

MODULE 10

**CARING AND
EMPOWERING**

enhancing communication
skills for home visitors



CONTENTS

KEY MESSAGES - why is this topic important for you?.....	4
LEARNING OUTCOMES.....	4
I INTRODUCTION	5
II THE COMPONENTS OF HUMAN COMMUNICATION	6
III ROADBLOCKS IN VERBAL AND NONVERBAL COMMUNICATION.....	7
IV SOURCES OF ROAD BLOCKS IN NONVERBAL COMMUNICATION.....	13
V CHARACTERISTICS OF FAMILY-CENTERED SERVICE.....	18
VI SUMMARY OF THE MODULE.....	26
VII ANNEX	27
Information card 1: Assessing your communication skills (at the beginning and at the end of the module).....	27
Information card 2: Listening and responding with empathy.....	29
VIII REFERENCES	32



KEY MESSAGES - why is this topic important for you?

- Good communication and interpersonal skills are essential when working with families.
- When you are able to listen without judging, give advice without blaming or patronizing mothers and fathers, if you are warm, objective, empathetic and reflective, you will be able to build productive relationships with your families, based on mutual trust and respect.
- While communicating with families you always have to keep child in mind. In the process of finding out how child is doing, it is of great importance to build a respectful relationship with parents/caregivers. To open up to you, share confidences, rely on your advice and provide you with vital information about the child and themselves, parents have to trust you and feel safe with you.
- Although communication is part of every person's everyday life, good communication skills need to be practiced and continuously improved as part of your professional development.



LEARNING OUTCOMES

By the end of this module, you will be able to:

- Understand the importance of good communication for effective home visits.
- Learn about verbal and non-verbal influences on the communication process.
- Know the difference between open and closed questions and how they contribute to communication.
- Understand the importance of cultural influences on the communication process.
- Understand the importance of effective listening and empathy.
- Learn about the characteristics of a family-centered home service provider and consider how these characteristics can be integrated into your home visiting practices.
- Describe outcomes of effective communication with families.

INTRODUCTION

I



Self-assessment – True/False Statements

Before you start this module, please honestly assess your communication skills, using the table in the Information card 1. When you finish this chapter you can come back and do this self-assessment again to check what you have learned!



Reflection and discussion

Why is good communication important for effective home visits? Can you remember a situation when you found it very difficult to communicate with one of your families? What were some of the reasons?

SUGGESTED ANSWERS:

Good communication is important because it:

- Builds strong, trusting relationships with families.
- Helps you meet your professional goals for the family you are working with.
- Bridges cultural, ethnic, and religious boundaries.
- Creates an interpersonal relationship that improves collaboration and will benefit the child.
- Reduces the chance for miscommunication with parents and the child.
- Enables parents to better support their child.



THE COMPONENTS OF HUMAN COMMUNICATION

There are four components involved in human communication:

Process: The ongoing and constantly changing interaction between the speaker and the listener.

Transaction: The participants that are speaking to one another influence each other in this process. This transaction takes place in verbal and nonverbal communication, through words, facial expressions, posture, gesture, movement and vocal variations.

- *Verbal:* Communication through words.
- *Nonverbal:* Communication through body language, facial expressions, eye movements, and gestures.

Context: The setting in which a communication occurs; it can have powerful effects.

Symbolism: The use of words to stand for objects, actions, concepts and feelings.

Effective communication generally is:

- | | |
|--|--|
| <ul style="list-style-type: none">• Based on facts• Honest• Timely• Precise• Concise• Goal-oriented• Easily understood by the receiver | <ul style="list-style-type: none">• Integrative• Congruent re: verbal and nonverbal cues (what you say must not contradict your expression)• Captivating• Reliable• Responsive |
|--|--|



ROADBLOCKS IN VERBAL AND NONVERBAL COMMUNICATION

In order to have effective verbal communication, we need to recognize the possible obstacles or road blocks we can encounter when communicating with a parent or family member. The following are different types of road blocks in verbal communication that we should always be aware of and avoid.

1. Fact vs. inference confusion:

There are two basic types of statements: facts and inference (an assumption or interpretation). A common error made during conversations is that statements of inference are mistaken for statements of fact.

Suggestions to avoid inferences and confusion:

- We need to be alert and understand when we or others are making inferences.
- We need to understand the possibility that inferences are correct.
- We need to offer or ask for evidence to support inferences.

When it is not clear, an easy and practical way is to pose the following question: *"Can you please tell me what you have heard me say?"* and listen to the answer and clarify what you have said, if it is necessary.

My job is to help Josh with his developmental delay.



So will you give him medicine for the delay?

FACT

INFERENCE

2. Allness error:

What is an allness error? The tendency to use absolutes and generalize. In that way, we make not take into account the diversity among parents and children, and majority of parents want themselves and their children to be treated as individuals.

Why is this problem?

Allness errors do not take individual differences into account and often suggest judgmental thinking.

When do allness errors occur?

Every time we use the words all, every, none, and never. Sentences starting with "You always...."



Some of the families i work with say that creating a schedule and routine helps establish a sense of normalcy for the baby

Better language example – use some instead of all



Reflection and discussion

How can we avoid making allness errors?

1. How do you think the statement in the picture above should be changed to prevent an "allness error"?

SUGGESTED ANSWERS

Listen for allness errors and then replace them with terms like some, many, few, most, sometimes...



Some of the families i work with say that creating a schedule and routine helps establish a sense of normalcy for the baby

Better language example – use some instead of all

3. Jargon:

This can include technical terminology, obscure and often confusing language.

Medical or other professional jargon can frighten, irritate, intimidate, and confuse children and families.

When does jargon occur? Every time we use specialized terminology, technical language, acronyms, etc. with people who are not familiar with these terms.

How do you eliminate communicating with jargon? Translate every technical term and acronym, or avoid them and use simpler language.



