

# Mindful Practices to Enhance Diversity-Informed Reflective Supervision and Leadership

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## Abstract

Program leaders and supervisors have an ethical obligation to actively endeavor (a) to deepen their capacity to create safe and inclusive spaces for reflection and inquiry and (b) to intentionally acknowledge how topics of diversity, equity, and inclusion arise in themselves, their communities, their staff, their supervisees, and their clients. Mindfulness practices have shown promise as strategies (Choudary, 2015; Lueke & Gibson, 2016) to effectively reduce reactivity, implicit bias, and stereotyping and introduce more considered, open discussions. This article describes some of the ways that mindfulness and diversity-informed practices can expand awareness to greatly strengthen individual and group reflective supervision, thereby supporting open, perceptive, attuned work in a variety of programs across systems that support the relational health of families and young children.

An experienced, knowledgeable leader of a large home visiting program wonders how strengthening her reflective supervision team might help to address the ever-increasing rate of home visitor turnover. Could a more reflective leadership style and better supervision skills help retain and grow a more stable staff? As she listens to supervisors describe the demands of their work and notes some tension among staff members, she wonders how a broader embrace of diversity-informed

practice (See Box 1 for a glossary of terms used in this article.) might affect the work and their feelings about it. What specific tools could help supervisors deal more effectively with the demands of the program and the needs of their supervisees and families? How could she as a leader strengthen her understanding of her staff and build programmatic approaches that would help them develop additional reflective capacity for their work? What could she do to nurture a more diverse group of emergent leaders, individuals able to step into reflective supervision roles? This article invites consideration from systems leaders, managers, supervisors, and providers within

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## Box 1. Glossary

- **Diversity-informed practice** is a dynamic system of beliefs and values that shape interactions between individuals, organizations, and systems of care. Diversity-informed practice recognizes the historic and contemporary salience of race, ethnicity, class, gender, sexuality, age, able-ism, xenophobia, and homophobia and strives for the highest possible standard of inclusivity in all spheres of practice: teaching and training, research and writing, public policy and advocacy and direct service (Thomas, Noroña, St. John, the Irving Harris Foundation Professional Development Network Tenets Working Group, 2018).
- **Mindfulness** is the awareness that arises through paying attention in a particular way, on purpose, in the present moment, non-judgmentally (Kabat-Zinn, 2003).
- **Meditation** is a variety of contemplative practice techniques that work with the mind.
- **Contemplative practice** is the practice of thinking, questioning, and concentrating on the self for an expanded level of awareness (McGarrigle & Walsh, 2011).
- **Compassion** is a feeling of caring that arises when faced with another person's suffering. An individual recognizes and is moved to respond in ways that ease the other person's suffering.
- **Self-compassion** is noticing when one is experiencing feelings of stress or discomfort and treating oneself with care and kindness.
- **Empathy** is the experience of understanding another's experience, feelings, or thoughts from one's own point of view.
- **Embodied presence** means staying connected with one's whole self: body, mind, awareness, and felt experience from moment to moment
- **Reflective supervision** is a relationship for learning that implies that the supervisor approaches all supervisory tasks—including development of the supervisor's reflective capacity and intervention skills, oversight of the work, holding a space for reflection and exploration, and promotion of communication within the team and community—through a reflective stance (creating and holding space and listening openly).
- **Reflective practice** is a way of providing intervention services that are deeply imbued with a relational approach and an awareness of self, with an appreciation of the perspective of others.
- **Reflective consultation** encompasses a wide variety of consultation services that are intended to expand the reflective capacities of those receiving the service. It does not include direct programmatic responsibility for service delivery.
- **Beginner's mind**, which is achieved through mindfulness practice, refers to having an attitude of openness, eagerness, and lack of preconceptions, open to all possibilities. The wisdom of uncertainty can free individuals from long held views and opinions..
- **Focused attention** is the cognitive ability to concentrate on one target stimulus and filter out other distracting information.
- **Self-regulation** is the capacity to be aware of and manage emotions while maintaining a state and sense of calm. Self-regulation includes a wide range of internal processing such as inhibiting, initiating, and modulating of emotions and then choosing behaviors that make sense for the given situation. It can be a process of anticipating and planning ahead as well as a process of responding in the moment to unexpected situations. Through being aware of the full range of emotions and exercising the capacity to remain present to what is happening, self-regulation undergirds social and emotional competence.
- **Co-regulation** is a reciprocal process between two or more people characterized by warm, responsive interactions. Co-regulation is the process by which children develop social and emotional capacities via the caregiving relationship. Close physical contact, calming touch, supportive vocalizations, and modeling are primary modes of co-regulation. Over time and with support, a child internalizes the caregiver's regulatory capacities through practice and reinforcement. However, the need for co-regulation is present throughout one's entire life, particularly when experiencing highly stressful events.

