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SUPERVISION AND TRAINING IN CHILD CARE: DOES REFLECTIVE SUPERVISION FOSTER CAREGIVER INSIGHTFULNESS?

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ABSTRACT: The goal of this study was to explore the effects of reflective and traditional supervision and training on caregiver insightfulness. Caregiver insightfulness, or caregiver ability to understand “motives underlying the child’s behavior in a complete, open, and accepting way” (D. Oppenheim, D. Goldsmith, & N. Koren-Karie, 2004, p. 352) was assessed at two time points with 21 new caregivers at two university-based childcare sites. Trends suggest that caregiver insightfulness was relatively stable while increased levels of components of caregiver insightfulness over a period of approximately 2.5 months were positively associated with reflective supervision and training. These findings suggest that encouraging caregivers to reflect on their interactions with the children in their care fosters caregivers’ ability to see from the child’s perspective in an open and accepting way.

RESUMEN: El objetivo de este estudio fue el de explorar los efectos de la supervisión y el entrenamiento reflexivo y tradicional sobre la intuitiva comprensión de prestar cuidado. Esta intuitiva comprensión de quien presta el cuidado, o la habilidad de quien presta cuidado para comprender “los motivos de la conducta del niño de una manera completa, abierta y aceptada” (Oppenheim & Koren-Karie, 2002) fue evaluada en dos momentos temporales con 21 personas nuevas en sus funciones de prestar cuidados y 2 lugares de cuidado infantil localizados en una universidad. Las nuevas corrientes sugieren que la intuitiva comprensión de quien presta el cuidado era relativamente estable, mientras que el aumento de los niveles de componentes de la comprensión intuitiva de quien presta cuidado en un periodo aproximado de dos meses y medio fueron positivamente asociados con la supervisión y el entrenamiento reflexivos. Estos resultados sugieren que animar a quienes prestan cuidado a reflexionar sobre sus interacciones con los niños cuando los cuidan, promueve la habilidad de quienes prestan cuidado de mirar desde la perspectiva del niño de una manera abierta y de aceptación.

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Young children develop within the context of relationships both in and out of the home (Howes, 1999; Thompson, 2006). In particular, it is the quality of their relationships with caregivers that influence children’s capacity to navigate their social and emotional worlds. While studies focusing on the influence of early relationships on children’s development have traditionally focused on the parent–child dyad (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1957; Winnicott, 1965), increasing numbers of children in childcare have motivated researchers to include these relationships in their understanding of young children’s early relational experiences (e.g., Katz & McClellan, 1997; National Institute of Child Health and Human Development Early Child Care Research Network, 2001; Ritchie & Howes, 2003). Given the importance of
early childcare provider–child relationships, it is imperative that researchers understand how to support childcare providers in developing the skills necessary to provide sensitive and responsive care.

At present, we know relatively little about how to train childcare providers in a way that ensures their relationships with children will be of high quality. While studies have demonstrated that caregivers with more formal education (years of schooling) and specialized training in early childhood education tend to be more sensitive and engage in more positive social interactions with children (Burchinal, Cryer, Clifford, & Howes, 2002; Howes, 1997; Howes, Galinsky, & Kontos, 1998; Howes, Phillips, & Whitebook, 1992), just how formal education and training contributes to high-quality caregiving is less clear. Additionally, specialized training programs offered to early childhood professionals vary widely in both content and strategy of dissemination (Fromberg, 1999). While some training programs focus on curriculum development, others place more emphasis on understanding children’s developmental needs. Still others emphasize reflective exercises such as reflective log writing and discussion. These differences in training delivery and content lead to a great degree of variation in professional preparation among early childcare providers (Fromberg, 1999) and likely underlie the significant variations found in caregiver quality (for a review, see Saracho & Spodek, 2007). Given the substantial variability in caregiver preparation and training for work with young children, researchers need to look toward specific training and supervisory practices that are likely to foster sensitive interactions between childcare providers and children.

One approach that has received an increasing amount of attention in the childcare field is reflective supervision. Childcare training that offers reflective supervision may offer childcare providers a way to learn how to be sensitive in their interactions with the children in their care. Reflective supervision in the childcare environment aims to establish an atmosphere in which supervisors provide a “secure base” for their staff (Gilkerson, 2004). Fenichel (1992) identified three essential elements of reflective supervision: regularity, collaboration, and reflection. Of particular importance to this study: “Through reflection, non-clinicians develop their capacity to understand the interpersonal world and learn to take multiple perspectives” (Gilkerson, 2004, p. 428). By providing childcare staff with the opportunity to reflect on their interactions with children, caregivers become aware of both children’s emotional experiences and their own emotional processes in working with children. Overall, reflective supervision refers to supervision and training that emphasizes the importance of socioemotional development in both the child and the childcare provider (Gilkerson, 2004).

