NMAIMH competencies addressed

Theoretical Foundations
  • Infant/very young child & family-centered practice

Law, Regulation, & Agency Policy
  • Ethical practice

Working With Others
  • Building & maintaining relationships
  • Empathy & compassion

People who work in the helping professions are motivated to be of assistance to others. It’s in our genetic makeup. We want to make a difference in the world. Many of us feel driven or compelled to help others. And because these feelings can be so strong and deeply rooted within our being, it is sometimes hard for us as home visitors to recognize that there are limits to what we can do for a family, or remember that there are limits to our scope of work.

Within the realm of infant mental health, home visiting is a prevention model of service. What does that mean? Let’s look at a definition of infant mental health found on the ZERO TO THREE website:

“Infant mental health” is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:
  o Promotion of healthy social and emotional development;
  o Prevention of mental health problems; and
  o Treatment of mental health problems of very young children in the context of families.

Using this definition we can see that an aspect of home visiting has to do with preventing future mental health problems. And, with what we know from research, many other negative outcomes as well. By doing so, I think we would all agree, we also help children and families improve their quality of life and increase the chances of
children being happy and successful as they grow. We do not provide treatment for mental health issues, but we do make appropriate referrals so that families can get the services they need.

Orientation and training are essential in the development of a strong foundation for home visitors to help them understand the parameters of this preventative service. In addition, the actual experience of providing home visiting services generates ongoing opportunities for professional and personal growth. These experiences are grist for the mill, so to speak, for reflective supervision sessions. And, it is these experiences with families that sometimes require us to focus our attention on the limits of our work. Regular reflective supervision is one way to ensure that home visitors have the opportunity to explore their thoughts, feelings, and reactions related to their experiences with families especially when certain issues could lead to overstepping limits or crossing boundaries.

As an integral part of the work we find ourselves connecting with families, learning about them, and deepening our relationships with them. We actually conduct our business with them in their homes, a place that most cultures consider personal space, to which usually limited access is offered to others. Because of these factors, and because we are deeply motivated to be of assistance, we are sometimes confused and are not sure how much help might be too much.

I am very much aware of my use of the word business in the preceding paragraph. I use it as a reminder that these relationships with families are established because of a job that we are charged to do. It can be easy to lose ourselves in the relationship part of the work, since relationships are personal experiences, and after all, we are people first and foremost. Not to diminish them in any way, I’d like to suggest that it can be helpful from time to time to stand back and think of these relationships as “relationships of necessity”. In order to do this work, we must establish these relationships. This can be a useful perspective that can help us define the relationship in a balanced way. A focus exclusively on the relationship, without keeping in mind our primary reason for being in the relationship (which is the preventive work of home visiting services), can lead us off course.

My intent here is to help establish a cognitive framework that can be used when we find ourselves overstepping boundaries because we have lost our bearings within the relationship. It is critical to the success of the program that we maintain our role and not get swept away by family needs (and our concern for families) to the extent that we end up overstepping boundaries and limits.

We can appreciate and enjoy these relationships with the families that we work with. We can have authentic, caring feelings for families and we can also remain grounded in our role, acting (or reacting) in ways that keep us within the limits of our scope of work. That might mean telling a family “no” from time to time, and re-orienting them to our scope of work. And it’s important to remember that this can be done in a way that does not jeopardize our relationship with a family. These are the experiences, because of
their very nature, that are ripe for exploration within the safe and supportive environment of reflective supervision.

Talking points for supervisors

- During a reflective supervision session supervisors can ask home visitors to describe their relationship with a family and how they see their role with that family.
- Supervisors can include as part of their training of new home visitors a discussion about boundaries and limits in their work as home visitors.
- During interview sessions with perspective new home visitors, supervisors can ask questions or listen for clues that may expose boundary issues or concerns that the perspective new employee may have had in a previous position. (It is also important to be sure that all questions are not in conflict with any Human Resource rules, regulations, and policies).

References/Additional Resources
ZERO TO THREE – Early Childhood Mental Health:
http://www.zerotothree.org/child-development/early-childhood-mental-health/