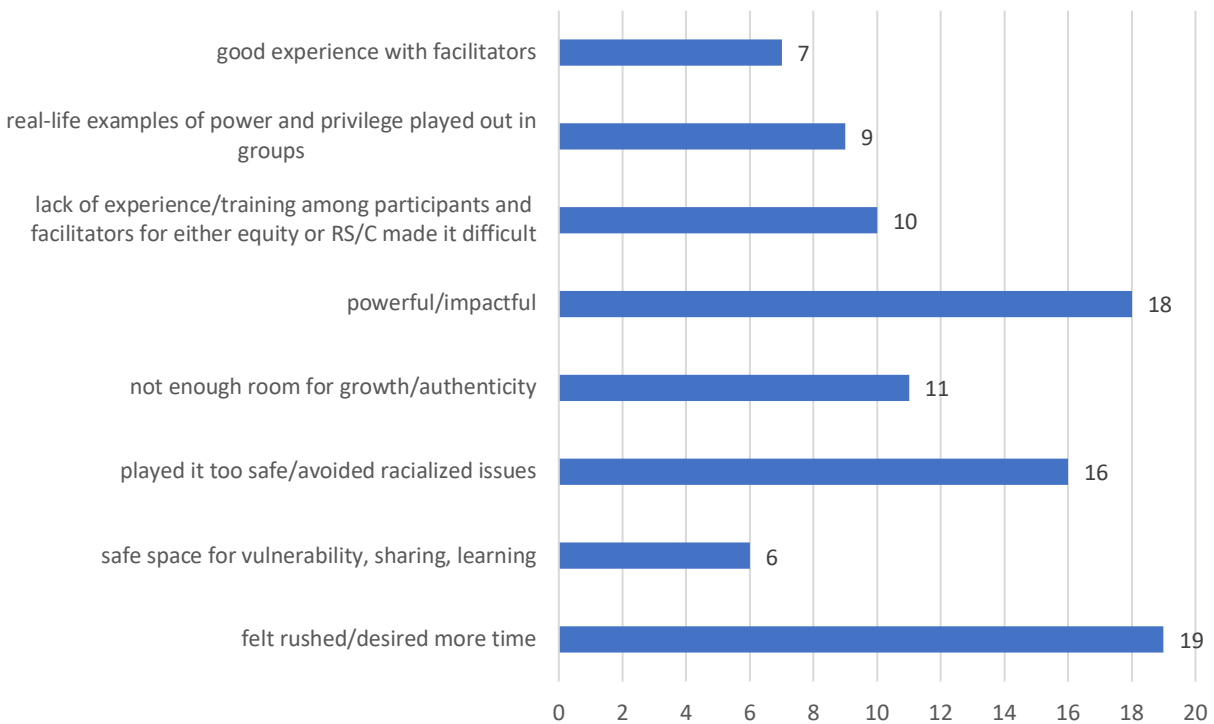
Open-Ended Responses: EXPLORING THE CONNECTION between race, equity, privilege, and intersectionality in the context of reflective practice



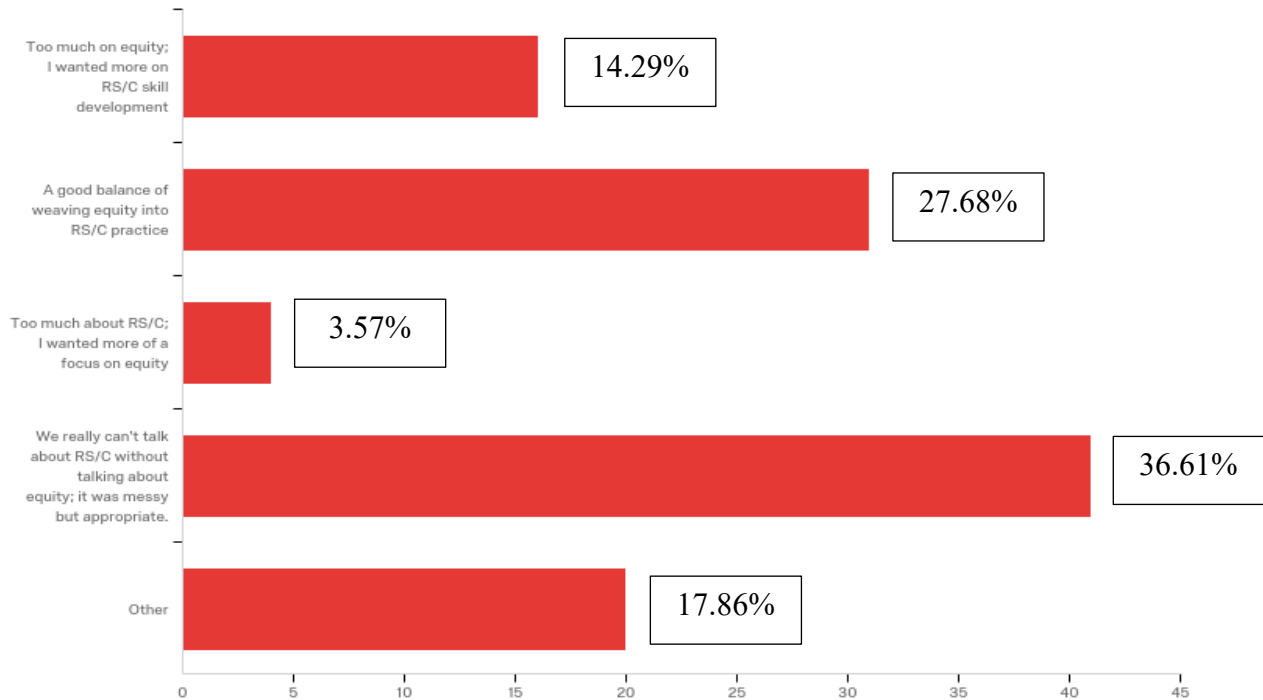
The FACILITATED SMALL GROUPS met the desired goals of:



Open-Ended Responses: *The FACILITATED SMALL GROUPS* met the desired goals of:



For me, the Symposium's focus was:



