

Dr. Mimi Choy-Brown ([00:07](#)):

My name is Mimi Choy-Brown, and this is the Heart of Supervision podcast. This podcast is about what supervision is, what it could be and why it matters for child welfare, from both a research and a practice informed perspective. I'm an assistant professor at the University of Minnesota School of Social Work. And this podcast is in collaboration with the Center for Advanced Studies in Child Welfare.

Supervisee Quote ([00:30](#)):

Child welfare workers get a lot. That daily emotional burden of families in crisis, families in chaos. And when we talk about self care, you know, it's like, yep, you can go get manicures and massages and you know, that's really great, but like that's different than actually like processing the emotions that come with the work of helping families in crisis.

Dr. Mimi Choy-Brown ([00:52](#)):

Welcome back to the Heart of Supervision podcast. I am really excited about my guest for the second episode, who is shaping what we know about the Reflective Supervision and Consultation Model and supporting professionals in real time to use it in their work. Dr. Alyssa Meuwissen is joining us from the Reflective Practice Center here at the University of Minnesota in the Center for Early Education and Development, where she is a research associate and coordinator. In this conversation, Dr. Meuwissen walks us through the basics of what reflective supervision is and how it could be such an important tool for the child welfare workforce. I've heard so many supervisors, particularly in child welfare, discuss their reflective approach to supervision practice. And I was so, so curious to learn more about it. And so I am thrilled to share this conversation with Dr. Meuwissen about her work. Enjoy.

Dr. Mimi Choy-Brown ([01:46](#)):

I am so excited to have you here to talk to us because we've had so many questions come up. Reflective supervision is coming up over and over and over again in our conversations. So we're really excited to have you here to talk with us a little bit about reflective supervision and your work. So if you could just start a little bit about telling us about yourself and how you came to be an expert in reflective supervision.

Dr. Alyssa Meuwissen ([02:16](#)):

Sure. Great. Thanks so much for having me today. I got into the field of early childhood because I was very interested in how adults can help children thrive. But that's a really big question. And so I did my PhD research on, how parents influence children's executive functioning, specifically looking at fathers. And so that again still is like a jump away. So as I was doing that research, I really liked the video coding and really looking at interactions between two people. And how does kind of what goes on in, you know, a specific interaction, how does that impact the outcomes? And so after I finished my PhD, I was looking for a job opportunities that were a little closer to the people who were really using it.

Dr. Alyssa Meuwissen ([03:08](#)):

I wanted to reach people outside of academia. And so when I saw this position at CEED it was, they were starting this new Reflective Practice Center, specifically looking at these types of supervision issues. And when I got to the interview, they said, so, you know, what do you know, about reflective practice and reflective supervision. And I was like, well I, you know, I have not worked in this field of early childhood. I'm very much from an academic lens, but my mom was a home visitor and she was a home visiting

supervisor and she had the chance to receive reflective supervision starting probably when I was about 10 or 11. And, you know, had used it in her, in her work going forward. And so I certainly had a lot of empathy for the amount of you know, emotional load that is for people like home visitors, child welfare workers that like, that those are really they're big jobs.

Dr. Alyssa Meuwissen (04:06):

And I always, actually, that was one of the reasons I went into academia because I thought that work was so important, but I was like, I can't do it. Like it's too sad. It's like, too much I kind of like, felt that about myself. And so I chose to do the research but it was very interesting. The first conference I went to on reflective supervision, we, um, saw they did a fishbowl, like a kind of example, experiment or experience up on the stage where they had a case discussed. And I was like, oh, like, this is actually just what happens in my living room. Like on a daily basis. I didn't know this was a model, I didn't know, this was like a theory. This was just what I thought, like people talked this way. So it was interesting that I kind of grew up in this without even knowing it.

Dr. Alyssa Meuwissen (04:46):

And so the question you asked was how did I become an expert? Well, I guess how I became an expert is when I, so when I came to this position with this new center they were developing a measurement tool for reflective supervision, to code them sessions. And I have watched probably a hundred, maybe, maybe a couple of hundred reflective supervision sessions. So hours long of people talking together about their work. And I've learned so much about, about the work and about you know, the workers and it's, it's been a really interesting way to learn of just observing the people that actually have these conversations. So it's, it's been, it's been a really, really cool way to become an expert in something by watching it.

Dr. Mimi Choy-Brown (05:34):

Yeah. And it sounds like you've had a front seat from an early age to watching these kinds of experiences. That's amazing. I didn't realize that. And so can you tell us just from all those observations, obviously there's lots and you have talked about this and others in much kind of longer formats, but maybe just in brief, what would say, what is reflective supervision?