such programs who are devoted to continuing to improve their work and infuse diversity-informed and mindful practices at the cutting edge of science and innovative practice. The article reviews foundational practices in reflective supervision, highlighting recent research on the importance of supervision and the value of mindfulness activities. The authors encourage system and program leaders in the parent, infant, and early childhood relational health field to consider a robust infusion of mindfulness, contemplative practices, and diversity-literate approaches into their reflective supervision, program development, and management activities to strengthen reflective supervision and other program activities.

## Home Visiting Vignette

*A home visiting two-person team, clinician and care coordinator, enter their supervisor's office. There is palpable tension between them. The supervisor, a white woman with 25 years of supervisory experience, invites them to sit down.*

*The clinician, Brianna, begins by sharing that they had just returned from a home visit and want to talk about it. This had been their fourth visit. The mother, Jazmin, is African American with a 2-month-old biracial infant, Nia. Jazmin is raising the child alone but has an extensive network of social supports in her community. Jazmin has previously had four children removed from her care by child protective services and has expressed a strong desire to do "whatever it takes to keep this baby." The care coordinator, Camila, who is Latina, is expressing significant concerns about the baby's safety. The home is in disarray, Jazmin is constantly running out of formula, and she has stated that she is so tired she often co-sleeps with the baby so she can take care of her at night without having to get up. Brianna, who is white, seems less concerned, pointing to the large network of supports available to the mother, her willingness to get help, her apparent interest in learning about her baby, and her regularity with their appointments. The supervisor asks the team clarifying questions and learns that the father of*



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Prioritizing the relationship between the provider and the family is essential.

*the infant, who is white, visits often, that there is a history of intimate partner violence between him and Jazmin, and that he is likely gang-involved. However, the more the supervisor explores the family's circumstances, the more Brianna becomes closed off and defensive, providing short one-word answers to any inquiry. The supervisor is perplexed, as this way of being is unusual for this clinician, someone typically open to thinking deeply about the families she is serving and exploring her own reactions and feelings as well.*

When considering the needs of programs, directors, and supervisor, this vignette brings to mind many questions regarding the role of the supervisor: What is it about this case that is eliciting this unusual response from the clinician? How might the clinician's responses to this particular case relate to the broader needs of the program? Might race play a role in it? Why is Brianna seemingly unconcerned about the level of risk for this child and also, in a different way, for her mother?

In addition, an external observer to this conversation may have other questions. Does this home visiting pair feel safe to explore issues around diversity within their supervision? Does the supervisor have any experience in helping people from different racial communities speak to—and hear—one another? What are the supervisor's experiences with conflict? How does she mediate between people and handle disagreements with, and among pairs of, staff members? Does the supervisor have the skills that would allow her to introduce ideas of mindfulness and diversity into individual, dyadic, or group supervision or full team meetings? What strategies could be helpful in

these charged situations? In their respective cultures and families, how are the conflicts of each of the three handled? Are differences honored and accepted? How dedicated is each of the three to trying to repair ruptures? Can one of them disagree yet still work together toward what is best for Nia? For Jazmin? And also for Nia's father?

In working with children and their key parental figures, providers are frequently faced with situations like these, in which issues of racial and cultural differences along with power and the access of privilege embroil provider teams and their supervisors. Might the practices of mindfulness and diversity-informed awareness provide resources to enhance work with families and with one another? How do organizations strengthen their program and supervisory processes to build stronger teams? This article is meant to provoke consideration and discussion about ways that mindfulness and diversity-informed practice can strengthen reflective supervision and thus support perceptive, attuned, resourceful work with children and their key caregivers.

## What Makes Reflective Supervision Reflective?

Reflective supervision is a relationship for learning (Fenichel, 1992). The partnership nurtures a process of remembering, reviewing, and thinking out loud. It could be said that reflective supervision enhances vision, clarifying what is seen and even what is see-able. In a real sense, the effect of reflective supervision is that it nourishes "super vision"—the ability to see further, deeper, and more (Shahmoon-Shanok, 2006, p. 343). Within reflective supervision, this type of reflective communication cultivated within a nurturing container is purposeful. There has been an emerging evidence base on reflective supervision (Eggbeer, Shahmoon-Shanok, & Clark 2010) and recent research has shown that the therapeutic alliance contributes significantly to family outcomes (Calvert, Crowe, & Grenyer, 2016). Therefore, prioritizing the relationship between the provider and the family is essential. To that end, reflective supervision provides an opportunity for experiential learning as supervisees broaden and deepen their relational and reflective capacities beyond the acquisition of knowledge and skill (Calvert et al., 2016) to include commitment to diversity-informed sensitivity and responsiveness.