**CAREGIVER SENSITIVITY**

While parents often serve as primary attachment figures for young children, consistent caregivers such as childcare providers also may become attachment figures and thus serve as important early relational partners for young children (Howes, 1999). As with parents, responsive and sensitive childcare providers support children’s developing social and emotional competence (Howes et al., 1992). With increasing numbers of children in childcare and heightened attention to the effects of early care experiences on children’s social and emotional development (for a review, see National Institute of Child Health and Human Development Early Child Care Research Network, 2006), developing practices to support the growth of quality caregiver–child relationships is imperative.
Provided that caregiver sensitivity is fundamental to children’s social and emotional development, understanding possible mechanisms underlying caregiver sensitivity is of utmost importance. Researchers have explored caregivers’ capacities to understand children’s intentionality as a possible mechanism underlying sensitive caregiving behavior and secure attachment relationships (Fonagy, Steele, Steele, Moran, & Higgitt, 1991; Meins, 1999; Oppenheim & Koren-Karie, 2002). Specifically, caregivers’ ability to reflect upon the intentions underlying children’s behavior and upon their own actions in response to children’s behaviors is likely to contribute to their capacity for sensitive caregiving. Once able to see things from children’s points of view in an open and accepting way, caregivers are likely to correctly interpret their young children’s signals and accurately evaluate their own responses to children’s reactions (Ainsworth et al., 1978; Koren-Karie, Oppenheim, Dolev, Sher, & Etzion-Carasso, 2002).

**INSIGHTFULNESS**

Attachment theorists and researchers have suggested that insightfulness, or the ability to see from the child’s perspective, is a fundamental component underlying sensitive caregiving behavior and, further, a precursor to secure attachment (Ainsworth, 1969; Fonagy et al., 1991; Lieberman, 1997; Fraiberg, Adelson, & Shapiro, 1975; Oppenheim & Koren-Karie, 2002). Research by Fonagy (2001) and Slade, Grienenberger, Bernbach, Levy, and Locker (2005) has implied that insightfulness (or reflective function) is essential to understanding the internal world of the child and that caregiver capacity to accurately read a child’s mental and emotional states is fundamental to the development of a secure attachment. Oppenheim and Koren-Karie (2002) extended this work by using the Insightfulness Assessment to assess how caregivers apply their reflective capacities when thinking about their child’s internal experience (Oppenheim, Goldsmith, & Koren-Karie, 2004). The Insightfulness Assessment (Oppenheim & Koren-Karie, 2002) captures the caregiver’s “capacity to see things from the child’s point of view . . . based on insight into the child’s motives, a complex view of the child, and openness to new information about the child” (p. 593; Koren-Karie et al., 2002).

Empirical research utilizing the Insightfulness Assessment supports links between insightfulness and sensitivity and between insightfulness and secure attachment (Koren-Karie et al., 2002; Koren-Karie, Oppenheim, & Getzler-Yosef, 2004; Oppenheim et al., 2004, Oppenheim & Koren-Karie, 2002). In a study conducted with mothers and their 12-month-olds, Koren-Karie et al. (2002) found that mothers classified as insightful were more sensitive in observed interactions with their children than were those mothers classified in one of the three noninsightful categories. Additionally, insightful mothers were more likely to have children who were securely attached. These findings have implications for furthering our understanding of the underpinnings of attachment by providing researchers with a tool that may assess a component of caregiving behavior which is not captured by observed caregiver sensitivity alone.

While the majority of the work in the area of insightfulness focuses on parents, it is likely that the capacity to think about children’s internal experiences in an insightful way underlies sensitive interactions between childcare providers and children as well. Childcare providers’ ability to reflect on interactions with children in their care likely supports sensitive caregiver–child interactions by allowing caregivers to think about motives underlying the children’s behavior. Additionally, in the process of thinking about children’s experiences, caregivers become aware of their own intentions and mental states that contribute to their interactions with children in their care.
REFLECTIVE SUPERVISION AND TRAINING

We know that caregiver training and education is fundamental to caregivers’ ability to foster high-quality interactions with children in their care (e.g., Burchinal et al., 2002; Gerber, Whitebook, & Weinstein, 2007; Howes et al., 1998; Howes, James, & Ritchie, 2003); however, little is known about training caregivers how to be insightful with children in their care. Unlike traditional supervision and training, which tends to focus on monitoring and evaluation and teaching childcare providers about child development, reflective supervision and training practices may offer a new way to train caregivers to be insightful.

