



**Healthy Families**  
America®

# **Family Support Specialist Stop Gap Training Workbook**

Name	
Date of Hire	
Date Completed Stop Gap Training	
Date of First Visit as a FSS	



Greetings Healthy Families America Network,

It is with great pleasure that Healthy Families America (HFA) brings to you a revised and updated version of the Family Support Specialist Stop Gap Training.

HFA is a nationally recognized, evidence-based home visitation model designed to work with overburdened families who are at risk for adverse childhood experiences, including child maltreatment. Launched in 1992, HFA was developed as a direct response to the US Advisory Board on Child Abuse and Neglect, issued in 1991, calling for immediate attention directed at the “national emergency” of child abuse in the United States.

HFA is the premier home visiting program of Prevent Child Abuse America (PCA America), a non-profit organization that promotes child well-being throughout the nation.

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Family Support Specialist Stop Gap Training Workbook  
Healthy Families America

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## Family Support Specialist Stop Gap Training Syllabus

<p>Course Overview</p>	<p>This Family Support Specialist (FSS) Stop Gap Training is designed to prepare new FSS staff for working with families prior to attending the Foundations for Family Support Core Training required by HFA.</p> <p>This training will help orient new FSS staff to the Healthy Families America (HFA) model along with an introduction to our strength-based approach and emphasis on self-awareness and culturally attuned services that honor diverse family needs and structures.</p>
<p>Audience</p>	<p>Newly hired Family Support Specialist (FSS) staff who have not yet completed HFA Foundations for Family Support Core Training and any HFA staff wanting to learn about the FSS role.</p>
<p>Author/ Instructor</p>	<p>Healthy Families America Tracie Lansing, Foundations Master Trainer, <a href="mailto:tlansing@preventchildabuse.org">tlansing@preventchildabuse.org</a></p>
<p>Expectations</p>	<p>This is a self-paced training that will take approximately 10 to 15 hours to complete. In order to successfully complete this training, participants will:</p> <ul style="list-style-type: none"> <li>○ View the online portion of this course in entirety,</li> <li>○ Complete the assigned activities and submit to direct supervisor, and</li> <li>○ Discuss and review the training and completed assignments in supervision.</li> </ul> <p>This course is provided so that FSS staff may begin to serve families, with supervisor approval, prior to completing Foundations for Family Support Core Training.</p> <p><b>This course does not replace required attendance and completion of the HFA Foundations for Family Support Core Training.</b> All HFA FSS staff must complete core training within 6 months of hire, or other pre-approved timeframe if an extension has been provided by the HFA National Office.</p>
<p>Inclusivity Statement</p>	<p>We understand that our network represents a rich variety of backgrounds and perspectives. HFA is committed to providing an atmosphere for learning that respects diversity. While working together to build this, we ask all members to:</p> <ul style="list-style-type: none"> <li>○ adhere to the ethical standards for human service professionals,</li> <li>○ share their unique experiences, values, and beliefs,</li> <li>○ be open to the views of others,</li> <li>○ honor the uniqueness of their colleagues,</li> <li>○ appreciate the opportunity that we have to learn from each other, and</li> <li>○ value each other's opinions and communicate in a respectful manner.</li> </ul>

