

**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

Webinar  
“Promoting an Organizational Culture of Reflective Practice”

November 18, 2014  
3:00 pm ET

**Presentations by:**

*Jill Hennes, Reflective Practice Consultant, Minnesota Department of Health*

*Kathleen Mulrooney, Project LAUNCH Resource Specialist & Assistant Director of Infant Mental Health Strategy, ZERO TO THREE*

*Cathy Bodkin, Senior TA Specialist, MIECHV TACC*

Operator: Please standby. Good day, ladies and gentlemen and welcome to the ZERO TO THREE Promoting an Organizational Culture of Reflective Practice conference call. Today's call is being recorded. I would now like to turn the conference over to Kathy Reschke. Please go ahead, ma'am.

Kathy Reschke: Thank you so much, Cathy. Hello everyone, it's great to be with you. As Cathy said, my name is Kathy Reschke and I'm the E-Learning Coordinator for the MIECHV Technical Assistance Coordinating Center and I will be your facilitator today. As most of you know, the TACC is funded by HRSA and staffed through ZERO TO THREE and our partners, Chapin Hall, AMCHP and WRMA.

So on behalf of the TACC, I want to welcome you today. We're going to be talking today about taking the principals of reflective practice beyond the supervisory relationship and embedding them throughout an organization or system so that they become part of our organizational culture. Because we know it's a very busy time of year for our grantees, this webinar will only be 60 minutes rather than our usual 90.

But as you can see from today's agenda, we are making good use of every one of those 60 minutes. Just a note that you should have received an email yesterday, with the link to download your pre-Webinar registrant packet. I mention that because in the packet you could find detailed biographies of today's presenters. So we're not taking time to do that - to give those extensive introductions during the webinar.

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But you could find that much more about our presenters in that packet. Also, it includes a PDF of the PowerPoint slides if you want to follow along. So be sure and download that if you haven't already. And just a quick reminder that if at any time you have questions or comments for me or for our presenters, we'd love to hear them. To submit your question or comment, you'll use the control panel located to the right of your screen.

If you look down at the bottom of the panel, you'll see an open text field where you can type your questions. Those are going to come to me. And I'm going to be monitoring that question box. I will take those questions and pose them to our presenters during our panel discussion time. So to start off today's presentation, we're joined by Julie Ross.

Julie's the Chief of the Eastern Program Implementation Branch of the Division of Home Visiting and Early Childhood Systems at the Maternal and Child Health Bureau at HRSA. Welcome, Julie and thank you so much for joining us.

Julie Ross: Thank you. And on behalf of Dr. David Willis, Director of the Division of Home Visiting and Early Childhood Systems in HRSA's Maternal and Child Health Bureau, our federal project officers, other HRSA staff and our colleagues at the Administration for Children and Families, welcome to today's webinar for grantees of the Maternal Infant and Early Childhood Home Visiting Program.

The presentations and discussions during today's webinar will build upon past webinars that have emphasized home visitor competence and support. Reflective supervision and reflective practice not only supports quality workforce, but also contributes to supporting fidelity to evidence-based home visiting models and contributes to the continuous quality improvement work that is a MIECHV program requirement.

Reflective supervision does not replace the need for administrative tasks, accountability and boundaries. Rather, it enriches the capacity of program staff to promote quality services by allowing time to reflect upon the interactions with each family and providing a safe space for recognizing one's personal responses.

Reflective supervision based on trust and respect supports the home visitor's management of stress and professional growth and skills and knowledge. This supervisor-worker interaction parallels the relationship that home visitors create with the families, providing space and time to

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regularly reflect and collaborate, encouraging the parents' self-awareness, growth and intentional actions.

Organizations which have early childhood programs utilizing reflective supervision are likely to discover their cultures and daily operations are influenced. This webinar will explore how an organization might be impacted by reflective practice and how managers or administrators might intentionally adjust to reflective practice in order to support staff efficacy and quality outcomes for families.

Today, you will learn from the efforts of one MIECHV grantee that fosters reflective practices and consider how to replicate or adapt reflective practices to your own organization. We encourage grantees to reach out to your HRSA Project Officer if you would like to receive more directed TA or be connected with other grantees as you go about your work in this area.

Thank you for joining us.

Kathy Reschke: Thank you so much for setting the stage for us, Julie. We appreciate your comments. Now I'd like to welcome Jill Hennes. As Julie said, Jill is going to share with us what they have learned in Minnesota. Jill is a Reflective Practice Consultant, one of two, working with Minnesota's MIECHV program. They've done some extraordinary work in Minnesota intergrading reflective practice throughout the organization.