In practice, reflective supervision entails providing regular time for caregivers to think about their interactions with the children in their care, space to reflect on why they interacted in the way they did, and how it felt. In childcare environments that offer reflective supervision, caregivers are expected to acknowledge the importance of relationships between the staff, parents, and children and how these relationships might influence children’s developmental outcomes (Ritchie & Howes, 2003). It is likely that providing space in childcare training practices for caregivers to reflect on interactions with children in their care will promote caregiver insightfulness, or the ability of the caregiver to see from the child’s point of view, ultimately fostering more sensitive caregiving practices. This study is the first to explore the impact of reflective supervision on insightfulness among childcare providers.

STUDY GOALS

The current study aimed to explore the effects of reflective and traditional supervision and training methods on caregiver insightfulness. Caregivers at two childcare sites, one that employed traditional methods and another that used reflective methods, participated. For purposes of this study, traditional methods were defined as more “typical” training practices (e.g., using workshops and training meetings to educate the staff on topics such as health, safety, and development). In the traditional model, supervisory content focused more on administrative details, procedures, monitoring, and evaluation and less on the relational processes between the caregivers and children. Data were evaluated concerning two guiding hypotheses. First, it was hypothesized that caregivers who experienced reflective supervision and training, and thus had the opportunity to reflect regularly with their supervisor on their interactions with children in their care, would be more insightful than those caregivers who experienced traditional supervisory and training methods. Second, it was hypothesized that components of caregiver insightfulness thought to be indicative of sensitive caregiving behavior would be positively correlated with reflective supervision and training methods and not significantly associated with traditional supervision and training methods at the end of the training period.

METHOD

Participants

Twenty-one new caregivers and 20 children from two university-based childcare sites participated in the study’s first time point. Twenty of 21 new caregivers and all children involved in data collection at Time 1 participated in the study’s second time point approximately 10 weeks (2.5 months) later. One caregiver was unable to complete the study due to illness. Of the new
caregivers who completed the study, 10 experienced reflective supervision and training practices at the “Reflective Site,” and 10 caregivers experienced traditional supervision and training practices at the “Traditional Site.” All caregivers who completed the study were between 18 and 24 years of age ($M = 20.20, SD = 1.24$), and 100% were female. Children were between 6.64 and 30.12 months of age ($M = 16.88, SD = 6.33$) at the beginning of the study.

To be eligible to participate in the study, caregivers needed to be new to their childcare site, having worked no more than 1 week in their respective childcare classroom prior to the start of the study. Caregivers also needed to be primarily responsible for direct interactions with children. All caregivers who complied with the inclusion criteria of the study were approached and invited to participate in the study. Of the 23 caregivers eligible for inclusion in the study, 21 chose to participate. In addition to the caregivers, all head teachers and program supervisors elected to participate in the study.

**Supervision and Training at the Reflective and Traditional Sites**

Caregiver training at the two childcare sites differed along both quantitative and qualitative dimensions. Training at the Reflective Site included: attending an initial 3-hr orientation, 15-min daily discussion meetings at program close, weekly discussion (1.5 hr) led by the program supervisors and head teachers, and a course seminar on early childhood development. At the Traditional Site, all caregivers were required to attend an initial 1-hr orientation, followed a few weeks later by a 3-hr follow-up orientation; caregivers also were required to attend 2-hr training meetings biweekly. With the exception of the child development seminar at the Reflective Site, all training sessions at both sites were led by head teachers and program supervisors.

Of significant interest to the current study were the differences in training and supervisory methods used at each respective childcare site. Key differences in training practices emerged from interviews with supervisors at both training sites. Caregivers at the Reflective Site were required to meet daily to discuss and reflect upon their experiences with the children in their care. Additionally, there were weekly seminars at the Reflective Site whereas caregivers at the Traditional Site were only required to attend training meetings every other week. Weekly seminars and biweekly training meetings at both childcare sites usually followed a set topic related to child development; however, the supervisor at the Reflective Site explicitly stated that beyond acquisition of child-development knowledge, this was a “structured time for caregivers to reflect on caregiving” and that it was a time for “personal reflection” for the caregivers. The supervisor at the Traditional Site stated that the training meetings provided a time for caregivers to talk about “individual children” in the classroom, emphasizing that the biweekly meeting was a time to educate caregivers on a variety of training topics such as improving care, health and safety, nutrition, and development.

