



# *The Mothers & Babies Program*

## *Supervision Guide*

---

*Mothers & Babies Curriculum  
Developed By:*

*Ricardo F. Muñoz, PhD  
Chandra Ghosh-Ippen, PhD  
Huynh-Nhu Le, PhD  
Alicia F. Lieberman, PhD  
Manuela Diaz, PhD  
Lauren La Plante, BA*

*Mothers & Babies Supervision  
Guide Developed By:*

*Laura Campbell, MBA, MPH  
Erin Ward, MA, MSW  
Melissa Segovia, MS  
Darius Tandon, PhD*

## Table of Contents

Table of Contents.....	1
Overview of Mothers & Babies .....	2
Supervision Goals and Approach.....	3
Planning Supervision.....	4
Conducting Supervision .....	6
Documenting Supervision.....	10

## Overview of Mothers & Babies

Mothers & Babies (MB) is a mental health intervention, listed on SAMHSA's evidence-based practice registry, that promotes healthy mood management by teaching pregnant women and new moms how to effectively respond to stress in their lives through increasing the frequency of thoughts and behaviors that lead to positive mood states. MB is designed to be delivered during the perinatal period (pregnancy through baby's 1<sup>st</sup> year), although delivering MB with families with slightly older children is also appropriate.

MB can be delivered by clinic- or community-based providers from a variety of educational and professional backgrounds. MB has been used by home visiting programs, WIC programs, pediatric primary care providers, prenatal clinics, and various types of early childhood programs.

There are two modalities, or ways in which MB can be delivered:

- Mothers & Babies 1-on-1 consists of 12 brief sessions (15-20 minutes each)
- Mothers & Babies Group consists of 6 sessions (90-120 minutes each)

## Supervision Goals and Approach

This Supervision Guide is designed to help provide guidance and ongoing support to providers who are new to using the MB Course with their clients.

### What are the Goals and Desired Outcomes for Supervision Sessions?

Supervision is key to effective case management and professional growth. Setting time aside to discuss and address any issues or concerns related to MB implementation is important as it can affect the delivery of the material, effectiveness of the intervention, and bolster provider self-efficacy and success using a new curriculum. The supervisor should create a space that is respectful and thoughtful where providers can explore their emotions and what they experience during MB sessions with clients. It is important to have regular, protected time where providers can reflect on their work and how to get their needs met and in turn meet the needs of their clients. Providing regular, supportive, constructive supervision supports positive interaction between providers and clients and can increase the effectiveness of intervention delivery.<sup>1</sup>

There are three goals to MB Supervision:

- Help ensure the MB material is delivered with fidelity
- Support staff as they work with clients who may disclose mental health issues and/or troubling situations and experiences
- Model problem-solving with regard to implementation challenges

---

<sup>1</sup> Hines, E., Sturm, L., & Tomlin, A.M. (2016). Reflection in home visiting: The what, why, and a beginning step toward how. *Infant Mental Health Journal*, 37, 617-627.

## Planning Supervision

### Who Should Provide Supervision?

Supervisors may be a mental health clinician, home visiting or other health or human service program supervisor/manager, or a research team member from a university **who is trained in MB implementation**. Some projects or programs may have specific requirements regarding who can provide supervision, such as a being a mental health clinician and/or a qualified MB trainer.

### Who Should Attend A Supervision Session?

All providers who are trained to use MB and who are using or will use MB with clients should participate in supervision sessions. If the supervisor is an outside consultant, it is suggested that the consultant also meet individually with the program manager or conduct supervision sessions jointly, to develop on-site MB supervision expertise and support sustainable practice.

### How Should Supervision Sessions Be Scheduled?

The first supervision session should be scheduled prior to implementing the 1<sup>st</sup> MB session, regardless of modality (group or 1-on-1), to support providers as they introduce the course to clients for the first time. Alternately, the first supervision session should occur no later than one week after the provider begins using MB with clients. For MB 1-on-1, supervision should take place once a month for six months, ideally at the same time each month. For MB Group, supervision should take place between each group session. Supervision sessions should last between 30-60 minutes, depending on the number of individuals receiving supervision. If working as a consultant, schedule a time that works best for the program such as during or after a regularly scheduled staff meeting.

### How Many People Should Attend a Supervision Session?

Supervision sessions can be conducted with one provider at a time or in a group format with multiple providers. It is recommended that no more than 20 providers attend a supervision session, with smaller numbers preferable to encourage participation among all providers. If there are more than 20 providers requiring supervision at a site, it is recommended that two supervision check-ins be scheduled.

**What Materials Do I Need for a Supervision Session?**

All MB manuals—this Supervision Guide, the Home Visitor Field Guide or Instructor Manual, and the Participant Workbook—will be useful to have on hand at the supervision session. You may want to reference this manual for guidance on facilitating the session and the Home Visitor Field Guide and Participant Workbook may be helpful while discussing program implementation and fidelity, and planning ahead for the next session.

