Compassionate Conversations in Home Visiting: *Supporting Families Navigating Substance Use*

Home visitors are essential in fostering safety, stability and trust for families impacted by substance use. This tipsheet, which was created directly from input from families, provides practical guidance, scripts, and tools to support compassionate, nonjudgmental engagement with caregivers during pregnancy and early parenting.

GUIDING PRINCIPLES



- **Lead with compassion, not compliance.** Families shared that shame, judgment, or dismissal damaged trust, while providers who approached them with warmth and genuine respect helped protect and strengthen the relationship.
- **Build trust gradually.** Avoid diving too deep into sensitive matters on the first visit. Relationship-building makes later conversations safer and more productive.
- **Use harm reduction.** Focus on practical steps to increase safety and preserve family unity, rather than scare tactics or demands to stop using.
- **Be transparent and collaborative.** Directness and honesty (without alarm) preserve trust, especially around sensitive topics and mandated reporting.
- **Center the child and caregiver together.** Focusing on child development and offering genuine reassurance ("You're a good parent.") helps engagement.
- **Assume systemic barriers.** Families face access delays, transportation challenges, variable quality of care from providers, insurance obstacles and confusing cost structures.

FIRST VISIT: BEST PRACTICES



Goal: Build comfort and rapport.

- **Do**: Arrive on time, smile, be warm, and human. Ask about the caregiver's day and the child's interests. Keep the visit relationship (not assessment) centered. Explain your role simply and clearly. Offer small genuine affirmations.
- **Don't**: Start with sensitive screeners, assessments or paperwork-heavy activities. Ask broad or probing questions. React with surprise or discomfort. Overpromise availability or resources. ***Pro tip:*** Consider adding a pre-enrollment visit to begin building rapport without pressure or paperwork.

ONGOING ENGAGEMENT



- **Offer consistent positive feedback.** Reinforce strengths ("You're doing a great job noticing what your baby needs.").
- **Lower barriers to participation.** Normalize that homes don't need to be perfectly clean. Families noted that flexibility in scheduling was important.
- **Center child development.** Bring engaging activities and be a safe, kind presence for children.
- **Connect needs to resources.** Offer referrals and practical help (transportation, childcare, insurance navigation).
- **Keep relationship steady.** Return to sensitive topics over time, easing in layer by layer.

> ***For someone who feels like they are doing everything wrong, the home visitor can help make you feel like you can take on the world.***
> ***~Parent from Thriving Futures Advisory Council***

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APPROACHING CONVERSATIONS ABOUT SUBSTANCE USE



When and how to start:

- **Build relationship first.** Know the family's context and dynamics before initiating.
- **Be direct, calm and collaborative.** Avoid vague or overly broad questions that feel "loaded." For example, try to say, *"I want to make sure I'm supporting you in the best way possible, can we talk through what the past few days have been like for you?"* vs Try not to say, *"Do you need to be honest with me about something?"*.

Helpful phrases:

- *"I've noticed a few things during visits. Are you okay? Is there anything you want support with?"*
- *"I talk with all families about safety topics, including substance use. If it's relevant for your family, we can make a plan together."*
- *"What feels most stressful lately? How does substance use show up during those times?"*

Avoid:

Scare tactics, moralizing, lecturing about harms, or abrupt topic changes that signal discomfort or judgment.

CREATING SAFETY FOR DISCLOSURE



- **Listen to the story.** Ask about history and what led to the current situation. Slow down and avoid rushing the conversation.
- **Normalize sensitive topics.** *"We ask everyone these questions to support safety and well-being."*
- **Mind your body language**. Relaxed posture, open stance, feet oriented toward caregiver and neutral facial expressions are things families notice.
- **Check your intent upfront.** Clarify why you ask certain questions and what you'll do with the information.
- **Signal care.** Follow through on small supports to shows reliability.

NEXT STEPS AFTER DISCLOSURE



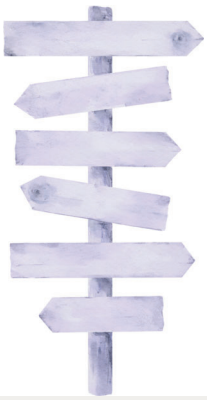
- **Stay steady and nonjudgmental.** Thank them for for allowing you to listen and support them.
- **Prioritize safety planning and harm reduction:**
  - Safe storage (lockboxes or bags) for substances and paraphernalia.
  - Naloxone awareness/training and overdose response basics.
  - Use the Plan of Safe Care "Family Wellness Plan" to plan around triggers, stressors and safety during high-risk periods (e.g., postpartum stress, anniversaries).
- **Collaborative goal-setting:**
  - Explore motivation to reduce use gently (motivational interviewing).
  - Ask what help they want: "Would it be helpful if I (shared local resources, helped with transportation, childcare planning, appointment scheduling)?"
- **Integrate into general home safety.** Keep tone matter-of-fact. Avoid continuously bringing up harms only related to substance use. Dive into other general home safety topics to make the conversation more inclusive of overall child safety.
- **Maintain ongoing dialogue.** Revisit in short, regular check-ins. Adjust supports as needs change.

