A Qualitative Study Exploring Early Childhood Interventionists' Experiences of Ongoing Participation in a Reflective Consultation Program

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Dedication

This dissertation is dedicated to the practitioners who help
babies, toddlers, preschoolers, and their families learn from each other and grow together every day. You are making invaluable contributions to children, families, and to all of our futures. Thank you for giving yourselves to this important work.

*

This dissertation is also dedicated to every parent and caregiver who holds their children's hearts and minds in their own
and who does the best they can to provide them with what they need
to grow, to learn, and to love.

Abstract

This study explores the experiences of early childhood interventionists who participated in a Reflective Consultation program. Reflective Consultation (or Reflective Supervision) is a model of professional support and development for practitioners working with families and young children who, in many cases, are facing multiple stressors. Designed to bring principles of Infant Mental Health to non-mental health practitioners, this model is now widely used in several federally funded, evidence-based programs. Despite its growing utilization, there exists little empirical research examining the implementation, essential elements of the model, or its impact on practitioners or clients. The purpose of this study was to explore one model of Reflective Consultation as experienced by a group of early childhood practitioners and to contribute their voices and perspectives to the growing body of research.

Qualitative research methods were used to answer the research question: how do early childhood interventionists experience the Reflective Consultation Program? Practitioners who had participated in Reflective Consultation for one year or more were invited to participate and fifteen agreed. Semi-structured interviews were audiotaped and analyzed for both variable and comparative case-based themes. Variable-based analysis showed that most practitioners experienced an iterative process of release, reframe, refocus, and respond as part of their ongoing participation in the Reflective Consultation program. Participants described a shift between feeling helpless, hopeless, and overwhelmed by the stressors their clients faced to feeling a greater sense of self-efficacy in being able to better refocus and respond to the needs of their clients. A comparative,

cased-base analysis raised questions about for whom and under what circumstances the program may be most beneficial, for example, based on the professionals' tolerance for discussion and reflection on emotions, or the characteristics of the agency or existing supervision. Participants described the incorporation of the reflective processes they had experienced in the large group into their smaller team meetings and peer conversations.

This research adds to the growing body of literature on Reflective Supervision by adding the voices of practitioners. Findings validate some of what is discussed in the literature and highlight the importance of a relationship-based support such as this, particularly to facilitate the release of emotions and explore the parallel relational processes between practitioners and clients. These findings contribute to the social work literature on reflective practice models of support and supervision by describing processes of emotional release that were important to practitioners as part of a broader reflective process. Further research is needed to validate and expand on these findings as well as to begin to measure change.

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CHAPTER 1: INTRODUCTION

This dissertation examines the experiences of early childhood practitioners with an innovative model of supervision, Reflective Consultation. The well-being of young children and families has long been a focus of social work practice, advocacy, and research. Families and young children face growing economic pressures which make it increasingly difficult to function as a family and raise young children in supportive and nurturing environments. Families turn to practitioners from a variety of fields to provide concrete supports and broker services so they can thrive. In the face of the stressors families manage, practitioners can become overwhelmed and burned out. Social work has long recognized that the practitioner is a crucial part of any change process and that supporting practitioners through supervisory relationships can enhance well-being and professional growth. Increasingly, other disciplines are incorporating supportive models of professional development into their practice.

One model that is growing in use is Reflective Consultation, also known as Reflective Supervision. Reflective Consultation is a supportive "relationship for learning" (Fenichel, 1992) where practitioners who work with highly stressed families and young children can talk about the emotional impact of the intense work and explore ways to better connect with and support the development of the families and young children. There are four main aims of Reflective Consultation. First, it provides an educational and experiential model for practitioners who work with families and young children in a relationship-based context. Next, it supports congruence with best practices within fields such as Routines-Based Interviews in the early childhood special education

field. The model also provides the kinds of emotional support found to reduce burnout. Finally, Reflective Consultation facilitates increased awareness of biases and supports exploration of diverse cultural and familial practices.

This chapter considers the problems currently faced by young children and families as well as those faced by practitioners from different disciplines including early childhood special education teachers, speech, occupational, and physical therapists, nurses, bachelor's level social workers and non-clinical social workers, and child care workers, among others, who work with them, as well as the reasons why a Reflective Consultation model may be necessary and useful

Problem Statement

This section reviews two sets of problems which serve as background and provide context for the purpose of this research study. First, I review several challenges young children and families currently face in the United States. Second, I review the kinds of challenges facing the practitioners who serve these vulnerable children and their families. Considering these two sets of challenges together provides the foundation for understanding research about the best ways to support practitioners in order to provide young children and families more responsive and effective interventions.

Prevalence of Young Children Growing Up with Multiple Stressors in the U.S.

This section provides a background to understanding the various family contexts in which practitioners from multiple disciplines intervene.

Young children living in poverty. In 2012, one-in-four children (25%) ages birth-to-five in the U.S. lived below the poverty level and nearly half (48%) lived in low

income families (200% Federal Poverty Level) (Jiang, Ekono, and Skinner, 2014, p. 3). This age group has a higher level of poverty than any other age group in the U.S. (Jiang, et al., 2014, p. 3). For all children in the U.S. under age 18, there was a 12% increase in the number of poor and a 23% increase in the number of low income children from 2006-2012 (Jiang, et al., 2014, p. 2). Thus, there are a growing number of young children ages birth to five, especially children of color, who are growing up in families where there is not enough money to meet their needs and, therefore, where the economic stress is high. Growing up in poverty can have lifelong adverse impacts on a child's health and is often only one of many adverse experiences a child faces (Fenald and Gunnar, 2009; Anda, et al., 2006). In addition, poverty is often linked to other problems including but not limited to housing instability, family violence, and neighborhood violence (Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007; Leventhal & Brooks-Gunn, 2000).

Young children's social-emotional development and mental health. While the prevalence of mental health issues in young children is difficult to determine, researchers estimate that between 13% and 21.4% of preschool children have emotional/behavioral disorders (Brauner & Stephens, 2006; Lavigne et al., 1996). Untreated mental health issues in early childhood are associated with impaired functioning and more serious problems over time (National Scientific Council on the Developing Child, 2008/2012).

Young children experiencing maltreatment. In 2012, an estimated 686,000 children experienced maltreatment in the U.S. (U.S. Department of Health and Human Services [DHHS], 2012, p. 19). More than 25% of those victims were under age three with an additional 20% of all victims between the ages of three and five (DHHS, p. 19).

This means that almost half of all victims were the youngest children (DHHS). Children under age one have nearly double the rate of maltreatment compared to other young children (DHHS, p. 19). A disproportionate number of these children are children of color (DHHS). Children who experience maltreatment are at a greater risk of life-long health and mental health problems impacting learning, functioning, and relationships (Felitti et al, 1998; (National Scientific Council on the Developing Child, 2010; National Scientific Council on the Developing Child, 2012, "The science of neglect").

Young children with disabilities, developmental delay, or a high probability of developmental delay. While each state's criteria varies, young children ages birth to three in the U.S. whose development in at least one of five developmental domains (cognitive, motor, communication, social or emotional, and adaptive) falls two standard deviations below the mean meet criteria for early intervention services under Part C of the Individuals with Disabilities Education Act (Rosenberg, Robinson, Shaw, and Ellison, 2011) (see Ringwalt, 2012, for detailed information about eligibility criteria). Recent national prevalence data identified that 316,761 children or 2.5% of all children under age three received early intervention services under Part C of the federal Individuals for Disabilities Education Act (U.S. Department of Education [Dept. of Ed.], 2012, p. 14). Rosenberg, et al (2012) found that these data underestimate the number of children eligible for services. In addition, Scarborough, Spiker, Mallik, Hebbeler, Bailey, and Simeonsson (2004) found that males, African American infants and toddlers, and low income families (incomes under $15,000 per year) were disproportionally represented among those receiving early intervention services (pp. 472, 475). Recent research has

found that middle-income mothers with children receiving early intervention services for cognitive or social emotional diagnoses have high levels of stress (Caley, 2012). Most children (>85%) in early intervention programs received services in their home or other natural settings such as child care (Dept. of Ed., p. 18).

Parental mental health challenges. In addition, because a secure, safe, responsive, and predictable caregiving environment is the best predictor of the child's well-being (Sroufe, Egeland, Carlson, & Collins, 2005), it is important to know the incidence of parental mental health challenges. It is difficult to provide such an environment when faced with multiple stressors such as poverty and untreated mental illness. A recent study found that by the time the child was twelve years of age, "39% of mothers and 21% of fathers had experienced an episode of depression" (Davé, Petersen, Sherr, & Nazareth, 2010, p. 1038). Studies have also found that depression is often undiagnosed, meaning these estimates are likely low (Ko, Farr, Dietz, & Robbins, 2011). The Center for Disease Control and Prevention (2011) estimates that at any point in time, 25% or one in four adults has a diagnosable mental illness and that 50% of all adults will have a diagnosable mental illness in their lifetime (p. 2).

These statistics demonstrate that large numbers of very young children in the U.S. are growing up in families facing multiple stressors. In many cases, family stressors such as poverty increase the likelihood that a family will need to access helping professionals or systems of care (Cooper, Masi, & Vick, 2009). These children and families are often connected to helping professionals such as social workers, therapists, and teachers who aim to intervene and ameliorate many of these stressors.

Professional Challenges: Working with Families and Young Children in Stressed Environments

Research has found that practitioners working with young children and families face challenges in their work due, in part, to the highly emotional nature of working with this particular vulnerable population (Osofsky, 2009). Researchers have also found that many helping professionals are at risk for burnout and compassion fatigue (e.g. Adams, Boscarino, & Figley, 2006; Mor Barak, Nissly, & Levin, 2001). A review of the literature examining the high rates of staff turnover in the child welfare system found that front line workers have a "higher level of emotional exhaustion" among other factors influencing departure such as low pay, risks of violence, and inadequate supervision (DePanfilis & Zlotnik, 2008, p. 1001). A recent review of literature found that social workers in various practice arenas face high levels of burnout and subsequent physical health symptoms (Kim, Ji, and Kao, 2011).

The "emotional labor" (Lane, 2011) of working with families and young children in their home. The emotional stress and overall work stress have been found to be more intense when the practitioner does work in the intimate setting of the family's home (Schafer, 1992). Recent research has linked what is called "emotional labor" with the particular kinds of work that practitioners do with young children and families in their homes (Lane, 2011). Originally defined by Hochschild (1983) as "the management of feeling to create a publicly observable facial and bodily display," Lane's (2011) research with early interventionists conceptualized emotional labor as the effort to control or mask one's true emotional responses in the face of emotionally evocative work experiences. In

her review of the literature on the impacts of emotional labor on early intervention home visitors, Lane (2011) found that emotional labor can lead in the short and long term to "emotional dissonance, self-alienation, emotional exhaustion, an increase in health symptoms, decreased employee well-being, job stress, and inauthenticity" (pp. 30-31). The conceptualization of work with young children and families as emotional labor is helpful because it expands on the more well-known concepts of burnout and compassion fatigue to include the complex interpersonal nature of this work.

Researchers and practitioners often note that being in the presence of very young children who have not yet developed verbal abilities to describe their experience calls for practitioners to engage their own emotional skills to attune to and empathize with what they are observing (Schafer, 1992). In addition, the intensity and sometimes chaotic nature of working in a home can overwhelm even a seasoned practitioner because of the intimacy and isolation of this work (Parlakian, 2001). Adding the vulnerability of families in poverty, or whose children have special needs, or who are involved in the child welfare system increases the need for practitioners to manage their emotional responses to the needs of these young children and their families while also working to address their professional obligations.

Relationship-based work. In addition, practitioners working with young children across many disciplines have shifted in the past several years away from what has been described as deficit-based work which located and treated problems within an individual child. The focus on work with families is now strengths-based, relationship-based work which views child development as inextricable from the context of relationships, and

relationships as influenced by individual history as well as the broader environmental context (Edelman, 2004; Sroufe, Egeland, Carlson, Collins, 2005; Weston, Ivins, Heffon, & Sweet, 1997). While social workers have long rooted their work in the supportive relational contexts of children, a focus on embedding interventions in relational contexts is now standard practice in a growing number of helping professions (Gilkerson & Kopel, 2005). Practitioners have incorporated research on parent-child attachment and early brain development by focusing their work in key relationships: parent/child, practitioner/parent, practitioner/child, and supervisor/practitioner. In infant mental health, Winnicott's (1964) statement "there is no such thing as a baby," instead always a baby and caregiver (p. 88), and Lieberman's (2010) questions, "Is there such a thing as a mother? Or only a mother and her circumstances?" underlie work focused first and foremost on strengthening the relationship between a child and parent(s) and then strengthening the broader environmental context to support more optimal relational experiences. Social workers inherently view children within their environments and see people as inextricably linked to their circumstances. Since primary relationships support all aspects of an infant's development, incorporating the quality of relationships into any kind of developmental work requires that practitioners keep the parent/child relationship in the forefront of their minds. This integration of multiple people's perspectives, well-being, and experience into direct practice work requires strong emotional well-being in the practitioner and at times increases stress.

Infant mental health. Relatedly, the interdisciplinary field of infant mental health as pioneered by social worker Selma Fraiberg is becoming the guiding framework

for practice with young children and families (Weatherston, 2001). Clinical social workers and psychologists are trained in mental health, but most practitioners working with young children and families are not. Infusing infant mental health principles into non-mental health areas of practice with young children represents a significant change in practice which, in some cases, pushes practitioners into managing their own and others' affective experience in ways they may not have had to in the past (Gilkerson, 2004). Many of these practitioners have not been trained in how to manage the sometimes overwhelming emotional impact of their work, and in many cases supportive supervision is not a standard part of their practice (Gilkerson, 2004). The theoretical support for the shift toward relationship-based work infused with infant mental health principles continues to evolve and provide further evidence that when practitioners can effectively promote and support quality relationships, individuals, dyads, and systems can change.

Theoretical Framework

Theoretical Foundations for Relationship-Based Work with Young Children and Families

There are several theories which inform an understanding of the complex work practitioners do with young children and families. The following theories and related concepts underlie an understanding of interventions rooted in parent-child relationships as well as an understanding of the kinds of skills and abilities practitioners need in order to more effectively do their work and minimize the burnout from emotional labor (Lane, 2011). Practitioners who work with young children and families need both to have, within themselves, the skills and abilities these theories explain, and to have access to the

kinds of supportive professional relationships which help further develop these skills and support them when challenged.

Attachment theory. Decades of attachment research has found that a child's overall development is best supported in a securely attached relationship (Sroufe, Egeland, Carlson, Collins, 2005). An infant develops a secure attachment with a caregiver when he or she experiences caretaking that is sensitive and attuned to cues, especially in times of stress or fear (Bowlby, 1969, 1982). Researchers exploring the dimensions of secure attachment have identified several key contributors. First, a parent's own state of mind regarding attachment, or the extent to which the parent has been able to make sense of and create a coherent narrative about her own early experience regardless of its nature, is one of the best predictors of a child's attachment style (George, Kaplan, & Main, 1984; van IJzendoorn, 1995). Also, a parent's "**reflective functioning**" was identified as an essential capacity supporting the development of a secure attachment (Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005). Fonagy, et al. (1991) define reflective functioning as "an organized and consistent understanding of the motivations guiding the behavior of the self and [others]" (p. 212). This is closely related to the concept of "**mentalizing**" which refers to "the capacity to hold, regulate, and fully experience emotion…a non-defensive willingness to engage emotionally, to make meaning of feelings and interpersonal experiences without becoming overwhelmed or shutting down" (Slade, 2005, p.271). For parents, this is the ability to see their child as having their own mind as well as the ability to help their child think about their own and others' minds. In other words, a parent's ability to understand

both her own and her child's state of mind and the way both influence her own and her child's behavior are crucial factors supporting her child's attachment security and brain development. This relates to Reflective Supervision because, as will be discussed later, the intentional act of interpersonal reflection on client experiences during supervision supports the practitioner in thinking about her own mind, as well as what is going on in the parent's and child's minds and how all are related to motivations and behaviors.

Interpersonal neurobiology. Emerging in part from attachment research, interpersonal neurobiology offers an additional theoretical lens. This represents a growing interest in how biological responses are mediated by social experiences, and social interactions impact body processes (e.g. Cicchetti & Curtis, 2006; Gunnar & Quevedo, 2007; Porges, 2011). Clinical social work has already integrated this theoretical framework into practice (Applegate and Shapiro, 2005; Schore and Schore, 2010).

Of particular importance is the work of Siegel (1999, 2012b), a pediatrician and psychiatrist, whose collaboration with scientists of many fields including anthropology, biology, linguistics, philosophy, psychology, neuroscience, and social work, led to a definition of "the mind," as "an embodied and relational process that regulates the flow of energy and information" (2012b, p.2). The purpose, in part, was to distinguish the mind from the brain and summarize the scientific findings on how the mind develops (p.4). Based on the synthesis of literature, "energy and information" is defined as "what is shared among people within a culture," both verbally and nonverbally, and "flow" as "what is measured in subjects within a brain scanner" (Siegel, 2012b, p.3). "Embodied

and relational" refers to how the mind is a process of both the brain and the nervous system throughout the body that develops and changes in response to relationship experiences: "human connections shape neural connections, and…relationships and neural linkages together shape the mind" (2012b, p.3). Neural connections or linkages are the connections between neurons in the brain which regulate the whole body (Siegel, 2012b, p. 396). Thus, Siegel and colleagues' (2012b) synthesis proposes that *the mind is a process* that "develops as relationships and the brain change over time, and that the regulatory function of the mind emerges within the interactions of neurophysiological [brain and body] processes and interpersonal relationships" (p.33). Table 1 below lists the core principles of Interpersonal Neurobiology as it developed out of a summary of the literature.

Table 1

Three fundamental principles of Interpersonal Neurobiology (Siegel, 2012b, p. 3)

1. A core aspect of the human mind is an embodied and relational process that regulates the flow and energy and information within the brain and between brains.
2. The mind as an emergent property of the body and relationships is created within internal neurophysiological processes and relational experiences. In other words, the mind is a process that emerges from the distributed nervous system extending throughout the entire body, and also from the communication patterns that occur within relationships.
3. The structure and function of the developing brain are determined by how experiences, especially within interpersonal relationships, shape the genetically programmed maturation of the nervous system.

In essence this is, in part, the science of human relationships and the ways they influence individual development across the lifespan. Social work practice and research has long focused on the importance of relationships in human development and healing.

This framework has been applied in literature on clinical social work (Applegate and Shapiro, 2005), trauma (Frewen, Lanius, Van der Kolk, et al, in press), children's play (Kestly & Badenoch, in press), aging (Cozolino, 2008), compassion (Hollingsworth, 2008), mindfulness (Siegel, 2007), and parenting (Hughes, Baylin, and Siegel, 2012), among other practice areas. While this framework is helpful in thinking about how genetics, biology, neurology, and experience in relationships, culture, and environments all influence each other, the scientists who developed interpersonal neurobiology note that the science is still emerging to explain the specific causal mechanisms between a person's subjective awareness and the "physical property of neural firing" or the ways the neurons interact (Siegel, 2012b, p.11). In other words, there remains a level of individual subjective, conscious awareness that cannot yet be measured by brain scans; currently brain scans can determine "neural correlates" or correlational relationships between an individual's experience and neural brain process, but they cannot determine causality (Addis, Moscovitch, Crawley, & McAndrews, 2004; Markowitsch, 2003; and Ryan, Cox, Hayes, & Nadel, 2008 as cited in Siegel, 2012b, p.37). The question remains: did the neurons in the brain become activated first or did the person's conscious awareness stimulate brain activity or did this happen simultaneously? The science is still emerging. Still, the science on the influence of human relationships on the development of the brain

is clear (National Scientific Council on the Developing Child, 2007, "The timing and quality").

Out of this framework, Siegel (2010) developed the concept of **"mindsight"** which he defines as a focused attention that allows us to see the internal workings of our own minds" (p. ix). While reflective functioning, mentalizing, and mindsight are complementary ideas, I will use the concept of "mindsight" because it has been applied specifically to Reflective Supervision (Siegel and Shahmoon-Shanok, 2010). Based on the framework of interpersonal neurobiology, Siegel (2010) posits that individuals can develop "mindsight skills" through experiencing nurturing relationships. These skills include those needed for self-awareness along with the ability to regulate one's own emotional and mental states (Siegel, 2010, p.v).

Siegel (2010, 2012b) defines several important constructs that help describe how mindsight skills can be developed in relationships. As Siegel (2012b) describes, "the overall process of attunement leads to the mutual influence of each member upon the other – a characteristic described as…resonance" (p. 313). **"Attunement"** refers to one person's ability to accurately and sensitively recognize another person's state of mind and to communicate that back to the person in non-verbal or verbal ways. This experience has been described as "feeling felt" (Siegel, 2012b, pp. 94-95). Related to attunement is the skill of **"contingent communication"** which refers to two people's abilities to respond in a flexible and accurate way to the verbal and non-verbal information they are receiving from each other (Siegel, 2012a, p. AI-19). Together, attunement and contingent communication skills create a **"resonance"** or a sense of connection between

two people. Among other internal processes, these contribute to self-regulation, or the internal capacity to maintain equilibrium, flexibility and complex solutions in the face of stimulation and stress (Siegel, 2012b, pp. 36-37). In human development, this capacity is originally practiced as part of the parent/child attachment relationship because early experiences of parent regulation gradually develop into later experiences of self-regulation (see also Sroufe, 1996, for detailed explanation of how self-regulation develops). Siegel and Shahmoon-Shanok (2010) propose that these same skills can be developed during Reflective Supervision.

My approach

These ideas have important implications for professionals working in helping relationships with distressed families and young children. Research highlights the critical importance of the working alliance between client and practitioner (Wampold, 2010). Just as the relationship between the parent and child shapes the child's brain, mind, and development (Fonagy & Target, 2005; Trevarthan, 1989), the relationship between the practitioner and the parent can positively contribute to the process of growth and change when the parent/child system is distressed. And, in a parallel experience, providing opportunity for practitioners to "feel felt" and by facilitating the development of the skills to understand their own minds through reflective communication in a safe relationship might allow them to be more effective (Siegel & Shahmoon-Shanok, 2010). Reflective Supervision is a tool for increasing practitioners' mindsight, because this provides a third relationship experience: practitioners are helped to see their own minds, their own feelings, thoughts, intentions, reactions as useful for self-awareness but also for

imagining and accessing what the clients may be feeling. Siegel and Shahmoon-Shanok (2010) propose the following:

> By helping professionals learn how to regulate their reactions and emotions in the process of learning to witness – becoming aware of – themselves, nurturing relationships [such as those in Reflective Supervision] enable them to see more clearly…With this calmer window into the world of the mind, they can invest in understanding themselves and others with more clarity. Providers can see themselves, their emotions, past, and present and how they relate to their clients – as individuals, dyads, or families – with richer and deeper dimension and with more empathic clarity. With this enabled self-awareness, providers can better use their own internal life as a bridge linking themselves to others and as an instrument of growth. (p.10).

These ideas have informed my understanding of an aspect of working with parents and young children that may contribute to positive change and growth. Practitioners encounter the parent's mindsight abilities and limitations which support or compromise the working relationship necessary for family system change. Practitioners need mindsight skills to attune to the parent's and child's mental and emotional states and respond in a contingent way so that the parent and child "feel felt." Repeated experiences of attunement and contingent communication between a skilled practitioner and a parent and child lead to a sense of resonance or a deeper relational connection within which the practitioner can, I hypothesize, intervene more effectively. As Siegel and Shahmoon-Shanok (2010) posit, the Reflective Supervision relationship provides attunement, contingent communication, resonance, and regulation to practitioners so they can both understand their own minds and provide the same experiences to families and children. My approach to this dissertation research is based on these theoretical assumptions.

Researcher Preparatory Work

Gilgun (2004) advocates doing preparatory work before engaging in qualitative research. Before I collected and analyzed data, I engaged in a reflexivity process to make explicit my own assumptions and ideas (Finlay, 2002). In addition, Gilgun and others (Patton, 2002) advocate listing sensitizing concepts or ideas and themes that emerge from practice experience and the literature and then using these as part of data analysis where appropriate. I have listed these concepts in Appendix A.

Relevant Social Work Practice Experience. My initial interest in Reflective Supervision came out of my practice experience as an Early Childhood Mental Health Consultant and therapist at a non-profit organization serving children ages three to five. As part of my work, I was asked to prepare behavior plans for children with challenging behaviors in the preschool. As I worked with the preschool teachers, however, I noticed that in the moments of stressful interactions with a child with challenging behaviors, the teachers had difficulty remembering the steps of the behavior plan and, in fact, rarely followed the plan. Much of my clinical training in how to work with children had been based on behavioral principles of providing children with scripts and modeling for them how to solve problems more effectively, and yet these ideas did not seem to work and teachers did not seem to use them.

At the same time, I was part of the Infant and Early Childhood Mental Health Certificate Program at the University of Minnesota. We were learning about attachment theory and how parents and professionals typically "do" with children and families what they themselves have experienced regardless of what they are taught. Providing handouts

and behavior plans, in fact, rarely worked and only worked for people who were open to reflecting on themselves and their interactions. With new information about brain development and stress biology, practitioners needed to be thinking differently about how to work with children and families and I needed to think differently about how to support teachers.

In a rough, organic, and unplanned way, I shifted what I did in my role as consultant with teachers away from behavior plans and toward standing together and wondering together what might be going on for a particular child in a particularly challenging time. I also started to be explicit in my own reflections and wonderings about children. My motivation grew out of wanting to "humanize" the children and not reduce them to their challenging behaviors. I then realized that I was trying to help teachers see that the challenging behaviors had meaning and reflected a child's internal brain, body, and historical adaptations to stress. I found over time that the more I was able to stand with a teacher and "translate" what we were seeing into a child's best attempt at adapting to stress, the more open the teacher was to being patient with the child. I also found that as teachers and I stood together in the moment or at later times and reflected about what we had seen and, more importantly, how it made us feel, the more engaged and interested the teachers got in really understanding the complexity of the particular child. I did not study or measure these changes, but anecdotally I noticed that over time, teachers seemed more empathic and flexible with children and also seemed less burned out and frustrated. This practice experience profoundly changed how I thought about working with children and teachers. I became curious about how we

might do things differently to be more effective. I also became curious about teachers' burnout and the enormous stress they felt in working with children who came from highly stressful and in many cases traumatic experiences. I realized that much of what I had been taught about working with children would not apply to this kind of program, and yet I was encouraged that when I shifted towards humanizing the children and trying to make explicit my wonderings about what might be happening inside their brains and bodies and why, the teachers responded.

