

2021

Spiritual Leadership in Early intervention Practice

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ABSTRACT

SPIRITUAL LEADERSHIP IN EARLY INTERVENTION PRACTICE

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Northern Illinois University, 2021
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The purpose of this narrative inquiry was to explore the ways of integrating the principles of spiritual leadership theory into therapeutic practice and to understand how spiritual leadership is used in therapy sessions from therapists' own perspectives. Semi-structured interviews served as major sources of data. The findings of the study revealed that early intervention therapists incorporated the elements of spiritual leadership, such as hope and faith, to enhance services provided to children and families.

NORTHERN ILLINOIS UNIVERSITY

DE KALB, ILLINOIS

AUGUST 2021

SPIRITUAL LEADERSHIP IN EARLY INTERVENTION PRACTICE

BY

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A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE

DOCTOR OF EDUCATION

DEPARTMENT OF COUNSELING AND HIGHER EDUCATION

Doctoral Co-Directors:
Laverne Gyant
Jorge Jeria

ACKNOWLEDGEMENTS

“For nothing is impossible with God” (Luke 1:37). First and foremost, I would like to thank God for His works in me so that I could endure the journey knowing that all things are possible with Him. I would also like to thank my committee members: Dr. Laverne Gyant, Dr. Scott Wickman, Dr. Jorge Jeria, and Dr. Suzanne Degges-White for helping me deepen my background in educational leadership. A special thank you goes out to the families in the Early Intervention Program and the participants who took the time to share their experiences so I could complete this study.

Thanks to my family: sons Clarence Jr., Matthew, and Malcolm Jr.; my sister, Wilnetta O. Franklin; Vida Brown; Louis Al Chambers; and friends for encouraging me to continue my education. I would also like to express my gratitude to Dr. Rebecca Pruitt, Dr. Ann Wood Washington, my colleagues and friends who supported and encouraged me to complete this process. Especially, I would like to thank my parents Mrs. Jonell T. Overstreet and William H. Overstreet. Thanks for all your support and encouragement throughout my life!!!

DEDICATION

To my parents: Mrs. Jonell T. Overstreet and the late William H. Overstreet

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CHAPTER 1

INTRODUCTION

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. These 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.

McLeod Bethune (1955), an American 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 Overstreets – 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 fulfills 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

Spirituality is a universal phenomenon that acts as a powerful psychological change agent (Hickson, Housely, & Wage, 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.

Counseling and Spirituality

Several seminal studies examine how counseling and spirituality work together. The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) is an entity in the American Counseling Association, which helps counselors work with clients on spiritual and religious issues, and there are 14 competencies to support the counselor. Competency 8 and competency 9 help bridge understanding of client's religion/spiritually and the goals together for the best interest of their client. Cashwell and Young (2005) combined competency 8, "the professional counselor is sensitive to and receptive of religious and/or spiritual themes in the counseling process as befit the expressed preference of each client," and competency 9, "The professional 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." Thus, spirituality has a natural home in counseling, and counselors who aspire to be multiculturally competent are encouraged to become acquainted with diverse spiritual and religious practices to understand each individual's experience (Fukuyama, Sevig, & Soet, 2008). Wickman and Stloukal's (2011) article discusses how spirituality and religion can help individuals feel safe in the work environment. Hopefully, this model can be implemented with therapists in an early intervention program as a training program.

Wickman and Stloukal (2011) make recommendations on how to create spiritual and religious safe zones in the school environment through a supportive setting in which students feel safe sharing ideas on spirituality and religion. Wickman and Stloukal contend the spiritual and religious safe zone is already embedded in a school counseling program's philosophy and is implemented through organizing individual and small-group counseling sessions.

Spiritual Leadership

Spiritual leadership refers to leading through vision, hope/faith, and altruistic love (Fry, 2003). Spiritual leadership is also based on an individual's ethical and cultural values (Driscoll & McKee, 2007; Fry, 2003). Spiritual leaders lead from a heart of services, reflecting not only spirituality but their servanthood as well (Blackaby, 2001). Heart of service and servant leadership are closely related to spiritual leadership, as explained in the next section.

Service Leadership

Service leadership refers to providing quality service to everyone, including oneself, others, groups, communities, systems, and environments (Shek, Chung, & Leung, 2015). Individuals who practice service leadership are “recognizing and appreciating high-quality service, removing obstacles to service delivery, setting clear standards for service quality, and so forth” (Schneider et al., 2005, p. 1019). Although service leadership shares similar values, such as leaders to serve, with other forms of leadership, such as servant, spiritual, authentic, ethical, transformational and motivational, it has a stronger focus on service than other forms of motivation-based leadership (Chung, 2010). It is because the individual needs of leaders, such as healthy spirit to motivate others, are considered the most essential trait; otherwise, they cannot lead others well (Shek et al., 2015). Moreover, service leaders improve service quality and facilitate the emergence of service climate (Jiang, 2015; Schneider et al., 2005).

Heart of Services and Servant Leadership

Heart of services refers to serving people from the heart and putting their needs first (Bengston, n.d.). Metaphorically speaking, it is an innate spirit about being comfortable and confident in one's ability to lead in any environment (Schneider et al., 2005). Heart of services is the essential component part of servant leadership because serving others first before yourself constitutes the foundation of the servant leadership (Sendjaya & Sarros, 2002). By serving others, servant leaders seek to transform their followers to "grow healthier, wiser, freer, more autonomous, and more likely themselves to become servants" (Greenleaf, 1977, pp. 13-14). Other scholars, such as Blackaby (2001) and Jiang (2015), contend that servant leaders seek to lead and encourage others to succeed in the work environment. Since the primary intent of servant leaders is to serve others first, not lead others first, makes servant leadership different from other leadership styles (Jiang, 2015).

Background and Context of the Problem

A 2016 story from the *Harvard Business Review* found that American companies spent \$160 billion on employee training and education. Similarly, companies worldwide spend \$356 billion on the same items: employee training and education (Beer, 2016). These figures underscore how leadership is perceived by the public and employees. The connection between *Harvard Business Review* and the current study supports the idea that spiritual leadership is beneficial for business. I believe we can use spiritual leadership in therapy as well higher education. The purpose of spiritual leadership theory is to create "vision and value congruence across the strategic, empowered team, and individual levels and ultimately, to foster higher levels

of organization commitment and productivity” (Fry, 2003, p 694.). One example of a company using spiritual leadership is the American Family Life Assurance Company (AFLAC).

AFLAC was founded in 1955. AFLAC provides supplemental insurance in the United States and is an example of a company that uses Christian principles (Fry & Egel, 2017). According to Fry and Egel (2017), Mr. Amos’s, the CEO, leadership was built on spiritual leadership skills and Christian principles of faith and honesty to increase productivity. From the day he joined the company, Amos set rules on how to treat other people and expected employees to appreciate each person’s uniqueness and contribution into the company’s culture. He led the company without explicitly stating that his leadership was based on spiritual leadership and his Christian beliefs. Doing so, he created a sustainable culture in AFLAC, which is about caring and valuing employees and promoting awareness among the company’s employees and interested stakeholders of their shared responsibility for increasing productivity. Since I identify as Christian, my spiritual leadership allows me to lead people with honesty. As an individual whose leadership beliefs align with the principles of spiritual leadership, I lead others with honesty. I believe that spiritual leadership ideology can benefit other organizations such as the Early Intervention Program workplace.

Early Intervention Program

The Illinois Early Intervention (EI) program is a statewide program that provides services and serves and supports families with special needs children from birth through three years old (Department of Human Service-DHS 4395 (R-04-17) Early intervention Program- Illinois). Early Intervention uses a team approach and is family driven. Families can request a developmental evaluation of their child completed by a license therapist. If the child is eligible

for service, then an Individual Family Service Plan (IFSP) is written with goals and outcomes (like a treatment plan) for the child and a therapist is assigned to provide ongoing services to the family (DHS 4395). Early Intervention involves both social and interpersonal skills needed for fostering relationships with children aged three or younger who have experienced developmental delays.

Early Intervention Therapists

There are over 5,000 licensed early intervention therapists in Illinois (EI). These therapists provide occupational, speech, developmental, and physical therapy in the child's natural environment. All early intervention therapists have at least a bachelor's degree, but higher degrees are required for certain specializations.

The therapists must complete additional steps to earn their credentials. For example, a therapist must complete an application, background check, and the 30 hours of the Illinois Early Intervention Training Program. The 30 hours of training are in the following areas: development of young children (typical and atypical), working with families of young child with disabilities, Intervention strategies for young children with special needs, and assessment of young children with special needs. All training must be taken in at least two areas.

Problem Statement

There is a scarcity of studies that examine therapists' spiritual leadership. The majority of existing research on spiritual leadership address it from counseling and workplace perspectives. Through narrative inquiry, this study looked at individual therapists' perspectives of how they practice spiritual leadership. Spirituality is important to any workplace as it fosters employees'

productivity by connecting cognitive, emotional, and spiritual states (Kirsner, 2001). One question comes to mind is whether early intervention therapists who practice spiritual leadership increase their motivation and contribute to their respective organizations' overall productivity. Therefore, this study is important as it examined therapists' perspectives on spiritual leadership.

Purpose of Study

This study explored the ways in which the principles of spiritual leadership theory were integrated into therapeutic practice to understand how spiritual leadership was practiced in therapy sessions from the therapists' own perspectives. The findings from this study may help early intervention therapists enhance services provided to children and families by incorporating a holistic approach working with families.

Research Questions

The following questions guided this study:

1. How do Early Interventions therapists incorporate spiritual leadership principles such as hope, faith, vision, calling, and altruistic love into their practice?
2. What is the Early Intervention therapists' perspective of spiritual leadership?

Significance of the Study

This study adds to the literature as it investigated how therapists practice spiritual leadership in their work. It provides insight into their perspectives of the therapist-client relationship, which will help us better understand how those values can foster a deep understanding of trust between the therapist and the families with whom they work. The study

also adds to the existing research, as only a few empirical studies have addressed the role of spiritual leadership in shaping therapists' practices.

Definitions of Spiritual Leadership

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, Sarros, & Santora, 2008). According to Blackby (2001), heart of services means leading by the heart.

Ethical behavior is also a key part of the spiritual leadership theory (Meng, 2016). Meng stated,

Leadership and ethics share a synergistic relationship in spirituality because leadership ensures ethics and ethics is central to leadership. The nature of the leadership, and the need to engage followers to accomplish mutual goals creates this type of synergism between the two parties. (p. 70)

Indeed, ethical leadership has a relationship with spirituality, and as Fairholm (1997) stated, "If leaders commit to the care of the whole person, they must include spiritual care in their practice" (p. 8).

Theoretical Framework

Roberts (2010) stated that “a conceptual framework identifies the key factors, constructs, or variables which help to provide clarity for the direction a study will take” (p. 129). This study examined how therapists demonstrated spiritual leadership through the application of their personal beliefs, value systems, and ideology, while working in the Early Intervention program. 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 (Figure 1). This theory is suitable for this study because I examined the participants’ calling and life meaning while they worked. In addition, Fry (2003) addressed healing. 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.