In addition to differences in training practices at each site, supervisors at each site conceptualized their roles somewhat differently. The supervisor at the Traditional Site described her role in terms of monitoring caregivers and head teachers, tracking staff performance, and hiring teaching and student staff. The supervisor at the Reflective Site described her role in terms of overseeing head teachers, providing reflective supervision to caregivers, developing curriculum, and developing relationships with families of children in the program.

To better understand the caregivers’ experiences of supervisory and training practices, focus groups with caregivers were conducted after completion of the main study assessments at each site. Caregiver responses varied by site. Similar to the supervisor responses, caregivers at the
Reflective Site tended to focus more on the reflective aspects of the training whereas caregivers at the Traditional Site focused more on educational and didactic aspects of the training. For instance, when asked “What is the purpose of training meetings?” a caregiver at the Reflective Site responded:

It is good in that way in that it doesn’t only reflect on . . . you as the caregiver, but also the child and how it is that you are being responsive to them . . . you wouldn’t really know or you would probably have a different perspective on the whole interaction and would be like, “Oh she hates me, she doesn’t like me” but once you talk about it you see that that’s probably just like something normal that everybody goes through, like all the young kids go through, especially when they are faced with something difficult or something like that, so its like you get a different perspective, and you are able to reflect like “Oh maybe I need to give her more space, more time” so that it makes you change the way you interact with that child at least for the next couple of days.

In response to the same question, one caregiver at the Traditional Site responded:

We would always have like a huge outline on what we were going to learn and like all of that stuff. And I think it was just more work than what we used to do in our meetings [Caregiver used to work in preschool.] I mean it was definitely beneficial cause it was all like, like the beginning was sort of repetitive, it was like how to use your voice with the children discipline wise and like things, and like the children between in certain age groups, like what they should be doing now like talking and using fingers to eat food and touching things. So, I think the meetings were informative and gave good examples of things on like how to act with the children, and just learning more about early childhood development basically.

These explanations were typical of respondents at each training site. Thus, whereas training at the Reflective Site was more focused on regular opportunities for active reflection about the caregiver’s experiences with the children in the classroom, at the Traditional Site, emphasis was placed on learning information about child development more generally.

**Procedures**

**Identification of caregiver–child dyad.** Prior to enrolling in the study, all caregivers had been assigned by their head teacher to a specific group of children for whom they were primarily responsible and with whom they would try to form a special relationship. Once the caregivers agreed to participate in the study, the investigator identified one child from the caregiver’s primary care group with whom she seemed to interact most often during a 1-hr period, hereafter referred to as the **target child**.

**Videotaping the caregiver–child dyad.** Each caregiver–child dyad was filmed for 5 min of continuous interaction across each type of segment (i.e., free play, diaper, etc.) approximately 1 week prior to administration of the Insightfulness Assessment at both Time 1 and Time 2. Segments videotaped at Time 1 included **Free Play**, in which caregiver and child interacted with one another around a toy or object; **Diaper Change**, in which the caregiver changed the child’s diaper; and **Distress episode**, in which a child showed clear signs of distress or frustration as displayed by the child’s facial and or vocal expressions. Segments collected at Time 2 included **Free Play** (identical to Time 1), **Diaper Change** (identical to Time 1), and **Separation episode**, which was captured when the parent started to leave the childcare classroom. The **Separation**
episode was substituted for the Distress episode due to the wide variability in context of Distress episodes at Time 1.

Based on procedures set forth by Oppenheim and Koren-Karie (2002), once all three segments were collected for a participating caregiver, the principal investigator reviewed the tapes and selected the first 2 continuous min of the videotaped Free Play segment, the complete Diaper Change, and the first 2 min of the Distress/Separation episode.

**Measures**

*Caregiver demographic questionnaire.* Demographic information on caregivers was collected at Time 1. In addition to basic demographic information, this questionnaire included information regarding training, length of experience in childcare, and feelings about being a childcare provider.

