Exploring Professional Ethics Through Diversity-Informed Reflective Supervision

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Abstract

The complex concepts of ethics, diversity-informed practice, and reflective supervision intersect. In this article, the Diversity-Informed Tenets for Work With Infants, Children and Families (Irving Harris Foundation, 2018) provide a framework to explore the process of reflective supervision. The author uses a vignette to illustrate the interpersonal and professional dilemmas and internal struggles experienced by both practitioner and supervisor. Work with children and families is complex and emotionally powerful. Issues of ethics, equity, and justice are best explored with care and intentionality within a trusting reflective supervisory relationship.

The work of infant, early childhood, and family support practitioners is complex. In many work settings, practitioners are expected to work as members of teams, often with little time available for team building or even thoughtful, intentional conversations about team processes. Each practitioner brings their unique culture, values, and beliefs to their work. Each has also been impacted to a greater or lesser degree by racism, classism, sexism, able-ism, homophobia, xenophobia, or other systems of oppression. Each child and family served also brings these unique elements into the service relationship. All practitioners intend to practice ethically. Some have been specifically trained about professional ethics, and most, whether trained or not, find that they learn as they go, doing their best in complex situations.

Using a fictional vignette that is based on many reflective supervision conversations over many years, I highlight ways in which the concepts of professional ethics, diversity-informed practice, and reflective supervision intersect. A subset of the Diversity-Informed Tenets for Work With Infants, Children and Families (Irving Harris Foundation, 2018) frames some of the values and practices highlighted through the vignette. My goal is to advocate for diversity-informed reflective supervision as essential to support sustainable, ethical practice among infant, early childhood, and family support professionals.

Diversity-Informed Reflective Supervision

The Diversity-Informed Tenets for Work With Infants, Children and Families (Irving Harris Foundation, 2018, see Box 1 on p. 6) define diversity-informed practice as

> . . . a dynamic system of beliefs and values that strives for the highest levels of diversity, inclusion and equity. Diversity-informed practice recognizes the historic and contemporary systems of oppression that shape interactions between individuals, organizations and systems of care. Diversity-informed practice seeks the highest possible standard of equity, inclusivity and justice in all spheres of practice: teaching and training, research and writing, public policy and advocacy and direct service.

The tenets describe values-based practices that frequently intersect with issues and situations discussed in reflective supervision. For the purposes of this article, I refer to a subset of these tenets as a frame for describing reflective supervision as essential to supporting ethical practice.

Box 1. Diversity-Informed Tenets for Work With Infants, Children and Families

Central Principle for Diversity-Informed Practice

1. **Self-Awareness Leads to Better Services for Families**: Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

Stance Toward Infants, Children, and Families for Diversity-Informed Practice

2. **Champion Children's Rights Globally:** Infants and children are citizens of the world. The global community is responsible for supporting parents/caregivers, families, and local communities in welcoming, protecting, and nurturing them.

3. **Work to Acknowledge Privilege and Combat Discrimination:** Discriminatory policies and practices that harm adults harm the infants and children in their care. Privilege constitutes injustice. Diversity-informed practitioners acknowledge privilege where we hold it, and use it strategically and responsibly. We combat racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

4. **Recognize and Respect Non-Dominant Bodies of Knowledge:** Diversity-informed practice recognizes non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.

5. **Honor Diverse Family Structures:** Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of other parents and caregivers including second mothers, fathers, kin and felt family, adoptive parents, foster parents, and early care and educational providers.

Principles for Diversity-Informed Resource Allocation

6. **Understand That Language Can Hurt or Heal:** Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

7. **Support Families in Their Preferred Language:** Families are best supported in facilitating infants' and children's development and mental health when services are available in their native languages.

8. **Allocate Resources to Systems Change:** Diversity and inclusion must be proactively considered when doing any work with or on behalf of infants, children, and families. Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. Individuals, organizations, and systems of care need ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

9. **Make Space and Open Pathways:** Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

Advocacy Toward Diversity, Inclusion, and Equity in Institutions

10. **Advance Policy That Supports All Families:** Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

Source: Irving Harris Foundation, 2018

Reflective supervision has been defined as a relationship-based supervisory approach that supports staff to provide services in ways that support healthy parent–child relationships (Bernstein & Edwards, 2012; Fenichel, 1992; Flowers & Burgeson, 2015; Heffron & Murch, 2010; Shea, Goldberg, & Weatherston, 2016; Van Horn, 2018,). I am a contract provider of reflective supervision to a broad range of professionals from culturally diverse backgrounds working in many different service settings, in a number of different geographic locations. I have rich opportunities to join with others using a reflective process to first recognize and then explore situations in which we encounter conflicting personal values and moral beliefs. An important element of our exploration often involves understanding some of the factors that underlie or influence our values and beliefs. The richness of our often slow and careful process allows us to recognize and consider situations from a more diversity-informed and ethical perspective, even when those specific terms are not always used explicitly.