And I know that Jill is eager to share some of their strategies and the lessons that they've learned with all of you today. So, Jill, thank you so much for joining us.

Jill Hennes: Thank you very much. This is a wonderful opportunity. It's exciting to be able to share what we've been learning. This MIECHV grant enabled us here in Minnesota to really delve deeply into the learning about reflective practice and systems change. And it's just a great opportunity to reflect a little bit on what we've been learning. So thank you for this opportunity.

My colleagues here at MDH join you all in the journey of discovery that is MIECHV. We are all learning how to engage families in effective relationships in order to advance their competence as parents. And as you read in the Weatherston article that reflection is widely recognized as essential to professional competence in the infant family field.

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The Minnesota Department of Health recognized that many years ago and hired me in 2009 as the first dedicated position for thinking about reflective practice in public health home visiting in Minnesota. This next slide shows a map of Minnesota and really the idea is here to just kind of give you a sense that we have a large state with 87 counties and seven tribal nations.

Our home visiting programs include Healthy Families America and Nurse Family Partnership. And as you can see by the colors on the map, there's quite a large geographic area that has at least some coverage of evidence-based home visiting through the MIECHV grants. Our focus of the reflective practice mentoring project is to increase infrastructure capacities that support and sustain reflective practice in local home visiting programs.

Our local implementing agencies are 19 public health agencies, 30 supervisors provide reflective supervision for 94 - somewhere around 100 home visitors and the primary agencies are local public health. Some of them are nonprofit social service agencies. The purpose of our reflective practice mentoring is primarily professional development. We know that reflective supervision is required by the evidence-based models.

And we know that each of those models has certain policies in relation to reflective supervision, what is required in terms of hours and time. And each of the models does some training around what is reflective supervision. But what we've heard over and over again in Minnesota from the supervisors is that they still have a lot of questions about what is reflective supervision and how to do it.

And many supervisors are very forthcoming in saying that they themselves have never received supervision that has been coming from a reflective stance. We also are interested in advancing practice to the deepening of understanding of the infant mental health frame and how that informs practice at the home visitor level and supervision level.

We're also very curious about if we can see any evidence that improving the quality of reflective supervision might prevent burn out and staff turnover. The components of our project are three. There are infant mental health consultants at the local level, two of us mentor at the state level and an evaluation. So I'll go into a little bit of detail about these.

Each of the MIECHV grantees, our local implementing sites agreed to contract with a local mental health professional when they accepted the grant. And the role of this infant mental health

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consultant is to provide one-on-one reflective space for the supervisor of the home visitors. And they think together about the provision of reflective supervision and how to support the staff who are doing this difficult work.

And the infant mental health consultant also has a role of co-facilitating monthly case conferences where the team comes together with the supervisor to practice reflection, to practice pausing and waiting before jumping to solutions. Some of the learning we've had in this context is around the shift. Early on some nurses will be hearing from the nurses that "We are not therapists."

So this reflective process isn't really what we do. But as we move forward and the group has more experience, the shift seems to move towards, "Help me figure out how to say these hard things to this family." So they're learning to use the consultants in a new way. The infant mental health consultants, there are 12 of them across the state, were identified in collaboration between the Minnesota Department of Health consultants and the local public health staff.

And wherever we could, we built on existing relationships. And in the grant to the local implementing sites, dollars went directly to a budget line item that was required to be used for local mental health professional contract. The Minnesota Department of Health practice reflective practice mentors, our roles are around training of the local implementing staff.

We provide an orientation training to infant mental health and reflective practice and mentoring of the consultants. We bring the consultants together in a group for reflection. And then also have ongoing conversations with management at the local agencies regarding the effects of infant mental health consultation and reflective practice.

And we have an evaluation that I'll talk a little bit more about later. The purpose of the evaluation is to understand how learning reflective practice happens. So we continually ask as all of us do, "What about the baby? Who is thinking about the baby?" Our work is guided by what we know about health parent/child relationships and what builds secure attachment.

Reliable, dependable care being held in another's mind, supporting exploration and welcoming return. We create spaces that will allow for those kinds of relationships. They are protected spaces that are consistent and reliable over time where people are coming together with the intention of understanding deeply what has transpired in the work, bringing clarity to the work and grounding our thinking in theory and practicing mindful attention to the work.