Dr. Alyssa Meuwissen (06:01):

Reflective supervision is a model of mentoring or consultation that has three main components and one is regularity. And so this model really says that you have to create this protected space that is every week or every month or whatever the arrangement is. But and part of that is really more, you know, without distractions, without, you know, people showing up late and, you know, oh, I've got this other meeting. And so that, that's a big part of it is that like, it's really valued as its own time. Another piece of it is collaboration.

Dr. Alyssa Meuwissen (06:32):

And so the supervisor is not seen as the expert with all the answers, or even as like a coach who kind of has again the right answers, but it's helping that person reach them. It's really a model where the supervisee is seen as an expert in the family or what has happened or in that case, they hold and the supervisor is there to kind of walk with them and help them think deeper and reflect back to them, kind of get them to come to their own solution. And then the third principle is reflection. So this, this big idea that in order to have relationships that are useful and effective for intervention, there has to be this

level of trust and kind of vulnerability. And in order for people to have those kinds of relationships, you have to be somewhat self-aware and figure out what you're bringing to the relationship in order.

Dr. Alyssa Meuwissen (07:31):

And again, especially in these sorts of helping professions that to be really helpful, you need a place to process your own stuff, your own feelings about this, your own history, your own, whatever you're coming with. And so that if you have a really good understanding of where you are in this case and who you are and why it matters that you are the person who's working with this family, the theory is that that sort of reflection is really crucial to promoting good relationships. And it actually comes from work with parents and children that parents who can have greater reflective capacity, can have more nurturing relationships, better attachment relationships with their children. If they're able to really think about what is that child feeling and how does their behavior, um, how has that informed by their feeling? And so we know that people sometimes have very, they act angry when they're scared and things like that, and kids do that, but adults do that too.

Dr. Alyssa Meuwissen (08:26):

And so to be able to be, to take that step back and say, I'm so, you know, I'm feeling so frustrated, I'm feeling so angry. This is what's behind that emotion, and this might be what's behind the emotions and the behaviors that I'm seeing in this parent, in this child. And so being able to take all those perspectives, you know, the big theory is that if all people are supported in their reflective capacity, they're able to have better relationships and depths. They're more able to have to be effective in these helping interventions.

Dr. Mimi Choy-Brown (08:55):

Okay. That is really, really helpful. In sort of breaking down what those key ingredients are to the reflective supervision process. That's, and so within kind of supervision, you talked about, you know, sort of walking with them and reflecting on sort of who you are and what you bring as a supervisee. I'm curious, like if you could give us an example or two of a specific strategy a supervisor might use in reflective supervision to either create that collaborative environment or to kind of maybe elicit, reflection and somebody who's coming to supervision.

Dr. Alyssa Meuwissen (09:36):

Sure. So one strategy is very explicit perspective taking, so you might have, you know a worker might've seen an interaction between a parent and a child that, you know, the, the parent got really upset with a child. And so to be able to look at that interaction from the three perspectives of the people who were there. The supervisee themselves. So what did that make you feel? How did you feel about that, mom? You know, were you frustrated? Were you, you know, were you feeling protective of the child? What, you know, what was, what were the feelings that you had and then to be able to kind of see that as one side of the prism, and then say, what about the mom? What do you think she was feeling? Where was she coming from? You know, what did this interaction mean to her?

Dr. Alyssa Meuwissen (10:23):

And then always to bring it back to the, child; of what did that mean for the child? What does that mean in the child's in that moment, but also in their expectations of who that caregiver is, you know, in kind of their picture of their world, what are, what are these interactions meaning? And, and it brings a lot of that developmental lens too about if this child is one years old versus 10 years old, you know, like a

conflict with your mom is going to mean a very different thing. And so we can talk about it as, or perspective, pyramid, or ways to really consider all the different perspectives and, and the different needs that the mom has needs. The child has needs, the worker has needs, and to be able to kind of individually think about the people in the situation and what they're bringing to the, to that interaction and why it what it, what it means to for them.

Dr. Mimi Choy-Brown ([11:10](#)):

Oh, that's fantastic. That's really helpful to think about sort of externalizing it and the pyramid of everybody's different perspective. I can see that as a really useful tool to kind of externalize and really kind of I don't know, just to help people really turn it around and kind of thinking all that from all the different perspectives that's really helpful to hear about.

Dr. Alyssa Meuwissen ([11:31](#)):

I feel like so often the child perspective gets lost in this adult world of who are making decisions and people who are, you know, like having the parent chaos can, can almost overwhelm like what this actually means for the children. And so I think that that's a really kind of unique thing is like always coming back to like, and what about the child? Like what does this mean to..

Dr. Mimi Choy-Brown ([11:54](#)):

Yeah. So, and I think, you know, and I've listened to, I think maybe you and a colleague presenting on this, kind of thinking about this notion that it's like, people are helping people who are helping people.