Learning Objectives	<p>By the completion of this training, The FSS will be able to:</p> <ul style="list-style-type: none"> <li>LO1. identify what makes HFA unique, the “HFA Advantage”,</li> <li>LO2. describe how the online shadowing experience has provided familiarity and understanding of the FSS role,</li> <li>LO3. collect a sample of forms used in this role,</li> <li>LO4. compose three observation forms (hands-on practice with observation),</li> <li>LO5. explain completed observation forms in supervision (hands-on practice with feedback),</li> <li>LO6. evaluate documentation in cooperation with supervisor and collected samples (inter-rater reliability), and</li> <li>LO7. reflect on the use of a strengths-based approach.</li> </ul>
Course Materials	<p>FSS Stop Gap Online Video  FSS Stop-Gap Workbook  Healthy Families Network Resources available at:  <a href="https://www.healthyfamiliesamerica.org/network-resources/">https://www.healthyfamiliesamerica.org/network-resources/</a>  Site-specific policy and procedure manual  Site-specific Family Support Specialist forms</p>
Modules	<p>Module 1: Introduction to the HFA Advantage (LO1, LO2) <span style="float: right;">Workbook Page</span></p> <ul style="list-style-type: none"> <li>○ Relationship and attachment</li> <li>○ Activity: Observe HFA in action</li> <li>○ Trauma-informed practice</li> <li>○ Reflective capacity</li> </ul> <p>Module 2: The FSS Role (LO3, LO4, LO5)</p> <ul style="list-style-type: none"> <li>○ Priorities when working with families</li> <li>○ Key ingredients for visits with families</li> <li>○ Documentation</li> <li>○ Activity: Visit Observation</li> <li>○ Activity: Supervisor Check In</li> </ul> <p>Module 3: Getting Started with Families (LO4, LO5, LO6)</p> <ul style="list-style-type: none"> <li>○ Strength-based approach</li> <li>○ Activity: Visit Observation</li> <li>○ Parent-child interactions</li> <li>○ Activity: CHEERS Observation</li> <li>○ Activity: Supervisor Check In</li> </ul> <p>Module 4: Healthy Helping Relationships (LO7)</p> <ul style="list-style-type: none"> <li>○ Self-awareness</li> <li>○ Everyone deserves to be supported</li> <li>○ Activity: Complete Self-Reflection worksheet</li> </ul>

References	<p>Center on the Developing Child at Harvard University. (2017, December 04). Retrieved June 17, 2020, from <a href="https://developingchild.harvard.edu/">https://developingchild.harvard.edu/</a></p> <p>Center on the Developing Child at Harvard University. (2017, December 04). Resilience Game. Retrieved June 9, 2020, from <a href="https://developingchild.harvard.edu/resilience-game/index.html">https://developingchild.harvard.edu/resilience-game/index.html</a></p> <p>Diversity Informed Tenets for Work with Infants, Children, and Families. Irving Harris Foundation (2018). Available at: <a href="https://diversityinformedtenets.org/">https://diversityinformedtenets.org/</a></p> <p>Ethical Standards for Human Service Professionals (2015). Available at: <a href="https://www.nationalhumanservices.org/ethical-standards">https://www.nationalhumanservices.org/ethical-standards</a></p> <p>Healthy Families America Network Resources (2020). Available at: <a href="https://www.healthyfamiliesamerica.org/network-resources/">https://www.healthyfamiliesamerica.org/network-resources/</a></p>
Course Support	<p><a href="mailto:hfamail@preventchildabuse.org">hfamail@preventchildabuse.org</a></p>

# Family Support Specialists Healthy Relationship Qualities

Based on what you've learned so far and after watching the Healthy Families Athens video, what qualities and characteristics are important for Family Support Specialists to have in order to best develop healthy and trusting relationships with parents and families?

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Why is it important to build trust and develop healthy relationships with the parents and families enrolled in Healthy Families America?

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What qualities do you already have?

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What qualities would you like to improve upon?

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What strength-based, open-ended, questions can you ask parents to learn more about the presence of each of the following protective factors for their family?

Protective Factor	Strength-Based, Open Ended Question
 <p data-bbox="495 525 641 598">Parental Resilience</p>	
 <p data-bbox="495 798 673 871">Social Connections</p>	
 <p data-bbox="495 1060 690 1218">Knowledge of Parenting and Child Development</p>	
 <p data-bbox="495 1375 641 1533">Concrete Support in Times of Need</p>	
 <p data-bbox="495 1680 665 1795">Nurturing and Attachment</p>	







# Accentuate the Positive

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A  
T  
P

## When to use Accentuate the Positive:

- When parents interact in positive ways with their children
- When you want to support the development of oxytocin between the parent and child
- When supporting parents in connecting their present positive parenting behaviors (what they are doing now) to how they will impact their child or themselves in the future
- When building relationships with parents they will value
- When you want to help parents recognize their strengths and skills

## How to use Accentuate the Positive:

Step 1	Observe for a personal or parenting skill or strength.
Step 2	Affirm (with pleasure) this strength by pointing out the strength or skill to the parent using positive, descriptive words.
Step 3	Impact: Tell the parent how their strength or skill is of benefit to him/her or their child.