Heffron and Murch (2010) proposed critical skills for the supervisor which include slowing down, providing containment, sorting, and selecting facets of the work for exploration; perspective taking; professional use of self; and negative capacity (the ability to refrain from moving into judgement and resisting the impulse to take over and solve the supervisee's dilemmas); and they recommended the use of mindfulness in the moment to maintain or regain attunement when needed. Spotting, or noticing and raising questions while being careful not to induce shame or defenses, is critical, particularly when the supervisor is working to bring particular aspects of the work into more awareness. What makes supervision reflective is the supervisor's ability to make use of these powerful

tools consistently over time. With equity as a goal, supervisors use these tools to address a broad spectrum of opportunities, which span the needs of the supervisee, challenges of the families served, and conflict and tension in a team, while holding the particular needs and requirements of the organization in mind and ensuring that all families are served with sensitivity and care.

Rosenberg (2018) aptly described a confluence of issues that lead providers working in the public health sector to feel more stressed and less supported. The factors he outlined include the pressure to see as many clients as possible in as brief a time as possible, staff being paid remarkably little for doing very difficult work, the advent of technology, which allows the constant monitoring of staff activities and productivity, and staff burnout and turnover. He wrote that caring for others without a sense of reciprocation is beyond unrewarding; it is depleting. Further, he said there is something within a dynamically oriented supervision or consultation that carries with it a sense of caring, engagement, and reciprocity that allows for feeling understood and given to in a way that can potentially offset the forces that lead to burnout. Rosenberg and colleagues (Rosenberg, Dauphin, & Boulanger, in press) also demonstrated that ongoing psychodynamically oriented reflective consultation provided to individual clinical staff members weekly over the course of 12 months produced a significant improvement in the clinicians' attitudes about the workplace and their sense of professional development. This research makes a strong case for the importance of ongoing reflective supervision for both seasoned and newer staff.

As in any other relationship, supervision can be marked by tensions and conflicts as well as periods of grace and calm. What distinguishes a growth-promoting supervisory relationship from a stale or otherwise unproductive one is not the extent to which the relationship is free from doubt or tension, but rather the ways in which the partners are willing to recognize, accept, and explore these challenges and differences. This exploration can include listening deeply, eliciting a broader understanding through the use of skillful questions, and initiating repair, if needed. Over time these processes can expand each partner's awareness of individual perceptions, needs, and approaches and help move beyond stereotypes, building trust to allow for the deepening quality and usefulness of supervisory dialog.

### How Can Mindfulness Practice and Diversity-Informed Practice Enhance Reflective Supervision Capacities?

As new supervisory relationships begin, it is essential that supervisors introduce the reflective supervisory process, simultaneously helping their supervisees to understand their experience and begin to co-create their relationship. Supervisors try to nurture a sense of safety that becomes the very foundation of the supervisory relationship by locating themselves as allies while also manifesting and discussing confidentiality and an environment of curiosity and openness to complexity. Often this trust within the relationship develops



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Reflective supervision can be marked by tensions and conflicts as well as periods of grace and calm.

over many weeks, even months, as the supervisor evidences authenticity, interest in seeing and hearing the supervisee, and a desire to support. The supervisor tries to understand the supervisee's prior experiences with supervision and with mindfulness practice, their reactions, and consequent anticipations, while embedding diversity-informed practice into both the relationship and organization at large. Diversity-informed practice is a dynamic system of beliefs and values that strives for consideration of the highest levels of diversity, inclusion, and equity. It recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations, and systems of care (Thomas, Noroña, & St. John, & Irving Harris Foundation Professional Network Tenets Working Group, 2018). The supervisor may ask questions such as:

- "What do you hope for from this supervisory experience?"
- "What do you consider areas of strength in your practices, and what do you consider your growing edges?"
- "How might you feel about pausing to get grounded from time to time?"
- "Have you ever had any experiences with mindfulness?"
- "Have you ever had the chance to discuss how race, class, gender, and/or any other sociocultural category shapes your work with clients or co-workers? What was that like?"
- "Have you had experiences that were supposed to promote being able to see from multiple viewpoints? In supervision?"
- "What have your supervisory experiences been like? What about it in terms of class, cultural, or racial differences?"
- "Did you ever want to have such an opportunity? May I ask you why?"

