Value added from Reflective Supervision

- Decreases the potential for Burnout.
- Opportunity for the Nurses to express themselves freely in a safe non-judgmental environment.
- Reflective supervision allows the nurse to develop self-awareness and the impact it has on the therapeutic relationship.
- Provides an opportunity for the nurses to practice their motivational interviewing skills and become more adapt to the guiding style, which allows the client to voice, visualize and explore the benefits of behavioral change.
Feedback from the Nurses

How strongly do you agree or disagree with the following statements:

- Excellent: 4
- Good: 3
- Fair: 2
- Poor: 1

• How would you rate this training experience overall?
  Total Responses: 100  Average Response: 3.94

• The training has met my expectations.
  Total Responses: 100  Average Response: 3.92

• I learned new skills and strategies that will help me in my work with children and families.
  Total Responses: 100  Average Response: 3.84

• I will implement these strategies in my work.
  Total Responses: 100  Average Response: 3.79

• I feel the presenters were knowledgeable and effective.
  Total Responses: 100  Average Response: 3.91
Fidelity Assessment

- Fidelity assessments are conducted annually.
- Ratings and qualitative notes on the NFP fidelity assessment indicate that in the observed sessions, there was overall strong evidence for:
  - the discussion of the socio-emotional concerns of children and mothers,
  - constructive feedback regarding the nurses’ actions toward the families,
  - offering a range of intervention options for mothers and children;
  - using a supportive, respective and encouraging style in interactions with nurses.
- An area to be strengthened is adding more discussion on referral options (Year 1).
• Observation notes indicate that the tone of the sessions has changed somewhat from last year’s (2012) observation to this year’s (2013) observation.

• Where the first observed session was similar to a lecture, in that the facilitator gave a presentation and nurses were invited to ask questions and share relevant experiences, the most recent session was more focused on peer-to-peer learning with support from the facilitator.

• In the session observed in 2013, nurses seemed very confident in sharing their stories and offering each other suggestions for strategies, and the facilitator let them guide the session while giving occasional feedback and asking open-ended questions to help them generate ideas.
Including the vignette study allows us to compare self-reported changes to observed changes (reported in SAMHSA provider survey), overcoming that limitation.

Brief vignettes will be used to elicit responses from NFP nurses about how they would address a social-emotional scenario where a mother does not respond much to her 9 month old infant who is fussy or crying much of the time.
“During a visit you see that a mother does not respond much to her 9 month old infant who is fussy or crying much of the time. You have seen this behavior in both the mother and infant during recent visits, although sometimes the mother holds and tries to comfort her baby. Sometimes the mother explains the baby is teething. Today the mother says quietly, “She gets hungry, but doesn’t want her bottle when I give it to her.”

• How would you respond to this situation?
• Why would this be an effective response?
Nurses’ responses (Spring 2012)

• Would consider the possibility that the mother’s mood, mental health, or stressful life situation needs to be addressed as part of an optimal approach (n=5)

• Focused more exclusively on an educational approach that often included information about why babies might be fussy, trying to learn about the pattern of the feeding problems and providing modeling and guidance to help the parent respond more appropriately (n=5).

• No nurse mentioned providing a referral for further evaluation of the mother, infant, or dyad in year 1 and the result suggested a need to increase the supervision focus on options for appropriate referrals.

• Preliminary results of the vignettes of Year 2 showed that at least one nurse mentioned a referral for further evaluation.
The majority of NFP nurses reported significant improvements in their knowledge and practice related to children’s social-emotional development/behavioral health (From Spring 2013).

Responses of NFP nurses:

- Improved knowledge of child development: 90%
- Increased use of mental health professionals: 80%
- Improved knowledge of follow-up services: 100%
- Improved knowledge of child development: 90%
References


Nurse-family Partnership Quarterly report for Harlem Hospital Center, 3rd quarter ending September 30, 2013.