Summary of Findings

The findings of the study indicated that the therapists incorporated the constitutive elements of spiritual leadership theory into their practice. Specifically, the participants described that they cared for the families and children. Moreover, when the therapists worked with the families, they helped them cope with the emotional pain they were experiencing. By setting clear vision of how to improve children’s development, the therapists achieved the goals they set with the families. Achieving goals was possible due to therapists’ practice of spiritual leadership.

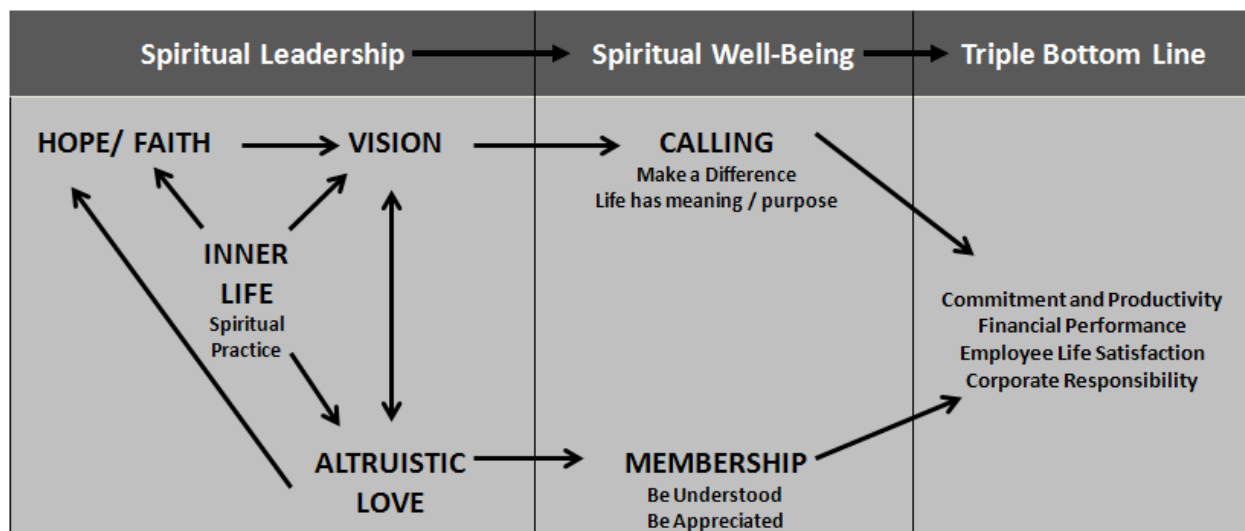


Figure 1. Spiritual leader as intrinsic motivation through vision hope/faith, and altruistic love (Fry, 2003)

Limitations

This study focused only on therapists in the Early Intervention program in the Midwest of the United States. This is a limitation because the therapists in the Early Intervention Program in the Midwestern region do not represent all therapists across the United States. Additionally, because of the COVID 19 pandemic, all interviews were completed via Zoom. When therapists shared their practices of spiritual leadership in their daily session, they talked about their virtual therapy sessions because there were no in-person home visits. Therapists hold sessions by making phone calls and/or doing therapy on the internet. So, this was a limitation in terms of data collection because the therapists' daily spiritual leadership practices, such as advocating faith and belief during their in-person visits, were not obtained.

Definitions of Key Terms

The following terms were used in this study:

Altruistic love is defined as “a sense of wholeness, harmony, and well-being through care, concern and appreciation for both self and other” (Fry, 2003, p. 712).

Calling – purpose of life, making a difference through services.

Hope– based on values, attitudes, and behaviors that demonstrate the certainty and trust that what is desired and expected will come to pass (Fry, 2005).

Membership is a sense of belonging or community (Fry 2003; 2005).

Spiritual leader –The leader of the organization who leads from the heart with a focus on services to others reflecting not only spirituality but service as well (Blackaby, 2001).

Spiritual leadership – “The purpose of SPL is to create vision and value congruence across the strategic, empowered team, and individual levels and ultimately, to foster higher levels of organization commitment and productivity” (Fry, 2003)

Trust – A firm belief in the integrity of others.

Vision refers to a picture of the future implicit goals.

Chapter Summary

This chapter detailed the purpose statement, significance of study and theoretical framework. The chapter also provided key terms that guided this study. Spiritual leadership theory was discussed to understand which elements of the theory the therapists in the Early Intervention program practiced. The next chapter provides a review and synthesis of relevant literature on the topic.

CHAPTER 2

LITERATURE REVIEW

This chapter discusses studies on Fowler's model, leadership, servant leadership, leader-member exchange theory (LMX), spirituality and spiritual wellness, spiritual leadership theory and spiritual leadership, spirituality in the workplace, storytelling in the workplace, which can add value to leadership style, spiritual leadership and counseling, and coaching.

Fowler's Model

Fowler's model provides individuals with a framework to identify where they and others are in terms of faith development (Love, 2002; Lowndale, 1997; Parker, 2011). The stages of faith development are: Stage 0: primal faith, Stage 1: intuitive reflective faith, stage 2: mythic-literal faith, stage 3: synthetic conventional faith, stage 4: individuate reflective faith, stage 5: conjunct faith, and stage 6: universalizing faith. Using Fowler's model of stages of faith can help therapists recognize their own faith level and the faith level of their clients. Applying Fowler's theory with the ASERVIC competencies may provide additional knowledge and understanding of clients' faith development for therapists in the field of early intervention. For example, ASERVIC competencies is recommend use for best practice with counseling. If therapists in Early Intervention use these competencies in the field, it can lead to best practice by understanding their own faith. Fowler's model can be used as a training guideline for therapists. In terms of culture and worldview, therapists work with difference type of culture faith beliefs,

and spiritual system in early intervention. In this area, spiritual leadership can add more insight and the value of worldviews in a leadership role. The other essential competence area is self-awareness. 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.

Leadership

No two leaders are exactly alike because each person has different strengths and weaknesses. According to Fry and Egel (2017), "the challenges have forced companies to seek and develop leaders who have the ability to influence people different from themselves" (p. 2). Research indicates there is enough empirical and anecdotal evidence to reveal the various aspects of leadership in workplace settings. Bernard's (1926) research addressed the innate qualities with which a person is born that may indicate their leadership abilities. Graen's (1976) study focused on the relationships between leaders and followers. Halpin and Winter (1957) looked at leadership behaviors practiced in organizations and the level of impact they have on employees and made recommendations to leaders about being mindful of their behaviors. In the same vein, Baron's (198) study focused on organizational leadership and identified successful strategies. According to Saal and Knight (1988), leadership skills can be taught in the workplace, meaning

leaders do not need to have inherent skills and salient ideas about each. Thus, the leadership styles practiced in different organizations should be explored in-depth to identify which ones are vital for the institutional or organizational success.

There are several ways to explore various leadership styles. In their seminal work, Higgs and Dulewicz (2005) developed a leadership dimensions questionnaire, which allowed individuals to assess their leadership style. When exploring the different contexts in which the leadership styles were practiced, many overlapping forms of leadership can be revealed. Dulewicz and Higgs (2005) contended that “the situation or context is highly relevant to leadership style” (p. 395). Fry (2003) compared servant, spiritual, motivation-based path-goal, charismatic, transactional, and transformational leadership styles. Spiritual leadership is more geared toward motivation and bring positive changes to an organization (Fry, 2003).

One of the forms of leadership that bears similarities to spiritual leadership is servant leadership (Fry, 2003; Lynch & Friedman, 2013). Examining the basic underlying principles of servant and spiritual leadership styles, Lynch and Friedman (2013) found qualities such as honesty, trust, integrity, and service to people were common between both leadership styles.

Spiritual Leadership

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, 2005). 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, 2005).

When compared to other styles of leadership, spiritual leadership is about connectivity and relationships, recognizing and understanding rational or scientific explanation, understanding transcendental reality, and healing the need for forgiveness, acceptance and humility (Burke, 2006). “Spiritual leadership allows us to acknowledge our humanity in intersectional ways that ultimately boost productivity by focusing on transcendent experiences in humans” (Guillory, 2002). According to Fry and Egel (2017, p.5). “Spiritual leadership can be viewed as an emerging paradigm within the broader field of workplace spirituality.” 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 (Fullan, 2002; McCormick, 1994.)

There are different models to explore in spiritual leadership in counseling. For example, spiritual leadership has been used in school counseling and can provide an example or blueprint for how therapists can use it in their practice. 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.

Servant Leadership

Servant leadership begins with the natural feeling that one wants to serve other people; therefore, they want to devote their lives to helping people. Spiritual leadership proposes that a leader should possess a conscious choice of encouraging others when leading them. As Greenleaf (1970) notes, to be considered as spiritual leaders, they should ask themselves questions such as “do those served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servant?” (p. 4). When it comes to workplace spirituality, the servant leader is committed to integrating spirituality into the workplace and building trust in the workplace (Lynch & Friedman, 2013).

Leader-Member Exchange Theory (LMX)

Graen and Uhl-Bien (1995) contend that leader-member exchange theory shares some tenets with servant leadership, particularly in the context of building trust among employees. LMX “develops trusting and mutually beneficial relationship with employees” (Greenleaf, 1996, p. 20). Servant leadership, spiritual leadership theory, and LMX theory share some of the same attributes: trust, vision, altruism, encouragement, and faith. Most importantly, these theories describe the leaders’ desire to serve and bring transformation to the workplace. According to Wheeler (2006), servant leadership and leader-member exchange theory have constituents of transformation leadership, although the latter does not include the concepts of spirit and spirituality.

Spirituality

To connect and understand the essence of spirituality, the term spirit should be well examined. In religion and philosophy, spirit is delimited as the non-material existence of human beings that keep vitality even after death (Baloglu & Karadag, 2009). Spirit refers to the vital and energizing force or principle in a person, the core of the self; “spirit is a part of wholeness while working with patients” (Fairhom, 1996, p. 11). The term spirituality can carry an abstract connotation (Fairhom, 1996). Spirituality is an inherent component of being human and is intangible and multidimensional (Tanyi, 2002). Spirituality is a basic need that allows people to satisfy their need to survive (Fry, 2003). While Fry’s (2003) definition is simple and covers the essence of spirituality, this study adopted Koenig et al.’s (2001) definition of spirituality, as it helps understand differences in human beliefs due to different religious backgrounds. Koenig et al. (2001) defined spirituality as people’s belief in the possibility of some form of transcendent reality.

