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STRENGTHENING FAMILIES THROUGH STRENGTHENING RELATIONSHIPS: Supporting the Parent-child Relationship through Home Visiting

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Many families raise children successfully while living in difficult circumstances. Despite their daily difficulties, successful parents are able to develop nurturing relationships with their children that go beyond providing for their basic needs. They manage to maintain their energy and ability to make their children's well being a priority and to communicate to them that they are special (Rutter, 1990; Werner & Smith, 1992). Some families, however, have more difficulty coping with the stresses of living in poverty or having a child born with special needs. While most parents are able to provide for their children's basic needs, heightened stress may interfere with the ability of some to nurture their children and make them feel special. Caring for their children in such circumstance can be experienced as a burden. When this occurs, parents and children need extra support. It is now considered best practice in prevention and early intervention that supporting the parent-child relationship also supports the child's development (Barnard, Morrisset & Spieker, 1993; Bromwich, 1997).

Increasingly, home visiting is being used as a strategy to reach families when children's development is at risk. Theoretically, meeting families "where they are at" should encourage them to make better use of available services. The effectiveness of home visiting programs, however, is being called into question (Gomby, Culcross & Berman, 1999; Landy, 2001). Two factors seem to create this discrepancy between theory and practice. On the one hand, information and education programs often are ineffective because the focus of the work is based on the home visitor's agenda rather than that of the family (Barnard et al., 1988; Seitz, 1990). On the other hand "where the families are at" (their agenda) often is driven by immediate crisis. Home visitors tend to become depleted when they try to help families cope with a multitude of problems. The pattern typically evolves in the following manner. As one family problem is resolved (e.g., getting emergency food vouchers), another problem follows right behind (e.g., the family being evicted). Parents learn to expect that their interactions with home visitors will address problems. Consequently, supporting the parent-child relationship is pushed to the background. Staff and parents are drawn to what is going wrong in the family rather than to what is going well, and home visitors become exhausted. A well-documented characteristic of preventive intervention programs is high staff turnover (Daro & Harding, 1999). Although turnover is often thought to be the result of low salaries, exit interviews reveal that the primary cause of departure is stress-related burnout. Just like the families, home visitors need extra support.

Four activities are required to increase the effectiveness of home visiting programs:

1. Building positive relationships with families, while not becoming consumed by their problems (role fidelity)
2. Supporting the parent-child relationship to support the child's development
3. Identifying and building on strengths
4. Providing reflective supervision for home visitors to strengthen their skills and protect them from burnout

This article discusses the first three activities. The article on reflective supervision that follows addresses the fourth activity.

PRINCIPLE 1: The Parallel Process

"Do unto others as you would have others do unto others" (Pawl & St. John, 1998, p. 7). Nurturing begets nurturing. A caring, professional parent/family relationship supports a caring, nurturing parent-child relationship.

The Stages of the Helping Relationship: A Mutual Competence Model for Developing Nurturing, Caring, Professional Helping Relationships

The concept of "mutual competence" (Goldberg, 1977) provides home visitors with a lens for observing the parent-child interaction. The premise of mutual competence is that any interchange that contributes to the parent and child feeling secure, valued, successful, happy, or enjoying learning together is good for the development of the child as well as for the parent's sense of self-confidence in being a parent. The stages of the helping relationship model provide home visitors with a parallel perspective on using mutual competence to observe and reflect on their interchanges with families. We have found the following stages of the mutual competence model to be of great value in helping program personnel develop insight into how best to support the parent and the parent-child relationship.

Stage I—Recruitment and Orientation: Defining expectations. This stage lays the foundation for all future work with the family. Here families learn about the program's purpose and services. Home visitors explain and discuss with the family the goals of the program, the program's expectations of the family, and the family's expectations of the program. Home visitors also define their role in terms of what they can and cannot do.