My goals as a reflective supervisor are to work with practitioners to increase self–other awareness, to consider multiple perspectives through lenses that are more diversity-informed, and to practice with increased intentionality. Each of these goals intersects with ethical practice. Admittedly, the professionals

I provide reflective supervision to do not each arrive to sessions with these same goals. Often, there is a significant level of uncertainty about what reflective supervision is and why it is encouraged or required. Alternatively, some professionals arrive with a high degree of certainty about what reflective supervision should be based on past experiences, readings, and, more often than not, stories told to them by colleagues who have received reflective supervision themselves. Our task over time is to come to a more shared understanding of our unique reflective supervision process and how it supports thoughtful, ethical work with infants, young children, and their families.

Applying Diversity-Informed Tenets

Several of the diversity-informed tenets provide useful guidance in support of my reflective supervision goals as well as in developing a shared understanding of our reflective process. In fact, the central principle for diversity-informed practice is described in the first tenet: "Self-awareness leads to better service for families." My approach to reflective supervision is informed by the literature that describes how reflective capacity is developed, supported, and at times challenged (Fonagy, M. Steele, Moran, H. Steele, & Higgitt, 1991; Fonagy, Target, H. Steele, &

M. Steele, 1998; Heffron, Reynolds, & Talbot, 2016; Landy & Menna, 2006).

Practitioners and I work together to ground our supervision discussions in an intentional awareness of how we each understand, interpret, and make meaning of behavior (our own and others') by considering the possible thoughts, feelings, and motivations (mental states) behind the behavior (Fonagy & Target, 2005; Heffron et al., 2016; Van Horn, 2018). Self-awareness is a central, and sometimes uncomfortable, component of all reflective supervision discussions. Diversity-informed reflective supervision calls upon me to personally practice and to support supervisees to "reflect on our own culture, values, and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services." (Irving Harris Foundation, 2018).

A Reflective Supervision Session in Action

Stephanie joins me via videoconference for an individual reflective supervision session. As we connect online I notice that her eyes are directed down and her shoulders are slumped. She seems to melt into her chair with a sigh and then remains quiet. This is not how our sessions typically begin. As her reflective supervisor, I take an extra moment to quiet myself and to sit with her apparent feelings for a bit before saying anything. I find myself taking a careful, deep breath and intentionally grounding myself in my chair. "It's good to see you." I say quietly. Stephanie looks up and smiles tentatively. She looks ready to cry. I ask, "What would be most helpful right now?" Stephanie shrugs and seems to fight back tears. I take another deep and intentional breath, and I wait for what feels like a long time. I find myself wanting to say something to comfort Stephanie even before I understand what is troubling her. I resist. Stephanie says quietly, "Everyone thinks I'm a flake and that I don't do my job well."

Stephanie and I have engaged in both group and individual reflective supervision via videoconference for nearly a year. She is a service coordinator and early intervention specialist with an agency providing services to families of infants and toddlers with or at risk for developmental delays as defined by Part C of the Individuals With Disabilities Education Act (IDEA). Most of her work occurs in the community in which she grew up and is a tribal member. She has long-standing ties within the community with families, and early childhood, health, and social service providers. The early intervention team members she works with, including occupational, physical, and speech-language therapists, are not from the same community and do not share the same tribal affiliation. Although Stephanie is in the community throughout the week visiting families and other service sites (health and child care facilities), other team members are typically available only 1 or 2 set days each month. These team members travel some distance from their homes to the remote community and have limited availability.

Each practitioner brings their unique culture, values, and beliefs to their work.

During reflective supervision sessions, Stephanie frequently shares challenges she encounters as she works to understand, clarify, and bridge varying expectations between and among team members, community members, and the families being served through early intervention. She frequently feels that team members view her as unprofessional or not doing her job well because of her slower, quieter, and less direct approach with families. Stephanie believes that she, the community members, and the families being served all approach time in a very different manner than do her teammates. Ideas about what is urgent and what can wait often seem to differ. A number of factors that Stephanie sees as being strongly influenced by the culture of her community seem to be interpreted by team members as a lack of caring on the part of the families, poor follow through and lack of motivation, and a lack of understanding of the importance of intervention strategies. Stephanie also expresses concern that the child care teachers in her community seem to want her to more actively influence families and to more quickly change some of the behaviors of the children she works with at the center. With that context in mind, let's wade back in to the supervision session.