Spirituality is viewed as a universal phenomenon that acts as a powerful psychological change agent (Koenig et al., 2001). An abundance of research has found spirituality to be important in grief and loss issues (Attig, 2001; Calhoun & Tedeschi, 2006) and an aid to overcome daily difficulties (Guindon & Hanna, 2002) Spirituality has a synonymous relationship with religion that may prevent some from seeing spiritual leadership as a style of leadership. Religion is highly polarized and divisive, but it is not an integral part of spiritual leadership. Burke (2006) agreed, stating that “my approach to the subject of leadership and spirituality is not from a religious standpoint: although for many, religious faith plays a significant role . . . for them” (p. 15). Burke implied that if a leader leads multireligion organizations, leading an

organization from only one religious standpoint may negatively influence the productivity of the employees of different faiths. For this reason, a leader should find ways of leading guided by universally accepted values that can be found in every religion, such as honesty, faith, and trust. Moreover, “there is ample support for understanding spirituality as a normal human line of development like cognition, emotion, or sexual identity” (Ingersoll & Bauer, p. 301).

Spirituality in the Workplace

Spirituality in the workplace should include individual, group, and organizational leadership (Kolodinsky, Giacalone, & Jurkiewicz, 2008). Spirituality in the workplace helps develop an ethically sound organizational culture and promotes organizational values. Spirituality in the workplace has been increasing in the popular press as well as in academic research and teaching” (Driscolle & McKee, 2007, p. 206). A study found that graduate students were more involved in organizational initiatives and were overall positively satisfied with the university experiences when there was strong organizational spirituality (Kolodinsky et al., 2008). Another research study, involving 154 organizations in Portugal, indicated a positive relationship between spirituality in the workplace and the attachment and loyalty of individuals (Rego, Cunha, & Souto, 2008).

According to Kolodinsky et al. (2008), the interaction of personal spirituality and organizational spirituality relates to total work satisfaction. Work satisfaction, which involves being engaged in altruistic work that is self-fulfilling, has brought many to service positions that do not have the financial benefits of some higher profit industries (Alfac, 2017). To enhance productivity, it is important that employers consider the spirituality of employees as it can result in work satisfaction. Milliman, Czaplewski, and Ferguson (2003) did a cross-sectional survey on

workplace spirituality and employee work attitudes. The empirical assessment survey reviewed three core levels: individual level, meaningfulness of the work, and finding the meaning of life. The results showed that the individual enjoyed their work and gained a sense of purpose from their job. Secondly, a sense of connection within the community was developed at the group level. Milliman et al. suggested that at the organizational level, employees should have a connection to the organization's goals and mission, have a need to develop a sense of community, and learn to connect with and support their co-workers. This study found that employees who maintained their spirituality in the workplace tended to have a positive attitude about their job, which led to less employee turnover.

Storytelling in the Workplace Can Add Value to Leadership Style

Existing research supports spirituality as a line of development in humans and offers a path toward implementation in secular settings, such as in counseling service. For instance, Driscoll and McKee (2007) contended leaders sharing their stories helps colleagues understand why their values and ethics are important in the workplace. Driscoll and McKee also identified the connections among organizational storytelling, spirituality in the workplace, organizational culture, and authentic leadership. "Connecting story telling with spirituality in the workplace can help develop an ethically sound organization cultures that promotes organizes values in the workplace has been proliferating in the popular press as well as in academic research and teaching" (p. 20).

Spiritual Leadership and Counseling

The concepts of religion and spirituality are frequently used in the counseling literature (Cashwell & Young, 2004). Research (e.g., Briggs & Dixon Rayle, 2005; Dobmeier & Reiner, 2012; Garvey, 2004; Ingersoll, 1997; Pate & Hall, 2005) has demonstrated the importance of spirituality in counselor training. For instance, Dobmeier and Reiner (2012) argued that spirituality in a counselor education curriculum is important and contended counselors should be trained to integrate spirituality into their counseling practice to make the clients they work with comfortable during sessions.

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a division of ACA explained the concept of spirituality and identified six counselor competencies: culture and worldview, counselor self-awareness, human and spiritual development, communication, assessment, and diagnosis and treatment. When internalized and practiced effectively, these competencies can help professional counselors recognize that a client's beliefs about spirituality and/or religion are central to their worldview and can influence their psychosocial functioning. In addition, they can be invaluable in counselor training program where the counselors are assigned. Coaching and counseling can help to support individuals in their spiritual wellness and growth (Garvey, 2004).

Coaching

Coaching is another option for developing leadership skills (Grant, 2005). Mink, Owen, and Mink (1993) stated that coaching is a process that enables an individual and the coach to create a relationship that will help an individual maximize their potential. According to Grant

(2005), there are three types of coaching: executive, workplace, and life coaching. When practiced effectively, the three types of coaching can cultivate leadership skills in mentees Grant, 2005). Mink et al. (1993) also argued that coaches can play a role as a leader for their mentees. In my case, life coaching seems more relevant because when working with families, I am acting as their life coach by helping and guiding them during the therapy sessions. Coaching and leadership can work together during therapy; for example, parents look to the therapist's leadership abilities to guide them, and coaching encourages the parents in how to do the developmental activities with their child. According to Rush and Sheldon (2004), coaching is an adult learning strategy that promotes reflection.

Chapter Summary

This chapter discussed Fowler's model, leadership, servant leadership, leader-member exchange theory, spirituality and spiritual wellness, spiritual leadership theory, and spiritual leadership as well as spirituality in the workplace and spiritual leadership and counseling. These topics build a framework of the leadership approach in the Early Intervention Program. The Fowler model helped me develop a framework to train therapists in faith awareness in the field of early intervention. Seminal studies helped me develop substantial knowledge on the importance of implementing spiritual leadership theory and formulating research questions to explore whether the participant therapists were aware of the spiritual leadership they practiced in their daily jobs.

CHAPTER 3

METHODOLOGY

This qualitative study explored whether the participant therapists used spiritual leadership ideology in their practice of early intervention. This study was guided by the following research questions:

1. How do Early Interventions therapists incorporate spiritual leadership principles, such as hope, faith, vision, calling, and altruistic love into their practice?
2. What are the early intervention therapists' perspectives of spiritual leadership?

This qualitative study focused on Early Intervention therapists in the Midwestern region of the United States. This chapter will present the research design, data collection and data analysis methods. This research allowed an in-depth examination of the participants' experiences and their leadership styles as a therapist.

Research Design

The purpose of this study was to explore how therapists incorporate spiritual leadership in their practice. It was important to approach this study from a narrative perspective because it allowed the participants to share their experiences freely and let their voices be heard. The semi-structured interview questions allowed the participants to share their stories and their work experiences. When a study is based on human interaction, a qualitative approach is better to capture the “phenomena in order to understand and appreciate their experience “(Daniel, 2016, p.

93). Construct transformative worldview provided the foundation for examining this topic using open-ended interviewing such as narrative inquires (Creswell, 2010). By employing this method, I hoped to learn more about contribution of spiritual leadership practice in the Early Intervention program.

Participant Selection

According to Creswell (2012), “a population is a group of individuals who have the same characteristics” (p. 142). The criterion for the participants in this study was that participants had to be therapists employed by Early Intervention .0 program for two or more years. The participants were recruited via a flyer posted in the various offices around Cook County. I also contacted other therapists using snowball sampling by asking them to provide contact information for other potential interviewees. Participants with less than two years of experience were excluded because this study needed participants with rich experiences in the field.

Data Collection

Data was collected through Zoom interviews that lasted approximately 60 minutes. A semi-structured format was used so that respondents had an opportunity to expand on their answers.

Research Participants

I sought IRB approval in early December of 2020. After receiving the approval in mid-December, I began to recruit participants. Once I heard from the prospective participants, I shared with them information about the research study, asking if they were interested in

participating, and set up a time for the interview. I provided participants with a consent form to be signed. Prior to the interviews, I reviewed the consent form with each participant and informed them about the confidentiality of their identities. I told them pseudonyms would be assigned for each participant. I also explained that the interviews would be audio-recorded for transcription purposes and to ensure that their experiences and ideas were presented accurately.

I contacted 15 participants and only ten people responded to my invitation. Then I email to those ten participants to set up the time for the interview. The 10 therapists were interviewed using semi-structure questions (see Appendix A). All interviews were completed, and audio recorded via Zoom. Each participant was asked about their years of experience in Early Intervention, clinical license, gender, ethnicity, and highest educational degree attained. All interviews were completed between late December 2020 and early January 2021. Each interview was between 45-60 minutes. Participants reviewed the transcriptions and made changes.

Interviews

The interviews were approximately 60 minutes via Zoom to follow safety protocols during the pandemic. According to Creswell (2013), interviews are the best way to obtain in-depth information from participants. The reason for using the semi-structured format was that it provided the respondents an opportunity to expand on their answers and allowed me to “ask open-ended questions so the participants can express the experience” (Creswell, 2010, p. 213). I wanted the participants to clarify some of their responses, sometimes going beyond the pre-structured questions. I took notes during each interview to help analysis and identification of themes during the analysis process. Each interview was transcribed, and a copy was sent to participants for them to review.

Data Analysis

All interviews were transferred to a third-party for transcription. Demographics of the participants, such as sex, ethnic background, years of experience and clinical licensed each participates are provided in the Table 1. I made notes during the data analysis. Those codes later helped me develop themes. Working with qualitative data necessitates certain judgements be made through reading notes and transcripts of interviews (Creswell, 2010). Narrative inquiry method allowed me to interpret respondent stories in the context of spiritual leadership and learn more about how therapists implementing spiritual leadership practices.

Chase (2005) proposed five analytic lenses to be used in narrative inquiry: (a) uniqueness of human actions, (b) narrator's voice and choices, (c) ways in which the narrative was constrained by social circumstances, (d) narratives as socially situated, and e) researchers as narrators. For this dissertation, the emphasis was placed on Chase's first and third lenses, i.e. on the ways in which the participants told their narratives that described their thoughts, feelings, and behavior in relation to their spiritual leadership experiences.

Creswell's (2013) six-steps analysis, the data were reviewed through the following process:

Step 1: Organize and prepared the data collected. Interviews was recoded and transcribe by third party company then transferred to word document.

Step 2: Read and look at data. I review the data.

Step 3: Coding. Coding key terms from each interviewee were identified, categorized base on research questions

Step 4: Description state. Looking are recurring theme from participated

Table 1

Participant Demographics

Name	Gender	Ethnicity	Years of Experience	Clinical License	Education Level
Esther	Female	African American	19	Nurse and Nutritionist	Doctoral Degree
Aldora	Female	Hispanic	5	Physical Therapist	Doctoral Degree
Ruth	Female	Caucasian	20	Speech and Language Therapist	Master's degree
Sarah	Female	Caucasian	25	Speech and Language Therapist	Master's degree
Eve	Female	African American	21	Occupational Therapist	Master's degree
Hannah	Female	African American	10	Speech and Language Therapist	Master's Degree
Judith	Female	African American	21	Occupational Therapist	Master's degree
Abigail	Female	Caucasian	12	Speech and Language Therapist	Master's degree
Naomi	Female	African American	12	Developmental Therapist	Master's degree
Josiah	Male	Southeast Asian	30	Physical therapist assistant	Master's degree

Step 5: Advance how the description and themes will be represented in qualitative narrative.

