Reflective Supervision in Part C

Christopher Watson, PhD, Co-Director, Center for Early Education and Development, University of Minnesota
Shelley L. Nielsen-Gatti, PhD, Assistant Professor of Special Education, University of St. Thomas

Rationale
Reflection has been described as the ability to critically examine one’s actions and the context of those actions (Taylor & Valli, 1992).

Reflective supervision not only helps interventionists to "problem-solve" the challenges they encounter, but also acknowledge and address the strong emotions generated during their work with families (Heffron, 2005).

The importance of the supervisory relationship lies in what mental health clinicians and others have characterized as "a safe holding environment where supervisors recognize the supervisee’s accomplishments, accept and partner to overcome shortcomings, and support and share the work of the supervisee” (Eggbeer, Mann & Sieble, 2007).

In the "parallel process" of reflective supervision, professionals experience the same type of support that they attempt to provide to families. (Parlakian, 2001).

Method
The data presented come from a collaborative pilot project involving the University of Minnesota’s Center for Early Education and Development (CEED), a school district Part C early intervention program and a community mental health clinician. The project was funded by discretionary federal early childhood special education funds granted by the state education agency (the lead agency for Part C) to the higher education institution.

The project supported the services of a licensed psychologist to facilitate ongoing reflective supervision for two home-based school district teams working in an urban community.

At the beginning of the project, the psychologist conducted a workshop on the fundamentals of reflective practice for all district early childhood special education (ECSE) staff.

Each group met with the psychologist nine times (approximately once a month) during the project period. The primary focus of the meetings was on developing perspectives and strategies for working with children and families, and finding ways to create and maintain reflective work environments.

Additional “office hours” with the psychologist were set up for staff to address their individual questions or concerns.

At the conclusion of the project, evaluation data were gathered from:
• an interview with the consulting psychologist
• a focus group with three participating ECSE staff, representing both groups
• a survey of all ECSE project participants

Key Findings
The consulting psychologist’s meetings with the staff were the only structured times the interventionists had to discuss their cases. Past efforts to set aside time for case consultation had been usurped by administrative work or other tasks.

The psychologist reported that demands on the staff came from: challenges inherent in their work, inadequate training to address those challenges, and additional barriers to being or feeling effective. Specific issues of concern included:
• trouble in communicating a diagnosis to families and assisting the parents with the "label" their child received
• maintaining boundaries in relationships with families (“taking on and taking home” the families’ issues)
• lack of training to manage the mental health needs of adult family members

Other impediments to providing services included:
• too many cases
• too much paperwork and not the “right type” of paperwork
• unresponsive administration
• chaotic home environments of the families they serve

Focus group participants reported that they:
• appreciated being recognized for the challenges they face
• discovered a new understanding of the parent/child relationship
• gained insight into how their own emotions and previous experiences affect their interactions with families
• were able to try new approaches to their work with families (including the use of “scripts” when having difficult conversations with parents

Survey results showed the largest positive changes in responses to the statements, “Our team has a ‘safe place’ to unload experiences and feelings” and “I feel supported in my job.”

Research Questions
1. What are the characteristics of early interventionists’ work environments and their perspectives about those environments and their working relationships with families?
2. What, if anything, do interventionists report they gain from time set aside to reflect on their work?
3. What barriers exist to implementing reflective practice as a “regular” part of early intervention work?

Discussion Questions
By its very nature, reflective supervision may be difficult to operationalize and therefore it may be hard to discern its presence in a given workplace. How can we address this research and professional development barrier? How can reflective practice be maintained when time for reflection is subject to being usurped to deal with administrative work or other program priorities?