

PAUSE— A Problem-Solving Framework

Blending Relationship and Reflective Skills



Carmen arrives for a scheduled home visit with Charley, a 15-month-old girl with developmental delays and multiple medical issues connected to prematurity. Her mother, Frances, is near tears. She tells Carmen that Charley has been “cranky” and no one is getting any sleep. Furthermore, Charley is so irritable that she has started hitting her mother when she tries to do anything with her. On cue, Charley smacks Frances and they both burst into tears.

Working with families of young children is complex and can be messy. Every family and child is different, and methods that worked perfectly with one family may be ineffective or even an utter disaster with the next. Furthermore, every home visit, even with a family that one knows well, is different from the last. Many families struggle with serious issues, including poverty, domestic violence, and serious health needs of their children. These concerns can and may draw home visitors’ attention away from our role or purpose with a family (Bernstein & Edwards, 2012).

How do we stay focused on our work when families come with so many challenges? Although there are no “tried and true” recipes guaranteed to work in all situations, there are some ways of thinking and acting that set the stage for flexible partnering and effective problem-solving. In the first two chapters, we have separately discussed the benefits of using relationship-based and reflective practice approaches when working with very young children and

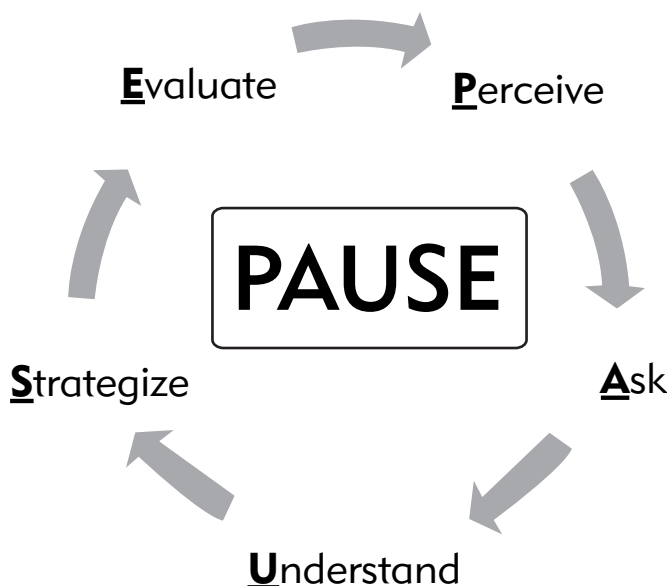


Figure 3.1. The PAUSE framework overview.

their families. Next, we discuss how these two methods can be integrated. In this chapter, we explain the PAUSE method to explore a way of thinking about work with families that is grounded in relationship and that encourages reflection on the part of the provider and the parents. *PAUSE* is an acronym for a cycle of five steps: Perceive, Ask, Understand, Strategize, and Evaluate (see Figure 3.1).

As discussed in previous chapters, relationship-based practices and reflective skills complement each other and are critical to forming and maintaining all kinds of relationships. Reflective and relationship-based skills are also used in a specific type of professional development called *reflective supervision* (Watson et al., 2014). Use of reflective practice methods within a supportive supervisory relationship can help home visitors avoid getting lost in the weeds of complicated family life, thus increasing the home visitor's ability to focus on building the parent-child relationship (Bernstein & Edwards, 2012). This chapter discusses how to blend these approaches through a process providers can use to work with families about their concerns. The process organizes thinking about the behavior or issue, helps providers respond appropriately and effectively, and uses reflection to assess the experience. The five main components of the PAUSE process are as follows:

1. *Perceive*: observe and listen.
2. *Ask* questions to learn more about what is happening.
3. *Understand* each participant's experience or viewpoint.
4. *Strategize*: select and take actions.
5. *Evaluate* the outcomes using reflective processes.

The PAUSE worksheet provides a way for the home visitor to document his or her thoughts about the child and family in order to work through challenging situations and discuss them with a supervisor. A blank copy of the PAUSE worksheet can be found in Appendix 3A. This and following chapters include vignettes and sample completed PAUSE worksheets. These materials illustrate how to use the PAUSE worksheet in a variety of situations home visitors may face. First, let's explore each of the PAUSE components in more detail.

PERCEIVE: OBSERVE AND LISTEN



Carmen can see that Frances is overwhelmed with Charley's difficult behavior. She is aware that these issues have been happening for a while, and she has already formed some ideas about what might help. Carmen thinks how easy it would be to just take Charley herself and model an age-appropriate time out. After that, she could sit down with Frances and teach her how to implement a better sleep schedule.

