
Reflective Practice

Relationship Based Practices

Reflective supervision and early childhood coaching are relationship-based approaches to supporting the early childhood workforce (NAEYC & NACCRRA, 2011). Practice-based coaching is a specific type of coaching that is a cyclical process designed for supporting teachers' use of effective teaching practices. (NCQTL PBC document). As relationship-based approaches they purposefully draw upon the power of effective workplace relationships to influence program quality and outcomes. They are guided by the seven principles of relationship-based practice:

Collaboration: Sharing information, power and control. Jointly developing and reviewing mission, goals, policies and practices.

Open Communication: Encouragement for sharing ideas, suggestions, questions and concerns

Understanding the Impact of Context: The social, cultural, physical and emotional environment influences the individuals within it and affects their work performance and quality.

Respect for Individuals' Perspective and

Contributions: Diverse experiences, backgrounds and

professional roles contribute to a range of perspectives and approaches that enhance the quality of the work.

Continuous Growth and Learning: A commitment to continued deepening of expertise and staying current with research and practice enhances program quality.

Reflective Practice: Opportunities to reflect and learn are integrated into organizational meetings, supervision, and professional development and program evaluation.

High Professional Standards: Leaders and staff members are encouraged to exhibit professionalism and hold themselves and one another to high professional and ethical standards.

(Bertacchi, 1996)

Reflective supervisors and coaches in a Practice-Based Coaching model share a core set of relationship-building competencies. Given these similarities, there are also distinct definitions, goals, purposes, roles, expected outcomes and durations for these supportive professional relationships. These are summarized in the following table.

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The Office of Head Start Early Childhood Learning and Knowledge Center: Practice-based coaching. Available at <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/docs/practice-based-coaching.pdf>

Reflective Supervision and Practice-Based Coaching

	Reflective Supervision	Practiced-Based Coaching
Definition	A collaborative, mutually trusting relationship for professional growth that improves quality and strengthens practice by building upon strengths and providing support for addressing vulnerabilities.	A sustained and focused professional development experience focused on using effective teaching practices that are important to children's school readiness. Practice-Based Coaching is a supportive way to help adults grow professionally.
Purpose	Build capacity for high quality, effective, ethical, culturally responsive services to very young children and their families.	A process for supporting teachers' use of effective teaching practices that lead to positive outcomes for children.
Ultimate Goal	Enhanced organizational capacity to use the principles of relationship-based practice to provide the highest quality services to young children and their families. Enhanced individual capacity to be self-aware, self-regulating and reflective in providing the highest quality services to very young children and their families.	Enhanced ability to use effective teaching practices in all areas of curriculum and to modify those practices based on the individual needs of each child. Sustained performance; competence to engage in self-reflection, self-correction and the generalization of new knowledge, skills and strategies to other situations as appropriate.
Key Elements	Reflection, collaboration, regularity	The coaching-cycle components are (1) planning goals and action steps, (2) engaging in focused observation, and (3) reflecting on and sharing feedback about teaching practices. Practice-Based Coaching occurs within the context of a collaborative partnership.
Provider Role/ Contributions	Supervisors' roles include administrative, clinical and reflective aspects. They are responsible for assuring the work gets done and that it is of high quality. The reflective aspect of their role involves a range of actions. As examples: Establish safety, routines, regularity. Be fully present and available. Enter the relationship in an open, non-judgmental and collaborative way. Learn from the supervisee about their experiences and perspectives. Listen carefully and provide opportunities to recognize and reflect on feelings and strong reactions to the work. Recognize vulnerabilities as well as strength. Wonder with the supervisee to support mutual learning, accept "not knowing."	Coaches establish a collaborative partnership by providing a safe space for teachers to ask questions, discuss problems, get support, gather feedback, reflect on practice, and try new ideas. Collaborative partnerships are begun and developed by establishing rapport and shared understandings. This might be done through sharing of professional experiences and backgrounds; establishing a set of shared expectations for time commitments and outcomes; or discussing and reaching a mutual understanding of the coaching process and purpose. The coaching cycle is designed to strengthen collaboration and should be used systematically. The coaching components require reciprocity, or two-way interactions.
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Participant Role/ Contributions	Enter the relationship with an open mind, accept support, and prepare for supervision with observations, questions, experiences, and concerns. Pay close attention to the experiences and feelings shared and what you learn from these as you discuss and reflect on them. Remain curious and accepting of “not knowing.”	Open to new information, skills and professional growth. Participates in each coaching-cycle component. Willing and motivated participant in the coaching relationship. Implements agreed-upon action steps.
Expected Outcomes	Increased capacity for reflection in, on and for action, increased self-awareness, increased work satisfaction and staff retention, improved child and family outcomes.	Utilization of effective teaching practices that are directly associated with child outcomes.
Duration	Continues for the duration of the supervisee’s tenure with the organization. While more experienced supervisee’s may need less administrative or clinical support from their supervisor, the reflective supervision supports supervisees’ growth, development and advancement throughout their tenure.	Ranges from one-time to a series of sessions. Concludes when goals have been attained.
	Sources: Scott Heller, S. & Gilkerson, L. (Eds). (2009). <i>A practical guide to reflective supervision</i> . Washington DC: ZERO TO THREE. Heffron, M.C. & Murch, T.(2010). <i>Reflective supervision and leadership in infant and early childhood programs</i> . Washington, DC: ZERO TO THREE	Sources: Rush, D. D. & Sheldon, M.L. (2011). <i>The early childhood coaching handbook</i> . Baltimore, MD: Paul H. Brooks Publishing Company. Chu, M.(2014). <i>Developing mentoring and coaching relationships in early care and education</i> . Boston MA: Pearson. NCQTL: PBC document

