



Responsive Partnership Toolkit

Techniques for Strengthening Relationships with Families

NOTE: This pdf version of the toolkit is current as of November 8th, 2021. The online version of the toolkit will be published in December 2021. It will also contain access to all video clips and downloadable certificates of completion.

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Partnerships between home visitors and families allow home visitors to deliver intended program content and help families achieve their goals. *Responsive* partnerships center on the idea of tuning in and reacting to cues and concerns from families in ways that acknowledge their efforts, recognize their expertise, and respect their priorities. Responsive partnerships help families feel heard and understood.

This toolkit helps home visitors **learn, identify, practice, and apply four key strategies comprising 11 techniques** that promote responsive partnerships with families. The strategies and techniques are intended to apply across all home visiting models and programs. The toolkit is based on theory and research and was developed in collaboration with local home visiting programs. It includes:

- Four interactive modules with self-paced learning activities
- Video clips of actual home visitors using the techniques—including during virtual visits (ONLINE TOOLKIT ONLY)
- Certificates of completion (ONLINE TOOLKIT ONLY)
- Resources for using the toolkit as part of supervision or coaching

This toolkit is a collaboration between the Johns Hopkins Bloomberg School of Public Health, Erikson Institute, and James Bell Associates.

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Introduction

Responsive partnerships between home visitors and caregivers allow caregivers to articulate their goals and welcome support. The partnerships develop over time through a series of “serve and return” interactions. This toolkit will help you understand and use strategies and techniques to nurture these small but important conversations. For more information on how the toolkit was developed, please click [here](#).

The toolkit includes four self-paced modules to complete on your own, with colleagues, or with a supervisor or coach:



Module 1: Learn

Learn the key strategies and techniques for supporting responsive partnerships, by exploring definitions, rationales, and examples.

Module 2: Identify

Identify the techniques in transcripts and video clips from real home visits.

Module 3: Practice

Practice using the techniques in vignettes and role-playing scenarios based on situations frequently encountered during home visits.

Module 4: Apply

Apply the techniques in your own home visits and reflect on how families respond.

Each module contains activities that provide a step-by-step approach to learn the techniques and increase your confidence in using them during home visits. The importance of observation and reflection is emphasized throughout the learning process. Observing and reflecting on how and when you use the techniques—and how caregivers respond to them—can help you identify areas of strength and areas for improvement. A [summary of our approach and rationale](#) for developing the toolkit is also included, along with some tips and considerations for how to use the toolkit in supervision.

Last Updated November 8, 2021

The [Toolkit Checklist](#) helps you track the activities you have completed for each module and what still must be done to earn a certificate of completion for that module. You can download and print the checklist to note when you finish an activity. You can also pick the video clip examples, transcripts, vignettes, and role-playing scenarios that you would like to complete.

Toolkit Checklist

Module	Activity	Date Completed
Module 1: Learn	Read descriptions of the key strategies (Ask, Check, Respond, Join)	
	Read descriptions and examples of Ask techniques	
	Watch at least one video clip example of each Ask technique	
	Read descriptions and examples of Check techniques	
	Watch at least one video clip example of each Check technique	
	Read descriptions and examples of Respond techniques	
	Watch at least one video clip example of each Respond technique	
	Read descriptions and examples of Join techniques	
	Watch at least one video clip examples of each Join technique	
	Reflect and discuss Module 1 with your supervisor or coach	
Module 2: Identify	Complete three or more transcripts	
	Use observation rubric to identify techniques in at least four video clips	
	Reflect and discuss Module 2 with your supervisor or coach	
Module 3: Practice	Practice using the techniques in at least four vignettes	
	Practice using the techniques in at least two role-playing scenarios	
	Reflect and discuss Module 3 with your supervisor or coach	
Module 4: Apply	Pick a family and visit to practice techniques	
	Identify techniques to focus on during selected visit with family	
	Plan for how to use techniques during selected visit with family	
	Video-record the selected visit with family	
	Observe recording and reflect on the techniques you used	
	Select and watch clips of the recording with your supervisor or coach	
	Plan for how to use techniques in future visits	

Module 1: Learn

In this module, we define and rationalize the four key strategies that promote responsive partnerships and describe their related techniques. We also suggest hypothetical language for home visitors to consider.

Learning Objectives:

- Name the key strategies for promoting responsive partnerships with families.
- Explain how the key strategies promote responsive partnerships with families.
- Describe techniques that support the key strategies.
- Explain how each technique contributes to the development of responsive partnerships with families.
- View examples of the techniques.(ONLINE TOOLKIT ONLY)

To earn a certificate of completion for this module, you will need to:

- Review description of each technique.
- Watch at least one video clip example of each technique.
- Discuss the questions below with your supervisor or coach:
 - What did you learn that was new or helpful?*
 - Do you see the techniques being applicable to your work?*
 - Do you already use some of the techniques in your work?*
 - Are there any techniques you'd like to use more often? Why?*

Overview of Strategies

Below we describe four key strategies to promote responsive partnerships: *Ask, Check, Respond, and Join.*

ASK

Responsive partnerships require an understanding of and respect for families' strengths, values, preferences, and expertise. Asking caregivers for their opinions and permission are two techniques to help you (a) demonstrate interest in and respect for caregivers' perspectives, (b) get to know caregivers better, and (c) assess caregivers' strengths and needs.

CHECK

Ensuring you are on the same page with caregivers is essential to forming responsive partnerships. Checking with caregivers helps them feel understood. Checking your own understanding of the caregivers' perspectives and checking the caregivers' understanding of the information you provide ensures a shared understanding that supports collaborative decisionmaking about caregiver goals, plans, and actions.

RESPOND

Responding to caregivers' cues and concerns in a timely, sensitive manner demonstrates that you recognize and understand them. Respond techniques should be positive and empathic, and should acknowledge and build on caregivers' thoughts, feelings, or concerns in ways that recognize and demonstrate shared understanding of both their strengths and their needs.

JOIN

Joining conveys to families that you recognize and appreciate their strengths and expertise, while also acknowledging challenges and providing support. Using intentional techniques to join with families can help build caregivers' confidence to set and meet their own goals. Join can best be viewed as a higher-order approach; the Join techniques often involve using a combination of Ask, Check, or Respond techniques.

Overview of Techniques

Each of the four strategies includes several related techniques.

 **Ask Techniques:** Ask Opinion; Ask Permission

 **Check Techniques:** Check Own Understanding; Check Caregiver's Understanding

 **Respond Techniques:** Affirm; Empathize & Validate; Use Complex Reflections; Reassure

 **Join Techniques:** Use Caregiver's Expertise; Collaborate; Address Concerns

In the following pages we describe and provide examples of each technique. You may find it challenging to learn all the techniques in this toolkit at once. Consider these tips before getting started:

- View and print [*Responsive Partnership Techniques at a Glance*](#), which summarizes the strategies and techniques for building responsive partnerships. You can print this summary (and even laminate it!).
- Focus on one strategy and its related techniques at a time. Learn, identify, practice, and apply the techniques for one strategy before moving to the next strategy.