The PAUSE process begins with learning more about the situation by observing, listening, and asking questions. As home visitors slow down and learn more, they may see things are not as they appear at first. Observing and listening are not passive behaviors, and they are not as easy as they may seem. Giving full attention is a skill that takes time and practice. Consider how the response "I'm fine" could sound in these two situations:

Situation 1: Betty slightly trips when going upstairs to work. When her co-worker walking behind her asks if she is okay, Betty laughs and says, "I'm fine, it's just Monday."

Situation 2: Mark comes home from work later than expected; he wasn't able to call because his phone died. As he apologizes for not being home to help get their children to bed, his wife, Kayla, interrupts him, saying, "I'm fine."

Clearly the person in the first situation actually seems to be just fine, but the person in the second scenario may not be. The appropriate response to each situation is likely to be very different. For example, in the first scenario, joining Betty in laughing about the situation would be acceptable. Laughing in the second situation, however, is most likely unwise. Listening includes attention to what is said and how it is said (Weatherston, 2000). Slowing down and listening with care also lets one notice and wonder what is *not* said. For example, in some cases, the speaker may avoid a seemingly critical topic. The home visitor may be left to wonder about that topic and its absence from the conversation. Consider the following two examples:

Kara, a developmental specialist in an early intervention program, meets with a family for an evaluation. The other team members described their concerns for the child's "behavior" and the child's mother describes him as "anxious." Kara notices immediately that the child has very repetitive speech, makes brief eye contact, and walks on his toes. She knows these are characteristics of autism, but because that wasn't in her paperwork, she is not sure if she should mention this.

Beatrice arrives for a home visit with Juliette and her infant son, Alexander. She notices that Juliette has a cast and asks, "Are you okay?" Juliette says she is okay and begins to tell Beatrice a story about Alexander taking steps. Beatrice feels concerned but does not feel comfortable pressing for more information.

Observation is a great partner to listening. Much can be learned by what is seen. For example, eye contact, facial expressions, and body language may add a good deal of information about the emotional state of the speaker. Incongruence between body language and words should prompt the observer to wonder. Consider how the home visitor might respond to this mother if she listened only to her words rather than attending to both the words and how they were said:

Katarina held her newborn baby, Heidi, loosely across her lap. The home visitor expressed excitement about seeing the baby for the first time and asked if Katarina was enjoying motherhood. Katarina looked away and sighed. After a long moment, she said, "It's pretty great, I guess."

ASK QUESTIONS TO LEARN MORE ABOUT WHAT IS HAPPENING

In addition to careful listening and observation, information gathering includes asking the right questions (Heffron & Murch, 2010). Different questions are useful at different times. It is often productive to begin with open questions that are conveyed in a simple and supportive manner. Once the provider has the big picture or a general direction, more specific questions can

be asked to clarify the situation. It takes practice, but providers can learn to respond and ask questions that open up a discussion instead of narrowing it too soon. Examples of these types of questions or statements include those that express interest or concern, encourage the responder to think about his or her own or other's experiences, and include an offer to explore an issue together. Here are a few examples of responses that both acknowledge how a person might be feeling and invite more discussion:

I imagine that was difficult for you.

Wow, that must have been an amazing experience!

How is it for you when Jan has trouble sleeping?

I wonder what it was like for your daughter when your family moved.

Questions that start a discussion can be paired with more specific follow-up questions (Green & Palfrey, 2000). Using an answer as a springboard is a great way to continue to expand the conversation while encouraging the person to give additional information or think about the issue in more detail. In addition, by repeating all or part of the conversational partner's comment, understanding can be confirmed and interest demonstrated:

I was a little confused about the therapy Clara is receiving. How often is that happening?

Could you tell me more about your work schedule?

You mentioned you have been concerned about Jon's coughing. What things have been tried so far to help him?

I was thinking about how tired you said you feel. It made me wonder if you have seen your doctor.

Questions that curtail discussion should be used sparingly or avoided (Heffron & Murch, 2010; Sattler, 1998). Often, these types of questions are not really questions at all. For example, a forced-choice question limits the answers that a person can give. The options offered may not be an answer the parent wants to give. Questions that can be answered with "yes" or "no" can be useful for gathering specific information, but they may feel judgmental and leave out the opportunity for expanded information. Some statements can also shut off discussion or indicate that the provider has made an assumption that the family member may not feel comfortable correcting. Examples of questions or responses to avoid include the following:

Forced choice

Do you think the problem with Emmanuel's sleep is your work schedule or the bedtime routine?