A Relationship-Based Approach to Early Intervention

By Larry Edelman, MS

From time to time, new terms are introduced that describe important aspects of providing early intervention supports and services to young children with developmental delays and disabilities and their families. Concepts such as *natural environments* and *primary service provider* have added new meaning to our work. Recently, the term *relationship-based* has been used to describe an essential dimension of early intervention. The purpose of this article is to review pertinent literature and highlight the rationale and opportunities for taking a relationship-based approach when providing early intervention services.

Relationships matter critically. Consistent relationships with caring adults are essential for healthy development.

“Relationships matter critically. Consistent relationships with caring adults are essential for healthy development” (National Scientific Council on the Developing Child, 2004, p. 5).

“All learning takes place in the context of relationships and is critically affected by the quality of those relationships” (Norman-Murch, 1996).

Over the past several decades, a wealth of research in the science of early development has led to widespread recognition that relationships are critical to development.

“Human relationships, and the effects of relationships on relationships, are the building blocks of healthy development” (National Research Council, 2000, p. 4).

A landmark study documented in *From Neurons to Neighborhoods: The Science of Early Childhood Development* summarized the voluminous research from the science of early development. A core conclusion of the study was,

“The essential features of the environment that influence children’s development are their relationships with the important people in their lives – beginning with their parents and other family members, and extending outward to include child care providers, teachers, and coaches – within the places to which they are exposed – from playgrounds to libraries to schools to soccer leagues.” (National Scientific Council on the Developing Child, 2004, p. 4).

For decades, the critical nature of relationships in supporting child development has been a major organizing principle for the study of infant mental health, social and emotional development, and vulnerable families. In recent years, this focus has also been applied to the field of early intervention for young children with developmental delays and disabilities and their families (Kalmanson & Seligman, 1992; Weston et al, 1997; Greenspan et al, 1998; Miller & Hanft, 1998; McCollum et al, 2001; Wilcox & Weber, 2001; Pilkington & Malinowski, 2002;

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Gilkerson & Taylor Ritzler, in press). Current early intervention practice recognizes that children's relationships with their parents and other consistent caregivers are critical to development. Early intervention practices also reflect the importance of relationships between practitioners and parents.

Relationship-based practices in early intervention are aimed at supporting parent-child relationships. A number of skills are needed to infuse relationship-based practices in early intervention. Competence in one's own discipline is required, but is not sufficient. During a recent pilot project that explored how to support and sustain relationship-based, reflective practice in a large service delivery system, a number of practice skills were identified and used in training staff. These skills in relationship-based early intervention included the capacity to: 1) listen carefully; 2) demonstrate concern and empathy; 3) promote reflection; 4) observe and highlight the parent/child relationship; 5) respect role boundaries; 6) respond thoughtfully in emotionally intense interactions; and 7) understand, regulate, and use one's own feelings (Gilkerson & Taylor Ritzler, in press). These skills apply to relationships on a number of different levels, both with families, within programs, and across organizations.

