



Home Visitation

We visit many institutions during our lives, such as hospitals, dentists' and lawyers' offices, and schools. The people at the institution are for the most part in charge and define the rules. We may also be familiar with professionals who visit our homes: the plumber, the electrician, the carpet cleaner. What are the characteristics of these professional home visitors?

First, they are willing to be on the other person's home ground. Generally these home visitors do not have as strong a need to be in charge but are more flexible to meet the needs of the residents.

Secondly, they represent an organization, and their service is provided through an organization. They are free not to take things personally and can focus solely on why they are there.

Next, they have a clearly defined task that is mutually agreed upon. The expectation is that the home visitor will stick to that task and not venture into other areas. Plumbers don't give medical advice and the mailman does not fix a gas leak nor do marriage counseling.

Lastly, there is a professional quality to what is accomplished during the home visit. It is different than a visit from a friend. The professional home visitor does not take as much personally, and knows that some things may be directed at the organization or come out of the conflicts that the homeowner is experiencing. The professional home visitor is objective.

As professionals, our job description must lead to our actions. We must learn to tell people who we are and what we will do for them. As a Resource Mother, your role is to provide support to the pregnant woman so that she can follow the diet and other medical recommendations. Providing support is not well defined and can mean different things for each case. The following exercise of writing a job description can help define the limits of what is expected.

Four Elements of a Job Description

1. Minimum Requirements: What would I have to do to get fired?
2. Positive Content: What will I do for my clients?
3. Boundaries: What will I NOT do for my clients?
4. Rewards: What do I personally need to get out of this work in order for me to stay in it?

Anger and Denial

Anger

Women with PKU often experience frustration at not being able to have a “normal” pregnancy. They can’t eat what everyone else eats. They have to get blood taken then face the results of those blood tests. What can they do with this frustration? They may get angry and take it out on the volunteer, thereby sparing family and friends. Home visitors need to practice being the target of anger and not taking it personally, but instead letting it wash over them while listening to what is being communicated through the anger. Some people express sadness and pain through being angry; some clients are angry at what is happening to them and express it by being critical. Anger is a mobile emotion; if an appropriate target of the anger is not around, anger is directed at any target. If the woman expresses anger, stay calm and do not defend yourself (since you are not really being attacked), and listen intently.

When we were growing up, we learned all sorts of cultural ideas about anger: that we shouldn’t get angry; that we will hurt someone with our angry remarks; that friendships cannot survive expressions of anger; that people who get angry are just looking for attention; and that if you get angry, people will stop loving you and go away.

But anger is a feeling that tells us something about what is going on around us or inside us. It is a source of personal power and helps us negotiate the forces and conflicts that can hinder our accomplishing worthwhile things. It is a form of communication that must be taken seriously, that is trying to tell us something, not about the person’s logic, but about their passion, about how strongly they feel about something.

Denial

Pregnancy (and trying to get pregnant) is an anxiety-filled time with worry about the diet, the baby’s development and becoming a parent. Denial is a powerful method for lowering anxiety down to a level where one does not feel overwhelmed. It helps us to cope.

Denial does not mean that the person actually says to themselves that something is not true. It indicates that some area of a person’s life has been put in the background so that one can better attend to what is in the foreground. The mental gymnastics that some people go through to avoid facing certain situations indicates a high level of anxiety that needs to be lowered in order to survive. Befriend and form an alliance with the person using this powerful technique; denial is usually dropped when the person feels that those around him/her can tolerate the feelings that would emerge if the reality were faced directly. Clients need your calm strength and consistency.

The First Phone Call

The purpose of the initial contact is to introduce yourself and to set up a time to meet at the Resource Daughter's home. Suggest a time and day to visit and then yield control to her, as much as possible.

First contact scenarios

1. You call your Resource Daughter, named Anna, to set up your first home visit. She is already 9 weeks pregnant and needs to reduce her blood phenylalanine level immediately. The nutritionist is very concerned because Anna has had little contact with the PKU Clinic. She has little knowledge of the MPKU diet and has few social supports.

When you call, she sounds scared and shy. There are long pauses. She asks no questions and answers in 1 or 2 word phrases.

2. When you call Deena to arrange your first home visit, you have the feeling she has been sitting by the phone waiting for the ring. She has contacted the PKU Clinic to return to diet in preparation for pregnancy. It took her two years to decide to start a family, although her husband has been hoping that they could have children soon. She has been on the diet for two weeks now and is having a terrible time tolerating the formula.

As soon as she hears that you are her Resource Mother, Deena begins asking you a million questions. She wants to know if she should try a new formula. Should she take her bloods twice a week? Should she go back on birth control since she hates the formula? Should she give up?

First Home Visit Scenarios

1. Eliza's apartment is spotless. She greets you and immediately shows you around every room – even the guestroom that will be turned into a baby's room later. Her mother and grandmother are also there. They come daily for tea and to help Eliza. They are not certain about this Resource Mother business and they are not so sure that Eliza should restrict her protein so much during pregnancy. She started the diet prior to pregnancy because of the doctor's advice, but has never been able to maintain her blood phenylalanine levels below 6 mg/dl. She is now 11 weeks pregnant. Eliza and her relatives have faith that the baby will be all right, however.
2. Janice and her three German Shepherds greet you at the door of her room apartment located in the housing projects of a fairly large city. She yells at her boyfriend to get the heck out of the house because you have arrived. He puts down a beer and leaves out the back stairway. All you see are his bare feet and blue jeans. Janice brings you to the kitchenette, strewn with cigarettes, empty bottles, and dog food dishes. The place is not clean and does not smell nice. Janice tells you that she did not intend to have a child with Doug. Now, she is a forced to take this rotten diet. However, she is beginning to get a little excited about the prospect of having a baby. She just hopes it won't have PKU.