The 12 additional communication roadblocks

(adapted from Gordon, <http://mobile.gordonmodel.com/home-roadblocks.php>)

Type of Roadblock	Example
Roadblock #1: Ordering, Directing, Commanding	You have to do what I tell you to do. I am a home visitor, and I know what the best is for your child.
Roadblock #2: Warning, Admonishing, Threatening	If you do not do what I tell you, you will regret it.
Roadblock #3: Exhorting, Moralizing, Preaching	You should not behave that way. You should behave in a more responsible way – you are parents now.
Roadblock #4: Advising, Giving Suggestions Or Solutions	Do not bother to look for a solution, I will tell you what to do.
Roadblock #5: Lecturing, Giving Logical Arguments	If you would have listened to me and followed my instructions which are based on facts and science, you would not make so many mistakes and your baby would not be so nervous.

Type of Roadblock	Example
Roadblock #6: Judging, Criticizing, Disagreeing, Blaming	You are so lazy and irresponsible. Why do you have a child when you are not ready for sacrifices?
Roadblock #7: Praising, Agreeing	You are the best parents I have ever seen. You can deal with everything, and that is why your baby is the most wonderful child.
Roadblock #8: Name-Calling, Ridiculing, Shaming	Some people just cannot be good parents. I did not expect anything better from you.
Roadblock #9: Interpreting, Analyzing, Diagnosing	I am sure you had some issues with your parents in your early childhood. You are not managing your baby because you do not want to behave like your mother.
Roadblock #10: Reassuring, Sympathizing, Consoling, Supporting	I know how you feel, and I feel so sorry for you. But trust me this is nothing, everything will be OK.
Roadblock #11: Probing, Questioning, Interrogating	Are you sure that you did everything you could? How much time have you spent trying to solve the problem? Did you hold the baby as I told you?
Roadblock #12: Withdrawing, Distracting, Humoring, Diverting	Oh, come on, this is nothing. Babies usually do not sleep during the night. Do not worry, relax. Let us have a cup of coffee/tea and you will be OK.



Self-assessment - Check for understanding

In your opinion what are the effects of this roadblocks. List effects for each of 12 roadblocks and then compare with the table with our suggestions.

Type of Roadblock	Example
Roadblock #1: Ordering, Directing, Commanding	Sends a message that the father or mother is not important. Create feelings of mistrust, anger or fear.
Roadblock #2: Warning, Admonishing, Threatening	Evokes resentment and hostility or fear and submissive reactions
Roadblock #3: Exhorting, Moralizing, Preaching	Provokes feeling of guilt and can harm self-esteem, is a message of distrust.
Roadblock #4: Advising, Giving Suggestions Or Solutions	Harms self-esteem and self-confidence. Sends a message that the parent is not really competent. Sometimes provokes resistance.
Roadblock #5: Lecturing, Giving Logical Arguments	Makes a mother or father feel inferior, subordinated and inadequate. Parents can become defensive.
Roadblock #6: Judging, Criticizing, Disagreeing, Blaming	Probably more than any message, makes parents feel inadequate, inferior, stupid, unworthy and bad.
Roadblock #7: Praising, Agreeing	General praising makes parents feel confused and creates a feeling of mistrust.

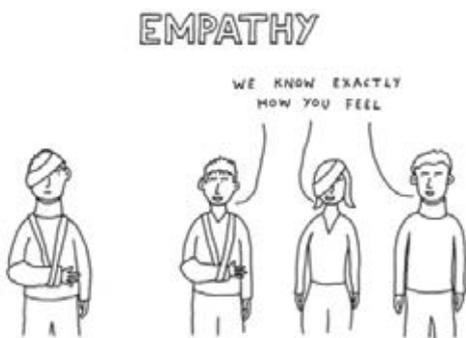
Type of Roadblock	Example
Roadblock #8: Name-Calling, Ridiculing, Shaming	Such messages can have a devastating effect on the self- image of a parent.
Roadblock #9: Interpreting, Analyzing, Diagnosing	Sends a message that you feel superior, wiser and cleverer.
Roadblock #10: Reassuring, Sympathizing, Consoling, Supporting	Such messages are not as helpful as most believe. To reassure a parent when s/he is feeling disturbed about something, may simply convince him/her that you don't understand him/her.
Roadblock #11: Probing, Questioning, Interrogating	To ask questions may convey to parents your lack of trust, your suspicion or doubt. It is also sending a message that we do not really care how others feel and what they need.
Roadblock #12: Withdrawing, Distracting, Humoring, Diverting	Such messages can communicate to parent that you're not interested in him/her, don't respect his/her feelings, or that you are downright rejecting him/her.
Roadblock #13: Ignoring	Asking just one parent's opinions, addressing and looking at them undermines the other's confidence and disrupts and fails to support cooperative parenting, which is very important in raising happy, self-confident children.

Listening skills

Listening is a key element of effective communication during a home visit. How you listen determines the sort of connection you will have with this person. If "listening" means "preparing our thoughts in order to express them when the speaker next takes a breath", then an enriching connection is not likely to happen. It is important to listen respectfully to what both parents and other family members say, and to communicate responsively and with empathy. If a mother or father senses that we are not listening to them, they might feel insulted, neglected, and belittled. When we are not giving parents our full attention, we may miss out on important information about the child and the family and lose the parents' trust. This could lead to disengagement with the family: the family may no longer be ready to share useful information with us or feel less free to ask questions.

Listening skills generally;

- Develop over time.
- Help us gather information not only from what we see, but also from what we hear.
- Are affected by noise (actual noise or other things in the environment that is distracting).



Empathy is an important skill that helps us place ourselves into another person's shoes and to view, feel and experience the world as that person does. Empathy helps us develop a trusting, compassionate, and a professional relationship. This, in turn, can contribute to creating the relationship that helps promote favorable outcomes for the child and the family.

