

## Supporting the Parent-Child Relationship through Home Visiting

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Many families raise children successfully while living with difficult circumstances. Research has indicated that these families have social and emotional resources that protect them from being overwhelmed by their daily difficulties. These successful parents are able to develop nurturing relationships with their children that go beyond providing for their basic needs. They maintain their energy and the 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 involved with living in poverty or having a child born with special needs. While most parents are able to provide for their children's basic needs, their stresses interfere with their being able to nurture their children—to make them feel special. In this instance caring for the children can be experienced as a burden. These parents and children can benefit from extra support. It is now considered best practice in prevention and early intervention to support the parent-child relationship in order to support the child's development (Barnard, Morrisset, and Spieker, 1993; Bromwich, 1997).

Increasingly, home visiting is being used as a strategy to reach families whose 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. Information and education programs targeting stressed families 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 who try to help families cope with their multitude of problems gradually begin to resonate with these problems. This pattern typically evolves in the following manner. As one family problem gets resolved (e.g., getting emergency food stamps), another problem follows right behind (e.g., the family being evicted). Parents learn to expect that their interactions with Home Visitors will center on problems. Consequently, Home Visitors have more problems with which to deal. Supporting the parent-child relationship is pushed to the background. Although it is considered "best practice" in family support programs to focus on family strengths (Weissbourd, 1990), another serious consequence of adopting a crisis orientation and problem-solving approach is that staff and parents are drawn to what is going wrong in the family rather than to what is going well. Problem solving and a crisis orientation can exhaust home visitors. 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. Hence, what is required to increase the effectiveness of home visiting programs are 4 activities: 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; and 4) Providing reflective supervision for Home Visitors to strengthen their skills and protect them from burn out. This article aims to provide Home Visitors with tools for the first three activities. The following article on reflective supervision provides tools for Supervisors and Home Visitors for the 4<sup>th</sup>.

**Principle 1: The Parallel Process:** "Do unto others as you would have others do unto others" (Pawl & St. John, 1998, pp. 7). Nurturing begets nurturing. A caring, professional 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. Mutual Competence states that any interchange that contributes to the parent and child feeling secure, valued, successful, happy, or enjoying learning together is good for development of the

child as well as the parent's sense of self-confidence in being a parent. The Stages of the Helping Relationship provide Home Visitors with a parallel perspective on using Mutual Competence to observe and reflect on their interchanges with families. In our training we have found the following stages of The Mutual Competence Model for Caring, Nurturing Helping Relationships 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. It is where families learn about the program's purpose and services. Home Visitors explain the goals of the program. **Orientation** is where expectations, the program's expectations of the family and the family's expectations of the program are explained and discussed. It is where the Home Visitor defines her **role**: what she can and cannot do.

Families need to know what to expect from the program. This orientation stage defines what is legitimate for the program to address. We believe that families need to know as part of orientation that a goal of the program is to support the parent-child relationship. We suggest that programs develop a handout that describes program activities which details the parent-child relationship focus. If the Home Visitor tries to address topics that are not covered as part of orientation or tries to change the expectations of participants after enrollment, she will may encounter resistance and anger (similar of that toward a mother-in-law who provides unwelcome advice). For example, in one program, the 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, a GED and vocational program. When staff tried to talk about their parenting with the students, they 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 if we disagree.** If a particular belief, activity or practice is not against the law, unsafe, or defined as unacceptable during orientation (e.g., child abuse and neglect, or imminent danger to the child) then 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. The relationship must be based on trust and respect. Self-esteem (and subsequently motivation) derives in part from our feeling valued, by feeling we matter to another person. If participants sense that their Home Visitor is judging them, they will resist the program. Teenage parents especially are sensitive to correction as it 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 the Home Visitor disagrees with what she observes happening with the family, then the behavior is disagreeable, but not unacceptable. It is perfectly legitimate to have a discussion, but not an argument or power struggle. The discussion occurs in Stage III.

**Stage III--Understanding: a) The Power of Listening First, then b) Sharing our Expertise.** People usually do not listen (to the Home Visitors) until they feel heard. Listening carefully and inquisitively to the family is a basic component of building the relationship and of 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—they are worth listening to. If the more experienced family members possess information on child health and development, they should be supported in sharing them during the home visit. Home Visitors can misinterpret the parent's behavior 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 behavior 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: sharing information, resources, knowledge and experiences. If a particular family practice conflicts with the Home Visitor's notion of optimal child rearing—is a concern—the differences can be discussed. Please note that

**disagreeable differs from unacceptable** both in content and emotional tone. A **disagreement** involves a **discussion** sharing of different experiences and points of view. Unacceptable implies I am right and you are wrong, meaning your idea or practice cannot be tolerated and needs to be changed to my way. Intolerance with caregivers and other family members work against establishing a positive relationship with the family.

Instead, we suggest the first first course of action in response to a concern—something the Home Visitor may find worrisome or disagreeable—is to find out more about it, either through doing more observation, sharing the observation that is of concern or asking questions about it. Over and over we have seen this process causes parents to reflect on how they think and behave. Insight and new understanding often leads 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. Better informed, it is easier to accept the family's practices which may differ from our own. Once the staff has observed, discussed, and inquired about a particular subject of concern, it becomes natural--as part of conversation and follow-up to the parent's sharing—to offer additional points of view—Home Visitors sharing their own **expertise** based on experience and knowledge with families. Insights gained from gathering this information from the parent and family then provides the Home Visitor with the opportunity to target effectively how to share her knowledge and opinions. The Home Visitor's goal is to take the lead in sharing in a responsive and sensitive manner. The role of the Home Visitor is to facilitate a discussion where 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. We believe that 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 that result from avoiding discussion or from the family's becoming entrenched in a position because the Home Visitor confronted the family on an issue. Empowerment means that Home Visitors support families in making their own informed choices. The role of staff expertise then becomes one of raising issues and discussing alternatives, and then believing that the families will choose what is best for **themselves and their children**.