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So we have spaces that are one-on-one. And we have groups as well. The supervisors have been sharing a lot of really interesting comments about their experience in receiving reflective consultation from the infant mental health consultants. One comment was, "As a group of nurses, we begin to hit towards the problem solving very quick. And so we really need a strong person to kind of get us back on this group reflective piece."

One learning that we've heard also from a few different sites is that reflective practice at first glance sometimes feels different from nursing practice. But we're allowing space to really just think about that as time goes on and really integrate the ideas of infant mental health into the nursing practice. And of course with these evidence-based models and their deep grounding in the theory of infant mental health, there is a lot of room to think about the role of the nurse and best nursing practice in reflection.

The evaluation includes a process and a quasi-experimental impact study. We're looking at states' reports and are they effective in creating change and beliefs and attitudes of program directors, supervisors and home visitors. We're looking at change in any knowledge and skills about reflective practice.

We're asking home visitors to report about their use of reflective practice in the work with families. And we're looking at hopefully a reduction of burn out and possibly an increase in competence and achievement in the work, sense of achievement. The evaluation includes self-report validated tools including mindfulness, burn out, and working alliance.

We've created some interviews and done surveys -- online surveys. And the advisory board has been very helpful in helping us kind of maintain a balance of learning something really interesting without overburdening the staff with extra things to do. And we're very excited at disseminating our learning as we go forward towards the end of this project. One thing that's been really helpful to us as we are working through this is the idea of the infant mental health competencies that are guiding our learning about what are the competencies that are helpful in supporting home visitors and really working deeply with these families.

And so the infant mental health competencies have helped us identify consultants. It's helped us provide effective training to the home visitors and supervisors. And we're really encouraging both

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the infant mental health consultants and the nursing staff to explore the ideas of endorsement in the infant mental health and pursuing that if that's their interest.

We've had some happy surprises with this project, one of which is the number of consultants that were available at the local level really surprised us. We were expecting that we wouldn't find as many. There's been a really quick update on the part of the home visitors and the supervisors. We've seen a very quick shift even with the brand new programs from "What the heck is this" to "This is really useful and I value this and I'm going to make it an important part of my schedule during the weeks and months."

We've also seen a growing commitment that's been a really very happy surprise, growing commitment on the part of management in some of the sites to really expand the consultation of the infant mental health consultant to other home visiting teams beyond the MIECHV team. And there's even been a few management level individuals who have been able to secure budget for one-on-one consultation for themselves which we see as evidence of a shifting culture towards really valuing this reflective approach at all levels.

One of the individual supervisors had a comment recently that said, "I have handled this particular performance issue much differently than I would have without the support of the infant mental health consultant. I think we were successful in finding creative strategies together to deal with the issue. And it was much more empowering to the home visitor."

And in terms of hiring, we heard some influences, "We're asking" - one quote was from a manager, "We are asking different questions in interviews now, paying more attention to the applicant's ability to look at relationships and see things from the client's perspective." Some of the challenges of course are just the vast range of competencies and readiness across the local implementing agencies.

Some were brand new to long-term intensive home visiting. And others had been doing it for many years and had had consultation from an infant mental health specialist for several years. So we really had a wide range which is really enhancing our learning in many ways because it's giving us such a broad range to capture.

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The supervisor's multiple roles in an agency is definitely a challenge just kind of across the programs where many supervisors are asked to manage many different programs. And certainly of course, a big challenge in all of this work is the families themselves, the histories of trauma and increasingly stressed communities that the home visitors are struggling to serve.

The stories are hard to bear. And it sometimes becomes hard to think straight. The babies urge us to protect them. Sometimes the systems fail. Parents' histories become evident in their interaction with home visitors. So we can't forget that many of the challenges are really just inherent in the work that that is so much of the reason why it's so important to give space and time to think about these many challenges that the families are experiencing. And then the home visitors are trying to address.

In terms of the evaluation, we've had some challenges. Response rate has been lower than we hoped. Our sample size has been smaller. And we're very clear that that is just a reality of the work life. Home visitors don't spend a lot of time at their computers. And so to ask them to fill out a survey on a regular basis is sometimes really challenging.

We also had an interesting experience where our first baseline data has been very high. So when you ask individuals at the beginning of learning about reflective practice, "How much do you use reflective practice? How competent do you feel?" Those rates - that data came back very high. And it's almost of if there's nowhere to go from here because it was so high.

And so we're wondering how to capture that now as we go into our last round of interviews. Is it possible, we're speculating, that when you have not had a lot of experience with working long term with families and really trying to engage families over time, you maybe don't appreciate yet how difficult the work is and how much reflection will be required of you as you do the work. So we're trying to figure out how to capture that.