"I think of you as balancing a lot of needs and expectations that are coming at you from so many directions," I say to Stephanie. "I wonder if it all starts to build up and become too much sometimes? Has something happened recently that makes you think you're seen as flakey?"

In starting this conversation, I find myself working to balance Stephanie's apparent mental state with my own need for more information to better understand the situation that has caused Stephanie such distress. What behaviors has Stephanie encountered and interpreted from others as judging her in this way? How might her emotional distress be impacting her perceptions about how she is seen by others?

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At the same time, I feel an urge to protect Stephanie from what I perceive as uninformed judgments from her teammates. Keep in mind I have had no interactions with her teammates. I feel myself puffing up with indignation as I entertain the idea that her teammates are likely not respecting Stephanie's knowledge of her community and of typical community approaches to both helping relationships and child rearing. Tenet 4 guides practitioners to, "Recognize and respect non-dominant bodies of knowledge." Without actually knowing what has occurred, I feel my own bent toward social justice kick up. With this aware-ness, I can work to intentionally quiet this background noise and stay present with Stephanie's experience rather than the story I have begun to tell myself. The tenet is important to hold in mind but, without knowing more about Stephanie's experience, it cannot be applied in a helpful way.

> Stephanie sits up taller in her chair and looks right at me. She rolls her eyes and says, "It's the same old story. I've got therapists wanting me to push families harder to get follow up medical appointments, parents who tell me that the therapists don't really 'do' therapy with their kids, and teachers who want me to make parents work on toilet training at home."

"Whew!" I say, "That's a lot of people wanting you to change things that you have no control over. This keeps coming up for you, doesn't it?"

"It feels like it keeps coming back to people thinking I'm not doing my job." Stephanie says.

I comment, ". . . and you are working so hard! How does, 'you're not doing your job' get communicated to you?"

"Well," Stephanie responds, "it's not like anyone comes right out and says, 'You are bad at your job.' It's more like every-one wants things to be different and is disappointed that things aren't happening fast enough or in the way they each want it to happen."

" . . . and you? How do you feel about how things are going with the families you see?" I ask.

"When I'm with the families at home or the kids at child care, I feel like we're making nice progress and that the families mostly feel supported by our services." Stephanie answers.

"What does that tell you about how you are doing your job?" I ask.

"That's the thing!" Stephanie answers with a more confident tone of voice. "I know I'm doing my job in the best way I know how and in ways that work best in my community. I'm not saying I always do everything right or perfectly. Mostly, I work the way I do for good reasons. I think families stay with our program in part because of how I approach things with them."

"You never strike me as being flaky." I share.

Stephanie chuckles, "No one called me flakey. It's some-thing my family used to say about people who were scattered or disorganized. When I feel like no matter what I do at work, someone is going to be dissatisfied, it starts to make me feel like I need to work harder or do something differently. Like maybe if I just had things more together, I could make things happen in the way everyone wants them to happen."

"So, if you stand back and look at that idea right now, what do you see? Are there things you should 'have more together'? Would that make other people change what they are doing? Would the appointments get made, the ther-apists work differently, or the toilet training get started at home?" I ask.

"If only!" Stephanie says with a smile. "Like I can really do anything to make those things happen. I can see so many reasons why things go the way they do. It's not like no one cares or anyone is intentionally not doing the right thing."

"I wonder if your teammates have those same insights? They are in the community so much less than you and didn't grow up out there. What information might they be missing that could help them understand things more from a community perspective?" I ask.

As Stephanie and I explore this further, it becomes apparent that Stephanie's reluctance to share with her teammates her reasons for working in the way she does is influenced by concerns that she will sound as if she is making excuses or trying to get out of doing her work. As someone not from Stephanie's community, race, or heritage, I take a risk, and awkwardly ask if there are experiences she's had with people from outside of her community that make her worry in this way. She looks confused by my question, so I ask, "Do you feel like you are more likely to be judged as lazy or not as smart as your teammates?" Stephanie looks surprised and I worry about how I worded the question. She says,

"Well, they do all have their master's degrees and I just have a bachelor's."

"Is that what's making this difficult?" I ask.