Supervisors who are building reflective supervision groups need to take particular care to work with the group to build norms

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Mindfulness practice provides tools that move individuals from automatic or defended responses toward present moment awareness.

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that invite discussion of differences and respect for different racial, gender, class, sexual orientation, country of origin, socio-cultural perspectives, or a combination of these. These supervisors need support to learn how to distinguish intention from impact, address microaggressions and implicit bias, notice and inquire about content that is present in a room, and infuse mindfulness practices in the group.

At least in some circumstances, for most supervisees and also for some supervisors, skills to discuss diversity, inclusion, and equity sit at the outer limits of their comfort zone. We are proposing that practiced together, mindful and diversity-informed practices can awaken providers' potential self-knowledge; support their reflection; and deepen their capacity to integrate diversity, inclusion, and equity into their work. Mindfulness practice provides tools that move individuals from automatic or defended responses toward present moment awareness. These practices prompt providers to slow down their responses, pay more attention, and create a buffer against rapid reactions, implicit biases, and a focus on fixing problems. Use of mindfulness and other contemplative practice strategies can lead to more intentional action as well as compassion for self and others. Diversity-informed practice helps providers understand the historical and contemporary systems of oppression that shape their context and therefore their relationship with themselves and others. It is the responsibility of the supervisor to invite, engage, and to be responsive to discussions related to the role of race/ethnicity, class, and other demographic factors and how they shape how providers are with clients.

The location of self model (Watts-Jones, 2010) invites providers to have a conversation about how social locations (of ethnicity, race, class, sexual orientation) can operate in the clinical relationship. Dr. Ken Hardy (2016) suggested having these conversations by directly connecting one's racial, ethnic, class, or other backgrounds and how those may shape one's practice by making statements such as "As a Black man I feel..." or "As a White woman what comes to mind is..." or "I noticed

myself being quite directive a minute ago and wondered how you experienced that", thus giving permission but not forcing a conversation. Harrell (2014) suggested that paying attention to certain expressions or attitudes in supervision may serve as good indicators that race-related content may need to be explored. For example, reactivity to race related materials ("I feel like you are attacking me") or invisibility of race ("I don't even notice that she is African American because I identify with her as a woman") may signal an area of further exploration.

## Mindfulness in Reflective Supervision

Indeed, reflective supervision is meant to enlarge awareness of both self and of other, which go hand-in-hand when providers meet with a supportive, curious, and patient senior partner—their reflective supervisor—regularly and collaboratively. Mindfulness is a practice which has been demonstrated in numerous studies to have physical and mental health benefits (Kabat-Zinn & Davidson, 2012). When repeated and cultivated, these practices invite self-awareness and self- and co-regulation, and they allow thoughts, feelings, and interpretations to emerge with less judgment, so they can be deciphered, considered, and sometimes also accepted and integrated. Reflective supervisors can use mindfulness in the context of reflective supervision to support providers and themselves as, together, they uncover and process the emotional material often experienced in their work with young children and families. Using mindfulness also supports the intentional focus that it takes to seriously consider and explore diversity, equity, and inclusion in families, programs, and communities. These topics can be fraught, even contentious, and too often not fully considered or even actively avoided in community-based intervention work. It takes deliberate practice to focus on unpacking individual judgments, assumptions, interpretations, and biases. Often, when providers pause to arrive and become present, as they do in mindfulness practice, they become aware of mixed emotions or habitual thoughts. They begin to discern feelings and associations that underlie stronger, predominant emotions and reactions. Reflective supervisors have the opportunity to intentionally insert mindful pauses as part of the overall structure of supervision and to actively engage this or other mindfulness-based strategies when content of a session is tense, argumentative, or otherwise dysregulating for supervisee, supervisor, or both.

When providers couple the mindfulness practice of witnessing or observing with curiosity and reflection, they build self-awareness as well as other-awareness, which are central goals of reflective supervision. Moreover, this self-awareness can also be used intentionally to focus on and deepen considerations in which each individual holds particular racial, cultural, religious, class, and other sociocultural vantage points.