## Accentuate the Positive Example:

Step 1	<b>Observe for a personal or parenting skill or strength.</b> <i>You observe parent talking with baby in a loving voice.</i>
Step 2	<b>Affirm (with pleasure) this strength by pointing out the strength or skill to the parent using positive, descriptive words.</b> <i>“Wow, when you talk with your baby like that with such a loving voice – look at how he is watching you. He loves to hear your voice!”</i>
Step 3	<b>Impact: Tell the parent how their strength or skill is of benefit to him/her or their child.</b> <i>“Talking and having conversations with your baby is so great for his language development and really connects him to you! He is so going to be so smart!”</i>

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**Accentuate the Positive Practice**

<b>Step 1</b>	<b>Observe for a personal or parenting skill or strength.</b>
<b>Step 2</b>	<b>Affirm (with pleasure) this strength by pointing out the strength or skill to the parent using positive, descriptive words.</b>
<b>Step 3</b>	<b>Impact: Tell the parent how their strength or skill is of benefit to him/her or their child.</b>
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<b>Step 3</b>	<b>Impact: Tell the parent how their strength or skill is of benefit to him/her or their child.</b>

## Getting Started with CHEERS

Cues	<ul style="list-style-type: none"><li>• How does your child tell you “I like this” or “ I want more”?</li><li>• How does your child tell you “I don’t like this,” “I need a break,” or “I am upset”?</li><li>• When did this happen recently? What did you think and do when this happened?</li></ul>
Holding	<ul style="list-style-type: none"><li>• How does your child like to be held?</li><li>• How do you like to hold your child?</li><li>• What does your child enjoy doing with you right now?</li></ul>
Expression	<ul style="list-style-type: none"><li>• How do you and your child communicate?</li><li>• How would you describe a recent conversation you’ve had with your child?</li><li>• How does your child respond when you talk, sing, play, or read with him/her?</li><li>• What does your child enjoy most? How did you discover this?</li></ul>
Empathy	<ul style="list-style-type: none"><li>• When have you noticed your child feeling happy, content, and/or comfortable recently?</li><li>• What about a time your child has felt sad, frustrated, scared, and/or uncomfortable recently?</li><li>• How do you know he/she was feeling this way? How do you help him/her with this feeling?</li><li>• What have been some of your feelings recently? How does this impact your child’s feelings?</li></ul>
Rhythm and Reciprocity	<ul style="list-style-type: none"><li>• What has been your daily schedule or routine with your child lately?</li><li>• How did you decide on this schedule or routine?</li><li>• What have you had to change or adjust with the schedule for your child lately?</li><li>• How does your child let you know if your activities together are moving too fast or too slow?</li><li>• If your child set the schedule for the rest of the day, what would he/she want?</li></ul>
Smiles	<ul style="list-style-type: none"><li>• What makes your child smile?</li><li>• What makes you smile?</li><li>• What makes you both smile together?</li><li>• How do you have fun together?</li><li>• How does your child know you enjoy being with him/her?</li><li>• How do you know your child enjoys being with you?</li></ul>

## CHEERS by Phone or Video Example 1

Parent-Child Interaction = Parent or Child Behavior + Child or Parent Response + Quality

Cues	During the phone visit, FSS heard <b>infant cry</b> in the background, the <b>Mom spoke quickly to older child and said “go make a bottle for your brother” and continued to talk with FSS.</b>
Holding	<b>Mom stated “she always wants me to hold her but I have to get things done”.</b> When FSS asked Mom how she knows baby always wants Mom to hold her, Mom said <b>“she always fusses when I put her in the crib or swing”.</b>
Expression	FSS observed infant sleeping on a blanket on the floor and older child looking at a tablet/ipad and could hear some music and voices from the device, when the device noise stopped, <b>child brought device to Mom, sat it on her lap and grunted. After a couple minutes and a few grunts from the child, the Mom touched the device and handed it back to the child who began watching it again. The Mom talked with the FSS during this time, no talking between the Mom and children was observed or heard.</b>
Empathy	<b>Mom expressed frustration with not being able to work and feeling worried about when she will be able to work again,</b> when FSS asked how this may impact her child, Mom said, <b>“I’m sure she feels stressed too”.</b>
Rhythm and Reciprocity	<b>Mom shared that her entire schedule has changed by not being able to work and all she does right now is sleep, eat, and change diapers. She said her oldest child (age 4) has been “bouncing off the walls”.</b>
Smiles	Mom said her <b>baby smiles when “she is about ready to poop”.</b> <b>Mom said she has been enjoying her library app that offers free movies. FSS did not observe or hear smiles or joy from Mom or baby during the visit.</b>