Experience participating in Reflective Supervision. As part of the University of Minnesota's Infant and Early Childhood Mental Health certificate program, I participated in one year of Reflective Supervision. This group met twelve times in eight months for two hours each time, and was facilitated by a licensed clinical social worker with expertise in infant and early childhood development. As part of full disclosure, the facilitator is now a member of my dissertation committee. My participation in this group came after I ended my consulting contract with the non-profit, and yet as I participated and learned about Reflective Supervision, I began to see the similarities with what I had started to do in my work. I had experienced clinical supervision, but participation in Reflective Supervision was different. We were encouraged primarily to consider how an experience with a family *was* for the baby, the parent, and ourselves. This idea of "considering how an experience was" meant that we tried to hold in our mind the minds and bodies of the baby and parent as well as thinking about how our own minds and bodies were responding. This frame of focusing on minds and bodies, neurobiology and physiology, and the act of "considering" was our way of actively reflecting. As we

talked in our group about why Reflective Supervision felt "different" and "good" we came up with the idea of a "Relational Regulatory Experience." We were experiencing in the group relational connections and regulation of what our minds and bodies thought and felt as part of our work. The hope, though we had no real way of testing this, was that we could then offer that same kind of "Relational Regulatory Experience" to our clients. By being asked to "consider" and to turn our focus inward to our minds and bodies while also thinking about the minds and bodies of our clients, we learned – by feeling it ourselves – a way to invite our clients, the parents, to do the same with their children.

This is a change from behavioral interventions or curricula that have been common in work with young children and families. There is not the same level of intentional reflection when problem-solving or planning a response to a challenging situation. While both problem solving and behavioral interventions are helpful, it seems the reflection piece and particularly the mind/body piece must come first. My participation in the group was experiential learning about Reflective Supervision and the ways that it seems different, complementary, and in some ways more effective than how I had been working in the past. This serves as the foundation for my interest in exploring what Reflective Supervision "is," what makes it "different," how to describe and even teach it, and most importantly, whether and how practitioners who engage in it experience changes in themselves and their work because of it.

Purpose of this Study

Given the numerous challenges facing young children and families as well as our growing understanding of how to intervene to support positive change, this research study explored one model of professional development and support rooted in this theoretical framework. Reflective Supervision was developed as a model of professional development and support by experts in Infant Mental Health who aimed to bring developmental and mental health principles to non-mental health practitioners such as home visitors, early childhood special education teachers, speech, occupational, and physical therapists working with young children, and others (Eggbeer, Mann, & Seibel, 2007). A later review of the literature on this model will explain the origins and current uses in depth. There are a small but growing number of empirical studies on Reflective Supervision. None of those studies explores the experience of the model from the perspective of the practitioners it aims to support and whose professional skills it aims to develop by analyzing their own descriptions of participation and impacts on their practice.

The purpose of this study was to explore the experience of a group of early childhood special education teachers and developmental therapists (speech, occupational, and physical) who had been participating in a version of the Reflective Supervision model called the Reflective Consultation Program in a mid-western urban area. The research question was: **How do early childhood interventionists experience the Reflective Consultation program?** I defined the key terms of this question as follows. **Early childhood interventionists** in this study included licensed early childhood special

education teachers and licensed developmental therapists. **Reflective Consultation program** is defined as a program offered to a group of early childhood interventionists in a particular urban school district from the 2005-2006 school year through the time of data collection in the 2011-2012 school year (the seventh year of the program). Participants' description and definition of the program and logistics are provided in the results chapters. The following sections will provide a brief summary of early intervention practice, a definition of terms, and the background and current context for this particular study.

Brief Context of this Study and Definition of Terms

Brief Summary of Early Intervention Services for Young Children

A recent national survey of children and families participating in Part C Early Intervention programs found that 76% received services in the home (Hebbeler, Spiker, Morrison, & Mallik, 2008). Most children and families received one or, in most cases, more of six core services even though there are a total of sixteen different kinds of services as part of early intervention.[1] These six core services included: physical therapy, developmental monitoring, occupational therapy, special instruction for the child, speech/language therapy, and service coordination (Hebbeler et al., p. 6). In most cases, families worked with two or more services providers for, on average, between one and three hours per week (Hebbeler et al., pp.9-10). Finally, the survey found that of services provided in the home, 55% focused on both the child and an adult while 44%

[1] As part of the Individuals with Disabilities Education Act, Part C Early intervention services include: "assistive technology, audiology, family training/counseling/home visits, health services, medical services only for diagnostic or evaluation purposes, nursing services, occupational therapy, physical therapy, psychological services, service coordination services, social work services, special instruction, speech-language pathology, transportation and related costs, and vision services" (Hebbeler et al, 2008, p. 2).

focused on only the child even though studies have shown that incorporating an adult (parent or other caregiver) has a greater impact on the child's development (Bruder, 2010; Hebbeler et al., p. 13).

Researchers have found that urban early intervention programs serve a disproportionate number of children from low-income and/or single-parent families who often face stressors such as unemployment, unsafe/unstable housing, violence in the home or community, or substance abuse in the home or community among other stressors (Unger, Jones, Park, & Tressell, 2001).

Definition of Terms

Early Intervention. Often abbreviated as "EI" and sometimes called "Early Childhood Intervention (ECI)," this refers to a set of services provided for children ages birth to six (pre-kindergarten) and their families who meet federal and state definitions of eligibility based on developmental disability, delay, or risk of delay. Early intervention is part of the broader federal Individuals with Disabilities Education Act (IDEA) (IDEA, 2004, §631(b)(1)). Each state is given federal funding and the autonomy to develop their own system both to define the eligibility criteria for Early Intervention services and to create the system to provide services to children and families. Services are provided in the child's home, child care center, a classroom, or other appropriate environment. In this program's home state, the Department of Education is the lead agency and early intervention services are provided through the school districts. Early Intervention teams include members of multiple disciplines.

Early Childhood Special Education teachers. In this program's home state, Early Intervention teachers are required to hold at least a bachelor's degree, be licensed as a teacher, and follow Board of Teaching regulations (Watson & Gatti, 2012).

Other Early Intervention practitioners. Other members of the Early Intervention teams include social workers, speech/occupational/physical therapists, nurses, audiologists, psychologists, interpreters, and para-professionals.

"Developmental Therapists." For the purposes of this study, I grouped together the speech, occupational, physical, and psychological therapists, all of whom are licensed in their fields, into a larger group called "developmental therapists." This is not a term used in the literature; rather, it is used in this study because there was, in some cases, only one member of a particular discipline included in the interviews. In order to protect anonymity and confidentiality, I grouped members of these disciplines together. I chose the term because therapists from each discipline support a particular domain of development.

Overview of Dissertation

In chapter two, I review the literature from several disciplines in order to provide a deep understanding of this model of intervention, its origins, and current uses. I explain this model in the broader and more well-known literature context of reflective practice and also compare it to both social work supervision and similar emerging models and skills in social work and other disciplines such as critical reflection and reflexivity. Finally, I outline the few empirical studies on Reflective Supervision.

In chapter three, I outline my research methods. I used of the general inductive approach (Thomas, 2006) to do a variable-based analysis yielding major and sub-themes and a case-based analysis (Stake, 2005) to both demonstrate how two participants described several themes within their narratives as well as explore variations in the cases.

The fourth through sixth chapters present results. The fourth chapter considers how participants experienced the implementation of Reflective Consultation process as they experienced it at the practice level. The fifth chapter describes participants' experiences of Reflective Consultation. The sixth chapter provides results of a comparative case-based analysis which integrates the themes presented in chapter 5 in two cases. In addition, a third case presents a participant who had a different experience with Reflective Consultation. This case based analysis raises questions concerning for whom and under what conditions Reflective Consultation may be more effective as well as how the model might be strengthened.

The seventh chapter describes the contributions this study has made to the existing literature within the context of several study limitations. It also presents possible implications for the program, the research, and the social work field.

CHAPTER 2

Literature Review

This chapter reviews literature on several different areas in order to provide a broad contextual understanding of the Reflective Supervision model, its origins and influences, and the ways it compares to other models of supervision and practice both in social work and in other fields. The chapter also describes the broader public policy context in which Reflective Supervision has been incorporated into several federally and state funded evidence-based interventions for young children and families. The widespread use of this model without an empirically-based definition or way to train and monitor its implementation and ongoing use underlies the need for this dissertation study. The chapter concludes with a review of the small but growing body of literature on Reflective Supervision and places this dissertation study in that broader research agenda.

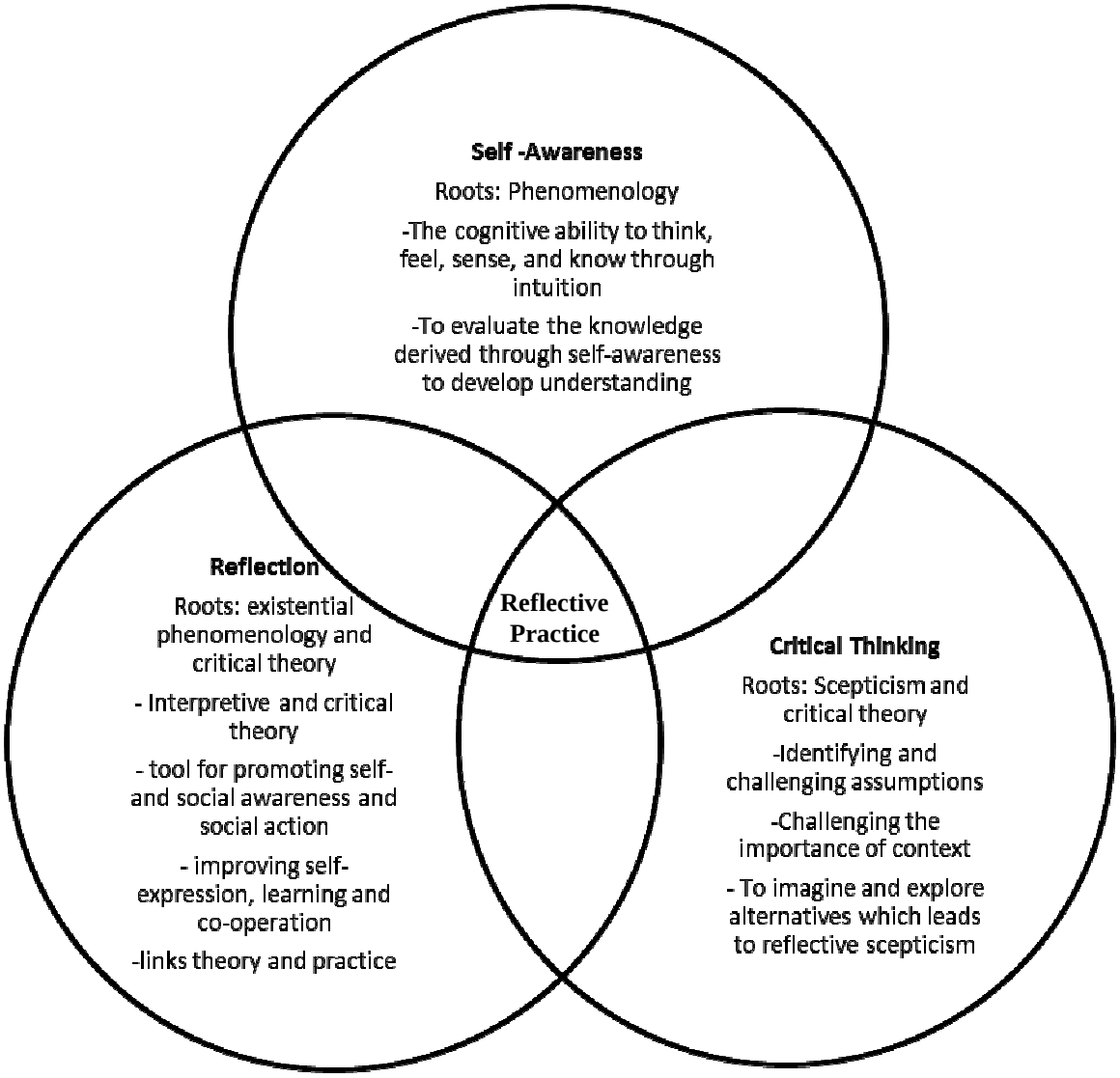
Reflective Practice: A Broader Context

The idea of being a reflective practitioner is often credited originally to Schön (1983, 1987), who pioneered the ideas of "reflection-in-action" and "reflection-on-action" as part of professional development towards a more flexible way of addressing practice situations. Subsequently, the idea of being reflective in professional work has been incorporated into many different areas of professional education and development including teaching, nursing, social work, and various areas of practice with children and families. In a recent review of the literature on reflective practice, Finlay (2008) described the absence of consensus on a definition, including whether reflective practice is done "in solitary introspection" or "in critical dialogue with others" (p. 2). Finlay

notes the growing ubiquity of the term and warns of the potential danger in assuming practitioners, programs, and researchers all share the same understanding. Boud (2010) also found that there has been a paucity of research defining reflection and describing how one learns or teaches others to reflect. Finlay (2008) further notes that the terms "reflection," "critical reflection" and "reflexivity" are often used interchangeably in literature and practice without a clear understanding of differences (p. 6).

Finlay (2008) provides Eby's (2000) model of reflective practice as a "synthesis of reflection, self-awareness, and critical thinking" as re-created in Figure 1 below (p. 5). This model includes the theoretical root of each concept as well as the associated specific skills that a practitioner should be able to do to demonstrate the concept. Thus, in this conceptualization, reflective practice means working with an inter-related set of skills. Finlay (2008) contrasts this with the concepts of critical reflection and reflexivity, both of which are found most often in British or Australian social work literature (D'Cruz, Gillingham, & Melendez, 2007; Fook & Gardner, 2007).

Figure 1 "Skills underpinning the concept of reflective practice" (Eby, 2000, p.53).



Critical Reflection. The Critical Reflection model and set of practice skills, as developed by Fook and Gardner (2007), offers a simplified definition as "learning from experience, simply initiated by unearthing hidden assumptions" (Fook, 2013). It focuses primarily on raising consciousness about social, cultural, and political power structures inherent in individuals and interactions (Fook 2010). This model is used in social work

education and professional development in a shorter workshop format to change the way practitioners think about and do their work (Fook & Gardner, 2007). Using a group format, practitioners think about a "critical incident" and ask questions to uncover hidden assumptions with the aim of becoming more aware of power dynamics (Fook & Gardner, 2007, p. 77). In her review of the literature, Finlay (2008) notes that critical reflection as a model was not as easily used with a group of non-social workers who were not already thinking about social justice issues.

Reflexivity. In their review of the literature on reflexivity, D'Cruz, Gillingham, and Melendez (2007) found three variations on the concept without a clear consensus. First, they define it as "an individual's response to his/her situation, particularly in terms of self-development and the choices available about the future course of his/her life" and note that some think of it as a "competency" or something which an individual can learn (D'Cruz et al., 2007, pp. 75-76). The second definition is "a critical approach to professional practice that questions how knowledge is generated and, further, how relations of power influence the processes of knowledge generation" (D'Cruz et al., 2007, p.77). In other words, practitioners consistently question "what we know and how we know" (D'Cruz et al., 2007, p. 78). This definition is more closely related to critical reflection because of its focus on power. The third definition expands on the second by including a purposeful reflection on feelings and "why we might have a particular emotional response to something" (D'Cruz et al., 2007, p. 80). D'Cruz et al. (2007) note that while these terms are used interchangeably, the difference has to do with "timing;" where reflexivity happens in moments during practice where a practitioner has learned to

inherently question assumptions while critical reflection is more systematic unpacking of an incident after the fact (p. 83).

In sum, reflective practice, critical reflection, and reflexivity all share processes with the Reflective Supervision model. While there is no social work literature on Reflective Supervision, many of the core concepts are the same. The main difference lies in the specificity of the practice domain. Reflective supervision was designed specifically for non-mental health practitioners across many disciplines who work with young children and families and includes a specific focus on emotional responses to relationship dynamics.

Definition of Reflective Supervision

The following section describes the ways that Reflective Supervision, as a component of relationship-based practice, was developed to support practitioners working with young children and families and increase their effectiveness in their work.

History. As the field of infant mental health evolved, there was a deliberate emphasis placed on being reflective in practice which led to the development of Reflective Supervision as a specific way to support practitioners working with young children and families (Eggbeer, Mann, & Seibel, 2007). This model of reflection was a critical element of the pioneering infant mental health work of social worker Selma Fraiberg and colleagues (1980) where psychoanalytic and psychodynamically-focused supervision was part of mental health practice (Shapiro, 2009). Over time, however, and especially as non-mental health practitioners across many disciplines began to incorporate principles of infant mental health, attachment theory, and relationship-based

work into practice, they recognized that some of the core elements of mental health supervision would be useful as supports for new learning (Bertacchi & Norman-Murch, 1999; Gilkerson & Als, 1995). Seasoned practitioners from a variety of fields (e.g. social work, psychology, nursing, early childhood education, occupational/speech/physical therapy) developed "Reflective Supervision." This form of supervision is purposely different from either administrative or mental health supervision in that it attends to the emotional aspects of the work without pushing non-clinicians into the kinds of self-exploration often found in clinical mental health supervision (Schafer, 2007; Weatherston, Kaplan-Estrin, & Goldberg, 2009).

Development of Reflective Supervision was also a response to a federal mandate for a set of "core competencies" for practitioners working with infants and toddlers in Part C of the Individuals with Disabilities Education Act where it was determined that part of being a competent practitioner included purposeful reflection on the emotional aspects of the work (to be discussed in detail below). Over a multi-year process, an interdisciplinary group of professionals determined that actively engaging in reflection within a supervisory relationship was a core competency and essential for best practice for anyone working with young children and families (Weatherston, Kaplan-Estrin, & Goldberg, 2009).

Definition and description of Reflective Supervision. Though Reflective Supervision has been described in numerous practice handbooks (Heller & Gilkerson, 2009; Heffron & Murch, 2010), there are in fact several different definitions of this practice. First called a "relationship for learning" (Fenichel, 1992), definitions have

included, for example: "…a relationship-based supervisory approach that supports various models of relationship-based service delivery [that] can be done on an individual basis or in a group [where] the supervisor creates a safe and welcoming space for staff members to reflect on and learn from their work" (Heffron & Murch, 2010, p. 5); "…the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with young children and their families" (Eggbeer, Mann, & Siebel, 2007, p. 5); and "…the shared exploration of the emotional content of infant and family work as expressed in relationships between parents and infants, parents and practitioners, and supervisors and practitioners" (Weatherston & Barron, 2009, p. 63). A child care practitioner engaging in Reflective Supervision as a supervisee described it as "a safe and compassionate kind of mirroring" (Weigand, 2007, p. 18), and it has also been called "an act of shared mindfulness" (Foley, 2010, p. 58). All of these definitions complement each other though differ slightly, and there are many more in various practice publications. As will be discussed below, this still emerging area of practice warrants research toward a more definitive understanding.

Essential elements of Reflective Supervision. A review of the literature has shown that while there is no single definition of Reflective Supervision, there are key essential elements to this particular supervisory relationship. The three main consistently named elements first named by Fenichel (1992) and now found in all descriptions of Reflective Supervision are "reflection, collaboration, and regularity." Shahmoon-Shanok (2009) defined reflection as "the stepping back to consider the work from multiple perspectives, including from what one and others observe, feel, and think" (p. 9).

Collaboration is "the respectful, mutual exchange that relies on the full participation of the supervisor and supervisee" (Shahmoon-Shanok, p. 9). Finally, regularity is "predictable routines and sufficient frequency to create the interpersonal safety necessary for authentic interaction around strengths, vulnerabilities, and the intrinsic problems of practice" (Shahmoon-Shanok, p. 9). Along with these three practices which form the foundation, there are several more essential elements consistently found in the literature.

Holding place. Next, while Winnicott (1965) first described the concept of a "holding environment," Reflective Supervision uses this idea to describe the supervisory relationship as a place to "hold" the sometimes intense emotions or vulnerabilities that arise in practice – the results of "emotional labor" as discussed earlier (Weatherston, Weigand, & Weigand, 2010). This "holding place" has been described and defined as "…not an attempt to help the worker figure what to do or how to fix…but to create an interpersonal space where the professional can think and give voice to the powerful emotions that are aroused by this work, trusting that these thoughts and feelings will be held and affirmed rather than judged, reframed, criticized, or redirected" (Weatherston, et al, 2010, p. 26). It has been called a "sense of safety" and also describes the process of being "held in mind" (Shahmoon-Shanok, 2009, pp. 12, 18), "containment" and "bearing witness" (Heffron & Murch, 2010, pp. 39-40). The supervisor must be "present" and able to "hold" and "regulate" the energy, emotions, and content presented by the supervisee (Schafer, 2007; Shahmoon-Shanok, p. 18). In other words, the supervisor acts as a "secure base" (Heffron & Murch, 2010, p. 38). Reflective Supervision includes

intentionally naming these processes and elements and then practicing them in ways that elicit and support these types of exchanges (Gilkerson, 2004; Norman-Murch, 2005).

Professional use of self. Another essential element commonly described in the literature is "professional use of self" (Heffron & Murch, 2010, p. 35) or "conscious use of self" (Shahmoon-Shanok, 2009, p. 16). This is often found in other forms of supervision, particularly clinical supervision, but is purposefully incorporated and explored in Reflective Supervision. This element focuses on the long-held Reflective Supervision maxim that "how you are is as important as what you do" (Pawl & St. John, 1998). Heffron and Murch summarized the skills associated with the development of this element as part of Reflective Supervision and noted that while mental health clinicians are often trained in these skills, other practitioners who work with young children and families such as early interventionists, home visitors, and child care workers may not be. These are listed below in Table 2.

Table 2

"Skills related to 'use of self'" (Heffron & Murch, 2010, p.35-36)

- Form a therapeutic alliance with the family on behalf of the child
- Consider a range of possible interpretations of the behaviors of another person by inquiring about or imagining the perspective of that other person
- Empathize with another person's experience while maintaining objectivity
- Resist becoming overwhelmed and engulfed by the feelings of others
- Use partnering communication strategies as alternatives to direct or didactic instruction (e.g. collaborative problem-solving techniques)
- Understand the importance of self-awareness – monitoring one's own thoughts and feelings in the moment and appreciating the effect of one's own past experiences, values, beliefs, and culture on the work
- Consider all the ways in which role, age, gender, ethnicity, race, class, and context can have an effect on families
- Appreciate the ways in which a family's past experience can affect them and how they relate to service providers or a service delivery system
- Understand the importance of boundaries – the ability to maintain a distinction between personal and professional relationships
- Recognize how our history, values, culture, privilege, and discipline-specific training can lead us to have specific biases or "triggers" when we do our work
- Use self-disclosure to model ways of using self-awareness to understand another person and situation more fully

This table lists what experts in Reflective Supervision have determined to be essential skills in the use of the self, as a practitioner, working with young children and their families. While these may be familiar to some disciplines (e.g. social work), they are not routinely taught in all disciplines. These can be seen both as phenomena that are routinely explored between supervisor and supervisee and as longer term professional development goals of participating in Reflective Supervision.

Parallel process. Closely related to use of self is "parallel process," which draws on the maxim "do unto others as you would have others do unto others" (Pawl & St.

John, 1998), which describes a process where what happens in the supervisor/supervisee relationship, such as compassionate listening and reflection, can be paralleled, over time, in the supervisee/parent relationship and again in the parent/child relationship (Heller & Gilkerson, 2009; Shahmoon-Shanook, 2009, p. 11). While parallel process is included in many disciplines' discussions of clinical supervision (Morrissey, J. & Tribe, R., 2001; Mothersole, 1999), the particular aim here includes transmitting the relational experience onto the parent/child relationship. The Reflective Supervision relationship consistently explores parallel process as it becomes evident during supervision and uses what is observed and felt as "data" that offers insight into the emotional experience of all parties.

The main literature which describes Reflective Supervision includes these elements, which suggests that those who have designed and refined this practice deem these to be important. Given the growing use of Reflective Supervision, it will be important to examine whether, in fact, these elements are in place across programs as well as whether these elements in fact contribute to positive outcomes.

How Reflective Supervision Differs from Other Types of Supervision

Schafer (2007) contrasts both traditional administrative and mental health supervision with relationship-based, or Reflective Supervision. Administrative supervision focuses primarily on quality assurance, paperwork, policies, and problem-solving without explicit focus on the emotional or relational aspects of work. This form of supervision is present in most practice areas, but in many cases it is the only supervision experience that non-clinicians experience. As has been discussed, this was a

primary catalyst for the development of Reflective Supervision, given the emotional nature of the work (Gilkerson, 2004).

As Schafer (2007) notes, Reflective Supervision also differs from traditional mental health supervision in two key ways. First, in traditional mental health supervision, the supervisor is seen as an expert. In relationship-based supervision the supervisor may have more experience but her role is to reflect back in an attuned way to the supervisee what the supervisee is saying and feeling but not necessarily to seek answers to "why" or to offer interpretations. There is also more focus on the meaning of conflict with the client in traditional mental health supervision, often including discussion of countertransference issues, while in Reflective Supervision, the focus is on taking the perspective of all parties involved – child, parent, and supervisee – and on witnessing the emotions experienced without a need to problem-solve or interpret. While the change agent in traditional mental health or clinical supervision is considered to be finding the correct "interpretation," the change agent in relationship-based supervision evolves from the intersubjective relational and reflective experience between the supervisor and supervisee both in the moment and over time (Schafer, 2007, p. 12).

Reflective Supervision and social work supervision: Similarities and differences. Social work has a long history of valuing the supervision relationship and process as critical for ongoing professional learning and support for both clinical and non-clinical social workers (Bogo and McKnight, 2005; Kadushin and Harkness, 2002; Shulman, 2010; Tsui, 2005). Kadushin and Harkness (2002) describe the historical

emergence of three main functions of social work supervision as educational, administrative, and supportive (pp. 19-20). They define a social work supervisor as:

> …an agency administrative-staff member to whom authority is delegated to direct, coordinate, enhance, and evaluate the on-the-job performance of the supervisees for whose work he or she is held accountable…the supervisor performs administrative, educational, and supportive functions in interaction with the supervisee in the context of a positive relationship. The supervisor's ultimate objective is to deliver to agency clients the best possible service, both quantitatively and qualitatively, in accordance with agency policies and procedures (p. 23).

This definition focuses on the supervisor as a person with evaluative authority over the social supervisee, and that, while there are educational and supportive aspects to their relationship, the supervisor's primary aim is to ensure that clients are well-served and that the social worker follows agency policy. In fact, the supervisor is accountable and held liable for the social worker's performance.

The educational and supportive roles that Kadushin and Harkness (2002) describe are most closely related to Reflective Supervision. In their discussion, "educational" supervision is used interchangeably with clinical supervision meaning supervision for social workers who work with people dealing with mental health distress or illness (p. 129). Although Kadushin and Harkness's description of the educational function is somewhat analogous to Fenichel's (1992) definition "relationship for learning," a social work supervisor is seen as the expert "teaching the worker what he or she needs to know to the do the job and helping him or her learn it…teaching knowledge, skills, and attitudes necessary for performance of clinical social work tasks…" (p. 129). In contrast, the Reflective Supervision model purposely counters the expert stance of a supervisor in

favor of a person who co-regulates and wonders-with the supervisee; in other words, more of a guide to a mutually unknown destination of understanding (Heffron and Murch, 2010; Shahmoon-Shanok, 2009).

