

STANDING FIRM AGAINST THE FORCES OF RISK: Supporting Home Visiting and Early Intervention Workers through Reflective Supervision

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A central goal of early intervention is to support the development of a nurturing relationship between the child and the primary caregiver, one in which the child is made to feel special (Barnard, Morrisett & Spieker, 1993; Bromwich, 1997). It is considered best practice in providing services for high-risk families to identify and build on strengths (Weissbourd, 1990). Helpers¹, however, can become susceptible to the same “forces of risk” that affect the families with whom they work (Campbell, Earley & Gray, 1999) and, like the family, they begin to feel overwhelmed by the family’s problems. When helpers feel ineffective, programs become ineffective (Gomby, Culross & Behrman, 1999; Landy, 2002), and ineffective helping leads to burnout and staff turnover.

Even in difficult circumstances, many parents are able to protect their children from the forces of risk by keeping their children’s well being a priority. Similarly, programs can protect their staff by providing nurturing, reflective supervision that enables helpers to provide best practice in supporting the family and the parent-child relationship (Bernstein, Campell & Akers, 2001; Dumas, Laughlin, Smith & Prinz, 2001; Grant, Ernst & Streissguth, 1999). Reflective supervision provides an opportunity for staff to reflect on their own work in a safe, supportive environment. A professional, supervisory relationship encourages sharing in an atmosphere of warmth, acceptance, respect, understanding and trust, and it allows for experimentation and mistakes (Worthen & McNeill, 1996). The core belief behind reflective supervision is parallel process — nurturing begets nurturing. “Do unto others as you would have others do unto others” (Pawl & St. John, 1998).

While this might sound easy, it is very hard to do. Supervisors are susceptible to the same forces of risk as are home visitors and families. These forces take the focus off the parent-child relationship. When a stressed home visitor presents a problem in supervision, the supervisor’s natural instinct is to help and to solve the problem. The supervisor might jump in with suggestions or help the home visitor figure out what to do. In either case the problem becomes the priority and exploring what is working for the child and the parent gets left behind.

For the process of supervision to be effective, it must be

- Regular — the time must be protected from interruptions
- Reflective — provide a chance to think about what has been happening in the work with families

- Collaborative — communicate mutual trust that the home visitor and supervisor have a partnership and are working together for the benefit of the family (Fenichel, 1992)

Perhaps “supervision” is not the best word for this process because usually a supervisor is in a position of power over the home visitor. Supervision connotes vigilance, authority and control, and de-emphasizes reflection and nurturing. The nurturing, reflective aspect of supervision can be thought of as “to see from above” rather than being embroiled in the middle of what is happening and reacting moment-to-moment. Reflection offers a chance to see more clearly what may have been confusing at the time it actually happened. Supervision provides perspectives from different angles. During supervision, the home visitor can really see, i.e., realize (“real eyes”) what happened with a family that she might not have been able to see and understand on her own. Perhaps a better word to describe the whole supervisory process is “illumination.”

Like parenting, supervision is complex. Beyond nurturing, the supervisor also must attend to basic requirements of the program that keep it running. For example, do the home visitors have adequate training to carry out their jobs? Are the staff seeing their families and completing their paper work on schedule? Does the program have the supplies it needs? Basic requirements and nurturing responsibilities often conflict, but in effective programs, the commitment to reflective practice for nurturing staff is a priority equal in importance to that of meeting basic needs.

The following stages of the supervisory relationship help home visitors and supervisors understand how supervision works to support their work. These stages parallel those for developing nurturing professional helping relationships described in the previous article (page 2).

The Stages of the Supervisory Relationship: A mutual competence model for developing nurturing, caring, supervisory relationships

Stage I—Orientation: Defining expectations. This stage lays the foundation for both supervisor and home visitor to understand their roles. The home visitor’s job description and role need to be laid out and discussed during this stage: work schedule, benefits, basic job performance, etc. The supervisor

needs to clarify her administrative and nurturing roles for the home visitor. As the supervisor explains the goals of the program, she also shares her administrative expectations, e.g., to make weekly home visits, to arrive on time, to complete paperwork, etc. The home visitor learns what to expect when she meets with her supervisor in terms of whether a supervisory session will focus on administration or nurturing, i.e., task performance vs. reflection. The home visitor learns how to prepare for reflective supervision, i.e. to have a story of her work to share and to indicate what kind of support or information she would like from her supervisor. Supervisor and home visitor discuss the purpose of reflective supervision to provide support and strengthen the home visitor's work. It is an opportunity to reflect, to change, to learn, and to grow as a professional. Reflective supervision is an essential part of both the supervisor's and home visitor's job.