**What if the Providers Don't Have Time for Supervision Session?**

Supervision sessions, especially at the beginning stages of implementation, can significantly benefit the provider and the clients as it gives providers time to process their interactions and experience using MB and problem solve. Emphasizing this importance and usefulness can help the provider prioritize supervision. Scheduling supervision sessions at times that are convenient for the provider(s) or times the provider(s) already meets can make it easier to accomplish. MB supervision can be blended with other meeting content/programed supervision time, as needed, to meet multiple demands on provider and supervisor time. Consult your program model manuals to see how MB supervision sessions can count as part of any regularly scheduled supervision sessions with staff. In addition, supervision sessions can be conducted via video conference or telephone to make it more convenient for providers.

## Conducting Supervision

### What Supervision Approach Is Recommended for the Supervision Sessions?

Recommendations for MB supervision operate from **reflective supervision** and **strengths-based supervision approaches**. For some providers MB may be their first experience directly addressing mental health issues with clients. Even if this is not the case, MB can elicit different or new issues that may be challenging for someone even with mental health experience. Collaborating with providers to help them think about, understand, and put into perspective the information shared by clients is key to effective supervision sessions. The supervisor should help providers reflect on their own feelings and past experiences and the role that plays in delivering MB and interacting with the clients. By focusing on providers strengths, the supervisor can provide motivation to deliver the program most effectively.

### How Should the Supervision Session Be Delivered?

The method for conducting supervision sessions can vary. In person is recommended but phone or video communication (i.e. Skype, Google Hangouts, Adobe etc.) is also acceptable.

### What Are Ways to Create a Respectful and Thoughtful Environment for the Sessions?

- Provide validation - by listening, providing an accurate reflection of what the provider shared and communicating understanding about their perspectives.
- Provide feedback - build on successes; in group supervision sessions encourage providers to support one another and share tips and support.
- Provide guidance and plan for subsequent sessions - problem solve for any anticipated challenges, and highlight strengths to build on.
- Encourage and support self-care - by allowing time for providers to unburden difficult content shared by clients; identifying appropriate additional supports and referrals for clients; and reviewing protocols for assisting clients in distress

### What Are the Main Components of a Supervision Session?

MB supervision sessions should consist of three components: **check-in, fidelity, and client debriefing**. Check-ins allow providers time to reflect and set the priorities for the session. Fidelity focuses on MB content and delivery. Client Debriefing looks more closely at the specific needs of clients and how MB can address those needs.

### **How Should I Check In to Start A Supervision Session?**

Each supervision session should begin with a **check-in** to get the provider(s) talking and thinking about their experiences using MB. Ask the provider(s) to share:

- How far they are in the curriculum with their client(s)
- Challenges related to implementation
- Successes related to implementation

Challenges and successes may be related to content (e.g., a client didn't understand a core MB concept) or process (e.g., it was hard to fit the session into the allotted time).

### **Why Is It Important to Assess Fidelity?**

It is important to assess fidelity during supervision sessions to ensure MB is delivered as planned. Fidelity is the extent to which delivery of an intervention adheres to the originally developed program model.<sup>2</sup> **Completeness, quality, and client engagement** are key components of fidelity.

### **What Questions Can I Ask to Assess MB Completeness?**

Completeness, or exposure, can include the number of sessions, length of each session, or frequency of sessions.

- Have you started implementing MB with your clients? If no, what are the reasons why?
- How much time does MB take during a typical visit?
- How often do your clients complete the personal projects?
- How completely are you able to cover the material in each session?
- If any session content was missed during a visit, what was done to ensure the client received the material?
- Have you made any modifications to the sessions to adapt it to your needs as a provider?

---

<sup>2</sup> Mowbray, C.T., Holter, M.C., Teague, G.B., & Bybee, D. (2003). Fidelity criteria: Development, measurement, and validation. *American Journal of Evaluation*, 24, 315-340.

**What Questions Can I Ask to Assess MB Quality?**

Quality describes the manner in which the provider delivers the program, such as skill in using the techniques or methods, enthusiasm, preparedness, and attitude.

- How well are you able to communicate course topics?
- How well are you able to clarify or elaborate on material the client had difficulty understanding?
- How smoothly does one topic lead to another?
- How well are you able to stay on topic and redirect discussion?

**What Questions Can I Ask to Assess Client Engagement?**

Engagement is participant responsiveness and the extent to which participants are involved in the activities and content of the program<sup>3</sup>.

- How do you assess and encourage client engagement?
- What are thoughtful responses and ways to assess understanding?
- How do you use MB tools and skills to articulate concerns about mood, thoughts, and feelings?
- What are strategies for working with a client who reacts defensively or with irritability?
- What are strategies for working with a client who is reluctant to share personal information and feelings?
- What are strategies for working with a client who does not seem concerned about parenting and/or her child?

