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Spiritual Leadership in Early Intervention Practice

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Abstract

This study explored integrating the principles of spiritual leadership theory into early intervention therapeutic practice to enhance services provided to children and families. Semi structured interviews served as major sources of data.

Keywords: early intervention, spiritual leadership, education, developmental therapist

As a therapist and adjunct faculty member of Lewis University and Triton College, I have been in a leadership position for 20 years; however, I was not prepared to be a leader in either of my careers. Gradually I developed the leadership skills needed to work with diverse families as a result of my own spiritual beliefs and practices. In my practice I bring these skills to work with my clients every time.

The majority of the families I work with live in Cook County, Illinois. The parents I have worked with in Early Intervention Program tell me that I am different than the other therapists who make home visits. Their positive comments have motivated me to reflect on my work and my leadership style. As a licensed developmental therapist, I have had the opportunity to share real-world examples with families, college students, and faculty members I work with. My style as a therapist is different as I am driven by the belief that “it is not just a job; it is about caring.” I believe that building relationships with families is essential. I believe that appropriate self-disclosure is also important. While reflecting, I have come to realize that my therapeutic style has been guided by spiritual leadership; goals of this type of leadership include the creation of a common ground working together.

Spiritual leadership involves hope, faith, and vision (Fry, 2003). When reflecting on my spiritual leadership, I have come to realize that I have been building a trust through storytelling, a practice passed down in the African American community and other cultures for centuries (Brown, 2013). The passion, hope, faith, and altruistic love I express through and for my job is an example of spiritual leadership. There are other components that play a role in my style of therapy, including additional components of spiritual leadership covered throughout this study.

An example of how I have used spiritual leadership as a therapist relates to my work with a Jewish family. I called the family to schedule my visit; however, the next week when I rang the doorbell, the mother of the child said, “We are not interested” as she began to close the door. I explained that I was the family’s therapist. She looked surprised that I was African American. We reviewed the paperwork and I talked about my educational background and years of experience working with families from all over the world. I wanted to subtly and nondefensively gain credibility by letting her know that I have experience working with families with diverse backgrounds yet recognizing that common human values, such as honesty and trust, are shared. A valued principle of spiritual leadership is its emphasis on honesty, altruism, and developing a trust relationship (Brown, 2013). In this situation, I was honest from the start of our meeting and instantly began building rapport and mutual trust with the family.

During our next visit, I sat on the floor to work with her baby and explained my strategies while trying to teach this mother parenting strategies that would be beneficial for her son’s development. During the two years I worked with this family, she and I developed a trusting relationship. I encouraged her to have faith and demonstrated my passion about working with them. Honestly, the family was sad about my leaving and discontinuing when the child reached

three, the maximum age for early education services. As I reflect on my practices as a developmental therapist, I realize that I collaboratively build trusting, honest, altruistic relationships with families that reflect some of the principles of spiritual leadership (Fry, 2003). My focus is on working together for the best interest of the family and child.

Mary McLeod Bethune (1953), an America educator and daughter of former slaves, said, “We have a powerful potential in our youth, and we must have the courage to change old ideas and practices so that we may direct their power toward good ends.” My great grandfather was a slave and we have a copy of his freedom paper. He joined the army in 1865 so my family – the Overstreet – would be free from slavery. I am trying to continue my great grandfather’s tradition by helping families who need help. Being the first to receive a doctoral degree in my family fulfils my great grandfather’s dream because he would have wanted me use my education by making a difference not only in my life but for the families I serve as a therapist. This relates to spiritual leadership by illustrating the importance of making a difference and finding one’s life meaning (Fry, 2003).

Spirituality and Spiritual Leadership

Spirituality is a universal phenomenon that acts as a powerful psychological change agent (Hickson et al., 2000). Koenig, McCullough, and Larson (2001) define spirituality as a belief in the possibility of experiencing transcendent reality. For example, transcendent reality is having a feeling that a family is going to cancel their session before you get the call. For this study, I used Koenig et al.’s (2001) definition because transcendent reality is differently expressed by individuals from various cultural and religious backgrounds. Based on their years of experience working in early intervention practice, therapists may recognize transcendent reality because they tend to be more intuitive about their clients’ intentions or behaviors. The concepts of counseling and spirituality are separate; they can be married to increase the productivity of counseling practices.

This research study used the definition of spiritual leadership theory provided in Fry’s (2003) work because it emphasizes important factors such as spiritual leadership, spiritual well-being, and triple bottom line. Guillory (2002) expanded on that definition and noted that spiritual leadership requires a work environment in which people can freely exhibit their talent and ability by working within an environment in which mutual trust and respect exist.

Blackby (2001) developed spiritual leadership theory, which states that those who demonstrate spiritual leadership may lead organizations from the heart of services, reflecting not only spiritually but servant leadership as well. Servant leadership contains the elements of spiritual leadership theory, in that servant leadership is a manifestation of altruistic love in the action of pursuing transcendent vision (Sendjaya et al., 2008). According to Blackby (2001), heart of services means leading by the heart.