Ask: Ask Opinion

Ask for the caregiver’s opinion, point of view, or perspective. When using this technique, consider using specific, open-ended, nonleading questions that allow for:

- A range of more detailed responses rather than simple ones (such as “good”)
- Responses beyond simple agreement or disagreement (“yes” or “no”)
- The caregiver to weigh in on topics and share their observations and reflections about themselves, their family, and their child
- The caregiver to have the time and opportunity to respond

Instead of this...	Try this...
<p>Using a closed-ended, leading question <i>She likes the new daycare, doesn't she?</i></p>	<p>Using an open-ended question that allows for a range of responses <i>Tell me about the new daycare—what have you noticed about how she is doing there?</i></p>
<p>Eliciting a simple response through a vague question <i>How are you?</i></p>	<p>Eliciting more detailed responses through a specific question <i>What have you enjoyed doing with the baby since the last time I was here?</i></p>
<p>Eliciting simple agreement or disagreement through a closed-ended question <i>Does this make sense to you?</i></p>	<p>Eliciting elaborated responses through an open-ended question <i>What ideas do you have for how you might do this activity on your own?</i></p>

Ask: Ask Permission

Ask permission to give information or to proceed. When using this technique, consider asking permission in a way that:

- Allows the caregiver to decide which activity, topic, or support they are interested in
- Does not assume agreement and genuinely seeks consent from the caregiver before moving forward
- Gives the caregiver space and time to reply

Instead of this...	Try this...
<p>Assuming agreement <i>How about if we start today with this tip sheet?</i> <i>Let me give you the phone number for the clinic.</i></p>	<p>Genuinely seeking consent <i>How would you feel about starting today by reviewing this tip sheet?</i></p>
<p>Not allowing the caregiver to reply <i>Let's sit on the floor, okay?</i> <i>You don't mind if she observes, do you?</i> <i>Do you mind if I move this [while moving it]?</i></p>	<p>Allowing the caregiver to reply <i>Would it be okay if we sit on the floor?</i> <i>[pause before sitting on floor]</i> <i>Are you okay if we keep going?</i></p>

Check: Check Own Understanding

Restate what the caregiver has just said to confirm your understanding. When using this technique, consider:

- Restating what the caregiver said as a simple reflection or question
- *Confirming* a genuine shared understanding rather than *assuming* a shared understanding
- Giving the caregiver an opportunity to reply

Instead of this...	Try this...
Assuming understanding <i>I get it. Bedtime is the hardest part of the day right now.</i>	Confirming genuine understanding <i>So, you are saying that the hardest part of the day for you right now is bedtime? Is that right?</i>
Not allowing the caregiver to respond <i>So, she got really upset because you said no. That happens a lot at this age. Have you tried...</i>	Allowing the caregiver to respond <i>So, she became really upset after you said no? [pause for response]</i>

Check: Check Caregiver's Understanding

Determine if the caregiver understands what was just said or if the caregiver has any questions about what was just said. When using this technique, consider:

- *Confirming* a genuine shared understanding rather than *assuming* a shared understanding
- Giving the caregiver an opportunity to reply

Instead of this...	Try this...
Assuming understanding <i>Makes sense, right?</i>	Confirming genuine understanding <i>What questions or clarifications do you have about the handout or the information we just read? Would you like to review any parts of this again?</i>
Not allowing the caregiver to respond <i>Got that? Okay, so let's move on.</i>	Allowing the caregiver to respond <i>Do you have any questions about this? [pause for response]</i>

Respond: Affirm

Accentuate the caregiver’s strengths, efforts, intentions, or worth. When using this technique, consider:

- Providing affirmations linked to a caregiver’s specific behavior, thought, or action
- Explaining why and how the behavior is positive and beneficial
- Affirming the caregiver and the child

Instead of this...	Try this...
Giving vague, general praise <i>Amazing!</i> <i>You are such a good mom!</i>	Providing affirmation linked to a behavior, thought, or action <i>Stopping smoking when you got pregnant is a big deal, and it’s wonderful that you were able to do that.</i>
Not explaining why the behavior is positive or beneficial <i>It’s great that you read to him at bedtime.</i>	Explaining why the behavior is beneficial <i>Reading to him at bedtime like you are doing really helps develop his language skills!</i>
Giving an affirmation only about the child <i>You are so cute!</i>	Giving an affirmation about the caregiver <i>Your mom knows just what you want right now!</i>

Respond: Empathize & Validate

Recognize and name the caregiver’s emotional state. When using this technique, consider:

- Using a feeling term (such as “that is frustrating” or “that might make you sad”)
- Acknowledging the caregiver’s feelings
- Demonstrating that you are trying to understand the caregiver’s perspective
- Validating the caregiver’s emotions or feelings, not minimizing or dismissing

Instead of this...	Try this...
Not addressing feelings <i>Being a parent is hard work!</i>	Using a feeling term <i>You must be feeling so frustrated right now!</i>
Minimizing emotions <i>Don’t be sad!</i>	Acknowledging their feelings <i>I can tell how sad you are talking about it.</i>

Respond: Reassure

Indicate optimism or encouragement to reduce or manage worry without minimizing or dismissing concerns. When using this technique, consider:

- Validating the caregiver's concerns, not minimizing or dismissing their concerns
- Discussing the caregiver's concerns or feelings as common, shared, or to be expected, when appropriate
- Providing genuine reassurance with supportive information

Instead of this...	Try this...
Minimizing concern <i>I'm sure you'll be better soon.</i>	Discussing concern as common or to be expected <i>Lots of new moms feel overwhelmed, and it's a big change in your life.</i>
Providing blanket reassurance <i>He's going to be just fine.</i>	Providing genuine reassurance with supportive information <i>It's not unusual for kids to have accidents even after using the potty regularly, but over time it happens less often.</i>
Aligning with the worry <i>C: I just wanted to get him out of the store as quickly as possible!</i> <i>HV: That sounds awful!</i>	Validating and discussing the experience as common <i>C: I just wanted to get him out of the store as quickly as possible!</i> <i>HV: These things happen and are a part of children learning how to handle challenging emotions.</i>

Abbreviations: C = caregiver; HV = home visitor

Respond: Use Complex Reflections

Add meaning or emphasis to what the caregiver has said, to encourage a deeper understanding.

When using this technique, consider:

- Going beyond a simple reflection or summary
- Going beyond checking your own understanding
- Extending the caregiver's thoughts or ideas by providing focus or adding interpretation

Instead of this...	Try this...
<p>Providing a simple reflection <i>C: I just wanted to get him out of the store as quickly as possible!</i> <i>HV: You just wanted him out of there.</i></p>	<p>Providing complex reflections and adding interpretation <i>C: I just wanted to get him out of the store as quickly as possible!</i> <i>HV: With everybody watching—that was difficult for you. I'm curious: Did you feel like people didn't understand?</i></p>
<p>Only checking understanding <i>C: I'm so tired of being told what to do. No one understands how difficult this is for me.</i> <i>HV: It's hard that people are telling you what to do?</i></p>	<p>Extending the idea <i>C: I'm so tired of being told what to do. No one understands how difficult this is for me.</i> <i>HV: It feels like they think they know better than you instead of really supporting you.</i></p>

Abbreviations: C = caregiver; HV = home visitor

Join: Use Caregiver's Expertise

Recognize, incorporate, and build on the caregiver's existing knowledge and skills in discussion, planning, and problem solving. When using this technique, consider:

- Starting with the caregiver's knowledge, expertise, or thoughts
- Giving relevant and specific observations or feedback
- Using caregiver's expertise to promote positive parenting behaviors, positive interpretations and mindsets, or positive family dynamics

Instead of this...	Try this...
Using your expertise <i>I always recommend keeping the potty chair in a quiet location.</i>	Recognizing and building on the caregiver's knowledge <i>It sounds like moving the potty chair might be worth trying, if that's what works best for your child. Let me know how it goes!</i>
Providing general feedback <i>That's awesome!</i> <i>You are a good mom!</i> <i>You are such a patient parent!</i>	Providing specific feedback <i>She was really paying attention when you were counting the berries out loud as you put them on her plate. Can you think of some other things you do as you two go about your day where she might be learning something even if you don't realize it?</i>
Reinforcing negative viewpoints <i>You don't think time-outs will work for him. I can see that; he's very headstrong.</i>	Promoting positive interpretations <i>You don't think time-outs will work for him. You know him best; what other ideas do you think might work? I know you said he is really smart, so maybe something else might work better for him.</i>

Join is a bit different from the Ask, Check, and Respond strategies and can best be viewed as a higher-order approach. Ask, Check, and Respond include techniques that can be conveyed with relatively simple statements; however, the Join techniques often involve using a combination of Ask, Check, or Respond techniques.

For example, the Respond technique of *Affirmation* and the Ask technique of *Ask opinion* can be used together as an example of the Join technique of *Use Caregiver's Expertise*. In the following example, the home visitor is watching the caregiver read a book with her child. The home visitor combines multiple techniques together to apply *Use Caregiver's Expertise*.