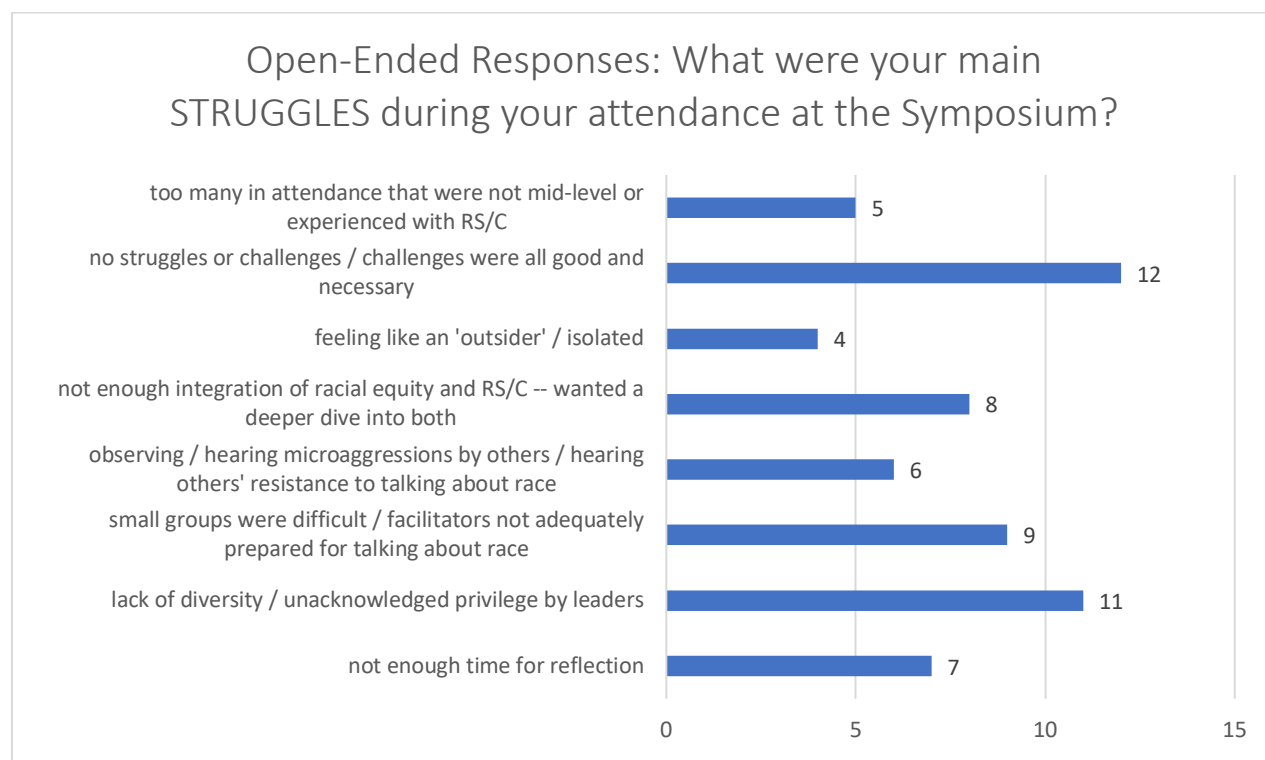
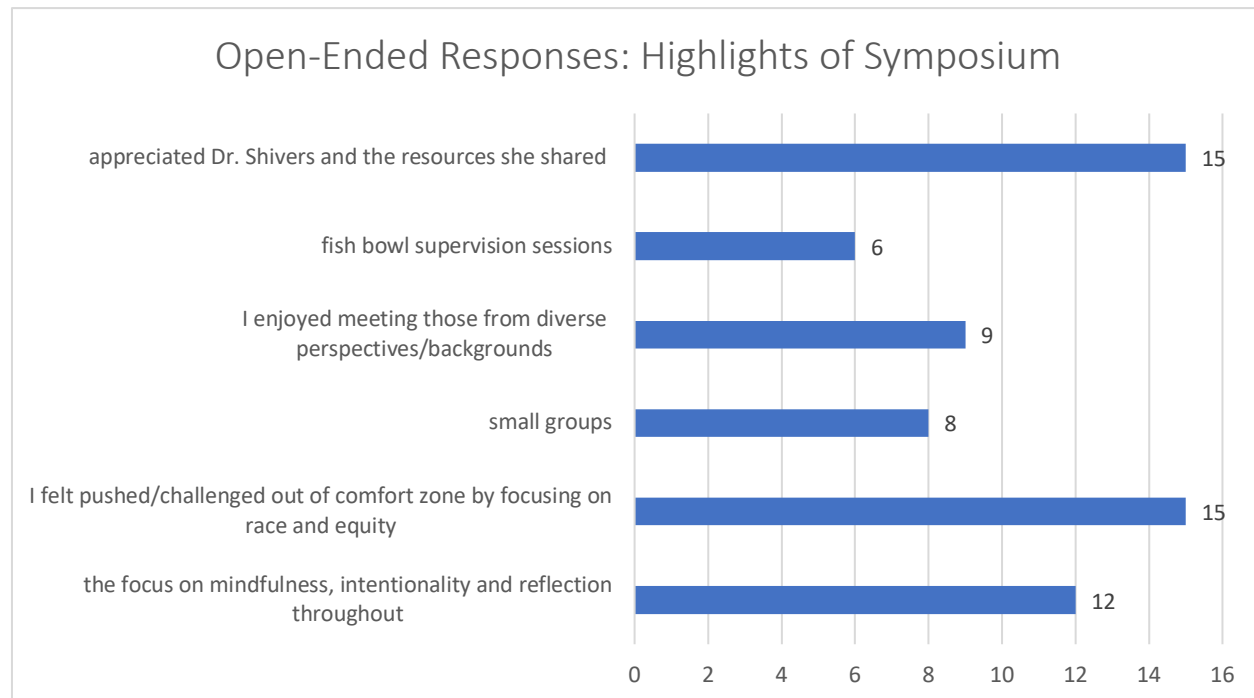
"I'm so grateful for the option above that states, "We really can't talk about RS/C without talking about equity; it's messy, but appropriate." I was so very turned off by one of the leaders starting us off on day 2 saying that she was worried we were losing sight of RS/C. Power and privilege and racial equity are part of the work we must do--if we don't, it's not because it doesn't exist, but it's because we're choosing not to name/explore it. As leaders we have to do better. We have to bring people of color to the table. We have to stop resting on, "I know it's a problem, but there's nothing I can do." We have to stop being defensive and practice what do many of us preach. Listen. Be with. Tune in. Be reflective. We can and must do better."

"I think the exploration and conversations must continue...the field can no longer ignore the issues. [Reflective Supervision] is the best space to process, connect, and heal."

"This is a tricky question. I think that I wasn't prepared for the amount of equity conversations that we had, and I really was looking for some more practical tips/encouragement in my RS/C skills. I wish there would have been longer small group times to actually work to practice how to approach this very difficult topic during RS sessions."

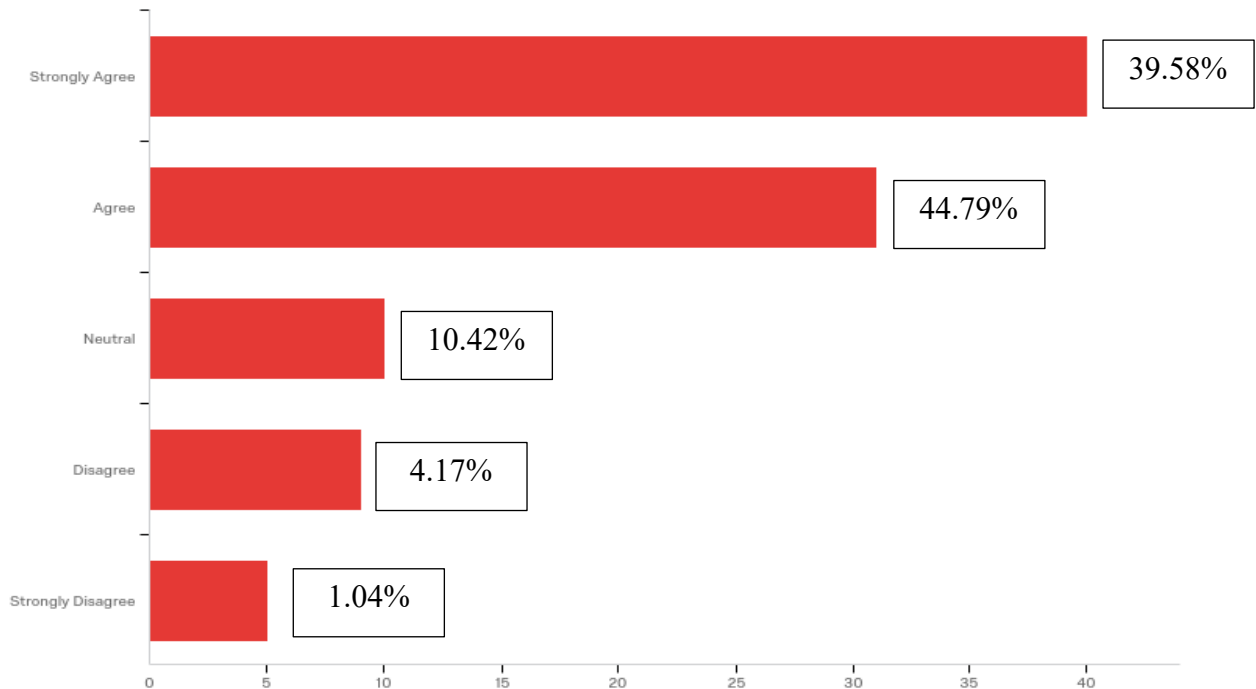


What were the **HIGHLIGHTS** and **STRUGGLES** of your Symposium experience?