Older models of early intervention focused almost exclusively on what was done with a child. Increasingly, relationship-based approaches have practitioners working closely with a child *and* their parents together (Westin et al, 1997; Miller & Hanft, 1998; Kelly, 1999; McCollum et al, 2001; Wilcox & Weber, 2001; Pilkington & Malinowski, 2002; Gilkerson & Taylor Ritzler, in press). Relationship-based early intervention has been described as intervention that is primarily concerned with fostering growth-producing parent-practitioner and parent-child relationships (Kelly, 1999). But the early intervention field has also been recognizing that, in addition to parent-child and practitioner-parent relationships, a number of other relationships (such as *practitioner-practitioner* and *supervisor-practitioner*) are crucial to the effective delivery of supports and services that support children's' and families' well-being (Weston et al, 1997; Wilcox & Weber, 2001; Pilkington & Malinowski, 2002; Gilkerson & Taylor Ritzler, in press).

By recognizing and nurturing the many interrelated relationships associated with early intervention, programs can achieve a high level of service delivery in which children participate, learn, and develop in context of their everyday routines, activities, places, and relationships. Figure 1 illustrates how supportive relationships occur on many levels. The discussion that follows describes a few examples of these relationships in order to illustrate how important each one is, and how each relationship can affect the others. It is the sum of these interrelated relationships that create a web of support for children, their families, and those who support them.