Dr. Mimi Choy-Brown ([12:06](#)):

And so, you know, it's just, I really liked that idea of a pyramid of really thinking about, you know, um, all the different perspectives are. What role would the supervisor play in that sort of pyramid tool in terms of providing feedback or from their perspective?

Dr. Alyssa Meuwissen ([12:25](#)):

So, one way I think about the supervisor sometime is, is just holding the pyramid out and rotating it, just being able to say like, and what about this side? And what about this side? Cause sometimes that's really hard to do when you're, when you're part of the pyramid to, to be able to like see it from outside. But another piece what you talked about, about, you know, we're helping people who are helping people, the name for that in infant mental health theory, where this comes from is Parallel Process. And one of the quotes that I think is really helpful is that Parallel Process means do unto others as you would have others do unto others.

Dr. Alyssa Meuwissen ([12:59](#)):

And so the supervisor is at the top of that. And so if we want parents to be able to support children, if we want workers to be able to support parents, we need supervisors to support those workers. And just having that space where you feel heard, where you feel listened to where you feel acknowledged as a, as a human as again, like it matters that you are the person doing this work, not like that there's a robot doing this work, um, that that's where it all starts. And like, if they have that support, they can give that support to parents who can give that support for the children, which is what we're really after.

Dr. Mimi Choy-Brown ([13:29](#)):

That's really helpful. Cause I think one of the things that I think about too, I guess this comes up in practice, but also as a parent and then as a supervisor, just sort of thinking about just the role of power in those situations and how comfortable people can feel knowing, knowing that there are sort of power dynamics that are happening, in the context of supervision, in the context of child welfare work and in the context of a parent and a kid.

Dr. Mimi Choy-Brown ([13:58](#)):

So I guess I'm curious if there are differences that you see in reflective supervision happening within sort of a supervisory dynamic versus as a consultant where you don't necessarily have the same kind of hiring and firing power that you might have as a supervisor working in a child welfare setting.

Dr. Alyssa Meuwissen ([14:20](#)):

Yeah. So there definitely are differences. And it's something that I feel like is being talked a little bit more. So it really is two different kind of models. And a lot of people even call it like reflective supervision slash consultation. You know, the model is the same, but there are two separate roles. So sometimes people have the work supervisor who also has administrative duties exactly. That hiring firing power as the reflective supervisor. And kind of the argument for that is that it's really then about a work culture. And how can you do all tasks reflectively, and how can you do paperwork in a way that again, honors the humanity of the people doing it, but like, yes, there are regulations.

Dr. Alyssa Meuwissen ([14:57](#)):

Yes, there are, you know, standards we have to follow, but like there are reasons people are late, you know, like the, the, you can take a reflective approach to anything. And so in some ways it makes sense to have the supervisor who is that person as part of this reflective process. However, there's also an argument to me that, that hiring an outside consultant who isn't part of the office politics, who doesn't have power over is potentially easier to build that trust with some of some people in some, in some ways of being training sees, having emotions about clients, especially negative emotions as unprofessional, or, you know, like for a worker to be able to say, like, I have no idea what to do it, you know, that's admitting incompetence or for a worker to say, I do not like this mom is, you know, like that's not what you're supposed to feel.

Dr. Alyssa Meuwissen ([15:48](#)):

You're supposed to, you know, very neutral, but like this isn't neutral work. And so to have an outside consultant who is not right in charge of your, your pay and your, you know, welfare to be able to say that to them does feel different than saying it to your, to your work supervisor. And so I think it depends on kind of the agency or, you know, just kind of the setup and the culture overall, I think, yeah. I feel like people can argue kind of strongly for, for either way that there's pros and cons to both, that you can have it in house and really have that whole culture, or you can have it as someone hired because they can then just be a more kind of neutral person. This is their role is just to support that reflection and it's kind of anything is okay.

Dr. Alyssa Meuwissen ([16:29](#)):

And can't be used in other situations besides just this, this is the space for reflection.

Dr. Mimi Choy-Brown ([16:36](#)):

Yeah. It's interesting to me. And I know just from what you're saying it sparks this idea of like the person, the supervisee who's engaging in reflective supervision. Does it require a certain amount of motivation, you know, like, could it like, is that if I'm not interested in reflecting or digging perspective, you know, that kind of power dynamic, I'm just curious in reflecting on like, what that might look like in like in situation where I've been in supervisory roles. I haven't always, I've had a variation in motivation for reflection on work. And so I'd just be curious to hear your thoughts on that.