Home visitor: It's great how you let Joseph turn the pages while you read to him! (Respond Technique: *Affirmation*). What are other ways that you can follow his lead when you are doing things together? (Ask Technique: *Ask Opinion*)

Join: Collaborate

Convey that you are working jointly with the caregiver. When using this technique, consider:

- Supporting the caregiver to make decisions on their own
- Working with the caregiver to develop and carry out plans to achieve goals
- Clarifying next steps and considering how best to follow through

Instead of this...	Try this...
Not working jointly... <i>I'll make the call and text you the details. We can talk about that next time.</i>	Working jointly <i>Would you like to make the call together? We can call now if that is helpful.</i>
Not clarifying next steps <i>You know, we talked about reading books last time. So, make sure you do that.</i>	Clarifying next steps <i>We have been talking about reading more books with him. What are next steps that we can do to help you with this? And then we can check in next time to see how it went.</i>

Join: Address Concerns

Acknowledge the caregiver's cues and concerns "in the moment" and follow their lead in a timely and respectful manner. When using this technique, consider:

- Following the caregiver's lead
- Expanding on the caregiver's concerns, providing new relevant information, or helping consider options
- Validating concern, not minimizing concerns or simply appeasing the caregiver with friendly conversation
- Responding in the moment and providing information rather than saying you will bring information and/or materials to next visit

Instead of this...	Try this...
Dismissing concerns <i>C: I'm not sure I want her using a pacifier.</i> <i>HV: She is only 2—it's okay if she uses the pacifier.</i>	Acknowledging concerns <i>C: I'm not sure I want her using a pacifier.</i> <i>HV: Oh? What are your concerns about the pacifier?</i> <i>[pause and listen] Some children use a pacifier as a way to self-soothe. What types of behaviors are happening when she asks for it?</i>
Minimizing concern with vague reassurance <i>I'm sure she'll be just fine.</i>	Expanding on concerns and providing information <i>So, the weaning has been a challenge. If you're interested, I can share some tips that have worked for other moms.</i>
Waiting until the next visit <i>So, she isn't sleeping well? Let's save that for next time and I will bring handouts about sleep routines.</i>	Addressing concerns "in the moment" <i>Are you tired because of how often she wakes up at night? Maybe we can talk about some strategies for helping her sleep better at night.</i>

Abbreviations: C = caregiver; HV = home visitor

Responsive Partnership Techniques at a Glance

	Technique	Description	Examples
 ASK	Ask Opinion	Ask for the caregiver’s opinion or perspective. Elicit detailed responses rather than simple agreement or disagreement.	What is it like for you when she does not go to sleep? What is your number-one concern right now?
	Ask Permission	Ask for permission to give information or to proceed. Give the caregiver space and time to reply.	Are you okay if we keep going with this activity? How would you feel about reviewing this tip sheet today?
 CHECK	Check Own Understanding	Restate what the caregiver just said to confirm your understanding. Give the caregiver an opportunity to reply.	So, he fell apart <i>after</i> you told him no? Even with the referral you could not make an appointment...
	Check Caregiver’s Understanding	Determine if the caregiver understands what was just said.	What questions do you have about this? Is there anything on the handout you would like for me to explain further?
 RESPOND	Affirm	Accentuate the caregiver’s strengths, efforts, intentions, or worth. Affirmation should be linked to a specific behavior, thought, or action.	Stopping smoking when you got pregnant is a big deal, and it’s wonderful that you were able to do that. Reading to him at bedtime like you are doing really helps develop his language skills!
	Empathize & Validate	Recognize and name the caregiver’s emotional state.	I can tell how sad you are talking about it right now. You must have been so proud!
	Reassure	Indicate optimism and encouragement to reduce or manage worry without minimizing or dismissing concerns.	Lots of new moms feel overwhelmed, and it’s a big change in your life. It’s not unusual for kids to have accidents even after using the potty regularly, but over time it happens less often.
	Use Complex Reflections	Add meaning or emphasis to what the caregiver has said, to encourage deeper understanding. This technique goes beyond a simple reflection or summary.	C: I’m so tired of being told what to do. No one understands how difficult this is for me. HV: It feels like they think they know better than you instead of really supporting you. C: <i>I just wanted to get him out of the store as quickly as possible!</i> HV: <i>With everybody watching—that was difficult for you. I’m curious: Did you feel like people didn’t understand?</i>
 JOIN	Use Caregiver’s Expertise	Recognize, incorporate, and build on the caregiver’s existing knowledge and skills in discussion, planning, and problem solving.	You don’t think time-outs will work for him. You know him best; what other ideas do you think might work? I know you said he is really smart, so maybe something else might work better for him.
	Collaborate	Convey that you are working jointly with the caregiver to support decision-making or developing and carrying out plans.	Would you like to make the call together? We can call now if that is helpful. We have been talking about reading more books with him. What are next steps that we can do to help you with this?
	Address Concerns	Acknowledge the caregiver’s cues and concerns “in the moment” and follow their lead in a timely and respectful manner.	Are you tired because of how often she wakes up at night? Maybe we can talk about some strategies for helping her sleep better at night. So, the weaning has been a challenge. If you’re interested, I can share some tips that have worked for other moms.

Wrap-Up

In this module, you learned about the key strategies and techniques for promoting responsive partnerships with families. You should now be able to:

- Name the key strategies for promoting responsive partnerships with families.
- Explain how the key strategies encourage responsive partnerships with families.
- Describe techniques that support the key strategies.
- Explain how each technique contributes to the development of responsive partnerships with families.

In the next module, you will have a chance to identify the techniques in transcripts and videos.



Module 2: Identify

Module 1 defined the key strategies and techniques for supporting responsive partnerships and provided examples of each. The next step is to identify techniques being used in home visits. Module 2 provides transcript and video clip activities to help practice this skill.

Learning Objectives:

- Identify in transcripts when the strategies and techniques are used.
- Identify in video clips when strategies and techniques are used. (ONLINE TOOLKIT ONLY)
- Reflect on how techniques used in video clips were either helpful or not helpful.
- Reflect on caregiver responses to the techniques.
- Reflect on how you might use the techniques in your work with families.

To earn a certificate of completion for this module, you will need to:

- Complete at least three of the transcripts.
- Use the observation rubric to recognize techniques used in at least four video clips.
- With your supervisor or coach, discuss:
 - What was it like watching other home visitors using the techniques?*
 - When you noticed the home visitor using a technique, how did you think it went? How was it helpful?*

Transcript Activity

This activity will help you recognize the techniques as they are used in a set of written transcripts. The transcripts present interactions between home visitors and caregivers, modified from real home visits.

For this activity:

- 1) Review the strategies and techniques Remember, for more detailed descriptions of each technique, you can always refer to [*Responsive Partnership Techniques at a Glance*](#).
- 2) Read the interactions between home visitors and caregivers.
- 3) Note when the home visitor uses a technique. Although the caregiver may also use a technique, focus your attention on the techniques the home visitor uses.
- 4) Check your answers by viewing the [completed table](#).