Kadushin and Harkness (2002) describe the function of supportive supervision as both "preventing" and "ameliorating" worker stress (p. 248). They note that by the nature of the profession, social workers face multiple stressors ranging from client circumstances to administrative and policy pressures. There is explicit discussion of times when social workers feel "emotionally depleted" which is analogous to the concept of "emotional labor" described by Lane (2011) (Kadushin and Harkness, 2002, p. 233). Thus, social work supervision has historically aimed to address the emotional stress and high likelihood of burnout for social workers. In a review of the literature, Kadushin and Harkness found that supportive supervision has been associated with reduced burnout.

One additional concrete similarity between Reflective Supervision and social work supervision is the importance it places on both the relationship between supervisor and supervisee as what Shulman (2010) calls "a medium for influencing outcomes of practice" as well as the role of exploring "parallel process" in the supervisory relationship dynamics (p. 15). First, because social work has always recognized the importance of relationship dynamics as influential in supporting positive change (Howe, 2009), this belief is naturally translated into the "working relationship" between supervisor and supervisee under optimal circumstances (Shulman, p. 16). In a review of the literature, Shulman (2010) notes the lack of empirical evidence to link this working relationship to client outcomes but does note studies finding a relational "parallel process" between

supervisor-supervisee relationships and supervisee-client relationships (Doehrman, 1972; Shulman, 1981) (p. 209). Using the theoretical assumption that positive relationships invoke change, these findings assume the parallel transmission of this positive dynamic (Shulman, 2010, p. 209). Kadushin and Harkness (2002) also note the importance of the "parallel process" in the social work supervision relationship where dynamics of practice can be examined in supervision (pp. 208-212). Literature on Reflective Supervision describes "parallel process" as an important phenomenon in both practitioner-family relationships and supervisory relationships and the model explicitly explores these dynamics often (Heffron and Murch, 2010; Shahmoon-Shanok, 2009). Thus, both the primacy of the relationship and the exploration of parallel process most closely align with both historic and current discussions of social work supervision.

These definitions and descriptions assume a level of competence and skill of a social work supervisor that in some cases may not be present. Shulman (2010) has noted that there is often an assumption that highly skilled and effective social workers will be able to function well in a supervisory role when, in fact, many do not receive the kind of training and support needed to be strong supervisors. Thus, there is a risk that the positive aspects of social work supervision to which Kadushin and Harkness (2002) refer may not be present in every supervisor-supervisee relationship. Shulman's model of "interactional supervision" expands on the three supervision functions described by Kadushin and Harkness by adding concrete illustrations and vignettes of the interactions or dialogues between supervisor and supervisee. Although one recent meta-analysis of supervision's impact on worker outcomes found a positive association between "social

and emotional support, and supervisory interpersonal interaction" and worker outcomes, (Mor Barak, Travis, Pyun, & Xie, 2009, p. 3) another review found that the changing economy has put more pressure on social work supervisors to spend most of their time with supervisees on client outcomes and less time on reflection and support (Noble & Irwin, 2009).

Finally, given that the purview of social work has developed over time to include both working with people who are vulnerable or "in distress" as well as advocating for more equitable opportunities, it fits that social work supervision aims to attend to both the day-to-day and emotional elements of the work (Howe, 2009). An important distinction with Reflective Supervision, however, is that many of the social workers to whom Kadushin and Harkness (2002) and Shulman (2010) refer are clinical social workers already trained in mental health and also to attend to relational and emotional dynamics. In addition, even those social workers practicing at the macro level or in non-clinical settings such as child protection are trained to think critically and reflectively about their role in their practice including examining their own privilege and power (Howe, 2009). It makes sense, then, that because social workers were involved in the inception and development of Reflective Supervision, some of these key aspects are included that model paying attention to the emotionally evocative nature of work with families. Because *Reflective Supervision was specifically designed for non-mental health practitioners in a variety of practice settings for practitioners from a variety of disciplines*, the model must begin from a place that does not assume an educational background in clinical mental health, infant mental health, or family systems theories.

Thus, while a reflective supervisor may, in fact, "know more" about those concepts, she or he may not be an expert in the particular practice setting or modality (e.g. speech therapy) and therefore joins the practitioner as a guide or facilitator in a co-learning mode. In these key ways, Reflective Supervision borrows some key aspects of social work supervision but remains a distinct model.

Reflective Supervision in Practice

Before reviewing the research literature on Reflective Supervision, it is helpful to have a sense of the breadth of its incorporation into professional standards and public policy as well as examples of ways it has been embedded in various practice models in the field.

Public Policy: Competency Standards and Credentialing

As discussed earlier, there has been a national movement led by the Michigan Association for Infant Mental Health [MI-AIMH] and spurred by the federal Individuals with Disabilities Education Act to define competency standards for practitioners working with infants and toddlers. One of the drivers of this change was a recognition that more attention needed to be paid to infant and toddler social/emotional needs and the fact that the primary relationships support this development (Weatherston, Weigand, & Weigand, 2010). In 2002, the MI-AIMH published competencies which included "reflection" as an area of expertise demonstrating competence of infant/toddler practitioners.[2] In response to growing rates of infants and toddlers being identified as "high risk" or with delays,

[2] Weatherston, Kaplan-Estrin, & Goldberg (2009) define the skills associated with Reflection to include: "contemplation, self-awareness, curiosity, professional/personal development, emotional response, and parallel process" (p.656). The list of ways to demonstrate these skills can be found on p.656 of this publication: http://www.mi-aimh.org/documents/strengthening__recognizing_knowledge_skills.pdf

Weatherston and colleagues in Michigan subsequently developed a four-level competency endorsement system for professionals now used in various ways in fourteen states (Weatherston et al., 2010, p. 28). Thus, fourteen states have linked public resources or programs in some way to these competencies as part of a growing attempt to increase the skill and knowledge base of practitioners working with young children and families. As part of the endorsement process, practitioners are required to participate in Reflective Supervision for at least one year. This has prompted numerous efforts to train people on how to facilitate Reflective Supervision. As will be discussed below, this burgeoning area of practice now present in agencies across the country, and, in many cases, public funding requires a body of research to ensure a standard method of training, practice, and efficacy.

Key Examples of Reflective Supervision Models in Work with Young Children and Families

As discussed, non-mental health practitioners from many different disciplines working with young children and families are increasingly incorporating Reflective Supervision into their work. This represents a significant shift in practice, as previously many of these practitioners did not regularly reflect on the emotionally evocative experiences of their work as part of the supervision they received (Gilkerson, 2004; Shahmoon-Shanok & Geller, 2009). The following provides as brief summary of how three specific areas utilizing practitioners from a variety of disciplines and levels of training have incorporated Reflective Supervision into their practice. It is helpful to get a sense of the breadth of practice and the variety of practitioners who currently use this

practice in order to understand the need for more research that defines, operationalizes, and measures Reflective Supervision as well as explores the areas wherein this research would be useful.

Home visiting. Recent research on home visiting has noted the high levels of "emotional exhaustion" with this work and has established the need for more attention to supportive supervision for these practitioners (Azzi-Lessing, 2011; Gill, Greenberg, Moon, & Margraf, 2007). Early Head Start, which is part of the broader federal Head Start program, targets low income pregnant women and families with children under age three. Early Head Start includes home visits and/or center-based care. Like other disciplines, the program has moved toward relationship-based work in the past two decades thus shifting emphasis onto addressing the social and emotional needs of young children in relationship with their caregivers (U.S. Department of Health and Human Services "Reflective Supervision," 2010). A recent Head Start survey found that more than 80% of Early Head Start programs have incorporated Reflective Supervision into their work, most often using an outside consultant for this purpose (Vogel, Aikens, Burwick et al., 2006). Similarly, other home visiting programs targeting pregnant mothers and young children have incorporated Reflective Supervision. Specifically, the Nurse-Family Partnership, an evidence-based program first developed by Olds et al. (1998) and targeting low-income at-risk mothers requires Reflective Supervision as part of the fidelity to the model (Nurse-Family Partnership, 2011). Finally, the Healthy Families America program, a national evidence-based home visiting program aimed at supporting at-risk families incorporates Reflective Supervision as a requirement for

implementation (U.S. Department of Health and Human Services, "Implementing Health Families," 2011).

Neonatal Intensive Care Units. Reflective Supervision has been incorporated into practice at some Neonatal Intensive Care Units [NICU] where the work with parents is especially intense because of the fragility of infants' lives and where professionals face sometimes overwhelming pressure (Kraemer, 2006). Researchers have explored the use of Reflective Supervision in this context as part of a broader randomized trial which imbedded a "relationship-based, developmental" model of care into three NICUs internationally, and it included Reflective Supervision with nurses and neonatologists (Als et al., 2003; Gilkerson & Als, 1995). Findings of the qualitative study examining the use of Reflective Supervision in this model reveal that both nurses and doctors found the practice invaluable (Gilkerson, 2004). Steinberg and Kraemer (2010) have also written recently about incorporating Reflective Supervision at Morgan-Stanley Children's Hospital in New York. Nurses who felt uncomfortable with other kinds of support groups reported that they found Reflective Supervision helpful in managing their work stress. Indeed, while reflective practice in nursing is not new, embedding the practice into institutions that historically have not offered ongoing opportunities to pause and reflect is less common.

Early intervention for young children with developmental delays or disabilities. Much work has been done in recent years to incorporate Reflective Supervision into the training and work of early interventionists who specialize in speech, occupational, and physical therapy (Geller & Foley, 2009; Gilkerson & Kopel, 2005;

Norman-Murch, 2005; Shahmoon-Shanok & Geller, 2009). Shahmoon-Shanok & Geller (2009) noted that the children and families with whom they work and who face multiple stressors often never see a mental health clinician. Rather, children and families intersect with speech, occupational, or physical therapists and others (doctors, nurses, child care providers) whose focus is not necessarily on the parent/child relationship. However, state early intervention programs in Arizona and Illinois, for example, have incorporated both Reflective Supervision and work on the social-emotional development of young clients within the context of their primary relationships into their programs that address other developmental needs of their clients (Gilkerson & Kopel, 2005; Norman-Murch, 2005).

The above are examples of both public and private funding for practice requiring Reflective Supervision. What has not been established is how Reflective Supervision is practiced in these settings; likewise the extent to which the incorporation has changed program or participant outcomes has not been measured.

Current Evidence on Efficacy of Reflective Supervision

Given the prevalence and growing practice of Reflective Supervision in multiple areas, it is surprising that little research has been done on its efficacy with practitioners or to investigate any parallel process effects on children and families (Eggbeer, Shahmoon-Shanok, & Clark, 2010). A 2010 review listed only three studies investigating aspects of Reflective Supervision: Gordon, 2004; Tomlin, Sturm, and Koch 2009; Virmani and Ontai 2010 (Eggbeer, et al). Since then, there have been two published studies describing or exploring aspects of Reflective Supervision (Watson and Gatti, 2012, Tomlin, Weatherston, and Pavkov 2013). In addition, there is some emerging research

(Gallen, R., 2013; Watson, C., Cox, M., Hennes, J., 2013). In this section, I review each study since there are so few and highlight the ways each contributes to a broader research agenda.

Gordon (2004) conducted a qualitative study of ten degree-seeking counseling students where each participated in two interviews designed to investigate the process of reflection. In the first interview, participants were asked to reflect on a client interaction, and in the second interview participants were asked to do a "meta-reflection" and reflect on the "reflection process" they had just experienced in the first interview. Results showed that counselors had different strategies that they typically used for reflection on their work with some preferring writing and others preferring talking. All reported moving between affective and cognitive states. In the meta-reflection, all participants reported finding this beneficial saying it provided "clarity" in many cases even if there was no resolution to the dilemma (Gordon, 2004, p. 43). Interestingly, many reported physiological benefits to the meta-reflection stating it "calmed" them, "slowed them down," and "slowed down their heart rate" (Gordon, 2004, pp. 43-44). These findings support the conceptual framework of interpersonal neurobiology, as discussed earlier, which notes the regulatory experience of quality interpersonal interactions. In general, even though this research was with mental health counselors and not with early childhood practitioners, the findings about the benefits of "meta-reflection," which is similar to Reflective Supervision, provide support for the idea that interpersonal reflection can benefit practitioners. This would be an interesting study to replicate with early interventionists with interviews before Reflective Supervision and after to ask them to

think about the ways Reflective Supervision impacted their affective and cognitive experience as well as their physiology.

Tomlin, Sturm, and Koch (2009) studied reflective functioning skills in early care providers from different disciplines in various home visiting roles (e.g. social work, Early Head Start, Part C, Healthy Families, child care, paraprofessionals) using a survey method with attendees at a continuing education conference. Participants (n=298) were asked to self-report and rate reflective components of practice and then list the five most important skills. Participants were then asked to read home visiting vignettes and endorse how they would respond with one choice always including empathizing with a parent and inviting the parent to reflect with the practitioner (as opposed to problem-solving or behavioral interventions). Interestingly, while most participants endorsed using reflective components of practice they did not always choose the "reflective" response to vignettes. Researchers interpreted this to mean that training on reflection and infant mental health might plant seeds about reflection but may not in fact translate into different practice methods. The study was limited as a self-report but invites further research with video recording of actual practice as well as research into how providers' level of reflective functioning correlates with parent/child outcomes.

Virmani and Ontai (2010) researched caregiver insightfulness as an element of reflective functioning on two groups of child care providers who were working in a University-based child care center. They hypothesized that participating in Reflective Supervision would increase a caregiver's insight and reflective functioning. One group of ten received traditional supervision while the other group received Reflective Supervision

for a period of ten weeks. Each person was videotaped twice in three different settings with a child, once at the beginning and once at the end of the ten weeks. Each participant took part in the Insightfulness Assessment (IA), a series of questions about their two sets of videotaped interactions, one week after each taping (the IA was originally developed for use with mothers by Koren-Karie, Oppenheim, Dolev, Sher, & Etzion-Carasso, 2002, with insightfulness seen as an important dimension of reflection; it was adapted here for child care providers). Results were mixed in that there was not a significant shift towards an overall score of "positive insightfulness" for members of the group who participated in Reflective Supervision and yet when individual dimensions of insightfulness were examined, more caregivers who had participated in Reflective Supervision scored significantly higher on all dimensional variables (e.g. complexity, focus, insight, acceptance, openness, richness, and coherence) than those who participated in traditional supervision. Still, there were many limitations including a small sample size, (n=20), findings that the group doing Reflective Supervision had already been found to be more insightful at the beginning, and the fact that the groups only had 10 weeks of supervision between tests. Thus, perhaps with a larger sample size and more time spent with the two kinds of supervision, results might have been more robust. Overall, however, it is interesting that there were some significant shifts on the underlying dimensions of insightfulness for the group participating in Reflective Supervision.

Watson and Gatti (2012) examined the initial pilot project of the same Reflective Consultation program I explored in this dissertation. Their research examined the incorporation of a Reflective Consultation group into an early childhood special

education program. The study included 14 early childhood special education teachers or developmental therapists who served children ages birth-to-three and their families. Practitioners volunteered to be part of a Reflective Consultation group that met for two hours a month for 10 months. The group was facilitated by a licensed psychologist with knowledge and training in infant mental health and a long practice history. Researchers administered a survey and interviewed the participants and consultant. The sample size for this study was small (n=14), and therefore no statistically significant findings emerged. During the interviews, practitioners expressed feeling increasing stress in their work due to both administrative demands (caseloads, paperwork) and the risk factors families were facing, particularly parental mental illness (Watson & Gatti, 2012, pp. 115-116). Practitioners noted that these factors made their jobs increasingly stressful because they had less time and ability to focus on their education goals. Responses to Reflective Consultation were positive. First, practitioners reported that they appreciated having an outside consultant and also meeting at a regular time (Watson & Gatti, 2012, p. 117). Second, they reported appreciating exploring the emotional impact of their work and getting ideas about how to do their work differently (Watson & Gatti, 2012, p. 117). Participants advocated for keeping the program when the district considered eliminating it. The study was limited by small sample size and because participants self-selected into the program and therefore may have been different from their peers who chose not to participate.

Tomlin, Weatherston, and Pavkov (2013) identified essential elements of Reflective Supervision using a Delphi study. They used a three-phase survey to explore

best practices in Reflective Supervision with experts in the field including clinicians, educators, and researchers. They found six categories of essential elements including: qualities and behaviors of supervisors during sessions, mutual behaviors between a supervisor and supervisee, supervisee behaviors, and the structure and process of Reflective Supervision (Thomas, Weatherston, & Pavkov, 2013, p. 74). When rated by experts, the most important elements were found in the "qualities of a supervisor" (e.g. "staying open") although researchers note that many of the participants are, themselves, supervisors (Thomas, Weatherston, & Pavkov, 2013, pp. 76-77). For supervisees, experts rated highly behaviors such as being "non-defensive" and "able to ask for help" (Thomas, Weatherston, & Pavkov, 2013, p.77). The study was limited in that while the response rate for the first survey was 70%, the subsequent response rate was less than 50%; in addition, the experts were almost all women (Thomas, Weatherston, & Pavkov, 2013, p.78). As noted, the participants were experts and people who had been supervisors; the group did not include any Reflective Supervision participants.

Emerging Research

Watson, Cox, and Hennes (2013) presented emerging research from a national interdisciplinary group of reflective supervisors, infant mental health clinicians, and researchers who reached consensus on five essential elements and related, measurable "levels of development" of what happens during a Reflective Supervision session. These five elements include "Understanding the Story, Parallel Process, Keeping the Baby in Mind, Professional Use of Self, and Working alliance" (Watson, et al., 2013). This research aims to measure these elements in videotaped sessions of one-to-one Reflective

Supervision. Specifically, it aims to measure the interaction between supervisor and supervisee. It proposes a Likert scale to understand and rate the "depth" of the dyadic reflection in both one session and over time. The next steps include establishing validity and reliability of the measure.

Gallen (2013) presented emerging research on the use of the "Reflective Supervision Rating Scale" developed by Ash (2010) which measures seventeen supervision behaviors. Gallen's research explored four Part C early intervention programs using the scale at the beginning and end of an eight month Reflective Supervision experience. There were some items which had significant increase over time, but the scale has yet to be fully validated.

Areas for Further Research

There are a multitude of opportunities for further research on Reflective Supervision, especially as the incorporation into competency standards, practice models, and programs continues to grow. In 2009, a national group of practitioners and researchers with firsthand experience participating in or facilitating Reflective Supervision noted the lack of an evidence base and compiled a long list of areas to be researched (Eggbeer, Shahmoon-Shanok, & Clark, 2010). To summarize, most of the list includes starting with ways to define, operationalize, and measure the Reflective Supervision process and its impact on both practitioners and ultimately on the well-being of the young children and families they serve. Researchers have noted the challenges to this process including the interpersonal, transactional nature of the interactions and the slow developmental process which would require longitudinal research. This could require prolonged

engagement by the researchers who might utilize ethnographic methods or videotaping to attempt to name and isolate essential elements of this nebulous process.

This dissertation research, while on a small scale, aims to address one of the many gaps in the body of literature by providing descriptions and insights from participants themselves. Other than the Gordon (2004) study which did not explicitly study Reflective Supervision as a model, no other study has elicited the perceptions and feelings of participants in their own words and no other study has looked at a population that has had ongoing years of participation in a Reflective Consultation program. Building on the Tomlin, Weatherston, and Pavkov (2013) study and the Watson, Cox, and Hennes (2013) and Ash (2010) emerging measurement strategies, incorporation of the experiences of practitioners would create a deeper understanding. Some elements may validate the input of the experts while others may challenge some assumptions. This dissertation research aims to begin to fill that gap by presenting common themes and raising questions about the next steps in the research agenda.

CHAPTER 3: RESEARCH METHODS

Design

Qualitative research methods in social work are especially useful when little research exists on a subject and, thus, developing evidence requires a deep exploration of the meaning and dimensions of a complex phenomenon (Padget, 2008). The qualitative research methods outlined below gave voice to participants to describe their experience of participating in the Reflective Consultation program.

Reflective Consultation Program. The program included a 90-minute group one time each month that was facilitated by a PhD level clinical psychologist named Patti. Patti had additional training in infant mental health as well as years of experience working with families and young children facing multiple stressors. In addition to the group, Patti provided three 30-minute times when she was available for one-on-one or small group conversation. The program will be described from participants' perspectives in the next chapter.

Participants. The sampling frame for this study included twenty-nine early intervention practitioners who had participated for at least one year in the Reflective Consultation program and had completed a survey about the program for a part of a larger study conducted by the Center for Early Education and Development at the University of Minnesota. Patton (2002) recommends pre-determining a "minimal" sample size based on "reasonable coverage of the phenomenon given the purpose of the study and stakeholder interests" (p. 246). The ultimate goal was information saturation, but this could not be predetermined, and the stakeholders required a set number around

which they could plan their staff time. Thus, I determined that including half of the practitioners who had met the initial inclusion criteria of participating in Reflective Consultation Program for at least one year would provide an adequate amount of data to answer the research question without overburdening the program by taking up too much staff time. Therefore, of the twenty-nine practitioners who had participated in reflective consultation for at least one year, I decided to invite fifteen people to participate in the interviews.

Sampling strategy. Patton (2002) advocates purposeful sampling of "information-rich cases for study in-depth" in qualitative studies in order to gain "in-depth understanding" (p. 230). While Patton (2002) outlines several strategies for purposeful sampling, I used a "combination or mixed purposeful sampling" strategy to include both a deep exploration of a theory-based sample and to allow for "breadth" and "flexibility" to include more diverse voices all within the constraints of the research project (pp. 244, 254).

Patton (2002) recommends using "theory based sampling" to explore variations of a theoretical construct (p.243). I purposely sampled participants who had had the longest exposure to the program. This was based on the interpersonal neurobiology theory (as discussed in the theory chapter) that the "attunement" over time of a nurturing, supportive person such as a Reflective Consultant promotes the "'resonance' between two people's states of mind" necessary for the development of self-awareness, self-regulation, and reflection skills (Siegel, 2010, pp.116, 157, 333-334, 376). For this primary strategy, I first included all practitioners who had participated for five or more years in the program

(n=9). Five years was chosen because it was the longest time available on the survey for participants to choose. Of these nine people, seven were early childhood special education teachers (n=7) and two were developmental therapists (e.g. physical, occupational, speech, and psychological) (n=2).

To diversify the sample, I then shifted to a secondary sampling strategy of "mixed purposeful sampling" to ensure that I got a diverse representation of professions (Patton, 2002, p. 242). Thus, I chose all other developmental therapists (e.g. physical, occupational, speech, and psychological) in order to get a diverse sample of job roles (n=4). Following this same strategy, I next chose to include the one male participant (n=1). For the final person, I utilized a third sampling strategy called purposeful random sample in order to "reduce bias within a purposeful category" (Patton, 2002, p. 244). I randomly chose one additional participant out of the seven remaining choices (n=1). The final sample size was fifteen participants (n=15). Table 3 below lists the interview participants. Of the 15 participants, 14 had two or more years of experience attending the Reflective Consultation group. All names are pseudonyms and three names are purposely androgynous to protect the identity of the male participant. The term Developmental Therapist includes speech, occupational, physical, and psychological therapists and is used to protect their identities.

Table 3

Participants

Participant	Professional Role	Years of work experience	Years in Reflective Consultation
Marianne	Developmental Therapist	10+ Years	5+ Years
Diana	ECSE Teacher	10+ Years	5+ Years
Cristina	Developmental Therapist	10+ Years	5+ Years
Kendra	Developmental Therapist	7-10 Years	2-4 Years
Yvonne	ECSE Teacher	10+ Years	5+ Years
Stacey	ECSE Teacher	10+ Years	5+ Years
Sonja	Developmental Therapist	10+ Years	2-4 Years
Jamie	ECSE Teacher	10+ Years	1-2 Years
Alex	ECSE Teacher	10+ Years	5+ Years
Silvia	Developmental Therapist	10+ Years	1-2 Years
Elsie	ECSE Teacher	10+ Years	5+ Years
Clara	Developmental Therapist	10+ Years	2-4 Years
Samantha	Developmental Therapist	10+ Years	5+ Years
Chris	ECSE Teacher	10+ Years	5+ Years
Lorena	ECSE Teacher	4-6 Years	2-4 Years

Recruitment. As part of a larger study by the University of Minnesota Center for Early Education and Development [CEED], researchers already gained consent for participants who had completed the survey to be invited to an interview. I was given a list of email addresses for all participants in the sampling frame (n=29). I emailed the fifteen participants in the sample inviting them to participate in an interview (See Appendix A). All fifteen people agreed to be interviewed.

Procedures

I sought to elicit early interventionists' descriptions of their experience in the Reflective Consultation. Because of staff time constraints, I conducted one-time, one-on-

one, semi-structured interviews using open-ended questions and prompts (Patton, 2002). The questions were originally written and revised by the CEED research team based in part on their long relationship with the program and their initial research on the pilot project (Watson & Gatti, 2012). After receiving feedback from other researchers, I personally revised the questions again in order to create a shorter list with prompts (See Appendix C). These questions included exploration of participants' common work stressors in order to understand context, their definition and description of the Reflective Consultation program and common themes that emerged in the group, and an in-depth exploration of ways, if any, they perceived their participation impacting themselves as a practitioner and/or their practice with children and families. While the initial interview protocol was semi-structured, I explored responses in-depth with individuals as they occurred.

I set up all mutually chosen interview times for work hours at the primary early childhood special education school district office. The staff provided me with a private room within the building.

While the questions were structured in order to "establish priority" for data collection, I used prompts and allowed for "*emergent*" themes to arise in response to participants' answers (Patton, 2002, pp.346, 255, emphasis in original). In addition, I asked probing questions beyond the prompts as ideas and themes emerged and in order to seek a deeper understanding of participants' experiences and validate ideas.

I digitally taped each interview and a University of Minnesota employee transcribed each interview. The transcriber underlined some words as she transcribed in

order to indicate that the interviewee had provided verbal emphasis. I did not change these underlines nor did I add more.

Variable-Based Analysis

Inductive coding methods. I utilized the steps of inductive coding described by Thomas (2006). The general inductive approach as defined and described by Thomas synthesizes approaches from different epistemologies and researchers into a set of analysis steps that allows for the constraints of research situations (e.g. Miles and Huberman, 1994; Patton, 2002; Strauss and Corbin, 1998). Thomas (2006) uses Strauss and Corbin's (1998) definition of induction as a research process that requires analysis that allows for themes, and in some cases theories, to emerge from the data rather than testing predetermined hypotheses and theories (Thomas, 2006). The general inductive approach does not aim for the development and verification of theory; rather the aim is to uncover the main themes that emerge to answer the research question (Thomas, 2006). Given the limited time with participants and somewhat predetermined scope of the interview questions as part of a larger study, my analysis aimed to uncover the main themes participants described as they experienced ongoing participation in reflective consultation. In addition, as discussed in chapter one, my own history inevitably influenced my interaction with and analysis of the data.