Step 6: Evaluate and interpretation of data

In terms of analyzing the data, the focus was on coding the data to complete a thematic analysis. Thematic analysis begins with regular coding methods to get at the content of the data and then is followed by narrative analysis to show how participants make sense of their experiences (Riessman, 2008). Thus, the transcripts of interviews were coded multiple times to look for emergent themes. After multiple rounds of coding, the themes were categorized.

Trustworthiness

It was paramount to this study that findings are credible. Creswell (2010) recommends that the researcher should ensure the credibility of the findings through procedures such as audit trail, member checking and sharing one's positionality as a researcher. Audit trails help establish confirmability of the findings of a narrative inquiry, ensuring that the findings are based on the participants' narratives rather than the researcher's perceptions (Creswell, 2012). Member checking was also employed in this study because the participants reviewed the transcripts and checked for accuracy during brief follow-up sessions (Creswell, 2010). This was important because I wanted to accurately represent my participants' experiences.

Researcher Positionality

My 26 years of experience as a therapist provided an incredible background for me as the researcher of this study. I understand how my biases shaped by my career in this field and my own experiences could have been a threat to this study. Therefore, as the researcher I focused on

removing and mitigating any bias in the research and execution of this study. Ultimately, I hoped to create a framework and protocol that could be replicated in future case studies and research. I believe that spiritual leadership style of coaching embodies my learning as a therapist, as it has increased my ability to perform my job at a consistently high level. Through my own anecdotal experience, I have seen firsthand the ways spiritual leadership has improved interpersonal relationships in the Early Intervention program. The emphasis on effective ways of actively communicating and listening truly creates environments in which everyone feels engaged.

Chapter Summary

Chapter 3 presented the research design and the data collection and data analysis methods. To ensure the trustworthiness of the study, I employed audit trail and member checking. My positionality as a researcher is also shared in this chapter to explain its influence on the data collection and analysis.

CHAPTER 4

FINDINGS

The purpose of this study was to explore the ways in which the principles of spiritual leadership theory were integrated into therapeutic practice. Using narrative inquiry method, this study looked at individual therapists' perspectives of how they practice spiritual leadership. The following research questions guided this study:

1. How do Early Interventions therapists incorporate spiritual leadership principles such as hope, faith, vision, calling, and altruistic love into their practice?
2. What is the Early Intervention therapists' perspective of spiritual leadership?

Profile of Participants

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. The therapists were currently contacted by the Early Intervention Program. Therefore, I limited my participants to 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.

Esther is a licensed clinical nurse with a doctoral degree. She is also a licensed nutritionist in the Early Intervention program. She has been working in the Early Intervention

program for 19 years. She shared that she was pursuing a doctoral degree in nursing. She works full-time in the program.

Aldora is a licensed clinical physical therapist. She has been working in the Early Intervention program for five years. She has a doctoral degree in physical therapy. She works full time in the program.

Abigal is a licensed clinical speech and language pathologist. She has been working in early intervention for 12 years. She shared that she has a master's degree in speech and language. She works full time as a speech therapist in the public schools and works part-time in the Early Intervention program.

Eve is a licensed clinical occupational therapist. She has been working in early intervention for 21 years. She shared that she has a master's degree in occupational therapy. She works full time in the Early Intervention program.

Hannah is a licensed clinical speech and language pathologist. She has been working in early intervention for 10 years. She shared she has a master's degree in speech and language pathologist. She works full time in the Early Intervention program.

Josiah is a licensed clinical physical therapy assistant. He has been working in early intervention for 30 years. He shared that he has a master's degree in physical therapy. He works full time in the Early Intervention program.

Judith is a licensed clinical occupational therapist. She has been working in early intervention for 21 years. She shared that she has a master's degree in occupational therapy. She works full time the Early Intervention program.

Naomi is a licensed clinical developmental therapist. She has been working in early intervention for 12 years. She shared that she has a master's degree in education. She works full time in the Early Intervention program.

Ruth is a licensed clinical speech and language pathologist. She has been working in early intervention for 20 years. She has a master's degree in speech and language. She works full time in the Early Intervention program.

Sarah is a licensed clinical speech and language pathologist. She has been working in early intervention for 25 years. She shared that she has a master's degree in speech and language. She works full time in the Early Intervention program.

Findings

Several major themes and sub-themes emerged from the interviews in relation to research questions: (1) Empowerment, (2) Hope, (3) Assessing Family's Needs, (4) Trust, (5) Passion, (6) Holistic Perspectives, (7) Leadership Background and Training, and (8) Effects of COVID-19.

Theme 1: Empowerment

In the context of therapy sessions, empowerment is defined as authority or power given to someone to do something (Webster, 2005). In the context of the Early Intervention program, empowerment is embraced as working together with families to establish developmental goals for their child and learning strategies to meet those goals. The subthemes under empowerment is vision.

According to Early Intervention Program, the ending plan that is develop should "fit into family lifestyle and culture" (IDHS, n.d.) Therefore, the participants described the

process of creating a common vision and helping the families learn and practice strategies to meet the child developmental goals that “blends supports and services into the families’ daily routines in familiar spaces” (Illinois Department of Human Services [IDHS], n.d.). Participants believed working with families and development goals could be view as a empowerment skill building.

Vision

One way participants empowered families was through creating common vision by setting goals together. This joint effort between therapist and the families provided guidance throughout the therapy sessions. For instance, Esther said, “I use the word like, I want to be part of your team so we can move forward. I try to give families hope and *vision*, that’s the way I look at it.” Esther explained that she tried to join with the family by developing a relationship with the families Both Esther and Aldora, believed that working collaboratively with families, help them to set their goals and visions for their child and themselves. Both of them believed that empowering and working collaboratively help the parents learn how to help their children and others. Aldora also noted that working collaboratively helped her understand and be mindful of the differences in each family.

Ruth stated how vision was a part of leadership,

I think that’s leadership, in my opinion is *vision*. And then kind of go from there with the family to lead them in the right direction, or I guess in the direction that they want to be headed, which is the right direction for them. Keep in mind my population is all mostly Hispanic population, definitely not well off. A lot of them are under that poverty line and they raise their kids as just from a feeling instead of a knowledge of anything. And it’s not that they wouldn’t want to get that information. It’s just that they just don’t which path to take.

According to Aldora, empowerment plays an important role when working with families.

To have *vision* is a big one, [I think] respecting your differences, because working in the city especially, we see people from all backgrounds, all religions, and all faiths, and

socioeconomic statuses. I think trying to educate them And recommend what you think is best is setting a *vision* and showing them that you're there because you want to help, and you have love for what you do and ultimately for them, and you want the best for their child.

Aldora recognized the importance of vision as an empowering tool in her role as a therapist. For her, empowerment meant understanding the differences in each family. She described her process as,

I kind of go from there with the family to lead them in the right direction, or I guess in the direction that they want to be headed, which is the right direction for them. Keep in mind my population is all mostly Hispanic population, definitely not well off. A lot of them are under that poverty line and they raise their kids as just from a feeling instead of a knowledge of anything. And it's not that they wouldn't want to get that information. It's just that they just don't which path to take.

Theme 2: Hope

Hope in therapy practice is understood as being optimistic about the positive outcome of sessions (Ferentz, 2015). Hope is important in therapy session because it motivates people through their belief that their situation can get better through this experience (Ferentz, 2015). Several participants described how they helped their clients understand the importance of hope. Esther shared that on her first visit,

Well, first of all, I introduced myself as the nurse nutritionist. I also have a little saying that most moms or caregivers tend to be very receptive too. But then I also said that the most important thing is your mama heart. I give that to them to let them understand that they have an investment in caring for this child. It's not what I say is not what the doctor says, it's not what this one says, and those professionals are important, but a lot of that has to come from the mama heart, they [parents] need *hope*.

Esther mentioned that she introduced herself as a nurse nutritionist to make mothers feel comfortable. In explaining to parents that taking care of children could resembled an investment and pointing out how hoping and staying positive could improve their child's condition.

Aldora shared, “My job as a therapist involves love for sure and involves *hope*.... I think it involves wellbeing of the family and then the individual and the child.” Aldora noted that her job as a therapist involved giving *hope* to the families with whom she works with.

Hannah continued by stating, “I think hope is absolutely the nucleus of what we work, what we do, because there has to be buy-in.” She explained that hope was at the core of the therapy sessions.

Sarah stated how many families were hopeful about the therapy their child was receiving.,

When I meet a family, most of my children have medical issues and they’ve often been told a lot of negative information. I try to, through my evaluation of their child and the situation, I look at what the child can do and how to build on what the child can do and report this to the parent instead of what the child isn’t doing or can’t do, because I feel like everyone has potential for improvement at their own level and building on their skill set of what they can do. And that helps parents feel more *hopeful* that their child will develop and gain new skills.

When talking about her experience in giving hope to parents, Ruth said, “You try to... kind of work with the family and say that this is a developmental milestone that we really need to hit this give them *hope*.” Ruth described the various challenges she faced when working with families. Some of them were uninformed about their children’s development. By explaining the developmental stages of children, Ruth believed that she was giving hope to families.

Faith

Using faith in therapy is understood as a strategy that facilitates change (McLellan, 2016). Participants described how important faith was when working with families. Eve noted how,

And just incorporating not only just the therapy in itself, but just the *faith*. *Faith* in knowing that there’s a way, where there’s a will, there’s a way. So, it’s a combination of all those things: it is part of spirituality and part of science.

Eve shared that incorporating faith helped her practice spiritual leadership. She shared that faith served as a guidance in helping her know which direction to go when working with children and families. She noted that faith has a potential of supplementing science. Children can benefit from science and get treatment accordingly, whereas faith can instill belief and hope about the recovery of children. Eve suggested that therapists should recommend that families keep faith in the long road of recovery.

Hannah continued by showing how hope and faith work together in therapy,

Because as you know, it's not just the rec therapy, but it's also family-based counseling. So, utilizing common ground, as well as some of their *hopes and faith* in their child and family to just structure our interactions. Faith is the common core value and is established across any type of relationship with our families, but I utilize... I try to embody or utilize most of those components and services.

Both Eve and Hannah shared the importance of communicating with families to instill hope and keeping faith. When therapists can structure a combination of all these three things—communication, hope, faith—during their initial visits to families, they can make sure that recovery will go smoothly. Hannah also noted the benefit of family-based counseling prior to starting the therapy sessions. Like the other participants, Hannah believed that trust and faith were core values for building relationship with families.

As seen from the participants' responses, they believed hope and faith were essential in working with families. Although parents with children with different abilities benefitted from knowledge and skills provided by the participants, they still needed hope and faith. The therapists demonstrated to them how hope and faith can help the families stay positive about their children's development.

Theme 3: Assessing Families' Needs

Several participants mentioned how they frequently assessed the parents' needs in their daily jobs. Abigail explained,

I think there is a piece of when you're working with that family and you're in person, it's a little bit easier to get that nonverbal communication, read the facial tones, read the body language. Okay. How is this parent feeling about the activity that I suggested? I can just tell, there's a feeling in the room of like, oh, this isn't going well. In person therapy helps with understanding family's expectation and goals.