As a straight, White, cisgender woman who was raised by two parents in a Catholic family in a racially homogeneous, mid-western, small city, I have a lot to learn about how to address the expectation stated in Tenet 3: "Work to acknowledge privilege and combat discrimination." I believe that as a reflective supervisor, I have a responsibility to be intentional about this tenet (Stroud, 2010), yet I'm often uncertain about the best way to do so in conversations like this. I'm aware that I do my best but sometimes bumble along awkwardly while trying to be attuned to how others respond. I hold in mind the possibility of repairing ruptures with people with whom I am in relationship. At the same time, I am excruciatingly aware of Tenet 6: "Understand that language can hurt or heal." I worry about causing ruptures and yet am aware of the dangers in not leaning in to difficult conversations. My hope is that taking the chance to bring up a difficult subject, even if awkwardly, is better than leaving important feelings and thoughts unexplored. In my conversation with Stephanie, taking the risk of naming the hurtful stereotypes of lazy and unintelligent seemed to open a helpful space between us to talk frankly about some of the oppression and discrimination Stephanie has experienced and that influences her interactions with others.

The session did not end with any specific next steps that Stephanie would take with her teammates. Instead, we were able to help Stephanie regulate her feelings, which allowed her to think more clearly about what was making her feel so badly about how she was perceived by others.

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Stephanie's self- and other awareness was supported through our conversation. With this awareness, she may have been able to hold alternative perspectives regarding both how she was feeling and what others were expecting of her. This shift in her cognitive and emotional processing is likely to support more intentional practice moving forward, especially in terms of team interactions. Stephanie was already quite intentional in her ways of working in her community. Our conversation allowed her to put that strength into words, increasing the likelihood that she would remain aware of her intentional practices even when experiencing stress (Bernstein & Edwards, 2012).

Supporting Ethical Practice

So, how does ethical practice intersect with diversity-informed reflective supervision? Geroski (2017) cited a number of key ethical and legal concepts that helpers from a range of professional disciplines can refer to for guidance. The ethical concept of competence can be applied when considering Stephanie's

situation. If Stephanie were unable to competently do her job, there would be an ethical obligation to address this. Part C of IDEA is quite specific about service requirements and the role of the service coordinator. In Stephanie's case, a number of factors caused her to perceive that others thought of her as not doing her job well. With further reflection, it became clear that Stephanie knows and performs her job duties well and does not attempt to provide services that fall outside of her scope of practice. She is practicing competently.

The ethical concept of informed consent (Geroski, 2017) may also enter into Stephanie's situation. Stephanie has on a number of occasions described her teammates often wanting families to pursue additional medical assessments. As the service coordinator, Stephanie works to act as a "bridge" when therapists are describing to families the medical specialists they want input from and why this would be helpful. She feels her role is to do her best to make sure families are informed in an understandable way about what the therapists are asking for. She can then help with any referrals the family would like to pursue. Stephanie is quite attuned to the therapists' disappointment and sometimes exasperation when families either outright refuse to pursue further assessment or indirectly refuse by not acting on the recommendation. Our reflective supervision sessions often focus on supporting Stephanie in her ethical practice of informing families and then honoring family choice while tolerating the disappointment of her teammates and their pressure on Stephanie to "try harder" to convince the family. This tolerance is understandably influenced by Stephanie's experience with oppression and racial discrimination as well as differences in power and privilege related to levels of formal education and professional status. Allied health professionals may be perceived as having a higher status than developmental, educational, and service coordination professionals (Lillas & Turnbull, 2009).

Many codes of ethical practice warn against engaging in dual relationships. The idea is that overlapping duties, roles, or relationships between helping professionals and the clients they serve must be avoided (Geroski, 2017). Although no blatant overlapping roles are evident in Stephanie's situation, her membership in the tribal community both helps and, at times, complicates her practice. Stephanie often describes knowing too much about many of the families she serves. She also acknowledges that the families often know a lot about her family, their history in the community, and their various relationships and connections. Reflective supervision is sometimes used to help Stephanie sort out how much of her community knowledge about families should be shared with teammates. There is an understandable tension between wanting to foster

a more complete understanding of families' situations, so that team members can better understand why families make the choices they do, and the need to protect families' privacy.

The ZERO TO THREE (2019) Values and Ethical Standards state, "We are guided by the principle belief that how we are—with children, caregivers, and colleagues—is as important as what we do. We understand that our own relationships must be guided

by self-awareness, trust, respect, flexibility, and collaboration in order for us to work effectively." When diversity-informed reflective supervision is used to intentionally examine situations through lenses of equity, justice, and ethics, practitioners and supervisors are better supported to be more self-aware as well as more aware of the experiences of others. Self-reflection is an important skill. Yet it is insufficient when doing the complex work of infant, early childhood, and family support. When practitioners receive diversity-informed reflective supervision, they are better able to consider multiple perspectives through lenses that are more diversity-informed and to practice with increased intentionality. These enhanced elements of practice are likely to contribute to better child and family outcomes, higher service quality, and a healthier, more sustainable work force.

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