Initial analysis steps. I first "cleaned" the data by slowly listening to each digital interview recording as I read the transcript and correcting any mistakes. Each interview was between thirty-one and eighty-two minutes as determined by the participants themselves; I allowed participants to talk as much as their own schedule and the

interview schedule allowed. Second, I read each of the interviews to get a broad sense of the stories being told. As I had ideas, I wrote memos about emerging themes and questions. Corbin and Strauss (2008) advocate writing memos often throughout this process about initial impressions and things the researcher is thinking or wondering about in order to begin to name and elaborate concepts.

Coding. I utilized NVivo software to organize and code each transcript for broad themes based in part on specific questions asked (e.g. descriptions of work stress) and inductive themes (e.g. co-regulation). This step is analogous to open coding as described by Corbin and Strauss (2008), but because the interviews had some specific questions, I adapted this process to the general inductive approach to allow for themes that were question-directed. As part of this step, I also did an analysis of negative cases. Corbin and Strauss (2008) discuss the importance of looking at data or cases that do not fit with the rest of the themes. Patton (2002) names this process as vital in increasing the validity of a study. For each interview, there were between thirty-six and one-hundred-fourteen individual codes. Fourth, I began to look at the codes for similarities and differences. I combined codes that were similar and began to look at the broader stories being told by participants. As part of this process, I returned to the interviews and to the codes several times to refine my understanding of the main themes that were emerging as well as continuing to look for data that did not fit into those themes.

Initial development of themes. As themes emerged, I separated them into two categories: themes that provided background and important context for the reflective consultation experience (e.g. common work stressors, program definition and description

of essential elements) from themes participants described and attributed specifically to the group experience (e.g. facilitating emotional release and providing support). In this step, the background and context themes were refined.

In addition, I included analysis for context and process (Corbin & Strauss, 2008). Corbin and Strauss (2008) define context as "the sets of conditions that give rise to problems or circumstances to which individuals respond by means of action/interaction/emotions. Context arises out of sets of conditions ranging from the most macro to the micro" (Corbin & Strauss, 2008, p. 229). They define process as "ongoing responses to problems or circumstances arising out of context. Responses can take the form of action, interaction, or emotion. Responses can change as the situation changes" (Corbin & Strauss, 2008, p. 229). I included both of these because of the inherent process qualities of a group experience such as reflective consultation as well as the broader practitioner context of early intervention. I was interested in the overlap and possible relationship between these (e.g. particular work context and stressors and the theoretical foundation of the group).

Final development of themes. After deep and prolonged engagement with the data, the final process themes emerged. Using my own clinical knowledge and my history with Reflective Supervision, I noticed the common story being told by participants in a loosely temporal order. This process involved returning to the raw data several times to ensure that the theme labels and descriptions accurately reflected the statements of participants. At this point, I also involved three experts in the field for validation as will be described in the next section.

Comparative Case-Based Analysis.

Using strategies outlined in Stake (2005), I used an "instrumental case study" approach to choose three cases which described different experiences with Reflective Consultation in order to better understand the experience and provide depth to the variable-based analysis (p. 445). In comparison, one case contrasted with the other two and with the major themes. I selected content from each case in order to either illustrate themes or to illustrate a contrast in experience. This analysis served as a form of triangulation of the data because it both validated findings and highlighted limitations in the data (Stake, 2005, p. 454).

Establishing trustworthiness and research integrity

Studies using qualitative methods often strive to meet standards of trustworthiness as developed by Lincoln and Guba (1985) rather than using standards found in deductive research such as internal and external validity, reliability, and objectivity. Lincoln and Guba's (1985) standards for trustworthiness include addressing the following issues: credibility/truth value, applicability/transferability, consistency, and neutrality.

Credibility or truth value refers to the extent to which the researcher's methods have led to findings that are credible and reflective of "truth" even though no "absolute truth" is possible (Lincoln & Guba, 1985). I enhanced the credibility of this study by using member checks, peer debriefing, and analysis of negative cases as recommended by Lincoln and Guba (1985). Patton (2002) advocates checking out ideas and themes with participants as they emerge. After most interviews, I wrote memos detailing my reactions and thoughts about the interview including emerging themes and questions. As

I began the next interview, I asked participants about some of my emerging ideas (e.g. co-regulation) in order to gain an accurate understanding of similarities in participants' experiences. Peer debriefing included consultation with three experts in the field of infant mental health and Reflective Supervision at various stages of the analysis process. The main person who provided feedback has over thirty years of clinical experience in infant mental health and clinical work with people of all ages. She also currently provides Reflective Supervision to a group of early childhood special education interventionists in a different school district as well as practitioners in other fields.

Applicability/Transferability refers to the extent to which findings are applicable or transferable to other contexts or other people. Thus, the findings must be kept "in context" (Patton, 2002, p. 563). The extent to which findings might generalize to other contexts is an open empirical question. Findings reflect the stories of the particular participants in a particular context and may not be applicable in other settings or with other practitioners. Still, Lincoln and Guba (1985) assert that with "thick description of data" and participants' own words others can decide for themselves the extent to which the findings have meaning for them (Lincoln and Guba, 1985). I included numerous quotations as well as those which specifically summarize the main process themes in order to provide examples to which stakeholders may relate.

Consistency/Dependability refers to the extent to which the research methods would yield consistent results if followed again (Lincoln & Guba, 1985). I maintained an audit trail in three ways. First, I wrote memos about ideas I had as they occurred so that my thinking and insights were recorded along with the raw codes. Second, after the

coding was complete, I printed each code and went through them by hand to check for accuracy. Third, I created a set of tables with each code and included quotations of raw data under each theme so that I could ensure that the labeling and description of the theme accurately reflected the words of participants.

Neutrality refers to the extent to which the researcher is aware of her own biases and the ways they might influence the process and findings (Lincoln & Guba, 1985). Finlay (2002) argues that reflexivity, or "careful, systematic, in-depth self-evaluation" is part of the integrity of a researcher and the research study (p. 531). I included my assumptions and ideas derived from the literature and my practice experience in Appendix C. Qualitative research always represents the interaction between the researcher and the data, but neutrality is enhanced when the researcher can be more explicit about what she brings to the interaction (Lincoln & Guba, 2005).

Ethical Considerations

Attending to ethical considerations is crucial to protect research participants and enhance the integrity of the research. The following addresses the ways I attended to ethics throughout this research project.

Institutional Review Boards. As part of two larger applications to both the University of Minnesota Institutional Review Board and the school district's internal review board, my methods and research questions were submitted for review. Both approved the study as "Exempt" study because the early interventionists were not deemed to be a vulnerable population. See Appendix D for a copy of the approval letters.

Consent procedures. As part of the requirements of the Exempt IRB applications, CEED submitted a Research Information Form (see Appendix B). The Research Information Form is different from the Consent Form in that participants do not sign it. I provided each interviewee with a copy of this Research Information Form which outlined the study and addressed confidentiality issues as well as the voluntary nature of the study.

Confidentiality. I ensured that identifying information was kept locked and separate from raw data by locking contact information in my home office separate from the raw data. Each interviewee was assigned a research number and demographic information limited to the job roles (teacher or therapist), years of experience, and years of participation was linked only to the research number. When the study is complete, I will destroy the contact information. I kept the interview digital files and transcripts password protected on my University of Minnesota computer. No identifying information was linked to the digital files or interview transcripts. In addition, when I reported the findings I created pseudonyms for each participant. I also combined the job roles of physical, speech, and occupational therapist as well as school psychologist into a broader category called "developmental therapist" because the group who was interviewed is small and in some cases there was only one kind of a specific therapist. Finally, I created three androgynous pseudonyms so that the one male participant was not distinguishable from the other participants.

CHAPTER 4: RESULTS

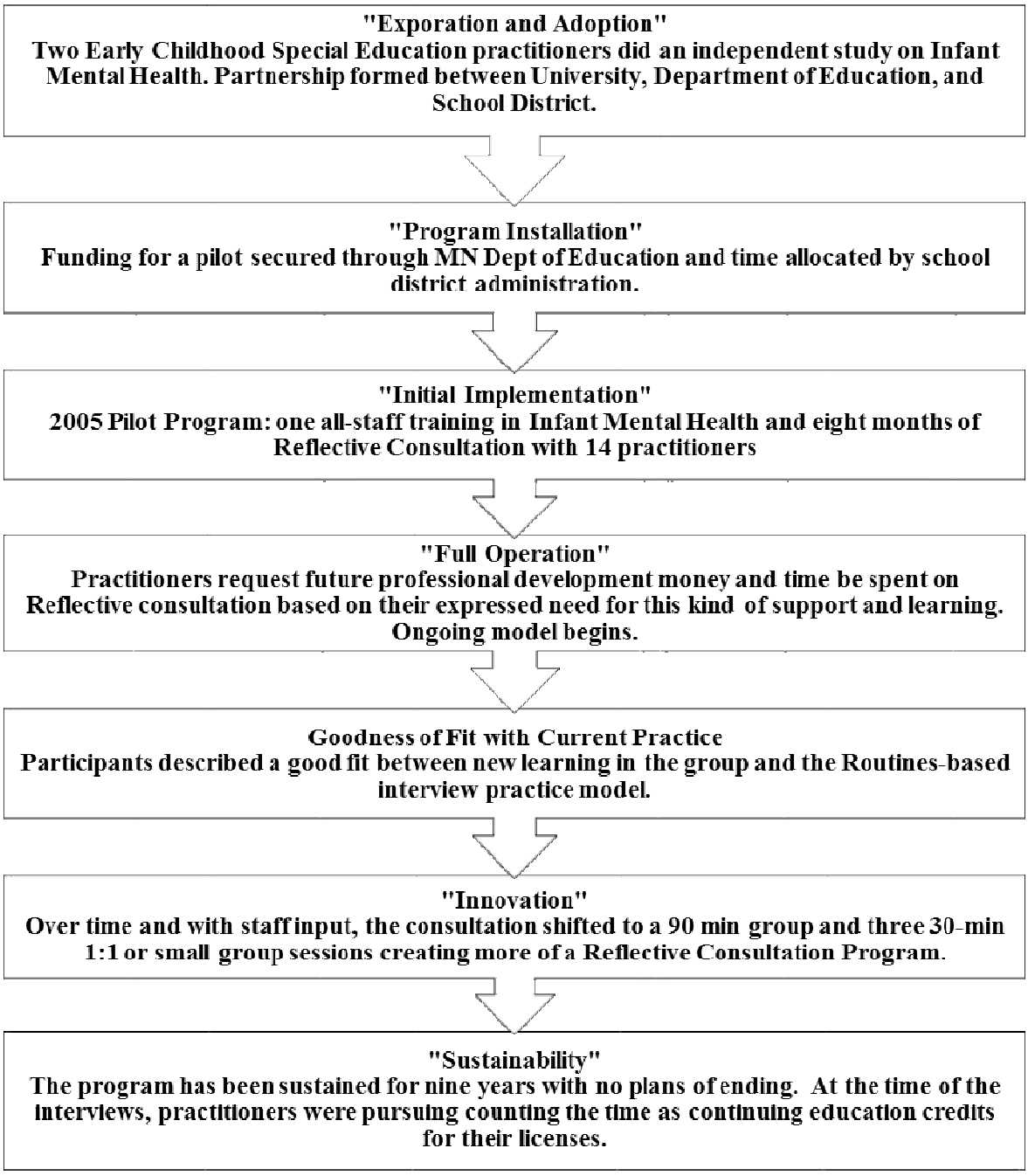
Using Research on Program Implementation to Understand the Contextual Factors that Facilitated Successful Implementation and Positive Experiences

Practitioners' descriptions of the Reflective Consultation program and the factors that contributed to their positive experiences demonstrate that, for most, the structure and focus of the program fit their professional needs and contributed to new learning and reduced work stress. The findings for the overall research question exploring participants' experiences cannot be separated from understanding the factors that contributed to the successful implementation of the program. Social work evaluation researchers have begun to more purposefully examine the implementation process for both programs and interventions (e.g. Glasgow, 2009; "Special Issue on Implementation Research," 2014, Journal of Evidence Based Social Work). Research on implementation provides a helpful model for understanding the successes of the Reflective Consultation program at the practice level and how the practitioners were "primed" for a more positive experience.

In their synthesis of the research on program implementation, Fixsen, Naoom, Blase, Friedman, and Wallace (2005) summarize the literature on the "Stages of Implementation" for evidence-based programs. Their summary helps explain the process the school district in this study and other stakeholders undertook, over time, to implement and sustain this program. Understanding the long history and background helps place the findings in the broader context of practitioners who were primed for new learning. These steps include: Exploration and Adoption, Program Installation, Initial Implementation, Full Operation, Innovation, and Sustainability (Fixsen et al., p. 15). In my analysis of the

interviews, I found that there was a “goodness of fit” between Reflective Consultation and the practice model used by participants. I have added this into Fixsen, et al.’s (2005) model. Using their conceptualization and mine, in Figure 2 I have mapped the steps taken from 2005 through the present day and demonstrated the ways the stakeholders and school district ensured a successful implementation. In the subsequent sections, I will go into detail about each of these steps.

Figure 2 Stages of Implementation for the Reflective Practice Consultation Program (adapted from Fixsen, Naoom, Blase, Friedman, &Wallace, 2005) with one additional step "Goodness of Fit with Current Practice"



Exploration and adoption: participants primed for learning. During the interviews, two practitioners independently shared their personal history with the concepts that underlie reflective consultation. These two described becoming interested in infant mental health prior to the incorporation of the reflective consultation group starting and how they studied the concepts with each other and, at times, sought out support from Patti and other local experts in these areas. One also described participating in reflective consultation in a separate group with Patti for a time. Their interest and commitment reflects what Fixsen, et al., (2005) characterize as critical to this first step of implementation as "someone [having] to think about making use of an intervention" (p. 15). In this case, the idea came from the practitioner level which contributed to "buy in" from their peers, another important factor cited in the literature on successful implementation strategies (Fixsen et al., p. 8). Both participants described getting their colleagues interested in these ideas. One of them described how she, herself, championed the incorporation of reflective consultation into their district and still facilitates the planning process each year. Other interviewees referenced the enthusiasm of these two practitioners and how that has contributed to their interest in participating.

Program installation: stakeholder commitments. A partnership between the CEED, the Minnesota Department of Education (MDE), and the school district early intervention program supported a pilot program of Reflective Consultation for the 2005-2006 school year (Watson & Gatti, 2012). This included a one-time training on Infant Mental Health principles by Patti and eight months of two-hour Reflective Consultation groups facilitated by Patti for fourteen voluntary practitioners. In a study of the pilot

program, Watson and Gatti (2012) found that participants described the group experience as providing support and opportunities to learn new strategies for their work. In addition, practitioners articulated the need for an ongoing program given the increasing challenges they faced with families dealing with multiple stressors (Watson & Gatti, 2012).

Full operation: Implementation demonstrates the fit between the need and the model

The described need for Reflective Consultation. After the 2005-2006 pilot year was complete, practitioners asked the school district administration if their allocated professional development money and time could be used for ongoing Reflective Consultation. Watson and Gatti (2012) noted that participants expressed preference for an ongoing group experience in contrast to more traditional education and professional development experiences such as workshops because they experienced it as helping them manage the growing stressors in their work. In my interviews, I explored work stressors extensively in order to understand why practitioners felt a need for this group.

Almost all participants described stressors associated with working in homes with infants and toddlers whose families are struggling with one or more of the following stressors: homelessness, hunger, extreme poverty, domestic violence, neighborhood gun shots, homicide, caregiver death, involvement with child protection, unemployment/financial challenges, drugs/alcohol, mental health issues (e.g. major depression, schizophrenia, suicide attempt), and an overall lack of basic resources (clothing, household goods, diapers, and toys). Thus, these practitioners described both a

both professional obligation to assess and help families meet the developmental needs of young children who are at risk for, or have diagnosed disabilities at times in competition with an necessity of helping families navigate intense struggles for their basic needs and safety. The following quotations give voice to how it feels to be a practitioner in this environment.

Chris, an early childhood special education (ECSE) teacher with over ten years of experience and a long-time reflective consultation participant, described her feelings in her job as often "helpless/hopeless" when she enters homes that are "total chaos" and doesn't know what to do. She says:

> ...you're taking all this stuff in and we're getting these parents that are just getting settled and a lot of times we are on the front line. They're just getting the diagnosis or they'd just gotten out of the hospital or the kid's back-and-forth in the hospital. That crisis, that trauma. And then pair that with extreme poverty, domestic violence and living in a neighborhood where there's gunshots going off...

Chris describes here her clients' stressful experiences as parents of young children with health issues dealing with their own survival stress. Using the "helpless/hopeless" description captures how both the parents might be feeling and how Chris feels as she tries to find a way to work with families.

Yvonne, also an experienced ECSE teacher and longtime participant described her struggle to figure out how to juggle the child's specific developmental goals with a family's worries about survival:

> To go in and think, 'Oh my gosh! How can they concentrate on their child learning how to walk when they're homeless, they don't have enough to eat, they don't have clothes?' I mean you're way at the bottom of this needs scale and who's gonna be able to think way up there about their baby talking pretty soon?

...So, is it enough for us to go in and just listen or -? What do we have to offer?

Yvonne and others often talked about not knowing what they had to offer in such seemingly dire circumstances.

Alex, another experienced ECSE teacher and long-time participant, also discussed not having access to the social supports through the county or within communities that used to be available, and gave an example of the struggle to juggle the families' basic needs with the mandate to help the child with the disability:

> Even if I'm fairly competent at this job, it's a stressful job. I mean, I'm going into people's homes[3]. I'm knocking on doors, and I get what I get. And just because of the nature of the job itself, I think there's an amount of stress but I go into that willingly and accept that. I think the things that are really hard is when the family, itself, has mental illness on top of poverty, on top of kids with disabilities, on top of who knows what? Child protection and everything else. And it's like 'Wow! What the heck am I supposed to do here?' Not having the county resources, not having the community resources, seeing what these people need and not being able to give them. Our job, the birth-to-three part of it, is family focused…I just got a new student today. Family needs [housing, money for housing, two car seats, mom wants to go to school, and needs child care]…five things…any of those about the student's disability? No! But I believe that the family structure, that stuff has to get taken care of somehow or addressed…in order for the parent and the rest of the family to be available for the child. And that's really stressful.

These three practitioners' descriptions illustrate both the emotional stress and feelings of professional helplessness and hopelessness that can occur with this job. They and their peers struggle to figure out how to help families and where to start. Importantly, while they are trained as teachers or physical, speech, or occupational therapists, they are not trained mental health clinicians or social workers. Yet, the needs of the children and

[3] The transcriber underlined words in her transcription when participants' voices indicated a strong emphasis. I did not add additional underlining nor did I remove the transcriber's emphasis.

families on their caseload demand a broad range of knowledge and skills for which their professional education did not prepare them. Nearly every participant described that they were not prepared for the intensity of this work in either their bachelor's or master's program.

The model: practitioners' descriptions of the Reflective Consultation Program

Most of the participants' descriptions of the Reflective Consultation Program included references to a regular, monthly time to talk with a consultant and their peers in a group setting about stressful experiences they had had with a particular family or client. The consultation included a facilitated invitation to reflect on themselves as practitioners as well as their clients by expressing how their work was making them feel as well as opening up their minds to consider the challenges of their clients from a new perspective. In the first quotation that follows, Stacey, an ECSE teacher who has worked in the field for more than ten years and has participated in Reflective Consultation for more than five years, describes Reflective Consultation as a place to examine "the impact" of her job. This is an example of a participant linking the work stress produced by her job with the ways in which she perceived participation and reflection impacting and improving her practice.

Stacey said:

> …reflective consultation is talking about the things that you've done or whatever your practice is, whether it's teaching or speech, and asking questions, getting feedback, talking in-depth about situations that have occurred, feelings that you may have had around it, how you have thought of the whole picture of things and then have a conversation with that person about any feedback they might have for you…I think it's a really valuable thing for us to do when we're working with

> intense and difficult situations and families. Because it's important to take the time to reflect on what happens later both regarding particular cases and our responses overall across cases. Because there's a lot of stress related with our job and it's a good way to deal with the impact that our job has on ourselves both our coping and our feeling. And, also, it is a good way to reflect on ways to improve our practice, to be kind of self-reflective about what we did and what we could do differently.

Here Stacey describes both a time and place to talk about the stressful aspects of her work, to examine her own "responses" to those stressors as and to think of ways she might improve her practice.

Kendra, a developmental therapist, echoed this description saying it is "…a time to talk about our practice and think about our practice and our feelings and responses to what we do and the impact it has on us and others." This description breaks down what are often stressful, busy practice experiences into almost discrete aspects that are looked at from both one's own perspective and through the lens of a client's perspective.

Practitioners actively taking a client's perspective and examining how they felt and what they thought about during stressful interactions is a purposeful exercise in reflective consultation. For many, practicing taking a client's perspective contributed to identifying and changing some of their own biases. Clara, a long-time developmental therapist, captured what many expressed: "...it's thinking about what we bring to the table with families, thinking about our biases, our backgrounds and their backgrounds and their biases, the setting of the home which has its own dynamics…it's thinking about what I do in my job and what I bring to it, what they [families] bring to it." Chris, a long-time ECSE teacher, echoes this: "…[My participation has] helped me really understand a lot of my <u>biases</u> because you're reflecting back on what <u>you're</u> doing, not just interactions,

but also on your feelings and how you're feeling about that specific situation…" Here Chris explicitly links personal biases to feelings and actions and that understanding (thinking about) that has been an intentional part of the process.

This idea of examining thoughts and feelings were major themes in all of the interviews. It was interesting how many participants explicitly used the concepts of thinking and feeling as part of their description of the reflective consultation experience. Below, Alex's definition of reflective consultation summarizes the dance most of the practitioners described between thinking about what they felt in their work and why they felt that way, what was going on with the family, and "organizing" it during the reflection process with the aim of increasing understanding and improving practice:

> …a chance to take the thoughts and experiences and questions and concerns that develop during a home visit and take all of that and put it on the table and make sense of it. To organize it and to see what its meaning is and how it may contribute or not contribute to our visit; how it enhances our visit or impedes our visit. I think for me the goal of it is to understand the family's situation better, but also understand my response to the family situation and the family's response to whatever I might bring. To have an outside eye on that.

This idea that reflective consultation helps "organize" a practitioners thoughts and feelings stands in contrast to what was discussed earlier as the "chaos" and emotionally overwhelming stress many practitioners feel in their work. With the idea in mind that this chaos contributes to the feelings of "helplessness" and "hopelessness," Chris's summary that follows demonstrates how the process can not only organize the various stressful aspects but can also invite questions about the effectiveness of one's practice as a whole:

> …I think that reflective practice makes you slow down and dissect the pieces. It makes you just more thoughtful about 'Why are you doing what you're doing?

> Why are you saying what you're saying? Why are you bringing out this piece of paper? How are you presenting yourself?' I think, if nothing else, reflective practice is 'Why are we doing what we're doing?' And 'What difference is it making?' And 'Is it making a difference?' And 'If it's not making a difference, what should we be doing different?' And not just that interaction; it's what we're thinking. When you come into a house, what are you thinking?

In sum, participants' responses suggest that the reflective consultation program cannot be defined in a simple, concrete way; rather, participants' descriptions capture an interactive process between themselves and the group and even within their own minds and bodies. As participants slow down to ask questions (reflect) and "organize" what happened in their work they are able to release some of their feelings of helplessness and hopelessness while reframing their thoughts (biases and purpose). These ideas will be discussed in-depth in the next chapter.

Goodness of fit with current practice model: Routines-based interview (RBI). Most interviewees mentioned the adoption of a new way to practice near the inception of the Reflective Consultation Program called the routines-based interview (RBI) (McWilliam, 2010). This practice is part of a broader model called the McWilliam Model of Early Intervention in Natural Environments (McWilliam, 2010). This model shares similarities with social work practice including working with children and families in their natural (home) environments, creating ecomaps to understand their support network and broader community involvement, utilizing needs assessments, and creating goal plans (McWilliam, 2010). "RBI," as many practitioners called it during the interviews, is used to understand the parent's perspective of what their needs and challenges are throughout their natural, daily routines. The interventionist uses this insight, in collaboration with the parent, to plan how to embed interventions into those family routines in ways that can

be naturally practiced throughout the week (McWilliam, 2010, p. 68). As practitioners described, RBI and the broader Early Intervention model included a lot of communication with parents and therefore brought up relationship dynamics and family stressors in new ways. These naturally occurring work experiences proved to be a good fit with Reflective Consultation because it focuses, in part, on stressful interactions with families. Thus, there was congruence between the practitioners' daily work and this model of support and learning.

Innovation: program logistics. In general, participants described reflective consultation as an open, flexible group format where practitioners were free to attend the group or not and to talk or just listen while in attendance. Even though the program had begun as a two-hour group meeting, over time practitioners shifted the model to meet participants' needs. They described the consultation group time as 90-minute meetings once per month that occurred at the early childhood special education main building. Attendance is always voluntary and optional. Cristina, the developmental therapist who has been the primary organizer of the program and has participated since its inception, reported that the structure has evolved over the seven years to include three 30-minutes sessions that participants can sign up for to meet privately or as a small group with the consultant. Participants reported that attendance at each group session is between 10 and 20 or more practitioners of various disciplines with one person estimating up to 40 people at times.

Jamie, an ECSE teacher who has only participated for one to two years, describes the 90-minute, large group sessions as having "very spontaneous and ongoing

conversation…very lively." Jamie also said: "You can attend as needed and still feel like you're getting something out of it. It's enough content for a whole year, but it's not a progressive thing where you miss one you're no longer able to participate. So I really like that about it." It is clear from practitioner feedback that this model has evolved in response to and remains flexible enough to meet their needs.

Sustainability: Factors that contributed to ongoing utilization by practitioners

***Regularity*.** Many participants described the regularity of the program as an important way the program was meaningful and helpful. Jamie and Diana, both seasoned ECSE teachers, described the importance of being able "anticipate" having the meeting at the same time each month. Jamie said "the consistency of once a month, first Monday of the month, when possible…I think it helps with keeping things going because it's something you look forward to" and Diana said: "the regularity…being able to anticipate ahead of time that it's gonna happen."

