



NYC Project LAUNCH Local Brief
Strong families and communities
Promoting social and emotional health
Healthy, happy and successful children
 Linking Actions for Unmet Needs in Children's Health:
September 30, 2010 – September 29, 2015



Enhancement to Home Visiting: Reflective Supervision to Nurse Family Partnership

New York City Project LAUNCH, a federally-funded grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), from September 2011 to September 2015, focused on social-emotional development and family support for children from birth through 8 years of age in two high needs communities, Hunts Point, Bronx and East Harlem, Manhattan and beyond. NYC Project LAUNCH is administered by the NYC Department of Health and Mental Hygiene (DOHMH) through the Fund for Public Health in New York in partnership with service providers New York Center for Child Development (NYCCD) and the Mental Health Association of New York (MHA) and evaluators at The National Center for Children in Poverty (NCCP) as well as other members of the Council on Young Child Wellness.

NYC Project LAUNCH enhanced home visiting through providing group reflective supervision, didactic training and case discussions to two DOHMH funded Nurse Family Partnership (NFP) teams serving Harlem. NFP is an evidence-based home visiting model that serves new mothers from before 24 weeks gestation through the child's second birthday. Twelve nurses in the Harlem-based Nurse Family Partnership (NFP) home visiting program received reflective supervision from a clinical psychologist. Reflective supervision is a relationship-based professional development practice where nurses have a safe, supportive environment to share fears, uncertainties, thoughts, feelings and reactions to their clinical work, discuss families they want assistance with, focus on the importance of parent-child interactions and parallel process where nurse-family relationship influences caregiver-child relationship and enhance self-reflection, awareness and mindfulness. During biweekly sessions, the psychologist engaged the nurse home visitors in discussion about their work with parents and their young children, age 0 to 2 years.

The psychologist helped the nurses reflect on families' mental health needs and expand their knowledge about effective ways to address these needs during home visits and through referrals to community programs. The psychologist also provided didactic instruction to enhance nurses' knowledge and skill, with topics arising based on the work and group. Examples of didactic topics include: toxic stress and maternal trauma, Early Intervention referral process, parental depression, temperament and implications for caregiving, relaxation techniques and community resources. Reflective supervision sessions also provided a supportive setting for the nurse home visitors who often experience stress in their work with high-risk families.

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Fidelity

The reflective supervision sessions demonstrated strong fidelity, based on observations of three annual sessions in years two and three (September 2012 to September 2013) by evaluators from NCCP. Reflective practice sessions with the lead psychologist working with the two Harlem teams were observed annually for fidelity with most items on the fidelity assessment receiving the highest rating (5), reflecting strong evidence that sessions included discussion of the social-emotional concerns of the mother, constructive feedback for nurses, examination of a range of interventions and referral options and a supportive style of interacting with the nurses. A few items received the next highest rating (4), indicating moderately high evidence that sessions included a discussion of social-emotional concerns of the nurses' clients and a range of intervention options or strategies that can be used to address social-emotional concerns for children.