Abigail described her experience working with families during in-person sessions. For her understanding nonverbal communication is one way she can assess how her goals align with the families need and expectations.

For Aldora assessment begins with understanding the family,

Just being respectful I think helps us to understand the family. Because we're in their homes and because we're working with so many different religions and cultures and socioeconomic statuses and immigration. I mean, everything. It's just family styles and dynamics. And so, just being respectful, most importantly, and listening to them in their home environment, in their home.

She described that being respectful and listening to parents' concerns in their home environment helped her understand families' needs and how to work with them in fulfilling the goals of therapy sessions.

Hannah found that reviewing the assessments after meeting the family was important for her,

Just reviewing the assessments, reviewing the goals, but then also allowing time to really understand what their values are, what their hopes and our dreams are for their child. Some, a little bit about their background. And I used that to help structure the types of services and supports that I provide to my families.

Hannah mentioned that she learned about the families' background and values, their expectation, understanding their verbal and nonverbal communication, she could tailor the services the family would need.

Ruth explained that by having some knowledge about the Hispanic community, she was able to assess, educate and help the families focus on the child's needs. My population is all mostly Hispanic population, definitely not well off. A lot of them are under that poverty line and they raise their kids as just from a feeling instead of a knowledge of anything. And it's not that they wouldn't want to get that information. It's just that they just don't. So, I try to educate the family and focus on the child and family needs.

The therapists in this study mentioned that in order to assess the needs and educate the family, it was important for them to understand their beliefs and values, verbal and nonverbal communication, understand the expectations of the family, and be a good listener.

Theme 4: Trust

In the context of therapy sessions, trust is understood as building relationships with families. Several participants described how they established trust in their clients in their daily jobs that helped them build relationships with families and connect with them spiritually, while exploring their own spirituality.

Trust as a Way of building Relationships with Families

For some therapists, trust was essential in building connections with families. Aldora shared that trust showed how they cared for the child and family,

Build a *trust*... It is really a good relationship where they trust you and you trust them to really open up to you eventually. And so, you really can help them best by gaining their trust and showing them that you really care about them and do what's best for them and for their child ultimately.

For Aldora, it was important to build trust with the families because only then would parents started listening to her. So, the trust and bond she built with families were beneficial in helping her support the family effectively. She was aware of the fact that the families were different and some of them were reserved. As she was building trust , each session progress and she was able to help the family meet their goals and expectations.

Eve also noted that building a rapport with the family was important, “I think that trust is one of the first things that helps develop a rapport with the family, and the child.” For Eve, building a rapport helped establish trust with parents and children.

Like Eve, Judith agreed it was important to have trust when forming relationships with families.

Love and *trust*, compassion, all of that rolls together in order to be able to form a relationship... Especially having a long-lasting relationship because in EI, that’s what we ended up having, a long, lasting relationship for the most part. So that needs to be there, the family needs to know your heart is in there, and they do have to be able to trust you as well as you have to, as a clinician, be able to *trust* them as well. And I mean, if your heart is not right, it’s going to show forth anyway.

Ruth continued by stating the importance of building relationships with parents and being willing to provide help despite unfavorable conditions. She said,

We go into homes where you don’t want to sit on the floor, you don’t even want to take a step inside, but you do, and then you sit on the floor and you try to do the best that you can for this child who needs you. This way, I am building connections with families, hence establish trust.

Ruth found that she could build trust by showing her willingness to sit on the floor and engaging with the child, despite some difficult circumstances. By doing this, she believe she was able to establish trust with the families.

Sarah’s experience with instilling trust was interesting. She shared,

Because parents trust me and my style as I've been not only coaching all along to the parents but getting them to join in where they have to be the hands and do more therapy for a whole hour with us while we're doing different activities. I think they're now doing more hands-on things a lot through the teletherapy.

According to Sarah, trust can be built through activities. She explained that showing parents different activities to use with their children, made it easier for them to trust her style of working. She also found that doing hands-on activities worked out well both in-home visits as well as during online teletherapy sessions.

Hannah found that trust is one of those things that helped explore vulnerability of parents. She said,

You come to my home and I *trust* you. There's a certain level of vulnerability that parents have with a new person coming into their home, working with their child. And for them to trust you, you have to be aware of that. You have to be sensitive to that and understand that this may be new territory for them. So, I try to just to establish trust is to share about myself, share that I'm a mother. Share information about myself, about my background, my interest in, and why I chose the field. Also, listen, I think that we come in as disciplines, but families they have a great deal of knowledge about their child and their own personal family dynamics. So really listening to families, letting them know that you not only listen to them, but what makes you part of them. Being consistent with your practices and your word? Those are all things that I feel that have been... Things that will allow families to trust you as a person, but then also the work that you do and invest in that work.

Hannah noted that families were vulnerable because of their children's health problems. For this reason, she tried to establish trust by sharing about herself. She listened to the families by practicing active listening, so she could earn their trust. Listening to parents' needs and making herself being as a part of them helped her earn trust of the families.

As seen from the responses, the participants noted that trust help build the relationships with families. Some therapists could build relationships by doing activities with them, while others shared their own experiences to resonate with vulnerabilities of parents.

Trust as a Way of Exploring Spirituality and Vulnerability

Trust also helped therapists to connect with families spiritually. This practice contributed to exploring their own spirituality. For example, Hannah noted that trust was an essential component in her practice because she noticed that families were willing to share their own faith when she incorporated her own beliefs. She said,

There has to be a level of trust in the process of early intervention service provision. However, I think that as you... It's almost on an individual basis with families. Some families are open and candid with you about their faith and then that will lead to conversations about not necessarily religion, but their faith and their beliefs. So, it's not an absolute, it's more so as of established relationships for families, and there's a trust component there and they share with me what their faith is, that I will then also not necessarily share my own personal, but try to incorporate their faith or incorporate their beliefs into our interactions.

As Hannah noted, some families were open and she could have an open conversation with them. It was important for her to build trust and establish a relationship with the families because once parents trusted her, they were comfortable with sharing their faith and beliefs, which she was able to respect, regardless of her beliefs. Once trust was established and they felt their core beliefs were respected, they were able to move forward with the therapy sessions.

Few therapists mentioned that they incorporated their own beliefs into their practices which helped parents connect with them and share their beliefs. In doing so, therapists could explore their own spirituality. Trust helped EI therapists build better connection with families and facilitate sessions effectively.

Theme 5: Passion

In the context of therapy sessions, passion is understood as therapists' love for their jobs (McLellan, 2016). Several participants described how they were passionate about their jobs and showed that passion by being compassionate and providing service from their heart, and therefore seeing it as calling. Based on the participants responses, passion for them meant having a strong feeling about the children, families, and their jobs. Aldora explained,

I love all the families and all the children that I work with. I just do. It is my *passion*. So, it's easy for me to bring in love and hope. And then I think the families see it, and they can just tell because you get such a different response depending on how you treat them with respect and with love, and just trying to help them... Trying your best. And I think they can see that.

Aldora shared that she loved families with whom she worked. She described her commitment as a passion. This passion helped her bring love and hope to families. She believed that when families could see her passion, they respected her and followed her recommendations.

In this regard, Esther explained,

It's my calling, this is what I love doing. My heart goes into, one of the reasons why the baby's not gaining weight maybe the baby doesn't have food. Maybe the parent doesn't understand, we have a lot of young mothers who don't really understand about feeding their baby, they know their baby needs to eat, but they don't know how to feed or what to feed. And so clinically, yes, I can take care of everything, but from my heart, that's something different. And I too feel that early intervention is my *passion*. And so I know that people often laugh at me because I say, Oh, let me go out to my car and let me get this or let me go out to my car and get that because I carry diapers and feed tools and formula and things of that sort in my car. And I'm willing to give it to you and to share it with you, which is much different than feed your baby three bottles a day.

Esther was driven by her commitment to helping and caring for the families. As a therapist who practiced spiritual leadership, she believed it was her calling to help children in need. For this reason, she saw the Early Intervention program as her commitment.

Hannah was also passionate about her job. She said,

So, I want to find some of the same similar terms when I think of spiritual leadership. I don't necessarily think it's synonymous words, but it's more so just like to say servitude, giving from the heart, being for me understanding and empathetic of my families, as well as their beliefs and just being acknowledging their beliefs and ensuring that I am respectful of those.

Hannah believed that her commitment was to provide services by giving from her heart. She strived to be respectful of the families' beliefs, to understand their problems, and to let them know that she acknowledged their beliefs.

For Eve, her passion came from the children:

I like the population of kids I work with, and I love it. Pretty much I love my family, because I care about them, not just in terms of therapy, but in terms of being able to move on, and get beyond their circumstance, and grow as a family, grow to be strong enough to help the child.

Eve shared her passion of observing children grow strong during sessions. She explained that her passion also was geared to helping family to grow outside the therapy sessions.

As seen from the participants' responses, the therapists thought their commitment to their jobs, helping children and families, going the extra mile, and showing care and empathy viewed these as aspects of their passion and calling to be therapist.

Theme 6: Holistic Perspectives

Holistic perspective is interpreted as therapists' approach to understand the entirety of the family's situation. Several participants shared their perspectives on using holistic approaches

when working with clients. When working with families, some of them looked at the whole family's situation rather than just the child's health condition. They also mentioned the strength-based approach, meaning that they focused on the strength and desire of families in regard to supporting their children's development.

“Whole Child”

Working with the whole family helped therapists provide better assistance for children. Describing the importance of working with parents rather than just the child alone, Aldora explained,

I think that because of early intervention being what it is, a natural environment and helping families in their own homes with what they have, and therapy being an intervention where it's, I would say more holistic and more natural. So yeah, I use it all the time. We get to know families. We get to know how they work with their children and the siblings, and how the siblings play with their children, what kind of time they have. And so, we try to work in exercises based on their routine. And maybe we bring in our toys, but we translate it over into things that they have and how they can use whatever they have in the home to replicate those same activities.

Aldora shared that working in a natural environment, client's home, help to provide families support and encouragement from holistic perspectives. She sought to know not only the children she was working with, but their siblings, and how they spent their time and what activities they played together. This understanding helped her develop and modify activities by replicating some of them to make the sessions more comfortable for the children.

Describing her approach when working with families, Judith explained,

I look at the *whole family*. I look at what this family is going through, not just the physical nature of what's happening with the child, but the mental state of the child and the family and all the dynamics around. Do they have enough food? Do they have the basic essentials just to be able to meet that, to have enough energy or even thought process to be able to meet this child where they are physically? So, yeah, I look at the

whole body. I look at the social emotional piece, the mental piece, as well as the physical piece. So, all of that plays hand in hand because if the mind is not right, the physical won't be right. Well, I think, I try to understand what each family is dealing with and going through. I try to be sensitive to the needs of that family. I try to meet that family where they are. I try to make sure that I take self out of it because when I'm treating this family, it's not about me, it's about them and where I need to get them as a whole, not just the physical aspect, but the mental. Physical, because all of that works hand in hand. And I try to give as much as I can to them to get their baby to their maximum developmental stages.