Dr. Alyssa Meuwissen ([17:19](#)):

Yep. Totally. Another one where people have gone either way, some people say reflective supervision consultation should always be optional because if you, if you don't have the motivation to do it, it's not going to be a good use of your time.

Dr. Alyssa Meuwissen ([17:31](#)):

You know, and especially in group settings, you can, you know, if it's clear that someone doesn't value reflection or, you know, isn't here to try and take that stance, it can, it can shift how the group feels safe. Other people say like, right, it should be completely mandatory. It should be offered to everyone. And there's, you know, there's theory that you can grow your reflective capacity. And so even aren't necessarily, you know, like a really naturally reflective person that potentially being part of these groups, they're just getting the chance to listen to other people be reflective, can still support your own ability, or again, even interest in like, oh, I see why this, you might not know why it's useful until you actually are able to engage in it. And so again, I don't think it's very, like, I don't think there's one best practice people do that differently.

Dr. Alyssa Meuwissen ([18:17](#)):

So yeah, there's definitely reasons to do it either way.

Dr. Mimi Choy-Brown ([18:21](#)):

But that's such an important point that you just made that I hadn't ever thought of before that just the idea that there's a, maybe a developmental trajectory of reflective capacity and that the variation that I've experienced in practice is maybe people at different levels. And so then how can I as a supervisor then help them whatever stage they might be at. Is that fair to say?

Dr. Alyssa Meuwissen ([18:46](#)):

Yeah. I think there's definitely, you know, kind of like baseline differences. Some people are just naturally, you know, really reflective, really interested in reflecting some people that is not kind of their, just their personality or what they're really interested in doing. So I think there's like individual starting line differences, and then also, yeah, totally that your experiences in supervision and, and just, you know, what kind of in life can definitely affect where you, where you go from that sort of basic personality or temperament, desire to reflect.

Dr. Mimi Choy-Brown ([19:17](#)):

And so I feel like we have a really good sense of reflective supervision though, if people want to learn more, there's definitely lots of resources that will link to this. And we'll, I'll ask you again about at the end, but so I guess the next sort of set of questions is thinking about, you know, what do we know about from the research about reflective supervision and its potential in, for supervisors and supervisees?

Dr. Alyssa Meuwissen ([19:48](#)):

Yeah, so the biggest finding of the research that's been supported by multiple studies is that reflective supervision consultation is helpful for workforce wellbeing. That people who get to have reflective supervision have lower job stress, have higher job satisfaction and some evidence that it reduces kind of bigger issues like burnout and secondary traumatic stress. So that's been shown in a number of studies. A lot of the research is pretty new on this.

Dr. Alyssa Meuwissen ([20:18](#)):

So a lot of it started out as qualitative and that's really what people said. A lot of people, people who have reflective supervision tend to, again, who are in studies, tend to value it a lot. Like the kind of satisfaction about it is very high that people think it feels supportive. You know, it feels like a good thing to have. But then we also have now some more quantitative data that again, if you track people across time, they do have some lower incidences of things like stress and, and burnout. The kind of down the line questions that I feel like the research field really really knows are important, are kind of twofold. Number one, like, so does that, I was just in a conversation with them about that. It's like, we gotta, we gotta say that it improves the bottom line.

Dr. Alyssa Meuwissen ([21:06](#)):

Does it improve actual retention of workers? You know, it improves their burnout. It should. But I feel like that's, something that people, again believe kind of anecdotally that like I have these home visitors, you know, so long in these jobs because I support them well, but I think that's something that, there's a real opportunity for research to make a difference that could actually impact policy. If we can show that it's retaining, practitioners better than then that's going to be a really important evidence. And then the other piece that has been again, there's a few studies that show that the big question that we'd like to get to is does it impact family and child outcomes? So there's some evidence that it impacts, clinicians or practitioners, feelings of effectiveness. They feel like they're being more helpful. There is one study that showed an impact on kind of the insightfulness, the ability to take the perspectives of other people, which again, seems very important, but in terms of, again, those things like family retention or you know, family changed in behavior, whatever field that is.

Dr. Alyssa Meuwissen ([22:10](#)):

It's still somewhat of an open question. So it's a new and definitely growing research field. And I feel like, we've really made a lot of progress in the tools we have to research this and, you know it's an interesting to really see this field kind of grow from very little evidence. But a lot of the evidence is, I guess it's clinical evidence. There's, you know, there's case studies, there's theories. There's been a lot written about reflective supervision, but not a lot of, you know, large-scale or very in-depth research studies. So it's an exciting place to be a research in this field, to really be able to see those things that are gonna make such a big difference that we just have to just have to get to some of those studies.

