

# “Saying Good-bye” to Mothers and Children in Nurse-Family Partnership®

In Nurse-Family Partnership® (NFP) a public health nurse and client establish a therapeutic relationship that is:

- 1) focused on client goals and;
- 2) the mechanism by which the nursing process is applied to promote maternal, child and family outcomes.

## Phases of the NFP Nurse-Client Therapeutic Relationship

Girls and young women meet their public health nurse early in pregnancy and home visits continue until the child’s 2nd birthday. Over multiple home visits, NFP nurses apply their knowledge and skills to establish, then maintain and finally, end the therapeutic relationship.<sup>1</sup>



### Orientation phase

- Establish relationship parameters related to place, length, number, frequency and duration of home visits
- Develop trust and rapport through active listening, and a respectful and non-judgmental approach to care



### Working phase

- Identify client goals
- Apply nursing process to plan, implement, and evaluate tailored interventions to address goals
- Advocate for client to ensure their strengths, goals, priorities, and perspectives are regarded



### Resolution

- Confirm client needs met and goals achieved
- Terminate nurse-client relationship
- Recognize and celebrate client accomplishments

*NFP nurses engage and work to retain clients in the program through offering:*

- 1) flexible scheduling
- 2) agenda matching
- 3) flexible visit location<sup>2</sup>

*The NFP visit-to-visit guidelines provide guidance for the visit schedule and content as clients near the end of the program.*

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### RESEARCH STUDY

#### **British Columbia Healthy Connections Process Evaluation (BCHCP)**

**Purpose:** To explore how NFP was implemented and delivered in 5 BC Health Authorities (2013-2018)

**Study Design:**

- An interpretive descriptive study embedded in a mixed methods study
- For this analysis, 49 NFP public health nurses were interviewed (October 2017-May 2018) and discussed how they plan for, and then end, the therapeutic relationship with their NFP clients.

### **Process for Ending the NFP Nurse-Client Relationship**

Nurses describe a common process (shown below) for the NFP program for clients who:

- continue in NFP until their child’s 2nd birthday or;
- Purposefully negotiate with their nurse for an earlier end to the program once their personal goals have been met.

#### **“Begin with the end in mind”**

- At or near time of enrollment, nurse outlines length of NFP program and tapering of scheduled visits in the last three months

#### **“The Good-bye”**

- Acknowledge the last visit with a celebration or fun activity
- Reflect and celebrate client’s strengths and accomplishments, highlight child’s attainment of developmental milestones
- Mutual reflection and sharing about the meaning and value of the relationship
- Provide a certificate or “memento” to remind client of their time in NFP
- Implementing agency might host formal “graduation” event

#### **“Wrapping up”/Resolution**

- During last 3-6 months of program nurses remind and prepare client for end of NFP; taper visits to monthly
- Identify client’s final priority needs/topics to discuss in remaining time
- Review goals and summarize accomplishments/strengths
- Provide information about or facilitate referrals to other programs/resources
- Validate client’s future plans and goals
- Identify client preferences for acknowledging the end of their time in the NFP program
- Provide reassurance about their capacity to parent

#### **Informal Reconnection**

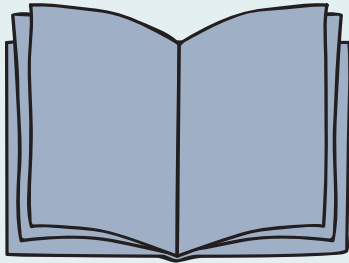
- Informal contact with nurse to share news or provide updates on accomplishments, new life events or may see each other in the community
- No re-initiation of relationship; boundaries maintained
- May provide personal reference (for school, job or rental application)
- Invites clients to speak about their NFP experience to nursing students, community board

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### Public Health Nurses’ Rituals for Acknowledging the Last Visit

NFP nurses valued the importance of acknowledging the final home visit and co-planned a special activity with the client baking a cake together, playtime at the park, making a craft, or going out to eat.

A small memento was often given from the public health nurse to the client or her child, such as:



- A certificate acknowledging completion of NFP program
- A framed word cloud composed of words describing client’s strengths
- A framed photo of the mother and her child
- An “affirmations jar” filled with strips of paper summarizing client strengths, affirmations, compliments, and accomplishments
- A small, inexpensive but meaningful gift for the child (e.g., books)
- A letter to the client summarizing their accomplishments and including a reflection on the meaning and value of the therapeutic relationship to the nurse

### The Unanticipated Good-Bye

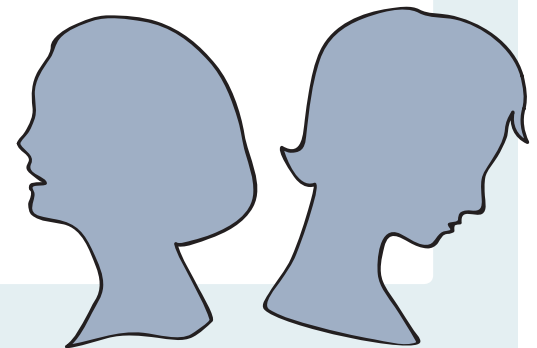
Nurses also described three situations when clients had not fully met their NFP goals and left the program earlier than anticipated:

#### “Letting go after the loss of the infant”

**Circumstance:** Client experiences loss due to miscarriage, or adoption, death or apprehension of child

**Nurse responses:**

- Offer short-term home visits offered to support client grieving
- Refer to other community programs
- Send follow-up text or card on a future occasion (e.g., Mother’s Day) to say “I’m thinking of you” or “I remember how special your child was”