Transcript Exercise

Interaction	Techniques
<p>HV: What concerns or questions have you had with Sara lately? C: <i>Um, none really.</i> HV: Ok. C: <i>Well, except for the whole thing of her sleeping on her stomach, but I can't keep her off her stomach.</i></p>	
<p>HV: Right. So, why are you concerned—because she doesn't stay on her back the whole time she is sleeping—is that why? C: <i>Right, because you said it is important for her to always sleep on her back.</i></p>	
<p>HV: Oh, I see. Do you still put her down on her back—when you put her down to sleep? C: <i>Yeah, but then she rolls over and sleeps on her stomach.</i></p>	
<p>HV: Okay. Yeah. Well, you know, because she can roll over on her own, you don't have to worry as much—because she can roll from her back to her stomach and her stomach to her back. C: <i>Yeah, but she rolls all over every which way until she scoots up and so she has her head against the corner of the crib.</i></p>	
<p>HV: Right, okay. Yeah, so if she can roll over, then as long as you put her down on her back and there aren't any blankets or pillows in the crib with her, then that is okay.</p>	
<p>You know, it is good that she is figuring out what position helps her sleep because she is learning how to put herself to sleep, and that should also help with her staying asleep through the night—so when she wakes up, she can start putting herself back to sleep. C: <i>Oh, okay.</i></p>	
<p>HV: Does that make sense? C: <i>Yeah, I get it.</i></p>	
<p>HV: How has her nighttime sleeping been going? C: <i>Good. Sometimes she wakes up at 4 or something and I can hear her, but she goes back down on her own usually until 6 or so.</i></p>	
<p>HV: That's good. So, you know, she is becoming stronger physically and rolling over, but that's okay—just like us, she is figuring out how to fall asleep on her own and put herself back to sleep. Sometimes that involves moving around and changing positions, just like we do during the night. C: <i>Okay, I thought, well, she is okay. But then I remembered you saying she should always sleep on her back and then I was worried, like, should I go in and put her on her back? I couldn't fall asleep worrying about it.</i></p>	
<p>HV: Oh, no! Late-night worries are the worst! But listen, you know her best, and no one else knows more about what she can and can't do.</p>	
<p>If you think she is okay—then you should trust your instinct. But it is also fine to double-check.</p>	
<p>You can always just text me, too, if you want to check something quickly. I am here to help and make sure you don't have to worry.</p>	

Transcript Exercise Answer Key

Interaction	Techniques
<p>HV: What concerns or questions have you had with Sara lately? C: <i>Um, none really.</i> HV: Ok. C: <i>Well, except for the whole thing of her sleeping on her stomach, but I can't keep her off her stomach.</i></p>	 Ask Opinion
<p>HV: Right. So, why are you concerned—because she doesn't stay on her back the whole time she is sleeping—is that why? C: <i>Right, because you said it is important for her to always sleep on her back.</i></p>	 Check Own Understanding
<p>HV: Oh, I see. Do you still put her down on her back—when you put her down to sleep? C: <i>Yeah, but then she rolls over and sleeps on her stomach.</i></p>	 Check Own Understanding
<p>HV: Okay. Yeah. Well, you know, because she can roll over on her own, you don't have to worry as much—because she can roll from her back to her stomach and her stomach to her back. C: <i>Yeah, but she rolls all over every which way until she scoots up and so she has her head against the corner of the crib.</i></p>	 Reassure
<p>HV: Right, okay. Yeah, so if she can roll over, then as long as you put her down on her back and there aren't any blankets or pillows in the crib with her, then that is okay.</p>	 Address Concerns
<p>You know, it is good that she is figuring out what position helps her sleep because she is learning how to put herself to sleep, and that should also help with her staying asleep through the night—so when she wakes up, she can start putting herself back to sleep. C: <i>Oh, okay.</i></p>	 Reassure
<p>HV: Does that make sense? C: <i>Yeah, I get it.</i></p>	 Check Caregiver's Understanding
<p>HV: How has her nighttime sleeping been going? C: <i>Good. Sometimes she wakes up at 4 or something and I can hear her, but she goes back down on her own usually until 6 or so.</i></p>	 Ask Opinion
<p>HV: That's good. So, you know, she is becoming stronger physically and rolling over, but that's okay—just like us, she is figuring out how to fall asleep on her own and put herself back to sleep. Sometimes that involves moving around and changing positions, just like we do during the night. C: <i>Okay, I thought, well, she is okay. But then I remembered you saying she should always sleep on her back and then I was worried, like, should I go in and put her on her back? I couldn't fall asleep worrying about it.</i></p>	 Reassure
<p>HV: Oh, no! Late-night worries are the worst! But listen, you know her best, and no one else knows more about what she can and can't do.</p>	 Empathize & Validate
<p>If you think she is okay—then you should trust your instinct. But it is also fine to double-check.</p>	 Use Caregiver's Expertise
<p>You can always just text me, too, if you want to check something quickly. I am here to help and make sure you don't have to worry.</p>	 Collaborate

Observation Activity

This activity will help you recognize the techniques used in video clips of home visits. The clips are from real home visits or “mock” home visits in which a real home visitor interacts with an actor playing the part of a caregiver. All home visitors and caregivers who appear in the videos gave permission to use the clips for training purposes.

For this activity:

- 1) View the [Observation Rubric](#). You can print it if you’d like. Use the [Observation Rubric](#) as you watch each video clip and note the techniques you see the home visitor use. The techniques happen quickly within brief interactions between the home visitor and caregiver. You may need to watch each video more than once to recognize the techniques.
- 2) As you watch each video, consider the following reflection questions:
 - a) How did you think use of the technique went? How was it helpful?
 - b) How did the caregiver respond to the home visitor using the technique?
 - c) How might the families you work with react if you used this technique?
 - d) What other techniques would you have used?
- 3) You’ll then have the chance to watch the same video again with the techniques identified in subtitles.
- 4) Watch the video again, now with subtitles, and compare the techniques you noted to the ones identified in the subtitles.

Note: Videos will be available on website December 2021

Observation Rubric

Technique	Did the Home Visitor...	Note When Saw Technique Used
 ASK		
Ask Opinion	Ask for the caregiver’s opinion or perspective beyond simple agreement or disagreement.	
Ask Permission	Ask for permission to give information or to proceed.	
 CHECK		
Check Own Understanding	Restate what the caregiver just said to confirm your understanding. Give the caregiver an opportunity to reply.	
Check Caregiver’s Understanding	Determine if the caregiver understands what was just said.	
 RESPOND		
Affirm	Accentuate caregiver strengths, efforts, intentions, or worth. Affirmation should be linked to specific caregiver behavior, action, or thought.	
Empathize & Validate	Recognize and name the caregiver’s emotional state.	
Reassure	Indicate optimism and encouragement to reduce or manage worry without minimizing or dismissing concern.	
Use Complex Reflections	Add meaning or emphasis to what the caregiver said, to encourage deeper understanding.	
 JOIN		
Use Caregiver’s Expertise	Recognize, incorporate, and build on the caregiver’s existing knowledge and skills.	
Collaborate	Convey working jointly with the caregiver to support decision-making or planning.	
Address Concerns	Acknowledge the caregiver’s cues or concerns “in the moment” and follow the caregiver’s lead.	

Wrap-Up

In this module, you identified in transcripts and video clips the techniques for supporting responsive partnerships. In the next module, you will practice the techniques in vignettes and role-playing scenarios. You should now be able to:

- Identify in transcripts when the strategies and techniques are used.
- Identify in video clips when strategies and techniques are used.
- Reflect on how techniques used in video clips were either helpful or not helpful.
- Reflect on caregiver responses to the techniques.
- Reflect on how you might use the techniques in your work with families.

In the next module you will have a chance to practice using the techniques in vignettes and role-playing scenarios.



Module 3: Practice

In Module 2 you identified in transcripts and video clips the techniques for supporting responsive partnerships; the next step is to practice the techniques. This module includes vignettes and role-playing scenarios to practice using the techniques.

Learning Objectives:

- Identify techniques you might use in brief vignettes.
- Reflect on how you would use techniques, how the caregiver might respond, and potential challenges.
- Practice using techniques in role plays.
- Reflect on the use of techniques in role plays.

To earn a certificate of completion for this module, you will need to:

- Practice the techniques using at least four of the vignettes.
- With a partner, practice the techniques using at least two of the role plays.
- With your supervisor or coach, discuss:
 - What went well?*
 - What did you feel good about?*
 - What techniques did you use?*
 - What was the hardest part?*

Vignette Activity

This activity presents vignettes based on real home visits. It will help you consider which techniques you might use if you were faced with the same situation. You can do this activity alone, with other home visitors, or with your supervisor or coach.

For this activity:

- 1) Review the strategies and techniques listed below. Remember, for more detailed descriptions of each technique, you can always view [Responsive Partnership Techniques at a Glance](#).
- 2) Read each vignette and all reflection questions.
- 3) Consider which techniques you might find helpful to use in each scenario.
- 4) After each vignette, view the *Vignette Review* for a summary of possible responses for each scenario.