Are you using time out or redirection for discipline?

Yes or no questions

Are you giving Abdul enough sleep time? (Compare: How has Abdul been sleeping?)

Are you following your physical therapist's recommendations? (Compare: What suggestions has the physical therapist offered that you think could help?)

Presumptive statements

I am sure you are getting Cassidy's shots on schedule.

No one is playing violent video games when the children are around, right?

UNDERSTAND EACH PARTICIPANT'S EXPERIENCE OR VIEWPOINT

We have emphasized the importance of relationships as a core underpinning of work with families. In order for relationships to function smoothly, each person's experience or perspective should be considered. It is important to recognize that the parent, the baby, and the home visitor may each view the situation differently. Therefore, one of the responsibilities of a provider taking this approach is to monitor and ensure that all voices are represented (Pawl, 2000), including the baby, the parents, and the provider. The home visitor should encourage the parent to tell the story from his or her perspective, gently prompt attention to the baby's experience, and share his or her own observations with care. The skills reviewed earlier, including observing, listening, and asking helpful questions, can be applied to the quest to learn about the perspectives of all the participants, including the babies. Spending this time gathering information assists the home visitor to better understand not only the situation at hand, but also how that situation is being received or experienced by each participant. This additional information, in turn, leads to a decision about the most effective point of entry, or best starting point, for intervention at that moment. In the following examples, briefly consider each participant:

Home Visitor: Thinking about one's own perspective may seem redundant or even out of place in this discussion. However, because each person brings biases, beliefs, attitudes, and preferences to every situation, it is necessary to consider the provider's perspective along with those of family members. The home visitor should recognize that his or her own past experiences and perspectives affect each new experience; what is seen and heard, how the behaviors of others are interpreted, and what choices are made about how to respond. It is not possible or even desirable to have no personal history or to never have opinions! Home visitors have their own set of attitudes or beliefs and must attend to their effect on their work with families (Heffron, Ivins, & Weston, 2005).

Parent: A central facet of home visiting work is attending to the parent's needs as a way of developing the parent's skills (Bernstein & Edwards, 2012). Even when the focus of the home visit is the baby's safety or development, gaining the parent's buy-in is needed; therefore, a good deal of home visiting involves forming a relationship with parents and encouraging change (Weatherston, 2005). For example, the home visitor might be tasked with instructing parents on child development, implementing a specific therapy technique, or supporting the parents in the completion of court required tasks. In order for the home visitor to implement this part of the work effectively, he or she must be able to read and respond to the parent's reactions to his or her suggestions and efforts. These efforts on the part of the provider lead to "synchrony" in the parent and home visitor relationship, which in turn is connected to parental feelings of competence and increased responsiveness to the child (Popp & Wilcox, 2012).

Baby: Although all three parties are important, it may be most critical to avoid losing sight of the baby's experience. Because babies are unable to speak for themselves, their voices can easily be ignored or drowned out by the needs of adults. Therefore, remembering to ask "what about the baby?" (Weatherston, 2001, 2005) is an important responsibility of the home visitor and a critical part of making real progress with families. The provider's ability to keep the baby in mind will help in many ways, both directly and indirectly. Babies are helped directly when their needs are seen and attended to. Babies are helped indirectly when the home visitor provides a good model for the parent of how to consider the infant's experience.



Poised to gather up Charley and demonstrate a time out, Carmen suddenly stops. Trusting her observations, she realizes that this might not be a good time for teaching, given that both mother and daughter are tired and upset. Furthermore, as Carmen reflects that Frances identified lack of sleep as a primary problem, she questions her initial impulse to solve the problem with a behavior technique. Instead of springing into action, Carmen starts with sympathy and a demonstration that she is listening, saying, "You poor guys! What a hard time you are both having. What can I do to help?"

Later in the visit, when both Frances and Charley are calmer, Carmen is able to ask a few questions. She discovers that Frances has recently increased her work hours, resulting in a corresponding increase in the amount of time that Charley spends in child care. Carmen wonders if this change is the source of both Charley's difficult behavior and Frances' weariness. At the same time, Carmen knows this is a resilient family, so she is confident that they will adjust in time. When Frances admits that she is

tired, Carmen says, “I wonder if Charley is a little tired too.” Frances snuggles Charley close and says, “I guess we both need a little more time to adjust to the new schedule.” Carmen has been successful in two ways: supporting Frances and Charley directly and helping Frances consider Charley’s experience. These two interventions may be enough to help this family.