## CHEERS by Phone or Video Example 2

Parent-Child Interaction = Parent or Child Behavior + Child or Parent Response + Quality

Cues	Dad shared how he was eating a banana last night and the <b>child reached for it</b> so <b>he gave the child some</b> and <b>in a joyful voice Dad</b> said, “it was messy but she ate it all”.
Holding	During video visit, FSS observed <b>toddler running in circles around rug on the floor in the same room as Dad</b> , <b>Dad said “you’re going to get dizzy!” and laughed</b> . <b>Toddler laughed and kept running around rug</b> .
Expression	<b>Dad said his daughter loves his singing</b> because when he sings <b>she gets very quiet and stares at him</b> .
Empathy	Dad shared how his <b>child had been drawing on the wall</b> and when <b>he yelled “stop”</b> the <b>child froze for a second then ran away</b> . <b>Dad said he picked up the crayons and put them away so she can’t get to them for awhile</b> .
Rhythm and Reciprocity	During the visit, <b>Dad got out a puzzle and asked the child “do you want to do the puzzle with me?”</b> The <b>child picked up a piece shaped like a cow and said “moo”</b> , the Dad <b>laughed</b> and said, “yes, that’s a cow”.
Smiles	Dad said his <b>child smiles when she gets to “run around”</b> . FSS heard and observed <b>smiles and joy from both parent and child</b> especially when <b>they were talking and playing together</b> .

# CHEERS Practice

Watch the two videos shown at this link: <https://www.healthyfamiliesamerica.org/network-resources/cheers-check-in-cci-tool-practice-videos-3-4/>, document CHEERS for each video, and then review with your supervisor.

<b>Cues</b>	
<b>Holding</b>	
<b>Expression</b>	
<b>Empathy</b>	
<b>Rhythm Reciprocity</b>	
<b>Smiles/Joy</b>	

# CHEERS Practice

**Cues**

**Holding**

**Expression**

**Empathy**

**Rhythm  
Reciprocity**

**Smiles/Joy**



# Mindful Self-Regulation

**M**  
**S**  
**R**

## What is Mindful Self-Regulation\* (MSR)?

Mindful Self-Regulation is the first of the reflective strategies that focuses more on the Family Support Specialist's internal thoughts and experiences. Whenever staff are interacting with families, it is important that responses are thoughtful and intentful. There are many experiences that could cause staff to become slightly dysregulated during home visits. When dysregulated, it is very difficult to respond to parents in a sensitive manner.

This strategy requires the Family Support Specialist to first recognize when he or she is dysregulated, to learn how to self-regulate quickly, and finally, to return to a capacity of being fully present with the parent.

## When to use Mindful Self-Regulation:

1. When staff recognize the internal signs of dysregulation (body/brain stem signs; sweating, rapid heartbeat, raise in temperature: limbic, emotional signs; tension, worry, fear, panic, etc.)
2. When staff observe evocative or stressful behaviors or statements

## How to use Mindful Self-Regulation:

Step 1	Observe your internal physical and emotional responses in your interactions with families.
Step 2	Implement a regulatory response that is calming to you. It is helpful to identify which regulatory response works the best for you in advance (i.e., deep breathing, counting to 10, feeling your pulse, etc.). Be sure this works for you.
Step 3	Return your full presence back to the parent once you are regulated. Be present and listen.

\*Adapted with permission from Fussy Baby Network

**Mindful Self-Regulation Example:**

<b>Step 1</b>	<b>Observe your internal physical and emotional responses.</b>
	<i>You observe that you are breathing quickly and feeling worried.</i>
<b>Step 2</b>	<b>Implement a regulatory response.</b>
	<i>You take 3 deep breaths with exhales slightly longer than inhales.</i>
<b>Step 3</b>	<b>Return full presence back to the parents.</b>
	<i>Re-focus and listen to parent's conversation and check in to see if you have understood.</i>

**Mindful Self-Regulation Practice:**

**Identify 3 different regulatory behaviors you can implement easily.**

**1.**

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**2.**

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**3.**

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**Step 1**

**Observe your internal physical and emotional responses.**

**Step 2**

**Implement a regulatory response.**

**Step 3**

**Return full presence back to the parents.**

# Resilience Strategies for Home Visitors

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The following resilience strategies for home visitors have been provided by CultivatingConnection.org (Kline, 2016).