The conceptual framework is based on the spiritual leadership theory model proposed by Fry (2003), which “calls for a holistic leadership that helps to integrate the four fundamental area body, mind, heart emotion/feeling, and spirit” (p. 722). Fry’s model underscores the key points of hope, love, and a sense of calling. Fry suggested that spiritual leadership can be used as intrinsic motivation focusing on leadership, spiritual well-being, and calling. As a therapist, I help families deal with the emotional pain they are experiencing due to their children’s health problems. Sharing my success stories with them, I instill hope and faith helping them heal their emotional pain and suffering.

Fowler’s model provides individuals with a framework to identify where they and others are in terms of faith development (Lownsdale, 1997; Parker, 2011). Using Fowler’s model of stages of faith can help therapists recognize their own faith level and the faith level of their

clients. In terms of culture and worldview, therapists work with different cultural and faith beliefs and spiritual systems. Spiritual leadership can add more insight and the value of worldviews in a leadership role. Self-reflection is encouraged in the practice; as therapists recognize their beliefs systems, faith and values help to understand and respect others' beliefs systems. In the area of human and spiritual development, the use of Fowler's stages of faith can help therapists recognize their own faith and others' faith levels. In the area of communication, being true to oneself helps promote sensitivity in your role as a spiritual leader because it is not just a job, it is your calling or passion. In the area of assessment, understanding where the family is in the grief process is important, as is setting goals in the areas of diagnosis and treatment with the family and being consistent with family's goals and priorities for their child.

The main principles of spiritual leadership are based on following work ethics through building connection with employees (Fry 2003). When practiced effectively, spiritual leadership can help build productivity and productive relationships in the work environment (Fry, 2003). The main constituents of spiritual leadership are: hope, vision, and altruistic love (Fry, 2003). Hope is manifested through stretching a goal and/or demonstrating extra effort to reach excellence in one's work (Fry, 2003). Vision is demonstrated through empowering and setting a guidance for others to reach established goals (Fry, 2003). Altruistic love is exhibited through trust and empathy for other people (Fry, 2003).

Since spiritual leadership seeks to make a difference, give one's life meaning, and recognize altruistic love within the work environment, it can help people can feel free to exhibit trust and respect and develop their talent and ability (Fry, 2003). By integrating spiritual leadership into their work, leaders are able to lead by example through their daily activities and personal values.

Although integrating religion into public schools is fraught with political problems, spirituality in public schools is less controversial when spirituality is understood as a developmental line innate to human beings (Ingersoll & Bauer, 2004). Thus, Ingersoll and Bauer suggest framing spirituality as a developmental process within an academic context rather than a religious one.

Research Design

Participants in the qualitative case study consisted of 10 licensed clinical therapists with various specialties in Illinois. These therapists provide occupational, speech, developmental, and physical therapy in the child's natural environment and were contracted by the Early Intervention Program. All participants have master's degrees or higher and have been working in the Early Intervention program for five years or more.

Discussion of Major Findings

The first research question examined was, "How do Early Interventions therapists incorporate spiritual leadership principles such as hope, faith, vision, calling, and altruistic love into their practice?" When participants shared their experiences of incorporating spiritual leadership skills, most of them talked about *hope*. The participants utilized the common ground of hope as they strengthened their approaches. As therapists, they tried to provide hope to parents by explaining to them that taking care of children because hoping and staying positive could improve children's condition. According to Fry (2003), hope is the main constituent of spiritual leadership and spiritual leaders give hope to others with the aim of reaching a goal. Therefore, I believe that hope should be incorporated into therapy practice as the findings of the study showed the positive impact of hope on families.

When participants talked about *empowerment*, they referred to vision, explaining how it helped them to set goals together with families. Setting a vision for the families helped the

therapists to define and reach goals for the children's development. Vision gave both the therapists and families something to focus on what was next for the child and family. Therefore, the participants underscored the importance of vision as an empowering tool for families. When talking about empowerment, participants also mentioned about educating parents. Specifically, when educating parents about the activities that could be beneficial for children, they did their best to collaborate with them to reach the goals of the sessions. According to Frye (2003), vision is one of the essential components of spiritual leadership and spiritual leaders use vision define clear goals for their followers with the aim of reaching goals.