Judith described using holistic approach when she started working with families. She tried to understand the whole family's social, mental, physical, and financial situation. Physical and mental health of families were especially important to address so that children could reach their developmental stages. According to her, these situations are integral for the therapy sessions to be effective.

Sarah gave examples of her "whole child" approach. She shared,

I definitely use a whole child approach and I also see the child as a whole and not just the speech and feeding cards. I look and discuss things about the family's life with them, what their concerns and expectations are for their child and then what's appropriate in their home for speaking and for eating. When I'm discussing what we are going to be doing in therapy, I try to also learn what happened in their life at their house and take that into consideration when I'm developing my plan of treatment and what our goals are, and then what types of materials I bring into the home, especially food, but any materials. And then I also look at what other therapies are involved with the child and try to collaborate with the other therapist, so I have information about all the child as a whole, not just in pieces of what I'm doing.

Sarah saw herself using a holistic approach during her therapy session with families. She discussed how learning about families' foods, customs, and demeanor were beneficial for holistic development of children.

Strength-Based Approach

Strength based approach focuses on strengths and desire of the family (McLellan, 2016).

Abigail believed in helping the relationship with families by focusing on the family strengths.

Abigail said,

I provide families with all the information that they deserve to know, ethically need to know. I also come about it from a strength-based perspective. I want them to understand their child from the child's strengths. Then give them that information of those areas of continued need for their kids. Areas that their child might be struggling in. I think for me, it's really coming from that strength base perspective. Again, I think tying back into what spirituality is, that's more of like coming from that hopeful, loving and caring perspective. I use a holistic perspective. For example, I think it's all encompassing. I guess what I believe is spirituality and what would be appropriate to present myself, in considering that I have a professional license and need to accommodate the ethical boundaries that I pertain. But I think again, coming from the strengths of not only the child, but the strengths of the family. Then leading them and along the way providing them hope and guidance to where their child is at. Looking for to where their child can grow in the skills that they're struggling in regarding speech language or feeding.

Using the strength based approach when working with children, Abigail was able to understand the strength of families which came from love, care, and hope, all of which could be tied to spirituality. Therefore, she tried to lead them by providing hope and guidance.

Josiah shared his experience of using strength-based approach when working with families. He noted, "I give them [children] a hundred percent I have. Regardless what the parents look, regardless the environmental challenges, for me, to be honest with myself, I'm going to give this child, and family a hundred percent, that's my special believe." Josiah believed that focusing only on the child helps to support his holistic perspectives while working with the family.

In sum, the participants mentioned that they use holistic approaches when working with the families. They learned each family's lifestyle rather than focusing on the child alone. They

taught families how to collaborate with them so they can learn from each other. This collaboration helped the therapists learn about strengths of children and focus on them to achieve the developmental goals.

Theme 7: Leadership Background and Training

When discussing the importance of educational training in leadership, some participants noted how they benefitted from having some classes that taught them leadership skills. But the majority of participants shared that they did not have adequate training in leadership or spirituality. Some of them acquired leadership skills during their many years of practicing as therapists and taking on leadership roles.

Leadership Education

Several participants shared how they felt about the lack of training in leadership skills and working with diverse families. In this regard, Abigail shared,

I had a counseling class in grad school no spiritual leadership class. The counseling class really helped support me and, given that foundation of working with people who, what does that look like from a social emotional perspective? It was geared more towards adults who had maybe been functioning a certain way and then had a stroke or had a traumatic brain injury and then supporting them and their family in this new reality that they were dealing with, but I think a lot of that work translated to my work in early intervention about what parents were expecting during the birth process. Then a lot of families, when they had their child and things weren't going as expected. Or maybe their child was born with a disability already, or there was trauma during birth. Those plans change. I think it's really supporting the family and okay, these were your expectations, or something happened and now we need to support you in still reaching those expectations in how to guide the family. It does really come down to a counseling and supportive. I think that's so important, especially in early intervention, because these are a lot of first-time parents. A lot of parents that don't have experience with people who have differences in their learning or their development and a diverse group of families. It's really that education piece. Then letting them mourn the loss of their expectations for their family and their child. But yeah, not a lot. Other than that class in grad school, I didn't have a lot. It was just more through mentoring and reflective practice groups and talking to coworkers. Really that team approach. Working with social workers and developmental therapists who have a lot of really good background and knowledge of

that social, emotional work with families.

Abigail also shared that she did not have any spiritual leadership class. However, she noted that counseling classes provided her with foundational knowledge for working with people. Abigail highlighted the importance of mentoring and collaborating with coworkers, social workers and developmental therapists which helped her provide social and emotional support for families. Both Abigail and Judith agreed they may not have any classes in spiritual leadership. Judith continued by stating,

I do think that I had teachers that were passionate and had a lot of compassion for the profession itself, which helped that along the way. I didn't have direct classes, but not only that, just going through affiliations and clinicals along the way throughout my college years helped that as well. So, no classes, but just the experience itself allowed me to see that and grow.

Sarah continued,

I may have had a class on spiritual leadership. We had a lot of classes in psychology though, about building therapeutic relationships, and rapport and empathy, those types of things. And then also just getting information and getting scanning skills in the areas that I was interested in. You can't have leadership unless you feel comfortable and confident with what you're teaching and helping the families with. So, I say my education and the college class during independence, my internships, me having good mentors, who work as leaders, so I can imitate and develop my own style from what I liked and didn't like, I guess in my own mentors. Years of experience only help because you feel as you can have confidence as a young clinician, but you just gain so much from doing and learning and collaborating with others and learning about different families and cultures and disorders and syndromes. I learn stuff every day still.

Aldora continued by sharing,

As a physical therapist doctor, I had no leadership class at the university. I mean, we had a class where we were taught the business side of therapy and billing and maybe even practice, like starting up a practice, that sort of thing and what kind of things would be involved with that. But I don't know if you would consider that *leadership* and not many classes on diverse families going through the grief process.

Aldora noted that in her undergraduate studies she did not have any leadership classes.

When asked how they gained their leadership skills or how they developed as leaders, several participants stated they learned from their jobs. Judith stated it was her clinical experience and affiliations that helped her grow as a leader. Esther shared that it was also her experience that led her to being a leader,

I'm in nursing. But let me tell you a little bit about myself. I do have a college degree in nursing, and I do have a master's degree in business, I also have a PhD in nursing, but leadership is what I've done in my work environment no classes in higher ed. I've been a nurse manager for oral maxillofacial surgery, clinical director for Health Center.

Esther mentioned that she learned *leadership* by practicing it in her roles as manager and clinical director. Working in these positions, she developed *leadership skills* which opened up opportunities for working effectively with families.

Similarly, Eve did not have much training on *leadership*. She said,

I don't know if I had a *leadership* class. I honestly can't tell you. I mean, I went to school... I graduated in 1982. But I did go to school for rehabilitation administration in 1990, I graduated from DePaul. I don't know if I would say leadership. When I think about my peers, I think a lot of them are leaders in the industry. They go on to publish, they go on to do these things, but I've always wanted to... I've always steered away from those kinds of things. I like the one-on-one, actual contact with the families. And I guess, in terms of leadership, I can impart my knowledge with my peers. If I'm working with a child, and I have other individuals there, in the ES setting, like the developmental therapist or speech therapist there, I definitely try to maintain open communication and learn from each other. I don't know if I'm necessarily being a leader, because I think we're all, on that same level... We may not always have... All of us may not have the same kind of relationship with the family, but I kind of go based on that leadership in terms of early intervention. I'm not really sure of, but I know other therapists have gone on to leadership roles, whether it's in the industry, whether it's publishing, whether it's teaching at universities, whether it's opening up their own practice. But for me, I've settled pretty much for just doing one-on-one care with families and clients and I learn from each family and their culture practices years of experience make a big difference.

Like Esther, Hannah shared, she did not have a leadership class or training in higher education. She acquired leadership skills by working in different capacities. She also noted that

universities lacked coursework to provide knowledge on different perspectives of leadership.

Only during her postgraduate experience, she could strengthen her leadership skills.

Eve shared that she took some classes on leadership, such as on rehabilitation administration, but she did not count them as leadership class. Eve also said that she did not aspire to be leaders, noting that she preferred to steer away from leadership positions. For her, it was important to work one-on-one with families and make difference in their lives. Sarah mentioned that she had some classes on leadership. She shared that she had learned some leadership skills by imitating her mentors. Working with diverse families for many years also helped her learn from them and build her confidence as a leader.

In regard to not having leadership training, Hannah added,

I didn't have *leadership* class or diverse class specific. There wasn't really... We had a in graduate school, we had a counseling class, so we had one class on counseling and speech language pathology, but I think leadership came as I worked in different capacities as a clinician as a speech and language pathology. It's was the postgraduate experience that really strengthened and build those skills. And that's one of the things that I think universities have fall short in their coursework, or just providing a different perspective of leadership in multiple different clinical settings. So not just schools or not just hospitals, but what does that look like in early intervention? What does that look like in clinic base services? So, for me that came as post-graduate experiences. I think that as programs such as early intervention are continuing to refine their coursework, that's absolutely a component that I think is something that is needed. Also ensuring that the coaching, leadership, working with diverse families, grief, and then also race and privilege. I think we lost connection in higher ed.

Ruth agreed and stated,

There were some like just random kind of conversations about, yeah, you need to treat the family as a whole, and all that stuff from what I remember in college. And this was, again, so long ago. But even when we are required to do workshops, there're no workshops on coaching, leadership. Also, there are no required workshops on basic parenting, which I think that if you're in early intervention, all of the families need to go through, at least my population, basic parenting skills. And it's not because the families don't want to. It's just because they just don't know.

Ruth also agreed with her participants about having limited training in coaching or leadership.

Likewise, she suggested that parents should had some trainings on basic parenting skills.

Naomi added that she had no classes on coaching, leadership, or the grieving process.

It's more like theories and it's more distinct like that on what you can do in certain situations and things like that. But I've never in the 20 years that I've been taking workshops, I've never seen anything on self-awareness. No classes on self-awareness or faith based.

Naomi did not have any classes on leadership or coaching either, though she had some theory.

Like Naomi and Ruth, Josiah talked about the need to have training, particularly in the area of self-awareness.

As a requirement, we have to take us certain training every year and I take it. However, leadership is not a required training. I take training directly related to physical therapy. I think self- awareness training would be good in early intervention. I will say there's a lot of old lapping when you work with a small child. So, that's why I take my training every year.

For many participants, they did not have a class in leadership or spiritual leadership. Must of them shared that they learned or developed leadership skills or became leaders from their teachers, mentors, and the various positions they held. Some participants also noted that they would have like training in the areas of leadership, self-awareness, the grieving process, and coaching.