And to close, from a local implementing agency administrator, we had a comment in one of the interviews where they said "The infant mental health consultant is the golden ticket of the MIECHV program." What we're trying to do is just really add some extra support around the supervisor in particular and the team as a whole around learning reflective practice.

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And we'll see. It'll be interesting to see how our final surveys and interviews come out. And we'll be sharing more information with you as we get it. Just a brief thank you to my colleagues, Maren Harris, the other reflective practice consultant, and Candy Kragthorpe, their supervisor and our fabulous family home visiting team who provides support to all those sites across the state.

Kathy Reschke: Well thank you so much for sharing all that great information, Jill. It sounds like you're doing some really interesting and important work there in Minnesota. So thank you. Everyone, Jill's going to be returning to answer your questions during our panel discussion. And I see that we've already had some questions come in.

So I'll be sure and be posing those to Jill and the rest of our panel a little bit later. But before that, we want to hear from our next guest, Kathleen Mulrooney. Kathleen has done a lot of work with reflective practice at the systems level. And we are so fortunate to have her with us today to share what she'd been learning through that work with organizations.

So, Kathleen, welcome.

Kathleen Mulrooney: Thanks, Kathy. And thank you, Jill, for a terrific presentation highlighting the benefits of reflective supervision in Minnesota. I hope to build on your story of success for reflection at the direct care and supervisory level by looking at reflective practice benefits at the administrative and systems level. And so when we think about the MIECHV core grantee team who's overseeing the implementation of home visitation services in the different regions, we think about folks who do not necessarily provide direct service or even supervision to home visitors.

Other projects also have core grantee teams, multi-agency councils, advisory groups or cross system teams. And often times, these persons and stakeholders represent different organizations, divisions, disciplines, perhaps even different communities, cultures and key populations. So reflective practice in these settings, amongst these system leaders can contribute to a number of things, including broadening the scope of inquiry.

What are the questions that we're asking? What are some of the things that we're looking into? And how are these things being brought into our own conscious awareness. We know that reflective practice at a systems level can help in improving decision making, responsive planning for implementation and increasing the effectiveness of the use of data and evaluation contributing to quality assurance.

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So let's look at how reflective practice applies at the systems level. Jill mentioned that her MIECHV program served numerous public health agencies across many communities and represented a couple of different evidence-based home visiting models. At a systems level, coordination, funding and evaluation are key tasks of leadership. Yet, we always have to be mindful of what is the core of our work.

Jill used the slide, "What about the babies?" The core of our work, infants, young children and their families, people, vulnerable people, are at the very center of our work. A colleague of ours here in New Jersey, Thea Bry, would often use the phrase, "We don't sell shoes" meaning that in some businesses and lines of work, it really doesn't matter you know if you're selling shoes, what the customer likes or doesn't like.

You don't have a whole lot of feelings. You don't have a whole lot of investment in that. But our work, our work with families, our feelings, our beliefs, our values do matter. And they impact on the quality of our work. Our feelings and assumptions cannot go unexamined. Reflective practice will bring our feelings and perspective into awareness. So in working with folks at a systems level as well as even at a supervisory or direct care level, it's often important to just kind of step back and think about our own world views.

And the first bullet thinks about the world's view regarding infant and early childhood wellbeing. What were the messages that you received from your family about how babies and young children should be treated and cared for? How do you think that impacts on your motivation, your decision making, again - your areas of inquiry?

The second bullet talks about both personal and professional experiences. So thinking about how perhaps some of those professional experiences may have influenced your perspective. If you've been working for many years with trauma victims, if you've been working in child welfare, if you've been working in early care and education, how would these different professional experiences in health and nursing impact your perspective about the work with babies and their families?

And when we look at that third bullet, how do I respond to alternate perspectives regarding my work and role, try to remember a recent discussion or meeting that included a hot topic, a hot button topic. One where there were differing and strong feelings present in the room. Think about

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how were you feeling? What were you thinking? How did it impact on how you were able to hear and listen to others differing perspective?

Leena Banerjee Brown talked about the “system of relationships” view in her book, “*Circles in the Nursery*”. She uses the image of a pebble that’s tossed into the pond. And that then generates circles around those where the pebble hit. This image helps us think about the fact that no matter what the pebble is or where it gets dropped into our sphere of influence, that it has a ripple effect among relationships.

