



Background

Working with vulnerable families and young children is challenging. Reflective supervision/consultation (RSC), a type of mentoring used to maximize intervention effectiveness and combat job stress by increasing practitioners’ capacity to manage the strong emotions inherent in direct service work with families and young children (Watson & Gatti, 2012; Weatherston, et al., 2010), is proliferating with early childhood practitioners. It involves regular discussions between a practitioner and a trained facilitator about the perspectives and needs of the child, caregivers, and practitioner.

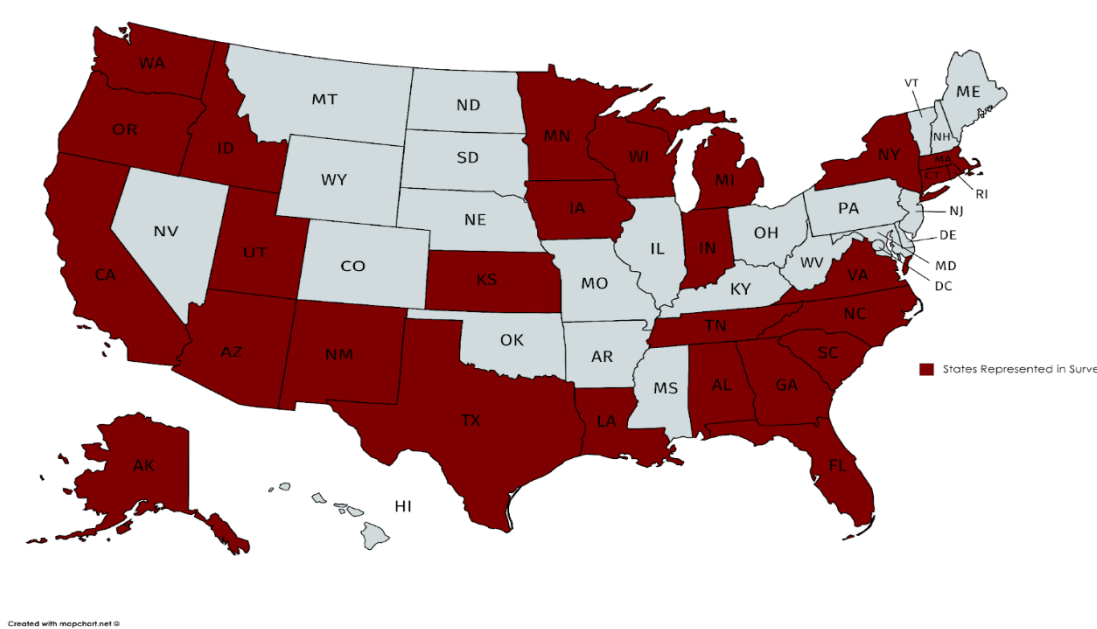
This promising practice has the potential to revolutionize how the infant and early childhood workforce is supported and maintained. Because the infant and early childhood workforce experiences significant amounts of turnover and burnout (Fifolt, et al, 2016; Mor Barak, et al, 2009), finding effective workforce interventions/supports to stabilize the workforce and improve the quality of service for vulnerable families and young children is critical.

The purpose of this landscape survey was to document current RSC training and implementation practices and their impact in order to identify successes and barriers as RSC grows in popularity. The current analysis highlights RSC provider responses regarding how RSC can support practitioner wellness and stability.

Method

Research Design: Three waves of a survey investigating the training and implementation of RSC were gathered. State infant and early childhood organizations (N=31), RS providers (N=97) and RS recipients (N=100) responded to questions regarding: types and delivery of training they offer and have received; supports and barriers to offering and receiving RS training; and the impact RS had on their professional and personal lives. Results of the RSC provider survey are presented here.

Sampling: A snowballing strategy was used to identify RSC providers, who are program or clinical supervisors or specially trained consultants. Each state organization that participated in wave 1 provided contact information for RSC providers in their state. This technique was chosen because there is no central repository of RSC providers or unified way to contact them. 210 RSC providers were identified, and 97 (46%) across 27 states completed the survey.