In sum, empathy involves:

- Taking the perspective of the other person
- Sharing and understanding another person's feelings
- Learning about people and developing more effective relationships



Look at the **Information card 2**: Listening and responding with empathy which can provide you with tips on how to talk with parents.

Asking questions is also important.

There are two types of questions we can ask.

Closed questions are questions that elicit a simple “yes” or “no”, or short answers. For example: What time is it? Is your child doing fine? Are you OK?

These questions can be useful because they provide us with facts. They are easy and quick to answer and give the person who is asking the control over the conversation. On the other hand, they are limiting the conversation, and they are sending the message that there is only one correct answer.

Open-ended questions motivate people to think and reflect, to share their own perspectives, opinions and feelings. They usually support further communication.

It is important for you in your work to ask open-ended questions in order to empower parents to share their thoughts in a give-and-take. When listening carefully and with empathy, answers to open-ended questions will provide you with precious information on how parents, feel and think and what they believe in.

This is great,
isn't it?



Ops, what should I
say now?

What is your opinion
about this?



She cares about
my opinion?

IV

SOURCES OF ROAD BLOCKS IN NONVERBAL COMMUNICATION

In order to communicate effectively, we must understand that our body language, facial expressions, eye movements, and gestures often speak louder than words. These nonverbal factors can cause obstacles to communicating effectively. The following are important elements of nonverbal communication behaviors:

Physical appearance:

- Outer beauty often plays a role in communication: People tend to respond more favorably to those who are perceived as physically attractive as to those perceived as physically unattractive.
- Clothing can communicate to others our state, feelings or attitudes about ourselves.

Facial Expressions:

- There are six basic emotions that appear on the face: surprise, fear, disgust, anger, happiness and sadness. The feelings we show on our faces influence how parents perceive us and how they will interact with us. It is important to be aware of our facial expression in response to a home visiting situation. For example, it is important not to show disgust or anger on our face when we enter a home which is messy and where the children are dirty.
- Expressions of emotion can also be masked, for example, when we “put on a happy face.” This means we should be careful when making assumptions based upon facial expressions. It is also important to take cues from the facial expressions of those with whom we are interacting.

Gaze: the way we use our eyes to communicate. The following are commonly recognized types of gaze:

- which cannot be returned (nonreciprocal gaze)
- when two people look at each other (mutual gaze)
- when one person looks away (gaze aversion)
- staring

Sources of Road Blocks in Nonverbal Communication:



For example, if this picture is of a home visitor during a family visit, what does she convey to the family with her gaze and facial expression? Boredom and impatience OR openness and acceptance?



Another example: When you observe such a gaze between a child and father, what do you infer about the parent-child interaction? Engagement and connectedness OR disinterest and aloofness?

© UNICEF/McConnico

Gestures are movements with our bodies that have a meaning that can be communicated to others. Gestures tend to have different meanings in different cultures and should therefore be used with caution. For example a “thumbs up” or “thumbs down” may have different meanings in different cultures. It is important to learn about these gestures prevalent in the households you will be visiting.



Touch has different meanings based upon the situation and also the culture. It is important to learn what kind of touch is acceptable in the households you are visiting. For example, is it acceptable to shake hands or hug a parent of the opposite gender when greeting them during a home visit?

The way you use your **voice** can evoke emotions in the person you are talking to. Characteristics of your voice can also influence meaning, e.g., the rate or how quickly you speak, and your tone, pitch, volume and rhythm.

There are four **distances** you can use to communicate messages to others:

- Intimate distance: from touching distance to about half a meter. This is generally reserved to interactions with people with whom we have a positive emotional relationship.
- Personal distance: Half a meter to 1 meter, usually reserved for casual conversation.
- Social distance: 1 meter to 3.5 meters, usually used in formal and impersonal interactions like court hearings.
- Public distance: 3.5 meters or more. This distance makes it difficult to carry on a personal conversation, therefore, this distance is best suited for lectures or public speeches.

Language and Cultural Considerations:

When working with families from diverse cultural backgrounds, it is important to keep in mind that the following factors can aid or hinder communication:

- Language competency – for example, the family’s fluency with the predominant language being used
- The literacy skills (spoken, written) of the family
- The family’s cultural background – it relates to everything the family does, what is considered polite, rude, respectful...
- Non-verbal communication through body language, gestures, eye contact, shrugs etc. Families may be more sensitive to facial expressions/tensions, movements, speed of interaction, location, and subtle vibes
- Individual members of a family or a group may differ – we should treat each family and each family member as unique and with respect
- When we encounter something we do not understand something, we should ask for clarification and not make assumption or interpretations.



Culture Influences the Communication Process – we should ask before acting!



Video clip - Example of a Home Visitor and Communication Skills

Please view this **video clip** carefully. In this video “In the Door and on the Floor: Watch a Home Visit in Action” (Source: Maryland Family Network) you will hear a home visitor in the United States discuss the rationale, goal and process of home visits. You will also see an interaction between a home visitor, mother and child. The home visitor will explain the reason for her visit. This video will demonstrate a mix of verbal and nonverbal communication elements between the home visitor and the mother. Further, the outcome of the services provided will be addressed. This home visitor exemplifies many components of good communication which aides in her success with this parent and child. Link to the video: <http://www.youtube.com/watch?v=MuiBQTSqCe0>