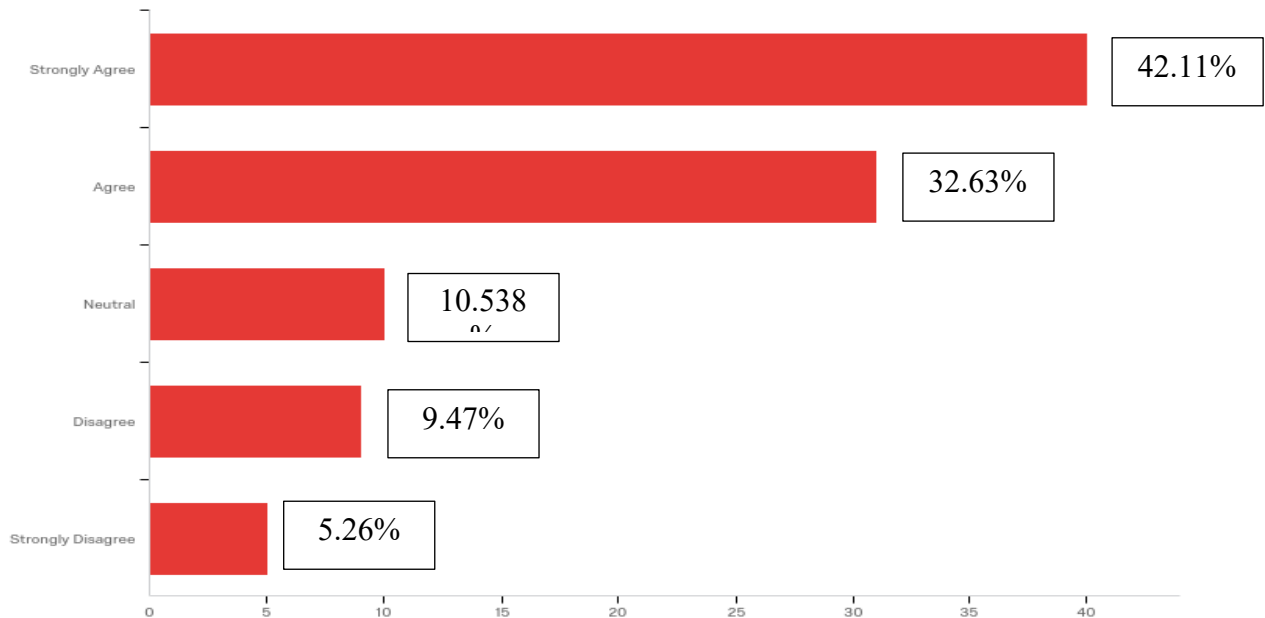


Participant Changes / Participant Impact

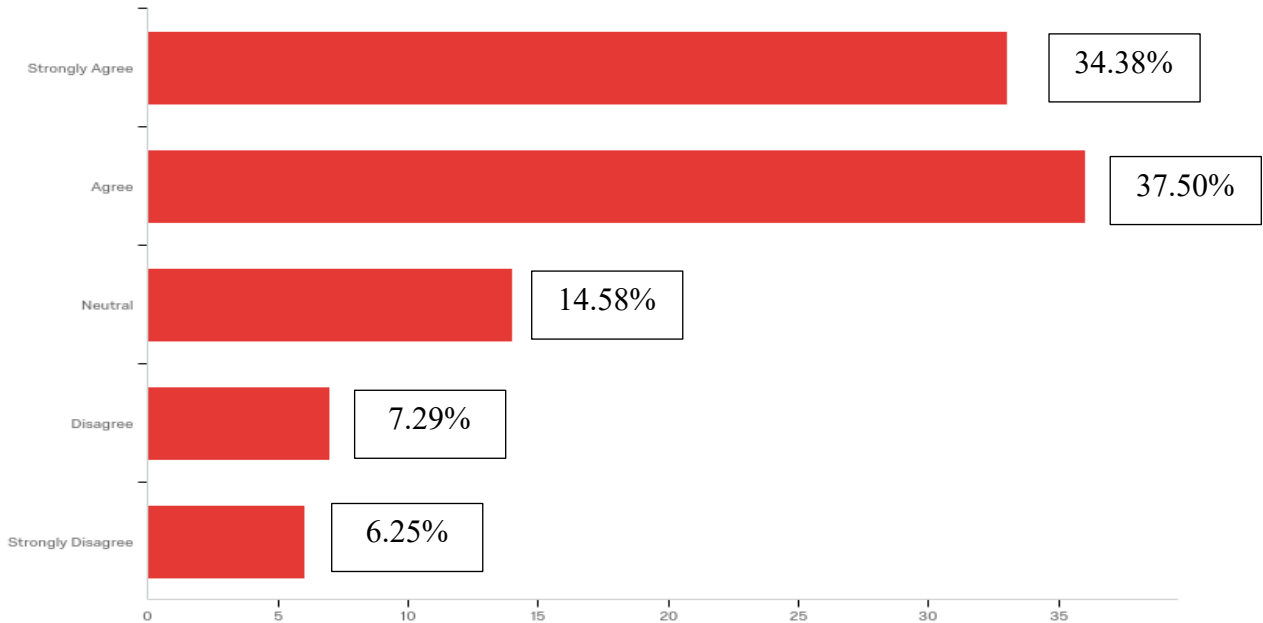
The Symposium CONNECTED WITH OR AFFIRMED my reflective supervision/consultation (RS/C) knowledge and experience



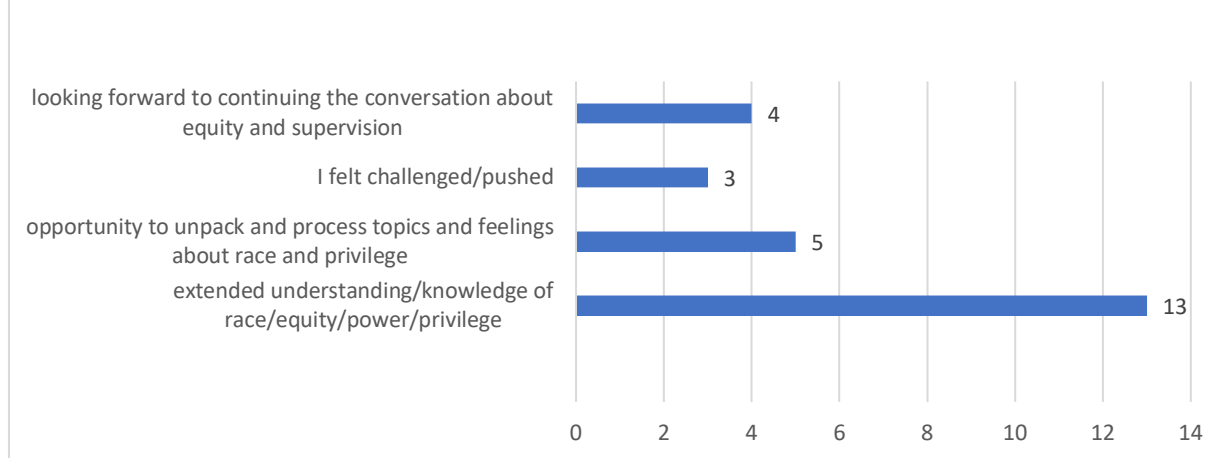
The Symposium EXTENDED my RS/C knowledge and experience



The Symposium CHALLENGED my RS/C knowledge and experience.



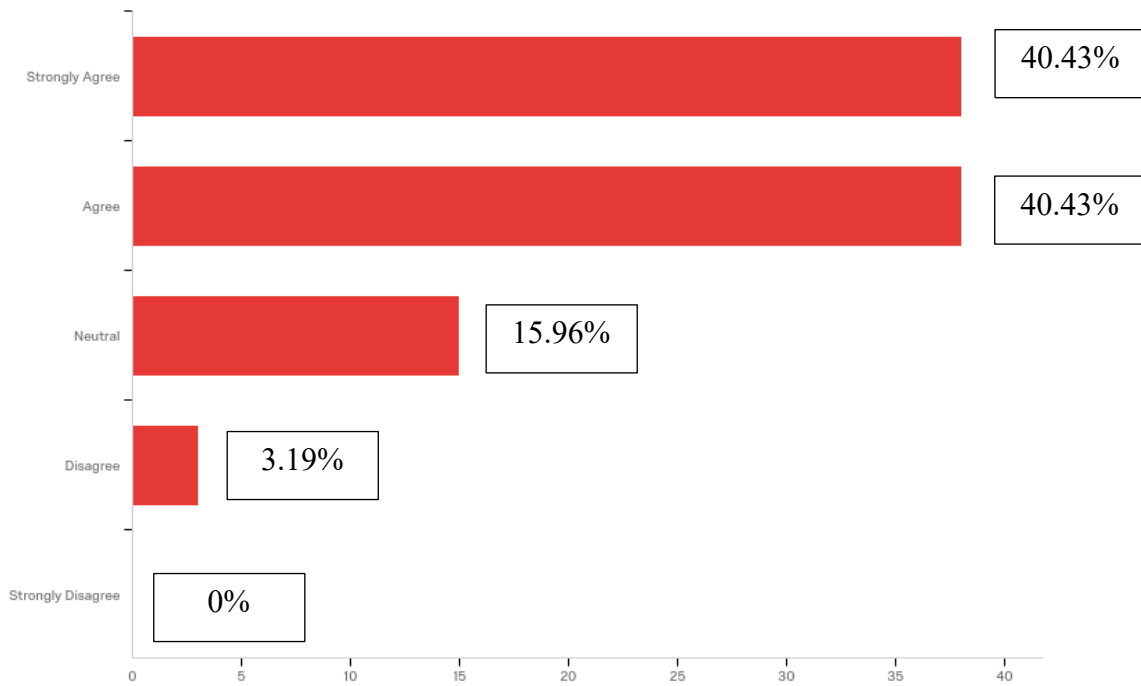
Open-Ended Responses: The Symposium CHALLENGED my RS/C knowledge and experience