*Insightfulness Assessment (IA; Koren-Karie et al., 2002).* The IA was used to measure caregiver insightfulness at Time 1, prior to experiencing supervision and training, and again at Time 2 following 2.5 months of supervision and training. The IA was originally designed to study mothers’ insightfulness into their children’s internal experiences, and was adapted in this study for use with caregivers. The IA was introduced to caregivers as an opportunity for them to tell researchers what they knew about the children that they work with.

Consistent with the IA method set forth by Oppenheim and Koren-Karie (2002), interviews involved the caregiver viewing videotaped segments of interactions between herself and the target child and subsequently discussing her thoughts and feelings about the interaction. At Time 1 IA, caregivers were shown three distinct segments of themselves and the target child interacting during a Free Play segment, a Diaper Change segment, and a Distress segment. The following questions were asked of each caregiver after viewing each videotaped segment (IA; Koren-Karie et al., 2002): (a) What do you think went through (target child’s) mind? What did he think and feel during this segment? (b) Is this segment characteristic of (target child) more generally? (c) How did you feel when watching this segment; did anything concern you, surprise you, or make you happy?

After watching and responding to all three episodes, caregivers were asked two more general questions: (a) Based on what we have seen today and from your own experiences with the child, what makes (target child), (target child)? What are things in your opinion that characterize this child the most? (b) In general, are there things about (target child) that surprise you, concern you, or make you happy?

Throughout the interview, caregivers were asked to support each of their responses with examples from common interactions with the target child.

**Coding Caregiver Insightfulness**

Each interview was transcribed verbatim by trained research assistants blind to the IA coding, with all identifying information removed. IA coding was conducted by two independent coders formally trained on the IA coding scheme. Both were unaware of any other information about the caregiver and the child prior to coding.

Coding involved two steps: First, each entire transcript (all three segments collectively) was rated according to ten 9-point rating scales; *Complexity* in description of child, \(\kappa = .80\);
Focus on the child, ($\kappa = 1.0$); Insight into child’s motives ($\kappa = .69$); Acceptance/Warmth; ($\kappa = .83$); Openness/Flexibility of thought ($\kappa = .81$); Richness in description of child ($\kappa = .84$); and Coherence of thought about child ($\kappa = 1.0$). The following codes were retained only for purposes of IA classification: Anger/Hostility toward child ($\kappa = 1.0$), Concern regarding child ($\kappa = 1.0$), and Separateness from the child ($\kappa = .51$). Each of these scores reflects ratings rather than continuous scores. The ten 9-point rating scales provide the basis for classification into one insightful category and three noninsightful categories: Positively Insightful, One-Sided, Disengaged, and Mixed (for details on the coding criteria, see IA Coding Manual 1.0; Koren-Karie & Oppenheim, 2004). Disagreements on scales and IA classifications were resolved through discussion until consensus was reached.

Caregivers were classified into one of four IA classifications according to the following criteria. Caregivers classified as Positively Insightful tended to score moderate to high on complexity, focus, insightfulness, acceptance, openness, richness, coherence, and separateness; and low on anger and concern. Positively Insightful caregivers were those who made attempts to see from the child’s perspective and tried to understand motives underlying the target child’s behavior. They were open to videotaped observations, and used these as an opportunity to talk about complex feelings of the children. These caregivers organized their thoughts in a logical, coherent way and provided child-focused descriptions when asked questions during the interview.

One-Sided caregivers tended to score low to moderate on complexity, focus, insightfulness, acceptance, openness, coherence, and separateness; and moderate to high on anger and concern. In general, these caregivers communicated a preconceived picture of the child that they imposed on the child via the videotaped segments they were shown. Most One-Sided caregivers did not explain motives underlying the target child’s behavior. These caregivers often had a hard time keeping the child as the focus of discussion and frequently shifted to talking about themselves or other unrelated topics. Some One-Sided caregivers described the child as all positive without clear examples from daily interactions with the child to support their claims whereas others focused mainly on negative aspects of the child; in both cases, the caregiver seemed closed to integrating new information seen on the videotape with their existing knowledge of the child (Koren-Karie et al., 2002). The majority of caregivers classified as One-Sided described the child’s experience from their own perspective instead of the child’s. In these transcripts, the child seemed to get lost in the caregivers’ preconceptions of how the child was or should be.