Dr. Mimi Choy-Brown ([22:54](#)):

Well, it seems like in order to sort of get there, there are some developmental steps and one of the big ones is the measurement, which was, I know something that you were working on a lot is just really what is this? And can we identify it from other things? So, I don't know if you want to talk at all about the measure, cause I know that that, in my own work and in others, like I spend a lot of time in the implementation science world and that's like a big place that a lot of people are at is like, what are we talking about? How can we specify this and how can we operationalize it and measure it?

Dr. Alyssa Meuwissen ([23:30](#)):

So, yeah, so the measure that we've been working on for reflective supervision is called the Reflective Interaction, Observation Scale. So we call it the RIOS and the RIOS was in development before I got this position.

Dr. Alyssa Meuwissen ([23:46](#)):

And so it was a seven year process of clinicians and researchers. Again, the infant mental health field tends to be very reflective as you imagined being what they, what they come up with for their supervision. But so they, you know, really took the time to talk about what is reflective supervision? How is it different from others and what are kind of the essential components? What makes it good quality, reflective supervision? And so there was like very iterative, again, like, you know, brainstorming and codifying and getting feedback. And so we kind of ended up with this framework about reflective supervision, and as a researcher, I think it's an interesting place to be because again, like one of the first conferences I went to, I heard people say, you know, like you, it's something that can be, you know, that can only be felt and it's mysterious and intangible.

Dr. Alyssa Meuwissen ([24:37](#)):

And I was like, okay, but like, we can measure this, like that's not gonna work. If you want to prove that this is saving agencies money, like we can do better than like, oh, it's a lovely intangible thing. Like, let's think about how we can really measure this. So again, they'd done this really great work of being really thoughtful. And so they came up with five kind of domains of conversation, conversation, topics that people could talk about or do talk about in high-quality reflective consultation. And so the topics are understanding the family story. So we've, we've talked about these kinds of intimate examples about right, taking that time to understand who are the adults, what is their history, what are the current relationships, their support, all of that holding the baby or holding the child in mind. So again, that continually returning to what does this mean for the child?

Dr. Alyssa Meuwissen ([25:25](#)):

What is this, how does this affecting their development professional use of self? So that's the practitioner, what are you bringing to this? How is this making you feel? Where, what does this tie to in terms of bigger picture in theory, Parallel Process, which is that we've just talked about that. So explicitly talking about how does my relationship with this mom affect her relationship with her children, or even how does the way the mother was parented affect how she's parenting this child? You know, there's so many relationships it's, I do talk about it. It's sort of just like pulling threads of these huge webs of relationships into something we can actually like put down on paper and then the fifth one is reflective alliance. And so that's the relationship between the supervisor and supervisee. It's kind of, you know, the working alliance type type, measure of, is there trust, is there you know, that, that space for reflection here, and so then each of those five conversation topics are rated on how deeply reflective they were.

Dr. Alyssa Meuwissen ([26:23](#)):

So it's the scale is just kind of like, are you just describing, you know, just kind of telling what happened to identifying emotions, to like figuring out what's underneath those emotions, connected to them, to behaviors, to linking them to bigger picture ideas. And why does this matter to really kind of like tying together? What have we learned? You know, what is the summary? Where can we go from here? So there's kind of that progression of reflection in any of these five domains? So it's an interesting research

tool because there's no exactly like perfect score. There's no way, there's no expectation that someone can like talk about every, all five of those topics in full depth in one-hour conversation. So in any given conversation, you might really focus on one or two of them. And then also it's a completely dyadic measure.

Dr. Alyssa Meuwissen (27:11):

The supervisor and supervisee are scored together. And even in a group, like the group gets one score about how deep it went. And so in some ways, you know, that makes it a little bit challenging from a measure standpoint to like, So why would that correlate to, you know, individual surveys, things like that, but it also is very, very realistic of what the process really is because if you have a supervisor who can ask the really good questions that promote the reflection, you know, it is that interaction that makes it what it is and that you can't do it without, supervisor and supervisee who are actually engaged in the project, in the conversation and are building that, or the other way deepening that reflection with each other.

Dr. Mimi Choy-Brown (27:57):

Right. And in sort of a research way, it's observable, which is really nice too. It's not something that people are experiencing internally. So that really helps that research. And I, it strikes me and it'll be so amazing to see sort of how this research unfolds for you. And kind of looking at that parallel process and kind of starting to tease out, like, if this is happening, if you're learning these things here, is it going to then translate into other, you know, kind of the next relationship. In that kind of web of relationships that you talked about can, are things transferring across. So that's really exciting to think about that. One of the things that I think you've talked extensively about so far, but I'm just wondering if you might add anything about why reflective supervision or consultation might be a good fit for supervision in child welfare settings. But I feel like you've touched on it quite a bit, but if you, would you add anything?