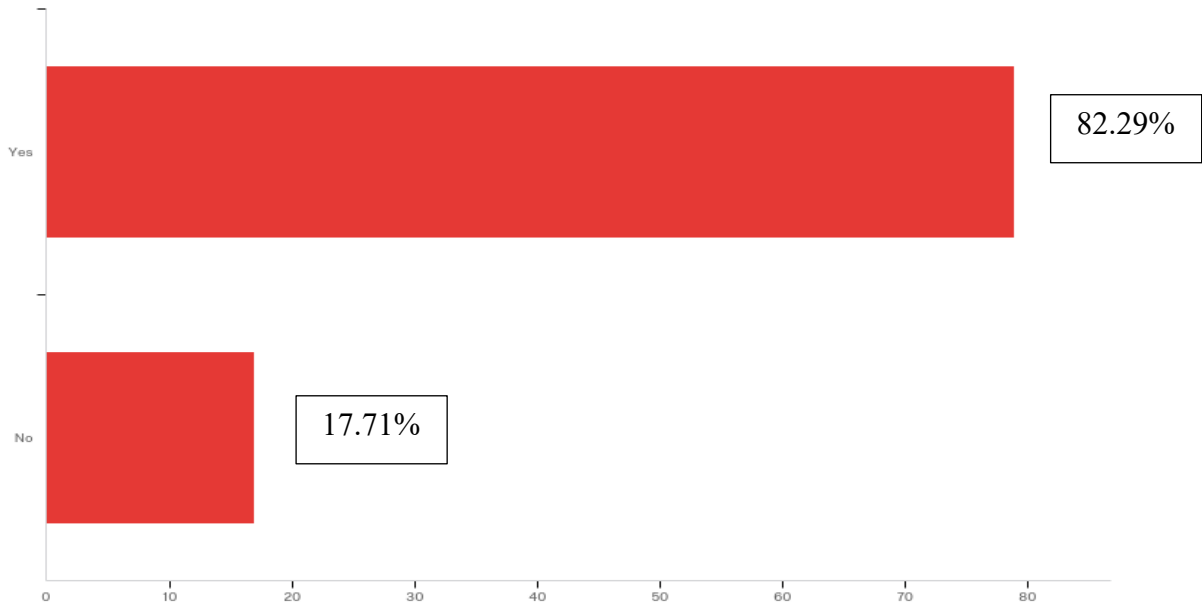
"It was my first symposium and I will be at them from now on. I questioned society, myself, others and came out with an understanding that if we as professionals can't have these deep discussions how will change happen?"



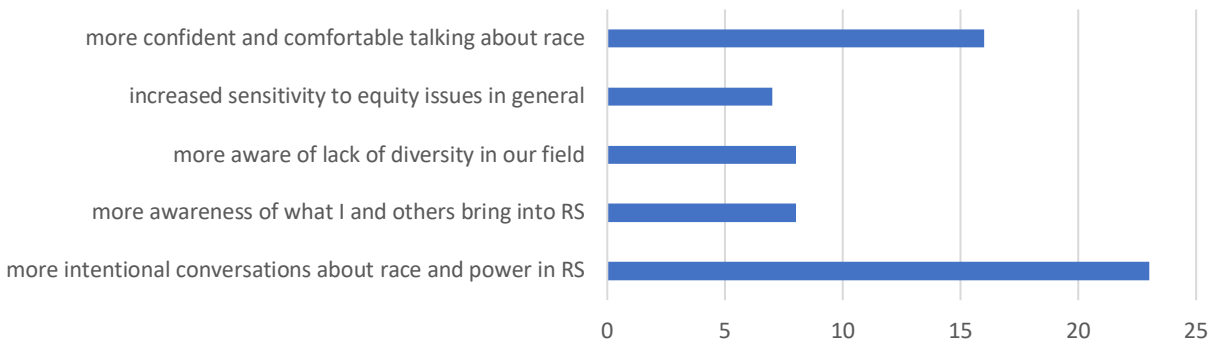
Since the Symposium, I have been inspired TO FURTHER ENGAGE IN RACIAL EQUITY EXPLORATION/CONVERSATION



I have noticed SHIFTS IN MY PRACTICE or SHIFTS IN HOW I APPROACH MY WORK since attending the Symposium.



Open-Ended Responses: Shifts in Practice / Approach to Work Since the Symposium



"In every situation, my background music is race and equity. I'm constantly thinking – 'how does it relate to this?'"

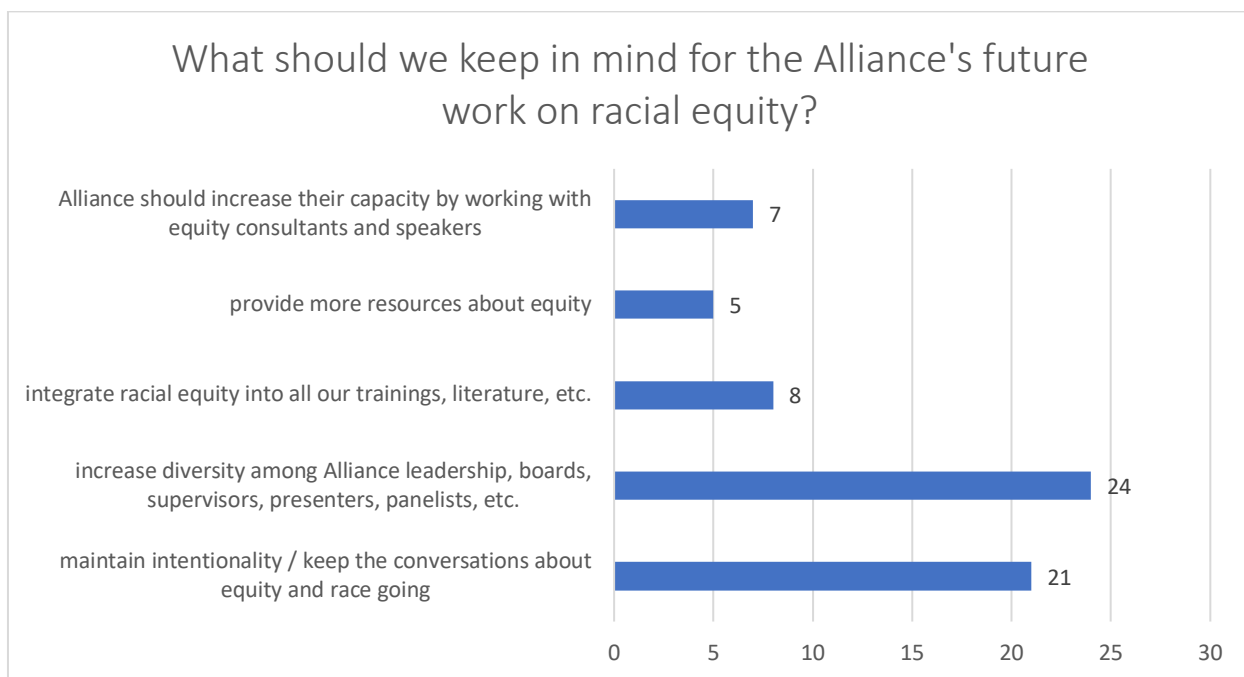
"The most consistent shift is in being more conscious of the role of race and perceptions/assumptions as one more dimension to be explored in the development and care of an RS relationship from the earliest meetings through ongoing times when reflecting upon issues and process concerns - and being willing to voice the questions/observations."

"I am listening more for what is not said about equity, intersectionalities, power, exclusion."