Families need to know what to expect. This orientation stage defines what is legitimate for the program to address. Families need to know that a goal of the program is to support the parent-child relationship. A handout describing program activities with a parent-child relationship focus is useful in this regard (see Table 1). If a home visitor tries to address topics that are not covered as part of orientation or tries to change expectations after enrolment, she well may encounter resistance and anger (similar to that toward a mother-in-law who provides unwelcome advice). For example, one program's goal was to strengthen parent-child relationships, but it did not tell participants that this was the intent. Instead staff billed the program as educational and vocational. When they tried to talk about parenting, the participants became defensive. They accused staff of singling them out for correction, and their level of trust in the staff decreased. Staff correspondingly became reluctant to discuss the parent-child relationship.

Stage II—Acceptance: Even when we disagree. Unless a particular belief, activity or practice is against the law, unsafe, or defined as unacceptable during orientation (e.g., child abuse and neglect, or imminent danger to the child), home visitors are obligated to accept what the family chooses to do, even when they do not agree with it (e.g., smoking in front of the child). For a nurturing relationship to develop, it must be unconditional and based on trust and respect. Self-esteem (and subsequently motivation) derives in part from feeling valued and that we matter to another person. If participants sense that their home visitor is judging them, they will resist the program. Teenage parents are especially sensitive to correction — this is the source of most conflict with parents. Acceptance becomes the foundation of mutual trust and respect, and paradoxically, of change. To accept does not necessarily mean to agree with or ignore. If a home visitor disagrees with what she observes, the behaviour is disagreeable but not unacceptable. It is then perfectly legitimate to engage in a discussion with families (as in Stage III), but not an argument or power struggle.

Stage III—Understanding: Listening first, then sharing our expertise. People usually do not listen until they feel heard. Listening carefully to the family and making sensitive inquiries is a basic component of building the relationship and providing support. Taking the time to get to know the family's beliefs and practices about child rearing, especially related to the care of the infant, helps build the home visitor-family relationship. Taking the time to understand the family's point of view is an essential step in communicating that their beliefs and values have merit and are worth listening to. Family members who possess information on child health and development should be supported in sharing this information during the home visit. Home visitors can misinterpret the parent's behaviour with the child. Our cultural background, our personal childhood history, our education, and our family and friends contribute to what we believe is acceptable and unacceptable in the parent-child relationship. When authority figures impose their notions of what is best for the child, there can be unintended detrimental consequences for all involved (Fadiman, 1998).

The role of the home visitor, however, goes beyond listening. It involves using expertise and sharing information, resources, knowledge and experiences. If a particular family practice conflicts with the home visitor's notion of optimal child rearing and is a concern, the differences can be discussed. **Disagreeable differs from unacceptable** both in content and emotional tone. A disagreement involves a discussion that shares different experiences and points of view. Unacceptable implies "I am right and you are wrong," meaning that an idea or practice cannot be tolerated and needs to be changed to "my" way. Intolerance works against establishing a positive relationship with the family.

Instead, in response to a concern (something the home visitor may find worrisome or disagreeable) it is preferable to find out more about the issue through more observation, sharing the observation that is of concern, or asking questions about it. Over and over this process has proven to lead parents to reflect on

The Children's Home Association of Illinois
Good Beginnings Program

HOME VISITING
OUR PROGRAM HELPS BUILD STRONG PARENT-CHILD RELATIONSHIPS

WE BELIEVE:
- A strong parent-child relationship is important for the child's development and success in school
- Successful children make parents feel successful.
- Feeling successful is important to you as a parent.

Our program will help you to learn to understand your child's development and you and your child learn to communicate with each other more effectively.

TOGETHER WE WILL:
- Observe and discuss ways in which you and your baby interact with each other.
- Discuss specific things you and your child can do together which will help you both enjoy each other and feel successful.
- Look at how your child is growing and developing by doing the Battelle Developmental Screening twice a year.