STRATEGIZE: SELECT AND TAKE ACTIONS

In the first three steps of the PAUSE method, information that increases one’s understanding of the situation or problem is gathered. As part of this understanding, multiple perspectives should be considered. As the home visitor observes, listens, and asks questions in dialogue with the parent, a variety of possible action steps will emerge. Together with the parent, the home visitor will choose some steps to try. As next steps are negotiated, consider together what results would be satisfactory.

Now let’s explore the PAUSE worksheet, which can be used to pull together thoughts, feelings, and actions as reflection on interactions takes place (see Appendix 3A). The PAUSE worksheet is intended to allow the home visitor to organize the information that has been gathered and to capture what is happening from both the parent or caregiver and the home visitor perspective. In the first section of the worksheet, the home visitor reflects on the parent’s question or issue and considers how both the parent and the home visitor him- or herself view the identified concern. Next, the home visitor is encouraged to clarify what is happening. In this second section, the home visitor reflects on questions he or she could ask to gather more information. In the third section, the home visitor considers possible reasons why the behavior or situation is occurring, again from the parent or caregiver and home visitor perspectives, but also from the child’s perspective. This encourages the home visitor to reflect on all of the potential relationship dynamics we have discussed. Finally, the home visitor is encouraged to identify some possible responses or solutions with criteria to evaluate progress and success.

Consider how Carmen could use the PAUSE worksheet format to capture her experience with Charley and Frances. For example, as Carmen later uses this information in reflective supervision, she may notice her own reactions and her urges to “fix” the problem. She may also note any changes in the behaviors of Frances and Charley when she was more reflective and patient, compared to when she was acting directive. This information can help Carmen to have a better understanding of the needs that Frances and Charley each present. Carmen would be able to use the PAUSE worksheet to document any plans that she and Frances co-create to address the issues as they have identified them. Similarly, the worksheet can help Carmen and Frances discuss the effectiveness of the strategies they tried. A sample completed PAUSE

worksheet illustrating Carmen's experience with this family can be found in Figure 3.2.

A second form, the Provider Reflection worksheet (Appendix 3B), is intended for use in reflection on action or after the interaction with the family is complete. The goal of this set of questions is to help the home visitor consider actions to improve skills as well as to identify potential issues to discuss in reflective supervision. This is a key part of the process, as the home visitor will gain great insights, both from the self-reflection component of completing this process and from discussing it with a supervisor. Figure 3.3 illustrates Carmen's self-reflection of her work with Charley and Frances and how she might plan for future sessions with this family.

EVALUATE THE OUTCOMES USING REFLECTIVE PROCESSES

Because family life is often complex and sometimes stressful, it is not unusual for workers who support families to feel the stress themselves. Reflecting on the choices made in the work provides a way for the home visitor to gain support, evaluate efforts, and engage in continuous learning and growth. Being able to step back and reflect on the work is valuable, whether done on one's own or, preferably, within a supervision or consulting relationship. Therefore, part of taking action is reflecting back on that action in an evaluative way. In the vignettes, Carmen provided support and empathy to Frances and Charley. She was later able to successfully direct Frances' attention to Charley's experience of absence from her mother while in child care. However, things could have gone differently. Imagine the following variation in the vignette.




Frances responds to Carmen's question about her new work schedule by snapping, "It's fine. I have to do it." Undeterred, Carmen pursues her concern for the child by asking, "I wonder how it's been for Charley to be at child care longer hours?" Frances, now clearly irritated, replies, "Well, we are both stuck, aren't we?" The visit ends shortly after this exchange.

In this version, Carmen missed Frances' tone and pursued her own agenda of highlighting Charley's experience. Later, Carmen may reflect that the sympathy and empathy offered at the beginning were more effective and that she jumped too quickly from that strategy, resulting in an ineffective and unsatisfying end to the session. She may plan to stay longer with Frances' perspective next time.

So far, we have discussed how a provider can form an initial or on-the-spot response and then evaluate the effectiveness of that effort in reflection

PAUSE WORKSHEET



Child: Charley

Date: 1/20/15

Parent: Frances

Provider: Carmen

PERCEIVE—Explore what is happening.

Parent/caregiver perspective:	Provider perspective:
Charley is misbehaving/hitting. Frances is frustrated with Charley's behavior. No one is getting sleep.	Charley is tired, probably overtired. Frances is struggling with what action to take; maybe a time out is needed? Develop a sleep schedule?