And that we look at this “system of relationships” and think about how it applies to children and community and larger systems. And you think about how those ripple effects extend to interdisciplinary relationship. How they involve perspective that focus on relationships and systems, not just individuals or discrete resources or events. How this - taking this view of a system of relationship - will also help at a systems level help us remain focused on linkages and the ability to build bridges.

And understands and respects that all relationships are best understood in the context of cultural variables. So again, thinking about that pebble and how that might translate into a challenging issue and interpersonal or interagency problem or dilemma or some other concerns, consider how our own awareness about our responses to such issues help create a setting where we are responding to something rather than just reacting.

A situation where we wonder about implications of change rather than rush to problem-solve, teach, or make final dictums. As Dr. Jeree Pawl would say, “How you are is as important as what you do.” And that doesn’t minimize the importance of our acts and actions. But it also speaks to the point, to the fact that you know awareness of how we come across, how we are, how we are engaged with others is equally important.

And we can all think about people that we have admired. And it’s not only the things that they do, but the way that they are that really helps those accomplishments shine. So, so far we’ve spoken a lot both in Jill’s presentation and my own about this notion of reflection and reflective practice. And from some of the initial polling that you had done when you registered for this event, I know that many of our participants have a good solid understanding or foundation in reflective practice or reflective supervision.

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But I would like to kind of visit a few definitions of reflective practice that I think you know translate really well when we think about reflective practice at an organizational, administrative or systems level. So the first is one that is fairly common: A relationship in which strengths are emphasized and vulnerabilities are partnered. And think about how at a systems level, the ability to have your actions, opinions, feelings validated.

How that can strengthen confidence and resolve in team work, in leadership, in coordination and administration, and in seeing that none of us are alone in this work. Even our champions need support and that others, as well, share in doubts, concerns, weaknesses. We're not alone in this work. In the next definition, we look at reflection as a process of stepping back from the immediate experience to sort through the thoughts and feelings about what one is observing and doing.

Rebecca Shahmoon-Shanok is a ZERO TO THREE board member who has written extensively about reflective practice and about the importance of wondering in our work. So here are some of the things your core team may wonder about: How might parents perceive our support and intervention? What implications made this decision that we're making as a leadership team have on our home visiting staff?

Why have we not been seeing the outcomes we've predicted? Are we asking the right questions? These are just some examples of the importance of stepping back to wonder. The final definition that I'll share with you today is another important one. It talks about the term "reflection" is intended to indicate a conscious and deliberate reinvestment of mental energy aimed at exploring and elaborating one's understanding of the problem one has faced rather than aimed simply at trying to solve it.

This definition speaks on many levels of the importance of reflection, especially at a systems level. But I ask you to focus at this time on the term, "Reinvestment of Mental Energy." It is in this light that we see reflection and reflective practice not just as some fluffy, nice thing that you know people in social sciences engage it. But as really having return on investment value for organizations and for systems.

Donald Schon was someone who really did a lot of work in terms of the application of reflection in the educational world and setting. And he's attributed with his writings about reflection on action

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and in action. And later, Killion & Todnem also spoke about reflection for action. And I'm going to kind of unpack these a little bit with you now.

So when we think about reflecting on action, that's something that is pretty familiar to many of us. And so, it's the idea of reflecting on a decision that was made and a service that was implemented, you know a decision or an event that took place that we're looking back and reflection on something that had happened.

And we are asked then to think about what were some - how did that decision come to be made? What worked well? What didn't work well? What were some unexpected outcomes, either positive or negative? And what can we learn from this thing looking back as we go forward? Reflecting in action is a little trickier. It's the ability to kind of be reflective in the midst of a challenging discussion, in the midst of a decision making process,

in the midst of providing some leadership and guidance, or mentoring or coaching. And it causes us to engage in the moment in kind of sense-making where we combine simultaneously action and adaptive reflection as we navigate our way through real life situations, questions and issues in order to learn and to act.

So you know again, when we're reflecting in action one can imagine for example being at a core grantee meeting where certain decisions have to be made. And that we feel either a pressure to move the agenda forward very quickly and resist kind of wondering about what the implications of changes might be. Or we have very strong feelings about a discussion of why something didn't work as well as we had planned.

And so, it's the ability to, in that moment, raise the fact that there are some strong feelings here. We need to look at what's happening in our group? How we're pacing ourselves? And, how we're looking at the problem? Reflecting for action talks about how we can reflect ahead and think about how are we going to handle this new decision, this new task, and look ahead.

