

Relationships Count: A Professional Learning Series for Early Intervention Service Providers

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Agenda

- What is reflective consultation?
- Why invest in a reflective consultation model?
- What are key elements of the Relationships Count Series?
- What did participants share about their experiences during the first year of the series?

Reflective Consultation

Reflective consultation (also referred to as reflective supervision) is “the shared exploration of the emotional content of infant and family work as expressed in relationships between parents and infants, parents and practitioners, and supervisor and practitioners” (Michigan Association for Infant Mental Health, 2007).

The term “reflective consultation” is emerging as the term used to describe the reflective supervision process when it takes place during a group experience rather than a reflective supervisor/supervisee dyad.

During reflective consultation, a consultant (possibly from outside the agency or organization) is brought in to provide a reflective group experience based on the best practice guidelines for reflective supervision/consultation established by the Michigan Association for Infant Mental Health.

Essential Features

(Fenichel, 1992)

- Reflection
- Collaboration
- Regularity

Reflective consultation provides a space for professionals to discuss their work with someone who is safe, who won't criticize, who will listen and who will empower them to realize their capabilities (Weatherston, Weigand, & Weigand, 2010).

As professionals feel supported in this way, they, in turn, can provide this support for families who can provide this support for their children (Stroud, 2010).

Early Intervention

- “Less than half of the statewide early intervention systems in the United States report having a workforce that is adequately trained to serve infants or young children with disabilities” (Bruder, Mogro-Wilson, Stayton, Smith, & Dietrich, 2009).
- In a large national study of Part C services, only 38% of early interventionists reported feeling confident in their family-centered practices, and only 5% felt competent in these practices (Center to Inform Personnel Preparation Policy and Practice in Early Intervention and Preschool Education, 2007).

Research to Practice Gap

- Numerous studies explore the gap between what early interventionists know is best practice and what actually occurs during their work with children and families (Bailey, Raspa, & Fox, 2012; Bruder, Dunst, & Mogro-Wilson, 2011; Crais, Roy, & Free, 2006; Fleming, Sawyer, & Campbell, 2011).
- Many professionals who provide services such as physical therapy or occupational therapy have had little formal training to support family centered practices during their work with infants and very young children (Bruder & Dunst, 2005; Chiarello & Effgen, 2006; Geller, Wightman, & Rosenthal, 2010).

- Evidence gathered from focus groups, surveys, interviews and observations document the need for pre-service and in-service professionals to internalize and implement the relationship-based practices and strategies which have been identified as crucial for effective intervention (Bailey, Scarborough, Hebbeler, Spiker, & Mallik, 2004; Campbell & Halbert, 2002; Chiarello & Effgen, 2006; Fleming, Sawyer, & Campbell, 2011; McWilliam, Snyder, Harbin, Porter, & Munn; 2000; Salisbury, Woods, & Copeland, 2010; Sawyer, & Campbell, 2012; Tomlin & Hadadian, 2007).
- Several Part C agencies and early intervention supervisors have identified reflective supervision/consultation as a method for supporting the development of relationship-based practices (Gatti, Watson & Siegel, 2011; Gilkerson & Kopel, 2005; NECTAC, 2011; Norman-Murch, 2005; O'Rourke, 2011).

The following relationship-based competencies may be addressed and strengthened during reflective consultation:

- Identifying the focus of early intervention as working with families to support a child's development rather than provide service to a child without family participation and involvement (NECTAC, 2011; O'Rourke, 2011).
- Developing awareness of a professional's own cultural values and deeply rooted beliefs which have the potential of strengthening or weakening relationships with families and/or colleagues (Heffron, Grunstein, & Tilmon, 2007; Stroud, 2010).

- Developing skills to reflect in action by nurturing reflection on action and modeling reflection in action by the facilitator (Heffron, Ivins, & Weston, 2005).
- Providing opportunities to explore the concept of a “holding environment”. A goal of a reflective supervisor is not to fix problems, but to be present. This serves as a model for active listening and for strengthening competence and confidence of providers who are often seeing multiple families with complex issues within a single day (Weatherston, Weigand, & Weigand, 2010).

“Most people do not listen with the intent to understand; they listen with the intent to reply.”

Stephen R. Covey

Relationships Count Series

- Developing and marketing the series
- Balancing the discussion of key infant mental health principles with case consultation
- Introducing group norms and reflective process
- Communicating between sessions

Planning for each session involves:

- Following threads of concern/interest/need
- Reflecting on group interactions
- Building on/from previous sessions – repeating where necessary
- Finding quotes to support concepts and mindfulness
- Supporting each person in their journey
- Asking...

Participant Reflections

- “I have noticed that in the families where they feel most supported, their children seem to make the most progress.” (newer participant and practitioner, second session, 1st year)
- “Telling people what to do doesn’t work. This way is much slower, but it actually helps families.” (seasoned practitioner, 3rd session, 2nd year)

Relationships Count Study

- Researcher as “balanced participant observer”
- Participant feedback during series
- Development of study and approval from IRB
- Interview process
- Participant demographics

Participant Perceptions

- Each participant shared insights about wanting to fix things for the families they serve, but how listening and building a relationship is the first step to providing effective intervention.
- Participants discussed their own personal shifts from providing discipline specific services to family-centered services.
- Experienced providers identified this series as offering a meaning professional learning opportunity for them as well as to newer providers.

“It reoriented me to remembering that sometimes I just need to be there and I need to be a very good listener. I have to shut off that switch that I have to fix it in order for everyone to feel better.”

“It reminded me of the importance of listening and the importance of leaving space for them. All the good advice in the world doesn’t matter if someone isn’t in the right place. They have to feel like you are working together.”

About family-centered practice: “There are some on our staff who are more comfortable with that than others and some that would like to still keep their discipline really at the forefront. It is hard to change. You feel like you are losing a piece of who your identity has been forever when you give up that discipline. Until you can say 'I bring so much more than just my discipline to these families' it feels like you are giving up something.”

"The facilitator was wonderful at bringing topics into the group so we could reflect on race and socioeconomic status and what that means to our families because we have our own middle class values that we bring to our team and we are not reflective of our families."

"The series is not about coming up with solutions, it is more how you feel about working with a family. And you might learn questions you can ask of yourself that will help you work better with them."

"It really seems like a facilitated support group, but we were also learning about more than that at the same time. We do a lot of caring- deep caring. Not caring for, but caring about other people and this gave me a place to feel cared for too."

Analysis from interviews identified the strengthening of relationship-based competencies. Participants describe the series as “critical” and said it should be “mandatory for new and seasoned providers.”

This led to dissertation proposal and potential research question: “How does reflective consultation strengthen relationship-based competencies?”

- A review of literature indicates need for family centered practice as topic for professional learning for birth to three providers
- Emerging evidence base for RS/RC indicate it has potential to strengthen family/professional partnerships
- Fidelity measures are being developed to identify key features of RS/RC and facilitators/supervisors
- Dissertation proposal is for a qualitative case study of the Relationships Count Series with the series as the unit of study.

“Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.”

Pema Chödrön