ASK—Clarify what is happening.

Starting with the parent/caregiver's priorities and concerns, ask more detailed/specific questions to clarify what is happening

Ask Frances about changes in family's routine.

Ask when behavior changed and what was happening with Charley.

What strategies have been tried to help the family get more sleep?

UNDERSTAND—Explore why it is happening.

With the parent/caregiver, explore explanations for what is happening. Consider possible explanations that include the environment, the child, and the parent. Listen and observe closely as you explore the situation in conversation with the family.

Parent/caregiver perspective:	Provider perspective:	Child's perspective:
Frances changed her work schedule to include more hours. Charley is in child care longer hours each day.	I want to support this mom to deal with Charley's behavior. My first instinct is to take over and model a time-out. When I step back a	Charley is likely adjusting to a new schedule. Her sleep patterns have been disrupted. She is trying to tell her mom this

(continued)

Figure 3.2. Carmen's PAUSE worksheet for Charley and Frances.

Figure 3.2. (continued)

PAUSE WORKSHEET (continued)		
UNDERSTAND (continued)		
<p><i>Parent/caregiver perspective:</i></p> <p>Frances feels frustrated at not having as much time with Charley and certainly does not like this behavior.</p>	<p><i>Provider perspective:</i></p> <p>moment, I wonder what might be behind this new behavior and ask some questions. Maybe this mom's change in schedule is more disruptive than I realized and they need some time to adjust.</p>	<p><i>Child's perspective:</i></p> <p>through her behavior. Since she can't say, "I'm tired and I miss you at the end of a long day," she instead is irritable and sometimes hits. She wants some mommy time and to rest.</p>
STRATEGIZE and EVALUATE —Identify possible responses/solutions.		
<p>1. <i>Solution/action to try:</i></p> <p>Hold off on giving problem solving/ giving advice. Instead, respond to the parent's emotion about the situation.</p>	<p><i>How will we know if it works?</i></p> <p>Frances may seem calm or report feeling less frustrated. Frances may be more attentive to Charley. Charley's behavior will improve.</p> <p><i>When will we evaluate if it works?</i></p> <p>Monitor Frances' attentiveness and Charley's behaviors during the next session.</p>	
<p>2. <i>Solution/action to try:</i></p> <p>Acknowledge the change in the family schedule and suggest everyone needs some time to adjust. If the situation does not improve, suggest exploring a sleep schedule to help everyone get better rest.</p>	<p><i>How will we know if it works?</i></p> <p>A family report of improved sleep will indicate success.</p> <p><i>When will we evaluate if it works?</i></p> <p>We'll evaluate this at each session.</p>	

PROVIDER REFLECTION WORKSHEETChild: Charley Date: 1-20-15Parent: FrancesProvider: Carmen

1. *How did I follow the parent's lead to learn what is most pressing or important to the family?*

I was able to stop myself from just stepping in and taking over the situation. But it was so challenging and I could see it was bothering Frances. Yet I was able to understand her main concern was getting back to "normal" and getting some much-needed rest.

2. *How did I ask clarifying questions to help me understand the problem better?*

After realizing Frances was exhausted, I said "You poor guys! What a hard time you are both having. What can I do to help?"

3. *How did I provide information that may help the family better understand the child's behavior?*

I think I was able to help Frances see that, given the change in the family's schedule, they needed some time to adjust and Charley's behavior might be a reflection of the stress the family is experiencing.

(continued)

Figure 3.3. Carmen's Provider Reflection worksheet for Charley and Frances.

Figure 3.3. (continued)

PROVIDER REFLECTION WORKSHEET (continued)	
4. <i>How did I engage the family to develop a response that may include a strategy to try, a resource to use, or more information to increase understanding?</i>	I decided to wait to offer strategies about sleep schedules or behavior management, in order to see whether, with a little time, they might adjust to the new schedule.
5. <i>How did I provide support and emotional containment if needed?</i>	I think my acknowledgement of how hard this is helped Frances see the issue was about being tired and not something more serious. I noticed they both snuggled together a bit when Frances calmed down.
6. <i>How do I plan to follow up on promised actions to maintain trust?</i>	I will explore some sleep schedule resources in case they are still struggling, and I have some behavior management techniques in mind if needed.
7. <i>What do I want to discuss in reflective supervision to improve my practice and outcomes with this child and family?</i>	I am curious why I was so quick to want to just take control and model a time out instead of really listening to this mother. How can I slow myself down in these situations?

later. Sometimes, that simple strategy will be enough to resolve the issue. In some cases, the provider may realize that a longer-term solution is needed to resolve the problem. This could mean many things, ranging from helping the family obtain additional concrete resources that can help. In the vignettes, Carmen's strategy of supporting Frances to consider Charley's perspective may be enough. Other simple solutions could include problem solving with Frances to identify someone who can watch Charley while she gets some rest or checking with the child care provider to look for solutions to improve Charley's adjustment.