ACTIONS THAT HARM TRUST



- **Threats or implied CPS involvement as leverage.** Overemphasizing mandated reporter status can feel accusatory, so convey it once and clearly, within a trust-building frame.
- **Going behind the family's back.** Any triage/referrals should be explained and, where appropriate, done with the family's knowledge and participation.
- **Shaming, lecturing, or telling them to stop using.** Focus on safety and choice.

NAVIGATING SYSTEM BARRIERS



- **Treatment access delays:** Help families get on waitlists, ask about cancellations, explore telehealth or nearby alternatives.
- **Childcare obstacles for inpatient:** Identify respite options (family/friends, local programs) and document plans.
- **Insurance coverage gaps:** Help families verify benefits, understand prior authorizations, appeal denials, etc.
- **Transportation:** Coordinate rides, bus passes or virtual options.
- **Variable treatment and recovery quality options:** Encourage families to ask about staffing ratios, credentialing, family-friendly policies and continuity of care.
- **Multiple steps/referrals:** Provide warm handoffs whenever possible and stay with the family through the whole process (e.g., call together, follow up on next steps).
- **Limit help from local police:** Prioritize community-based resources. Avoid relying on law enforcement for support, unless it is a true emergency.

TALKING ABOUT MANDATED REPORTING USING A TRUST-PRESERVING FRAME



- **Introduce it early, gently and as a normal part of the program.** Families feel safer when mandated reporting is framed as something you explain to every family, not something specific to them.
- **Keep tone calm and collaborative**, not cautionary or punitive.
- **Avoid repeating it as a warning.** Families reported that frequent reminders felt judging and eroded trust.
- **Pair transparency with reassurance.** Always follow a mandated reporter statement with a clear message of partnership.
- **Explain *why* you're telling them.** Families engage more when they understand the purpose behind your transparency. For example, *"I share this with every family because I want us to have an open, trusting relationship. Knowing my role upfront helps make sure there are no surprises and it gives us a chance to talk through things together if concerns come up."*
- **Center the family's control and voice.** Families engage more when they feel empowered.
- **Normalize it by connecting it to your values.** When families understand your intentions, trust grows. *"My approach is always to support, not to punish. My work is about helping families stay safe and stay together."*
- **Use body language that matches your words.** Families in focus groups said they read facial expressions and posture closely.

Thank you

A heartfelt thank-you to the Thriving Futures Parent Advisory and to the Maternal Substance Use Disorder focus group led by District Health Department #10 and Northwest Community Health Innovation Region. Their voices, expertise and lived experience were essential in shaping the insights and guidance in this document.

COMMUNICATION STRATEGIES

01.

LEAN INTO **AFFIRMATIONS & STRENGTHS**

- *"You're a good mom/dad, and you're doing a lot right."*
- *"I can see how much you care about your child."*
- *"I can see how hard you're working, even on tough days."*
- *"You've handled so much, your strength really shows."*

02.

APROACH WITH **CURIOSITY & COLLABORATION**

- *"What feels most important to you right now?"*
- *"How can I support what matters to your family?"*
- *"Can you tell me more about how that's been for you?"*
- *"What's been the hardest part lately?"*

03.

FOSTER **BOUNDARIES & SAFETY**

- *"Let's make a plan that keeps everyone safe, even during stressful days."*
- *"Would it help if I shared options and you decide what fits best?"*

04.

MAINTAIN **NONJUDGEMENTAL RESPONSES**

- *"Thank you for sharing that with me."*
- *"I appreciate how open you're being right now."*
- *"That sounds like a lot to carry. I'm glad you told me."*
- *"It makes sense that you'd feel that way."*
- *"It's completely okay to talk about this here."*
- *"These are hard experiences, and lots of parents find themselves navigating them."*

05.

AVOID

- *Vague questions that feel like a trap.*
- *Topic changes that signal discomfort.*
- *Subtle "fix-it" critiques ("You should just...").*
- *Moral language.*

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