It will help us in decision-making, planning and implementation. The value of leader's decision-making can be one of the focal areas in reflective conversations. And so in reflecting for action, we wonder about how our decisions and plans may impact agency staff, families and communities. Have we considered all the angles? Asked all the right questions? Broadened our scope of inquiry?

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What have we learned from the past that we want to bring into the future? In this diagram we have it entitled “Professional Resiliency” which really talks about how we remain supported and resilient. But it also really reflects the idea of parallel process so that we understand the parallels that management that is supported at a systemic level is better able then to support staff who are better able to support families who are better able to then support children and children can develop optimally.

So we understand certainly that there are those parallels in the relationships that where there’s quality and support that that impacts on the other relationships. And again, thinking about those pebbles and how they again ripple out. But we also need to understand in terms of professional resiliency and especially reflective practice that not everything is kind of trickling down from the top down.

But that there’s also this trickle up effect as well so that some of the trauma, chaos, poverty, and issues that our children and families are facing gets communicated in ways and through the relationship that they have with their staff which will then get communicated and enacted with supervisors and filter up in terms of decision making at the systems level as well.

If we are reflective, we are more apt to take these feelings into consideration and become responsive in our approaches again rather than reactive. At some points in the process of responding, we have to pay attention to our own story. Reflective practice facilitation can help people create new alternative narratives which are formed through a self-reflective process.

Sorting through personal narratives to see what contributes to the work and what detracts from the work is an important function of the reflective process. So we’ve already talked about many ways that people can be reflected and how reflection can operate at a systems level. And I want to focus a bit than more concretely on some of the best benefits of reflection.

One of the items, and I’ll go over the bullets that are on this slide, but one of the items that is not included in this slide that I want us to think about especially at a systems level as far as a benefit of reflection is that it can contribute to change agency. So at a systems level, we hope that our work has collective impact. And we see our core teams as change agents.

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Some of the personal characteristics associated with being a change agent includes being respectful, credible, optimistic but also engaging in reflective practice and reflective personal awareness. Some of the other benefits we see here is that reflective practice provides a safe place to consider how prior experiences effect current interaction. It allows us to be heard so that we may better hear and understand the meaning of others' stories.

And it offers space and time to sort through such concepts as boundaries, scope of practice and again, quality assurance. Other evidences are growing, and showing that reflective practice contributes to staff retention, inclusion of diverse perspectives and efficiency. So in planning for reflective practice at a systems level, again looking at some of your prior input to our session, I see that many of you used reflective supervision in agencies on a regular basis, some as part of an existing meeting and some as a separate event.

At the systems levels, questions about the regulatory, of the reflective practice in a group setting, the integration of reflection on an individual level and decisions about facilitation of reflective practice or reflective network feeds to be explored. We need to think again about who will be participating. Will it just be the core grantee or management team? Will it be our core team and some key stakeholders?

Who will facilitate? Will it be facilitated by someone on our team? Will it be facilitated by someone who has expertise in our state or community? Or will we seek some outside supervision from another local organization or national organization? Do we have funding for the facilitation? How will reflective conversation be scheduled?

And this is always again an important question because while many who become excited about the benefits of reflective practice may want to have reflective practice scheduled on a weekly basis, a monthly basis. If that is not realistic, then what can often happen is that as scheduled meetings or conversations are canceled or put aside, the importance of the reflective practice work gets minimized.

And so we want a schedule based on what will really work best. You can always bump something up. But it's better to do that than cut back. I've worked with organizations who have done monthly reflective practice or every other month reflective practice. In person, I've also worked with groups who have done some of the work virtually usually on conference calls.

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In one home visiting situation, we worked with folks from throughout a state where we did quarterly reflective practice sessions. But they were kind of tune-up sessions that would happen at staff meetings in between those quarterly focused reflective discussions. So there are many different ways that you can have - save this time as protected time.

But it really needs to be thoughtful in your decision making. So those are some of the elements that I'd like you to consider. And understand certainly that reflective dialogue fosters the selective process of discovering and questioning necessary to achieve common understanding. Thank you for your time.

Kathy Reschke: Thank you so much, Kathleen. You've really given our audience a lot to think about. And we appreciate that so much. I know many of you listening have questions about this topic. And this is the time when we're going to address those questions. Jill and Kathleen are going to be joined by Cathy Bodkin who many of you know is a Senior TA Specialist with the TACC serving Regions I, II and III.

We're going to start our discussion with some of the questions that were submitted during registration. However, I'll also incorporate questions that have been submitted through the question box. And I invite you to go ahead and add more questions that you might have. And we'll try to get those as time permits.