Considering the scenario with Carmen and all of the possible variations, it seems clear that home visitors will benefit from taking time to wonder and reflect about what might be happening with a family. Regardless of practitioners' best intentions and efforts, they will encounter some situations or events that are beyond their scope of practice. Part of reflection may need to include reframing one's understanding of the child, family, or situation. In the vignettes, Carmen knows that Frances has increased her work hours and assumes that this was her choice. However, suppose that she does not know that Frances needed more income because her partner, Thomas, has left her and Charley and the family is on the verge of being evicted. If she had this additional information, Carmen might have a very different perspective and response. The questions she asks, information she needs to gather, and other helpers and resources that may be needed may change dramatically.

COMMON CHALLENGING ISSUES

Next, we address a few of the more common but challenging issues that home visitors might encounter with families and suggest helpful responses. In all of the scenarios presented so far, the home visitor and the family have a relationship that includes willingness to engage and work together. However, as with any approach, there will be times when it does not work smoothly. For example, there may be times when a parent does not respond or seems unwilling to participate in the dialogue. Possible explanations are virtually infinite, but might include: it's too soon in the relationship for the discussion, the parent is preoccupied with something else, or the parent does not think the home visitor will be able to help. No matter the reason, resist the urge to keep pushing a perspective! Stay patient, remain available but not intrusive, and continue to build the relationship (Beeber & Canuso, 2012).

Other times, the home visitor may find that his or her sympathetic ear has unleashed a torrent of emotions or words. Although a parent may benefit from venting emotions, the home visitor may find this to be overwhelming and may worry that it is unproductive. It would be understandable for the home visitor to try to set limits, including ignoring the emotional flood and trying to turn the conversation to a more concrete level. However, setting a

limit alone is unlikely to have the desired response. If this is an infrequent occurrence, it may be fine to allow the venting to proceed. However, if the emotional flood continues, the home visitor may need to address it directly. Ask the parent if it would be okay to step back and revisit the home visitor's role and function with the family. Directly discuss the parent's apparent need to vent emotions and ask who else is able to provide this role and support.

Another common problem for home visitor is a parent who does not follow through with any plan that is made. Sometimes this is obvious from the beginning, as the parent greets every suggestion with “yes, but” or informs the provider that his or her ideas will not work. Other parents appear to agree with all suggestions but never actually try them. Again, the issue may be timing, so patience and persistence may be appropriate. If the situation continues, a direct approach may be needed. The home visitor can identify what he or she observes and ask the parent to talk about what is happening. Presenting the issue as something to be discussed and better understood can prevent the parent from feeling accused. Instead, the home visitor conveys the sense of interest and collaborative problem-solving.

We have discussed the importance of trying to understand how the family sees various issues or concerns. Understanding a parent's perspective is useful because it informs strategies that may be helpful. Also, from a parallel process perspective, the provider's efforts to understand the parent's experience are likely to help the parent's ability to take his or her child's perspective. There are likely times when it is extremely difficult to come to a shared understanding of the situation. Some parents may have very strong beliefs about children in general or about a specific child. Acknowledging the difference of opinion and asking the parent to share more about his or her views can be useful and set the stage for gently challenging the parent's view. By asking the parent to explain his or her views and ideas, the home visitor can better understand the source of the beliefs and then carefully offer other perspectives. Helping the parent to name his or her own beliefs and begin to understand how he or she connects to behavior is an important reflective skill that allows perspective taking. Consider how Bob, a physical therapist, uses this strategy in a home visit.



Bob, a physical therapist in an early intervention home program, is completing paperwork at the end of a session with Tom and his daughter, Cristy. Suddenly, Cristy pulls over a large plant, spilling dirt everywhere. Tom begins shouting, grabs Cristy, and threatens to spank her. Bob is aware that Tom believes in spanking, but he has never witnessed him doing it and they have never spoken about it in detail. Bob freezes and considers his options: gather his things quickly and leave or address what is happening. Tom, noticing Bob's expression, says, “I know you all think I should not spank

her. But just look what she does!" Bob answers carefully, "I see this is a big mess and that you are pretty upset. And it's true I am not in favor of spanking. But I would be willing to hear how you think spanking would help."