Vignette #1

You have been visiting with a family whose toddler is 20 months old. Both you and the mother have both noticed that the child does not use many words, and what words he does have are understandable to the mother, but not to you.

Home visitor: How’s everything going? Any concerns lately?

Mom: Good. We had our doctor visit last week. You know, I told the doctor that he [toddler] still doesn’t use very many words. I can understand some of the words he uses but no one else really can. The doctor just said that all kids develop differently and not to worry.

Questions to consider:

- What would you say?
- Which techniques would you try?
- How would you use the technique? How do you think the mother might respond?
- Would it be challenging to use any of the techniques here? Which one? Why?

Vignette #1 Review

For this and all vignettes in this toolkit, there is no one “right” answer. This vignette raises several possible issues—what the doctor said, how the caregiver is currently feeling about the doctor’s response, and how the home visitor can support the caregiver—that can send the discussion in different directions. Below are some possible responses from each key strategy.

Strategies	Possible Responses
 Ask	What do you think about what the doctor said? (Ask Opinion) How would you feel about doing a developmental screening to get more information? (Ask Permission)
 Check	So, you told the doctor about your concerns, but the doctor told you not to worry? (Check Own Understanding)
 Respond	It is great that you are paying attention to his development and that you bring your questions to the doctor. It isn’t always easy to remember these things and talk to the doctor about it! (Affirm)
 Join	No one has a better understanding of how he is doing than you do, so you are the one to determine if what the doctor says makes sense. (Use Caregiver’s Expertise) Children do develop on their own timeline, but if you still have concerns and this is something you want to work on, then let’s come up with some activities to do during our visits—and during everyday activities—that can help promote language development. (Collaborate)

Vignette #2

You had a fairly strong relationship with a mother of an 8-month-old child, but after about 6 months of visits, she stopped returning your calls or scheduling visits. You decide to drop by her house. After some hesitation, she lets you into the house.

Home visitor: I haven't seen you in a while. Thanks for letting me in. I just wanted to drop by and see how everything is going. Can we sit down for a bit?

Mom: Sure. I guess.

Home visitor: How is the baby doing?

Mom: Okay, but he is kind of annoying. He doesn't sleep through the night. I thought he would do that by now so I can at least have a little time to myself, you know.

Questions to consider:

- What would you say? Which techniques would you try?
- How would you use the technique? How do you think the mother might respond?
- Would it be challenging to use any of the techniques here? Which one? Why?

Vignette #2 Review

Two techniques are already used in the vignette: Ask Permission ("Can we sit down for a bit?") and Ask Opinion ("How is the baby doing?"). The caregiver is giving signs that she is not always enthusiastic ("Sure. I guess."), but she does provide information that leaves an opening for more exploration. As with the first vignette, multiple avenues could be explored, such as sleep deprivation, caregiver depression, or parent-child relationship challenges. Some possible responses are provided below.

Strategies	Possible Responses
 Ask	What is hardest for you about his not sleeping through the night? (Ask Opinion)
 Check	The lack of time to yourself is what you are finding so hard right now? (Check Own Understanding)
 Respond	That must be exhausting for you! (Empathize & Validate) Sleep deprivation is a very common experience for parents of infants, so you are not alone! (Reassure)
 Join	What have you tried when he is not going back to sleep at night? (Use Caregiver's Expertise)

Vignette #3

You have just started working with a mother and her 8-week-old infant, Anna, who both live with the baby's father. She is also caring for her 21-month-old nephew, BJ. When you come to the door, the mother looks stressed out, and the nephew is crying and wants to be picked up.

Mother: Come in, sorry, BJ is spoiled. He wants me to pick him up and hold him all the time. Shh (to BJ). Come on in.

Home visitor: How is it going? It seems busy.

Mother: Yeah, he just wants to be held all the time. It is hard because Anna is so little and needs me. Sometimes he just won't stop so I have to put her down, you know, wherever, to pick him up. I am not used to taking care of two kids at once.

Father: I would never have gotten away with that kind of crying and carrying on when I was little. He will just keep doing it if you always pick him up.

Mother: I don't know, he just needs extra attention, I think, because his mom is going through some stuff. I don't know if he knows that, and he is acting out, or what.

Questions to consider:

- What would you say?
- Which techniques would you try?
- How would you use the technique? How do you think the mother might respond?
- Would it be challenging to use any of the techniques? Which one? Why?

Vignette #3 Review

This longer vignette presents several emerging issues. The presence of Anna’s father provides more opportunities for engagement, with the two caregivers’ seemingly different approaches to BJ being one possible area of exploration. Responses need to keep both caregivers in mind. Much of what they are talking about revolves around the nephew—which might be their current concern, although the young infant would also likely be a point of focus. Some possible responses within the key strategies are provided below.

Strategies	Possible Responses
 Ask	<p><u>To father:</u> So, what’s going through your head when BJ is crying like that? (Ask Opinion)</p>
 Check	<p><u>To mother:</u> So, when BJ gets fussy you just have to find somewhere to put Anna down? (Check Own Understanding)</p>
 Respond	<p><u>To mother:</u> You feel like you are being pulled in two directions, taking care of two little ones with such big needs, and you worry you are not paying enough attention to Anna. (Use Complex Reflections)</p> <p><u>To father:</u> So, you’re worried that if you pick him up when he cries, it will just encourage him to cry more? Like he is being rewarded for crying? (Use Complex Reflections)</p>
 Join	<p>I know we were going to do a developmental screening for Anna, but maybe first we could spend a few minutes talking about your nephew. (Address Concerns)</p> <p>What have you done in the past that has helped BJ feel calmer? (Use Caregiver’s Expertise)</p>

Role-Play Activity

This activity presents a role play based on common home visiting scenarios. It provides an opportunity to practice the techniques in a safe and supportive space before you use them with families. You can do this activity with your supervisor, coach, or another home visitor in your program.

For this activity:

- 1) Prepare for the role play by deciding who will be the home visitor and who will be the caregiver. A third person could also observe the role play using the [Observation Rubric](#) to note which techniques are used.
- 2) Read the scenario provided below. The person playing the caregiver should also read the additional information about the caregiver, to consider how they might respond during the role play.
- 3) If you are playing the home visitor, select a few techniques to try out during the activity. Refer to the [Responsive Partnership Techniques at a Glance](#) to help you remember the techniques.
- 4) Begin the role-playing activity. Role play for about 5 to 10 minutes and end at a natural stopping point. You can always pause, ask questions, get suggestions, or start again if you feel stuck. Let the conversation flow naturally, and don't worry about getting it "right."
- 5) Immediately after the role play, discuss the reflection questions as a team.

Role Play Reflection Questions

- What went well? What did you feel good about? What did your partner feel good about?
- What didn't go so well? What was the hardest part?
- What techniques were used? How did the "caregiver" respond?

Role-Play Scenario

Role-Play Scenario: Brianna was referred to home visiting by her pediatrician after her son Bobby's 8-week check-up, because they thought Brianna needed some additional support. During previous visits, the home visitor noticed that Brianna did not really hold Bobby much, except when she had to do things for him. She kept trying to put him down. She also seemed tired, distracted, and overwhelmed. Brianna smiled very little. Brianna says she doesn't seem to be all that hungry and isn't really cooking anything for herself.

Brianna and Bobby live with her sister, Sherry, and her husband, Jim. At the last visit, Brianna told the home visitor that they are her only family. She does not see her friends much anymore since having Bobby because it is "difficult to get back to her old neighborhood."

This is the home visitor's third visit with Brianna. Bobby is asleep. ***At this visit the home visitor plans to ask Brianna about how she feels and talk with her about being sad, her feelings toward Bobby, and her support system.***

Additional Information about "Brianna" for Person Playing Caregiver

Note: This background information should be used or offered when the home visitor asks a question or brings up a topic that would make it natural to introduce into the discussion.