So the first question I want to start with really is for those organizations where reflective practice is not in evidence or is maybe very limited to supervisory relationships. So how do you start reflective practice if it's not in the culture of your organization or if it's only limited to supervisory relationships? So Jill, I wondered if you would want to take a stab at this question first.

Jill Hennes: I would love to. I love this question because I think probably all of us have been in the situation where we feel that at some point in our careers where we, the culture, just doesn't seem to be at this place. My thought about that is how helpful it is to find at least one partner and maybe two or three who are willing to learn about this with you and practice with you.

And maybe that experience in that small group can just begin to grow over time. Even with one other person, if you set the intention that we're going to come together on a regular basis. We're going to give ourselves space to think about our work. It doesn't have to be anything fancy. But

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we're setting this intention to do this together. We're going to try it. And then we'll talk about how it went.

And then we'll try it again. And then we'll talk about how it went and I think that process of action and reflection and learning certainly. So reading articles together and discussing the articles, any of that, just find someone in your world that would be willing to do that learning with you. And that can be really very useful.

And if you make it an invitation that's open to other people in the agency and people can continue to join as they feel ready to do so, it might really make a difference for folks.

Kathy Reschke: Thanks, Jill. And I'm glad you mentioned the articles that people can start having a discussion about. In the follow-up packet that everyone is going to be receiving by the end of the week, we're going to have some articles that they could maybe use for that purpose. So thank you for that.

Kathleen, this question I wanted to ask you. If an organization has maybe pockets of reflective practice going, on, how can they make it contagious? How can it spread?

Kathleen Mulrooney: Well I think you know some of the ways that Jill also just outlined for starting something is something to be considered. That you know again, word of mouth is always really important. And what can happen is within an organization if different departments, divisions or programs or projects are operating with reflective practice and others are interested, you know people who provide kind of testimony as to how effective that's been for them and how motivating can begin again the interest in - fan the interest in the energy around it.

But it's really then in sharing some information about what reflective practice is and isn't. And you know again, knowing that it isn't psychotherapy. We're not here to analyze one another. We're here to be aware of feelings and stories and how it's impacting on the work. And so I think that again having that literature base and having an evidence base that also talks about the efficacy can really help in spreading.

But I think to it, it's going to take leadership in promoting the cause and in adapting kind of the growth for an organization or throughout a system in a way that is going to be effective. You know

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sometimes you can go to a whole organizational approach especially if there's lots of understanding from the top.

Other times, you have to kind of take it in increments. And so it's again depending on the organization or system that we're talking about. You may have to make some judgment calls there. But I think again, having champions, having expertise both in person and through the literature and really thinking through and planning for reflective practice in an organization and tailoring it to that organization or system's culture and needs is really important.

Kathy Reschke: Kathleen, you mentioned leadership and the importance of leadership in spreading this practice and getting it embedded in the culture. And we had a couple of questions that really are specific to helping administrators or those who are in the higher levels of leadership within an organization recognize the value of it.

So Catherine, Cathy Bodkin, I wondered if you would talk a little about how to maybe persuade or influence the upper levels of administration particularly, and this was a question that came in during the webinar, particularly if from the top down, it tends to be very performance oriented rather than reflective. So could you talk about that for a little bit?

Cathy Bodkin: Thank you, Kathy. I think Kathleen and Jill have pointed out a couple of things to bear in mind of not promising, and to take time as you're implementing this. Perhaps implementing in just a section of certain services in order to demonstrate the value that this might have. We know from implementation science that the administrative, the facilitative administration, and the leadership of the organization supporting the work of the home visitors are critical.

And so there's a process of educating the administrator and management team about what reflective practice might mean to the organization. Some of it could be stated as best practice. It could be best quality work. But thinking about what the management or administration wants the organization to be talking about the leadership that they can make, be a change agent might be important, maximizing the use of all of your staff.

If you respect and support the work that's being done and respect the capabilities of the staff that are on your organization, you would realize that there are many things that they could do that their capabilities exceed probably what their job is currently requiring for them to do. And there's a

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certain synergy that comes from the staff working together as a team, feeling freer to explore creative solutions.

So there's that synergy also than in a monetary way of figuring that it decreased burnout and the cost of the organization of turnover and burnout. Loss of clients is a way to have administration get the picture. I think giving them feedback about what has happened in their organization when this kind of relationship exists. Giving them regular reports. Kind of laying the ground work.