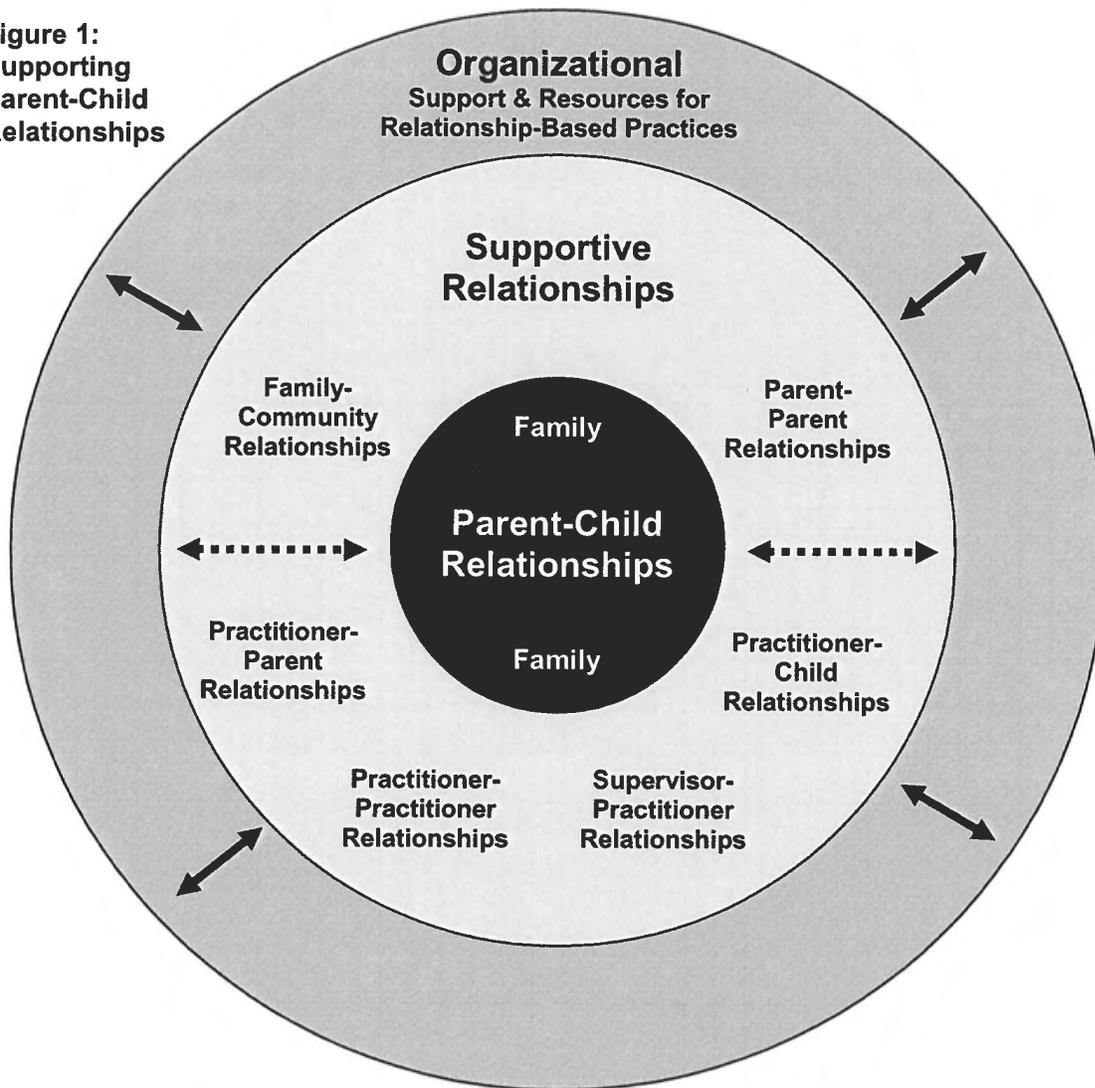
Parent-Child Relationships

"Young children establish and can benefit greatly from a variety of close relationships. Yet those adults who are most consistently available and committed to the child's well-being play a special role in promoting competence and adaptation that cannot be replaced by individuals who are present less consistently or whose emotional commitment is not unconditional" (National Research Council, 2000, p. 389).

The central focus on parent-child relationships in early intervention is in large part based on research findings on early development. There is a growing body of literature that emphasizes the importance of the parent-child relationship for

all domains of development (Kalmanson & Seligman, 1992; Weston, et al, 1997; McCollum et al, 2001). An infant's strong, enduring relationship with a primary caregiver provides the infant with a sense of security and identity that is the foundation for a lifetime of relationships (Vacca, 2001). Children's development is affected by the quality of parent-child interactions, family-orchestrated child experiences, and providing for the health and safety of children (Guralnick, 2001).

**Figure 1:
Supporting
Parent-Child
Relationships**



there is no such thing as a baby -- only a baby and someone.

"Several decades ago British pediatrician and psychoanalyst Donald Winnicott shocked his colleagues by declaring "There is no such thing as a baby" -- only a baby and someone. Today, parents, practitioners, and researchers take it for granted that in order to understand the unfolding of developmental processes, one must look at the infant in the context of his environment and, most particularly, in the context of his relationships with the caregivers in his life" (Fenichel & Eggeer, 1990).

relationships are the organizing focus of all early development.

The explosion of research in early development over the past couple of decades has illuminated that infants have many “preprogrammed” social and emotional abilities (Kalmanson & Seligman, 1992). These abilities include an early preference for human faces over other objects and recognizing their mothers’ voices right after birth. So, as it turns out, humans are social creatures--nurturing and stable relationships with caring adults are essential to healthy human development beginning from birth (NSCDC, 2004; Greenspan et al, 1998). As Kalmanson & Seligman found,

“Currently, these findings and others have converged in a general consensus among infant clinician-researchers that relationships are the organizing focus of all early development” (1992, p. 47).

The implications are explicit – parent-child relationships form the foundation for a child’s early development and intervention that supports these relationships can enhance children’s development.

“Recent research has pointed to the efficacy of making relationship-focused intervention the focus of early intervention efforts” (Kelly, 1999, p. 5).

Rather than only focusing on the young child, relationship-based practitioners use strategies that support parents in their relationships with their child as the vehicle for intervention. Relationships are being viewed both as “organizers of development and as the basis for all intervention” (Weston, et al, 1997, p.5). For example, it is clear that language is a social tool. A child can best learn language with those with whom he or she spends the most amount of time, those with whom the young child has the strongest social and emotional bond and reasons for communicating. In this example, services should support parents in their efforts to enhance their child’s language acquisition and use. To support a child’s development, early intervention should focus on supporting parent’s competence and confidence to increase the child’s learning and participation in daily life (Bruder & Dunst, 2000).

“Society’s commitment to ensuring the healthy development of every child begins with the parent-child relationship, and requires that the broader institutions affecting the family stand alongside parents in their efforts to ensure the well-being of young children” (Thompson, 2001, p. 32).

