Can We Talk About This?
David Belford, LISW
October 2013

NMAIMH competencies addressed
Theoretical Foundations
• relationship-focused, therapeutic practice
Reflection
• self-awareness

Research tells us that there are many factors that can adversely affect the developing brain of children. Prenatal exposure to substances, witnessing domestic violence and food insecurity are just some examples. We also know that when a parent is dealing with stressors such as social isolation, maternal depression or a history of abuse, it is not only the parent’s well-being that is affected, it also affects their children. For example, when a depressed parent is unable to accurately read their infant’s cues or find delight in their infant, the child may grow up not feeling safe in the world, or trusting that relationships with others can be fulfilling. In turn, this can impact later school performance, the ability to form satisfying relationships, and overall well-being.

It is for these reasons that the NM Home Visiting Program asks home visitors to explore, through conversations with parents, whether they feel safe with their partner, what type of support network they have, if they use or have used drugs, and what it was like for them to grow up in their family. These questions, and many more that are at the root of these conversations, come from screening tools used by home visitors.

We sometimes resist bringing up these topics because they make us feel uncomfortable. How often have we told ourselves, “If I start talking about mental health issues, they’re not going to invite me back in”, or, “Bringing up conflict in the home isn’t culturally appropriate”. There is some basis for these assumptions because these conversations are considered taboo in most cultures, and we are essentially taught not to talk about them from an early age. It is ironic that as a nation we may not have a problem talking about stopping child abuse, but when faced with beginning a discussion with a parent in their home, we don’t want to go there.

Our life experience, experience as a home visitor, our understanding of the purpose of such questions, as well as other factors, determine our comfort level with these types of
conversations. And the more comfortable we are, the more we give parents permission
to talk about what may be troubling them.

Part of what home visitors also struggle with may be related to “not knowing what to ‘do’
– often because they do not yet realize how helpful they can be simply by listening and
working hard to understand” (Heffron, 1999, p. 16).

By shifting our perspective, we can come to view these conversations as an opportunity
to open doors that were previously closed, and in so doing, an opportunity to also add
more depth to the relationship. Parents are often grateful to finally have someone to talk
to about potentially sensitive topics like postpartum depression.

These are not the types of conversations we have during the first visit, or even during
the first few visits. They take place over time, as the relationship is built. Sometimes
there is a natural opening to start a conversation about a parent’s history. At other times
we may need to create an opening. What works best for each home visitor will be
different, though often it is helpful to mention that, “These questions may feel
awkward…”, or, “I don’t know if you’ve ever talked to anyone about this…” It may be
helpful to spend some time in a staff meeting or supervision exploring what works.

If a parent is not ready to talk about it, we can at least place it on the table: “I can see
that this is something that you don’t want to talk about right now; that’s okay. You can
let me know if you want to talk about it another time.” Under some circumstances, it may
also be helpful to ask a parent whether it would be all right if we can bring it up again in
a couple of weeks. As our relationship with a parent deepens, parents often remember
that invitation even though it may not come up again for months.

We have no control over whether a parent chooses to bring up something that is difficult
for them to talk about. What we do have control over is whether we have at least
created, and are holding the space for them to do so when and if they are ready.

Talking points for supervisors

- How comfortable are you with conversations that touch on emotionally charged
  issues that are often considered taboo? Through the parallel process, as a
  supervisor, your comfort and willingness to explore these issues will impact the
  comfort level of the home visitors you supervise.
- How often do these conversations come up in supervision, in staff meeting? Are
  you, as a supervisor, creating and holding the space to talk about the concerns of
  the home visitors you supervise?
- What assumptions about these types of conversations do you and your home
  visitors bring to this work?

References/Additional Resources