But also being honest about the idea that it's going to take more time. It's going to take training dollars. That one of the things about reflective practice is that the creativity of the staff may lead to changes in things that have been pretty standard in the organization about communication. Or even changes in solutions to interventions.

So it's a dynamic process. And keeping administration informed may help them see a vision of where they can take this in their organization.

Kathy Reschke: You mentioned burnout, Catherine. And Jill, you had also mentioned that as something that you would hope to see as an outcome would be a reducing of burnout and turnover. And we had someone ask the question of are you tracking data or observing staff transitions to know if there is a link between the reflective supervision - reflective practice and the training around that and that outcome?

Jill Hennes: In our evaluation, this is Jill, we are using a burnout self-report scale. We didn't think early on in the development of evaluation about tracking job changes and it would have been really interesting to do that because there already has been a lot of turnover in the personnel at different agencies. And so that certainly would be a really interesting thing to add to the study.

But we are hoping that we'll get some kind of information about maybe a shift in level of burnout. The work is very stressful and especially for the folks who are brand new to it early on. We're expecting that we might see quite a difference there.

Cathy Bodkin: And, this is Cathy, and some people don't necessarily want to work in reflective practice situations. So you would have turnover.

Kathy Reschke: Yes.

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Cathy Bodkin: Even at the beginning.

Kathy Reschke: Good point. One of the things that it seems to be sort of core to reflective practice really is developing trust and safety. And we had a question come in. It's related to the question about an organization where it's all about performance and meeting certain standards and what not. And the question, second half of the question was, how do we incorporate reflective practice when we're put on the defensive, always having to prove that we're competent?

So I'm wondering how reflective practice might fit in with employee performance expectations, evaluations? Is there a way to marry - to have both reflective practice and a competency-based organization? Cathy Bodkin, do you want to tackle that? Or someone else?

Cathy Bodkin: I'll say a couple of things and others might have something. But I think part of the performance evaluation would be looking at the competencies of the individual in terms of their ability to take challenges on, to be adaptable, to try new skills and reflect on those. It's not the quantity based. But it would be meeting the administrative requirement but not with a sense of that being the only measure.

How they operate as a team? Do they have a special contribution they've identified? Those would be things that you would see in a performance evaluation. I'll leave that to Kathleen and Jill to make other comments.

Kathleen Mulrooney: This is Kathleen. And you know in some cases, it's suggested that there be a separate reflective supervisor from your more general administrative supervisor. But I don't always see that as being realistic. And so I think that again by having that supervisor set up some protected time for reflection so that - and really you know again, be well informed about the reflective process.

That they're able to kind of differentiate that the ability of this person to share their vulnerabilities, and to wonder, and to worry and to reevaluate is really again a strength. And that you know that we take that into consideration as well as part of the overall performance evaluation too.

So those are some thoughts that I would have especially in reflective supervision. I know I'm kind of bridging back a little bit. But the other piece about buy-in at the administrative level from the

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other question, I think that if administrators were also practicing reflective practice with kind of a peer group, no, they're not necessarily then talking about specific babies and families and issues.

But they're talking again at a systems level. But going through the process as well helps them be better informed about this process of stepping back and increasing self-awareness and wondering. And it will have impact on the other ways that reflective practice is enacted in their organization.

Kathy Reschke: Well, that is going to have to be our final word today. We've run out of time. There are a couple of questions that we didn't get to. So we will have our presenters respond to those questions and include that in the email packet that you will get by the end of the week. Thank you so much, Kathleen, Catherine and Jill, for sharing your expertise with us.

We so appreciate it. A word also of thanks to Lena Cunningham and the rest of the TACC team at ZERO TO THREE for providing your behind the scenes support. Really appreciate that. Remember as always to complete the feedback form that you'll be getting from WRMA so that we can use that feedback in a reflective way as we reflect on our own practice.

And finally just a couple of notes. You can see on this final slide as I mentioned, you'll be getting a follow up email that will have a link to the audio recording of today's presentation as well as additional resources, articles and such. We've got a couple of dates for upcoming webinars in January and February.

The January date is correct. That's on a Thursday because of AMCHP's annual conference in case some of you are attending that. Other places you can find great information are the newsletter, our website. So do please check those out if you haven't already. We won't be seeing you until after the first of the year. So do have a safe and memorable holiday season.

We thank you so much for all that you do on behalf of young children and families. Thank you so much.

Operator: Thank you. And again, ladies and gentlemen, that does conclude today's conference. Thank you all again for your participation.

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