<https://www.youtube.com/watch?v=8fOJGmldj0c>

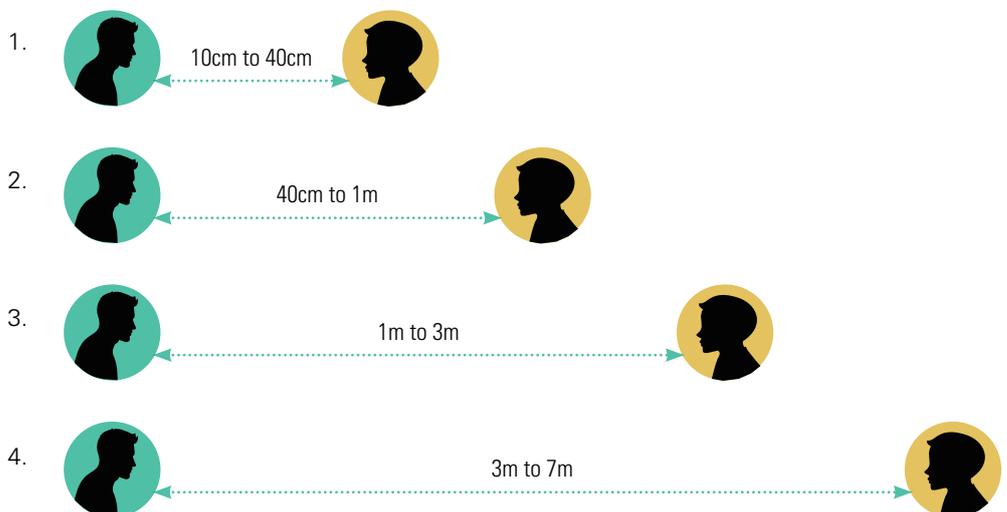
As you **watch this video**, observe the following, based on the information you have read regarding verbal and nonverbal influences in communication:

1. What type of distance did the home visitor appear to be using in the visit? Was it appropriate based upon the mother’s comfort level?
2. How was facial expression used? What common expression did you see the home visitor using?
3. Did the home visitor keep good eye contact to help facilitate verbal and non-verbal communication?
4. Did you notice any examples jargon or allness errors used by the home visitor?
5. Were gestures used in a professional and sensitive manner?
6. If the home visitor were engaging with father, would she need to behave in any significantly different ways?



Self-assessment - Social Distance Activity

Think about the four common distances for expressing messages. Now, identify each of the following as intimate, personal, social or public distance.



ANSWERS

1. **Intimate distance – 10-40 cm** - This level of physical distance often indicates a closer relationship or greater comfort between individuals. It often occurs during intimate contact such as hugging, whispering, or touching.
2. **Personal distance – 40cm – 1m** - Physical distance at this level usually occurs between people who are family members or close friends. The closer people can comfortably stand while interacting can be an indicator of the intimacy of the relationship.
3. **Social distance – 1m to 3m** - This level of physical distance is often used with individuals who are acquaintances. With someone you know fairly well, such as a co-worker you see several times a week, you might feel more comfortable interacting at a closer distance. In cases where you do not know the other person well, such as a postal delivery driver you only see once a month, a distance of 10 to 12 feet may feel more comfortable.
4. **Public distance - 3 to 7m** - Physical distance at this level is often used in public speaking situations. Talking in front of a class full of students or giving a presentation at work are good examples of such situations.



Be careful, this may differ in different cultures and individual families! Always ask and check what is acceptable.



Self-assessment - A. Match the facial expression to the “feeling”

It is important to take cues from the facial expressions of those with whom you are interacting. It is also possible to misinterpret someone’s facial expression and this could impede communication. What do the facial expressions below mean to you? Match these facial expressions to the following feelings: Surprise, fear, disgust, anger, happiness and sadness.

1	2	3
		
4	5	6
		

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Self-assessment

Do a quick assessment of what you have learned about the communication process so far:
B. Match the following definition with the component of human communication:

- | | |
|----------------------|--|
| 1. Process _____ | A. use of words to stand for objects, feelings, actions. |
| 2. Transaction _____ | B. changing interaction between speaker and listener. |
| 3. Context _____ | C. where communication takes place. |
| 4. Symbolism _____ | D. participants influence each other. |

C. State whether the statement is true or false:

1. Irritated is one of the six common facial expressions. _____
2. Gestures and their meaning are not influenced by culture. _____
3. Listening is a necessary skill for effective communication. _____
4. Personal distance is normally used for casual conversations. _____
5. Noise makes a difference in conversations. _____

ANSWERS

A.

1. **HAPPINESS**
2. **SURPRISE**
3. **FEAR**
4. **DISGUST**
5. **ANGER**
6. **SADNESS**

B.

1. **B**
2. **D**
3. **C**
4. **A**

C.

1. **FALSE**
2. **FALSE**
3. **TRUE**
4. **TRUE**
5. **TRUE**



CHARACTERISTICS OF FAMILY-CENTERED SERVICE



Reflection and discussion

Please honestly evaluate yourself using the following checklist to estimate how much you characterize yourself as a family-centered home service provider:

Family Centered Care Element used in Communication	Always	Sometimes	Never	How could I incorporate this approach more consistently during my home visits?
I use positive feedback and praise often with a parent				
I care and ask about the wellness of each family member living in the home during my home visit				
I listen to each of the family's questions carefully				
Before the end of each visit, I ask if the main caregivers have questions for me				
I treat the mother and father as if I would treat my neighbours				
If a family member makes a request, I pretend that I did not hear it, especially if I don't think it is my job to address that concern				
I recognize that fathers may often feel as if their role is not important, so I specifically invite them to be present at home visits and try to take their schedules into account to accommodate this				

Family-centered care is based on the principles of respect for the family, cultural sensitivity, and maintaining confidentiality. It is a collaborative approach to home visiting. However, maintaining confidentiality is not always possible, especially when you are collaborating with other sectors to meet the needs of the family (see module on Working with other Sectors).

A collaborative approach includes:

- Partnership with parents (working on issues or concerns together) rather than telling fathers and mothers what they should or should not do.
- It is interactive and involves setting joint goals with families. You use a joint problem-solving approach rather than checking on the family and controlling the content of the visit.