Jamie went further by linking his experience of regularly attending the group and being able to count on that with what the practitioners provide for the families:

> And so thinking back and reflecting on my own practices, I'm the constant for these children, I'm the constant for the families, so I try to be like [the facilitator] in a sense that when there's something, it may not happen right now but I want them to know that when they have that thought they can come to me. Same thing with my co-workers, too...So I think it's the consistency of the person there that moves me towards wanting to come, wanting to participate, wanting to listen to the other people that are there and then by doing that it helps me outside of the discussions because it does make me change what I'm doing or makes me open to the possibility of that. And there may still be some things I still like doing regardless of what I heard, but I'm more open to the idea of suggestion. And, like I said, I'm hoping I'm more aware of it, but I'm also thinking the thing that makes me come back is what else don't I know? And this would be the reason. So it's not something that it's simple you go to a few classes or one time lecture, you hear some things and hope it sinks in because of the consistency, the monthly,

looking forward to next year.

Jamie's words here are interesting in many ways. First, there is a parallel between the group experience and the subsequent attempt to provide this for families. In the field and literature, this is referred to as "parallel process" and is an explicit goal of reflective consultation. There are also references to ways the experience has contributed to practice changes and remaining "open to the possibility." Jamie asks "what else don't I know?" to further demonstrate an openness to learning and changing. This willingness to be open to new learning and ways of thinking and working is an important professional skill.

Safe place. Many participants used the word or concept of "safe" to describe their reflective consultation experience, and described the development of a trusting group filled with people who can understand the sometimes overwhelming emotions and challenges of the work. Samantha, a developmental therapist, describes it as "a safe place…to go to bring the work challenges" while Chris, a long-time ECSE teacher described "feel[ing] safe with" the facilitator and the group as a "safe spot." Elsie, another long-time ECSE teacher, elaborated by saying the group is "a safe community…you can say whatever you want to say and it's not going anywhere and everyone has to agree to that. So it is easy to be able to vent and get things out without feeling judged or criticized in any way." Clara, a developmental therapist also used the word "trust" by saying "It's safe; you know that it's not going to go anything past…I think you have to trust to be able to say this in front of all these people. You work with these people and like 'Oh, I'm gonna talk about feeling insecure about this.' And sometimes if it is too much then that's that personal time with her. But there's such a

feeling of 'I've been through this. You've been through this. We're in this together.'" Clara's words touch on the group aspect of the model; the idea that everyone in the group has "been through this" and is "in this together" contributes to the safety and trust.

Similarly, Stacey, another long-time ECSE teacher expanded this idea to name that the people in the group have the ability to understand the unique stressors: "…we feel safe to say these things and with other professionals who understand the complexity, confidentiality, and the reasons why we're doing that." Stacey's idea of "professionals who understand the complexity" is important. Few professionals work in families' homes and with such a vulnerable population. And as many expressed, these challenges lead to feelings of not knowing what to do. Diana, another seasoned ECSE teacher described feeling safe from judgment in this group of her peers: "You can go to the reflective practice time and it's not a matter of going in and sharing a difficult situation and being judged based on either my capacity or momentarily lack of capacity to figure out what's a next good step." Meeting regularly with a group of peers who are part of this facilitated program to develop safety and trust and a non-judgmental environment seems to be an important antidote to the feelings of helplessness and hopelessness.

The facilitator's key characteristics and qualities. Participants' descriptions of ways reflective consultation was helpful and meaningful were inextricably linked in many ways to their feelings about the facilitator's characteristics and skills. Thus, it is difficult to determine which successes of the program are due to the model or to the facilitator. In a similar way to successful educational or therapeutic experiences where success is tied to the teacher or the therapist, practitioners described Patti as a critical

component of meaning and success they perceived in the program. This must be kept in mind when thinking about program results.

Practitioners described a number of Patti's characteristics and qualities that they deemed important and useful to the process. First, participants noted that having someone from the outside was helpful. Patti is on contract and does not work for the school district; therefore among others, Cristina and Samantha, both developmental therapists, described her as "objective," "neutral," not "vested" with school district issues and whose sole purpose is to facilitate and support the consultation group.

Participants also described Patti's background as a clinical psychologist who has worked with the same population of highly stressed families with young children as particularly helpful and, in many ways, essential. Diana, a long-time ECSE teacher, said:

> …she can pretty exactly imagine the situations that we're in…her level of empathy, her depth of knowledge about the kinds of families we serve…her capacity to imagine the situation accurately where then you can, to some extent, cut down on the need for description helps just to get to those moments of pause and being held and depth of understanding. It really speeds the process along.

Although the work demands are not unique to early interventionists, many described feeling isolated before participating in reflective consultation. Thus, it makes sense that they would highly value someone who could understand their experience. Similarly, Alex, another long-time ECSE teacher said of Patti: "[she's] an outside person who understands our work and understands reflective practice, who understands attachment….She gets us. She gets this job, and if she doesn't get it, she knows how to get it out of us so we can explain it better, and she may be helping us understand something we didn't even know we didn't understand." These descriptions demonstrate

a good fit between Patti's background and experience and the participants' needs which may be an important aspect of any reflective consultation program.

Regarding the group process, while many participants had various descriptions of Patti as "skilled," Diana elaborated about how Patti works with the large group. She said "she is extremely talented at helping people to feel/be heard, even if it's in a large group. And her patience is well-regarded among the people who participate, and it's that patience and that ability to pause and let the person speak that has been really meaningful." From this description, the skill of patience and pausing emerge as critical skills as does an ability to help people feel and be heard.

Finally, Clara, a seasoned developmental therapist, talked about the ways Patti's "professional use of self" has been an important component of the experience. She said: "She's a wise woman and she brings tools…she'll bring examples of herself and I think that's really important that we hear that [she] has dilemmas, ya know?...She models it so well…." Here Clara captured what many participants expressed. As Patti provided examples of how she handled tricky situations, she gave participants both permission to feel like they don't have to be an expert and also tools for how to handle whatever they encountered.

Prolonged engagement matters. Nearly all participants expressed that prolonged engagement in reflective consultation deepened and reinforced the meaning and impact of the experience in distinct ways.

Deepened relationship between Patti and group members. Patti was described as highly skilled at creating a safe group experience and facilitating expression of

experiences which was explicitly linked to program success. Diana, a long-time ECSE teacher, linked this distinctly to her longevity in the group:

> ...having had the depth of experience, the amount of exposure that we have had to the process just helps people to be able…to unpack and kind of get to that moment of pause or that moment of support or that level of understanding. It's nice to be able to just so quickly tap into that. It's like calling a good friend as opposed to working to establish a new friendship. It's easier and faster to go there and to get what you need from it without it having to take so much work. So that's what the depth offers; not 'depth' – the frequency and length that we have the reflective practice with Patti.

Diana's description was echoed by many participants. As in any long-term relationship, the repeated empathic communication and facilitation used by Patti seemed to create an ever-deepening experience for participants who engaged over many years. Diana's metaphor of "it's like calling a good friend as opposed to working to establish a new friendship" best captures what participants described. Over and over, participants said they valued how much Patti knew them and knew about their work. This co-construction of meaning between Patti and the group, over time, became an important factor. Yvonne echoed this as well by noting how Patti holds their history in her mind: "And over all these years she really knows us, too. So it just gets more and more helpful because she can see an individual 'You used to struggle with this, but now here you are with it.' So some of that feedback that we get because she has a history with us." Patti's ability to mirror back the changes participants have made in dealing with stressors is an important part of the process. These participants are clear about the benefit of participating for an extended period of time. From their description, there seems to be a deepening of the relationship and trust with the facilitator which makes it easier and more effective to feel supported over time.

I explored with participants how much time they thought it took for some of the benefits they described to become clear. Cristina, a long-time developmental therapist, described the process best:

> [It took a] couple of years…I think to get the idea for [the participants] to feel comfortable with it and to be able to be open. There's so many different types of people who participate; that's why I like the individual sessions. Not everybody likes to present in a group or talk in a group, especially with the vulnerable issues like this. I mean, it's hard. People cry; there's a lot of emotion....I think it changed over time. People are a lot more comfortable with this and they…understand. And it takes a lot of practice and I think people need to hear certain things over and over again. The repetition helps...There are certain issues that get revisited a lot.

Cristina used the terms "repetition" and issues being "revisited" and these ideas were expressed by most participants. Participants shared that Patti often used metaphors, particular questions and phrases, and her own experiences to help them understand what they, themselves, were feeling and thinking. Because all of the participants described this process and talked about how often Patti came back to core phrases or ideas, it is clear that repeated, prolonged exposure to the experience is important.

Incorporation into the team process. One of the most interesting and important findings was practitioners' reporting the incorporation or "generalization" of the reflective process into their work with each other as coworkers in impromptu conversations or in team meetings in times between the monthly formal reflective consultation meetings. Practitioners who quantified it estimated that it took at least two or three years to start to incorporate the process. That said, practitioners reported still finding value in attending the formal group but also being able to more seamlessly

support each other using the same processes they have practiced in the group. For example, long-time ECSE teacher Diana's description best captures this phenomenon:

> I think the depth of it has allowed some of us to do our own small amounts of reflective practice with each other...Outside the group...And so there are times where we can just do it and they can be a two-people conversation, it can be a team kind of conversation. Because for those of us that have been in it, we can maybe say to each other 'Well, what do you think [Patti] would say?'...I think the depth of it has offered us a chance, also, to have some of the strategies and the techniques become second nature or ingrained in our practice with each other and with our families. I think the depth of the practice has also allowed that speed where we can get to the moment of being held and sharing mutual understanding either with other [client] parents or staff based on the depth of the experience we've had it helps that along. <*Then, in response to the interviewer's question of how long it took to get to this point*>: I think in the third year there were moments where people were saying 'Well, let's just pretend like right now like one of us is [the facilitator] and what could we borrow? What could we think? What is the question she keeps asking us? How does she get those conversations started?' And then you can kinda come up with those reference, those framework kind of questions…

This sentiment was repeated in some form by all participants. Diana's comment here also talks about how the "strategies and techniques become second nature or ingrained in our practice with each other and with our [client] families." This is an important statement. In a subsequent section I will focus on ways participants felt the experience impacted themselves and their practice. Here Diana specifically links this impact to the prolonged engagement. Indeed, the sentiment that the process becoming "ingrained" and part of the culture was described by many participants.

Kendra, another long-time developmental therapist, talked extensively about how the prolonged involvement of the teachers and therapists with whom she works has both instilled a "framework" or lens through which they view families and, over time, "increased capacity" of the individuals and team. As she describes here, this new lens

and the strategies Patti talks about have, in her view, reduced staff stress and increased their ability to serve families with mental health issues:

> …I think one of the most helpful things about Reflective Supervision here is because it's been so kind of ingrained in the people, especially the birth-to-three staff that are well-versed in what it is and what it's like, is that they've really, in their teams, they kind of do it with each other a lot. And so it's not really even so much what happens in the group session, it's more that people are using that kind of a framework, a developmental framework and a reflective framework and realizing the feelings and recognizing that mental health is important and recognizing that the stress that children are going through in their family situation is important. And people have learned that, I mean this is a team, those are people going in, the birth to three, that are generally sensitive to those issues anyway. And I think having this experience over a lot of years has really taught them how to use some of those strategies that Patti talks about or other people talk about in their day-to-day work....the teachers that are really receptive to it have really generalized I think in many ways…But in terms of change over time…the birth-to-three teachers, in general, seem less stressed out about dealing with families with mental health issues. It just seems more like 'This is what I do.' And there's more of an acceptance that this is kind of part of it and we do need to address these things and – [Rather than] like 'I can't handle it.' ...So it's an increased capacity to bring that into what they're doing and to realize that if they're working with the child they're working with the family.

Interestingly, the idea that the prolonged experience shifts practitioners' lenses toward a developmental and reflective framework is one of the core goals of Reflective Supervision as is recognizing how stress and mental health symptoms impact families. Reflective consultation was also created as a professional development practice. Kendra has captured these phenomena in her statement.

Finally, almost all practitioners described teaching and using the process with newer staff. Marianne, a developmental therapist, described this: "Probably the first few years was just trying to figure out what it was about. Then I think that the whole thing of how it changed that our team can do it sometimes without her....That's a really big change. And also probably that we can help the people that haven't been there; to pull them into it

a little bit better." Marianne references teaching new staff how to think and work in this reflective way. Samantha, another long-time developmental therapist also talked about "coaching" staff using this framework. She said: "...I've actually been able to with co-workers say 'This is what Patti says about that.' I've been able to coach a little....'Cause we constantly get new staff so people are at different places, different skill level, different expectations." It was interesting to repeatedly hear the enthusiasm of staff around their experience and their deep interest in maintaining and spreading the knowledge and experience they have had with others.

Conclusion

This Reflective Consultation Program was initiated and designed by and for the practitioners of this particular early intervention program. This "customization" has contributed to the positive experiences most practitioners described. Research on program implementation underscores the contribution of both internal and external supports which have contributed to the success of the program. In addition, Reflective Consultation proved to be a good fit with the prevailing practice model. The common and many times overwhelmingly emotional work stressors faced by this group of early interventionists contributed to the "emotional labor" they experienced (Lane, 2011). Thus, in all of these ways they were "primed" to benefit from this program. Practitioners' descriptions of the factors contributing to the long term sustainability of the program created a self-sustaining phenomenon where practitioners were able to offer this kind of support to each other outside of the formal group. A deep appreciation of the many factors contributing to and priming practitioners for a positive experience provides

an important backdrop for the following rich descriptions of participants' experiences in the Reflective Consultation Program.

CHAPTER 5: RESULTS

Release, Reframe, Refocus, and Respond: Participants' Descriptions of their Experiences Participating in the Reflective Consultation Program

Social work has a long history with exploring ways to strengthen the effectiveness of practitioners through a supportive supervisory relationship (Kadushin & Harkness, 2002; Shulman, 2010; Tsui, 2005). Participation in Reflective Consultation provides an opportunity for participants to **release** intense feelings in the safety of group relationships, reflect on stressful circumstances and **reframe** them for new learning, **refocus** their practice on ways they can be most effective with clients, and **respond** in new ways by offering a parallel relational reflective process to families and children. These overarching themes emerged from a thorough analysis of responses to in-depth questions and conversation about any ways participation had been meaningful, as well as any impacts participants described experiencing in themselves and their practice. The analysis of practitioners' stories suggested a loosely temporal, yet iterative process where, over time, practitioners described approaching their practice with children and families differently as a result. The following chapter unpacks these key findings in detail.

Release:
"…leaving, you just feel lighter." – Marianne, a long-time developmental therapist and participant

The concept of "release" encapsulates the process participants described experiencing while in the reflective consultation group. Release means both to: "allow or enable to escape from confinement; set free" and to "allow (something) to move, act, or

flow freely" (Release, n.d., "Oxford"). As discussed earlier, Lane's (2011) concept of "emotional labor" describes a practitioner having to hide her authentic emotional response to highly evocative experiences. When emotions build up from having multiple visits with families dealing with enormous stressors, they can become stuck in the body and mind in various ways including feeling stressed, overwhelmed, and "helpless," thinking that one is ineffective as a practitioner, thinking biased or judgmental thoughts about the family, and/or thinking positive change is "hopeless." The previous chapter gave voice to many participants as they described these thoughts and feelings about families' stressful circumstances. This section presents participants' descriptions of the ways the group process facilitated a release of emotions.

Feeling Heard, Validated, and Affirmed. Consistently, practitioners described that the group experience led them to feel "heard," "validated," "affirmed" or a combination of these. Because the group is structured so that the facilitator elicits stories, invites others to describe similar circumstances, and shares her own practice experiences, participants have several opportunities to experience others "hearing" them and "validating" and "affirming" their experiences. These concepts are somewhat elusive and require that the participant her/himself feel something inside and name it as such.

Lorena, a newer ECSE teacher with between two and four years of participation in the group, captured what many expressed. She said:

> Some of the difficult cases we've had…have been homelessness, poverty, and especially depressed moms. Again, those are the things that we don't have training in how to work with these kinds of situations. So talking through, problem-solving, how can we be supportive, and just kind of reminding ourselves '…this is what we're doing that is helpful, even if it feels like we're not helping.' (Laughs). It's just kind of reminding us that it's okay to feel this way. That it's

alright and your frustrations are valid…

Lorena's summary links the validation to feeling overwhelmed and helpless about families' stressful circumstances. She shares that she and others do not feel prepared for this kind of work. As early intervention professionals, their charge is to help children developmentally but sometimes stressful circumstances make that difficult. Having a place to express feelings of frustration and be affirmed that they are, indeed, helping even if it still feels overwhelming was important to many participants.

Marianne, a long-time developmental therapist and participant, discussed the validation as something she does not receive elsewhere. She also talks about its impact on feelings of burnout. She said:

> …just validated is probably a really big [thing that is meaningful] because we don't get that sometimes from our Administration. They're more about that we're doing our job but it's really that whole emotional side of the job that isn't really talked about or supported probably. I'm wondering if it even just really helps because I haven't felt burned out since this started…That whole piece of just having someone say 'what you do is really important.' So we get validated a lot…validation that nobody else tells us what a hard job this is. Nobody…Because we're in there when they're happy, we're in there when they take their first step sometimes, and we're in there when they hear that they're gonna be needing a wheelchair. All of it.

Here, Marianne's links the acknowledgement of the "emotional side" of the job as well as the validation and affirmation of the importance of her work, with a decrease, over time, in her feelings of burnout. This specific finding will be discussed in the next section, but in this case, Marianne captured what many other practitioners expressed about the importance of feeling validated.

Reduces feelings of isolation: "[I'm] not the only one." Many participants described how hearing their peers' experiences of stressful interactions and feeling helpless, hopeless, or overwhelmed with families reduced their own feelings of isolation. As practitioners who mostly work in the home and, many times, go on visits alone, many expressed that before Reflective Consultation, they did not always have the time or inclination to share their feelings and thoughts with peers.

Stacey, a long-time ECSE teacher and participant best summarized what many others described. She said:

> And I think the one thing that has helped me is the fact that when I leave those stressful situations with a family that number one I'm not the only one who leaves stressful situations with the feelings I have and number two that it's okay to feel that I have to get rid of them somewhere. That I'm not the only one that needs to talk about this or process it and that that's a very realistic and important part of my job...professionally we need to deal with that...there were times when I would leave those homes and think 'Wow! I bet I'm the only one that feels like this. What do other teachers do? How would they deal with it?' And when I go to those reflective practice sessions I think "Oh! They have the same feeling. They don't know what to do either.' Or 'They're confused' Or 'They feel bad.' So I think it's given me permission to feel like that and I've learned that that's a real and it's a big part of my job...it's given me a lot of permission to feel okay about feeling confused or not knowing where to go.

Here Stacey described the process she went through both cognitively and emotionally before and after starting Reflective Consultation. She references the idea of not knowing what to do and feeling like she had permission to talk about or admit that when she heard others struggling with the same feelings.

Sonja, a long-time developmental therapist who had participated in Reflective Consultation for between two and four years, remarked on the cumulative impact of prolonged engagement in the process. She said:

> In the group setting I think it's always helpful to hear that you're not the only one with these big, huge problems. And the more you go to reflective practice, the more you see these common themes. And then it's so helpful to draw upon those common themes and put them into your everyday practice…And, again, just when you really get that one family that you're stuck with, to be able to have a facilitator and other members of the group really kind of help you walk through some of this has been super helpful.

Here Sonja echoes Stacey's relief at realizing the commonality of professional experience with her peers. She also explicitly links it to participating in an ongoing way to begin to embed into practice some of the ideas she hears from others.

Many professionals think they have to know what to do in any situation, and yet as many practitioners described, the stressors faced by families and children left them feeling overwhelmed. The group process addressed this by reframing practitioners' feelings of isolation and feelings of inefficacy to a realization that the practice realities contribute to most people having that experience some of the time. The ongoing experience in the group contributed to these shifts.

Feeling Co-Regulated. Nearly all participants specifically named, in various ways, that they were able to release pent-up stress and emotion in the group. As Marianne, a developmental therapist expressed, "…leaving, you just feel lighter." Participants described Patti's facilitation and use of her clinical skills such as summarizing their experiences with specific metaphors and descriptions which resonated with participants. They also described other clinical skills Patti used such as

demonstrating taking deep breaths at key times, asking participants to slow down and re-examine what they just said, and naming the emotional impact of experiences (e.g. feeling exhausted, overwhelmed, chaotic, stressed, frustrated) – the long-time clinical concept of "name it to tame it." In other words, as Patti repeatedly named, validated and affirmed feelings and experiences, participants were able to have their emotions "tamed" and not feel so overwhelmed. Just talking about/naming intense emotions in a safe environment facilitates release. As I heard these ideas expressed, I purposely began exploring the use of the word and concept "regulation" during subsequent interviews. What participants expressed sounded like an experience of feeling co-regulated. Siegel (2012a) defines co-regulation as "the process by which two entities mutually influence each other's states across time" (p. AI-19) and self-regulation as "processes that maintain the functioning of the individual in optimal ways" (p. AI-73). Indeed, when it arose during interviews, many participants agreed with this conceptualization. Below are purposely longer excerpts of dialogue which reflect my testing of this idea and the validation by participants.

The first example is my conversation with Chris, a long-time ECSE teacher and participant.

> Chris: "It's just nice to come and kinda go (loud inhalation and exhalation) and get Patti's (exhalation). Ya know?"
>
> Me: "Looks like it regulates your body?"
>
> Chris: "It does! And maybe that's priceless. To have somebody come in who you feel safe with that you can share…it's confidential; we have that relationship with her that we know what we can share and it's a safe spot...

Chris was one of many participants who took deep breaths or used deep breaths in place of words at times when she told me about her experiences. Sonja, a developmental therapist, also said "I would walk in there all keyed up and (deep breath) come down a few notches when I come out. For me it was very freeing…" Here Sonja echoes Chris's description as well as physically taking a deep breath in order to show me how the experience felt for her.

The second example is from Marianne, a long-time developmental therapist and participant.

> Marianne: "…I think her analogy is probably the one that most of us use…that we work and we do all this and we take stuff from families all day long or all week long and…we keep taking and taking and at some point we need to wring out so we can go back to all of our families. We kind of talk about that that's what she (Patti) does to us and then we're learning how to do it with our team."
>
> Me: "Do you feel it in your body?"
>
> Marianne: "Yeah. I think I feel it; it's just…different about when we're walking out here doing our stuff and then you just get in the room and it feels like all the energy lets you relax, the energy in the room itself. Patti has that."
>
> Me: "And what you described earlier, the calming…the one word that has come up is that it almost is 'regulating.' Would you agree with that?"
>
> Marianne: "Yeah, that would be a good term. And validating. And just that whole thing that it's (the work is) hard."

The third example comes from Sonja, a long-time developmental therapist but newer group participant. Here she talked about managing fears about her own safety around the early intervention main office which had been an area of gang activity at one time.

> Sonja: There for a while it was right around our office. This was a hotbed of gang activity for a little while. But we talked about that in reflective practice, and it

> brings you down out of that panic state and kinda helps you…You know you've gotta listen to your gut feeling and if something feels dangerous, don't do it. If something feels wrong, don't go in. But at the same time knowing that everybody else is feeling that way and in our department no one has ever gotten hurt at work. 'Okay, just relax. This is okay. You'll be fine.'
>
> Me: Yeah. That's interesting that you describe going from panic to kind of a - I don't know what word I would use to describe it.
>
> Sonja: Kind of more of a peaceful, mellow feeling about it. Getting the big picture is always calming when your arousal state is up here, you just -.
>
> Me: It almost like it regulates?
>
> Sonja: Yes. That's a great word. It helps me regulate myself. Yup.

Sonja's example specifically names being overly aroused in a state of panic at times and how her participation in reflective consultation is "calming" and helps her "regulate [her]self."

The final example comes from Diana, a long-time ECSE teacher and participant. This example comes after Diana described the importance, to her, of having a long relationship with Patti, Patti's experience working with similar families, and the value of having Patti know her and the other participants so well. In this excerpt, I attempted to summarize what I heard while testing out the concept of "regulation." I included this long excerpt for two reasons. First, Diana agrees with the concept of regulation as an impact of the group experience. Second, she begins to describe the "parallel process" of how she, herself, provides this experience for families. The concept of "parallel process" will be discussed in depth in the final two sections of this chapter, but I included this link the regulating experience of the group with the ability of a practitioner to replicate that experience for a family.

Me: "It sounds like what's happened is, at least for you and maybe for other members of the group, you know that [Patti] knows what you're saying and so you can trust that she knows it and so you can get to the work of sort of, I don't know, calming? Or a word I've wondered about is even 'regulating'?"

Diana: "Mmm hmm. Oh, very much and that's a concept we have talked about in reflective practice."

Me: "Have you? How have you talked about it?"

Diana: "It's that roller coaster ride. That mom that [you're] not sure if you're gonna be on the up or the down today, but I know it's gonna be a ride and I'm ready for it, at least I think I'm ready for it. And that moment, as I described earlier, where mom – maybe we get in and the roller coaster is whirling and by the time we're at the end of the visit we've been able to help mom get that regulated moment; help baby/toddler get that. We leave and everybody's kind of – (takes a big sigh) –"

Me: "Takes a deep breath?"

Diana: "Yeah. Or maybe they've had a chance to cry for a little bit and that's been happening a lot this spring for a number of families -- is that it's just kinda weepy and teary and sad. Then by the time we've left you kinda have had a chance to dry eyes and have the lens focused on what feels comfortable to focus on next."

Me: Okay. Interesting. So you – it almost sounds like what you do with that family is help regulate what they're feeling? Or regulate their experience?

Diana: To be a sounding board for them. Yep. And several really. It's just really chaotic and then by the time I'm done they're kind of – (another loud exhale) –

Me: They're taking a deep breath.

Diana: They've been able to...Yup. And I think in some senses my sense is the experience I get to have with Patti and how I feel at the end of it often is what I'm able to replicate for families.

Here, Diana agrees that what she experiences in the group is calming and regulating. She then describes a way that she, herself, uses deep breaths and an invitation to express difficult emotions, with a particular mom to help the mom feel calmer and take deep

breaths herself. She also talks about how, after expressing emotion and calming with deep breaths, they are able to "have the lens focused on what feels comfortable to focus on next." This concept of "refocusing" and a "shifting lens" is discussed later in this chapter. I draw attention to it here to show how participants linked the process of releasing emotions, feeling regulated/calmed, and then being able to shift their focus to something else. These longer examples have illustrated how the concept of regulation emerged as a theme for participants. Feeling co-regulated by the facilitator, the group, and/or the regular participation in this process was intricately related to participants' feelings of emotional release.

These descriptions demonstrate that the facilitator helped participants to "feel felt" (Siegel, 2012b, pp. 94-95) or "joined" with the participants, a term used in social work practice. In social work, "joining" means developing a supportive relationship and "is facilitated when the social worker demonstrates empathy, acceptance, support, and genuineness and maintains a focus" (Greene, 1996). In this case, the facilitator provided experiences in validation, affirmation, belonging, and co-regulation for participants which allowed them to release their emotional responses to their work. What followed for many were various descriptions of how the group led to a reframing of both what they had experienced with families, how they had helped, and their professional role.