Sometimes the supervisor may become concerned about how the home visitor does her work. Stage I issues about job performance, e.g., the type of notes to be kept for each visit or how to write about other members of the family, should not be dealt with during "protected" reflective time. Instead, a separate, additional meeting can be set to make expectations clear and concerns may be noted in the form of a written summary. The home visitor's failure to perform as expected, as defined in Stage I, will likely lead to the conclusion that this is not the right job situation for the home visitor.

Stage II—Acceptance—even if we disagree. If a home visitor's behaviour is **unacceptable** as defined in Stage I, this will lead either to a plan of correction or termination. However, a particular home visitor belief, activity or practice may not be against program policies and has not been defined as violating a clear expectation for job performance during Stage I. Then the supervisor is obligated to **accept** the way the home visitor chooses to work with the family even when she may **disagree** with the approach. The supervisor may find the home visitor's actions **disagreeable**, e.g., adopting a mothering attitude toward the young mother, giving advice about discipline, or suggesting how the mother might talk to the baby's father. However, for **the nurturing supervisory relationship** to develop and move forward, the supervisor must be supportive of the home visitor's choices so the home visitor can feel accepted and not judged as doing poorly. If a home visitor feels that her supervisor is beginning to judge her, she may begin to withhold important information to avoid being criticized or corrected. Acceptance becomes the foundation of mutual trust and respect and allows the home visitor to be open to sharing and, ultimately, to learning.

To accept, however, does not mean to ignore or that the supervisor cannot disagree or impose what she thinks best. As will be seen in Stage III—Understanding, times of disagreement, handled properly, promote learning for both the supervisor and the home visitor. It is perfectly legitimate to have a discussion about what is disagreeable, but not to have a power struggle. The vignette later in this article provides a concrete example.

Stage III—Shared understanding. "No one listens until s/he feels heard." Listening is where most of the supervisor's time should be spent. It is critical for the supervisor to create an atmosphere in which the home visitor is eager to share her story

of the work with a family. The very process of sharing a story in detail brings new clarity to what the home visitor sees as happening with a family. One way of thinking about these interactions is to imagine that the supervisor is trying to get a "verbal video" of what occurs between the home visitor and the family. The following are some examples of the kinds of comments and questions that help the home visitor share her story and move the process along:

Interesting.
What do you think the family meant by ...?
I noticed that you said ... How did you figure that out?
It seemed to work when ...
You seemed to keep calm in that difficult situation. How were you able to manage that?
Let me see if I'm getting what you're saying. It seems to me that... (reframing).
What do you mean by ...?
What exactly did you say when ...?
How did you decide to ...?
How did that make you feel when ...?

Over and over, this process of helping home visitors tell their story of what happened has proven to help them reflect on their thoughts and actions and how this is working (or not) for the family. Insight and new understanding often leads the home visitor to consider what she wants to try next. Sometimes a home visitor's story brings up serious concerns for the supervisor. This happens most often during a crisis when there is a tendency to overreact. We call this "stress eye tis," meaning when we are under stress we can become "blinded" and cannot see what is actually happening, especially what might be working for the family. More often than not, the situation is not as bad as it seemed at first and rushing in to help solve a problem can have the unintended consequence of making matters worse.

How does support work to reduce stress? Telling and listening to the whole story can provide a calming influence for both parties. Just having a chance to talk and feel listened to helps a stressed person feel organized. A fuller picture helps the supervisor understand the family's coping strategies. The family survived in the past without our help, and most likely they will figure out how to manage without our rushing in to save them. This insight itself is reassuring. Recounting the details of the encounter often helps the supervisor see positive aspects of the visit that the home visitor may have been "blinded" to because of stress. Better informed, it is easier to understand the home visitor's point of view and to accept practices that may differ from the supervisor's perspective.

Because the supervisor avoids resolving the home visitor's or family's crisis, she communicates that she has confidence in the home visitor and family to figure out their own solution. This gives the home visitor confidence to trust the family to deal with their situation. When the supervisor provides support through listening and asking questions, the home visitor can maintain her nurturing role and feel less pressure to make things better. Less stressed, the home visitor becomes less defensive and more open to asking the supervisor for support, information, suggestions, and recommendations.