## Intentional Use of Mindfulness to Promote Diversity-Informed Practice

The capacities for both mindfulness and reflection take effort and repeated practice particularly as providers use these

approaches to expand the ability to include conversations about all forms of diversity in a program. Indeed, that's what *practice* means. The capacity to pause rather than react is bolstered by self- and other-compassion, repetition, and focus, and it becomes better with practice. Self-compassion provides great assistance in removing harsh judgment of self (Neff, 2011) that often arise in these processes. When providers are able to stay present with compassion for self, and compassion for the other, they stand a better chance of discerning and digesting the fullness of what they are sensing, feeling, and thinking. Like a nuanced instrument acutely attuned to data from multiple sources, these sensations, emotions, and thoughts can offer indispensable insights. The supervisory environment serves as a meaningful laboratory to learn and strengthen reflective skills with the support of mindfulness. In addition, practicing mindfulness and reflection outside of the reflective supervision context can further build providers' skills and open possibilities for more meaningful dialog that more fully includes the perspectives and experiences of others. When providers develop a regular practice, they find that mindfulness and reflection serve them more naturally in the moments when they most need them.

The Learn More section of this article lists books and apps that offer concrete strategies for developing a personal practice that can support this ability to focus attention and to stay focused, an intrinsic skill that underlies many other capacities needed for reflective practice as well as respectful and kind connection with others. As providers and supervisors practice and gain fluency with this basic ability to focus their attention in the present, holding compassion and self-compassion in mind, their ability to witness a situation and be with the distress of others increases along with their capacity to be open to information that expands their perspective. The practice of mindful awareness can then be extended to work with families and colleagues including those evoking strong emotions or countering providers' worldview. In this way, mindfulness helps providers create space for awareness, responsiveness, and learning as opposed to reactivity and defensiveness, minimizing the chance that they cause harm to themselves and others.

### Putting Mindfulness and Diversity-Informed Practice in Action in Program Settings

The vignette at the beginning of this article explored how both diversity-informed and mindfulness practices can support robust reflective supervision and leadership. As noted, diversity-informed practice is a dynamic system of beliefs and values that strives for consideration of the highest levels of diversity, inclusion, and equity. It recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations, and systems of care (Thomas et al., 2018). Mindfulness refers to a person's awareness of and attention to what they are thinking and feeling in the moment. The first step for practitioners is slowing down and noticing, recognizing, and acknowledging how they are doing, what they are feeling, and where. By inviting



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Using mindfulness also supports the intentional focus that it takes to seriously consider and explore diversity, equity, and inclusion in families, programs, and communities.

a few intentional moments of focusing attention inward, with guidance to *kindly* notice what is there, without judging, analyzing, or correcting, practitioners create a safe space to be, a "Beginner's Mind" or "Not knowing mind", open to all possibilities.

The supervisor might invite a moment of mindfulness, for herself and staff: "I am feeling some confusion about this case and wonder what feelings are present for both of you. Let's take a few moments to sit quietly, just noticing without judging what's coming up internally around this situation, naming what feelings and thoughts arise, observing what sensations are present in our bodies. Let us take a few heart-centered breaths, compassionately holding Jazmin, Nia, and Nia's father and ourselves in mind before resuming our conversation."

Practicing mindfulness starts with a particular way of focusing attention, training the brain to narrow attention to a specific object, sensation, or experience and then sustaining that focus even as distracting thoughts, images, and feelings arise. When professionals are faced with conflicts emerging from differences, ideally, they stay connected to their sense of common humanity (Neff, 2011) and are moved to take time and space for engaging mindfully and listening deeply.

Supervisors and providers alike can broaden the application of mindfulness even further to help create safety, offering a holding pattern or environment where different perspectives, the truth of each individual's experiences, and diverse ways of being can be experienced and expressed. As the professionals in the vignette begin again to share thoughts and feelings about their experiences with the family, the supervisor may suggest they each share one at a time, while others actively listen. Perhaps offering guidance, "Let's work on moving slowly in speaking and listening actively, remaining open and putting aside judgments when they occur. Also, keeping some focus on our internal experience—noticing if anything feels dysregulating. If that happens, please signal us to pause for a few deep, slow breaths, internally labeling the thoughts and feelings

coming up.” Some models use special terms for this capacity to use mindfulness to help with self-regulation in moments of stress or confusion. For example, in the Facilitating Attuned Interactions (better known as FAN; Gilkerson, 2015) approach to intervention, practitioners are taught to recognize various psychological, mental, and cognitive signs of dysregulation, which signal the need for some form of mindful self-regulation. The model builds a provider’s ability to recognize the inception of dysregulation and move to specific mindfulness strategies that practitioners can use to regulate moments of tension or dysregulation for themselves so that they can be more present for the clients or supervisees with whom they are working. Ruth King (2018) also suggested using the RAIN (Recognize, Allow, Investigate, and Nurture) practice when in the midst of racially tense conversations or experiences.