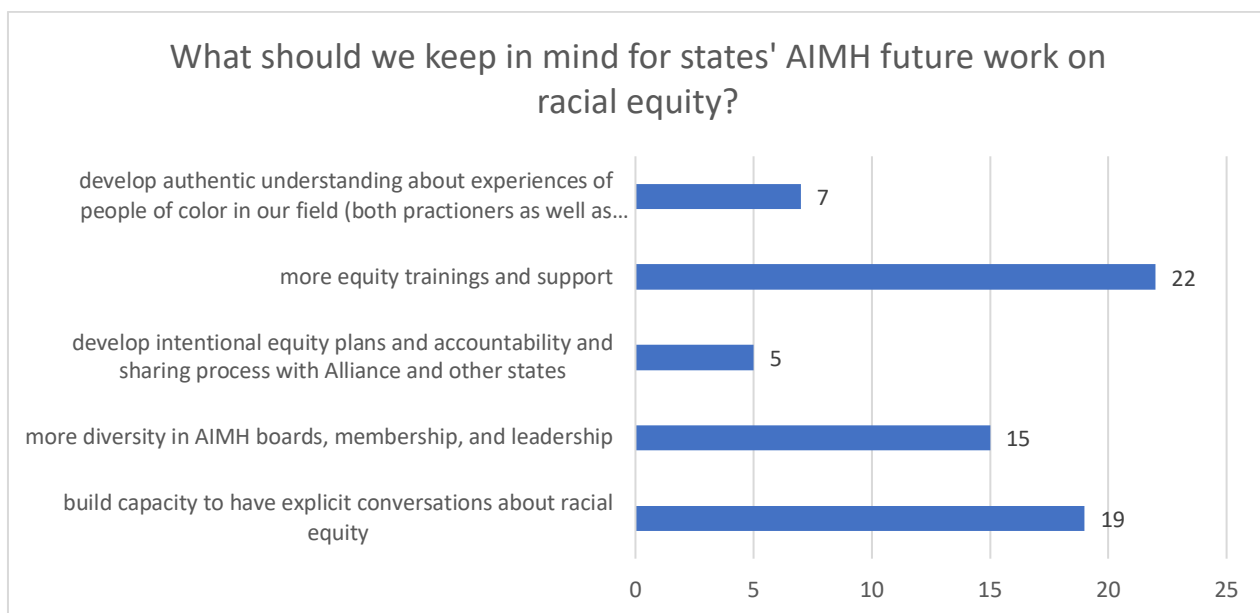


Implications for the IMH Field

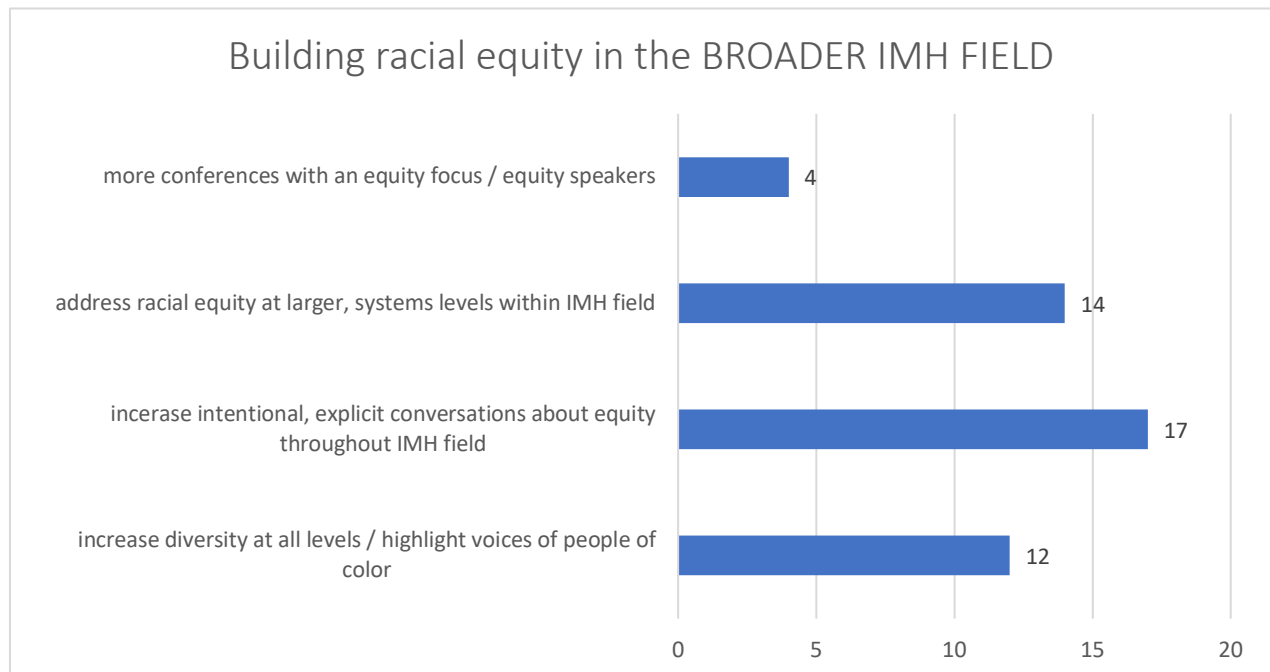
*What should we keep in mind FOR THE ALLIANCE'S FUTURE WORK as we CONTINUE THE WORK OF BUILDING EQUITY in the infant and early childhood mental health field? (See **Appendix C** for the full spectrum of open-ended responses)*



What should we keep in mind FOR YOUR LOCAL AIMH FUTURE WORK as we CONTINUE THE WORK OF BUILDING EQUITY in the infant and early childhood mental health field?



What should we keep in mind FOR THE BROADER INFANT AND EARLY CHILDHOOD MENTAL HEALTH FIELD as we CONTINUE THE WORK OF BUILDING EQUITY in the infant and early childhood mental health field?



"The power dynamics of society are reflected in our field, with leaders who have opportunity for more education reflecting the power classes and those who are working in child care and other para-professional roles reflecting the community more closely. We need to work on bridging the different kinds of knowledge and informing each other in a more respectful way rather than leaders identifying what others need to know and not being open to what leaders need to learn from others."

"How can a field of predominantly white women create a space that allows for conversations about equity?"

"You guys started and continued some amazing discussions. We need to take your lead and keep going!"



Racial Equity Transformational/Healing Framework

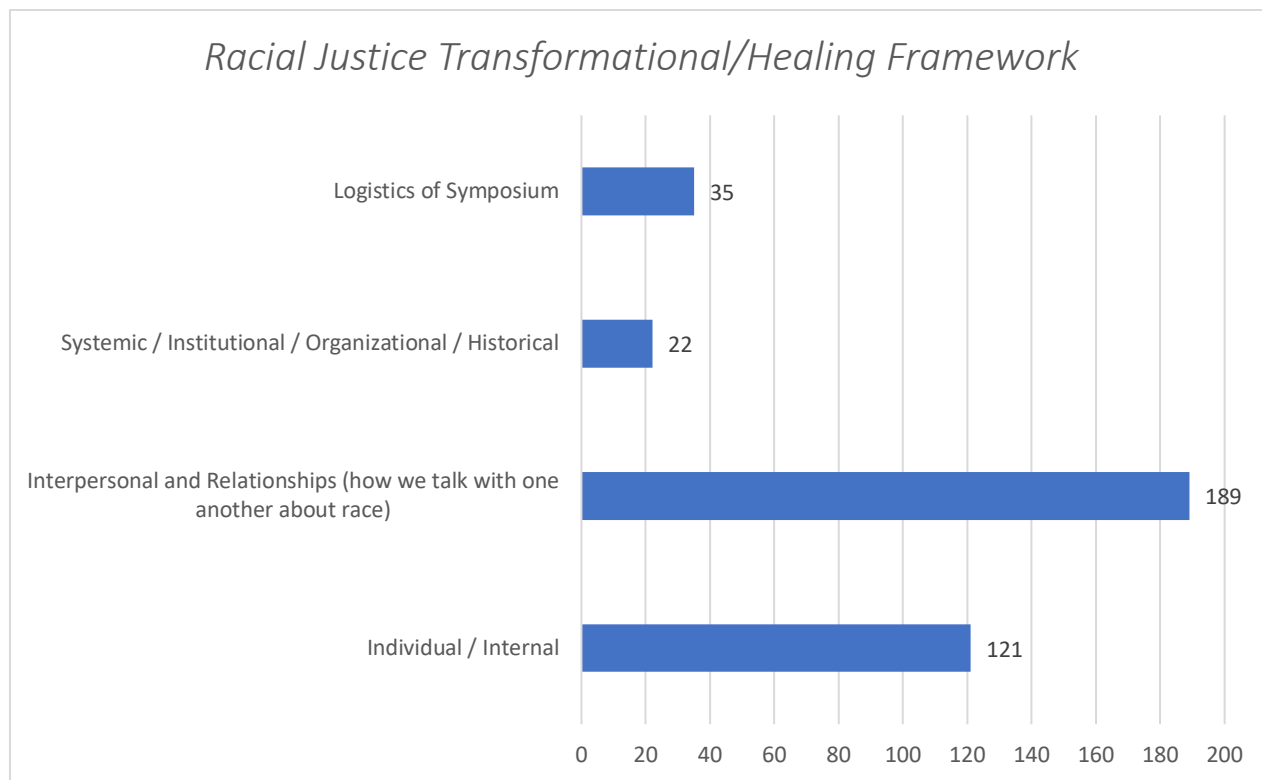
During the three keynote presentations during the Symposium, Dr. Shivers presented and discussed a racial justice framework that included a description of different levels at which racial equity transformational work can happen within the context of Infant Mental Health Reflective Supervision / Consultation. There are three broad pathways for achieving goals related to race relations and racial justice: Individual/Internal, Inter-group / Interpersonal and Institutional / Systemic. (Maggie Potapchuk, *Cultivating Interdependence: A Guide for Race Relations and Racial Justice Organizations*, 2004.)