RSC providers who responded to this survey were a highly educated group of professionals (67% had masters degrees) and tended to be mental health professionals (58%) who had been providing RSC between 0-10 years (64%). 52% provided RSC to 1-2 organizations.

Analysis and Results

Qualitative Analysis: A deductive approach to identifying themes was taken (Miles & Huberman, 1994). Two coders independently read all responses for an individual question, grouped similar responses together, and formulated initial themes and definitions. Themes were conferenced and organized into super- and subordinate categories and definitions were refined. The two coders then re-coded the data to confirm category placement. A third coder then coded the data to confirm the categories and check for reliability.

Results

RSC providers describe RSC as a professional development practice that promotes the ongoing development and maintenance of emotional and cognitive skills that build practitioners’ resilience and ability to weather/cope with challenging cases. They report the building of supportive relationships with and between supervisees. RSC providers also describe the impact of RSC as powerful and pervasive, positively affecting not only professional practice but also their personal relationships and life in general.

Themes

RSC helps supervisees become more knowledgeable about relationships—through experiencing supportive relationships and being able to use self in relationship with clients.

"My whole life has been enriched due to RS/C. My relationships with partner/children, friends, professional colleagues, and probably even strangers benefit from my practice of being curious, authentic, non-judgmental, content not to know."

"I have seen professionals grow internally and within the external relationships, truly see their own value in the relationships they have with others and how powerful those relationships are in the healing, growing and changing capacities of ourselves and those we work with."

"I have watched practitioners become more comfortable with the idea that they are agents of change and that it is their relationships with their clients that create change. I believe that happens through the relationships we develop in RS."

RSC cultivates emotional skills such as self-awareness, empathy and compassion.

" I can honestly say that I've been transformed by the practice of RS/C, in innumerable ways, including how I think about myself, about others, about work, about contexts... I believe that I am more compassionate, humble, strong as a result of this practice. Braver. More competent."

"Yes, healthy and effective RSC has allowed me to grow in this field, being better for those I provide services to while also allowing me to uncover things within myself that were necessary for healing, I have been able to uncover my own attachment histories, my own internal working model and core beliefs. I have been supported, nurtured and allowed a growth and healing space that has impacted my work, my life and my relationships."

RSC cultivates cognitive skills that allow supervisees to be able to view multiple perspectives and be open and wondering so they can inquire, learn and reflect.

" It requires an openness to the process. If the recipient is open to be reflective, I have seen interventionists grown in their awareness of self, and in their capacity to hold others in a benevolent frame."

"They are much more in tune with themselves and open to feedback. They are able to be aware of the parallel process through which they have greater insight and empathy for the children and parents they see. They have been able to slow down and listen to a parent's agenda and not place their own agenda on the family. I can say that I experience these things as well as a result of RS."

"It changes the way providers from ECE to RNs perceive/frame their understanding of what happens in the context of relationships.."

RSC helps supervisees feel less overwhelmed and reduces burnout and turnover.

"I'm well aware of my triggers with certain families. I can now, most of the time, reflect "in action" rather than always after a home visit. It's almost second nature now to not be so freaked out because I don't know what to "do". It has helped me to evaluate the reflective capacity of parents I work with. It helps with anxiety about being so overwhelmed by the problems families face."

"It helps with burnout, knowing that I have a time set aside to talk about my frustrations freely. And then, it helps make some sense out of them."

"I can identify my own triggers with certain types of families or staff. It has helped me not feel so burdened by the weight of issues of my clients."

Conclusion

Workforce supports are critical to help early childhood practitioners develop and maintain a sense of wellness in the face of challenging work. RSC is a powerful professional development practice that promotes key components of early childhood practitioner wellness—authentic, trusting relationships, emotional resilience, and cognitive flexibility. Because it also prevents practitioner burnout, it can also help stabilize the early childhood workforce.

These results can be used as a source of justification for continuing to expand use of RSC. They can also be used to generate hypotheses to study *how* RSC promotes early childhood practitioner wellness. As these data are self-report, future research to objectively document the impact on practitioner wellness is needed.

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