LEARN HOW TO:
1. ENJOY BEING WITH EACH OTHER MORE
   Learn how to make routines like mealtime, bath-time, and a diaper change more enjoyable and to have more fun together during play time.
2. BETTER UNDERSTAND WHAT YOUR CHILD IS TELLING YOU
   Learn how to understand what he wants and when he is feeling hungry, tired, sleepy, lonely, sick, etc.
3. FEEL SUCCESSFUL AS A PARENT BY LEARNING HOW TO HELP YOUR CHILD WHEN HE NEEDS YOU
   Learn skills which will make feeling, meal time, or diaper changing easier and smoother. Learn how to help get to sleep.
4. FEEL SUCCESSFUL AS A PARENT BY HELPING YOUR CHILD TO COOPERATE
   Learn how to get and keep his attention, and how to help him get over being fussy.
5. HELP YOUR CHILD LEARN ABOUT THE WORLD THROUGH PLAY
   Learn to understand his development and which toys and activities are right for him.

Table 1 — Example of a handout

how they think and behave. Insight and new understanding often encourage parents to consider what they might do instead and can be a harbinger of change. Importantly, hearing the parent's point of view serves the same purpose for staff. When we are better informed, it is easier to accept family practices that may differ from our own. Once an observation has been discussed and inquiries made about a particular concern, it becomes natural to follow up with additional points of view and to **share expertise** based on experience and knowledge. Insights gained from gathering information allow knowledge and opinions to be shared appropriately according each family's needs. The home visitor takes the lead in sharing openly and sensitively. Her role is to facilitate a discussion in which everyone's point of view is presented.

The essence of **acceptance** is that families have the right to choose to live their lives differently from ours. Whatever the family's decision about an area of concern, it should result from parents sharing their perspective and home visitors sharing information. A decision should not be based on previous family habits or history as a result of avoiding discussion or the family's becoming entrenched in a position because the home visitor confronted the family. Empowerment means supporting parents in making their own informed choices. The role of staff expertise then becomes one of raising issues, discussing alternatives, and believing that families will choose what is best for themselves and their children — trusting the family to be the expert.

Stage IV—Agreement: Making a plan to support the parent-child relationship. Once the practitioner and the family have gone through the stages outlined above, they will be ready to reach mutual agreement on a plan of action. The goals of the plan (both for the program and the parent) refer back to those discussed in Stage I (Orientation). The parent's goals, with input from the home visitor, form the basis for the plan. For each goal, methods are identified for supporting positive, mutually satisfying parent-child relationships. Building positive relationships with families creates repeated opportunities to raise our concerns supportively within the context of the staff-parent relationship and to review and update goals to incorporate new information and what needs more attention.

Stage V—Accountability: Holding the family and the work in our mind. With the goal and plan from Stage IV in place, the home visitor needs to keep the goal in mind and remember what happens from one visit to the next. This involves keeping notes from each visit and planning for each visit based on the previous one. There should be continuity from one visit to the next to review what the parent and the home visitor together identified as being important. It is essential to inquire about progress regularly and to discuss, evaluate and revise goals as needed throughout the course of the work with the family. Attention to continuity and their shared efforts over time helps the family realize that they are "being held in the home visitor's mind" (Pawl & St. John, 1998). This gives the family the sense that they are important and that we think about them even when we are not with them.

PRINCIPLE 2: All family members want what is best for the child.

Practice using the stages

Consider the following vignette in terms of the stages of the helping relationship and the concepts behind best practice. A home visitor with a nursing background was upset that a grandmother was encouraging her daughter to give her six-week-old son cereal in the bottle. The home visitor was aware that the current position of most pediatricians is that solids not be introduced until four to six months of age. The grandmother-teen mother relationship requires tremendous respect and sensitivity when building positive relationships with families. Indeed, interfacing with the extended family can be challenging. Grandmothers must be included because young mothers often feel compelled to follow the grandmother's child-rearing advice, even when it conflicts with the program's. A home visitor who pushes for a different "correct" child-rearing practice may not be allowed in the home again.