Family-centered service providers generally display five main characteristics (McWilliam et al, 1998):

1. Positiveness about the child and other family members:
 - Thinking the best about male and female parents and their experience and expertise without passing judgment.
 - Being and acting positive with child and family.
 - Developing close rapport with the family and being attuned to their needs.
2. Responsiveness to the family's overt or covert requests:
 - Doing whatever needs and can realistically be done for the child and family.
 - Attending to the fathers' and mothers' concerns, sometimes holding back and not pushing our professional agenda.
 - Using an individualized and flexible approach to children, each parent and other key family members.
3. Orientation to the wellbeing of the whole family:
 - Willingness to orient services towards the whole family, rather than just to the child.
 - Being the friend of the family and helping the family to deal with different problems that are not only or directly connected with the child, but affect the wellbeing of the family, and, therefore, indirectly the child.
 - Using sensitivity and good rapport to establish trust with mothers and fathers and being able to ask them about their own concerns.
4. Friendliness in treating families as you would treat your neighbours:
 - Treating parents as friends.
 - Developing rapport over time.
 - Being straightforward with parents.
 - Developing a reciprocal relationship, building trust, taking the time to talk to parents about concerns, listening to parents, encouraging them, and conveying care for both parents and the child.
5. Sensitivity, walking in the family's shoes:
 - Putting yourself into the parents' shoes, understanding families' concerns, needs and priorities.
 - Checking on families feelings before making inferences.

When using a collaborative approach, you also try to incorporate the child and family's own routine when making suggestions. One approach you can use is Vanderbilt Home Visit Script (McWilliam, 2004) as a model for providing a routine and support based home visit.

Two examples of good open-ended questions you can ask during each home visit are:

- "How have things been going? and
- "Is there a time of day (e.g. meal time, bath time) that's not going well for you?"

For each question, you can then use the follow-up prompts, using the following skills of good communication: Your Ears (listen), Elicit (ask), Empathize, and Encourage (in English called the four E's) and these follow-on questions:

- Do you need any information to help with this?
- Should we try to discuss this and see how it can be solved?
- Would you like me to show you?



Case studies

Please read the following 2 case scenarios and a short dialogue script between the home visitor and parent. You are then provided with assessment questions regarding the use or lack of use of the family-centered service characteristics in the communication process.

Case study 1:

This family consists of mother, father, 2 year-old child (Roman), and 3 sisters (ages 6, 8, and 11 years). The mother (Lyudmila) works outside the home, and the father (Oscar) who had suffered an occupational injury stays at home with Roman. Roman’s development is in the normal range for his age based on the Developmental Assessment of Young Children at age 2, but he is eligible for special services based on informed clinical opinion. The parents are concerned that Roman does not speak very often. The home visitor (Mrs. Pawlak) also became concerned and noted that Roman made no sounds or words during her first home visit. During the last 10 minutes of the visit, his 8 year-old sister Jasmina entered the room, and Roman was heard verbalizing a significant amount (jargoning). Oscar is not comfortable signing paperwork without Lyudmila present, so he requested that all appointments are early in the morning, so the mother can be present during the home visit, and she can still get to work on time. This is the first visit between the home-visitor and family. Mrs. Pawlak is the home-visitor. Roman is the reason for the home visit, and Jasmina, Pauline and Natalia are Roman’s older siblings.

Sample dialogue toward the last part of the visit:

Oscar: Would it be possible for us to schedule appointments earlier in the morning so my wife and I could both be at home?

Mrs. Pawlak (rolling her eyes): Typically only one caregiver is needed at the time of my visits and I would prefer to observe the child in more play time in the afternoon or at a meal time, than when he is first waking up in the morning. Early mornings don’t work well for my schedule anyway, as I have to do paperwork in the office then.

Oscar (looking embarrassed): That is understandable, you can visit when it is best for you. Oh, I would like you to meet our other children. Jasmina, Pauline and Natalia, come meet Mrs. Pawlak. I think Roman tries to talk more when playing with his big sisters.

Mrs. Pawlak (without smiling): My job is to work with Roman. You should not try to tell me what is good for Roman. Looking at your home, based on my first visit, already I can tell your family is unstable. Hey Kids, it would be best if you played somewhere else when I am working in your home. I’m here for your little brother Roman to help him speak more. If you keep interrupting like this, you will get in the way and slow my progress.



Dialogue 1: Assessment for Case Scenario 1:

1. Which components of family-centered communication were ignored by Mrs. Pawlak?
 - A. Friendliness
 - B. Orientation to the whole family
 - C. Sensitivity
 - D. All of the above.

2. What would be a more responsive and sensitive option for Mrs. Pawlak to consider when planning home visits for this family?

- A. Continue to meet her own schedule needs and not change the time of visits.
 - B. Make modifications in her schedule to accommodate the family's schedule and include the mother in visits.
 - C. Guarantee the family that afternoon visits are the best time for her to work with Roman regardless whether or not the mother will be present.
3. The home-visitor does not greet the siblings and asks them to play somewhere else. What signal could this send to the family?
- A. She is very serious about her job regarding helping Roman to speak better and doesn't need distractions.
 - B. She is not interested in including the entire family in visits and is annoyed by the presence of the siblings.
 - C. She is open to getting to know the entire family, including the siblings.
4. What would have been a better way for the home-visitor to respond to the siblings to signal she is open to the entire family and friendly?
- A. "Hello there, I am Mrs. Pawlak and I will be coming to your home once every week. I will be playing with Roman, sometimes taking some notes and talking with your father. But, I hope I can play with you all and get to know you. You can let me know what Roman likes to play with."
 - B. "Hello there, I am Ms. Pawlak and when I am here I am going to be working with your brother and father. I don't have a lot of time to talk with everyone in the home."
 - C. "Pauline, show me how you clean up this play area."