Reframe

"I feel like I've gotten like a reframing and kinda different perspective on some of the ways that I've experienced or looked at what's happened to me [with families]." – Yvonne, a long-time ECSE teacher and participant

Participants described numerous ways that ongoing participation led to a "reframing" of their practice experiences in how they thought and felt about the families

and children. In social work, the concept of "reframing" refers to looking at a situation, feeling, behavior, or idea from a different perspective with an emphasis on shifting to a strengths perspective (Saleebey, 1996). In contrast to the themes that emerged about the impact of sitting in the group which focused on an emotional response, the themes that emerged about impacts on participants *over time* focused more on cognitive processes. After releasing emotions and feeling regulated, some practitioners were ready to reflect and think differently about their clients, their work, and themselves. Siegel (2012a) defines reflection as "focusing attention on the inner mental experience of self or others" (p. AI-66). He expands this definition by describing the process: "Sensing the inner states of mind of another alters our own inner state. Therefore, looking toward our own inner world serves as the source of empathy for others' mental experience. Hence, reflection is both an inner and interpersonal gateway to insight, compassion, and empathy" (Siegel, 2012a, p. AI-66). That is, reflection includes both thinking about one's own mind and mental state and that of another, the results of which can lead to insight, compassion, and empathy.

The processes described below included both the steps of reflecting and subsequent steps of reframing experiences in more positive, strengths-based ways. Practitioners described exploring the parallels between their emotional responses to visits and families' lived experiences, asking themselves and each other questions, and trying to understand the child or family's perspective. For most, these processes contributed to realizing and addressing inherent biases. While many of these ideas were included in the previous chapter as emerging themes, the discussion below explains the linkages between

the processes. While there was not a universally temporal experience, all four of these cognitive processes seemed to evolve in concert with each other for many participants.

Exploring parallel processes. Participants described two kinds of parallel processes in the interviews that evolved as part of their participation with Reflective Consultation. The first, that is discussed here, involved a purposeful exploration of the meaning behind the often visceral feelings and thoughts they often had during and immediately after a home visit. The second, which is described later, included ways practitioners, themselves, purposefully tried to provide their clients with the same kinds of experiences they had had in Reflective Consultation. Here, as part of the broader discussion on reframing, participants describe how they began to make sense of their emotional responses to families' crises using a cognitive reframing process.

Cristina, a long-time developmental therapist and participant, best described this process that was shared among many participants:

> The Reflective Supervision has helped me a lot; helps me understand why I might be feeling a certain way, like after a visit….if I'm feeling chaotic and confused and exhausted after a visit, I've learned that that's often how things really are in the family…or that's how it is for the parent. So it gives me a level of empathy and understanding. Or, the same thing, if I come out feeling depressed and drained, often times it gives me an indicator 'Oh, well that mother – that's probably it; she's probably depressed and drained…makes me a lot more compassionate and understanding of the situation.

Participants such as Cristina and others described how Patti helped to explain this phenomenon of using one's bodily reactions as a barometer for how it feels to be in the family. This is typically taught as a skill to mental health clinicians but does not need to be limited to clinical work and is an example of some of the new learning that resulted from participation. By explaining this process, Patti helped give meaning to the

"helpless/hopeless" responses practitioners often had. As Cristina explained, this helped her have more empathy for the family. Samantha, another long-time developmental therapist echoed this learning:

> When I'm feeling crazy and chaotic the thing I always remember, and this comes up a lot…'the child or other people in the home are feeling that way.' So that's been invaluable. (Hits table for emphasis). It's like 'Okay I'm feeling crazy. I can't hardly even stand an hour here. This is so much chaos.' It helps me understand the child better.

For Samantha as for Cristina and many others, the feelings of chaos and overwhelming emotion help them better understand what it feels like to be the child and parent in that particular setting.

Finally, Alex, another long-time developmental therapist and participant describes her new learning and resulting changes to her practice:

> Learning to pay attention to my responses, my physical and emotional responses in the visit and to try to step back and just 'be' with the family. And that that is a <u>huge</u> thing, in itself. And to move away from the inclination to fix it, fix it, fix it, do, do, do, do, do….I've learned to take a deep breath with the family and let it go. I've learned to ask probing questions that I wouldn't have asked before like 'Has this ever happened before? How did you handle it last time?…And be respectful of their place and also to know that if I'm leaving the house feeling overwhelmed and chaotic and 'Oh my God!' that that's probably what I'm leaving behind; that's probably what's going on there….If I'm feeling tight and tense, that's informative. That has meaning. It has meaning; that all those things have meaning. My emotional state and my physical state as I leave the visit has meaning. And what <u>kind</u> of meaning that is is what Patti [helps us figure out].

Alex's description captures many of the themes that will be described including asking her/himself questions and taking the perspective of the child and family. Alex also describes how her/his practice has changed from "fix it" to "just 'be' with the family and "take a deep breath with the family." Her/his description aptly summarizes what she/he has learned about how to reframe her/his own emotional responses and use her/his new

learning to respond differently with a family when she/he is feeling overwhelmed. Further examples of this process follow.

Ask myself questions. Interestingly, many participants talked specifically about asking themselves questions. The idea that they stepped outside of themselves to observe what they were doing and remembered asking themselves about it demonstrates a way that this specific reflective process may have become embedded into the practice process for some.

Sonja, a long-time developmental therapist and participant, described the way the experience led to asking questions. She said:

> I had a family last year that I went way overboard in helping them and I had to ask myself…'Why am I doing this?...What's going on here? Why is this happening? Why do you feel this way?…[reflective consultation has] given me the skills to do the reflective thinking myself because…the reflective practices taught me some of those skills…

Engaging in a group process where the facilitator is trained to ask questions to encourage reflection created a cognitive reflective practice for Sonja and others. Yet, it is interesting to realize that this was only one part of the full experience. In addition, as participants described, they were not ready for this step when they were still feeling emotionally overwhelmed.

Yvonne, a long-time ECSE teacher and participant made the link between asking herself questions and beginning to take the perspective of her clients:

> I'm asking myself 'Why am I doing [this]?' 'What am I doing? How can I connect with that parent?' Again, [Reflective Consultation] makes me slow down; it makes me probably really put myself as close to in their shoes as I kind of can. And I won't; I <u>never</u> can.

For Yvonne, participating in the group, over time, helped her slow down enough to ask herself questions about her practice and her clients and recognize that part of her work involves seeing her interactions with children and families through their eyes.

Shift perspective. Consciously and purposefully pausing and taking the perspective of children and families arose as one of the primary changes participants made as part of Reflective Consultation. Some described how at first Patti facilitated these shifts and, over time, participants began to consider clients' perspectives as a more regular part of their practice. Cristina, a long-time developmental therapist and participant, best described this process:

> I think it's really valuable to have a person from outside our program who can listen to us and reflect on it and gives us...an objective opinion on situations and what we've heard and someone who can reframe ideas and actually generalize ideas. Like often times we present a case, but a lot of the information we can generalize to use for other families. And she, our consultant, provides different perspectives on what might be going on with us and what might be going on with families; different interpretations, different frameworks than we would normally entertain…And actually that we've been able to return to our situation with a different approach. And we've also been able to expand it, generalize it to other families.

Here, Cristina first describes the way Patti has facilitated the reflection and reframing processes for members of the group. Specifically, Cristina describes the process of thinking both about "what might be going on" within herself as a practitioner – her feelings and thoughts – but also "what might going on" with families. She then describes how these "different interpretations" allow her to use a "different approach." Finally, she talks about "generalizing" this process to other families. As was discussed in the section on long-term impacts of this practice, the phenomenon of generalizing, or being able to use the skills with other people, returned again as a theme here.

Some people who described shifts in perspective also linked those shifts to an increased ability to empathize with their clients. Kendra described her process of asking questions and then shifting away from her natural tendencies as a provider:

> …as a person I'm much more of a thinker than a feeler. And so I think that sometimes stepping back and reflecting does help me to go for more of the empathy. 'What's this like for this child? What's the world like? What's the experience like? Oh that's gotta be scary for him.' That kind of thing. I sometimes have to kind of step back and do that; otherwise I'll just kind of go forward with the mechanical stuff.

As Kendra describes, this process helps her better empathize with the emotional aspects of her client's life rather than focusing on "mechanical" tasks. Elsie touched on this theme, too, when describing the ways Reflective Consultation has helped her think about her practice differently:

> …and also just gaining insight into a more neutral perspective of what the person might have been going through. A lot of times I think when you're going on home visits…you're kinda coming in with your perspective and they have their perspective, but in the moment you're not always thinking of what might be going on behind the scenes. Sometimes when you have a person to consult with, it gives you a little bit more insight to the possibilities of what else might be going on and maybe a way that you can either gather that information in a non-intrusive way to understand that person better or at least acknowledge that maybe it was hard because this might have been going on, to acknowledge it for your own self.

Elsie describes the difference between being "in the moment" with a family where it is hard to take their perspective and reflecting in the group and with the consultant to wonder about what might have been going on for them. For her, this leads to either working in a "non-intrusive way to understand that person better" or to just hold the realization in her own mind. In general, these two examples demonstrate how revisiting situations and reflecting on them by taking a child or family's perspective helps them begin to practice differently by taking this new understanding into account. Changes

such as these which impact intervention approaches and decisions will be discussed in more detail in the final sections of this chapter.

Finally, many participants linked purposeful perspective-taking with examining their own biases. Like perspective-taking, reflecting on biases emerged as one of the primary themes. Here Clara, a long-time occupational therapist, described the way her participation impacted how she thought about a mother with whom she was working who was "very rough" with her infant. She said "[participating in Reflective Consultation] turned it around for me; it helped me see it in a different light. Not always through maybe your biased eyes, but maybe how about you step into her shoes? ...I see things through new eyes; different eyes. I hear things differently." For Clara, seeing a mother's behavior through "new" and "different" eyes contrasted with what she had described as "biased eyes." For most participants, perspective-taking was often coupled with addressing biases.

Address biases. For many participants, reframing their experiences with children and families included becoming aware of and addressing their own biases. Chris, a long-time ECSE teacher, best described the integrated process of asking her/himself questions, shifting her/his perspective, and becoming aware of her/his biases:

> I think looking at our biases as teachers [has come up in the group]. And we all come in with them and we all think we have them pretty well identified. And reflective practice just kinda opens you up and exposes your inner being and that part of it I think is…Thought provoking in a different level. It's not about what we're gonna do next with this family. It's about 'Why am I feeling the way I'm feeling?' And not that it's good or bad, but looking at my own biases, my own cultural biases…And I think reflective practice makes you slow down and dissect the pieces. It makes you more thoughtful about 'why are you doing what you're doing? Why are you saying what you're saying? Why are you bringing out this piece of paper? How are you presenting yourself?' I think, if nothing else,

> reflective practice is 'Why are we doing what we're doing?' And 'What difference is it making?' And 'Is it making a difference?' And 'If it's not making a differences, what should we be doing different?' And not just that interaction; it's what we're thinking. When you come into a house, what are you thinking?

Here, Chris has captured the process she has experiences by participation in Reflective Consultation. As she describes, the process, for her "opens [her] up" and "slow[s] [her] down" to think about her cultural biases and ask herself questions about what she is doing and why. This active cognitive process of thinking about what she is doing and feeling embodies reflection. For Chris, and for many others as they described, raises the awareness that their own thoughts, their perceptions, the ideas they bring into a home may be based on a particular bias and can be examined and changed if necessary.

Jamie, another long-time ECSE teacher who is newer to the group, described a raised awareness and the benefit of the group that is "conducive" towards exploration of biases:

> …we bring with us pre-conceived notions a lot of the times, it's prior knowledge. It's what you know until something happens; till you hear it differently...And you buy into it – I'm willing to admit that, that I've got biases, I've got my opinions, whatever…But I like to think I'm working towards open-mindedness…when you're in the heat of it, it's not always the time to contemplate it as deep, but in something that's inviting and conducive and productive, I think we're more apt to look into that and explore it further.

As Jamie describes, biases are "what you know until something happens; till you hear it differently." Jamie expressed interest in becoming more open-minded and the group facilitated that process.

Just like perspective-taking, nearly every participant described an increased awareness of their own biases and were then able to describe some of the impacts on themselves and their practice. Cristina, a long-time developmental therapist and

participant said: “I’m a lot more patient, a lot more accepting, a lot less critical of both colleagues and families, a lot less judgmental and a lot less fearful of emotional issues that present themselves.” Samantha, also a long-time developmental therapist and participant echoed these sentiments: “…it helps me to be more tolerant and understanding. And I don’t consider myself to do a lot of judging, but we all do in some fashion whether you realize it, ‘cause we have our perceptions, right? …So it helps me to be accepting.” Over time for Cristina, Samantha, and others, participating in the group where they asked questions to understand the roots of their pre-conceived ideas and began to see the world through their client’s eyes led to the ability to be more “accepting” and “tolerant” and “patient.”

Refocus

“[I] focus on the things that I <u>can</u> make a difference with and the things I feel I <u>can</u> be constructive” – Lorena, a newer ECSE teacher and group member

As practitioners were asked to describe impacts on themselves as practitioners, they consistently described a kind of refocusing – a cognitive process where they shifted from one idea about their practice to another. In addition to just shifting focus, the quality of this shift for most included a description of strength and confidence that stood in contrast to the helpless/hopeless/overwhelmed state. Self-efficacy as a concept describes this new state for many. Bandura (1997) developed this concept and defined it as “people’s beliefs in their capabilities to produce desired effects by their actions” (p. vi). In other words, the emotional support and cognitive reframing contributed, for many, to a belief that they could assess the many areas of need and focus on ways they could be most effective.

Set boundaries/be realistic. For many, participants' descriptions of learning to set boundaries and be realistic about their roles and responsibilities were closely related to their ability to refocus their energy and attention. Chris, a long-time ECSE teacher and participant described how reflecting on her involvement with families within the Reflective Consultation group helped her ask herself questions and re-center herself:

> You're too sucked in to some of the families. Again, you are so much a part of their life, whether you want to or not want to, you care about these families. You're in their home…those boundaries get <u>really</u> hard…I think reflective practice pretty much helps center me like 'Okay, whoa! Come back. Where are you at?'

As has been described, for interventionists who work primarily in the home, the intensity of the emotional response is heightened which contributes to the feeling of being overwhelmed. Having a "reality check" in the group setting was important to many. Similarly, Lorena, a newer ECSE teacher and participant described how setting boundaries has helped her address emerging feelings of burnout. She said:

> …I've just become very much more mindful about what I'm capable of and what's expected of me.…more realistic about what I wanna be. It's not, necessarily, that I've become less ambitious or anything like that or energized, but I think I've started thinking more things like long-term, if I wanna keep this up long-term and not be burned out in a couple of years, this is how I need to monitor things. So being a little bit more mindful about – I don't have to feel guilty if I'm not thinking about my job all the time…

Lorena describes her reflective process of weighing the most sustainable use of her professional energy with the demands of her particular job. Finally, in response to the question about the ways, if any, her Reflective Consultation experience impacted decisions she made about interventions, Samantha, a long-time developmental therapist, described

> …increased awareness…so I don't take on so much…I think what happened for me is when you first start the job you take on too much because you don't know that you're not supposed to or no one comes and says 'Why are you doing all this?'

The process described here and by many others was part of the reflective process of thinking promoted by participation in Reflective Consultation. Again, here participants described asking themselves questions. Setting boundaries for many was also part of refocusing on areas where they could make a meaningful impact.

Be direct. Closely related to setting boundaries were participants' descriptions of being direct with clients especially at times when they felt unsafe or uncomfortable. Elsie, a longtime ECSE teacher and participant, described these changes in her practice especially in having difficult conversations about safety and mental health:

> …being able to say [to a parent] 'You know I'm not feeling really comfortable right now with all the stuff that's going on here. Can I come back another time?' Or just directly asking the parent 'Do you feel safe?'… So being able to be on that level with everybody; I'm a guest in your house, but I'm also a concerned person… It lowers my stress level and I feel like it makes parents more comfortable, too, when you can say things like that….When I have a file that says 'Parent had severe post-partum depression; has struggled with depression,' I bring that up… I think that's probably the most important thing is to just be able to connect, that human connection, I think. Being able to be honest and real, you can do that much easier.

In her interview, Elsie had described feeling more confident in being direct with clients and, as she says here, how that "lowers [her] stress level." This is an example of a change away from a "helpless/hopeless" feeling in the face of safety concerns, mental health issues, or other stressors towards a belief in self-efficacy, that Elsie can make a difference in how she relates to clients when she voices her concerns.

Similarly, Samantha, a longtime developmental therapist described a change in her response at times when clients would directly ask her to help meet their basic needs such as food and diapers: "So instead of internalizing [the stress of their need]…you reflect back with the family. You learn how to ask them, and clearly they've survived this long without you in their life buying them diapers or milk or whatever. That they usually have strategies." Others described similar ways of setting boundaries by "reflecting back" and being direct when they had a concern rather than "internalizing" it. Finally Yvonne, a longtime ECSE teacher, described how she learned to be more direct with child protection concerns "…it was hard for me. I don't like conflict, I don't like confrontation…But it gave me a little more strength and guidance to do some of that…you can't just gloss over stuff like that…We have to be child advocates and the safety for them in their house. So I think [RC] helped me have a little more strength to do that, confront them kinda." Here she, too, describes coming towards a belief in her self-efficacy by coming from a place of strength to be direct with families.

Focus. Many participants specifically used the word "focus" in their descriptions of changes they experienced as a result of participating in reflective consultation. Lorena, a newer ECSE teacher and participant, described her process of asking herself questions, reflecting, and refocusing:

> …just realizing that I can't fix everything. So changing the focus [from] what I should be doing to what I really can do.…I think it also helps me realize 'what about each situation is stressing me?' Sometimes it really is the fact that they're homeless and I can't fix it…It's just the overwhelmingly frustrating thing…I can't get them a house… [RC] helps me…realize that I have to let go of some of this…and focus on the things that I <u>can</u> make a difference with and the things I feel I <u>can</u> be constructive. 'Cause otherwise I think you get lost in it. And it feels

this big, so if you kinda cut out some of it then it feels more manageable…

For Lorena, participating in Reflective Consultation helped her sort through the competing demands and figure out where she can be "constructive."

Alex describes how her participation has shifted her focus to a family's strengths which also helped her choose ways to be effective.

> I think [participating in RC has] helped me view families with a different lens. I think specifically…it's helped me see what <u>is</u> there instead of what's not there. And to work with what's there and to be more able to figure out where the inroads are...SO that I can be effective somehow. And it may not be in the way I thought I was gonna be effective. So I have to have a certain comfort level…with the unknown. I don't know what the outcome is here; that's okay, I don't have to.

Alex describes her shifting perspective to "see[ing] what <u>is</u> there" and the using that to "figure out where the inroads are." Just as Lorena described letting go of things she cannot impact, Alex finds a family's strengths and focuses her practice efforts there.

Sonja, a long-time developmental therapist and more recent participant, described reflecting back to the parent that their time together was critical to get work done rather than being pulled in multiple directions of competing stressors.

> The main [theme] that I see is helping families in crisis. When we come to families that are really in a crisis mode and there's <u>so</u> much, the reflective practice just helps us narrow it down and gives us a focus and 'Okay, you can't help with X, Y, Z, but you <u>can</u> do A and B.' So it helps us narrow it down and you don't feel so overwhelmed then…[Reflective Consultation/practice] helps me focus. It helps me focus more on what I'm there to do instead of getting bogged down with all of their crazy life. Ya know I've got this hour and we really need to achieve this. And you [the parent] said this is important to you so let's really focus on this. We've this one hour together; let's do it…How to help mom get to the place where she can focus on the mother-child stuff.

For Sonja as for Alex, Lorena, and most other participants, discussing how to best help families in crisis during Reflective Consultation helped clarify their role and purpose.

Sonja described how she was then able to do so with parents by reminding them of the benefits of refocusing on their goals for their child.

Self-efficacy. The theme of self-efficacy arose because of my attempt to capture the strength I heard as participants described confidence in setting boundaries, being direct, and making choices on where to focus their time and energy among competing priorities. The underlying cognitive state seemed to be one of *believing* they could be effective. Labeling this as such provides contrast with the descriptions of feeling "chaotic," "helpless/hopeless" and overwhelmed. In those emotional states, it is difficult for anyone to set boundaries and sort through what can seem to be equally important demands. The shift to being direct, talking about boundaries and refocusing especially when answering questions about ways participation impacted their practice, represents a meaningful internal shift. As Yvonne, a longtime ECSE teacher and participant, described: "I think just, in general, it helps me going in there with more strength and be less overwhelmed and to really enjoy what I'm doing." As Yvonne describes, the idea of enjoyment in her work may have seemed impossible when considering the stressors of poverty, homelessness, and threats to safety, but holding a sense of confidence gained, as she names, from participation in the group has been an important change.

Respond

"For the families that are just really at the moment where moms or dads the situation is really sad, the experience of having been in reflective practice helps me to recognize that maybe this is where we're at and I need to let go of all of the objectives. And I need to let go of all of the academics and continue to be present as a person. And that's sometimes a more sustaining and powerful force for the family to have that moment of being held, to have that moment of not being judged….I'm there as a partner and so that is an imitation of reflective practice is me being able to be present and available." – Diana, longtime ECSE teacher and participant

Throughout the interviews, there were many opportunities for participants to describe any impacts they thought their participation in Reflective Consultation had on the types of decisions they made or interventions they chose with children and families interventions as well as on their practice as a whole. What emerged were mostly descriptions of "ways of being" rather than concrete interventions in a traditional sense (e.g. teaching developmental tasks differently). After careful analysis, these ways of being can be captured under the overarching theme of "responding." One definition of respond is "to react favorably" and one synonym is to "rejoin" (dictionary.com). Respond connotes a warm, open, relational energy which captures what was described. Thus, the idea of responding to and rejoining clients wherever they were on a particular day captures what most practitioners described as changes in their practice. Most interestingly, what was described reflects parallel aspects to what participants described experiencing as part of ongoing participation reflective consultation group. In other words, the following sub-themes reflect both conscious and unconscious ways practitioners provided parents and children with a parallel relational reflective process in response to their needs.

Consciously provide a parallel experience. In the reframe section, I discussed the type of parallel process where the energy, stress, and emotions of a home environment were internalized by practitioners who were then helped to see that this reflected how it likely felt for parents and children to be in that home. Another type of parallel process happens when providers offer families the kind of relational reflective experience they, themselves, have had in the reflective consultation group. Many

participants described such a process. Yvonne, a longtime ECSE teacher and participant, said: "You know that parallel process where we get [support] from our peer and then we can give it to the parents and the parents can give that support and understanding and patience [to their children]? That's a big part of what we get I think." Yvonne made the direct link that she attempts to give to families what she, herself, feels she receives in the group process.

Chris, a longtime ECSE teacher and participant, described an experience she had recently had with a mother who talked a lot about herself during their visits but had trouble focusing on her child's needs. She said:

> And the reflective practice piece helped me reflect back 'Okay. Let's do five minutes and let's figure out what's going on with you.' And she would kinda go 'Oh that's right. We need to talk about him. He's not able to ask for his bottle.'…so it kinda helped me reflective practice with a parent. I was kind of using some of the techniques that we use in our [RC] program; I was using them with this parent. And reflected back to her what was going…I need to bring her back because she would be so far in left field. Granted, we're dealing with somebody with extreme mental illness, but I think I remember sitting there thinking 'I think I just did reflective practice with this mom who's really mentally ill, but it worked.'

Chris's description was echoed by many participants who shared similar stories of "reflecting back" and helping a parent to refocus on their child.

In another example, Cristina, longtime developmental therapist and participant, defined and described parallel process and also described some of the earlier themes of thinking about a situation as well as helping her focus on ways to be effective:

> In any relationship that you're in if you're in a good, positive relationship you are able to pass that on to other relationships….If I'm anxious and not supported, it's really hard for me to connect with somebody else….So it's really imperative for me to feel strong there and then I'm prepared to enter a relationship in a much healthier way and with more confidence and with the ability to listen and give

> what my families need. And [RC] also helps me…evaluate and understand what's happening. So after I develop the relationship I can come back and rethink and it makes things clearer….So yeah, if I can have a strong relationship with a mother, she'll know that that's possible…what it feels like…Even if they've never had it. And if they really want things to be different with their baby,…they can do that…[RC's] helped…sort through either difficult feelings or difficult chaotic situations or whatever. Kinda helps us know where we might be having an impact or effect.

Here Cristina also references being "strong" and "confident" – needing to be self-efficacious and believing she can make a difference in their lives. She has in her mind the goal of providing a "good, positive" relationship for the parents with whom she works so they can "experience…what it feels like" and pass it on to their children.

Slow down, observe, listen, and be with (join). Most participants described ways of being in practice that including slowing down, observing parents and children interacting, listening, and just "being with" or joining families where they were. In describing ways her practice has changed, Alex, a longtime ECSE teacher and participant said "I think I listen more [to families]…I think I observe more. I think I probe more…. I'm more 'hands-off.' I'm more coaching and probing, and I try to reflect/help the parent figure out the meaning of what's going on and help reframe things for them, as well as reframe things for me." Here, she names listening, observing, probing, reflecting, and reframing as examples of ways she practices differently. Interestingly, these also mirror the many of the experiences described by participants in the reflective consultation program. Yvonne, another longtime ECSE teacher and participant, said "I think I've been more aware of listening better; listening to the words and listening to what's happening. And not trying to jump in and fix it….listen not just to what you're hearing but what you're seeing and what does it mean for [families]?" Her description is similar

to Alex's and many others' as she weighs in her mind all of what she is hearing and seeing and looking at it from the family's perspective.

Cristina, a longtime developmental therapist and participant, provided a long description that captured many of the shorter references other participants had. In response to ways her practice has changed over time and as a result of participation, she said

> I've slowed things down 1,000%. I consider things like listening and observing, actually, an intervention. And I'm pretty thoughtful about the words I use with families; the words I use and the words I don't use. I think of things like affirmation, support; I think of those as intervention techniques which I would never have thought about that much before. I mean, I did it, but I would say I'm a lot more intentional about how I do things. Especially how I interact….I always try to watch and observe before I make a decision. And, actually, I've learned that through [Reflective consultation] instead of diving in, I'm more…interested in what's kind of happening first, and I let families kind of tell me or show me…I try to be less directive. I try to ask a lot of open questions about how things go, how they went over the last week…so that parents will elaborate and that gives me much more information about what might be going on, what's important to them, and what we need to do that session. I always come in with an idea…but I'm always ready to be improvisational…I think you have to have a lot of flexibility to connect with the people...the other thing that's changed is I'm just a lot more 'in the moment.' We talk about things that happen right then and teach in the moment. And I try to be totally present. I'm not a multi-tasker anymore… [Before RC] I had my own agenda and I would…be more in charge of it. I'd come in and be the teacher…But now I'm much more collaborative with parents.