- Brianna feels tired and a little bit sad.
- She worries that she is not doing a good job taking care of Bobby.
- Brianna sleeps a lot.
- Things that used to make her happy, such as spending time with friends, don't interest her much anymore.
- Brianna sometimes feels very guilty because she wants a break from Bobby.

Wrap-Up

In this module, you practiced using the techniques for supporting responsive partnerships in vignettes and in role plays. You considered how you might use a variety of techniques across multiple, diverse scenarios. In the next module, you will apply the techniques in your own home visits. You should now be able to:

- Identify techniques you might use in brief vignettes.
- Reflect on how you would use techniques, how the caregiver might respond, and potential challenges.
- Practice using techniques in role plays.
- Reflect on the use of techniques in role plays.



Module 4: Apply

In earlier modules you learned, identified, and practiced the techniques for supporting responsive partnerships. You saw video clips of the techniques and practiced using them in vignettes and role plays. The next step is to try using the techniques during your home visits and to observe and reflect on how it went. Observing and reflecting on your own work is critical for deep learning and for promoting use of the techniques into your work with families. Observation and reflection are also part of a parallel process; we observe and reflect on our communications with caregivers in a similar way to how we invite caregivers to observe and reflect on their communications with their children.

Learning Objectives:

- Identify steps to plan, apply, and reflect on technique use during a home visit.
- Carry out steps to record yourself applying techniques during a home visit.
- Watch your recorded home visit and reflect on how you used the techniques with your coach or supervisor.
- Observe, recognize, and describe caregiver reactions to technique use during a home visit.
- Identify next steps for applying techniques in future visits.

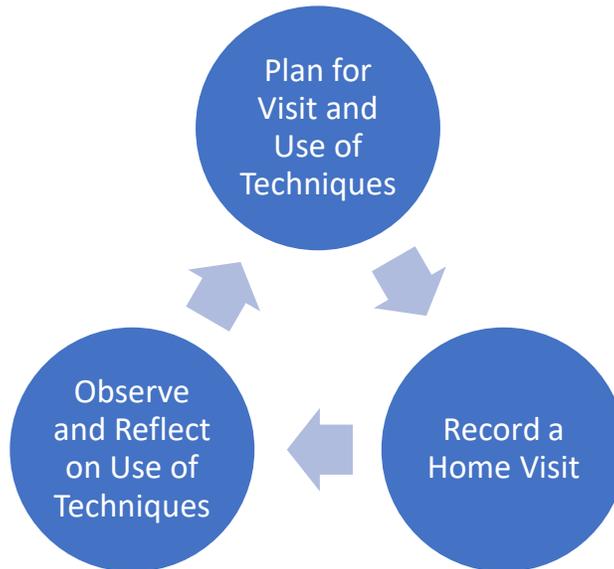
To earn a certificate of completion for this module, you will need to:

- Audio or video record a visit or portion of a visit with a caregiver on your caseload.
- Identify a few short clips (about 5 to 10 minutes total) to watch with your supervisor or coach.
- Watch the clips together and reflect on the techniques you both observed and how it went, using the provided reflection questions as a guide.

Reflecting on Recorded Visits

To reflect on your use of the techniques, you will need to video record your home visits with families. We see this as an ongoing process, as depicted in the figure below. You can do this activity on your own, with your peers, or with your supervisor or coach.

Ongoing Process to Reflect on Technique Use



(1) Plan for the visit and use of techniques:

- **Select a family and a visit to record.** Try choosing a “typical” family on your caseload with whom you already have a trusting relationship, whom you see consistently, and whom you believe will feel comfortable having visits recorded. In our experience, most families do not mind having their visits recorded if you let them know that you are doing so to review and improve your own skills. Once you pick a family and get their permission, choose a session that represents a typical home visit. Try to avoid enrollment visits or visits where you will complete a screening or an assessment. The visit you choose should have plenty of opportunities for more spontaneous interaction between you and the caregiver.
- **Select a few techniques to use in your visit.** Think about which techniques you want to focus on first. Do not try to use all the techniques during your home visit. Start by trying three to four techniques.
- **Plan for how to use techniques.** Think about how to incorporate the techniques you selected into your home visit. Consider specific opportunities or prepared activities in which you could use a technique. Jot your ideas down in your plan for the visit. You could do some of this planning with other home visitors or during your supervision or

coaching sessions. Perhaps bring [Responsive Partnership Techniques at a Glance](#) with you on the visit to help you remember the techniques.

(2) Record the visit:

- Complete your visit and video record it for later viewing and reflection. Specific steps for how to record a home visit are provided on the next page. Don't forget to confirm the family's consent for the recording.

(3) Observe and reflect on technique use:

- **On your own.** Watch the recording straight through one time. Try to be aware of the techniques you used, but do not worry about counting them in this first viewing. Next, watch the recording a second time and use the [Observation Rubric](#) to take note of the techniques you see. Reflect on:
 - How did it feel to do the visit?
 - Did you use the techniques you planned to focus on?
 - What other techniques did you use?
 - How did the caregiver respond when you used the techniques?
 - Do you now see opportunities to use the techniques that you did not notice during the visit?
 - Are there other techniques you could have used?
- **With a supervisor or coach.** Identify a few short clips from your recorded home visit (about 5 to 10 minutes total) to watch with your supervisor or coach. Consider using a clip that focuses on a segment where you felt successful using some of the techniques. You could also review segments where you felt less successful or where there were missed opportunities. Watch the clips together and reflect on the techniques both of you observed and how it went. In addition to the questions above, reflect on:
 - Was the technique helpful in learning more about the family or engaging the caregiver in the visit?
 - How might you use the techniques the next time you meet with the family?
 - How might you use the techniques with other families on your caseload?

Checklist for Recording Home Visits

The below table lists several tips for recording home visits. Please review prior to scheduling and recording a visit with a family on your caseload.

Seek Family's Permission.	
	Ask the family ahead of time and let them know it is okay to say no.
	Tell them the purpose of the recording (for example, to help you and your supervisor focus on your work with families) and how long you plan to keep the recording.
	Document family consent. If your program does not already have a permission form for this kind of activity, you can adapt the Family Video Consent form. If the caregiver is under the age of 18, the form should be signed by their legal guardian.
Set Up and Check Recording Equipment.	
	Make sure you have all necessary equipment and a flat, stable surface on which to place the camera or cell phone. It might be helpful to use a small tripod designed for your camera or cell phone.
	Check the camera or cell phone to make sure everyone in the home visit (including you) can be seen. A distance of about 5 to 10 feet away typically works.
	If you are using a cell phone, remember to turn the phone to a horizontal position for a wider angle.
	Avoid filming in front of open windows; the light can make it hard to see faces. Minimize distracting noises like television, fans, or music.
	Take a short test video first to make sure you can see everyone clearly and adjust as necessary.
Record the Visit.	
	Record as much of the visit as possible. If you cannot record the whole visit, try to capture at least 30 minutes.
	Consider bringing a partner with you (another home visitor or your supervisor) who can hold the camera or cell phone. This approach can be especially helpful if the family has an active child who may not like to stay confined to one space for long.

Note. Virtual visits lend themselves well to this activity! Remember to ask permission to record virtual visits, just as you would an in-person visit.

Family Video Consent

This form is for the primary caregiver who is most involved in the home visits.

If the primary caregiver is under 18 years old, this form should be read and signed by his/her legal guardian.

PERMISSION TO VIDEO RECORD HOME VISIT

We are asking you to let your home visitor, _____ [NAME] _____, video record a home visit with you. Your home visitor is part of a training program to help improve their communication skills when working with families. Watching these videos will help them do that. We are recording typical home visits, so you don't need to do anything differently.

If you agree to have your visit recorded, your home visitor, your home visitor's supervisor, and a few other home visitors who are part of the training may watch parts of the video. They will not be told other personal information about you. You can ask for your home visitor to turn off the recorder if you want to discuss something private.

It is your choice whether you want to be recorded. If you choose not to take part, your home visiting services will not change in any way. You can change your mind at any time, even if you want to stop recording the visit after it has started. After the training is done, we will delete the video.