The first level of the framework is **Individual/Internal**. This approach focuses on building the knowledge, awareness, and skills of individuals to increase cultural and racial awareness, confront prejudices and stereotypes, and address power dynamics, racism, internalized white supremacy, and internalized racism. The second level is the **Interpersonal / Intergroup/ Relational** level. This approach focuses on how we talk with one another about race. This level of transformation brings people of different racial and ethnic identity groups together to dismantle stereotypes, build relationships of trust and work together to solve problems and conflicts together. The third level of the framework is the **Institutional / Systemic / Organizational**. It includes a focus on systemic and historical patterns that have contributed to inequities. This level also focuses on strengthening the capacity of organizations and institutions to communicate about race, organize and mobilize for change, and advocate for more inclusive policies and institutional practices that reduce disparities and promote racial equity.

Although these levels are presented in a linear fashion, Shivers and others in the racial equity transformational field readily explain that the levels can unfold organically and simultaneously during a transformational experience – like this year’s Symposium. All three approaches address important aspects of the change process that are required to make progress on racial equity. Although each strategy has value by itself in the appropriate context; when they are combined together aligning efforts at these multiple levels (e.g., individual, intergroup and institutional), breakthrough changes become more likely (Leadership Learning Community, 2009).

In a broad sense, and in order to more broadly explore the racial equity transformational process within an organizational professional development event, we were curious to see to what extent participants were processing their racialized experiences at different levels of the Framework. We coded every open-ended comment into the following themes: 1) Individual / Internal; 2) Interpersonal / Relational; 3) Institutional / Systemic / Organizational; or 4) Symposium Logistics.





Discussion

Summary

By and large the Symposium's central focus of racial equity in the reflective process had a tremendous impact on participants. Below, we outline and summarize key findings:

- 64% reported an appropriate balance of racial equity and reflective supervision / consultation (RS/C).
- 84% reported that the Symposium **CONNECTED WITH OR AFFIRMED** their RS/C knowledge and experience.
- 75% reported that the Symposium **EXTENDED** their RS/C knowledge and experience.
- 72% reported that the Symposium *CHALLENGED their RS/C knowledge and experience.*
- 81% reported **CONTINUED THEIR OWN EXPLORATION** of equity issues after attending the Symposium.
- 82% reported **SHIFTS IN THEIR OWN REFLECTIVE PRACTICE** as a result of attending the Symposium. The top two most salient examples of shifts in practice included: 1) being more intentional and explicit in bringing conversations about



race, power and privilege in their reflective practice; and 2) feeling more competent and confident in entering into racialized conversations with others.

Another key highlight from this survey includes participants' desire to work towards increasing diversity at all levels – national leadership, local AIMH leadership and membership; supervision, and practitioners. Additionally, there was an overwhelming desire to keep the conversation about equity central to conversations in RS/C specifically and in the IMH field in general. Finally, there was also a strong request to continue bringing in additional professional development resources (including speakers, experts and trainers) to build the capacity to engage in concrete strategies that will lead to more equity in IMH and for the families and children we serve.

Implications for Alliance and State AIMH's

[include ideas from discussion at leadership Summit]

Recommendations and Next Steps

Based on a thorough review of the racial equity literature that documents successful elements of building equitable systems, we provide our top 8 list of concrete strategies that IMH organizational and systems leaders should incorporate throughout various levels of their organization, and throughout the entire developmental span of the organization – not just at the initial phases. The recommendations are ordered in alignment with key feedback from Symposium participants.

1. Talking about Race Works

Research has demonstrated that talking about race helps advance equitable policies, brings communities together, and reduces implicit bias (Kirwan Institute, 2015; Welcoming America, 2015). We need to be talking about race and bias with one another, but we are also naturally concerned or uncomfortable about bringing up tough topics. That is the purpose of many of the resources we provide in this toolkit—to identify additional tools and equity organizations that can help people step into their discomfort so that we can ALL get more comfortable together talking about race and bias, and working to make our early childhood systems more equitable for everyone.

Making meaning of individual and collective experiences in a safe environment for emotional exploration of racism can also support healing. It is important to address racial nuance in the course of business and to recognize and value the importance of giving needed time to these discussions in real time as racialized dynamics surface (Race and Leadership, 2010).

Reflective practice in infant mental health is built on a foundational belief that mental health practitioners help people lean into tough conversations, not away



from them. Change almost always starts with a conversation. Even if we stumble over our words at first, it will get easier over time. The more conversations about race we can have at all levels at our organizations and systems, the bigger difference we can make.

2. Identify and Engage Diverse Stakeholders

Which marginalized groups may be most affected by and concerned with the issues related to this proposal? Have stakeholders from different groups— especially those most adversely affected—been informed, meaningfully involved and authentically represented in the development of Alliance / AIMH programs and initiatives? Who is missing and how can they be engaged?

Consult with stakeholder groups to assist in identifying potential adverse effects and outcomes. Stakeholders provide a different set of eyes and perspectives. Because data may be limited, maintaining communication with a robust network is important. **Engage stakeholders early in the process.** This helps to develop a broad base of supporters who can identify unintended consequences early. It can assist in monitoring and evaluating the creation of equitable policies. It also creates a ‘hook,’ and develops a support system with diverse members who will become invested in the issue and create urgency around it (Greenlight Equity Assessment, 2012; Keleher, 2009; Race and Leadership, 2010).

3. Continuously Balance ‘Process’ with Action

Reflection on one’s individual experience with institutional power and privilege, along with learning about racialized opportunity structures, is a continuous process that is integrated with action. It means being collectively accountable for how we are doing on our racial justice and equity goals and mobilizing to do better, individually and as groups. This competency within organizations includes process features such as continuously confronting and uncovering our own areas of internalized oppression, privilege and implicit biases (we all have them!) – as well as action features such as understanding how to use data to diagnose an issue and track progress. As mentioned in the first listed strategy, in addition to personal work and interpersonal work, we need systemic understanding for appropriate intervention (World Trust; Race and Leadership, 2010).

4. Depersonalize Inequity: Use a Systemic Frame.

Framing equity by using a systems perspective gives all IECMHC stakeholders (e.g., state administrators; program directors; funders; teachers; home visitors; supervisors; consultants; etc.) access to a lens that allows them to see the bigger picture. At the same time, it develops a common understanding and language with which to explore inequity. This is critical for supporting analysis, as well as for



stakeholders to be able to ask the question, “What is really happening here, and why?” It is impossible to tackle the structural causes of inequity until this is clear. Only then will participants and stakeholders see that inequity is not caused by ‘bad people.’ Instead, it is a self-perpetuating system.

When we seek to interrupt unconscious bias, framing *the system* helps depersonalize the topic, and it reduces the tendency to emphasize ‘fixing broken children’ as the target of IECMHC work. (Aspen Institute, 2009; Kirwan Institute; World Trust; Race and Leadership, 2010)

5. Address Equity at all Levels of IMH: Not Just with Families and Children

An equitable IECMHC system will consider how equity plays out at various levels of the early childhood system. Increasingly, our early childhood initiatives are asking teachers and directors to shoulder the burden of implementation and accountability. We recommend considering how IECMHC programs and initiatives can address and acknowledge equity at different levels of our system such as: access to high quality child care and high quality family support services; child care selection factors (which reflect families’ constraints as well as their cultural preferences); child development organizational climates that support consultants and home visitors; mental health consultants’ ongoing professional development and supervision (preparedness to support conversations about race, culture and diversity).

An important place to start is for IMH organization and systems leaders to develop their own internal capacity to address equity (e.g., hosting and participating in courageous conversations; visioning and planning; using data; expanding leadership circles to include community and diverse voices).

6. Identify Success Indicators

In order to hold our organizations and systems accountable, we need to decide the following: What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed? (Race Forward: Center for Racial Justice Innovation).