There is a long pause. Finally, Tom says, "My dad spanked me and I turned out just fine. I want Cristy to learn that there are some things that aren't allowed, like making a big mess." Bob says, "Yes, I agree that kids need some limits and they need parents to teach them what they should and should not do. I wonder what Cristy learns from spankings?"

In this example, the PT showed respect by asking to learn more about the parent's beliefs and parenting practices. This method ultimately challenged the parent's beliefs indirectly, by helping the father to think about his ideas about parenting more critically. Next steps in this discussion could include talking about what Cristy might have been trying to do with the plant and what other ways there could be to teach her not to make a mess.

REFLECTING ON REFLECTION

When faced with a family that is struggling, a provider may often feel a "press" (pressure) to offer a solution or fix the problem quickly (Heffron et al., 2005). It is hard to maintain the discipline needed to think broadly when the situation seems to call for action. Although it may not be appropriate or possible to solve every problem or alleviate every difficult situation, we often can provide some relief through listening, offering empathy, or asking a question that opens up discussion.

In Chapter 2, we discussed a variety of concepts related to reflective practice. Using reflection in our partnerships with young children and families sounds simple, but it takes a good deal of practice to be able to apply these skills in the moment. Performing skills such as observing, listening, and asking questions also takes time; it can be hard to remain patient and refrain from taking what may feel like needed steps to solve a problem. This may be especially likely for early childhood professionals who are often action-oriented people: those who are more comfortable with doing than talking about doing. They may feel proud of their ability to "get 'er done" or may have been praised for a "take charge" attitude. Parents, used to professionals working from other frameworks, may seem to want professionals to take over. At other times, a situation may seem so concerning that the home visitor feels strong internal pressure to take action based on his or her perception of the family's needs or own need to resolve a situation that feels intolerable (Heffron et al., 2005). This "press," though normal to feel, can be extremely hard to resist!

Although it is true that there are times when being able to solve problems and "just do it" is called for, there are many other times when a different approach may be more effective in the long run. One important outcome of

taking time to slow down and deepen one's thinking is it may prevent conclusions that lead to hurtful actions. With a wondering stance, many possible explanations for what is happening are allowed and time for many possibilities emerges. Multiple alternatives can be considered and judgment can be suspended until more information has been gathered. As Jeree Pawl once said, "Don't just do something, stand there and pay attention!" (Pawl & St. Johns, 1998, p. 7). Because the action needed may be different than it originally appeared, slowing down and asking questions can result in a more accurate picture, leading to better solutions.

In some situations, there is no action that is appropriate for the home visitor to take, regardless of how much information is collected. Perhaps the appropriate action may be to seek help from professionals other than the home visitor, such as a mental health or child welfare worker. At other times, instead of taking direct action or enlisting action from others, the home visitor may be most helpful when providing support for the parent to explore and understand the situation him- or herself. Sensitive supports such as this allow parents to develop better problem-solving skills of their own that they can use when the home visitor is not there. This support may or may not lead to a decision or action by the parent. Finally, it is important to recognize that there are some situations for which there is no adequate solution; it may be that accepting the situation "as is" is really all that can be done. Examples might include sudden tragic situations such as the loss of a family member or chronic problems such as living in extreme poverty. In all of these situations, the message is that the most appropriate step is to better understand the issue before considering any action.

WHAT'S NEXT?

Next, it is time to translate the relationship-based and reflective skills we have reviewed into practice. We will begin by thinking about behavior challenges and how to gather information to help us partner with families to address these concerns. Then we will explore some common issues home visitors encounter in their daily work in the following several chapters. These chapters are intended to serve as reference material for you when discussing similar problems with families. The chapters will not give you simple answers for every family, but they will provide context for starting the conversation and problem-solving process.

TIPS FOR PRACTICE

- ▮ Be prepared for sessions as planned, and be open and flexible for unexpected changes to the plan.

- ▶ Remember to PAUSE—slow down, wonder, and consider multiple perspectives—before taking any action steps.
- ▶ At times, an action is not necessary. Simply sitting with a parent, hearing his or her concerns, and connecting to emotions may be best. This strategy can help a parent calm down and allow him or her to have better thinking, leading to the chance that a solution might emerge.