Disengaged caregivers tended to score low on insightfulness, openness, richness, anger, and concern; low to moderate on complexity, acceptance, and coherence; and high on focus and separateness. These caregivers are characterized by their own lack of involvement throughout the interview. Their answers tended to be brief, and they often answered the interviewers’ probes with “I don’t know.” Disengaged caregivers were often vague in their descriptions of the child, making it difficult for a coder to have a clear picture of the child (Koren-Karie et al., 2002). Many of these caregivers seemed to portray a lack of interest in the interview process and did not view the interview as a time to learn more about the child in their care or their own caregiving practices. Further, these caregivers tended to stay at the behavioral level, describing children’s actions rather than the motives or thoughts underlying their behaviors.

Caregivers classified as Mixed lacked one coherent and unified strategy of speech throughout the interview. Mixed caregivers responded to one video segment with one style of speech (i.e., Positively Insightful) and another segment with yet a different style of speech (i.e., One-Sided). No dominant style emerged in these transcripts (Koren-Karie et al., 2002). It was relatively rare
for caregivers to be classified as *Mixed*, and it only occurred in cases where there was not one predominant style of speech throughout the transcript.

**RESULTS**

*Initial Sample Characteristics*

Descriptive statistics were examined to see if there were initial group differences in any of the variables of interest. Given that caregivers at both sites were college students, there was little variability in caregiver formal education between sites; however, there were differences in the number of Early Childhood Education (ECE) courses taken (Reflective Site = 10/10; Traditional Site = 6/10) and months of experience working with children (Reflective Site $M = 2.90$, $SD = 4.07$; Traditional Site $M = 8.25$, $SD = 14.68$), suggesting that the caregivers at the sites may not have been equivalent populations at the start of the study. There also were differences in the practices across the sites in time spent with children (Reflective Site $M = 18.00$ hr; Traditional Site $M = 35.20$ hr), and the time spent in training (Reflective Site $M = 9.30$ hr; Traditional Site $M = 6.30$ hr), reflecting some initial differences between the sites.

*Insightfulness Classifications*

To examine whether involvement at a site incorporating reflective training and supervision resulted in more insightful classifications of caregivers, IA classifications from Time 1 to Time 2 were compared between the Reflective and Traditional sites. While the small sample size limits statistical comparisons, there were interesting trends (see Figures 1 and 2). At Time 1, there were some initial differences between the sites in IA classifications, with more caregivers at the

![Figure 1](https://example.com/figure1.png)

**Figure 1.** IA Classifications from Time 1 to Time 2 at the Reflective Site.
Reflective Site classified as *Positively Insightful* than at the Traditional Site; however, movement across IA classifications from Time 1 to Time 2 demonstrated that the differences between the two sites widened at Time 2. Notably, at the Reflective Site, 3 caregivers classified into one of three noninsightful categories at Time 1 (2 *One-Sided*, 1 *Mixed*) shifted to *Positively Insightful* at Time 2 while 2 caregivers classified as *Positively Insightful* at Time 1 shifted to a noninsightful classification of *Disengaged* at Time 2. In contrast, at the Traditional Site, 1 caregiver shifted from the noninsightful classification of *One-Sided* at Time 1 to *Positively Insightful* at Time 2 while 1 caregiver classified as *Positively Insightful* at Time 1 shifted to a noninsightful classification of *Disengaged* at Time 2. Additionally 3 caregivers at the Traditional Site originally classified as *One-Sided* shifted to *Disengaged* at Time 1. Aside from the movement, there were caregivers at both sites who remained stable in their classifications from Time 1 to Time 2. Thus, while the majority of caregivers at both sites remained stable in their IA classifications, the difference between the two groups widened at Time 2.

To better understand which components of insightfulness were potentially impacted by the supervision and training practices, individual components of insightfulness (complexity, focus, insight, acceptance, openness, richness, and coherence) were examined in relation to training site. Scores of each component of insightfulness were collapsed to represent low (1–3), medium (4–6), and high (7–9) category ratings for each variable. Examining count data revealed that more caregivers at the Reflective Site shifted toward higher ratings on many of the insightfulness components than did caregivers at the Traditional Site over the course of the training period (see Table 1).