The supervisor has wisdom to offer the home visitor in the form of her own experiences, information, and expertise as a helper. The purpose of sharing wisdom, however, is not to suggest a course of action or to problem solve, (unless absolutely necessary as in an emergency.) Just as parents are the experts on their children, the home visitor is the expert on her families. The purpose of the supervisor's sharing is to lend her perspective and to reframe or reinterpret the same events from a different angle. Better informed and seeing more clearly, the home visitor, not the supervisor, should decide what happens next.

Stage IV—Agreement: The plan for the next visit or the work plan for the family. After the home visitor and supervisor have gone through the stages outlined above, they will be ready to agree on a plan of action. The home visitor's responsibility is to plan for the next visit, attempt to use the plan with the family, and be prepared to share what happened during the next supervision session. Even if the supervisor is skeptical, whatever the home visitor believes is the objective of the next visit and the methods she will try should form the basis for the plan. One strength of on-going, regular supervision sessions and building a nurturing supervisory relationship is that there are repeated opportunities for the supervisor to raise her concerns supportively (e.g., "I wonder if..." or "Have you thought about...? What might you like to try instead? How might I be helpful? Would you like some ideas about where to turn next?").

Stage V—Accountability: Follow-up —Keeping the home visitor and the work in mind. The supervisor's obligation is to provide stability to the home visitor by making sure there is continuity from one supervisory session to the next. The supervisor must make notes about the session (just as the home visitor does after the home visit) and review them just before the next session. Continuity comes from consistent "areas of inquiry." At some point in each session the supervisor must ask about priorities: 1) What happened with the plan you made during our last session? 2) What did you notice about the parent-child relationship and what did you do to support it? and 3) What seems to be working for the family? Table 1 provides some examples of questions & comments that support home visitors in focusing on strengthening the parent-child relationship.

The "Shape of the Supervisory Session"

Similar to the stages of the supervisory relationship, we have found that there is a general "shape" or series of steps to the supervision session itself.

Step #1. Ask how things are going in general and with a particular family. If there is distress and/or frustration one must take time to listen, to let the home visitor tell her own story. The listening decreases the home visitor's stress and helps the home visitor become ready to listen to what the supervisor has to say.

Step #2. Find out what actually happened (the "verbal video" described in Stage III — Understanding.) The supervisor listens carefully (or asks as in #3 below) for when things went a little better, things that the home visitor may not notice because of "stress eye tis" stemming from the family's problem or an incident during the visit.

Step #3. Inquire about when things seemed to work (a little) better. For example, "Was there ever a time when the parent or child smiled?" "Was there ever a time when the parent was a little calmer?" "Was there ever a time when she noticed her baby?" etc. Then ask, "What happened?" This is what is meant by identifying what is working i.e., strengths. Once identified, they will be used to build on and to plan (steps #4 and #5)

Step #4. The supervisor reflects on the story and shares her own perspective to help fit the puzzle pieces together based on the supervisor's expertise and experience. This means checking to ensure that she heard the story correctly, and then reframing the story. For example: "**normalizing**" by sharing similar experiences, "**appreciating**" by sharing what seemed to be working in the story that the home visitor may have missed due to "stress eye tis", or "**rotating**" the perspective by offering a different interpretation of the behaviour, e.g., "I wonder if she yells at her child because she really cares about how he is doing. Do you think that is possible?" It is important to hold off suggestions such as., "Have you ever tried...", or "What do you think of...?", etc. during this step and to be patient. The chance to think about what happens next comes under step #5.

Step #5. Ask the home visitor, "What does this make you think the next steps are?" If the home visitor seems stumped, it is supportive to brainstorm the next steps with the home visitor, applying the supervisor's wisdom by sharing her own experiences in similar situations without making recommendations. The next steps must be concrete so they can be reviewed in the subsequent supervisory session.

Step #6. Ask the home visitor to give feedback about today's supervision. Was it useful? What part? Was anything less helpful? What? How come?

<ol style="list-style-type: none"> 1. Was the child there? If not, does this happen often? 2. What did the parent and child do together? 3. What did you enjoy most about the visit? 4. Tell me something positive that the child did. How did the parent react? 5. What great thing did the parent and child do? 6. How did explanation of program goals go? 7. How did they react to our focus on the parent-child relationship? 8. Did you follow-up as we agreed during our last meeting? What happened? 9. Who in the family are you working with? 10. What else made you feel good during the visit? Is there anything that you have a concern about or did anything make you feel uncomfortable? What do you think is the difference? 11. When did parent and child connect best? When were they having problems? What do you think is the difference? Do you think the parent has a sense of this? How can you help her see what you have observed — to see the difference? 12. When the supervisor feels that she is becoming too preoccupied with concerns or trapped by the families' problems (i.e., when staff is describing a difficult family situation) <ol style="list-style-type: none"> a) When did you (home visitor) feel most effective? b) When you felt yourself moving away from the relationship, were you able to shift the focus back to the parent-child relationship? How did you do this?