Parent -Practitioner Relationships

“The success of all interventions will rest on the quality of provider-family relationships, even when the relationship itself is not the focus of the intervention” (Kalmanson & Seligman, 1992, p. 48).

Recognizing that children grow and develop in the context of their ongoing relationships with their parents and families, the best way to support young children is to support the parent-child relationship. *From Neurons to Neighborhoods* found that the ultimate impact of intervention is dependent not only on the expertise of practitioners, but also on

“..the quality and continuity of the personal relationship established between the service provider and the family that is being served” (National Research Council, 2000, p. 365).

Federal legislation has shown a commitment to the importance of relationships. The Individuals with Disabilities Act (IDEA) has articulated two clear needs for early intervention: 1) to enhance the development of infants and toddlers with

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disabilities and to minimize their potential for developmental delay; and 2) to enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities (IDEA, 1997). Because we know that young children grow and learn in context of their relationships with their most primary and trusted caregivers, building relationships with parents helps us to accomplish both goals. The relationship between a parent and service provider has been shown to be a potential predictor of the success of intervention (Kelly, 1999). An approach to intervention that is both family-centered and strengths-based helps families feel more confident and comfortable in supporting their children's development (Wilcox, 2001).

The importance of parent-practitioner relationships extends to other family members as well. Brothers, sisters, and other family members often play an integral role in the life of the child. In *Is Being a Good SLP Good Enough?*, Nancy Keenan-Rich wrote about her transformation to using a relationship-based approach,

"I became attuned to family strengths and increasingly discovered that different family members could play a part in intervention. There have been many older sisters who loved participating and playing teacher" (2004).

A child's relationships with consistent caregivers in addition to the nuclear family are also important. Secondary only to the immediate family, many young children's development unfolds in the context of child care, the setting in which many children,

"first learn to interact with other children on a regular basis, establish bonds with adults other than their parents, receive or fail to receive important inputs for early learning and language development, and experience their initial encounter with a school-like environment" (National Research Council, 2000, p. 297).

Because of the significant influence of child care providers and the child care environment, early intervention practitioners need to establish relationships with child care staff that have the potential to influence children's learning and development.

A focus on relationships is harmonious with the family-centered perspective that regards parents as full partners in all aspects of service delivery. Parents and practitioners interact during many early intervention processes including first contacts, evaluation, assessment, determining outcomes, planning services, implementing the plan of action, and planning transition from Part C services. Effective, trusting relationships among parents and practitioners is important throughout all of these processes. For example, Miller and Hanft (1998) commented on the importance of relationships during the assessment process,

"The single most important factor in ensuring a positive assessment experience is the presence of a strong, collaborative relationship between specialists and family members" (p. 49).

By emphasizing strong relationships with parents and families, practitioners attend not only to *what* they do, but also to *how* they do it. Practitioners can most effectively share their knowledge, perspective, and resources to a family in the context of a trusting relationship. The way that expertise is delivered becomes an essential aspect of the work;

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“How the therapist conveys specialized knowledge may well determine whether or not he or she gets a chance to use the rest of this expertise ” (Leiberman & Pawl, 1993, p. 430).

In addition to one's expertise in child development and training in a specific discipline, practitioners must also master a range of general interpersonal skills needed to build individualized, respectful, responsive, supportive relationships with families. These include the abilities to listen carefully, demonstrate concern and empathy, promote reflection, observe and highlight the parent/child relationship, respond thoughtfully in emotionally intense interactions, and understand, regulate, and use one's own feelings (Gilkerson & Taylor Ritzler, in press).

Practitioner-Practitioner Relationships

“In the old hierarchical model, the name of the game was “do your job and please the boss.” Now it's about working and learning with people whose experience, education, gender and professional affiliation all differ. So the age of teams is also the age of diversity” (Seagul & Horne, 1997).

Effective relationships among practitioners have long been recognized as important to early intervention. Without close communication and collaboration, there is a greater risk of fragmentation or duplication of services as well as unmet family needs. A number of key ingredients that support practitioner-practitioner relationships include: building authentic relationships by being direct, honest, and supportive; having consistent, predictable, regularly scheduled meetings for team members to establish and maintain close communication, identify issues to address, express needs, feelings, ideas, and participate in group problem-solving and decision-making; and support from a supportive facilitator (Poulsen & Cole, 1996).