Kendall’s $\tau$-c, a nonparametric statistic used to measure the strength of the relationship between one ordinal and one binary variable (Conover, 1980) and particularly useful with small sample sizes, was used to examine the association between training site and caregiver scores on
Supervision, Training, and Caregiver Insightfulness

TABLE 1. Number of Caregivers Classified as Low, Medium, and High on Insightfulness Assessment Components at Time 1 and Time 2

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<tr>
<td>Coherence</td>
<td></td>
<td>Time 1</td>
<td>Time 2</td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>2 7 1</td>
<td>6 3 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 2</td>
<td>1 8 1</td>
<td>7 3 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

each component of insightfulness. Results for Time 1 showed that complexity (Kendall’s \( \tau-c = .56, p < .01 \)) was the only variable significantly associated with training site, such that caregivers who engaged in reflective supervision and training were more likely to be in the medium and high categories of complexity at Time 1. In contrast, results for Time 2 showed that variables not originally associated with reflective supervision and training at Time 1 were positively associated with reflective supervision and training at Time 2. These variables included insight (Kendall’s \( \tau-c = .88, p < .01 \)), focus (Kendall’s \( \tau-c = .50, p < .01 \)), acceptance (Kendall’s \( \tau-c = .55, p < .01 \)), openness (Kendall’s \( \tau-c = .65, p < .01 \)), coherence (Kendall’s \( \tau-c = .63, p < .01 \)), and richness (Kendall’s \( \tau-c = .48, p < .01 \)) (see Table 2).

TABLE 2. Nonparametric Correlations Between Training Site and Insightfulness Assessment Components at Time 1 and Time 2\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>1 Site</th>
<th>2 Complexity</th>
<th>3 Focus</th>
<th>4 Insight</th>
<th>5 Acceptance</th>
<th>6 Openness</th>
<th>7 Richness</th>
<th>8 Coherence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Time 1</td>
<td>0 = Traditional</td>
<td>(.56^*)</td>
<td>(.05)</td>
<td>(.39)</td>
<td>(.25)</td>
<td>(.27)</td>
<td>(.34)</td>
<td>(.36)</td>
</tr>
<tr>
<td>1 = Reflective</td>
<td>(.56^*)</td>
<td>(.05)</td>
<td>(.39)</td>
<td>(.25)</td>
<td>(.27)</td>
<td>(.34)</td>
<td>(.36)</td>
<td></td>
</tr>
<tr>
<td>2. Time 2</td>
<td>0 = Traditional</td>
<td>(.76^*)</td>
<td>(.50^*)</td>
<td>(.88^*)</td>
<td>(.55^*)</td>
<td>(.65^*)</td>
<td>(.48^*)</td>
<td>(.63^*)</td>
</tr>
<tr>
<td>1 = Reflective</td>
<td>(.76^*)</td>
<td>(.50^*)</td>
<td>(.88^*)</td>
<td>(.55^*)</td>
<td>(.65^*)</td>
<td>(.48^*)</td>
<td>(.63^*)</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\)\(\tau-c\), a bivariate correlational statistic, was used to test the significance and magnitude of association between training site and Insightfulness Assessment components.

\(^*p < .01\).
DISCUSSION

Overall, the findings from this study suggest that caregivers showed stability in their IA classifications across reflective and traditional sites, with relatively few caregivers moving from a noninsightful classification at Time 1 to an insightful classification at Time 2. Notably, following 2.5 months of supervision and training, caregivers’ scores on several of the IA components, including complexity, insight, openness, acceptance, richness, and coherence, were positively associated with reflective supervision and not associated with traditional supervision and training. These results suggest that while IA classifications stayed relatively stable, encouraging caregivers to reflect on their interactions with the children in their care may contribute to shifts in the underlying components of insightfulness. While the small sample size and limited childcare sites studied somewhat limits the generalizability of the results, the current results nonetheless represent an important first step toward understanding how insightfulness may be applied to caregiver training contexts and suggests some important directions for future research.

To date, the majority of the childcare literature has suggested that caregivers with a formal education in early childhood education tend to have classrooms of higher quality and are rated higher on sensitivity (Burchinal et al., 2002; Howes, 1997; Howes et al., 1998; Howes et al., 2003; Whitebook, Howes, & Phillips, 1990). However, few studies go beyond these criteria to closely examine the processes by which caregivers acquire caregiving skills and, in particular, ways of thinking about children in their care. While it is likely that formal training in early childhood education and other related training in childcare influences caregiver quality, the aim of the current study was to examine additional benefits that may result from one specific alternative form of caregiver training: reflective supervision.