7. Gather Information: Identify and Document Racial Inequities (Disaggregating Data)

Which marginalized groups are currently most advantaged and most disadvantaged by the issues and policies related to developing and implementing an IMH endorsement system? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed? (Keleher, 2009; Race and Leadership, 2010)



8. Deconstruct the Impacts of Alliance / AIMH-related Practices and Policies: Consider all Factors

Get inside the policy (for example: no preschool expulsion policies) — understand its role, its purpose, history, and structure. Create an environment where all stakeholders feel safe and comfortable to discuss the values of the policy. Remember that there might be multiple right answers. Ask other stakeholders or participants of the brainstorming process about their perspectives on particular issues. Be an active listener. Refer back to the information-gathering phase and ask: What other information is missing?

In order to inform the process of filling in the holes, examine the causes and think critically about the factors that contribute to producing or perpetuating inequities. Sometimes this requires one to question the structures, politics, and values of the project or policy (Greenlight Equity Toolkit, 2012).

“Continue to use the brave space, and ask questions, not assuming you know anything. Listen and learn so that people are seen and heard and partner around ‘how do we find our way together in this journey of learning and support for one another?’ Meet individuals and groups where they are. Celebrate the strengths and partner around vulnerabilities. Joining together in this way is mutually beneficial and will help the trajectory for everyone.”

~2018 Symposium Participant

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Appendix A

Symposium Agenda





3rd Annual Reflective Supervision/Consultation Symposium
Mining the Depths, an Exploration of Equity through the Reflective Process
 August 1-3, 2018 • Colorado School of Mines, Golden, CO

DRAFT AGENDA

Wednesday: August 1, 2018		
<u>Time</u>	<u>Activity</u>	<u>Location</u>
12:00-1:30	Prep: Small group facilitators ONLY	<i>TBD</i>
1:00-6:00	Registration	<i>Student Center Ballroom A</i>
1:00-6:00	Lodging Check-In	<i>Maple Residence Hall</i>
2:45-3:45	Welcome Reception	<i>CoorTek Building (Courtyard and Lobby)</i>
3:45-4:00	Transition to Main Ballroom A	<i>Short Walk to Student Center</i>
4:00-5:00	Welcome/Orientation (15 min) Eva Marie Intro (30 min) Schafer Award (15 min)	<i>Student Center Ballroom A</i>
5:00-6:15	DINNER	<i>Mines Market</i>
6:15-6:30	Transition to Small Groups	<i>Short Walk Across Campus</i>
6:30-8:00	Facilitated Small Groups	<i>Assigned Rooms: Student Center and Berthoud Hall</i>
8:15-9:00	Debrief: Small group facilitators ONLY	<i>TBD</i>
Thursday: August 2, 2018		
6:00-6:45	Free Gentle Yoga (Optional)	<i>Maple Residence Hall Community Room</i>
7:00-8:00	BREAKFAST	<i>Mines Market</i>
8:00-8:15	Transition	<i>Short Walk Across Campus</i>
8:15-9:45	Grounding Presentation: Eva Marie Shivers	<i>Student Center Ballroom A</i>
9:45-10:00	Introduction to Live Dyadic Supervision	<i>Student Center Ballroom A</i>
10:00-11:00	Live Dyadic (Clinical) Reflective Supervision	<i>Student Center Ballroom A</i>
11:00-11:45	Reflection on the Dyadic Experience	<i>Student Center Ballroom A</i>

5.15.18



Appendix B

Equity Keynote Speaker's (Dr. Shivers) Welcome Message

Dr. Eva Marie Shivers, J.D., Ph.D. – Researcher, policy consultant and racial equity facilitator
<https://IndigoCulturalCenter.org>

Quote:

*"Love and justice are not two separate things.
Without inner change, there can be no collective change.
Without collective change, no change matters."
~ Reverend Sensei angel Kyodo williams*

The word, *conocimiento*, stems from the Chicano movement, and alludes to collectivizing experiences and building bridges among strengths and perspectives. The word, *conocimiento*, means "having knowledge/awareness of," and in the context of having conversations about race, bias and equity I would like to extend its meaning to validating each person as a wisdom holder and, as such, valuable to the group in terms of learning and actions. Before starting our work together, we will slow down, get centered and acknowledge our own value. From that space we then will acknowledge the strengths of each other and where the connections are among us all. My approach and philosophy to racial healing is to practice this work in the context of community.

Welcome Message

Greetings to all of you! I'm looking forward to seeing all of you in Colorado, and I have been busy preparing for our many discussions.

In order to get our work started, the planning committee and I thought it would be a good idea to send some reflective questions and some readings. I will incorporate your responses into our discussions. Rest assured, all your responses are confidential! I will aggregate the results and comment on patterns that emerge.

SURVEY QUESTIONS [include link to survey here]

Directions:

Please respond to the questions below as honestly as possible. All responses are confidential. Individual responses with personal identifying information will never be shared with anyone else. Your responses will help me prepare for our time together and taking the time to reflect and fill out these questions will also prime you for the space we will create as a community to discuss race, culture, equity and bias in courageous ways.



Culturally-informed questions to ask in the beginning and all stages of supervision:

1. Of the various dimensions of self, including but not limited to race, gender, class, sexual orientation, which dimensions are easy to own and embrace or not easy to own and embrace?
2. Which dimensions of yourself are sources of your greatest personal discomfort / sources of your personal pride?
3. Of the range of differences that others identify with, which kinds of difference are you most comfortable with / most uncomfortable with?
4. How might these personal experiences of difference shape how you interact in supervision?
5. How does your culture (broadly defined) shape and inform your attitudes and beliefs about privilege and power -- especially in regard to your role as a reflective supervisor?

Dr. Toby Bobes writes the following (from his 2017 manual, *Promoting Cultural Sensitivity in Supervision*):

Strategy #3: Supervisors promote a climate of safety, risk-taking, and transparency in dialogues. They invite conversations with supervisees to dialogue about their cultural identities such as race, gender, class, sexual orientation, and religion. Supervisors introduce dimensions of diversity in the initial supervision session to set the tone to explicitly acknowledge and validate the lived experiences of group members of diverse backgrounds. They model identification of their 'social location' and invite thoughtfulness and dialogue about the explicit and implicit ways that power, privilege, and subjugation operate in therapy, supervision and training contexts.

Food for thought:

1. To what extent do you agree or endorse this strategy? (Strongly Agree, Agree, Disagree, Strongly Agree)
2. Do you currently incorporate any aspects of this strategy into your reflective supervision?
3. What aspects of this strategy seem the most challenging to you? Why?
4. Are you already aware of particular situations that may lead to discomfort for you? For example, clinical dilemmas that may be beyond your comfort zone?

To what extent do you agree with the following statements about your SUPERVISEE and YOURSELF as a supervisor? (Strongly Agree, Agree, Disagree, Strongly Agree, N/A)

1. I feel that most of my SUPERVISEES are open to talking about the cultural or racial background of their clients.
2. In MY ROLE as a supervisor, I feel open to talking about the cultural or racial background of my supervisees' clients.



3. I feel that most of my SUPERVISEES are ready/able/confident to discuss issues related to their own background characteristics (gender, culture, race, religion, sexual orientation, able-bodiedness, etc.)
4. In MY ROLE as a supervisor, I feel ready/able/confident to discuss issues related to my own background characteristics (gender, culture, race, religion, sexual orientation, able-bodiedness, etc.)
5. I feel that most of my SUPERVISEES are comfortable/ready/confident to bring cultural and racialized concerns into supervision.
6. In MY ROLE as supervisor, I feel comfortable/ready/confident to bring cultural and racialized concerns into supervision.
7. Please share any examples or comments.

Question related to the reading I will send a little later (2007 ZTT Journal article, Heffron et al.):

When in the supervisory relationship would it be appropriate or even recommended to encourage risk-taking and challenges when it comes to bravely exploring issues related to race, power and privilege?



Appendix C

Q18a - What should we keep in mind FOR THE ALLIANCE'S FUTURE WORK as we CONTINUE THE WORK OF BUILDING EQUITY in the infant and early childhood mental health field?

Keep having conversations about building equity in the context of everything we do, if we keep talking about this topic it will stop being so uncomfortable for people.

Explore how to increase diversity among our providers; further explore the IMH tenets

This was a first step. We need to continue to move forward despite discomfort.

Center equity in ALL discussions, hire outside consultants

The DC0-3 session was great.

I think some consultation with alliance leadership by folks in the field who may take a challenging, provocative stance in their ways of conveying information would be really helpful. Looking at who is at the head of the table at the alliance, and getting curious about the ways in which power and oppression are at play there. I saw an incredible presentation by Dr. Sayida Peprah that could be really helpful to reference.