Table 1 — Examples of supervisor questions to support focus on the parent-child relationship

Step #7. During the next supervision (illumination) session follow up on what happened.

Vignette

During a supervision session, a staff member in an early intervention program told the following story. It concerned a family of three headed by Sylvia, the grandmother, her 18-year-old daughter, Jean, who has a substance abuse problem, and Jean's 18-month-old child, Mia, who is developmentally delayed, has mild cerebral palsy and a seizure disorder. The child is the recipient of early intervention services through the school district.

The home visitor, Monique, came into supervision very upset. Becky, the supervisor, asked what the matter was. Monique said she had just come from visiting the "family from hell," the one that had been on the Ricki Lake show, the one that had four different agencies in the community making home visits. She said the grandmother screamed the whole time, and the baby cried during most of the visit. The teen parent was not home during the visit. Monique was frustrated that she couldn't do any work with the child, and went on to say that most visits went that way. The grandmother dominated the sessions talking about herself and her frustration that Jean, Mia's mother, was missing. Monique was exasperated in part because she rarely had a chance to work with Mia due to the grandmother's apparent neediness. Becky said that the visit sounded really difficult and asked if Monique thought the grandmother has some sort of personal problem. Monique replied that some of the other agencies involved had been recommending mental health counselling for her, but that she had refused. (This discussion follows step #1.)

Becky asked Monique to describe just what happened on the visit. Monique said, "Sylvia sat with her back to us the whole time, screaming while she was watching TV". Becky asked, "Who else was there, i.e., who is the 'we'?" It turned out that the job training counsellor from the public assistance office and the public health nurse were present too during the early intervention session. Becky asked, "How come there were so many people?" Monique replied that there had been a multi-agency collaboration sponsored through the regional centre. The family had not been present. The group decided that it would be best to combine efforts in a single visit rather than for four agencies to make four different home visits. The group believed that it would be easier on the family not to have to deal with so many scheduled appointments. Becky commented that the personnel from the different programs really seemed concerned about trying to make things better for the family, but wondered to herself if their attempts at collaboration were backfiring. During this home visit, the job counsellor had been talking to Sylvia about the need for her to enter some sort of job training program in order to remain eligible for welfare.

At this point, two thoughts are running through Becky's mind and will frame what happens next in the supervision session. First, due to the stressful nature of the visit, she wondered if Monique was exaggerating that Sylvia was yelling all the time. She thought to herself, "When might Sylvia have been a little less upset? What was happening in the home at that time?" Second, Becky wondered whether Sylvia was so upset because

she felt that she was being told what she had to do, but no one was considering her situation of being saddled with the responsibility and difficulty of caring for a disabled toddler. Perhaps Sylvia was feeling overwhelmed by what she perceived as an additional demand being placed on her. Perhaps Sylvia was feeling that she could barely (or not even) manage the demands with which she was already confronted. (These thoughts reflect the supervisor's experience and she will use them to ask Monique several questions aimed at helping her think about the home visit from a different perspective, i.e., addressing steps #3 & 4.)

Becky asked, "Was there ever a time during the visit when Sylvia's yelling was less intense or when she was just talking?" Monique answered that there were two times. The first was when she was talking about herself and how tired she had been feeling. The second was when she was saying how Mia has a bad cold and had been getting her up throughout the night. She said she had taken her to the doctor twice in the last week. Becky said, "So when she talked about herself and Mia she was a little more reserved?" Monique said that was correct. Next Becky said, "Tell me about the conversation between Sylvia and the job counsellor." Monique said that because there was a looming problem with welfare eligibility, the counsellor and Monique had agreed ahead of time that the counsellor would take the lead on the visit. The counsellor began the conversation with, "You know that you are on the verge of losing your welfare benefits because you haven't found a job or entered a job training program. I have some ideas about what you could do." Monique said this is when Sylvia began yelling, turned away from them toward the TV and continued yelling.