There is an even more urgent need for effective relationships among early interventionists as programs increasingly recognize the benefits of a transdisciplinary approach (McGonigel et al, 1991; Hatton et al, 2002; CT Birth to Three System, 2002). The transdisciplinary approach views children's development as integrated and interactive and seeks to serve children in the context of their relationships with their family (ERIC, 1989). As more communities provide an option for families to receive supports and services through transdisciplinary teams, relationships among practitioners are paramount. Transdisciplinary team members practice deep levels of interaction as they cross and recross disciplinary boundaries to maximize communication, interaction, and cooperation among team members (ERIC, 1989). Role release and expansion presents many opportunities for practitioners to both extend their own roles and support team members to do the same. Team members commit to learning from one another, sharing the theoretical knowledge, research base, and practice skills of their disciplines. Collaborative assessment, planning, service delivery, evaluation, decision making, problem-solving, and conflict resolution require strong, trusting, committed relationships among the team members. Such relationships are built over time; it is essential that transdisciplinary teams have regularly scheduled meetings to build their capacity to do the work at hand.

Supervisor-Practitioner Relationships

“Working with infants and their families, especially where children have special needs, can be emotionally provocative and challenge long-

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standing defenses and coping strategies for professionals as well as for parents" (Kalmanson & Seligman, 1992, p. 52).

"The practitioner's experience in supervision directly affects the interactions he has with the child and family. It is this complex nest of relationships that we care about" (Pawl, in Shahmoon Shanook, Gilkerson, Eggbeer, & Fenichel, 1995, pp. 43-44).

Programs need to provide a supervisory structure that supports practitioners in their relationship-based work. A supervision relationship should model the kinds of interpersonal interactions that characterize other relationships (McCollum et al, 2001). Work with young children and their families can bring with it a number of potential stressors, e.g. heavy caseloads, difficulty in connecting with a family, challenge of maintaining objectivity, loss of morale from observing examples of potentially harmful parenting (Parlakian, 2001). Thus, it has become accepted that working with infants and their families from a relationship perspective requires ongoing, regular opportunities for reflection (Fenichel, 1992; Bertacchi, 1996; Norman-Murch, 1996, 1999; Gilkerson and Taylor Ritzler, in press).

"Reflection is a time to slow down, to see what can be learned if we take the time to carefully look at and listen to ourselves, and those with whom we work" (Parlakian, 2001, p. 16).

To meet this need for reflection, many programs have adopted the practice of reflective supervision, an approach designed to encourage learning through thoughtful observation of oneself and others (Parlakian, 2001). Reflective supervision forms a cornerstone of supervisory interaction in a relationship-based program (Pilkington & Malinowski, 2002). Reflective supervision involves thoughtful dialogue and active listening. It can be accomplished through individual, group, and/or peer supervision.

"When we grow strong relationships with staff, we are helping them grow strong relationships with families as well" (Parlakian, 2001, p. 13).

Organizational Support for Relationships

"A relationship-based organization is one in which quality relationships characterized by trust, support, and growth exist among and between staff, parents, and children; these relationships form the foundation for all the work that's done. Relationships are valued, not as a "touchy feely" nicety, but as a foundation for doing business" (Parlakian, 2001, p.1).

In addition to reflective supervision, organizations need to provide a range of other resources to supports a relationship-based approach (Weston et al, 1997; Fenichel, 1992). The organizational structure of the program needs to parallel and model a relationship-based direct service approach. Organizational features such as mission, training, billing systems, program evaluation, personnel policies, supervision, and communication channels should be developed with the intent to support relationship-based practices (McGonigel et al, 1991; Weston et al, 1997; Pilkington & Malinowski, 2002). Administrators need to set a tone that values and supports a deep level of teamwork, communication, and problem-solving. Organizations need to secure funding to support the otherwise non-reimbursed time required for essential functions such as teamwork, planning, training, and supervision.

Summary

Every relationship has the potential and power to enhance other associated relationships (Gilkerson & Taylor Ritzler, in press; Weston et al, 1997). *Administrative support* can set the tone for the quality of *supervisor-practitioner* relationships. Supervisory relationships can enhance both *practitioner-practitioner* relationships and *practitioner-parent* relationships. And all of these relationships, in turn, strengthen *parent-child* relationships. It is through these essential interrelated relationships that we create a web of support for our young children.

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