Cristina gives a lot of detail about the many ways she thinks and acts differently with families. Like her other colleagues, she listens, observes, affirms, supports, is "less directive" and more "flexible" and "in the moment." These actions and ways of being closely mirror how most participants described their experience in reflective consultation. As most participants described these changes, they seemed proud and comfortable with how they interacted with families.

Chris, a longtime ECSE teacher and participant provided an example of "being with" a family who had just gotten a "very serious" diagnosis for their child. Of the changes she/he saw as part of participating in reflective consultation as opposed to how she/he described her/his practice in the past, she/he said:

> Again, it makes me slow down…[mom] just I think talked about all the different things that were going on. I don't even know if we said a word. I don't think we even touched the child….which is exactly what we needed to do. Whereas before I would've maybe felt like…'How can I log that session? How can I justify why I was out'…It's okay to have that quiet. And to have that pause. Or to go 'Hmm. Let me think about that.' I think because of the position we're in, a lot of parents look at us as that we have all the answers…And giving that empowerment back to the parent rather than it's – I felt like so many times I came in and sucked it out of them because I'm coming in with my new toys…and the child's sitting and the parent's looking at me. 'She never sits with me. She never does this.' And then I'm the expert and I'm the one that's gonna fix it and the parents' self-esteem goes down.

Chris was one of the practitioners who described a "toy bag" that she used to bring in each week when her practice was more focused directly on the child. In other parts of her interview she talked about how she no longer practices this way. She said she may bring in an item if it makes sense but she usually only does so if she can leave it with the family. In this excerpt, she talked about slowing down and being with a mother who talked about the news of her child's diagnosis. In her description she sounds confident in her choice to be quiet and pause with this mother and in her broader practice choice not to bring in a bag of toys each week.

Be Flexible. Diana, a longtime ECSE teacher and participant, discussed the ways she sees herself as needing to be flexible in her work.

> And time after time I've been able to just really be present for families in different ways…it's very clear families have very different ways that they need our support...the flexibility 'Well, I can wear <u>that</u> color hat. I can do <u>that</u>.'…If it's

> heavy curriculum but you can't meet mom and you can't be patient at hearing time after time maybe that she's really sad that this baby just isn't…that's when I'm able to be present, it's really helped a lot of families to open the door next time I come…I have a very flexible work bag.

Here Diana references being present and flexibly responsive to parents' needs by listening and responding to what a mother may be saying instead of focusing on a specific curriculum task.

Lorena, a newer ECSE teacher, described her process for choosing how to focus her time with families and in this example, she talked about how she balanced her objective to work on a baby's feeding issues with a mother who was losing her housing and said she was "…too stressed to work on this stuff. I'm too stressed to be a good mom I feel like." Lorena said she asked herself "what is really impacting that student's learning right now?":

> …if it was a bad week then we just kinda talked through 'Okay, what's going on? What's your plan? What are you gonna do next?' So I think the bigger thing that it's really taught me is that you have to be flexible. And that it's okay to be flexible and then kinda here are the tools that you can use. Sometimes I would leave those visits and I would feel kinda guilty like 'I'm not doing my job because I hadn't worked on those IFSP goals. Ya know I'm collecting my data and…I haven't addressed this….' But kind of realizing that as the program changes and as the needs of the communities that we work with are changing this is just kind of what I need to do right now.

Here Lorena contrasts past feelings of guilt about not working on specific developmental goals with her new thoughts about broader factors impacting the child's learning. This is one example of many that practitioners offered describing how they began to shift their practice to respond to the changing needs of families even if the scope was outside of their expertise.

Conclusion

This chapter has presented four main themes: release, reframe, refocus, and respond along with their related sub-categories which capture the descriptions of the Reflective Consultation experience as shared by most participants. In the next chapter, I will present a visual model of this process along with two short case vignettes illustrating how the same participant could touch on several themes within a shorter excerpt of the interview. I will also present a negative case study which details one participant's constructive criticism of the program.

CHAPTER 6: RESULTS

Comparative Case-Based Findings: Integrated Themes and a Variation in Experience in the Reflective Consultation Program

This final results chapter presents findings from the comparative case-based analysis. The first two cases demonstrate different ways to integrate the variable-based themes presented in the first two results chapters. The third case presents a variation in the experience of the Reflective Consultation Program providing some constructive criticism and raising questions about for whom and in what circumstances this program works best. Details in these case studies have been changed to ensure confidentiality of the participants. The names of the participants have also been changed from the names assigned in previous chapters to add an additional layer of confidentiality.

Debbie

Debbie has been an Early Childhood Special Education teacher for more than twenty years. She has also participated in the Reflective Consultation program since it began. She is a white, middle-class, middle-aged woman who has her own children and, at times, discussed her own struggles over the years with parenting. She has worked with families of all income levels as a teacher, but in the interview, she focused on the challenges she experiences in working with families facing economic insecurity and dealing with multiple stressors. Some of her clients face homelessness, parental mental illness, and histories of interpersonal violence. Some of the children she works with are in foster care.

Debbie's case was chosen because she described the impact of her experience in a particularly coherent and articulate way. Her descriptions captured the major themes

described by others. As she summarized her experience, she first **described feelings of being anxious and overwhelmed in her work before the Reflective Consultation program began**: "Before reflective practice ever started, I was going into homes, my anxiety level was higher because I knew 'Well, I'm not quite sure what to do or how to handle this.' Ya know? So I would think through whatever I could in my head." She then described a shift toward feeling more **self-efficacious**: "But as I've gone through this process having increased the strategies, having listened to people talk, having worked through some of my own situations with families and others, when I go in I'm more prepared for families that might throw something that I'm not expecting." She also described that she now **slows down and thinks more about what she is feeling**: "That now when I go in, if something is thrown at me like all of a sudden, I have more options as to what to do because first of all I know 'Okay. Whoops, here I'm really surprised and taken aback.' And I can feel that for a minute first and then I can work forward from there."

Next, Debbie talks **about reflecting, asking herself questions, and naming her emotions**: "...I think I'm quicker to think in those moments. And first of all, the first thing that I'm quicker to think about is what's going on with me. And being able to like say 'Okay, well I'm feeling really icky about this' or 'I'm feeling really sad about this.'" She is then able to **refocus on what she needs to do**: "So I can recognize that and go from there 'cause then I can kind of either put that aside; sometimes I need to bring that forward and relate that to a family, situations where kids are very, very sick and moms open the door and they're crying and say 'We don't know what's gonna happen.' I've

had that immediately, of course I feel really sad." She can then **respond with more empathy, join mom in her sadness, and build stronger relationship:**

> So by recognizing 'Okay, I'm really sad, too' I really believe I really was able to be more empathetic with that family instead of 'I'm the teacher. I have to have an answer for this mom as what to do.' And you don't know what to do. So I think in that sense it's helped me build stronger relationships with families, too.

Here, Debbie described how refocusing on meeting the client where she was and joining her in her sadness helped her be more empathic and build a better relationship.

Debbie then described **recognizing emotions and using them as data to help her refocus** her work: "[I have] recognition of more emotions in things and then having more strategies as to 'Okay, what do I do with this emotion?' If I walk in a place and I look around and I'm not feeling so good, I may be feeling fear, it's like, and I think I always knew 'Okay. Get outta there.'" Debbie then described the **validation** she feels in the group and the way the group has supported her in **being more direct**: "But there's just more validation when you have a group of people saying 'Yup. You do have to trust your gut in situations like that. It's okay to say this. And it's okay to say this.' And then come back and talk to the family about that so that you're not sweeping things under the rug and there's not this huge elephant in the room all the time." For Debbie, the group's validation helped her to be more confident and direct.

Finally, Debbie talked about how the group process **has facilitated a release of her anxiety by validating and co-regulating her emotional experience in a safe and trustworthy environment** as well as helping her **ask questions about the parallel process** between her experience with a family and **the data that provides** on how it feels to be in the family:

> Yeah, it has [reduced anxiety] for me. And I think there's still some anxiety around complex families, situations, things like that. But I feel more at ease about bringing it to this [Reflective Consultation] group and being able to have a place to work it out and say 'Every time I go there I just leave there feeling crummy. Like I didn't do anything.' Or 'This mom's not relating to me and I can't figure out why. And I feel like I'm doing something wrong.' Ya know through practicing just being able to say that in a group of people that you can trust and that you know we're all there for the same reason is to figure out 'Where do I go from here?' instead of a judging thing. And I've been able to work through that and get answers and change what I'm doing with families to make it more effective…It has been [powerful] for me. It really has been.

Here, Debbie's final sentence "And I've been able to work through that **(release)** and get answers **(reframe)** and change what I'm doing with families **(refocus)** to make it more effective **(respond)"** represents all four major themes.

Debbie was articulate in how she described the Reflective Consultation program, her participation, and the impact she perceived it having on her practice. Her statements illustrate many of the major themes and sub-categories as she talks about times when she was helped to release feelings, reframe what was happening with a family or what she, herself, was thinking or feeling, use her emotional responses as important data paralleling a family's experience, and find ways to focus her practice interventions in way that she found to be more effective. Her experience represents an optimal experience in this Reflective Consultation program.

Claudia

Claudia has been a developmental therapist for over ten years and has participated in Reflective Consultation for between two and four years. She has worked with families of all incomes, but, like Debbie, she focused her conversation during the interview on those families who faced economic insecurity and multiple stressors. As a developmental

therapist, she described helping families come to terms with the uncertainty about their child's developmental abilities on top of having to manage multiple stressors. Also, like Debbie, she is a white, middle-class, middle-aged woman with her own children. Claudia's case was chosen because she had a particular experience with a family for which her participation in Reflective Consultation helped clarify her purpose and, in her description, impacted her practice and the outcome for the child. While many participants had specific examples of ways they thought their participation had impacted their practice, Claudia was particularly passionate in her linkage between what she had learned as part of the group and how she had helped one of her families.

In this excerpt, she shared an example of how she thought participation in the Reflective Consultation Program helped her a few years ago with one of her families in particular. First, she described beginning to **take the parent's perspective and therefore reframing and refocusing her work**:

> …what [participating in Reflective Consultation has] really changed is how I look at kind of the parents' roles. A lot of the time reflective practice has helped me really see…kind of all the multi-faceted things that's going on. The diagram's been drawn out for us with the circles and these are all the supports, but these are all the things that are taking away from the supports. With this one particular family, it really helped me see more the big picture…and it <u>really</u> made me realize that I really needed to be the one, I was [the] <u>reminder</u> [about the steps they needed to take to connect their child, Bobby, to one particular intervention that could significantly change Bobby's development in one domain].

Claudia describes here realizing that her role is based to some extent on taking parents' perspective about what they can and cannot do given their circumstances and stressors. If her job is to help a child with one particular domain of development as a therapist, it may require that she do things outside of that role at times.

She then describes **reframing, refocusing, and responding** to these parents' needs by helping them make arrangements and how this changed the Bobby and his family's life:

> And before I hadn't ever, especially when I worked out in a [different job], I didn't need to take on that role. But it helped me see <u>everything</u> that's going on and that these parents <u>really</u> needed help [making the necessary arrangements for the intervention since they lived far away]. So yeah I would say that reflective practice <u>really</u> changed the outcome then for Bobby – Because...he got [the intervention], [Bobby was able to do things developmentally that, otherwise, he would not have been able to do and that changed the kinds of special education interventions he would need going forward]. So it was a huge impact.

Here, as Claudia began to see the family within their stressful circumstances, she reframed her role to include being a person who helps make arrangements and refocused her time on those details rather than on teaching developmental skills. She responded to the needs the family presented to her and facilitated the parents being able to help their child. As Claudia summarized this, she further explained her **reframing and refocusing processes** by **asking herself questions** and figuring out where to put her energy:

> The reflective [consultation experience helped me think about] - kind of what could we do and what couldn't we do? I couldn't change her housing situation, that's what it was. I couldn't change that [the parent] was living with [an alcohol-addicted relative]. But I could change the fact that [the child needed to go to an intervention appointment]. So the reflective practice kind of helped me tease that out…Where could <u>I</u> make the biggest impact for this family?

Claudia's example was about Bobby who needed an intervention that was only available at a location far away from his parents. Claudia's refocused her professional time and energy on an area where she could make a difference for the child. She responded to what the parents needed to do in order to help Bobby even though it meant doing tasks that were, perhaps, beyond a typical scope of work for a developmental

therapist. This represents a way that this practitioner used her relationships in the group to understand her client's circumstances differently and find a new way to intervene which ultimately changed the developmental trajectory for the child.

A Variation in Experience of the Reflective Consultation Program

Allie has been a developmental therapist for over twenty years and participated in Reflective Consultation in the beginning, but has participated to a lesser extent in recent years. She is also a white, middle-income, middle-aged woman with her own children. Like Debbie and Claudia, she has clients of all income levels, but she focused her conversation on families dealing with poverty, homelessness, and parenting challenges.

Allie's case was chosen because her descriptions of her experience were different from her peers. Allie discussed feeling "frustrated" at times when she attended the Reflective Consultation group and how she has found other ways to manage work stress. However, Allie did echo the finding that some of the reflective practices have been incorporated into her team and colleague conversations, and that, for her, this is a better fit for the kind of support she needs.

A variation in setting boundaries. The first reason Allie described for her frustration focused on a difference in view between what was routinely discussed in the Reflective Consultation group and her own view of her job role. She described that the group conversation often focused on finding ways to help families with stressors, while she viewed her job as focused more on helping a child with specific domain of development. She said: "[The discussion in the group] comes down to very much social work issues and not related to [developmental] therapy. These families need a deep,

intensive, reflective therapist…And all those things impact their ability to interact with their kids so that they can learn and give kids more opportunities to learn." Here, Allie discusses the challenge between wanting to help children learn specific developmental skills and what she describes as "social work issues" and the need for more intense family therapy addressed by other professionals. Her view is that it is difficult for her to do her job when families are not receiving services to address their needs.

Allie expanded on this description by detailing how she views conversations evolving within the Reflective Consultation group. Here she describes her frustration with the conversation in the group and a different point of view about her job role from her peers:

> …usually [people in the group] talk about [families' challenges] and give scenarios and everybody goes, 'Yeah, that's not right.' And that's where it stops…Other than 'How can you help the family.'…Well, my job isn't always there to help the family. So that's where I kinda say 'Well, that's <u>not</u> my job…

Here, Allie takes issue with the expectation that part of her job is to find ways to help families with stressors that are not specifically related to the developmental domain with which she is trained to work. Allie's descriptions touch on the tension between the competing roles of an early interventionist. Her way of managing these competing roles is to set strict work boundaries. If a family is not in a place where they are able to learn skills to help their child's development, Allie descriptions suggest that she does not agree with her colleagues that it is her role to directly help a family address their multiple stressors in order to get to a place where they can help their child learn a set of specific developmental tasks; rather she sees identifying other helping professionals and resources as more appropriate.

Allie's description raises important questions about different ways practitioners set boundaries in their work. While setting boundaries emerged as a major theme as part of practitioners refocusing their work, Allie's experience suggests that each practitioner sets her own boundaries which may not be the same as her peers.

A variation in ways to handle work stress. In a related critique, Allie described a difference between how she and her colleagues view the stressors families face and how this impacts their ability to compartmentalize this stress differently. Specifically, she critiques the "spinning" some colleagues do in the group about families. While Allie said she can see that "some people enjoy [the group]," she, herself, does not find the group helpful in this regard and has instead found her own ways to handle her work stress as it relates to the stressors families face. She said:

> I'm personally like 'get the job done.' I can leave my work at work and I understand that…many people have lived [in families facing multiple stressors] and have survived many, many generations and thrived. So I don't put on a judgment…this is what they choose for their life and that's fine. And I'm able to leave some of that behind. So sometimes to me I feel very spinning [during the RC group] when 'Yeah, that's a hard life. What should we do for them?' I'm like 'We don't really need to do <u>anything</u> for them unless they want something to be done. And if they don't want something to be done, why are we there?' I'm not a missionary who's gonna go into another culture and say 'My way is better than yours.' If they don't want it, then we shouldn't be doing it. So sometimes I feel [like when people in the Reflective Consultation group say] 'Ah, we should really help them. They should really see what a hard life they have. They could have it so much better.' Well, not if they don't see it that way.

Here, Allie provides a different viewpoint than has been described by her peers. In the major themes presented previously, participants described finding ways to "reframe" a family's stressors and "refocus" their work on areas that may be outside their particular training or skill set. Allie's description here reflects her view that she sees that some

families may not want to live their lives differently and that it is, perhaps, beyond their work scope to focus on those things. Allie's critique raises important questions about the extent to which practitioners may be imposing their own cultural values onto others or may be acting in a paternalistic way. While the interviews did not explore these themes, they are important questions for further study.

In contrast to the above statement about "spinning," however, Allie discussed a benefit she experienced at one time when she did discuss a difficult and dangerous family situation: "I think you're able to let go of it…by sharing [a really difficult and dangerous family situation] with other people, at least you're able to release some of that ownership. And I can see that is beneficial." Here she describes the "release" that she has felt in the group and sees that as helpful. For Allie, both of these criticisms seem to stem from the fact that she has a different view of her job role than her colleagues. Allie was clear that she sees how her colleagues enjoy and benefit from the group, but she had a different experience. I did not explicitly explore this further with Allie or her colleagues, but that would be an important area for further study.

A variation in ideas about the focus of group discussion. The third frustration Allie discussed was time spent in the Reflective Consultation group discussing administrative issues: "I don't have the time just to sit and spend a couple of hours. There's no decision-maker there, nothing's gonna change, we don't know what the right answer is, nobody here knows what the right answer is – why are we gonna discuss it?" For Allie, talking about administrative frustrations in a group that does not have an administrator present feels like a waste of time. This stands in contrast to others'

statements that they were happy the group did not include members of the administration because it allowed them to talk more freely. I did not explore the specific idea of participants' views about the topics that were discussed and the extent to which those matched their needs. This would be another good area for further research.

Incorporation of reflective conversations into team process. Finally, one similarity between Allie's descriptions and her peers' was that some of the elements of the reflective process and questions had been incorporated into her team. As she said, "to me it's healthy teaming" that she has experienced both in her current work group and in other work groups before her participation in Reflective Consultation. She also finds the smaller group more helpful because, as she says, "we're all vested in whoever the family is…when we're in the Patti group, we don't know these families." In closing, she described the difference between her processing style and that of some of her peers. "Again, I'm not a fan of spinning my wheels just to spin. If I don't need it, then I don't go. And some individuals need to spin for a while before they can get off the merry-go-round. It's hard for me to sit and listen to that." This statement speaks to the likely benefit of the group being voluntary. It may be that if Allie and others who shared her views or processing preferences were required to attend the group, they would have negative experiences which might even spill into the experience of the other members. Even though this is just one person, it may be that there are people for whom a facilitated group process is not a good fit with their work style or understanding of their job role. In addition, it may be that for Allie and others with similar experiences, the larger group is

redundant because it is too similar to what they experience in their smaller team meetings.

Conclusion

This chapter has presented ways two cases described experiences that demonstrate the major and sub-themes that emerged from the variable-based analysis Reflective Consultation. The third case provided a variation in response from a practitioner who expressed frustration with aspects of the process demonstrated that, while most practitioners found it helpful in many ways, at least one and likely more felt frustrated by aspects of it. The common theme among all participants was that several reflective processes were incorporated into teams and peer conversations, and this process was useful.

CHAPTER 7: DISCUSSION

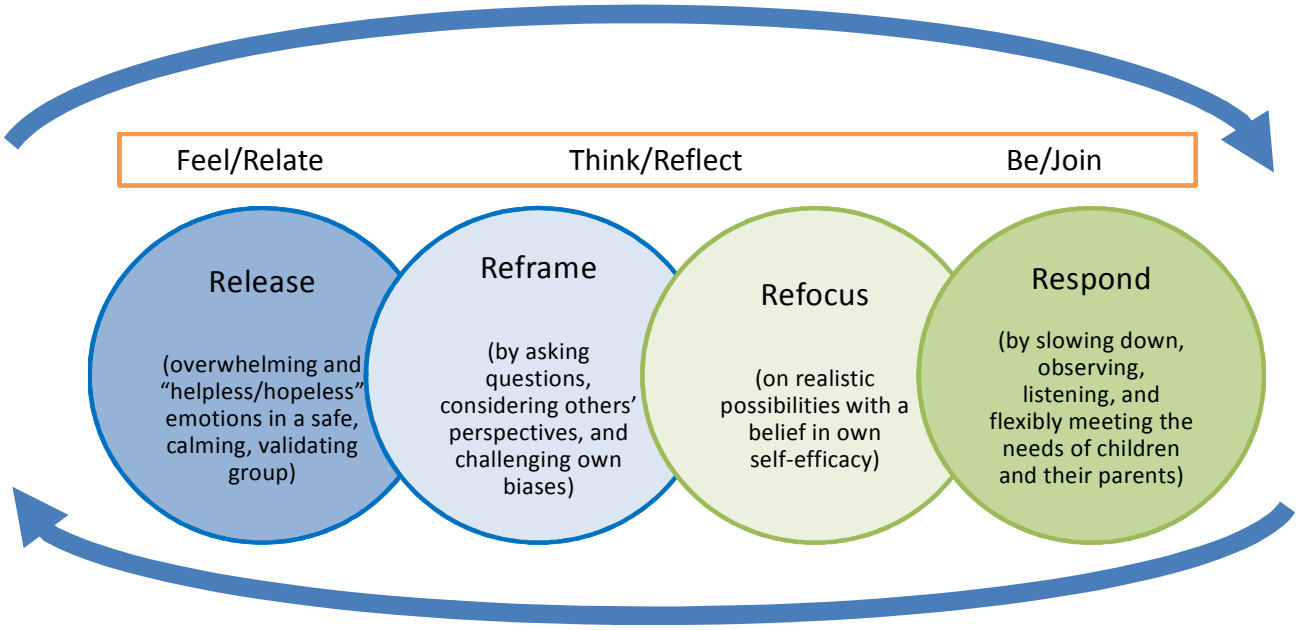
This research contributes the voices and perspectives of participants in a Reflective Consultation program to the growing body of literature on the more broadly recognized model of Reflective Supervision. Since most of the empirical research thus far has been from the perspectives of supervisors or experts, this study expands on those findings by exploring the descriptions and possible meaning in practice with young children and families of participation in Reflective Consultation. Given that the Reflective Supervision model was designed to support non-mental health practitioners, their voices are essential to building an evidence base around the efficacy of the model and essential elements.

This research aimed to answer the question: How do early childhood interventionists experience the Reflective Consultation program? The use of qualitative research methods to explore the experience of this program allowed for rich descriptions of what practitioners thought about and felt while participating in the Reflective Consultation group as well as many ways practitioners had observed their ongoing participation impacting themselves and their practice. This analysis has provided both a description of a successful implementation of this model and a set of themes and sub-themes which describe most participants' experiences. It has also raised the questions of for whom and under what circumstances might this model be a good fit as well as concerns about imposing a process onto people for whom it may feel intrusive, redundant, or in conflict with their process or values.

Illustration of Themes

As participants described their experiences in the Reflective Consultation Program, there was a process both in the group and over time that seemed to mutually reinforce the experiences. Figure 3 below presents a visual representation of the themes of release-reframe-refocus-respond in the iterative process that was described.

Figure 3 Practitioner-Described Relational, Reflective Change Process



In Figure 3, the circles represent the major themes that emerged as participants described their experience both in the moment and over time in the Reflective Consultation Group. Participants described **releasing** emotions as part of their safe relationships with others, **reframing** their experiences with families by asking questions, considering others' perspectives and challenging their own biases, **refocusing** on ways to realistically help families with a belief in their own self efficacy, and **responding** in new ways by

spending more time observing and listening and being more flexible in how they worked with families.

As participants described, this was not a one-time process. The design and implementation of the program, practitioners' ongoing participation, and the skilled and purposeful facilitation by the consultant contributed to an iterative process in which participants seemed to ebb and flow between these circles. The temporal aspect of this process suggests that participants needed to feel validated in their work and establish safety in order to release their overwhelming emotions before they could move onto to the more cognitive processes and before they could learn to respond in different ways.

Interpreting the Major Findings using Theory and Current Literature

Releasing: An Important First Step

The finding that the process of releasing was an important first step seems to be unique to Reflective Supervision as compared to some other forms of professional support and development under the larger concept of Reflective Practice (e.g. critical reflection, reflexivity, or Schön's descriptions of the reflective practitioner). Other Reflective Practice models seem to focus more attention on shifting the cognitive processes towards increased self-awareness. These are analogous to aspects of this study's findings such as asking questions, considering others' perspectives, and challenging biases. There is not, however, explicit discussion in those models of using a relational process with a facilitator to release emotions. This process may occur in these other models, but the finding of an explicit process in this particular Reflective Consultation Program provides a name and description to this process. The process is

analogous in some ways to “emotional support” as described by Kadushin and Harkness (2002), but their description was for clinical or mental health social work supervision. Reflective Supervision is specifically for non-clinical professionals. This finding gives credence to the idea that there may be additional groups of professionals who could benefit from a supervision or support process that includes purposeful release of emotions. The finding also suggests that there may be a particular benefit to having a clinical practitioner facilitate the group. Clinicians are trained to help regulate emotions through a safe relational environment and may be particularly skilled at providing Reflective Supervision.

Interpersonal neurobiology (Siegel, 2012b) as a theoretical framework helps further explain this process. As explained above in the theory section, Siegel (2012b) breaks down relationship interactions to include attunement, contingent communication, and resonance and describes how emotional connections in relationships can lead to regulation (as was described by participants). This, in turn, promotes calming, flexibility in thinking, and integration of physiological and mental states. Siegel (2010) describes how this process promotes “mindsight” skills including the ability to be aware of and change one’s own thoughts and feelings. Thus, it stands to reason that the relationship process between the consultant and practitioners and between practitioners and their peers promotes the release of emotions which then better prepares practitioners to shifting their thoughts and feelings away from helplessness, hopelessness, and feeling overwhelmed toward new ideas and new learning.

Reflective Supervision literature describes this as part of the "parallel process," and recent research focuses on what supervisors should do to promote the relational process to support this (Shahmoon-Shanok, 2009; Tomlin and Pavkov, 2013). It is helpful to hear from participants that this process is important and to have had them break down their descriptions to include validating, reducing feelings of isolation, and feeling co-regulated. While these skills and this process are familiar and important to clinicians, it is helpful to have it explicated as programs are being designed for non-mental health practitioners. While much more research on this process is needed, this is a helpful first step to have this process described by participants.