Contact person

If you have any questions, you can speak with your home visitor or contact [home visitor's supervisor].

Participant authorization

1. I read and understood this form.
2. I agree to let my home visitor video record a visit with me and my child(ren).
3. I understand that I can change my mind about the video recording whenever I want.
4. I understand that my home visiting services will not change in any way whether I agree to be recorded or not.

Primary Caregiver Name

Primary Caregiver Signature

Date

If the primary caregiver is under the age of 18:

Guardian Name

Guardian Signature

Date

Wrap-Up

In this module, you applied the techniques for supporting responsive partnerships in your work with families. You observed and reflected on your use of the techniques and families' reactions. We encourage you to continue planning for when and how to use the techniques. We also encourage you to engage in ongoing observation and reflection of your technique use and the impact on your work with families. You should now be able to:

- Identify steps to plan, apply, and reflect on technique use during a home visit.
- Carry out steps to record yourself applying techniques during a home visit.
- Watch your recorded home visit with your coach or supervisor and reflect on how you used the techniques.
- Observe, recognize, and describe caregiver reactions to technique use during a home visit.
- Identify next steps for applying techniques in future visits.



What's Next

We hope that this toolkit helped you begin to build more responsive partnerships with families. You might be wondering, *What can I do next?*

We encourage you to continue using the techniques for supporting responsive partnerships in your work with families and observing and reflecting on how it goes. We offer a few ideas for how to do this:

- ✓ If you have not already done so, share the techniques with others in your program and enlist their participation and support for your ongoing learning.
- ✓ Continue to video or audio record your visits. Seeing yourself in action is the **best way** to learn how to use the techniques.
- ✓ Try the techniques with a diverse array of families. Consider whether they work the same for families with different cultural and linguistic backgrounds and with different strengths and needs.
- ✓ Try the techniques with different types of caregivers, such as mothers, fathers, grandparents, aunts, and uncles. Consider whether they work the same for family members in diverse caregiving roles.
- ✓ Try the techniques at different times during your visits. If you tend to use them during less structured conversations, explore whether they are also useful during more structured activities too.

We will continue to refine and expand the toolkit and welcome your suggestions. A responsive partnership between researchers and practitioners is key to making services as effective as possible. Thank you in advance for your feedback—and for all that you do to support the health and well-being of young children and their families.

Please send questions and feedback to: koneill@jhu.edu

Appendix A. Background and Rationale for the Toolkit

This section describes why and how we developed the responsive partnership toolkit. It also discusses research used to inform the toolkit and what more we need to know to move the field forward.

Why develop a toolkit to promote responsive partnerships between home visitors and caregivers?

Despite national expansion of home visiting and extensive efforts to certify models as evidence based, impacts of home visiting programs are still, on average, modest and inconsistent.¹ Research shows that fidelity of implementation varies and that fidelity of implementation is a critical aspect of service quality. Service quality occurs at multiple levels of program operations, including administration, supervision, curricula, and the knowledge and skills of the home visitor.

More work is needed to understand and strengthen services. As one example, the Mother and Infant Home Visiting Program Evaluation implementation report showed that use of communication skills varied greatly in video observations and that the training home visitors received was often didactic and rarely involved role playing or observation to support use of skills in practice.² Home visitors work with families with varying assets and risks, and they must be attuned to these differences. A one-size-fits-all approach does not address the great diversity of families being served by most programs. Home visitors must be skilled in communicating in ways that align with families' diverse needs and preferences.

We believe that communication is an active ingredient of home visiting. In other words, effective communication is necessary for home visiting to work. Receiving help can fulfill two different needs.³ One is a need to *know and understand*. We often want knowledge and information so we can make sense of our situation. Caregivers want to know, for example, what they can expect their child to do, the meaning of their child's behavior, and how they can support their child's learning, health, and development. The second need is to *feel known and understood*. We want to be listened to by someone who takes the time to know where we are coming from and what our needs are. Caregivers want to feel that their home visitor has

¹ Michalopoulos, C., Faucetta, K., Hill, C. J., Portilla, X. A., Burrell, L., Lee, H., Duggan, A., & Knox, V. (2019). *Impacts on family outcomes of evidence-based early childhood home visiting: Results from the Mother and Infant Home Visiting Program Evaluation*. OPRE Report 2019-07. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

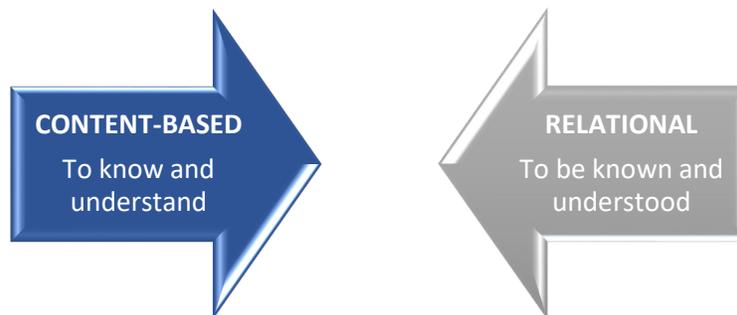
² Duggan A, Portilla XA, Filene JH, Crowne SS, Hill CJ, Lee H, Knox V. (2018). Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation. *OPRE Report 2018-76A*. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

³ Engel, G. L. (1992). How much longer must medicine's science be bound by a seventeenth century world view? *Family Systems Medicine*, 10(3), 333-346. doi:10.1037/h0089296

empathy for their struggles and can share joy in their accomplishments and their child's accomplishments. Home visitor communication techniques fall into two main categories:

“When I videotaped myself, that was really a nice awakening. I think we think we’re using either a lot of [techniques] or we’re not using them at all. And then actually visually getting to see ourselves is, like, ‘Oh!’ ” – Home visitor

- **Content-based techniques** address caregivers’ needs to know and understand. What information is conveyed to families? What activities do home visitors and families do together? Examples might include information on parenting practices, coaching parent-child activities, making service referrals, or talking about mental health or child development.
- **Relational techniques** address caregiver’s needs to feel known and understood. How do home visitors connect with families? How do they listen to families and be open to what families have to say?



This toolkit focuses on *relational techniques*. This is not because the actual content of the home visit is unimportant; rather, the *content* can vary greatly by home visiting model, and home visitors often receive ample guidance from their model regarding content that needs to be conveyed. In contrast, relational aspects of home visitor communication help families to feel known and understood. Relational techniques provide a necessary foundation for *all* home visiting models and services. If home visitors cannot understand and respond sensitively to the needs of families, reach agreement on tasks and goals, and create collaborative decision-making processes, then families are not likely to feel supported in their efforts, and whatever content is delivered is likely to be less successful.

On the surface, the relational techniques described in this toolkit may seem like things home visitors naturally do in their interactions with families; however, our research shows that these approaches are not used as often as they could be. Effective use of these communication techniques requires special attention and reflection on their use in practice. In our experience, when home visitors record and review their home visits, they can notice when they did or did not use the techniques.

This toolkit aligns with and supports work on the Home Visiting Applied Research Collaborative’s [precision paradigm](#).⁴ The paradigm offers a way to think about and study the mechanisms through which specific communication techniques may promote family engagement, healthy behaviors, and positive outcomes. The paradigm is being used to address high-priority issues in home visiting and is framed around the question, “What works best for whom, under what conditions?” This toolkit can help home visitors think about how the strategies they use to communicate and interact with different families influences the families’ engagement in the program and what the families get out of it—changes in their knowledge, attitudes, and actions.

How was this toolkit developed?

This toolkit and the techniques and activities within it were developed using a multistep process informed by research evidence and extensive stakeholder input. Here we describe that process.