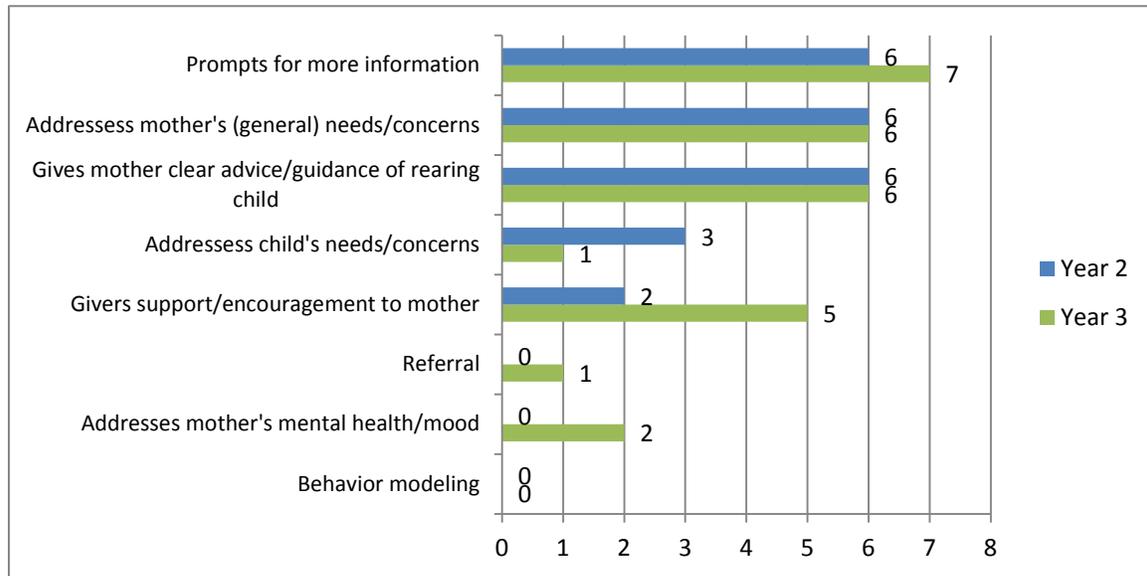
Results

All nurse home visitors reported increases in their knowledge of young children's social-emotional development and behavioral health and referral resources on the Project LAUNCH Multisite Provider Survey in years two and three (October 2011 to September 2013). On average, 75% of nurse home visitors reported "substantial change" in their knowledge of children's social-emotional growth and behavioral health, while another 20% reported "some change." Nurses also provided open-ended feedback on the impact of the reflective practice sessions. In their responses, nurses commented on the benefits of reflective supervision such as their increased understanding of infant and toddler behavior and developmental delays and their increased skill in observing children and teaching mothers about their children's temperament.

Based on the 10 nurses' responses to hypothetical vignettes, the nurses showed an understanding of several effective strategies to use in addressing families' mental health needs by the end of years two and three. In response to vignettes that describe behaviors of concern to nurses (e.g., an infant who is distressed during a feeding), over half the nurses reported that they would use several effective strategies, including prompting the mother for more information, addressing the mother's concerns and offering clear guidance about parenting. Vignette responses showed an increase from year two to year three in the number of nurses who reported that they would provide support and encouragement to mothers (from two to five nurses) and in the number who addressed the mother's mood (from zero to two); there was a decrease in the number of nurses who stated they would discuss the child's needs (from three to one). Based on the frequency of vignette strategies from year two to year three, NFP nurses demonstrated a high awareness and focus on the mother's mental health (Exhibit 1).

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Exhibit 1: Vignette Responses among Nurse Family Partnership (NFP) home visiting nurses (N = 10), Years 2-3



Source: The National Center for Children in Poverty's analysis of NFP vignette study data

There was also an increased in the number of referrals nurse home visitors made from year two through year four to help families obtain additional mental health, developmental and other relevant services and supports. The number of referrals nurses made in year four (20) was over double the number they made in year two (7). Nurses made referrals primarily to Early Intervention (EI) and the Committee on Preschool Special Education (CPSE). When needed, nurses made referrals to outpatient mental health clinics, domestic violence shelters and other site-based support programs. The increase in nurses' use of referrals over the project period also suggests their heightened awareness of young children's developmental and behavioral health needs, and community programs that could address them.

Reflective Practice Facilitators

In years four and five, NYC Project LAUNCH developed and implemented a plan to sustain reflective supervision through training NFP social workers and a nurse supervisor to be reflective practice facilitators and provide reflective supervision to NFP teams. The sustainability training plan for NFP staff to become reflective practice facilitators was implemented in four phases to gradually move from didactics and observation, to modeling and coaching, to co-leading and finally NFP staff leading their own sessions with mentoring. Initially the plan included three social workers, but after one resigned, a nurse supervisor from one of the Harlem teams who had been in NYC Project LAUNCH reflective supervision sessions since year one was identified to be trained in this model because of her demonstration of strong reflective and group facilitation

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skills over the course of the grant. Nurses gave high ratings (all above 4.75 out of 5) on a survey that asked about the extent to which the facilitators used key strategies such as making participants feel comfortable about asking questions, focusing on situations similar to those encountered in home visits, helping participants think about how to improve their observation and listening skills, giving participants time to formulate their own solutions and helping participants feel safe and supported. The high ratings nurses gave to sessions delivered by new facilitators indicate that the methods used to train and support these facilitators are very promising and potentially suitable for wider-scale use.

Conclusion and Recommendations

The NYC Project LAUNCH enhancement to NFP home visiting with group-based reflective supervision to the nurses shows promising results. All participating nurses reported increases in knowledge related to the social-emotional development and behavioral health of young children and follow-up services. The vignette responses showed that more nurses recognized the importance of providing support and encouragement to the mother in the vignette, addressing maternal mental health and making referrals for children over time. Wider scale implementation of reflective supervision provided by trained NFP social workers and nurse supervisor represents a strong approach to sustain this effort.

While the findings point to the benefits of reflective supervision, additional study, beyond the scope of this evaluation, is needed to investigate impacts on the nurse-parent relationship, the child's development and behavioral health, and the nurses' self-efficacy, ability to stay in the NFP program and become an increasingly effective home visitor. Similarly, the methods used to train new facilitators shows promise in building NFP's internal capacity to sustain and expand reflective supervision, which could help to build longer term workforce development plan to support all teams across the city.

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