KEY POINTS TO REMEMBER

- ▶ Combining relationship-based and reflective practice strategies—including observing, listening, and asking questions—can result in better understanding of situations in home visiting work and thus lead to more effective responses.
- ▶ It is important to consider the perspective of all participants (i.e., child, parent, home visitor) when working to understand what may be happening and what will be helpful.
- ▶ Recognition of role boundaries is necessary. There may be times when the home visitor should not take action or responsibility; rather, the home visitor would be most helpful when supporting the parent to reflect or by encouraging the parent to seek help from others.

PAUSE stands for Perceive, Ask, Understand, Strategize, and Evaluate (see Figure 3.4).

SUGGESTED FURTHER READINGS

- Foley, G., & Hochman, J. (Eds.). (2006). *Mental health in early intervention: A unity of principles and practice*. San Francisco, CA: Jossey-Bass.
- Weatherson, D., & Tableman, B. (In press). *Infant mental health home visiting: Supporting competencies/reducing risks*. Southgate, MI: Michigan Association for Infant Mental Health.

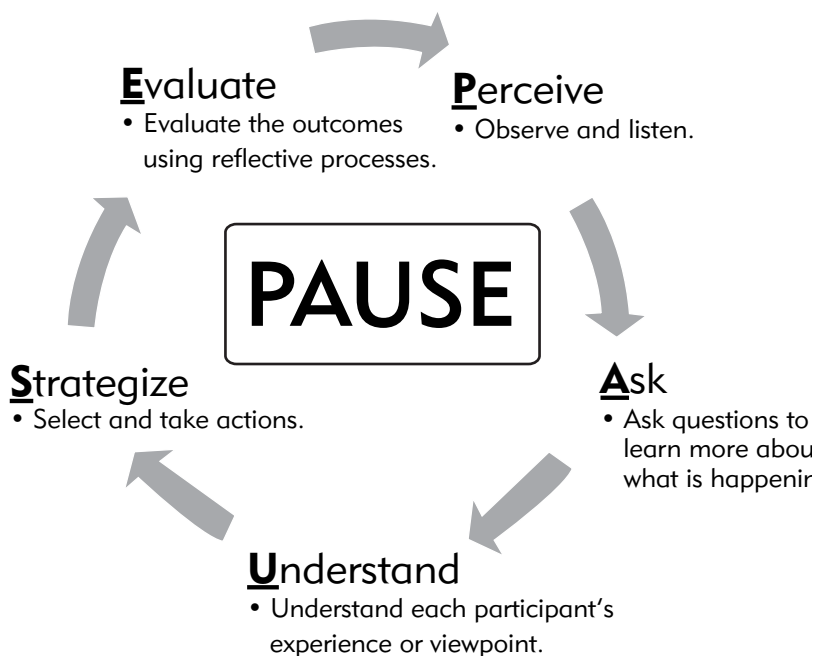


Figure 3.4. The PAUSE framework in detail.

PAUSE WORKSHEET



Child: _____ Date: _____

Parent: _____ Provider: _____

PERCEIVE—Explore what is happening.

Parent/caregiver perspective:

Provider perspective:

ASK—Clarify what is happening.

Starting with the parent/caregiver's priorities and concerns, ask more detailed/specific questions to clarify what is happening

UNDERSTAND—Explore why it is happening.

With the parent/caregiver, explore explanations for what is happening. Consider possible explanations that include the environment, the child, and the parent. Listen and observe closely as you explore the situation in conversation with the family.

Parent/caregiver perspective:

Provider perspective:

Child's perspective:

(continued)

PAUSE WORKSHEET *(continued)*

UNDERSTAND *(continued)*

*Parent/caregiver
perspective:*

Provider perspective:

Child's perspective:

STRATEGIZE and **EVALUATE**—Identify possible responses/solutions.

1. *Solution/action to try:*

How will we know if it works?

When will we evaluate if it works?

2. *Solution/action to try:*

How will we know if it works?

When will we evaluate if it works?

PROVIDER REFLECTION WORKSHEET

Child: _____ Date: _____

Parent: _____

Provider: _____

1. *How did I follow the parent's lead to learn what is most pressing or important to the family?*

2. *How did I ask clarifying questions to help me understand the problem better?*

3. *How did I provide information that may help the family better understand the child's behavior?*

(continued)

PROVIDER REFLECTION WORKSHEET (continued)

4. *How did I engage the family to develop a response that may include a strategy to try, a resource to use, or more information to increase understanding?*

5. *How did I provide support and emotional containment if needed?*

6. *How do I plan to follow up on promised actions to maintain trust?*

7. *What do I want to discuss in reflective supervision to improve my practice and outcomes with this child and family?*