Using another example, in the psychodynamic tradition, providers speak of recognizing affect and its source—both from the supervisee’s productions and the supervisor’s own immediate and past history. The supervisor’s associations, defensive reactions, and fantasies that are generated regarding the supervisee and the client are important sources of data and, to the extent the supervisor is able to recognize these and make sense of them, they are able to effectively support their supervisees. The supervisor considers their own experience as well

as their supervisee’s and the client’s in order to be able to interpret, contain, and integrate their experiences. In other words, the supervisor’s ability to slow down, focus inwardly, and be open to what they find is closely tied to their effectiveness as a reflective supervisor. Invariably, when providers are given the space and time to slow down and think deeply about their cases in an environment where they feel supported, encouraged, understood, and challenged, they make discoveries about themselves and the families they serve. As a supervisor becomes attuned to supervisees’ processes, supervisees, in turn, become better able to bear witness and remain present, “being with” as a child, parent, or family moves through a difficult situation. And sometimes, by asking questions or offering new information, they can also help clients come up with creative solutions to the issues they are facing.

## The Importance of Organizational Context

When bringing mindful, reflective, and intentional practices honoring diversity, equity, and inclusion into organizations, we cannot overstate the importance of clinical/program leadership in creating space, value, and rationale for these approaches. Many staff members may not have worked in

### Learn More

#### Websites

<https://diversityinformedtenets.org>

[www.zerotothree.org/mindfulness](http://www.zerotothree.org/mindfulness)

Greater Good Science Center, UCLA-Berkeley  
<https://ggia.berkeley.edu>

Center for Healthy Minds, UW-Madison  
<https://centerhealthyminds.org>

Mindful Schools  
<https://www.mindfulschools.org/personal-practice/mindful-summer-awakening-to-implicit-bias>

[www.tarabrach.com/RAIN for Self-Compassion](http://www.tarabrach.com/RAIN%20for%20Self-Compassion)

#### Books

Nhat Hanh, T. (2014). *How to Sit*. Berkeley, CA: Parallax

Salzberg, S. (2011). *Real happiness: The power of meditation*. New York, NY: Workman

Hardy, K. V. & Bobes, T. (Eds.). (2017). *Promoting cultural sensitivity in supervision: A manual for practitioners*. New York, NY: Routledge.

Hardy, K. V. & Bobes, T. (Eds.). (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. New York: Routledge.

#### Mindfulness Apps

InsightTimer

HeadSpace

Stop, Breathe, Think

Calm

#### Diversity-Informed Practice

Thomas, K., Noroña, C. R., & St. John, M. S. (2019). Cross-sector allies together in the struggle for social justice: Diversity-Informed Tenets for Work With Infants, Children and Families. *ZERO TO THREE Journal*, 39(3), 44–54.

Ghosh Ippen, C., Noroña, C. R., & Thomas, K. (2012). From Tenet to practice: Putting diversity-informed services into action. *ZERO TO THREE Journal*, 33(2), 23–28.

St. John, M. S., Thomas, K., & Noroña, C. R. (2012). Infant mental health professional development. *ZERO TO THREE Journal*, 33(2), 13–22.

Tummala-Narra, P. (2004). Dynamics of race and culture in the supervisory encounter. *Psychoanalytic Psychology*, 21(2), 300–311.

#### Reflective Supervision

Shahmoon-Shanok, R. (2006). Reflective supervision for an integrated model: What, why & how? In G. Foley & J. Hochman (Eds.), *Mental health in early intervention: A unity of principles and practice* (pp. 343–381). San Francisco, CA: Jossey-Bass.

Shahmoon-Shanok, R., & Stevenson, H. C. (2015). Calmness fosters compassionate connections: Integrating mindfulness to support diverse parents, their young children, and the providers who serve them. *ZERO TO THREE Journal*, 35(3), 18–30.

#### Reflective Supervision Video

Heffron, M. C., & Murch, T. (2013). *Finding the words, finding the ways: Exploring reflective supervision and facilitation* (DVD and Manual). Michigan Association of Infant Mental Health. <https://mi-aimh.org/store/reflectivesupervision>

institutions or systems where these capacities are valued or their development encouraged.