Dr. Alyssa Meuwissen (29:02):

I think child welfare work is particularly emotional duty demanding because there's a lot of bad things happening. I mean, that's kind of who is called when the really bad stuff happens. And so again, home visiting is what I'm a little more familiar with, you know, which certainly deals with crisis situations, but also like makes like new baby visits to, you know, parents who are doing a great job and really wanted this baby, you know? And so like it's child welfare workers get a lot, like kind of that daily emotional burden of families in crisis families in chaos, you know, children who are being separated and reunited. And again, like that's from infant mental health, all of that work it's inherently, emotionally activating. Like we have evolutionarily desire is to protect children. You know, it's like it's and child welfare workers, you know, are amazing and have a ton of coping strategies.

Dr. Alyssa Meuwissen (29:53):

And, but some of that coping can sometimes just involve like smashing it all down or, you know, like and when we talk about self care, you know, it's like, yep, you can go get manicures and massages and, you know, that's really great, but like that's different than actually like processing the emotions that come with the work of helping families in crisis. And so, I think that it's so important to support child welfare workers because the work they're doing, is really getting to the, the bad things that happen to children and families. And that we can't expect people to do that as their daily work, without recognizing that that's an emotional job and taking care of these people's emotional needs as well as just like, you know, this is a job that I do to make money. It's a lot more than that.

Dr. Alyssa Meuwissen ([30:43](#)):

It's again, it's that helping people and when it we're helping other people who are experiencing extreme stress that is stressful to ourselves.

Dr. Mimi Choy-Brown ([30:50](#)):

Yeah. That kind of compassion fatigue we see happening and just overloading our systems. Yes. I mean, I can, it seems really clear from everything that we've talked about. It's kind of the applicability to, and the need for potentially supervision that kind of takes this stance of reflective supervision that you've talked about. Just shifting a little bit. So I was just curious if you had any insights into supervision delivered over zoom versus in-person, or if there are specific tips or tactics that you would recommend as supervisors and supervisees, or perhaps still remote to some extent.

Dr. Alyssa Meuwissen ([31:33](#)):

Yeah. So it, reflective supervision consultation did happen remotely before the pandemic, somewhat just, you know, when people were far apart geographically or didn't have access to a close consultant, but certainly has happened, you know, so, so much more in this pandemic.

Dr. Alyssa Meuwissen ([31:48](#)):

Ad so, and this would be a good thing to link to the Alliance for the Advancement of Infant Mental Health, put out some best practice guidelines around online supervision consultation, because there are some things to consider, you know, things like group size. It might make more sense to meet in smaller groups when you're online, because you just don't have that ability. And then again, for starting online groups to really think about the trust building and the safety and that you know, you can do even explicit things just to get to know people I've had, you know, like take me on a tour of your office, you know, like, just show me your space or, you know, where you are and why that matters. And so, you know, just to be intentional about like, realizing that it's odd to not ever see people.

Dr. Alyssa Meuwissen ([32:40](#)):

And so I think, again, this is an area that's really ripe for research. We don't, I don't know of any research that's compared reflective supervision online versus in-person, which I think would be really key. I, you know, I think there's possible possibilities for doing people, you know, are always on the internet. You know, they say anything because it's so anonymous and that can be really damaging, but like, in some ways it can be safer to be anonymous. And, you know, people are just more free to say things. And so there might be benefits to kind of not having the people, you know, in your space staring at you. And again, it actually kind of goes back to that, like outside consultant in the research study we did do that was online.

Dr. Alyssa Meuwissen ([33:26](#)):

Also just chose people from all across the state and even outside the state. And so they were doing reflective consultation with people they didn't work with at all. And some people found that really valuable just to get other perspectives. And, oh, how do you do that at your agency? And how do you handle that? And like, oh, I have those exact same office politics where I work and, you know, it can be normalizing, it can be validating. And so I think there can be potential benefits to doing it online, again, especially potentially with, because you can reach a broader audience it's way better for access. Again, if

you need to access trained, reflective consultants and you can do it online, like that's, you know, that is an equality piece as well. So I think people are doing it. I think people think it can be done successfully.

Dr. Alyssa Meuwissen (34:08):

And I think there's still a lot we can learn about yeah, the differences between doing it in person and online.

Dr. Mimi Choy-Brown (34:14):

That's really, really helpful. And it does, I really liked that you kind of highlighted the kind of equity of access issue too that, like the fact that you can provide the consultation over, you know, electronic, whatever, zoom, then it, you know, people can access it, even if they're in part of our state or other states where it's a little more rural or less access,

Dr. Alyssa Meuwissen (34:39):

Like really small counties.

