

OMB Control No: \_\_\_\_\_  
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## **ATTACHMENT 19: MIHOPE SUPERVISOR LOGS**

5/29/2012

## SUPERVISOR LOG

The U.S. Department of Health and Human Services has contracted with MDRC to evaluate the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV).

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is designed to build knowledge for policymakers and practitioners about the effectiveness of MIECHV.

Your answers will be kept confidential. Only the research team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. In our research reports, the information you provide will not be attributed by name to you or your individual program.

Please complete a log for *each* home visitor that you supervise who is providing services to families participating in the MIHOPE study. After you complete a log for one home visitor, you will have the opportunity to complete the same set of questions for any additional home visitors. At the end of every month, you will also be prompted to answer a few questions about training you have received during the past month.

The log should take about approximately 12 minutes to complete.

## SUPERVISION

### One-On-One Supervision to Home Visitor

Please select the Home Visitor for which you are reporting [please only report supervision for home visitors who are providing services to a family participating in the study]:

1. Home Visitor: \_\_\_\_\_ (drop-down)
2. Please select the calendar week for which you are completing this log. (pop-up calendar)
3. During the week for which you are reporting, did you have one-on-one contact with your home visitor?  
 Yes  
 No [SKIP TO 7]

4. How many total minutes did you spend in scheduled one-on-one contacts (formal supervision sessions) with this home visitor?

NUMBER OF MINUTES: \_\_\_\_\_

How many total minutes did you spend in one-on-one informal communication with this home visitor? This may include informal conversation, phone calls, emails, texts, etc.

NUMBER OF MINUTES: \_\_\_\_\_

5. Did you conduct an observation of the home visitor during a session with a client during the past week?  
 No  
 Yes [IF SELECTED, PROMPT a-d]

- a. How many sessions did you observe during the last week?

NUMBER OF SESSIONS: \_\_\_\_\_

- b. How many total minutes did you observe the home visitor in a session with the client?

NUMBER OF MINUTES: \_\_\_\_\_

- c. How were the visits observed? CHECK ALL THAT APPLY.

- Live (in-person)  
 Recorded (video)

- d. Did you provide feedback after the observation?

- No  
 Yes [IF SELECTED, PROMPT i]

- i. What type of feedback did you provide? CHECK ALL THAT APPLY.

- Written
- Oral

6. During any of the one-one-one meetings that you had with this home visitor during the last week, which of the following topics were addressed? Please select topics from the list below. If topic is selected, please identify how you addressed the topic (*List will appear if topic is selected*). CHECK ALL THAT APPLY.

- Client Status<sup>1</sup> (*Engaged in verbal discussion with home visitor or Engaged home visitor with reflective practice*)
- Planning/Problem-solving re: client issues<sup>2</sup> (*Provided visual or written materials to home visitor; Engaged in verbal discussion with home visitor; Modeled for home visitor; Engaged home visitor in role playing or rehearsal; or Engaged home visitor with reflective practice*)
- Planning/Problem-solving re: home visitor logistical/concrete issues (*Provided visual or written materials to home visitor; Engaged in verbal discussion with home visitor; Engaged home visitor in role playing or rehearsal; or Engaged home visitor with reflective practice*)
- Planning/Problem-solving re: home visitor burnout/emotional exhaustion<sup>3</sup> (*Provided visual or written materials to home visitor; Engaged in verbal discussion with home visitor; Modeled for home visitor; Engaged home visitor in role playing or rehearsal; Provide referral; or Engaged home visitor with reflective practice*)
- General home visitor performance review (*Provided visual or written materials to home visitor; Engaged in verbal discussion with home visitor; or Engaged home visitor with reflective practice*)
- General administrative topics/issues (*Provided visual or written materials to home visitor or Engaged in verbal discussion with home visitor*)

[SKIP TO 8]

7. What was the main reason for there being no one-on-one meetings with your home visitor during the last week?

- Home visitor is no longer employed by project or does not provide services to study participants anymore
- Home visitor or supervisor had a scheduling conflict (scheduling, sick time, vacation leave, etc.)
- No scheduled supervisory/support activities
- Other (specify) \_\_\_\_\_

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<sup>1</sup> May include general update on family status, progress, limitations, etc.

<sup>2</sup> May include issues, client crises, referral needs, etc.

<sup>3</sup> May include home visitor burn-out, dealing with stress, coping strategies, etc.

