Home Visiting Supervision: The Critical Role in Program Implementation

August 6, 2015
Joni Detwiler, BS, MSW
Cynthia Zagar, LMSW
Welcome

Who’s in the room?

- Supervisors?
- Program Managers?
- Home Visitors?
- Parents?
- Other?
In your groups:

Discuss the following questions from your role’s perspective:

- Why is support of the supervisor important?
- What are the benefits of when it is done?
- What are the repercussions when it’s not?
- What gets in the way of regular supervision happening for the supervisor?
Importance of supervision

- As an indicator of quality
- Part of a solid infrastructure and key concept of implementation science
- Role in adherence to MI ECHV and PA 291
- Fidelity indicator for many HV models
How MIECHV and PA 291 is effecting supervisors and managers

- Data collection and measuring outcomes
- CQI commitment
- Possibly MIHOPE
- Possibly CoIIN
- Additional responsibilities from the state
- The magnifying glass on the impact of home visiting
The role of the supervisor:

People leave their immediate supervisor, not their job

- Key person to support staff retention is supervisor
- Supervisor is key element that is vital to maintaining an engaged culture
- With a role so critical, there are numerous reasons to support the person in it
Modalities of supervision

- Administrative: paperwork, time-off, reports, hiring, educating, monitoring productivity
- Typically seen as the easiest of the 3 modalities
- Drift to most time spent here: low hanging fruit
Modalities of supervision

- Clinical: review of work, plan development and what’s next, assessing progress, guidance and coaching, dealing with difficult situations
- Typically seen as the most fun of the modalities
- Mistaken for reflective component
Modalities of supervision

- Reflective: asking questions to discover the relationships between the infant, parent, home visitor and supervisor; listening, “holding space”; assessing link and impact between facts, feelings and interpretations; encouraging exploration of thoughts, feelings and experiences; creating balance of focus on the infant, parent, home visitor and the supervisor; staying neutral.
The value of reflective supervision

- It’s a requirement of a number of home visiting models
- Focus of practice is the development of a trusting relationship between the supervisor and her manager: parallel process
- Provides opportunity for processing of feelings and experiences exposed to during supervision sessions
Your turn

The role of supervision:

- How is your program working to incorporate the 3 components of supervision into supervision of the supervisor?
- How could supervision of the supervisor improve?
- What has the role of the supervisor been with your program in establishing the culture that exists?
Parallel process

- Doing onto others what we would have others do onto others
- Support for home visitors is critical
- Parallel process would say the same is true for the supervisor
Parallel process

- Supervising and supporting the supervisor is the first link in the chain
- We see through our lens as it currently exists
- Home visitors will mirror that with families
- Supervisors feeling “stuck” with a home visitor may show up as that home visitor also feeling “stuck” with a family
The role of parallel process:

- When has parallel process shown up in your culture?
- How are supervisors in your agency impacted by parallel process?
- What are some things you can think of that could support supervisors around this concept?
Trauma

- Response to the events that involve a threat of death or serious injury with an emotional response of fear, helplessness and horror at the time of the participating event (DSM IV).
- Response to painful and stressful events, that constitute the normal vicissitudes of life, such as divorce, loss, serious illness and financial misfortune (McHugo et al.).
ACE study
Adverse Childhood Experiences

- 17,000 middle class adults
  - More than half of the sample had experience with 1 or 2 of the 8 childhood adverse experiences.
  - 1 in 4 people reported 2 categories
  - 1 in 16 people reported 4 categories
  - Estimated that 40-70% of families that enroll in home visiting programs have a score of 4 or more
<table>
<thead>
<tr>
<th>Adverse Childhood Experience Categories</th>
<th>Impact of Trauma and Health Risk Behaviors to Ease the Pain</th>
<th>Long-Term Consequences of Unaddressed Trauma (ACEs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent physical abuse</td>
<td>Neurobiological Effects of Trauma</td>
<td>Disease and Disability</td>
</tr>
<tr>
<td>Recurrent emotional abuse</td>
<td>Disrupted neuro-development</td>
<td>Ischemic heart disease</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Difficulty controlling anger-rage</td>
<td>Cancer</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Hallucinations</td>
<td>Chronic lung disease</td>
</tr>
<tr>
<td>Alcohol or drug use problems</td>
<td>Depression</td>
<td>Chronic emphysema</td>
</tr>
<tr>
<td>Mental health issues of a household member</td>
<td>Panic reactions</td>
<td>Asthma</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Anxiety</td>
<td>Liver disease</td>
</tr>
<tr>
<td>Death of a parent</td>
<td>Multiple (6+) somatic problems</td>
<td>Skeletal fractures</td>
</tr>
<tr>
<td></td>
<td>Sleep problems</td>
<td>Poor self rated health</td>
</tr>
<tr>
<td></td>
<td>Impaired memory</td>
<td>Sexually transmitted disease</td>
</tr>
<tr>
<td></td>
<td>Flashbacks</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Dissociation</td>
<td>Serious Social Problems</td>
</tr>
<tr>
<td>Health Risk Behaviors</td>
<td></td>
<td>Homelessness</td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td>Prostitution</td>
</tr>
<tr>
<td>Severe obesity</td>
<td></td>
<td>Delinquency, violence, criminal behavior</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td></td>
<td>Inability to sustain employment</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td></td>
<td>Re-victimization: rape, DV</td>
</tr>
<tr>
<td>Alcoholism</td>
<td></td>
<td>compromised ability to parent</td>
</tr>
<tr>
<td>Drug abuse</td>
<td></td>
<td>Intergenerational transmission of abuse</td>
</tr>
<tr>
<td>50+ sex partners</td>
<td></td>
<td>Long-term use of health, behavioral health, correctional, and social services</td>
</tr>
<tr>
<td>Repetition of original trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrate interpersonal violence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Secondary Trauma

- It is the impact of trauma not experienced directly but, rather, through contact with, including caring for, someone who has directly experienced trauma or crime victimization or even through hearing about a traumatic event such as homicide (Lipschitz, Rasmusson, Anyan, Cromwell, & Southwick, 2000).
Secondary trauma:

- What procedures has your program put in place to support the identification of secondary trauma?
- What procedures has your program put in place to support staff with the impact of secondary trauma?
- What role does supervision play?
- What might improve these procedures?

Your turn
Practice Self-Care

Stress resistant people:
- A sense of personal control
- Pursuit of personal meaningful tasks
- Healthy lifestyle choices
- Social support

Bessel van der Kolk Psychological Trauma
Barriers to self-care:

- What gets in the way of being able to practice self-care?
- Who do you have in your circle of support that might be able to help you?
- How might you be able to advocate for more self-care to be able to take place at the work site?
Wrapping it up:

Final thoughts, comments, next steps?
Thank you!!!

Joni Detwiler
detwilerj@michigan.gov
517-335-6659

Cynthia Zagar
czagar@mphi.org
517-324-8343