Dr. Mimi Choy-Brown (34:40):

Yeah. Or like they're the only supervisor or supervisee, you know, doing what they do in their setting. So that's really exciting to hear that. So I think one of the other things that's come up in our conversations over the last year of like 2020, which is when we sort of started this podcast is, you know, thinking a lot about, kind of the national reckoning, a little bit of ongoing kind of oppressive systems and taking a more anti-oppressive and anti-racist practice within child welfare settings.

Dr. Mimi Choy-Brown (35:18):

And so while you were talking about, you know, taking this collaborative sense, you're taking, you know, you're really working with them and it seems like reflective supervision really is thoughtful about the power of between the supervisee and the supervisor and the importance of helping supervisees consider who they are, their work. I was just curious if you, what your thoughts were about this model and what it can offer to supervisors or organizations and thinking about advancing anti-oppressive or anti-racist kind of practice within child welfare settings.

Dr. Alyssa Meuwissen (35:55):

Yeah. So you're right that there's always been definitely acknowledgement in this model that like everyone comes with their own biases and experiences, and it's really important to explore that. And so, you know, I feel like right, five years ago, that was like, yeah, we're, you know, we're thinking about this kind of stuff.

Dr. Alyssa Meuwissen (36:10):

And then in the past, you know, year or so, it's like critical self-reflection to me is almost one of the only ways that we're actually going to move the dial on this. Like as a white person, I feel like there's, there are just times where I just didn't think about it. You know, I just, I just wasn't aware, like it just didn't occur to me that like, there, there were power dynamics in this system or whatever. And so like, to actually have time and space dedicated to thinking about what you didn't think of in the moment, you know, and how this might've looked to that person who didn't come from the same background, or doesn't look like you, how they might perceive you instead of just being stuck in how you perceive them.

And so I've actually proposed this as sort of like an anti-discrimination intervention that, and again, it has to be done well, and I don't think it's about always, you know, it's, you'd have to do that on purpose, you know, it's, it can be done without that, that at all.

Dr. Alyssa Meuwissen ([37:08](#)):

But I think that a huge part of acting on discrimination is seeing people as a group, as a member of a group, instead of seeing people as individuals, and the race thing is huge. And then all of the statements people make, you know, she has kids with three different dads or they smoke in the home, or, you know, like there's statements you make that make you think of a person. That's how our cognitive brains work. We, you know, we, we group people and we make assumptions and biases because it's quicker and it's easier. And so I think this is a good, like non shame-based way to work through that as completely accepting that, that you are going to make snap judgements, you are going to have your own biases. And this is the time where we think about why did you feel like that?

Dr. Alyssa Meuwissen ([37:56](#)):

Why do you make an assumption about someone? Why does the color of their skin matter in this situation? Why does it matter for this child? What does this child mean generationally? You know, how has, how has historical trauma impacted this family? And so to have a space to actually think about those questions for every case, you know, it's very different than just training people on cultural humility or, you know, like these big things that we should be aware of, but to think about in this case, why does it matter that I am white? And this person is African-American, that this person is Native American, what experiences does that mean that they're bringing? And so I think that's something our field is starting to really think about how we can use reflective supervision to have those conversations. But one thing that I think still we have to be really aware of is that, as you said, it's reflective supervision is trying to be a, not very hierarchical, supervision model, but it is a supervision model.

Dr. Alyssa Meuwissen ([38:52](#)):

And especially, again, if it's supervision, not consultation, it is power. And we have to really be aware of that and, and have heard some feedback of, you know, we can say in our, you know, in our RIOS tool that like part of reflective alliance is being open to that the supervisor is open to feedback and, you know, like those kinds of things, but like, if, if they don't feel safe, the supervisee is not going to give that feedback. You know, if there is that power differential. And so for supervisors who in, again, infant mental health have very historically been white women. How do those supervisors actually interact with supervisees who are different from them in a way that, that gives everyone power and then does not assume it's almost an assumption of like, well, I'm a nice person, so you'll feel safe talking to me, you know, like you should be able to bring up anything.

Dr. Alyssa Meuwissen ([39:39](#)):

And I think, you know, we're really starting to think harder about what do people need to actually have conversations in a way that is equitable of power for the supervisee and for the families.

Dr. Mimi Choy-Brown ([39:52](#)):

Yeah, no, I really appreciate you bringing up some of the things that you guys are thinking about about this. It does seem like just talking with you and thinking about this at this opportunity to slow down some of those quick cognitive things that we do as human beings on a regular, as a form of practice and intentional, like protected space, as you talked about that really just helps us to be like, wait a second.

Like, why did I have that quick bias that came in, or and it seems like it could be a really powerful tool to help us to be intentional and kind of reflecting and slowing down that cognition.