Benefits of Having Background in Leadership

Having some background in leadership helped some participants when working with diverse families.

Sara shared that leadership can be interpreted as providing guidance for families on how to facilitate the activities. She believed that with a knowledge about leadership and coaching

skills, therapist could better engage and teach children and families. Her background as a leader helped her engage with families effectively.

Leadership is when you go into the house and show them how to-do the activities. I think because of my leadership style and that I'm giving off or that I know what I'm talking about, the parents are willing to do more hands-on therapy with me and for me then when I was at their home. ... I mean, I think it requires probably more leadership and coaching trying to engage the family, engage the child, and find a lot of different ways to still practice the skills that you need to practice and teach with the families, and the exercises that they need to work on.

For Sara, leadership meant going to the family homes and teaching families how to do activities.

Esther stated,

So, a lot of my professional encounter work has been in clinical as well as a learning leadership role in my work. Oh, yeah. Years of experience does help with leadership and working with diverse families, I've been a registered nurse since 1975. So, years of experience clinically and years of experience in different venues make a big deal.

Esther had a quite extensive experience as a nurse. She shared that her experience working with diverse families, noting that her years of clinical experience helped her gain leadership skills.

As some participants mentioned, they needed the leadership training to work with diverse families. Some of the therapists had some leadership classes that helped them in their daily jobs.

When discussing the importance of educational training on leadership, some participants noted how they benefitted from having some classes that taught them the necessary leadership skills.

But the majority of participants shared that they did not have adequate training in leadership or spirituality. They acquired leadership skills during their many years of practicing as therapists and taking on leadership roles.

Theme 8: Effects of COVID-19

March 2020, the world as we once knew it changed. Everything was halted and shut down, this was the beginning of a 'new normal' that affected every aspect of our lives. Schools, businesses, and counseling/therapy sessions had to develop new ways of providing services to their clients, this included the Early Intervention Program. In an effort to continue offering service to its clients, aa were introduced to zoom, teletherapy, and coaching, with minimal to no training. For many therapists, this was the first time using or being introduced to these virtual and new concepts. Even though this was a new practice for the therapist, they shared how COVID-19 changed and, in some ways, improved their work with families and children.

According to the participants, coaching is meant to provide guidance for learning and to develop a plan for further development. Judith shared that when therapists started to practice coaching it was more about empowering families so that they could follow the development plan set by her. Especially, she highlighted providing knowledge is important because coaching would be more effective. Several parents mentioned how coaching has been helpful in working with their clients. Even though coaching was helpful in working with clients, Judith thought the therapist need more training to work effectively with families.

Naomi talked about how she used coaching with her families:

Well, coaching, I think that because we're in the situation that we're in now, I will rely more on coaching. And beforehand, I think it was half and half. It was more like, "I mean, yes, I'm coaching and modeling, but I'm also leadership." The parents were not as active as they are now. I mean, I would say. I mean because a lot of times, the parents were more like they were looking and not really engaging as much. So now, because we're in a different situation, they're having to engage more because we're not there. They're relying on us less and using their ... And because I'm guiding them and telling them, "Oh, you can do this." And making them understand that the parent is the first teacher. Well, I mean I think the leadership style has changed because a

lot of the parents are not so into the LVV (tele- therapy). So having to just get very creative and just include coaching. More or less using a coaching method, and that's something parents aren't really used to. So, I'm just, again, I send them follow-up activities and things like that so that they can really engage with the kids. I mean I think it has changed tremendously since the pandemic. I would say. Because before, I was a person that believed in picking a lot of toys and not really utilizing as much of the parents. Get toys and things that they had in their home. But now, with me doing it in a pandemic, I'm actually having them, and I'm telling them how to use things in their home.

Naomi believe that coaching was effective in helping her model some activities to keep the parents engaged. She encouraged the parents to practice the activities by reminding them they were the first teachers of their children. She noted that her leadership style changed due to the pandemic because she could not guide them as in-person sessions.

Naomi shared parents were not into the teletherapy session, therefore, she had to be creative to provide better coaching. Judith agreed with Naomi by stating:

Due to the Covid 19 pandemic therapist are using more coaching and leadership. I mean, I think that this Zoom has really pushed us to empower the parents to be more of the leader and take more control versus when we are in the home, it's almost we are more of this leader role and in actuality, it should be the parents. So, I think that it has allowed the families to feel more empowered and we have kind of allowed ourselves to step back in that role because in reality, early intervention is about empowering the family. It's empowering when they have the knowledge. Our job is to empower the family. And so, our leadership role at this point is the job of coaching to empower those family members.

Hannah explained that coaching was important; she was teaching parents how to practice the principles of the early intervention program so that they could implement on their own.

Abigail explained her coaching methodology in the following way:

I utilize a coaching methodology. I really start from a place of curiosity in trying to understand where the families are at in their journey of understanding their child's skills, their strengths and their weaknesses. Then really getting an idea of where they want to go, what their hopes and dreams are for their child. I've really had to rely more on that coaching model. Instead of being there and being able to show the parents what I would like them to do. In-person, I might model or show them what they can do. I'm doing that,

but in a very different way. It's more of that telling them what they can do. But instead of showing them with specific objects or toys or food, we're using their stuff at home. But I'm again, just coaching them through that. Actually, it hasn't changed too much. Although, except that I can't be there and do hands on examples. I really have to talk them through the example. That's where it's gotten a little bit harder.

Abigail was also practicing coaching in her sessions. During her in person sessions, Abigail modeled for the parents what they should do. Since these sessions were virtual, she had to change her coaching methods. She taught them where to put the objects in the house for better use and gave them examples on how to do some of the activities planned. As a therapist, she had skills that would help families reach the developmental goals set for their children.

Josiah shared his views about how his sessions had changed,

When this pandemic happened, everything stopped on March 15th and then sometime like a week after that, they told us to start calling families, but you can use your arm, use the IFSP time to coach families. So, this was the coaching, you'd call families, check on the baby and how they're doing. We did there for three weeks, so there was mostly call-coaching and checking on the child, but then it was almost like it happened to be the Eureka moment at the end, but initially I just kind of felt like this never going to work. My work partner, she said the same thing, "It's never going to work when they introduce live video visit." But PT doing live video went going to work. The training was given by an occupational therapist and the developmental therapist through video. They said they have been doing this at university of Chicago for almost 2006. They said, "It work, you try," and I still was not a believer. And from April 15th, I started doing live video visit, and it works but feels different. So, it was a moment of truth to me, it actually does work. I like home visit better. A physical therapist I use a doll, to show families how to do the activity. So, a couple of months into it, I felt like I know it actually does help.

For Josiah coaching during the pandemic was about checking on the child and changing his strategy in working with them. Since he had been using live video presentations for two months to teach certain activities, he started to see that the live videos and his coaching strategy worked well for the families.

Sarah also noted how her therapy sessions changed and improved:

Well, I think it's improved in some ways, because although I was giving instruction to parents in the homes when I was doing face-to-face therapy, when I started doing teletherapy, I had to really, really coach the parents and say, "You're going to have to be my eyes and my ears and my hands for me, especially my hands because I'm not there." So, they were more willing to participate in a more intense level than I was at their house. So coaching is... letting parents do it, but leadership is when you go into the house and show them how to-do the activities. I think because of my leadership style and that I'm giving off or that I know what I'm talking about, the parents are willing to do more hands-on therapy with me and for me then when I was at their home. Using teletherapy it is just completely different when you are not in the same room as the family. And so, yes, you have to work with them a lot differently in trying to incorporate... I mean, I think it requires probably more leadership and coaching trying to engage the family, engage the child, and find a lot of different ways to still practice the skills that you need to practice and teach with the families, and the exercises that they need to work on.

Ruth explained,

I think that early intervention has been moving towards coaching for a long time. It's just when we're in the home, the parents really give us a kind of a hard time moving through that. They're still interested in having someone fix their child, especially with my population, because I am the expert and they are just the parent and they just want me to fix it because I have the skills and move on versus them now having to actually do what I'm asking them to do and also carry it through the week. So coaching basically having the family, telling the parent or explaining to the parent why this is necessary, and while they're playing with the child, or while they're working with the child to tweak their words, their phrases and show them what I want them to do versus leadership is myself coming into the home, talking to the family and showing, and modeling to parents what I'm doing. I like going to the homes. I feel comfortable coming into a new home, because I know what I'm doing, because I can explain to the family what is going on, because I can lead the session and through my sessions show them what's going on. I think that's leadership, in my opinion. And then kind of go from there with the family to lead them in the right direction, or I guess in the direction that they want to be headed, which is the right direction for them.

Telemedicine was another new area for both the therapist and families. Hannah discussed the connection between telemedicine and coaching.

But I think that telemedicine has brought it back to that coaching kind of to the general, to the basic and core principles of work that early intervention program sought out to do. So, I think my leadership style is now more as a coach. Because while there is direct services is not the same as interacting with the child face to face, so I had to adjust and

utilize the parent as a learning facilitator. So, tell them what play should look like, tell them what the strategy, how they can implement it or what they should do next. What's the next step if the child does this, so it has changed it.

For Sarah, coaching meant providing guidance for parents on how to do activities. She also compared her in person coaching with using teletherapy. During her home visits, she could provide a hands-on therapy. Practicing teletherapy during the pandemic, she tried her best to engage families so that they could focus on what skills they needed to practice.

As seen from the participants' responses, they practiced coaching before and during the pandemic. They felt the coaching methods helped the therapists provide more direct guidance for parents. They modeled the activities so the parents could repeat them outside of the sessions. Teletherapy was described as beneficial for coaching, although some therapists struggled with engaging the parents during sessions.

Chapter Summary

In this chapter, I presented the themes that emerged from the interviews with the therapists. Findings in relation to the first research question revealed that the therapists practiced the essential elements of spiritual leadership. Hope, faith, vision, passion and trust among many other constituents of spiritual leadership helped these therapists effectively do their jobs. Findings in relation to the second research question revealed that the therapists practiced different strategies such as online coaching and leadership skills due to Covid-19. They also shared that holistic perspectives helped them achieve developmental goals for the children. The participants also noted that a lack of educational training for working with diverse families was apparent, and therefore, they noted the importance of training on leadership and spirituality.

CHAPTER 5

DISCUSSION OF MAJOR FINDINGS

The purpose of this narrative inquiry was to explore the ways of integrating the principles of spiritual leadership theory into therapeutic practice and to understand how spiritual leadership is used in therapy sessions from therapists' own perspectives. Several themes and subthemes emerged from the interviews: 1) empowerment, (2) hope, (3) assessing families' needs, (4) trust, (5) passion, (6) holistic perspectives, (7) leadership background and training, and (8) effects of COVID-19.

Brief over of the study.

Koenig et al. (2001) define spirituality as a belief in the possibility of experiencing transcendent reality. I used Koenig et al.'s 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. Though the concepts of counseling and spirituality are separate, they can be married to increase the productivity of counseling practices.