In this scenario, the home visitor had not defined introducing solid food before six months as unacceptable during Stage I — Orientation. Stage II — Acceptance states that the home visitor needs to accept the behaviour as a valid value even if she disagrees. However, there was a concern that this practice might have adverse health consequences for the child. Acceptance does not mean avoidance. The home visitor can try to have a discussion with the grandparent about the child-rearing practice (i.e. Stage III — Understanding: Listening to family). The home visitor had knowledge that very young infants have immature digestive systems and can become constipated, develop diarrhea and become dehydrated, or even develop an allergic reaction to the cereal. She also knew that when a baby is having trouble digesting its food, the baby fusses, is colicky, and won't relax when being held (Stage III — Understanding: Sharing Expertise). This knowledge can be used in discussing this area of concern with the family.

Sharing observations and using inquiry as intervention

The home visitor might look for what is already working, for example by saying, "You said you put a teaspoon of cereal in the bottle, how is that working for the baby?" The grandmother replied that it had been working well, i.e., the baby was almost sleeping through the night. The grandmother went on to say that she had given each of her own five children cereal in the bottle and that they all had done well with it. The grandparent is stating that this "disagreeable" (to the home visitor) practice is working in this particular family. Stage II states that we must accept the grandmother's rationale as valid. At this point the home visitor focuses on what is working and validates the grandmother by saying, "You really know a lot about helping children learn to sleep through the night." Next because the home visitor has taken the time to listen (Stage III — Listening), the stage is set for her to share her knowledge (Stage III — Sharing Expertise). Using inquiry as intervention, she asks, "Did you know that some young infants have trouble digesting cereal before six months of age? How would you know if your grandchild

were having this problem?" The grandmother replied, "He might get diarrhea or a hard tummy or be fussy." The home visitor adds a few more characteristics (Stage III — Sharing Expertise). She says, "That's what I've seen too. Some other babies I've seen can even be constipated or develop an allergy to the cereal." The home visitor and the family are ready to find the common ground in the form of an agreement on a plan of action (Stage IV — Plan).

Now the home visitor asks, "If your baby began acting this way what would you do?" (Stage IV — Plan). All family members want what is best for the baby. They are not concerned about being right in their child rearing when they are concerned about the child's health. The grandmother replied, "I will take him off solid food and call the doctor." A confrontation has been avoided and important information has been shared and discussed in terms of what is best for the child both from the point of view of the grandmother and the home visitor. On the next visit, the home visitor asks, "How is it going with the baby getting solid food (Stage V — Accountability). If she still was concerned about the baby, she could even call before the next visit to ask (Stage V — Being held in another's mind).

Simply stated, the goal is to agree upon what is best for the child within the context of the family's values and culture, rather than pushing the "correct" child-rearing practice. What is best for the child becomes our common ground. By using this approach we are not arguing over values but searching for the best strategy. This approach parallels what Alicia Lieberman (1998) describes as culturally-sensitive intervention by tuning into each individual and family in the context of culture. Families must be asked about what they feel is important. If we are to be effective, our recommendations must take family values into account, be acceptable to the family, and address concerns that the family feels are important.

Supporting strengths in the parent-child relationship through identifying what works best for the child

Infants are at greater risk for child abuse or neglect when caregivers misinterpret the meaning of a baby's behaviour. If a parent learns that babies cry when they need something (e.g. to be fed or changed) and not because they are angry or trying to make their parents angry, the child's behaviour changes from unacceptable (i.e., my baby is angry with me) to acceptable (i.e., my baby needs my help and that is what mothers do). Reframing the meaning of a child's behaviour and explaining it to be developmentally appropriate helps parents accept the behaviour, and acceptance changes frustration to patience. Home visitors too need to learn about the "culture" of a particular family so that they can accurately interpret the meaning of what they observe and communicate acceptance to the family.

PRINCIPLE 3: Parents, not home visitors, are the experts on their children.