Committing two to five minutes to a wellness activity before and after each home visit or workplace meeting can create a sustaining, powerful habit of self-care, without needing to schedule large chunks of time. It also supports you in bringing your full, present self into each home.

## Belly Breathing



When we are stressed our breathing gets rapid and shallow, decreasing the oxygen to our body and brain. A full belly inhale and a slow exhale of 6-8 seconds tells your body that you are safe and the stress hormones quickly decrease. The fuller and slower the breath, the calmer you'll become and clearer you'll think.

## Drink Water



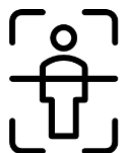
Your body is 75% water and brain cells are made up of 85% water. Stress causes dehydration and dehydration causes more stress. When the brain is dehydrated, it does not work properly. Within five minutes of drinking half a glass of water, stress hormone levels drop, and you will be able to think more clearly.

## Movement



Movement energizes the brain, reduces stress hormones, and makes us feel better. Even a 5-minute walk or a quick stretch throughout the day helps people maintain better emotional balance. Exercise helps increase our concentration, helps us communicate more clearly, and increases our energy. Taking a walk outside is especially helpful as natural sunlight and time in nature are very effective ways to replace stressful feelings with a sense of well-being.

## Bodyscan



In just three minutes you can close your eyes and do a body scan that allows you to notice tension in your body and release it. With your eyes closed, start with a deep inhale and exhale, then draw your attention to your toes, then feet, ankles, calves, knees, thighs ... working all the way up to the top of your head. Slowly directing your attention to each body part gives your mind something neutral to focus on. This activity relaxes the nervous system and restores a sense of calm. Look online for longer, guided versions such as the 3-Minute Body Scan by Goldstein (2018).

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## Visualization



Some people find it helpful to use visualization to clear their mind and body of negative emotions and experiences. One idea is to close your eyes and visualize yourself standing under a warm waterfall. The water is washing away the previous home visit. It clears away negative emotions that you were exposed to on a previous visit. You finish the visualization feeling refreshed, clear, and ready to be fully present with the next family.

## Oxytocin Boosters



Boosting oxytocin (attachment hormone) is a great way to regulate excess cortisol and help you move from downstairs brain to upstairs brain. Higher oxytocin levels are also linked to greater empathy and compassion.

1. Two-minute vagus nerve rub: The vagus nerve resides in the brainstem and is loaded with oxytocin receptors. Place your fingers at the back of your skull where the top of your neck nestles into the skull. A gentle massage to that part of the neck can be a potent trigger for the release of oxytocin increasing feelings of goodness and well-being.
2. Look at pictures or watch a short YouTube video of cute babies (human or animal) or someone you love.
3. Relational Resourcing: Bring someone that you love and appreciate to mind. Really take them in for at least 20 seconds. Intentionally activate positive emotions by evoking a memory of feeling loved and cherished. Just as the amygdala does not know the difference between trauma years ago or today, we can activate positive verses negative memories that move us out of survival brain so we can more calmly and skillfully take care of business.

## Reframing



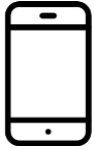
Your thoughts are powerful. They tell the body what hormones to produce. If you want to change how you feel, change your thoughts. When you think things like, “this is awful,” you create insecurity which sends out an alert signal that increases stress hormones. Instead try reframing a negative thought or an assumption into a question or a neutral statement. This will reduce stress hormones and increase a sense of well-being.

## Music



Tap into the emotions you are experiencing in the moment. Are you shut down, angry, sad, exhausted? Choose a song that evokes a feeling that will help bring you back into balance. Spend time thoughtfully preparing a playlist that is ready to go when needed. Choose songs that inspire you, make you feel alive, or open your heart.

## Free Apps to Promote Well-Being



- Calm by Calm.com, Inc.
- MindShift by Anxiety Disorders Association of British Columbia
- ReachOut Breathe by ReachOut Australia

**What other short activities can you do to refresh yourself between home visits?**

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## Reflective Supervision for Family Support Specialists

You will be receiving at least 1.5 to 2 hours of individual weekly supervision (for full-time staff). This supervision will include administrative, clinical, and reflective supervision.