Even though there were positive descriptions of the release process, some concerns remain. A facilitated release process assumes a willingness and interest on the part of practitioners to explore their own emotions with another person or group of people. In the Reflective Consultation Program, there were individual opportunities to meet with the facilitator which, perhaps, were an important option for some people. But, it may be that exploring emotions with another person or group feels intrusive to some practitioners based on their own history or culture. As the comparative case-based analysis demonstrated, there was at least one practitioner who did not find large group discussion about the emotional impact of the work to be useful; rather she preferred problem-solving in her smaller team. It will be important to continue to study how practitioners feel about this process in Reflective Supervision. It may be that maintaining a voluntary option in program design as well as times for one-on-one meetings may be important.

Reframing and Refocusing: Mirroring other Forms of Support and Supervision

The findings of both reframing and refocusing validate many of the processes described in other models of professional development and support. As has been described as part of social work supervision, critical reflection, reflexivity, reflection in general includes a cognitive process in which practitioners are challenged to question and understand their actions and assumptions and to think differently about their work going forward. In this research, participants gave many examples of ways they shifted their thinking. A possibly unique aspect of this process, however, is the purposeful exploration of the parallel process between what a practitioner feels and thinks in the homes of clients and how this is unpacked and explored in the group as a reflection of how it feels to be in the family. While other forms of supervision discuss parallel process between a supervisor and supervisee (Kadushin & Harkness, 2002; Shulman, 2010), Reflective Supervision as rooted in infant mental health is more similar to clinical supervision in this purposeful exploration of a practitioner's physiological experiences in the presence of a young child and family.

Infant mental health views the triangular relationship dynamics between and infant and parent, and infant and practitioner, and a parent and practitioner as important data (Weatherston, 2001). Infants and toddlers cannot talk or explain how it feels to be them, and so practitioners who work with this age group purposely use their bodies and own reactions to understand how it feels to be the baby (Schafer, 1992; Weatherston, 2001). Incorporation of an unpacking of these experiences into the consultation group seems to be unique to Reflective Supervision. This makes sense since it was designed by

infant mental health clinicians for practitioners working with this population. Still, this process may facilitate a level of cognitive shifting that may not be there without it. In other words, asking practitioners to attune to what it feels like to be a baby and what it feels like to be a parent in a particular family environment may lend itself to a shift in perspective that includes more empathy. In addition, finding a way to not feel overwhelmed by that experience may create more room for feelings of self-efficacy in interventions. Further research is needed to explore this.

Finlay (2008) raises some ethical questions about reflective practice that are also important to consider about Reflective Supervision. First, she notes that the process of reflecting on oneself, one's own history, and one's interactions can cause a practitioner to have an unwanted emotional reaction and therefore feel harmful (p. 11). In a review of the literature, Finlay (2008) notes that mandatory reflective processes can feel inappropriate and intrusive if they require disclosure and can make practitioners feel ashamed of their own thoughts and actions (p. 11). She notes the danger of involving practitioners in a process that is "done badly, ineffectively, or inappropriately" as both being in danger of becoming what she calls "self-absorbed navel gazing" and increasing the risk of emotional harm to practitioners (Finlay, 2008, p. 12). These concerns point to the importance of the skill level of the facilitator and the option of voluntary participation. It may be that a skilled facilitator with clinical training can monitor the reflection process in order to maintain practitioner safety. Keeping participation voluntary may also provide a safe-guard as well as the opportunity for small group or one-on-one conversations. Close attention to the training of facilitators and these aspects

of the model are important for ensuring practitioner safety. In future research, these specific concerns should be explored from the practitioners' and facilitators' perspectives.

Finally, Finlay (2008) notes the importance of remaining aware of cultural assumptions and power dynamics and ensuring that they are not reinforced in the process of reflection (p. 12). These concerns mirror some raised by Allie in the comparative case-based analysis who raised questions about the extent to which a reframing of job roles may impose cultural values onto clients. The Critical Reflection model (Fook & Gardner, 2007) purposely includes exploration of power dynamics. In future research, it will be important to explore the extent to which a Reflective Supervision model attends to and explores cultural and power assumptions.

Responding: A New Way of Being

Similar to the purposeful exploration of parallel process, providing clients with a parallel experience to the kinds of validation, co-regulation, reframing, and refocusing that happen in the Reflective Consultation program seems also to be unique to Reflective Supervision. While this happens in clinical supervision, other forms of professional development (e.g. critical reflection and reflexivity) are focused more on individual development and less on the transmission of an experience to a client system. Reflective Supervision as a model adheres to the statement "do unto others as you would have others do unto others" (Pawl & St. John, 1998, p.7). In other words, the supervisor or facilitator provides a relational and co-regulatory experience that she hopes the practitioner will provide for the family and that she and the practitioner ultimately hope

the parent will provide for the child. While it is difficult to measure the transmission to parent and ultimately to child, this research describes the transmission from consultant to practitioner as well as the practitioner's point of view that she aims to provide this for clients. For instance, as practitioners described taking deep breaths with clients, slowing down, observing, listening, "being with," and being flexible, they were describing what they, themselves, had experienced in the group.

Siegel and Shahmoon-Shanok's (2010) descriptions of how Reflective Supervision helps practitioners develop "mindsight skills" helps explain how the experiencing of an attuned relationship with contingent communication leads to the development of the ability to attune to others in a parallel way. Practitioners' descriptions of how they responded differently are analogous to the concept of contingent communication, or the ability to respond flexibly and empathically to a parent and child's mental and emotional state, as Siegel (2012b) defines it. These mindsight skills become a "way of being" with others in relationships. Practitioners' descriptions of both experiencing attuned, contingent communication and providing a parallel process to clients validate Siegel and Shahmoon-Shanok's (2010) assertion that Reflective Supervision can promote this process.

Reflective Supervision literature describes this as "use of self" and as "how you are is more important than what you do" (Pawl & St. John, 1998). As a model, Reflective Supervision aims to not necessarily teach specific skills (e.g. cognitive-behavioral interventions) but rather to develop a practitioner's "way of being" with clients that contributes to a supportive, relational process as they mutually wonder about

the parent and child. This is similar to how clinicians are trained, and it is interesting that it has been incorporated into a model supporting non-clinical practitioners. The common denominator seems to be that relationship-based work requires a relational approach regardless of whether it is a mental health intervention or another kind of intervention. Supporting practitioners in development of their use of their way of being as an intervention in and of itself mirrors training social workers receive but may be beyond how other practitioners are trained. More research is needed to explore the professional training of practitioners.

Incorporation into the Team Process: An Integrated Work Culture

Finally, many practitioners described this reflective process being incorporated over time into the fabric of their work culture. Because this research is the only of its kind to explore the experience of practitioners who have participated for this length of time, it is interesting to find so many describing this as part of how they now work. As they described, it has become both a program and a way of thinking about and doing their work. This is also likely a result of the described implementation process which supported and primed the incorporation of the Reflective Consultation program into this early intervention program. It was interesting to note in the case variation that the practitioner who did not find the formal group helpful did find the aspects of it that were incorporated into her smaller team to be helpful. Thus, it was perhaps not the ideas to which she objected but more the style of some practitioners to process their experiences in that way. More research is needed to understand how long it takes for this kind of

incorporation to begin and the extent to which a formal Reflective Consultation program with an outside facilitator remains necessary.

Limitations

There are several limitations with this study. First, the sample was drawn from a sampling frame which was already biased in several ways towards people who had had a positive experience with Reflective Consultation. The broader research project had surveyed participants and non-participants in Reflective Consultation, and it may have been that Reflective Consultation participants who chose to complete the survey were different in important ways from participants who chose not to complete the survey. In addition, the sampling strategy purposely chose people who had participated the longest in order to understand more fully any impacts longer exposure had on the meaning of participation. Because the program was voluntary, those people who had participated the longest had likely done so because they had had a positive experience. Therefore, they may have been different from those people who had participated but had only done so sporadically or for a shorter amount of time. For example, there may have been people who only participated for one year for whom the experience was markedly different. Thus, any use of the findings must be tempered with the understanding that this research tells the story of one particular group of people who chose to participate in this program in an ongoing way.

Second, the findings are limited because the interview questions did not explicitly explore ways program participants thought the program could or should be improved nor did the questions explicitly ask for constructive feedback or negative experiences. While

those stories were welcomed as demonstrated in the third results chapter, participants were not asked nor were they prompted to share criticism of the program. Thus, the rich descriptions shared here are of the positive aspects of the program and the ways participants described it helping to change their practice in positive ways. There may be important ways the program is flawed or limited or even ways that the program negatively impacts practice that were not explored here. Those stories, however, would more likely come from a group of participants who chose not to participate. When a group of non-participants were asked why they do not participate, nearly all cited scheduling conflicts and most said they wished it would fit into their schedule. Still, all findings must be interpreted with the understanding that the interview questions explored ways, if any, participants found the program to be helpful and meaningful for themselves and their practice over time.

Implications for Practice

There are several implications of this research. First, for the Early Intervention program in which this group takes place, participants and administrators can gain a deeper understanding of the importance of this program for participants in terms of managing work stress and finding new ways to assess families' needs and respond. Although the sample was biased towards people who were more likely to describe a positive experience, it does demonstrate that for this group there were commonly described benefits.

There are also implications for other early intervention programs, especially where practitioners work with families facing multiple stressors. As Lincoln and Guba

(1985) suggest, practitioners and administrators of those programs can use the thick descriptions included here to decide the extent to which a program like this might be useful in their practice setting. This holds true for any program in which practitioners work with young children and families, particularly in their homes, who are facing multiple stressors. These practitioners may include bachelor's level social workers or non-clinical master's level social workers, child welfare workers, or home visitors. These practitioners and their administrators may resonate with some of the descriptions by participants and may be interested in exploring this kind of support.

Specifically in the field of social work, this model mirrors much of what has historically been part of social work supervision and yet as some recent research notes, some practice environments have moved away from this kind of support (Noble &Irwin, 2009). Social work practitioners, administrators, and educators may also resonate with the kinds of stressors faced by these early childhood interventionists and may also seek the kind of supportive relationship-based consultation to help manage the emotional impact of the work. This may be especially true in child welfare where, as has been noted, there are high levels of turnover and supervision has been associated with retention (DePanfilis & Zlotnik, 2008). Other social work settings such as children's hospitals, neonatal intensive care units serving premature babies and their families, crisis teams assisting families dealing with natural disasters, and many other social work domains may be interested in finding ways to support practitioners.

Finally, some interesting questions arise from the findings that could have implications for both social work practice and education and other helping professions.

Since participants described asking themselves questions, taking the perspective of clients, and reducing their biases, it could be interesting to explore the extent to which a program like this increases self-awareness and cultural competency. While social workers are taught to examine their own privilege and social position, this is not true for all professions. Even in social work practice, remaining aware of one's biases may be enhanced through participation in this kind of group. Similarly, because participants described ways that participation helped them release their built up emotions, reframe their role, refocus their work, and respond to families, this process may provide a visual picture and coherent story of what is happening when practitioners engage in this type of reflection or in high quality supervision in general. As Carpenter, Webb, and Bostock (2013) have noted, there is little evidence on high quality supervision. It may be that this model and the themes and sub-themes described here resonate with practitioners as they participate in many kinds of supervision or support so that they and their administrators have a better understanding of their process.

Implications for Policy

Because Reflective Supervision as a model has been incorporated into several federal and state funded evidence-based programs such as Healthy Families America, Early Head Start, and Nurse Family Partnership, policy makers and administrators may be interested in the descriptions by this group of practitioners. Even though the findings may not be generalizable, it may be that the administrators and practitioners in these programs also resonate with the descriptions and can think about how their programs have been implemented and how they are being facilitated. For example, it may be

helpful to think about whether the program is facilitated by an internal or external person. The practitioners in this study described many benefits of having an outside facilitator. It may be helpful to find out from the participants in these programs whether their current facilitator is a good fit.

In addition, practitioners in this study described the benefits of the program being voluntary in nature rather than mandatory. It may be that there are certain kinds of practitioners who gain the kinds of benefits described by these participants but that there are other practitioners for whom this model is not a good fit. The variation in cases presented in the third results chapter demonstrates that for that participant, the group model was not a good fit and that she, instead, processed her stress and got ideas from her smaller team. If this practitioner and others like her were required to be in a group, it may be that their dislike of the process could negatively impact the experience for everyone.

Since the use of research on program implementation helped explain why aspects of this program were successful, it may be that policy makers and administrators want to think carefully about the implementation of new Reflective Supervision programs. This group of practitioners was primed for having a positive experience with this program. In order to best use financial investment in programs such as these, it will be important to think about the context in which such a program is implemented and ask questions about readiness for change and employee and administrative buy-in.

Finally, the descriptions by practitioners in this study about the longer exposure may raise interesting questions. This is the only study of its kind to explore the benefits

of longer-term, ongoing participation in a Reflective Consultation group. The participants here described needing between two and three years to really begin to incorporate the process. In addition, they described being able to begin to bring the process into their smaller teams and not have as much need for the outside facilitator even though they still found participating to be beneficial. This raises questions for funders about how long to fund such a program. It may be that funding needs to extend for more than one year. In addition, it may be helpful for programs in which Reflective Supervision has been occurring to find out the extent to which some of the practices have been able to be infused into individual and group practices in their settings.

Implications for Research

There are several implications for future research on Reflective Supervision. It would be interesting to replicate this study with another early intervention program and with another Reflective Consultant and to ask, specifically, for critical feedback from both participants and those who chose not to participate or stopped participation. Results of analysis could be compared to these to determine the extent to which the findings here are unique to this particular program. In addition, a follow-up study with this group of early interventionists and with others could explore ways the Reflective Consultation program could be improved. Finally, it would be interesting to randomly assign early intervention programs which do not currently have Reflective Consultation programs to begin the process and then use standardized scales in addition to qualitative inquiry to determine differences, if any, in the practitioners and program effects.

There could be several ways to measure change. First, while standardized scales measuring reflective functioning have only been used on parents or on clients seeking mental health treatment (Katznelson, 2014), it would be interesting to adapt a scale for practitioners. Second, it would be interesting to measure practitioners' sense of self-efficacy before and during participation in Reflective Consultation. While not the same, Holden, Meenaghan, Anastas, and Metrey (2002) created a Social Work Self Efficacy [SWSE] scale measuring the level of confidence social work students have in different practice areas. This could be adapted for practitioners in a variety of disciplines to measure change in level of confidence in such areas as forming relationships with clients, understanding their job roles, setting boundaries with clients, and adapting to unexpected situations. Third, measuring practitioner burnout or compassion fatigue as a proxy for emotional labor would be interesting. Bride, Radey, and Figley (2007) provide a helpful review of measures. Finally, it would be interesting to do a cost-benefit analysis comparing the cost of hiring an outside highly skilled Reflective Consultant for a similar amount of time (three hours per month) versus the cost of turnover. This might be especially interesting in a child welfare practice area where turnover is often high.

Conclusion

This study has explored the experience of a group of early childhood interventionists in a Reflective Consultation program. Several themes emerged ranging from important implementation and design processes to common practitioner experiences in the group and over time. Variation in experiences raised questions about for whom a program like this might be most beneficial. These findings contribute for the first time

the voices and perspectives of the front-line practitioners who use Reflective Consultation as a professional support and a way to grow and learn. It is for these practitioners that this model was developed in order to provide emotional support and new learning to those front-line workers working with young children in families who were not receiving clinical supervision. Their voices in the growing body of empirical literature are crucial to gaining a deeper understanding of the benefits and challenges of this model. These findings are relevant to social work education and research because social workers are already trained to provide the kind of Reflective Consultation described here. Social work training already includes attention to emotional processes and examination of new perspectives and biases, and social workers have long valued the relationship as the primary mechanism of intervention. Thus, there is a natural fit between Reflective Consultation and social work education and practice. As the young children and families with whom social workers intervene continue to face growing challenges, Reflective Consultation has emerged as a possible way to better support practitioners. What was begun by social worker Selma Fraiberg years ago continues as it brings together the practice wisdom and knowledge from multiple disciplines to find new and better ways to support families.

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Appendix A: Sensitizing Concepts

As part of the preparatory work I did as a researcher, I listed key concepts and ideas I held based on my practice experience. I made these explicit before engaging in this research process.

Key Concepts from Literature and Practice Experience

Feelings early interventionists may have in their work

Anger	Grief	Muddled
Despair	Inadequacy	Panic
Disgust	Helplessness	Sadness
Fear	Hope	Stuck
Frustration	Overwhelm	

Key Concepts from Literature

Attachment Theory (Bowlby and Ainsworth, 1991)
Reflective Functioning (Fonagy & Target, 1997)
Mentalizing (Slade, 2005)
Mind-mindedness (Meins & Fernyhough, 1999)
Mindsight (Siegel, 2010)

Reflective Supervision/Consultation Experience

Baby/child experience	Holding environment	Professional use of self
Becoming unstuck	Hope	Reflection
Being active	Joining	Regularity
Being interested	Listening	Regulation of emotions
Clarity	"meet in the intersubjective space" (O'Rourke, 2011, p. 168).	"Relational Regulatory Experience" (Gearity)
Compassion	Metabolize	Relationship
"Consider how an experience was…for the baby, the parent, the practitioner"	Non-judgmental	Safety
Curiosity	Non-verbal communication	"share for a brief time the same mental landscape" (Stern, 2004, p.151)
Emotions	Parallel Process	Trust
Empathy	Physiology	Validation
Exploration	Predictability	Verbal communication
Family experience	Problem solving	Wondering
"Feeling felt"	Processing	

Bracketed presuppositions (my initial thoughts)

1. Reflective Supervision is: A transactional experience in a relationship between a supervisor and a supervisee in which the supervisor does not act as the expert; rather she explores and wonders about the supervisees' experience with a family/infant.

2. Reflective Supervision is based on the assumption that there will be a parallel process. If the supervisor provides an open, non-judgmental holding place for a supervisee, she will be able to come to her own understanding of a family's experience, will build empathy for that family, and will be able to respond to them in more sensitive and attuned ways just as her supervisor has done for her. She will then be better able to provide this parallel experience for the parent(s) who can then build empathy for their children and respond to their children in more sensitive and attuned ways.

3. The "success" of the process depends in large part on the supervisor and what she (or he) brings to the experience. She sets the tone and chooses both consciously and unconsciously how vulnerable and open to be. Her internal working model interacts with the internal working model of the supervisee, and there is a kind of unspoken negotiation/exploration of the comfort level between the two. There needs to be a "goodness of fit" between the supervisor and the supervisee and the supervisor may need to adjust herself if she is sensing that the supervisee is holding back/hesitant.

4. If the relationship is with a group, the group members' attachment history impacts their ability to "be" in the group, and this puts some pressure on the supervisor to manage these dynamics. By "be" in the group, I mean be vulnerable, be open to exploring one's own biases or assumptions, be able to be quiet while another person spends time exploring…

5. The passage of time is important. Relationships build and change over time. An RS session at the beginning will be different from an RS session later in the relationship and these changes are hard to name and measure.

6. Additional variables which impact the development and usage of an RS relationship/group:

a) Whether participants are parents themselves and the ages of their children (it can be difficult to separate one's own history and experience with a child from what one experiences with a client/client's child)

b) Whether participants work together in the same agency or are from different agencies

c) Whether the supervisor is also the program manager or is within the agency or is from the outside

Appendix B: Informed Consent

Research Information Form
Providing Reflective Consultation for Early Intervention Staff

You are invited to participate in a research study that will examine the impact of participation in ongoing professional development in the form of reflective consultation. You were selected as a possible study subject because you are one of the staff members who has chosen to participate in reflective consultation during the past five years, or you have chosen not to participate in the reflective consultation groups, or you supervise early interventionists who have participated in reflective consultation, or you are the clinician who provides reflective consultation to staff members. The purpose of this study is to explore the impact of reflective consultation on early interventionists' work and investigate why teachers do or do not choose to participate in reflective consultation. In addition, we will explore what administrative supervisors state have been the results, if any, of providing reflective consultation for their staff. This study is being conducted by Christopher Watson, Ph.D. at the University of Minnesota and Shelley Neilsen-Gatti, Ph.D. at the University of St Thomas. For more information, you may contact Christopher Watson at (612) 625-2898, watso012@umn.edu.

Background Information

This study will explore the impact of reflective consultation provided to teachers. The study will employ the following methods of data collection: 1. We propose to survey the entire early intervention/ECSE staff using survey instruments for Participants and Non-Participants. In addition staff members will be asked to complete the Keirsey Temperament Sorter instrument. 2. We will interview a random sample of 15-25 of "Participants" (staff members who participated in reflective consultation) and an equal percent of "Non-Participants" (staff members who have not participated in reflective consultation) to gather more detailed information about their experiences receiving reflective consultation over the course of the past five years. 3. We will interview 2-3 administrators and the clinician who provides reflective consultation. All interviews will be tape recorded. The survey will take approximately 10 minutes, the Keirsey Temperament Sorter will take about 30 minutes and the interviews will require approximately 45 minutes.

Risks and Benefits of being in the Study

There are no risks to participating in this project. Participation in this study is completely voluntary and may be terminated at any time. There are no benefits to participation in this study.

Compensation

There is no monetary compensation for your time.

Confidentiality

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Research records will be stored securely and only researchers will have access to the records.

Voluntary Nature of the Study

Participation in this study is voluntary. Participation in any of the study activities, as

described above is your way of providing consent. By participating in this study you demonstrate your understanding of the information provided on this form. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or with your district. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions

The researcher conducting this study is Christopher Watson. Ph.D.. If you have questions, **you are encouraged** to contact him at the Center for Early Education and Development at the University of Minnesota, (612) 625-2898, watso012@umn.edu

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

Appendix C: Interview Guide for Participants

QUESTIONS FOR PARTICIPANTS

1. **If you were having a conversation with a colleague, how would you describe reflective consultation to him or her?**
    a. *Prompt: How would you describe your personal experience with reflective consultation?*
    b. *Prompt: What parts of the experience are meaningful to you, if any?*
    c. *Prompt: What are some of the main themes that have emerged during the reflective consultation process?*
2. **Please describe aspects of your work that are stressful.**
    a. *Prompt: What helps you understand and/or deal with these stressful aspects?*
    b. *Prompt: How are these things helpful in dealing with stress?*
3. **In what ways, if any, is reflective consultation helpful in dealing with any stressful aspects of your work?**
    a. *Prompt: What aspects have been most helpful, if any?*
    b. *Prompt: In what ways, if any, have any feelings of stress in your work changed over time because of your participation?*
4. **What impact, if any, has reflective consultation had on the work you do with young children and their families?**
    a. *Prompt: When you make decisions about the types of interventions you use and how to implement them, what are some of the things that help you make these decisions?*
    b. *Prompt: Please provide an example*
5. **In what ways do you think the length of time or number of years you have spent participating in Reflective Consultation has impacted your professional work?**
    a. *What parts of the experience have impacted you over time?*
    b. *Have your thoughts or feelings changed over time?*
    c. *Has the way you have participated in consultation changed over time?*
    d. *Has the way you have practiced professionally changed over time?*
6. **Why do you choose to participate in reflective consultation?**
7. **Do you have any final thoughts?**
8. **After I do the analysis of the interview data, I would like to follow up with some of you to see if the themes I find reflect what you think and feel about Reflective Consultation. Are you willing to have me email you with these themes and provide feedback?**

Appendix D: Institutional Review Board Approval Notification

irb@umn.edu 11/15/11

to me

TO : watso012@umn.edu, mharriso@umn.edu, ,

The IRB: Human Subjects Committee determined that the referenced study is exempt from review under federal guidelines 45 CFR Part 46.101(b) category #2 SURVEYS/INTERVIEWS; STANDARDIZED EDUCATIONAL TESTS; OBSERVATION OF PUBLIC BEHAVIOR.

Study Number: 1111E06685

Principal Investigator: Christopher Watson

Title(s):
Providing Reflective Supervision for an Urban Early Intervention Education Team

MINNEAPOLIS
PUBLIC SCHOOLS
SPECIAL SCHOOL DISTRICT NO. 1
An equal opportunity school district

RESEARCH, EVALUATION AND ASSESSMENT
807 Northeast Broadway
Minneapolis, Minnesota 55413-2398
(612) 668-0570
FAX: (612) 668-0575

December 28, 2011

Christopher Watson
University of Minnesota
Center for Early Education and Development
1954 Buford Avenue
St. Paul MN 55108-1062

Dear Christopher:

On behalf of the Minneapolis Public School District we have reviewed your research proposal, "Providing Reflective Consultation for an Urban Early Intervention Education Team", REA #O-2011-19. It is our pleasure to inform you that your research project has been approved. We believe that your research will benefit the Minneapolis Public Schools staff and students. Keep in mind that upon completion of your study, a paper copy and an electronic version of the final report must be sent to the Research, Evaluation and Assessment (REA) Department. Please also send a copy of your report(s) to your District co-sponsor and principals you worked with - electronically, if possible. If your project lasts for more than one year, at the end of each project year, a progress summary report will be due (please submit a paper and electronic version).

You can use this letter as verification that your request to begin conducting research has been granted. Institutional Review Board approval letters must be kept current and remain in REA files for the duration of the project. If your study should require any modifications, our office should be made aware of it by submitting an addendum to your proposal. The District requires all researchers to formally register as a Community Partner (in order to adhere to partner guidelines, background checks for all research staff, etc.) before any study activities begin. To complete the registration process, please go to the Community Partners Online Web site at http://cpo.mpls.k12.mn.us/. Failure to comply with the above stipulations places your project at risk for continuing to conduct research within the Minneapolis Public Schools or approval of future projects. We wish you the best in your endeavors and look forward to reviewing your progress and/or final report(s) in the near future. Thank you for your interest in the Minneapolis Public Schools.

Sincerely,

David Heistad, Ph.D.
Research, Evaluation & Assessment
Director

Jane Fields, Ph.D.
Research, Evaluation & Assessment
Specialist

cc: Rochelle Cox, Early Childhood Special Education-Wilder

irb@umn.edu 2/24/12

to me

TO : watso012@umn.edu, mharriso@umn.edu, , The IRB has reviewed and acknowledged your change in protocol for the study listed below:

Study Number: 1111E06685
Principal Investigator: Christopher Watson
Title(s):
Providing Reflective Supervision for an Urban Early Intervention Education Team

_____

Your study was determined previously to be exempt from IRB review in one of the following categories 45 CFR 46.101(b):

#1 INSTRUCTIONAL STRATEGIES IN EDUCATIONAL SETTINGS.

#2 SURVEYS/INTERVIEWS; STANDARDIZED EDUCATIONAL TESTS; OBSERVATION OF PUBLIC BEHAVIOR.

#3 PUBLIC OFFICIALS; SURVEYS/INTERVIEWS; OBSERVATION OF PUBLIC BEHAVIOR.

#4 EXISTING DATA; RECORDS REVIEW; PATHOLOGICAL SPECIMENS.

#6 TASTE TESTING AND FOOD QUALITY EVALUATION.

The changes you have proposed do not alter your exempt status. No action is needed at this time

Please do not hesitate to contact the IRB office at 612-626-5654 or irb@umn.edu if you have any questions.