The practice of slowing down, taking time and care for reflection, may be unfamiliar, or even uncomfortable. Time and space for these types of doing and being are still considered a “luxury,” too often not available to either providers, supervisors, or leaders. For African American, Latino/Latina, Asian American, Native American, and other non-White or middle-class groups who work in White-dominant institutions, these suggestions may seem privileged and misattuned to their daily experiences related to maintaining one’s dignity and psychological survival and to working diligently to meet the needs of members of their communities. It is difficult to slow down when providers’ survival depends on being quick and invisible to ensure majority comfort or when providers feel that many are depending on their efforts. One way this type of practice could be achieved is if leadership at an organizational level allows supervisors, teams, and practitioners to observe that reflective approaches imbued with mindful and diversity-informed practices are valued and integrated in an ongoing and consistent manner. This approach requires that, in addition to promoting these models of supervision and practice, leaders themselves in their management, team-building, and educational activities demonstrate an active acceptance and promotion by infusing them into their communications, practices, and educational activities. This way, mindfulness and diversity-informed approaches become a living, breathing practice.

For example, the University of Wisconsin Infant, Early Childhood and Family Mental Health Capstone Certificate Program has integrated a 2-hour monthly Mindfulness, Lovingkindness and Self-Compassion class into this year-long professional development program. Clark, and Tuchman-Ginsberg (2016) documented that the amount of contemplative practice of the fellows is related to the growth of their reflective capacities by graduation. One community-based program has established a mindfulness/quiet room where staff can take mindful or contemplative breaks; another program offers a yoga practice every Friday morning for half an hour; and yet another always begins group supervision by doing a breathing exercise or a stretch. A particularly strong example of these types of practices is Child First, an evidence-based trauma-informed clinical home visiting program, which requires all staff to receive reflective supervision. Because Child First uses a two-person team model, each staff person receives 1 hour of weekly individual supervision, the team receives 1 hour of team supervision weekly, and all Child First staff at a site receive 1½ hours of weekly group supervision. In recognition of the importance of ongoing support to all staff, supervisors at all Child First are also provided with reflective supervision. Child First’s program could be conceptualized as a nested support model, where the child is held by the caregiver, the caregiver held by the two-person team, the team by their supervisor, and the supervisor by the clinical director. Diversity literacy is introduced early in Child First training. When training supervisors, care is taken to discuss how issues of power, privilege, and bias may be an important part of the story that families that are served carry with them.



Photo: ZERO TO THREE

ZERO TO THREE Annual Conference participants take time to practice mindfulness meditation led by author Maria Gehl, Director of the Mindfulness in Early Childhood Project at ZERO TO THREE.

Supervisors are encouraged to be explicit with their supervisees about their openness to have these issues be part of the supervisory dialogue and play close attention to content and process to identify issues that may require further exploration. When Child First selects sites within which to replicate their model, the selection committee pays attention to the culture of the potential organization, the extent to which they have already incorporated mindful and reflective practices into their community, and their willingness and openness to embrace this way of being if it is not currently a part of standard practice.

## Concluding Remarks

*It is possible to mitigate the effects of implicit bias. The brain is malleable. Neural connections within the brain are constantly changing—old connections die off without use, and new connections grow with practice. Research has begun to reveal that mindfulness can reduce the brain’s negative associations that cause implicit bias. Studies have shown that mindfulness can decrease bias related to various aspects of our identities including class, race, and age (Kotre, 2018).*

Although there are parent–infant and early childhood programs that address relational health across service systems that use reflective supervision, mindfulness, and diversity awareness to support their services, we believe leaders of all programs should be encouraged to consider the intentional use of mindfulness and other contemplative practices and diversity-informed awareness and strategies. These strategies are essential to strengthen the quality of reflective supervision and the outcomes for parents and their infants and young children.

The publication *Getting Started With Mindfulness: A Toolkit for Early Childhood Organizations* (Gehl, n.d.) offers context and many ideas for beginning this work of integration.



**Authors Note:** *The material in this article was presented as a 1-day Pre-Conference Forum on October 2 at ZERO TO THREE's Annual Conference 2019 held in Ft. Lauderdale, FL. Panel members were Roseanne Clark, PhD, Carlos Guerrero, MD, MSW, Margaret Kerr, PhD, Salam Soliman, PsyD, and Kandace Thomas, MPP, PhD. The moderator was Rebecca Shahmoon-Shanok, LCSW, PhD. Others who contributed to planning the session were Maria Gehl, MSW, and Mary Claire Heffron, PhD. The authors express delight for our reflective teamwork—in coming together, we had the opportunity to understand and further each of our thinking by conjoining our experience and knowledge! Deep gratitude to Maria Gehl, of ZERO TO THREE, for bringing us together for both the article and the Pre-Conference Forum.*

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**Roseanne Clark, PhD**, is professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health. She is the faculty director of the University of Wisconsin Infant, Early Childhood and Family Mental Health Capstone Certificate Program and has received certification through the Mindfulness Meditation Teacher Training Program by Jack Kornfield, PhD, and Tara Brach, PhD. Dr. Clark's clinical and research work has helped to inform practice and policy with a focus on assessment and treatment of parent-child early relationships and risk and resiliency in the context of maternal depression.