Dr. Mimi Choy-Brown (40:35):

So that seems really exciting, but I also hear the other piece that you're talking about, which is, you know, if all the supervisors are women, White women, then what does that mean? And then how do we maybe intentionally include our positionality in the world, in the context of supervision, which it feels like, you know, we're all everybody is considering this in different ways. And some people have been, and some people are newer to it and hopefully we'll continue to learn about best strategies to do it,

Dr. Alyssa Meuwissen (41:10):

And we talked about this a little bit before about access, access to supervision, and then again, access to training to become a reflective supervisor or effective consultant, like right there, there are issues, um, again, the systemic issues of right, how do we really make this a more equitable system are yeah, I think they are being talked about.

Dr. Alyssa Meuwissen (41:28):

And so it's exciting to see how this can move forward in a better way.

Dr. Mimi Choy-Brown (41:36):

And one of the things, kind of finally in sort of the general, or I guess kind of the thoughts I had about today, um, was thinking about how you are going to be doing a lot of training, and I've started through CASCW. And if you could just give us a quick sort of, if people are more interested in getting involved or becoming a reflective supervisor or taking trainings, where can they find out more information?

Dr. Alyssa Meuwissen (42:06):

Yeah. So here at CEED we have two online courses for people interested in reflective supervision. The first one is for anyone, supervisors or supervisees, and the second one is more specific to supervisors. But, and then we also just released a set of nine self study modules so much shorter, just kind of like three hour kind of pieces of information.

Dr. Alyssa Meuwissen (42:28):

And some of them are for supervisors/supervisees, or decision-makers people, you know, who are like making you know, administrative, even if they're not part of the reflective supervision. So we've got some really great professional development resources here to learn about about reflective practice in a lot of different ways. I also would refer people to the Alliance for the Advancement of Infant Mental Health, which is the national org that regulates a lot of it. And then here in Minnesota, we have the Minnesota Association for Children's Mental Health. And so they are great places if they have kind of directories of who are reflective consultants, who are available to be hired and, and things like that. And so there's kind of right. You can become trained to become a reflective supervisor, consultant yourself, or you can hire people who already have that training.

Dr. Alyssa Meuwissen (43:19):

And so those are really good places to be connected with as well.

Dr. Mimi Choy-Brown ([43:22](#)):

Awesome. Well, is there anything else that you think we should know that we didn't talk about?

Dr. Alyssa Meuwissen ([43:30](#)):

I don't think I have a lot to add. I think we're just seeing this be more present in the child welfare world. And I think something we're thinking about is how might the child welfare system be different than infant mental health, where this came from and how, how can we you know, kind of personalize it or really take into account the role of child welfare workers, the systems that they work in, the demands on their time, things like that. And so we're really interested in, in making this accessible to child welfare workers, because as I said, like, we believe it's a really specifically important population, but they also have some different demands and different ways of scheduling things than some other early childhood fields.

Dr. Mimi Choy-Brown ([44:09](#)):

It does seem like there could be some aspects. It sounds like that that might be worth adapting into like a child welfare setting where there might be more access to reflective capacity, or just even beginning to think that that's rewarded or expected or supported within an organization of the organizational climate piece and thinking that that's a behavior that's important.

Dr. Alyssa Meuwissen ([44:36](#)):

Right. So it does feel that in the child welfare field, it will be really important to build a culture where this works. And so to address training or, and, you know, even pieces like mindfulness and emotion regulation. And what do people know about that? People who are direct practice, people who are supervisors and people who are administrators, so right for this to work in a child welfare setting, it would be really important to have the whole system on board. And that this is not just kind of like an add on that doesn't really fit, but that we find a way to integrate this in a way that's really going to make a difference for the workers.

Dr. Mimi Choy-Brown ([45:09](#)):

Yeah, that's such an important point and something I, I think a lot about is that it, in many ways, one supervisor, it's going to be hard for that one supervisor to get trained and then there'll be change across their supervisees without acknowledging the context that they're working in. So that's actually, that's a really great point. Well, thank you so much for taking some time to talk with us. We really appreciate it. Yeah.

Dr. Mimi Choy-Brown ([45:37](#)):

Thank you so much for joining me for this episode of the Heart of Supervision podcast that was produced in collaboration with the Center for Advanced Studies in Child Welfare. I really hope you enjoyed it and found something useful to bring back to your work. If so, please feel free to share it with your friends and colleagues. Again, I'm Mimi Choy-Brown, and I love to talk about all things, supervision and research. So if you have any feedback, questions, comments, or suggestions for topics of the podcast, please feel free to reach out to me at my email address, mchoybro@umn.edu. I'd love to hear from you. This podcast was supported in part by a grant from the Minnesota Department of Human Services, Children and Family Services Division.