SUGGESTED ANSWERS

- 1. D
- 2. B
- 3. B
- 4. A



Case study 2:

This family consists of a single mother (Helena), 21 month-old Vladimir and 1 month-old Alex. Vladimir is eligible for early intervention services due to his diagnosis. Helena does not work. Her support system includes the church, her extended family, and friends. She receives some food assistance from a NGO. Vladimir is missing the tops of fingers on one hand due his condition, but his development is above his chronological age in all areas. He is able to use his hand functionally to color, draw and eat without assistance or equipment. Helena's only concern is that child is not behind his peers when in school.

Sample Dialogue:

This is the second visit between the home-visitor and family. Vladimir, is the child in focus, and Alex is the one-month old sibling who is napping during this visit. Vladimir is coloring, and Helena and the home visitor are interacting with him and observing.

Helena to Vladimir: Dearest, I love how you are using all different colors in your picture.

Home visitor to Helena: That is great feedback you provided. It is very specific and you are commenting on what Vladimir is doing well.

Helena: I am always afraid of how I should talk to Vladimir when he is doing things wrong. I try to not be negative when I can see he is trying.

Home visitor: That is a common concern with a lot of the families I work with. I have found that often if we comment on what the child is doing well and then talk with the child about behaviors we wish we would see, the child seems to understand this better and tries to change his behavior. How do you feel about trying that? For example, say: I like how you are using different colors in the picture. It will be great if you put the crayons back in the box after you finish, instead of leaving them on the floor, Vladimir. It saves Mommy some time, Vladimir, when I don't have to pick up after you.

Helena: I think that will be challenging sometimes, especially when I get upset or overwhelmed with two little children. But I will try my best.



Dialogue 2: Assessment of Case Scenario 2:

1. What family centered care communication skills is this home visitor displaying well?
 - A. Positivity
 - B. Responsiveness
 - C. Thoroughness
 - D. Both A and B
 - E. None of the above
2. Which statement from the home visitor primarily indicates positivity?
 - A. "That is great feedback. Very specific and you are commenting on what Vladimir is doing well."
 - B. "That a common concern with a lot of the families I work with. I have found that often if we comment on what he is doing well and then talk with Vladimir about behaviors we wish we would see, it is understood easier and often changed by the child. "
 - C. "How do you feel about trying that?"
3. Which statement from the home visitor primarily indicates responsiveness?
 - A. "That is great feedback. Very specific and you are commenting on what Vladimir is doing well."
 - B. "That a common concern with a lot of the families I work with. I have found that often if we comment on what he is doing well and then talk with Vladimir about behaviors we wish we would see, it is understood easier and often changed by the child. "
 - C. "How do you feel about trying that?"

SUGGESTED ANSWERS:

1. D
2. A
3. B



Video clip - Family Centered Care Communication Video (United Way of Dane County)

In this video clip, you will hear about a United Way program in the USA, Education-Parent-Child Home Program. The goal of this program is to prepare young children for school through literacy and play. This program is enhanced with supportive home visits. The

mother in this video is Hmong and was born in Thailand. The mother was concerned that her young daughter was not speaking. Further, she was concerned that her own lack of English skills will affect her ability to support her child’s language development. The benefits of home visits, the importance of culturally sensitive approaches and parental involvement and changes in the child as a result of this program are discussed. As you watch this video, consider the five elements of family-centered care communication: positiveness, responsiveness, orientation to the whole family, friendliness, and sensitivity.

Watch the clip here: <https://www.youtube.com/watch?v=rtoeQGwW2ZI> and respond to the following questions:

1. How does the home visitor respond to the concerns of the mother?
2. How does this response help the child and family?
3. Why does this home visitor find it important to involve the family?
4. How does the home visitor incorporate the family’s culture into her practice?
5. Does she include the siblings during her visits? How?
6. Please evaluate the home visitor, i.e., whether the home visitor displayed the various family-centered communication characteristics:

Component	Yes and how?	No and why not?
Positivity		
Sensitivity		
Orientation to the whole family		
Responsiveness		
Friendliness		



For a home visitor, it is important to understand that family support needs can be categorized in three types (McWilliam, 2004). In order to meet any of these needs effectively, it is important for us to understand and practice effective communication skills discussed earlier in this module.

The family’s emotional support needs can be met by using the family-centered characteristics for home visitors (discussed above):

1. Positivity
2. Responsiveness
3. Orientation to the whole family
4. Friendliness
5. Sensitivity

Material support needs:

1. Equipment and materials
2. Financial resources

Informational support needs differ for each family, and our assessment in collaboration with the parents will help us determine the family’s priorities:

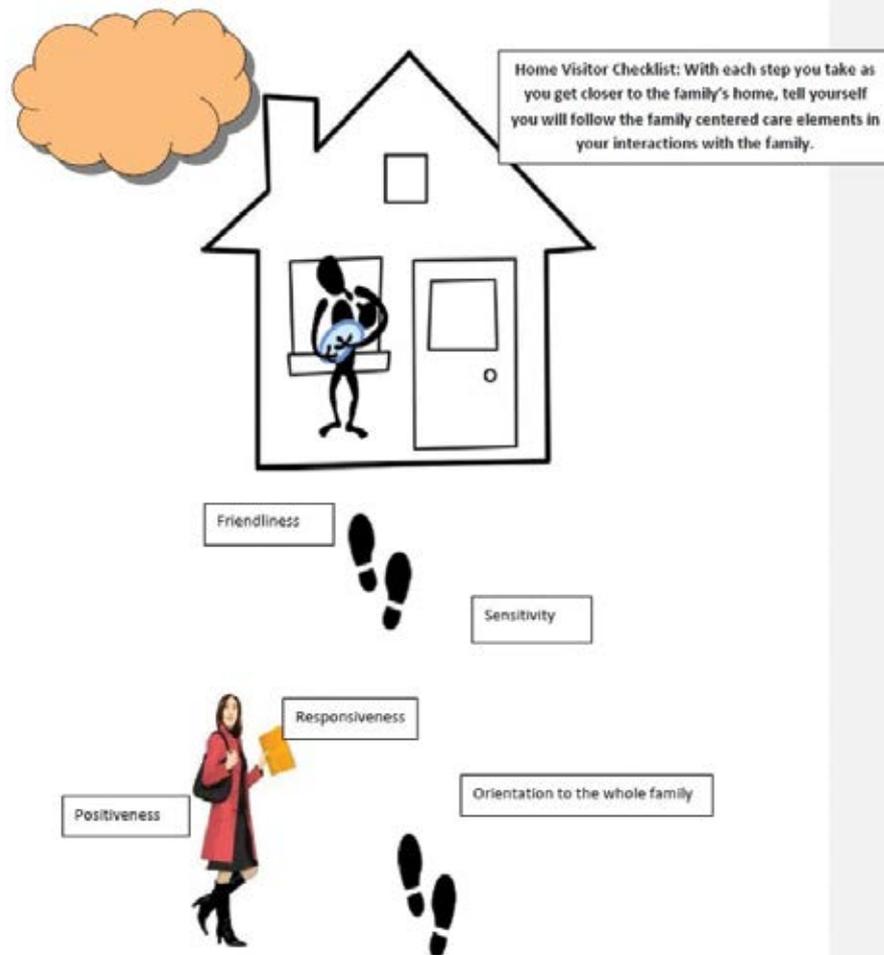
1. Child development
2. Child's disability
3. Child safety
4. Services and resources
5. What to do with the child

Outcomes of effective communication



Reflection and discussion

For a few moments pause and think about everything you have learned so far in this module. Now take a look at this picture of a home visitor about to enter a family's home.



Can you make a personal commitment that as your footsteps take you toward the family's home, you will use the family-centered approach to enhance the experience of the child, the family and yourself! In what area specifically would you like to make improvements?

Write it in the table below:

Component	Commitment	What I am going to improve
Positivity		
Responsiveness		
Orientation to the wellbeing of the whole family		
Friendliness		
Sensitivity		



© UNICEF/McConnico

VI

SUMMARY OF THE MODULE

Finally we should ask ourselves, why bother with all these communication skills?

Why should we pay attention to family-centered care elements and effective communication skills, regardless of the purpose of the home visit? What are the overall benefits of effective communication with families, and family engagement? List as many benefits as you can think of below and reflect on why these benefits are important to you.

**Final summary**

The following are some of the benefits you might have considered:

- Getting parental input regarding child and family strengths and needs: You may get information from both parents and the wider family that will reduce your need to guess or make inferences. Also, by including the whole family in the decision-making process, they are more likely to be committed and invested in following through with what they agreed on.
- Building trust and enhancing the helping relationship: all family members are respected; their feelings and concerns are heard. This strengthens the relationship between you and the family, providing the basis for more successful home visiting services and interventions.
- Empowering families to build family problem-solving and decision-making skills: this builds family resilience; and mothers and fathers are more comfortable communicating their own problem-solving strategies and exploring new strategies to benefit themselves and their children.
- Engaging fathers as well as mothers. Fathers have an important role to play in how their children develop, they are keepers of important information, and the extent to which they can provide emotional and physical support to their partner and children is of enormous significance to family wellbeing (see module on Father Engagement).
- Encouraging both mothers and fathers to proactively contact you and share their concerns with you, while you ensure their privacy and uphold their information in a confidential manner (see module on Working Across Sectors).
- Establishing professional boundaries becomes easier, so you do not become enmeshed with the family on a personal level.
- It improves the quality of home visits and your job satisfaction.

If you go back now to self-assessment tools used in this module – would your answer differ now?

VII

ANNEX



INFORMATION CARD 1: ASSESSING YOUR COMMUNICATION SKILLS (AT THE BEGINNING AND AT THE END OF THE MODULE)

Communication behavior	Always	Sometimes	Never	How can I improve this communication skill?
I greet the family members with a smile and call them by their name.				
I use difficult and complicated terms (professional jargon).				
I frequently make allness errors? (i.e., I may say "you are never ready whenever I visit your home, and I have to waste my time waiting.").				
I use words and language that could be confusing, and parents could infer a different meaning than I intended.				
I respect personal space in the communication process, and know when I am intruding it.				
I use a lot of gestures when communicating.				
I am aware of the different meanings attached to gestures by different cultural groups.				
I observe and am sensitive to the facial expression and body language of the person or people I am speaking with.				
I am mindful of my own body language and facial expressions and how they influence my interactions with parents.				

Communication behavior	Always	Sometimes	Never	How can I improve this communication skill?
I consider the parents' situation and point of view when listening to their questions, or comments.				
Even if I am having a bad day, when I am in a child's home, I speak with the parents calmly and respectfully.				
If I am rushed, or having a difficult day, I get frustrated with the family.				
I show my frustration through verbal behavior, e.g., my tone of voice is not pleasant.				
I show my frustration through nonverbal behavior, e.g., my gaze becomes unfriendly, or I roll my eyes.				
I can recognize when a father or mother is feeling uncomfortable with my communication style.				