**Maria Gehl, MSW**, is director, Mindfulness in Early Childhood Project, ZERO TO THREE. Maria's current work focuses on increasing understanding and use of mindful awareness and self-compassion strategies in early childhood settings and parenting. She recently co-authored the publication *Getting Started With Mindfulness: A Toolkit for Early Childhood Organizations*. Maria also works directly with families through the Community of Mindful Parenting in Seattle. At ZERO TO THREE, Maria has provided leadership to two national home visiting technical assistance centers, focused on bringing capacity-building supports to tribal communities and state systems.

**Mary Claire Heffron, PhD**, is the former director of the Irving B. Harris Early Childhood Mental Health Training Program and directed other consultation and internship training programs at University of California—San Francisco Benioff Children's Hospital Oakland. She is currently the co-chair of the Reflective Supervision Collaborative and also the lead facilitator in a community-based infant mental health training program in Monterey County, California. Dr. Heffron has authored numerous publications on aspects of early mental health services and reflective supervision. Dr. Heffron is currently a Fulbright Scholar at Babes-Bolyi University in Cluj Napoca, Romania.

**Maggie Kerr, PhD**, is assistant professor, Department of Human Development and Family Studies, University of Wisconsin—Madison. Dr. Kerr's work focuses on examining links between attachment, emotions, and stress in the context of parent-child relationships. She is particularly interested

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**Salam Soliman, PsyD**, is the Connecticut state clinical director and national clinical advisor for Child First. In that capacity, she is responsible for supporting the clinical and quality needs of the Connecticut Child First affiliate sites as well as serving an advisory role and providing ongoing training across the national network. Raised in Cairo, Egypt, and Montreal, Canada, and moving to the US as a young adult, Dr. Soliman has a personal and professional interest in issues of immigration, race, and culture. Her work has primarily focused on children, with a particular interest in disrupted attachments and the long-term effects of trauma on children as well as outcomes related to reflective supervision. Dr. Soliman serves as the coordinator for the Connecticut Division for the Northeast Coalition of the National Child Traumatic Stress Network Terrorism and Disaster Coalition for Child and Family Resilience. She also serves on the Board of the American Psychological Association, Division 39, Section II, Child and Adolescent.

**Rebecca Shahmoon-Shanok, LCSW, PhD**, is academic director and CEO of Collaborations for Growth, a new nonprofit dedicated to making excellent training and a model program more widely available. With degrees-plus-experience as an early childhood educator, social worker, and clinical psychologist, and extensive experience in psychoanalysis, infant mental health, mindfulness, and in work with developmentally and/or traumatically challenged young children and their parents, Dr. Shahmoon-Shanok is among the developers of reflective supervision; of integrating mindfulness into the fields of early childhood mental health and education; of interweaving social-emotional services in preschools; and of training professionals across disciplines together since 1980. After participating in Undoing Racism Workshops for more than 12 years, she has been part of the Harris Foundation's Tenets for Diversity-Informed Practice Workgroup since 2012. Dr. Shahmoon-Shanok served as board member of ZERO TO THREE for 36 years. With Mary Claire Heffron, Dr. Shahmoon-Shanok co-chairs the Reflective Supervision Collaborative, which is developing a next generation, long-term training for reflective supervisors-trainers and an online clearinghouse of reflective supervision materials.

**Kandace Thomas, MPP, PhD**, is senior program officer at the Irving Harris Foundation, where she leads the Foundation's efforts to build developmentally appropriate, trauma-informed, equitable systems of care for young children and their families. She manages grants and projects in the areas of infant and early childhood mental health, child trauma, domestic violence, and reproductive health and justice. She also provides vision and strategic direction for the Harris Professional Development Network, a collaborative impact network of national and international grantees working with or on behalf of young children and their families. A leader in the creation of the

Diversity-Informed Tenets for Work With Infants, Children and Families, a framework and approach for integrating diversity, equity and inclusion in programs, organizations, and systems that work with children and their families, Dr. Thomas is a

member of and manages its expert working group. Dr. Thomas sits on local and national advisory groups related to children's social-emotional development and well-being.

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