**Stage IV--Agreement: Making a plan to support the parent-child relationship.** Once the worker and the family have gone through the stages outlined above they will be ready to mutually agree on a plan of action. The goals of the plan refer back to those discussed in **Stage I**—both those of the program and of the parent. This means including a goal and methods for supporting positive, mutually satisfying parent-child communication. The parent's goals with input from the Home Visitor form the basis for the plan.

**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 worker together have identified as being important. The Home Visitor remembers to inquire about progress. The goals should be regularly discussed, evaluated, and revised as needed and revisited throughout the course of the work with the family. Through the Home Visitor's attention to continuity and their shared efforts over time, the family realizes that they are "Being held in the Home Visitor's Mind" (Pawl & St. John, 1998). This feels like a hug and is and gives the family the sense that they are important ("You think about us even when you are not here").

**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 and 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 currently most pediatricians recommend that solids not be introduced until four to six months of age. The grandmother-teen mother relationship requires a great deal of respect and sensitivity from Home Visitors to build the positive relationships with families. Indeed, Home Visitors tell us

that interfacing with the extended family is one of the most challenging aspects of their work. Grandmothers must be included because the young mothers will most often will feel compelled to follow the grandmother's child-rearing advice, even when it conflicts with the program's. If the Home Visitor pushes for a different "correct" child-rearing practice, she 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 behavior as valid as a particular community or family value even if she disagrees. The Home Visitor, however, was concerned that this practice might have adverse health consequences for the child. Acceptance does not mean avoidance. Because there is a concern, the Home Visitor can try to have a discussion about the child-rearing practice with the grandparent (Stage III—Understanding: Listening to family). The Home Visitor knew that very young infants had immature digestive systems. The babies could either become constipated, or develop diarrhea and become dehydrated. Some babies might have an allergic reaction to the cereal. She also knew that when a baby is having trouble digesting its food, the baby fusses, is colicky, won't relax being held (Stage III—Understanding: Home Visitor Expertise). The Home Visitor could use a similar or parallel approach in discussing this area of concern with the family.

### **Sharing Observations and Using Inquiry as Intervention.**

The Home Visitor now uses best practice (looking for what is already working) saying, "You said you put a teaspoon of cereal in the bottle, how is that working for the baby?" The grandmother said it had been working well, i.e., the baby was almost sleeping through the night. The grandmother went on to say that 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 this supposed "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 a), the stage is set for her to be able to share her knowledge (Stage III b). 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 b: Expertise). She says, "That's what I've seen too. Some other baby's 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 4—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. The next time the Home Visitor saw the family she asked, "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 (1990) 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, and address concerns that the family feels are important.

## **Supporting Strengths in the Parent-Child Relationship through Identifying What Works Best for the Child.**

### **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 behavior. We have found an effective strategy is to focus comments and questions around the child's behavior rather than on the caregiver's. When a Home Visitor observes a positive or effective interaction between parent and child, she shares her observation either by making a comment beginning with an ordinary phrase such as "I noticed" or "Oh look! He liked it when..." or "He quieted down when..." Then she may inquire about how the parent knew or learned about the child—a question, for example, aimed at getting the parent to comment on the meaning of the child's behavior or cues, for example, "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 then may 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 her understanding of the meaning of her baby's behavior. It introduces the concept of developmental level into the work. The parent knows what 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 may be going well, through discussion and reflection the parent can realize—"real eyes"—have sharper vision of what her baby and she do that helps the child grow and develop. The process of talking about a positive interchange strengthens the relationship through increased awareness and understanding. In contrast, experience has taught us that sharing observations, commenting, or asking directly about a caregiver's actions, even if they are positive, can be risky. If one says, "You really did a good job when...or Why did you?", it 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 the parents awareness and understanding of difficult interactions involves asking the parent to think about when things went better and then trying to understand what is the difference. The Home Visitor can ask, "Do you think it might help if you tried what you found works in this situation?" 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 children and responsibility for the changes they make. The Home Visitor becomes a partner with the parent in trying to figure out what works best for the child. Parents report that this type of help feels supportive (and not judgmental).

We have found making "home movie" videotapes (Bernstein, 1997) of parents and young children engaged in their every day activities a useful tool for using observation and inquiry supporting the parent-child relationship. Most importantly, making and viewing the tape is fun for parents and provides 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 (attached below) with particular attention to what is working for the child and what might we 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 the child becomes upset, when watching the tape, most often the parent "real eyes" 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.**

This section has been presented to give the Home Visitor a frame of reference—The Mutual Competence Model for Nurturing, Caring Helping Relationships—and concrete suggestions for building

positive relationships with families and supporting the parent-child relationship. One size or approach does not fit all. All parents recognize that they treat their different children differently because the same child-rearing practice does not work the same with each child. For example, some children hate to have their parents raise their voice, 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 can still be effective. Some Home Visitors may be more directive, some less. Similarly, some families may respond better to a more verbal approach and others to activities rather than discussion. When something is working, do more of it. If something is not, try another way. All along the way check in with them for feedback on how the work together is going. Feeling listened to and respected, the family will welcome the Home Visitor into their home. Rather than circling around the families' problems, it becomes joyful for the work to connect 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.**

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