Administrative supervision includes:

- Hiring
- Training, educating
- Overseeing paperwork
- Writing reports
- Monitoring productivity
- Explaining rules, policies and procedures



Clinical supervision includes:

- Reviewing the staff member's work with families
- Discussing the potential actions and home visit strategies used by staff
- Developing a plan of action
- Reviewing and evaluating progress
- Providing guidance and coaching
- Anticipating and responding to challenging situations

Reflective supervision is:

- Asking questions to encourage details about the emerging relationships between the infant, parent, and staff member
- Listening and holding the space for/allowing inward reflection
- Remaining emotionally present
- Observing for emotional reactions/energy shifts
- Encouraging the staff member to explore thoughts and feelings the he/she has about the work
- Maintaining a balance of attention on the infant, parent, and staff member
- Maintain a neutral stance

## Your Role in Reflective Supervision:

- Set up a regular time and place to meet with your supervisor.
- Arrive on time and remain open and emotionally available.
- Be open to sharing feelings that you have in response to your work and in the presence of an infant or very young child and parent(s).
- Come prepared to share the details of a particular situation, home visit, assessment, experience, or dilemma.
- Ask questions that allow you to think more deeply about your work with very young children and families and also yourself.
- When you are able, share those feelings with your supervisor/consultant.
- Explore the relationship of your feelings to the work you are doing.
- Allow your supervisor/consultant to support you.
- Remain curious.
- Suspend critical or harsh judgment of yourself and of others
- Reflect on supervision/consultation session to enhance professional practice and personal growth.



**REFLECTIVE SUPERVISION SELF-ASSESSMENT SCALE**  
**For Parent Survey Visitors and Family Support Specialists**

**Please respond to the following questions before completing the survey:**

A. How long have you been providing home visiting services?

\_\_\_ Less than 1 year \_\_\_ 1-5 years \_\_\_ 6-10 years \_\_\_ More than 10 years

B. How long have you been receiving reflective supervision?

\_\_\_ Less than 1 year \_\_\_ 1-5 years \_\_\_ 6-10 years \_\_\_ More than 10 years

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**Instructions:** Please respond to the following statements by identifying the appropriate number that corresponds to your level of confidence.

- 1 - If you have NO CONFIDENCE
- 2 - If you have LOW CONFIDENCE
- 3 - If you have AVERAGE CONFIDENCE
- 4 - If you have HIGH CONFIDENCE
- 5 - If you have EXTREMELY HIGH CONFIDENCE

**Based upon your reflective supervision experiences, how confident are you that you can...**

1) Describe/discuss observations of infant or toddler, attending to health, social, emotional, and cognitive capacities and the stories parents share?

1    2    3    4    5

2) Build a trusting relationship with my supervisor?

1    2    3    4    5

3) Feel safe to discuss my emotional responses to infants and families in the context of supervision?

1    2    3    4    5

4) Regularly reflect on my thoughts, feelings, strengths, and growth areas?

1    2    3    4    5

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5) Remain open to feedback from my supervisor about my work with infants and their parents?

1 2 3 4 5

6) Describe/discuss observations of parent(s), with attention to strengths and concerns/risks?

1 2 3 4 5

7) Identify the parallels that may exist between my emotional responses and the experiences of the families and infants I serve?

1 2 3 4 5

8) Describe/discuss the interactions and developing relationship between parent(s) and their young child?

1 2 3 4 5

9) Consult with my supervisor to understand my own capacities and needs?

1 2 3 4 5

10) Discuss my emotional responses regarding difficult or challenging experiences with infants and families in the context of supervision?

1 2 3 4 5

11) Identify ways in which my emotional responses may have interfered with my ability to identify or meet the needs of infants and families?

1 2 3 4 5

12) Address conflicts or misunderstandings that have occurred with my supervisor in the context of supervision?

1 2 3 4 5

13) Address conflicts or misunderstandings that have occurred with infants and families in the context of supervision?

1 2 3 4 5

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14) Use observations and listening skills to assess the infant/toddler's developing capacities, strengths, risks, and needs to create a home visiting plan with their supervisors?

1 2 3 4 5

15) Understand the reason(s) for service to the infant and family and put into words what is at the center of your work together?

1 2 3 4 5

16) Discuss instances of not knowing what to do in work with infants and parents?

1 2 3 4 5

17) Integrate supervisory discussions and details into the work with infants and families?

1 2 3 4 5

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