#### “It’s just hard for her to say good-bye”

**Circumstance:** Client, often with history of trauma or abandonment, becomes less engaged in last 3-6 months of NFP program

**Client behaviours:**

- Begins to distance self from nurse, by cancelling or requesting temporary stop to visits
- Avoids discussion about end of NFP
- Ends visits abruptly; limited or no re-connection with nurse

**Nurse responses:**

- Acknowledge client’s past losses & that ending important relationships can be difficult
- Review client goals
- Explore if program meeting client needs & make changes if necessary
- Provide flexibility in scheduling
- Reassure client she can take a break & return at any time
- Increase (as appropriate) attempts to contact

#### “You just lose the client”

**Circumstance:** Client “disappears” in working phase often during period of time when they are feeling overwhelmed or experiencing a crisis

**Nurse responses:**

- Multiple and frequent attempts to contact client
- Use of different contact strategies (e.g., drop-by visit, phone call, text message)

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### End of Program Resolution

For the NFP public health nurse, the experience of ending the therapeutic relationship is influenced by the degree of resolution the client has achieved in meeting her NFP goals.

“...the bow is neatly tied up... or it's not.”

#### RESOLUTION

- Client has expressed a **sense of accomplishment** with respect to her parenting and lifecourse goals
- Nurses describe these clients as “**ready to move on**” and “**doing really well**”; often have observed significant behaviour or situational changes in client's life
- **Appropriate time** to end NFP involvement as increasingly busy with school or work, and child is enrolled in daycare
- Have developed skills related to planning, parenting, and coping and able to **function independently** of nurse support
- Have often established **other networks or relationships** that provide support

#### LACK OF RESOLUTION

- Client has multiple needs or unresolved parenting, personal, or relationship issues that **require additional nursing support**
- Client expresses **lack of readiness** for nurse to stop visiting; may request increase in number of visits prior to end of program
- Client may **express resistance to accept referrals** to other public health or community programs; expresses preference to remain with the nurse who she trusts
- Nurse may observe increase in client's **symptoms of anxiety or depression**
- Client experiencing a **second pregnancy** and worried about how to navigate caring for two infants without nurse support

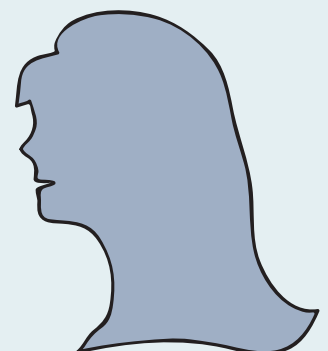
“Some good-byes are natural. The client is back at work and her life is full now. They have skills... they are strong and have tools. They are no longer needing [the NFP nurse].”

“Sometimes the end doesn't come in that pretty package, it doesn't come with a happy graduation and the bow.”

### The Impact of “Saying Good-Bye” on NFP Public Health Nurses

NFP public health nurses experience a range of emotions at the end of the NFP therapeutic relationship. The depth of professional involvement in an NFP client's life often increased the intensity of the emotions experienced for several nurses. Many nurses recognized that they also experience feelings of loss in ending the relationship with both the mother – and her child – and that it can be “hard to let go.” In contrast, after a lengthy period of time working with a client who was not fully engaged in the program, some nurses expressed relief at the program's end.

“It's hard for us too because we carry them in our hearts.”



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### Insights to Share with NFP Supervisors

- Not all NFP public health nurses are familiar with, or use, program facilitators related to ending home visits, loss or grief.
- Nurses valued:
  - when a supervisor takes time to do a brief, unscheduled “check-in” following a client discharge, particularly if there have been unresolved issues
  - working in a team culture where they could text or reach out to NFP colleagues during work hours for support following a difficult or emotional visit
  - the establishment of safe spaces in reflective supervision to:
    - discuss and reconcile feelings of guilt following a client discharge when the client was not ready for the program to end, or expressed feelings of abandonment and that the “nurse stopped caring”
    - explore how to manage a situation when a client is resistant to referrals to other programs and continues to have many needs and goals
    - share and discuss client successes in the program
    - review, plan for, and practice saying “good-bye” to clients
    - share their own feelings of exhaustion, loss, and deep compassion following a program termination related to a client experiencing a miscarriage or loss of child
    - Explore how to say “good-bye” and explain the reason for leaving to a toddler
    - Reflect on and resolve feelings of worry when a client leaves the program without expressing a reason or notifying the nurse

“As a public health nurse, working in public health for years, [before NFP] we never had the opportunity to form these types of long-term relationships. So, this is the first time I’ve had to go through it too and I was quite emotional. I’m pretty good at emotional boundaries. I thought I was good at establishing boundaries, diffusing power, really working alongside [a client]. And then come to the [NFP client] graduation and I cried like a baby. Reading the letter..., I thought, ‘What the heck’s wrong with me?’ So, it was learning to be myself in the process and it does seem to get easier the longer I work in NFP. But there are those clients that you get really attached to and we are human. I think it was okay to show my emotions because we are role models. Sometimes clients have never had these types of supportive relationships before or this is the longest they have ever had an adult female in their lives. So, I think it was good that they had me, this trusting, non-judgmental person in their life and I feel good about that.”



#### References

<sup>1</sup>Registered Nurses Association of Ontario (2002). *Establishing therapeutic relationships: Nursing Best Practice Guideline*. Toronto, ON: Author.

<sup>2</sup>Ingoldsby, E.M., Baca, P., McClatchey, M.W.,.....Olds, D.L. (2013). Quasi-experimental pilot study of intervention to increase participant retention and completed home visits in the Nurse-Family Partnership. *Prevention Science*, 14(6), 525-534.