Toward this specific aim, the hypothesis that caregivers who experienced reflective supervision and training would be more likely to be classified as Positively Insightful at Time 2 than those who experienced traditional supervision and training was only partially supported. Specifically, considerable stability was found in overall IA classifications from Time 1 to Time 2 across the sample; however, there were more caregivers who shifted toward a classification of Positively Insightful at the Reflective Site than did those at the Traditional Site. In contrast to the overall stability in IA classifications, trends indicated that more caregivers at the Reflective Site were likely to shift toward higher ratings on many of the individual components of caregiver insightfulness from Time 1 to Time 2. Further research employing a larger sample size would allow for a more stringent statistical test of these trends. Nevertheless, the pattern of the current results offers initial evidence that reflective supervision has some effect on caregivers’ ability to be insightful about the children in their care.

While the small sample size limited the statistical analyses that could be conducted, the trend in IA stability reflected in the sample was nonetheless surprising. It is possible that the length of training was not sufficient to see a shift from a noninsightful classification to an insightful one; however, this represents a typical academic quarter, which is a common period used for training of future childcare providers. Future research should study the development of insightfulness over a longer period of time to assess whether it is reasonable to expect insightfulness to develop through participation in a university childcare training program. If research were to substantiate that insightfulness takes longer to develop, it would have important implications for child-caregiver training.

On the other hand, the current study suggests that university training programs may be able to affect individual components of insightfulness. Specifically, consistent with the second
hypothesis, higher levels of insight, focus, acceptance, openness, richness, and coherence were positively associated with reflective supervision and training at Time 2, but not with traditional supervision and training. The pattern of results indicates that university childcare sites that utilize reflective training practices may contribute to components of caregivers’ thinking about children. Future research should expand this examination to other types of childcare training programs to assess other elements that also may contribute to the development of caregiver insightfulness.

Future research also is needed to examine whether a different type of caregiver is drawn to sites that offer reflective supervision opportunities, as suggested from the current sample. The initial differences across sites seen here may be attributed to inherent differences in the training contexts. While caregivers at the Reflective Site enrolled to work with children as a component of a child-development course, the caregivers at the Traditional Site were employed caregivers and were not required to take coursework while working with children. As a consequence of this difference, all caregivers at the Reflective Site had taken at least one early childhood education course while approximately 60% of caregivers at the Traditional Site had taken at least one such course prior to working with the children, which may have had an effect on their perspectives of caregiving.

These results suggest some promising directions for future research examining childcare training. Given that caregiver sensitivity is based on caregivers’ ability to reflect on children’s mental states (Fonagy et al., 1991), reflective functioning is likely an essential component to providing high-quality caregiving. However, most training programs focus on educating caregivers about age-related developmental stages and routine caregiving skills such as diapering and feeding and tend to emphasize procedures, monitoring, and evaluation in the childcare environment (Gilkerson, 2004). The current results lend some initial evidence for the utility of incorporating techniques that engage students in reflective function. While this approach has been found to be successful with parents, this study is the first to find that this approach also may be useful in childcare training programs. Future research on a larger number of childcare sites would help to understand how reflective supervision may contribute to the development of insightfulness in childcare providers.

In addition to informing research on childcare training practices, the current study also provides some preliminary support for the use of the IA with caregivers. Given the variability in levels on the 10 components of insightfulness and the differences in IA classifications, the results suggest that there are individual differences in caregiver insightfulness even with the small sample employed in the current study. More research is needed with larger, representative populations to fully understand how this process operates in caregivers and how it affects caregiver behaviors.

**Clinical Implications**

Results from the current study provide preliminary support for the notion that the opportunities afforded by reflective supervision and training in the childcare environment influence caregivers’ ability to be insightful with the children in their care. When integrated into childcare settings, reflective supervision affords caregivers with consistent, predictable opportunities to reflect on their interactions with children and, in turn, to think more deeply about the children in their care. It is through the process of reflection with skilled supervisors that caregivers learn to ask important questions that help them gain insight into the thoughts and motivation underlying
young children’s behavior, ultimately allowing them to see children with more depth and understanding. Caregivers who think deeply about children in their care are likely to respond to children with greater attunement and sensitivity. The current findings suggest that components of this ability are fostered through a reflective supervision process during training in a university setting.

At present, there are relatively few ways to train caregivers in ways that are promotive of sensitive care. There is a need to look beyond caregiver educational histories and move toward ongoing professional-training interventions that will support not only attainment but ongoing maintenance of sensitive caregiving practices. Results from the current study provide some initial evidence to suggest that reflective supervision may be one way to provide caregivers with the training experiences they need to be sensitive to the children in their care.

REFERENCES