---

<sup>3</sup>Mihalic S. The importance of implementation fidelity. *Emotional & Behavioral Disorders in Youth*. 2004;4:83-86. and 99-105.

**How Do I Help Strengthen the Relationship Between the Provider and Client?**

It can be helpful for providers to share some of their own examples throughout the MB curriculum, to establish (a) normalization that everyone experiences stress, (b) modeling of using the skills in everyday life, (c) trust between provider and client.

Another important consideration is to be aware and mindful of what the client's needs are, and what stage of readiness she is in to address particular challenges (e.g. meeting the client where she is at). While we as providers may have one idea of what the client should address using MB skills, the client may not be in agreement, or ready to face that challenge head-on, yet.

**How Do I Help Providers Optimize MB for a Client's Unique Needs?**

Encourage providers to modify the examples and interactive activities in the course materials to reflect the client's family, social environment, interests and cultural norms, in order to help clients both engage with the content and imagine trying the tools in their daily lives. As emphasized in the MB training that providers receive, there is considerable flexibility in the specific language and activities that providers can use to communicate key MB concepts.

**How Do I Seek Supervision Support If I Am Also The Main Program Supervisor for My Home Visiting Program?**

We highly recommend that you seek supervision support during the implementation of MB, even if you are the main supervisor of the program. Supervision support can be provided by a Mental Health Consultant, the director of your program or a fellow coworker who has experience in reflective supervision. You can also reach out to the MB team to seek further guidance by going to <http://www.mothersandbabiesprogram.org/contact/>.

## Documenting Supervision

### **Why Is It Important To Document Supervision Sessions?**

Documenting your supervision sessions is recommended to keep track of your work, the providers' progress, and the types of issues that come up when delivering MB. This will help ensure continuity of the sessions and can serve as your notes to review prior to the next session. Issues that commonly arise in MB supervision can be identified and disseminated to other providers to share learning and support.

### **How Should I Document Sessions?**

You may choose to document your supervision sessions by taking notes or using a form similar to the one provided in this manual. Using a specific supervision documentation form may be required of you if you are participating in an MB research study or program evaluation (see page 11 for example). Your organization may already require supervision documentation, in which you can also annotate MB supervision content.

### **When Should I Document Sessions?**

It is recommended to take some notes while conducting the supervision session and more thorough notes afterwards. Ultimately you should do what works best for you so that you can remember key concepts that came up in case you need to follow-up on any questions or want to revisit the topic at the next supervision session. If you are participating in an MB research study or program evaluation you will likely be asked to submit a specific supervision documentation form after each supervision session.

Supervision Documentation Form

- 1. Your name: \_\_\_\_\_
- 2. Name of program or provider receiving supervision: \_\_\_\_\_
- 3. Did you conduct a supervision check-in this month:   yes   no
  - a. If yes, date of supervision check-in: Month/Day/Year \_\_\_\_\_
  - b. If no, please give reason: \_\_\_\_\_
- 4. Location of supervision check-in:   on site    virtual    phone
- 5. Number of providers present at supervision session: \_\_\_\_\_
- 6. Number of providers who have NOT started to implement MB: \_\_\_\_\_
  - a. If some providers have not started implementing, why? \_\_\_\_\_

7. Was there anything the providers brought up during this session that you were not expecting or didn't know how to answer?

\_\_\_\_\_

\_\_\_\_\_

8. During this most recent supervision session, please rank the top five topics 1-5 according to how much time the provider(s) spent discussing them:
- |   |   |
|---|---|
| <input type="checkbox"/> How to use the Edinburgh Postnatal Depression scale for screening and referral | <input type="checkbox"/> How to maintain or improve home visitor motivation to deliver MB           |
| <input type="checkbox"/> Planning upcoming MB sessions  | <input type="checkbox"/> How to deliver MB sessions and content completely in the allotted time     |
| <input type="checkbox"/> How to make the course more relevant and appropriate to client's needs         | <input type="checkbox"/> How to adapt Mothers and Babies to better integrate into existing services |
| <input type="checkbox"/> How to convey MB content to clients to improve their understanding             | <input type="checkbox"/> Administrative (billing, scheduling, tracking hours)                       |
| <input type="checkbox"/> How to manage client resistance and disruptive therapeutic relationships       | <input type="checkbox"/> Other  |
| <input type="checkbox"/> How to better engage clients around course material and personal projects      | <input type="checkbox"/> Other  |
| <input type="checkbox"/> How to improve home visitor skill delivering MB content                        | <input type="checkbox"/> Other  |

7a. How did you address topic 1? \_\_\_\_\_

\_\_\_\_\_

7b. How did you address topic 2? \_\_\_\_\_

\_\_\_\_\_

7c. How did you address topic 3? \_\_\_\_\_

\_\_\_\_\_

7d. How did you address topic 4? \_\_\_\_\_

\_\_\_\_\_

7e. How did you address topic 5? \_\_\_\_\_

\_\_\_\_\_