At this point Becky was thinking about Stage III — Understanding and that the counselor had not first asked Sylvia what her thoughts were on her situation and what she might want help with. So Becky said, "So the counsellor shared her ideas before she asked Sylvia what she thought?" Monique confirmed that was correct. Then Becky asked, "What happened that led Sylvia to start calming down?" Monique said that the public health nurse asked how Mia had been doing, and that was then Sylvia started talking about how tired she was and how sick Mia had been. Becky said, "So when Sylvia talked about herself and how Mia was doing, she was calmer?" Monique concurred.

Moving to step #5, Becky said, "Do you have any ideas of what you might try during the next visit to try to improve things?" Monique said that she thought she would try to go on her own next time to keep the focus on Mia. Monique said that she would start the visit by chatting with Sylvia about how things were going and asking her what, if anything, new she had seen Mia doing. Then she said she would ask Sylvia to tell her how she thought that Mia learned to do that new skill. She said she hoped that these strategies would help to engage Sylvia and help Sylvia see the important role she was playing in Mia's life. Becky commented that seemed like a reasonable plan. Moving to step #6, Becky said, "Tell me about our meeting today. Was it useful? If so, how come?" Monique replied that she had felt lost when she came into the meeting. She had no idea how to work with the family. Now she did. This was because their talk had helped her see the kinds of things that seemed to work better for Sylvia that she could not see before. As for what was not as useful, Monique

said that she would let Becky know during their next supervision session after she made the home visit.

Becky went out of town on vacation so their supervision was delayed, but Monique was excited about her visit; she wrote Becky the following e-mail (step #7):

“An update on the Sylvia and Mia: I did a home visit today and it was only grandma and baby and me. Grandma started out telling me how depressed she was and I let her vent a bit then brought it back to the baby (she let me do it). I stayed mindful of the process and the visit seemed to go well (the best one we ever had). Since we had some success, I feel this is a gold mine of positives from which to move more fully into the process with this family. Grandma agreed that we had had a great session with baby, so I want to explore why she thought that/what did each one of us do to make that happen...I think this will be a good way to go back to Stage I (which I neglected to do in the beginning) and let grandma help define some of the parameters. I'll keep you posted. The “goddess” gave me a gift with this family and with you. I am truly grateful that after all these years working with families, there is still room to grow and exciting new ideas to try. Be well, enjoy vacation, and I'll keep in touch. Fondly, Monique”

Videotapes—An Observational Tool for Home Visitors and Supervisors

Just as the lens of Mutual Competence (Goldberg, 1977) is used to identify positive parent-child interactions, it is used to observe the home visitor-family relationship and the home visitor-supervisor relationship. The above vignette can be used to consider the type of comments and questions that worked best, those that did not work as well, and to think about what to say during the next home visit or supervisory session to help the home visitor and supervisor transform reflection into practice.

Videotapes can be used with families to help parents become more aware of their important interactions with their children (Bernstein, 1997). Similarly videotapes of home visitors working with the families can illuminate home visitor interactions with families. Videotapes of supervisory sessions too can be helpful, particularly when the supervisor and home visitor together view the home visitor reviewing a video with the family. These videos help to see what kind of comment engages the parent and leads to the parent's sharing of thoughts about what they are observing, what they like and what concerns them. Similarly, videos make it easier to notice changes in the parent's facial expression or body posture that may indicate discomfort that might be worth following up on during a subsequent visit.

Videotaping one's own work and sharing it can only be used effectively when there is trust between the home visitor and supervisor. In addition, there needs to be informed consent. All parties must agree in writing on an agency-approved consent form if a videotape is to be shown outside the course of regular work activities to individuals (even co-workers) other than the supervisor. As with home movies, these videotapes should be

fun and informative. If the videotapes are experienced as otherwise, they should be stopped, the issues discussed and videotapes re-examined as a tool.

The following principles underlying the Mutual Competence model of supervision parallel those of effective home visiting to support families:

1. To be effective, the supervisor must develop a positive relationship with the home visitor.
2. All home visitors (and supervisors) want what is best for the family.
3. Home visitors are the experts on their families, not the supervisor.
4. The most important thing in supervision is to find whatever works best.

Conclusion

The mutual competence model for nurturing helping relationships provides the home visitor and supervisor with a frame of reference and concrete suggestions for building positive relationships between home visitors and supervisors. These ideas on supervision will not work for all home visitors and supervisors. What counts is observing and understanding when the relationship works the best for both.

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