A central component of the home visitor's role is to help the parent interpret the meaning of the child's behaviour. An effective strategy is to focus comments and questions on the child's behaviour rather than on the caregiver's. For example on observing a positive or effective interaction between parent and child, a home visitor might share her observation either by comments such as "Oh look! He liked it when…" or "He quieted down when…" Then she may inquire about how the parent understood the meaning of the child's behaviour. For example, she might ask, "How did you know he enjoys that?" or "How did you learn that would help him calm down?" and "What made you decide to try that?" or "What else have you found that works?" Next the home visitor and parent might have a conversation about the child and her interaction with him or her.

The purpose of the conversation is to reinforce the parent's expertise in understanding the meaning of her baby's behaviour and to introduce the concept of developmental level. The parent knows what her baby means and she knows how to respond to her baby. In the course of the discussion, the parent becomes more aware of her child and her own actions to support the child's growth and development. While the interaction between parent and infant may be going well, discussion and reflection can sharpen the parent's awareness of her baby and what she can do to help the child grow and develop. The process of talking about a positive interchange strengthens the relationship through increased understanding. In contrast, commenting, or asking directly about a caregiver's actions, even if they are positive, can be risky. Saying, "You really did a good job when…" or "Why did you…?" puts the home visitor in the position of evaluating or judging the caregiver, albeit positively.

Sometimes interactions do not go so well. One effective strategy for increasing a parent's awareness and understanding of difficult interactions is to ask the parent to think about previous experiences when things went better, and then to try to understand the differences between the interactions. A home visitor might ask, "Do you think it would help if you tried this time what you found has worked before (in situations like this one)?" In this way, parents are helped to come up with their own answers and new responses to a situation based on what already is working for the family. Parents thus take ownership of the interactions with their child and responsibility for the changes they make, and home visitors become partners with parents in trying to figure out what works best for the child. Parents report that this type of help feels supportive and not judgmental.

Making "home movie" videotapes (Bernstein, 1997) of parents and young children engaged in everyday activities is a useful tool for using observation and inquiry to support the parent-child relationship. Most importantly, making and viewing the tape is fun for parents and provides a concrete and lasting means of showing parents how they and their babies grow together. Often parents want to watch the video immediately. Sometimes the video will be a film festival for the whole family. We organize our observations on a mutual competence grid (Table 2) with particular attention to what is working for the child and what we might say about it: "What did we see? What could we say?" Home movies increase parents' awareness of how the child communicates and what s/he likes best. If a parent observes a child becoming upset when watching the tape, most often the parent identifies what the problem is and what she might try instead without the home visitor needing to make any type of suggestion.

PRINCIPLE 4: The most important thing in working with a family is to read their cues.

One size or approach does not fit all. Parents recognize that they treat each of their children differently because the same child-rearing practices do not work in the same way with each child. For example, some children hate to have their parents raise their voice, while for others it is the best way to get their attention. In parallel, there is no one way to work with a family. Home visitors with different styles are effective. Some may be more directive, some less. Similarly, some families may respond better to a more verbal approach and others more to activities than discussion. When something is working, do more of it. If something is not, try another way. Check in with families for feedback on how the work together is going. Feeling listened to and respected, families will welcome home visitors into their homes. Rather than circling around the families' problems, it becomes joyful to connect the work with the child's growth and development.

PRINCIPLE 5: To be effective, home visitors require protected time to reflect on their work with their supervisor and peers. See next article.

Mutual Competence Model for Parent-Child Interaction
(after Susan Goldberg, 1977)

Question: What type of communication between parent and child is good for the development of the child and of the parent?

Answer: Any interaction that enables both the parent and child to feel to secure, valued, successful, happy, or enjoy learning.

	Behaviors Observed Supportive of Mutual Competence What is working?	Behaviors not observed, or Behaviors not consistent with the development of Mutual Competence Things we want to know more about	What could you say? (or do) Ask questions – gather more information. Make positive comments. Do more observation
CHILD			
PARENT			

PLAN:_____

Table 2 — Grid

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