Step 1: Review of Research. We started with a list of basic communication techniques that have been shown in home visiting and related fields to promote parent or patient engagement. For example, prior research has shown that techniques such as checking for understanding, expressing concerns, and offering reassurance are associated with ratings by mothers of their bond with their home visitor. Many of these techniques came from existing measures in health care or mental health, including the Roter Interaction Analysis System⁵ and the Motivational Interviewing Treatment Integrity.⁶

Step 2: Feedback from Two Programs. We took this list to two local home visiting programs to get some initial feedback. In ongoing meetings with home visitors, supervisors, and program managers, we discussed ways in which techniques aligned with their model, which techniques were most important and useful from their perspectives, and the most effective ways to learn



⁴ Home Visiting Applied Research Collaborative. (n.d.). *The precision paradigm*. <https://www.hvresearch.org/the-precision-paradigm/>

⁵ Roter, D., & Larson, S. (2002). The Roter interaction analysis system (RIAS): Utility and flexibility for analysis of medical interactions. *Patient Education and Counseling*, 46(4), 243–251.

⁶ Moyers, T. B., Rowell, L. N., Manuel, J. K., Ernst, D., & Houck, J. M. (2016). The motivational interviewing treatment integrity code (MITI 4): Rationale, preliminary reliability and validity. *Journal of Substance Abuse Treatment*, 65, 36–42.

the techniques. This step helped us narrow the list and focus on the smaller set of 11 techniques described in this toolkit.

Step 3: Community of Learning. We then developed video clips and tools to teach the smaller set of techniques and pilot tested these techniques and tools in a Community of Learning. To participate in a 2-day in-person training session, we recruited from across the United States 12 home visiting programs representing 6 models. Both home visitors and supervisors participated. Following the training, participants took part in a series of coaching calls in which they watched and discussed their use of the techniques using video recordings of their home visits. We elicited feedback on this process and incorporated that feedback into the toolkit.

Step 4: Feedback from Multiple Programs. In the previous step, we identified three key areas in which we needed to increase our understanding: how the techniques work with diverse families, how they align with expectations of diverse models, and how supervisors can support the techniques' use. To do this, we worked closely with three programs representing three different home visiting models. We held a series of virtual meetings focused on each area and incorporated participant feedback along the way.

Step 5: Feedback from Broad Stakeholder Groups. Finally, we presented the draft toolkit to a broader range of stakeholders, including home visiting program staff, model representatives, and communications researchers. They helped us better understand how the techniques and toolkit might be useful within broader home visiting practice, professional development, quality improvement, and research contexts. They also helped us shape the toolkit into its current web-based form.

We are incredibly grateful to all stakeholders who contributed to this project. We couldn't have done it without them.

What more do we need to know?

This toolkit was informed by research and extensive stakeholder input. Nevertheless, there are important questions for the field that remain to be answered, such as:

- How do programs expect visitors to engage families? What does meaningful engagement look like?
- How do we ensure that staff have the capacity to meet these expectations?
- Do the techniques presented in the toolkit apply across all different home visiting program models? Are there ways that the techniques need to be adapted?
- How do the perspectives and preferences regarding home visitors' use of specific techniques vary across different types of families?
- What are the pathways between responsive partnerships and family engagement?

We welcome your feedback and suggestions on this toolkit, as well as ideas for future research.

Appendix B: Toolkit Use in Supervision

We have heard from both supervisors and home visitors that home visitors are much more likely to try the techniques for supporting responsive partnerships if program and site leaders *endorse them, use them, and provide structure and resources* for learning and practice.

We understand that TIME is one of the biggest barriers to learning and developing new skills. Home visitors may not see how learning and practicing new techniques “fits” with other expectations and responsibilities.

Working closely with local home visiting programs, we have identified three concrete ways to promote technique use. Although we focus here on approaches for supervisors, these suggestions may also be useful for mental health consultants and coaches who want to support strategy use. Approaches can be used alone or in combination, when working with individuals or in groups. Choose the approach that works best for you and your staff. It is not assumed that every learning tool in the toolkit will be equally relevant to all home visitors and agencies.

1. **Work the parallel process.** Use the techniques in supervision as part of your interactions with home visitors. Supervisors have shared that their use of the techniques is a critical part of the parallel process—when supervisors model the techniques, home visitors are more likely to use them in turn with caregivers, which can then provide a model to caregivers about how to use them with their children. Using the techniques also allows the home visitor to experience what it feels like on the other side of the dynamic. To be most effective, look for opportunities to point out when you use the techniques in your supervision, and ask visitors to reflect on whether they think the techniques promote responsive partnerships.
2. **Dedicate 5 minutes to the techniques in each supervision session.** It only takes a few minutes to teach the techniques and reinforce their use, if done regularly over time. See the *Take 5! Activity for Reflective Supervision* below to learn how to do this efficiently, in only 5 to 10 minutes per session. This can be done in individual or group supervision sessions, in coaching, or in staff meetings. We have heard that some supervisors enjoy adding this type of structure to their sessions!
3. **Organize a series of group training sessions.** Set aside time each week for 4 to 6 weeks to introduce the techniques and guide home visitors as they work through the toolkit modules. To ensure sustained use in practice, ask home visitors to record themselves using the techniques with families and review the recordings in supervision at least quarterly.

A note about professional development and different learning needs and styles: People have different learning needs and vary in how they learn best. Some home visitors learn best on their own, whereas others learn best in groups. Some home visitors may need to see you and others use the techniques before they try them out. Some may benefit from a lot of repetition. Before

selecting an approach, give some thought to how you might introduce the techniques in ways that are acceptable and useful to staff. This will help promote buy-in and sustained use over time. Below we provide one suggested approach to incorporating instruction of these techniques into ongoing reflective supervision.

Take 5! Activity for Reflective Supervision

Teaching and reinforcing responsive partnership techniques in reflective supervision

Supervisors have a lot to do. We also know that it can be difficult to make time to develop and reinforce home visitors' skills during a busy supervision session. We created these activities for reflective supervisors who are short of time and want to support staff members' professional development. Below are examples of how you can use this toolkit in reflective supervision to teach and reinforce skills—in just 5 to 10 minutes per session! We recommend that you carve out time each week at the beginning or end of each session for this activity.

What's in it for you:

Using these activities as part of regular reflective supervision will provide opportunities to:

- Emphasize the importance of reflecting on how communication skills engage families.
- See the home visitor in action.
- Gain a deeper understanding of the home visitors' strengths and needs.
- Strengthen home visitors' skills and promote their use in practice.
- Provide additional structure to a reflective supervision session.

All sessions can be done individually or in group supervision.

1. **Session 1. Introduce & reflect.** Take 5 minutes to introduce the toolkit and 11 techniques. Invite the home visitor to share their thoughts about what it will be like to use the toolkit in supervision. Validate any reservations the visitor may have and acknowledge that you will be learning together. For homework, assign the home visitor to read through the list of 11 techniques.
2. **Session 2. Learn & reflect.** Ask the visitor about their first impressions of the techniques. Are these techniques they have used before? Are there any that are new? Any that they feel skeptical about? Any that they look forward to trying? For homework, assign the visitor to read through the first technique (*Ask Opinion*) and watch the accompanying video examples. The visitor might even try to notice whether they use this technique in their next home visit.
3. **Session 3. Identify, practice, & reflect.** Ask the visitor what they thought of the technique and the video examples. Why might this technique be useful for developing a responsive partnership? Demonstrate the technique and then invite the visitor to practice it with you. For homework, assign the visitor to try using the technique in visits, and to notice what happens when they do (e.g., how the caregiver responds).

4. **Session 4. Apply & reflect.** Ask the home visitor to report back. Discuss what it felt like to use the technique in a visit. What was the caregiver's response? What might the visitor do differently next time?

Repeat steps 2 through 4 of this cycle with a different technique.

Next Steps

After you have completed the cycle with two to three techniques, use some of the activities from this toolkit in your supervision session. Although these activities may take more than 5 minutes, they will help the home visitor to learn and reinforce use of these techniques.

- Select an activity from Module 2 or 3, such as a transcript, vignette, or role play, and bring it into a supervision session.
- Ask the home visitor to video or audio record a visit with a family. Have the visitor select a few techniques beforehand that they want to focus on in that visit. Invite them to select a short segment (2 to 5 minutes long) where they feel successful in the use of one or more of the techniques and listen/watch that segment together. See Module 4 for more information.