Balancing these important issues while finding ways to empower us with practical and tangible tools.

its messy but keep going!

Continue to include explicit conversations about race and equity in discussions of training in IMH and training and provision or RS/C

Having more diverse representation in the panels of experts/ supervisors/ discussants

Please keep the conversation going. I would also love to hear more regarding the experience of women and other disenfranchised populations.

Maybe have someone more experienced in speaking about equity in RS demonstrate a live supervision?

I agree with what was said in a previous question that despite the fact that it may feel messy, this work is necessary. I think that the Alliance should continue to explore this topic.

Perhaps invite more racially diverse people to participate in the reflective dyad and group. Allow intentional quiet space in the middle of the day [more than simply 15 minutes walking to the next event].

The importance of individual perspectives, approaches, and needs to be aware of various different types of approaches to RS and models in RS to help support individuals, supervisors and systems in the work for families and children. Practicing in individual sessions, small group sessions and



demonstrating various frameworks to support diverse populations, communities, and learning styles will help RS work around adaptability in the moment with the complexities of the work.

Difficult when there are people who are beginning to provide reflective supervision and those who have been providing for years to meet the needs at both ends of the spectrum.

Focus on working with a variety of families.

Continue to support exploration at an organizational and personal level through events like this or informal networks.

Keeping being intentional about it.

Continued exploration of power imbalances and role of culture perceptions in our work

Differences in how much experience people may or may not have in thinking about race and equity; are there ideas from other fields of practice that would guide us in how to have these hard conversations; is there something about the racial make up of the groups that would support people in feeling safe to explore the issues, wherever they are in their journey?

I wonder if feelings of discomfort could have been dealt with sooner--some seem to brew. It seemed hard for those individuals who did not choose to attend but were told that they would attend the symposium--and in some cases just a few days prior to the symposium. These were also individuals who were not currently providing reflective supervision practice or consultation. What experiences might be offered for those who are new or not yet providing reflective supervision.

Training on how to be culturally informed and facilitate conversations in a quality way.

bring more people of color into the conversations - especially as leaders, not only participants. provide space for their voice to be heard and for leading skill building opportunities on how to share power with the families we serve

continuing the dialogue more opportunity for attendees themselves who are ethnically diverse to share their perspectives

I liked the community setting of staying in the dorms.

Keep including it and revisiting it as one of the areas of focus.

this is tough work and think we should more small group opportunities to explore white privilege and implicit bias

Eva was great...I enjoyed her, but I'm still trying to figure out what exactly we were trying to do at this conference. It was a mess.

Keep in mind (and I know you do) that diversity is much more than ELL and race. Cultural diversity is has so many deep layers, and asking tough questions during RS, and knowing the right questions to ask, so that others feel comfortable discussing how their background, what they are dealing with etc so that there is a comfortable place to bring up the real struggles, including race, culture, equity etc.



Continue the work...additional experiences like this would be useful

These are hard discussions. Find a way to include more voices in the planning. Don't be afraid to name gaps or oversights.

Starting this conversation was critical; I think it should be woven in to each and every aspect of RS/RSC. It should be best practice.

Just because you are a specialist in reflective practice does NOT mean you are a specialist in race/equity issues. Because this was a focus, there should have been more expertise in this area from large group facilitators and from reflective supervisors. The invite process perpetuated these issues--specialized invites for the powerful people in the field denied access at a wider level. There need to be some ground rules about equity/race/privilege and reflective practice. The fact that we are posing and asking whether these things go together is case in point of how far the field has to go.

Without effort, change does not happen. While everyone's path may be a little different, it would be helpful for the Alliance to offer ongoing guidance, resources, reminders, etc to the RS community so that we don't stop thinking of this important topic.

Two 'issues' I have been thinking about in this area are: 1) I do home visits which very much shape my interactions/responses/approaches to my supervision; and 2) I recently have wondered about peoples' perceived notions of their participation in society (this, by the way, could get quite political!).

encouraging diversity at meetings

We have to just keep showing up and having the discussions, even when there is push back and even when it is hard. Issues of equity need to be integrated into ALL we do.

Be committed to using spokespeople/leaders who are able to demonstrate cultural humility, in the moment reflective leadership and vulnerability, comfort with the uncomfortable, and acknowledgement of systemic and individual white privilege.

I prefer the focus to be infants and toddlers.

Not to define too narrowly the concept of equity.

We need more leaders who are people of color We need to look at our Endorsement process and the systemic issues that make it hard for people of color to become endorsed We need to continue to explicitly and intentionally talk about race and equity, and then do something

Continue the conversations. Be mindful about who is at the table having the conversations.

How do we use the reflective partnership in reflective supervision to explore issues of equity and explore how this may also be experienced through the parallel process.

Some next step discussions among leadership specifically inviting Alliance members who may not be in leadership now to reflect on where we are now and where the energy is to move things forward. Are we keeping our eyes open for emerging leaders who are persons of color? Are we



providing spaces for them to grow? Do some local AIMH's have experiences that can be shared that might inform directions that are realistic and helpful?

We need to invite more people of diversity and continue these conversations and monitor movement in the right direction.

Maybe address the feelings that may come up when confronting race and equity and exploring more of what those feelings mean to the individual..... this may have to be like a retreat format with a little more time for the rupture and repair.

This has to be part of the conversation. It takes time. the conversations are not easy. Maybe we are just having growing pains as we look to build skill as a network. Getting from considering culture and equity as an "add on" to really integrating it is not easy. It feel important to find out more about what people who are traditionally underrepresented have to say about these. I don't think that we can do this work well unless we figure out how to expand the voice of those groups.

Have a broad resource list for reading/viewing, etc. Create some virtual discussion opportunities on various topics - people could join if they wish and are able - have some foundation readings for each discussion.

-Conversation guides to use/help facilitate conversations (could include some of the statements or quotes from Eva) with reflective questions to allow for processing -encouraging state's IMH association to address it in their training and endorsement process -share research or encourage us to join research on how this is being done in the field of IMH

There is a lot of work to be done. Many voices should be heard and contribute to how to move forward. A support network or references for those with questions about equity would be helpful. I am not sure it has to be messy. I am sure it has to be respectful to everyone.

It would be helpful maybe to partner with a group that does equity work full-time to get their help infusing RS/C with equity elements. The group really wanted to see/hear how discussions of race, class, age, etc could manifest during RS/C, but the demonstrations seemed to shy away from that.

If we are going to address equity we need more time.

We all need to approach these issues in the way that best fits our practice and style.

I think it would be good to have a current reflective supervisor with a great deal of experience discuss the struggles in these discussions - challenges, areas of growth.

I think keep in mind that this is a much needed topic and we shouldn't stop here because people were uncomfortable. This is an epidemic that as fellows need to support this new idea and base for people to build on and learn from. Please don't stop the topic.

How can a field of predominantly white women create a space that allows for conversations about equity?

How do we include and honor more people of color and voices of people of color in the field.

Keep the conversation going and make little steps in change and recognize the challenges.



Look over exam vignettes and adjust what seem to me to be rather superficial attempts to address diversity. The most clear example I can think of is when the vignette names the race or the parent(s) in the vignette and does not mention the race of the practitioner. Do any exam vignettes include parents of the same gender or who do not identify as one gender or the other?

Find ways to better integrate these topics into trainings, literature, etc.

Find diverse voices to be part of the work. It is the responsibility and burden of those in power to invest in people of color and bring them into leadership positions.

I think the real live practice and first hand accounts are important. As well as how do we bring this to our state and our programs.

Include the voices of others in the fishbowls. Trained Facilitators in equity conversations

It was brave to take this on as a theme, it needs to be done again, but when and how to combine.

If we do not make explicit space for this it is likely to be marginalized until we are stronger in our integration with RS/C and addressing social injustice when it is part of a clinical or supervision picture.

Don't apologize for continuing the discussion. It is needed. Acknowledge that it can be hard, messy, seemingly unproductive at times.

Either make it the focus so it can be delved into deeply, or make it a thread that runs through an event but not the main focus, letting something else be the focus but highlighting how issues of equity are relevant throughout.

If you say endorsement - participants leave with an added endorsement. Provide gatherings where true endorsements are available to increase our knowledge, skills and credibility. I pay out of pocket and it was not worth the funds.

Bringing people of color to the table. WE NEED THEM! We need to quiet down and listen to their voices. If we don't or if we become defensive or rationalize our decisions, we will miss the opportunity to truly do this work.

Alliance could focus in all its meetings on equity and diversity and keep working at leadership level to bring a more diverse membership to IMH. We need to help each other.