Spiritual leadership refers to leading through vision, hope/faith, and altruistic love (Fry, 2003) and is also based on an individual's ethical and cultural values (Driscoll & McKee, 2007; Fry, 2003). Most of the existing research on spiritual leadership addresses it from counseling and workplace perspectives. Through narrative inquiry, this study explored the ways in which the

principles of spiritual leadership theory were integrated into therapeutic practice to understand how spiritual leadership was practiced in therapy sessions from the therapists' own perspectives. The findings from this study may help early intervention therapists enhance services provided to children and families by incorporating a holistic approach working with families.

The Fowler model (Love, 2002; Lowndale, 1997; Parker, 2011), which provides individuals with a framework to identify where they and others are in terms of faith development, helped me develop a framework to train therapists in faith awareness in the field of early intervention. Seminal studies helped me develop substantial knowledge on the importance of implementing spiritual leadership theory and formulating research questions to explore whether the participant therapists were aware of the spiritual leadership they practiced in their daily jobs. The questions that guided this study were:

1. How do Early Interventions therapists incorporate spiritual leadership principles such as hope, faith, vision, calling, and altruistic love into their practice?
2. What is the Early Intervention therapists' perspective of spiritual leadership?

The criterion for the participants in this study was that participants had to be therapists employed by Early Intervention .0 program for two or more years. Participants were recruited via a flyer posted in various offices around Cook County as well as by snowball sampling for other potential interviewees. Participants with less than two years of experience were excluded because this study needed participants with rich experiences in the field. Ten therapists were interviewed.

Data was collected through Zoom interviews that lasted approximately 60 minutes. A narrative perspective was used because it allowed the participants to share their experiences

freely and let their voices be heard. The semi-structured interview questions allowed the participants to share their stories and their work experiences.

Major Findings in Relation to Research Question 1

The first research question examined the extent to which therapists incorporated spiritual leadership principles in their daily 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.

Summary of Findings of Research Question 1

Therapists mentioned that in their daily practices they used many principles of spiritual leadership. For example, they instilled hope/faith, vision, and calling, and trust in families so that they can stay optimistic about their children's development.

Major Findings in Relation to Research Question 2

The second research question aimed to examine the Early Intervention therapists' perspectives 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.

Summary of Findings of Research Question 2

The findings in relation to the second research question revealed that practicing spiritual leadership helped children and families achieve developmental goals. These are multi-layered. During the early stages of the program, the therapists tried to assess the families' needs before practicing their leadership skills. After understanding the families' needs, they developed coaching strategies specific for those families. Some therapists mentioned the importance of leadership skills to provide more guidance for families; however, some of them lacked those skills because of inadequate training during their studies. Their perspectives on spiritual leadership were positive as they could develop better connection with families and tailor the sessions according to families' needs.

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.

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.

Recommendations for Incorporating Spiritual Leadership into Therapists' Practices

The findings of my study showed that spiritual leadership is in its beginning stage of growth in early intervention practice. Several participants noted that although they practice the components of spiritual leadership, they did not know that they were practicing spiritual leadership because they lacked knowledge about the term. For this reason, prior to begin the training, I recommend some strategies for potential participants of the training such as self-reflection and spiritual assessment to explore their beliefs. The training can be tailored then to provide the essential knowledge about using spiritual leadership.

The participants also mentioned that they had close connections with families and cared about them. Therefore, I recommend the following trainings on how to enhance interpersonal communication and self-awareness while working with families.

Relevant themes showed that incorporating spiritual leadership was helpful for families. Findings showed that understanding families' expectations and building a trusting relationship, were essential in therapy sessions. Findings demonstrated that the therapists felt that they had limited training and knowledge for working with diverse families. Therefore, I recommend a training program for therapists in the Early Intervention program so that they would be prepared to understand families' expectations and provide coaching. Therapists lack solid knowledge on spiritual leadership working with diverse families, therefore, this training will be essential to inform the therapists about the strategies on dealing with diverse families. Education and training on spiritual leadership will help them explore their own spirituality and deepen their understanding of how it could impact the therapy sessions. These strategies will help maximize the efficiency of organization structure within the Early Intervention program.

Therapists are required to take continue education workshops, so therapists should be able to pick a training that has been approved by the Early Intervention program. I recommend a required course in higher education on leadership for clinicians. This course will help increase awareness of themselves as therapists as they develop their leadership style, supporting therapists in the field as a clinician therapist.

Training in Early Intervention Program

Therapists are required to take continue education workshops, so therapists should be able to pick a training that has been approved by the Early Intervention program. One suggestion is to offer an Early Intervention entitled:

The following topics should be taught during the training program:

- Training Topic 1: Leadership overview

In the section, we can teach clinicians about the different types of leadership styles so they can understand what leadership is appropriate in therapy sessions,

- Training Topic 2: Spiritual Leadership

The goal of this training is to provide knowledge about spiritual leadership in clinicians' work. This training can include the sessions on incorporating storytelling about families we have worked with in the past. It will also include the difference between religion and spirituality by exploring differ religions and increasing self-awareness of the clinician's religion beliefs. The goal is to discuss Fowler's Faith Development model, the ASERVIC competencies, leadership, spirituality and spiritual wellness, and spiritual leadership in the workplace and the grief process with families using ASEVIC.

A significant barrier to implementing the training is the therapists' lack of knowledge on spiritual leadership theory and ideology. First reason is that the divisiveness of spirituality and religion. Religion has been controversial as long as it has existed. Religion's close connotative proximity to spirituality may de-legitimize spirituality's effectiveness in the eyes of those critical of religion, which is why we must clearly focus on spirituality as something distinctly different

from one's religious ideology. Religion and spirituality can be married but also be separated.

Therefore, therapists should explore and research different types of religion and what how spirituality can help therapists be more knowledgeable when working with families in the field of early intervention.

Suggestions for Future Research

Possible research areas: Early Intervention Programs in other states and how they prepared their therapist for working with families during the Pandemic. How EIP prepare therapist to work with diverse families, particularly as it relates to culture and beliefs; helping them to be sensitive about the clients; and explore the therapist own self awareness and how the pandemic affected them.

Spiritual Leadership in Therapy and Higher Education

This study contributes to the limited body of literature on spiritual leadership. Only few studies (e.g., Stloukal & Wickman, 2011; Stloukal & Wickman, n.d.) have examined the importance of using spirituality in the workplace. Therefore, much research is needed to explore therapists' self-awareness and sensitivity to family's needs.

From a practical point of view, Early Invention Program should focus on training therapists in topics such as beliefs, value, and engagement. After the training, therapists should be able demonstrate spiritual leadership in the workplace. To that end, the goal of this training should be teaching communication, interaction, and relationships among therapists by using methods that enhance cordiality between therapists through practicing spiritual leadership.

Conclusion

This study examined the therapists' own narratives about practicing spiritual leadership in their daily practices as part of the Early Intervention program. To provide better service for families, these therapists utilized the principles of spiritual leadership and effective medical methods. This combination helped the therapists build trust with the families and children. Due to COVID-19, some therapists faced some challenges as they worked hard on developing their online communication skills to provide the same services through digital platforms.

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APPENDIX A
FLYER

**VOLUNTEERS WANTED
FOR A RESEARCH STUDY**

Are you over the age of 18 and currently working in Early Intervention over 3 years? I am conducting a research study about Spiritual leadership in Early Intervention Program with therapist and looking for your input! The purpose of the interview is to understand and to see if therapists demonstrate spiritual leadership concepts while working in Early Intervention Program through the application of personal beliefs, and values systems. The interview will last between 60 minutes. If needed, I may contact you for a follow up to clarify information.

This research is conducted by Jo Lynn McCray.

Email: [REDACTED]

EMAIL mccrayj@att.net		EMAIL mccrayj@att.net		EMAIL mccrayj@att.net		EMAIL mccrayj@att.net		Email mccrayj@att.net
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APPENDIX B
CONSENT FORM

Northern Illinois University

RESEARCH PARTICIPANT CONSENT FORM

Key Information

- This is a voluntary research study on Spiritual Leadership in Early Intervention Program .
- The participants will be interviewed for 60 minutes via Zoom recording and digitally audio recorded.
- The benefits include adding research to spiritual leadership in Early Intervention practice. The risks include [minimum breach of confidentiality].

I _____ agree to participate in the research project titled: Spiritual leadership in Early Intervention Practice; this is a qualitative study that is designed to explore the presence of spiritual leadership among early intervention therapists. This study is being conducted by Jo Lynn McCray, doctoral candidate, at Northern Illinois University.

I understand that the purpose of the study is to explore the ways in which the qualities of spiritual leadership are exhibited by therapists who work in Early Intervention programs.

I understand that if I agree to participate in this study, I will be asked to do the following: participate in a 60minute interview that will take place via Zoom recording. This interview will be digitally audio-recorded as well. The interview will include questions about my perceptions of the presence of spiritual leadership factors in my work with families and children. If needed, I may be contacted for follow up questions to clarify information obtained during the interview.

I understand that I will be asked to review a copy of the typewritten transcription of the digital audio recording to confirm that the information adequately describes the content of the interview.

I am aware that my participation is voluntary and may be withdrawn at any time without further obligations. If I have any additional questions concerning this study, I may contact Jo Lynn McCray _____ a doctoral candidate or Dr. LaVerne Gyant, faculty advisor _____ . If I wish further information regarding my rights as a research subject, I may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.

I understand that all information gathered during this study will be kept confidential and the researcher will maintain security of all records and a pseudonym will be used to protect my identity. No identifying information will be reported or shared.

I understand that my consent to participate in this project does not constitute a waiver of any legal rights or redress I might have as a result of my participation and I acknowledge that I have received a copy of this consent form.

I understand that a third party will transcribe interview only and have access to raw data

Future Use of the Research Data

After removing all identifying information from your data , the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you [*or your legally authorized representative, if applicable*]

OR

Your information collected as a part of this research will not be used or distributed for future research, even if all identifiers are removed.

Participant signature to participate in the study

Date:

Participant signature allowing use of digital, audio-recording **Date:**

(Pseudonym)_____

APPENDIX C
INTERVIEW QUESTIONS

Demographic questions

How long have you been working as an Early Intervention therapist?

What type of clinical license do you hold?

Main Part

1. How do you define spiritual leadership?
2. How do you use spiritual leadership skill set in your therapy practice?
3. Do you as a therapist use a holistic perspective?
4. What are your key traits in utilizing spiritual leadership skills?
5. How do you build a trusting relationship with the families while providing therapy?
6. Do you use spiritual leadership skills in the early intervention workplace environment? If you do, can you share with me the concepts you use.
7. How do therapists develop leadership style while working with families professional training or workshops?
8. Can you share with me your leadership style?
9. How did you improve your leadership style from the beginning of your career until now?
10. How do you utilize your leadership style in your practice?
11. How do you recommend therapist to use spiritual leadership in their practice?
12. Did you have any classes on leadership did you get from these class to help you become a good leader as a therapist?