The importance of trust was underscored by all of the therapists. The participants shared their stories about how they connected with the families regardless of their racial backgrounds and their social economic statuses. They acted as one of the family members to build trust by showing their willingness to sit on the floor when there was no furniture. Thus, going the extra mile for the families helped the therapists build trust between them and families. When the families trusted them and saw that they cared for their children, they could help the child move to the next level of their developmental goals. Trust is the essential component of spiritual leadership, and according to Fry (2003), spiritual leaders show altruistic love by trying to earn trust of other people. Some therapists mentioned sharing their stories of vulnerability and spirituality to earn trust of the families. In doing so, therapists could explore spirituality of the families and themselves. When families observed spirituality of the therapists, they were comfortable with sharing their own beliefs and spirituality. Cashwell and Young (2005) noted that when a counselor uses a client's religious and /or spiritual beliefs in the pursuit of the client's therapeutic goals as befit the client's expressed preference. This finding also is in parallel with McLellan's (2016) study. In her study, she reported that initially families were reluctant to share their spirituality with the therapists because they or thought that the therapists may not pay attention to their spiritual beliefs, but once the therapists shared their own beliefs with them, they started to trust the therapists.

When participants described their passion to their jobs, they saw it as a calling. Some talked about how the state of Illinois did not pay them regularly and yet they continued to go to work and support the families because for them, "It's not just a job," it was calling and passion. Many therapists felt they could not imagine doing anything else. *Calling*, according to Fry (2003), is understood as making a difference and giving meaning and purpose to one's life. All the therapists felt that this job was their calling. Calling is the essential constituent of spiritual leadership theory (Fry, 2003).

Moreover, all 10 participants in my study stated that trust was essential in building a strong relationship with the families. Paralleling Fry (2003), the therapists used spiritual leadership as an intrinsic motivation focused on leadership, spiritual well-being and calling. According to McLellan (2016), spiritual leadership provides a sacred space for clients to develop a sense of belonging, hope, and purpose because therapists can be more open to and accepting of the spiritual dimension in their clients and be received as more genuine, trustworthy, and empathetic.

The second research question was, "What is the Early Intervention therapists' perspective of spiritual leadership?" Some themes emerged from the data, such as holistic perspectives, leadership, the COVID-19 pandemic requiring extra coaching, and limited trainings for therapists.

When working with families, several participants shared their holistic approach, such as looking at the whole family's situation rather than child's health condition. When talking about

holistic approaches, participants highlighted the importance of active listening to getting to know and assessing what the families. McLellan's (2016) study also reported that a capacity for deep listening helped therapists to build connections with families and work with them together to develop the activities that were best interest of the client.

The participants in my study also noted about strength-based approach, meaning that they focused on the strength and desire of families in regard to supporting their children's development. I think that using holistic approaches, the therapists could develop better understanding of the children's development. "Holistic approaches to health and wellness call for the integration of mind, body, and spirit" (McLellan, 2016, p. 26).

When therapists discussed their practices during COVID19 pandemic, they shared their challenges working with families due to COVID 19. Before pandemic all therapists were doing in person sessions and providing hands on recommendation by following early intervention ethical practices. Due to the COVID 19 pandemic, the therapists were forced to use live video or teletherapy sessions. During this time, the therapists were required to prepare themselves by watching videos on how to do coaching. The 10 therapists agreed that doing live coaching was different than home visits. For example, in the home, they could sense if something went wrong and it was more hands-on. Using coaching during in-person visits, they could easily instruct parents to implement all activities with the child. This finding is parallel with Grant's (2005) study, which revealed that coaching enables leaders to create a relationship that will help the individuals maximize their potential. But with online coaching, it was overwhelming because some of the families had limited internet services or one computer, which caused difficulties for therapists to communicate with the parents.

Although all participants mentioned the lack of training during their graduate studies to raise their awareness of leadership and prepare for working with diverse families, some of the therapists could practice spiritual leadership in their job as therapists. This practice stemmed from years of experiences as therapist but not from educational training. This finding parallels with McLellan's (2016) study. In her study, therapists also reported that a lack of training in regard to different worldviews and beliefs that hindered their ability to understand different client perspectives and motivation, however, when the therapists related to their own spirituality, leadership experience, and training therapists to offer opportunities for open dialogue about the personal beliefs.

Researcher's Perspective on Spiritual Leadership

Although much research has been done over the last decades to promote the integration of spirituality into counselling (e.g., ASERVIC, 2009; Pargament, 2007; Young et al., 2002), there only a handful of studies that discuss how to address spiritual issues throughout the Early Intervention Programs. This research has informed me about the importance of establishing trust by sharing their own spirituality or vulnerability of families as they are struggling to cope with the developmental issues of their children.

Conclusion

A key point in this study was that although the therapists did not provide a well-formulated definition of spiritual leadership, some explained how they practiced several elements of spiritual leadership, such as providing hope for families, establishing trust, being passionate about their jobs, and demonstrating altruistic love. As a therapist, my experience resonates with their practice of spiritual leadership. I am also passionate about my job and try to provide, hope, and express altruistic love through my job, all of which are the perfect examples of spiritual leadership. In my role as a therapist, I have been practicing storytelling in sharing my own spirituality and vulnerability for years; therefore, I could relate to their experiences. I believe that

this practice has a positive impact on families as the results of this study demonstrated as it allowed having in-depth conversation with parents.

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