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8. Did this home visitor attend a group supervision meeting during the week?

Yes

No

9. Do you need to complete a log on additional home visitors?

Yes [*New form beginning with Question #1 will load*]

No

## Group Supervision

**Instructions:** Because we're aware that you meet regularly as a group to talk about activities related to families, questions 10-12 are not specific to a particular home visitor. These questions should be completed once per week.

Supervisors often conduct group meetings with their home visitors. Thinking back to the past week, please answer the following questions about group meetings/supervision.

10. Did you participate or lead any group meetings with your home visitors?

- Yes  
 No [SKIP TO NEXT SECTION]

11. How many total minutes did you spend participating in group meetings/supervision with your home visitors?

NUMBER OF MINUTES: \_\_\_\_\_

12. During any of the group meetings that you had with your home visitors during the last week, which of the following topics were addressed? Please select topics from the list below. If topic is selected, please identify how you addressed the topic (*List will appear if topic is selected*). CHECK ALL THAT APPLY.

- Training provided during supervision session (*Provided visual or written materials to home visitor; Engaged in verbal discussion (in-person or telephone) with home visitors; Modeled for home visitors (live or video); Engaged home visitors in role playing or rehearsal; or Engaged home visitors with reflective practice*)
- Discussion of other trainings or conferences attended by home visitors/supervisor (*Provided visual or written materials to home visitor; Engaged in verbal discussion (in-person or telephone) with home visitors; Engaged home visitors in role playing or rehearsal; or Engaged home visitors with reflective practice*)
- Case presentations and discussion (*Provided visual or written materials to home visitor; Engaged in verbal discussion (in-person or telephone) with home visitors; Modeled for home visitors (live or video); Engaged home visitors in role playing or rehearsal; or Engaged home visitors with reflective practice*)
- Other (Specify) \_\_\_\_\_ (*Provided visual or written materials to home visitor; Engaged in verbal discussion (in-person or telephone) with home visitors; Modeled for home visitors (live or video); Engaged home visitors in role playing or rehearsal; or Engaged home visitors with reflective practice*)

## TRAINING AND/OR EDUCATION

1. Please select the calendar month for which you are completing this log: (drop down of months)

Please complete the following questions regarding all training and/or education sessions you received as part of your current employment position during the past calendar month.

2. Did you participate in any training or education sessions within the last month?

- Yes  
 No [END LOG]

The following questions should include the combined totals for all trainings and/or education sessions you participated in during the past month.

3. How many total training or education sessions did you attend within the last month?

NUMBER OF SESSIONS: \_\_\_\_\_

4. How many total hours did you spend in training or education sessions during the past month?

NUMBER OF HOURS: \_\_\_\_\_

5. What topics were covered during these trainings? Please choose the response(s) that most closely align with the trainings you received. CHECK ALL THAT APPLY.

### Caregiver

- Prenatal health behaviors/prenatal care  
 Postpartum physical health  
 Family planning  
 Tobacco, alcohol, and other drug use  
 Mental health or stress  
 Domestic violence or anger management  
 Social support  
 Housing  
 Job training and employment  
 Education  
 Economic management/ financial self-sufficiency  
 Finding alternate caregivers/child care  
 Other \_\_\_\_\_

### Parenting behavior/Child outcomes

- Breastfeeding/feeding/nutrition  
 Parent-child interaction  
 Discipline/behavior management  
 Developmentally appropriate care/routines  
 Co-parenting  
 Child health  
 Child safety

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- Child development
- Child abuse/neglect/maltreatment
- Other \_\_\_\_\_

Family

- Public/governmental assistance
- Medicaid/SCHIP
- Child/home safety
- Lead in home
- Other \_\_\_\_\_

Supervisor

- General clinical and communication skills
- Stress management for supervisor
- Supervisory methods
- Administrative activities
- Cultural sensitivity/diversity
- Other \_\_\_\_\_

6. Did the training involve any of the following? CHECK ALL THAT APPLY.

- Reading material
- Lecture
- Demonstration
- Test or assessment of knowledge gained
- Role playing/practice/behavioral rehearsal [IF SELECTED, PROMPT i]
- None of the above

i. Was there an observation of the role play or rehearsal by the trainer?

- Yes
- No
- Unknown

▪ IF YES, PROMPT: Were there set performance standards you were required to meet (e.g., scores, ratings, etc.)?

- Yes
- No
- Unknown

[END LOG]