INFORMATION CARD 2: LISTENING AND RESPONDING WITH EMPATHY

Type of Roadblock	Example of the roadblock	Communicating with empathy and respect
Roadblock #1: Ordering, Directing, Commanding	You have to do what I tell you to do. I am a home visitor, and I know what the best is for your child.	Do you want to be sure that you understand what I am advising you before you start to use it in your practice with the child? Do you want me to explain why I am advising you to do specific things? I am giving advices based on my experience and knowledge, but you as parents have a say too. You know your child, and you can suggest some adjustments.
Roadblock #2: Warning, Admonishing, Threatening	If you do not do what I tell you, you will regret it.	Decisions that you make for your child are connected with responsibilities for consequences of decisions that have been made. It is not easy to make decision for another human being that we love so much. I will tell you what I think is the best for the child and what are the consequences if you do not do it, and we can discuss. But for sure, the best interest of your child is in my focus and I will do everything in my power to protect it.
Roadblock #3: Exhorting, Moralizing, Preaching	You should not behave that way. You should behave in a more responsible way – you are parents now.	I can understand that it is not easy for you at this moment, and that you need time to adjust to your new role. Being a parent can make people worried and afraid that they cannot have life as they had before, and that they have to make a lot of changes. Still some changes need to happen, as parents we have to put our child in focus and take some new responsibilities. How do you feel about this?
Roadblock #4: Advising, Giving Suggestions Or Solutions	Do not bother to look for a solution, I will tell you what to do.	What are your ideas? What do you think is the best solution for you and your child? I can share my knowledge and experience with you, still it is important that you have a say. We can look for the best solutions together.

Type of Roadblock	Example of the roadblock	Communicating with empathy and respect
Roadblock #5: Lecturing, Giving Logical Arguments	If you would have listened to me and followed my instructions based on facts and science, you would not make so many mistakes and your baby would not be so nervous.	I am sad and disappointed that I did not manage to make you believe that I am advising you keeping in mind the best interest of your child. We missed some opportunities to establish healthy routines, still nothing is stopping us try to do it again. Can you tell me what should I do to make you trust me more?
Roadblock #6: Judging, Criticizing, Disagreeing, Blaming	You are so lazy and irresponsible. Why do you have a child when you are not ready for sacrifices?	I am surprised with some things that you did, or did not do. When I see you leaving your child unattended for more than 2 hours I am very worried, this is not safe and good for the child. Let us talk about what could have been done in a different way so that both you and your child feel safe, happy and content.
Roadblock #7: Praising, Agreeing	You are the best parents I have ever seen. You can deal with everything, and that is why your baby is the most wonderful child.	I like the way how you are singing to your child. The way you hold her, look at her and address her send the message that you do love her.
Roadblock #8: Name-Calling, Ridiculing, Shaming	Some people just cannot be good parents. I did not expect anything better from you.	We can all make mistakes, it is important to know when we do it and why we did it. Than we can look for better solutions. What is your idea, what can you do to make things better and what kind of support you need?
Roadblock #9: Interpreting, Analyzing, Diagnosing	I am sure you had some issues with your parents in your early childhood. You are not managing your baby because you do not want to behave like your mother.	Are you worried that you cannot give your child everything he needs? Do you question your abilities to be a good mother to your child? What worries you the most? Let us talk and see what you can do to make yourself more confident?
Roadblock #10: Reassuring, Sympathizing, Consoling, Supporting	I know how you feel, and I feel so sorry for you. But trust me this is nothing, everything will be OK.	Do you feel scared or disappointed? Did you try your best and did not achieve what you expected? What can you do to improve situation? Is there anything you want me to do? What can I do to make you feel better?
Roadblock #11: Probing, Questioning, Interrogating	Are you sure that you did everything you could? How much time have you spent trying to solve the problem? Did you hold the baby as I told you?	I can understand that you want to be sure that you did your best to calm your baby, because you care for her and you want her to feel relaxed and happy. Can you tell me what you did, and then we can try together to find some new ideas.

Type of Roadblock	Example of the roadblock	Communicating with empathy and respect
<p>Roadblock #12: Withdrawing, Distracting, Humoring, Diverting</p>	<p>Oh, come on this is nothing. Babies usually do not sleep during the night. Do not worry, relax. Let us have a cup of coffee/tea and you will be OK.</p>	<p>You must be tired and nervous, because you do not have enough time to rest. This is for majority of young parents the most challenging situation. You want to give your best to your child and your family and you cannot because you feel tired. Let us try to find some solution for this problem.</p>
<p>Roadblock #13: Ignoring</p>	<p>Hello mum! How have you been this week? Let's go inside and take a look at your gorgeous baby.</p>	<p>I'm so glad that making the appointment earlier meant you can both be there. I'm looking forward to hearing from you both how things have been this week.</p>



REFERENCES

Ekman P & Friesen WV (1975). *Unmasking the Face: A Guide to Recognizing Emotions from Facial Cues*. Englewood Cliffs: Prentice-Hall; 1975.

Gordon T. <http://mobile.gordonmodel.com/home-roadblocks.php>. Adapted by Z. Trikić.

Klinzing DG & Klinzing DR. (2009). Communication and child life. In: Thompson RH (Ed.). *The handbook of child life: A guide for pediatric psychosocial care*. Springfield, IL: Charles C. Thomas Publishers; pp 78-94.

Lynch EW & Hanson MJ. (2011). *Developing Cross-Cultural Competence. A Guide for Working with Children and Their Families*. 4th Edition. Baltimore: Paul Brookes Publishing Co.

McWilliam RA. (2004). *The Vanderbilt Home Visit Script*. Center for Child Development, Vanderbilt University Medical Center, Nashville, TN.

McWilliam RA, Ferguson A, Harbin GL, Porter P, Munn D, & Vandiviere P. (1998). The family-centeredness of individualized family service plans. *Topics in Early Childhood Special Education*, 18, 69-82.

McWilliam RA, Tocci L & Harbin G. (1998). *Family-Centered Services: Early Intervention Service Providers' Constructed Meanings*. University of North Carolina University, Chapel Hill and Rhode Island College. Frank Porter Graham Center. Research Report.



