



A Closer Look at the Olds Model

The architects of the *Nurse-Family Partnership* grounded the program's strategy and content in research and theory.

In developing their model of nurse home visiting, David L. Olds, Ph.D., and his colleagues reviewed research literature to identify conditions consistently associated with the adverse maternal and child outcomes they wanted to address.

Risk factors that appeared to be causally related and potentially modifiable became candidates for intervention. Members of the Olds team explained their process in a 1999 article ("Prenatal and Infancy Home Visitation by Nurses: Recent Findings") in *The Future of Children* published by the David and Lucile Packard Foundation.

Targeting Substance Use

Epidemiologic evidence showed that exposure to tobacco, alcohol or illegal drugs is a risk factor for poor fetal growth and, though less so, for preterm birth and neurodevelopmental impairment, including fetal alcohol syndrome and attention deficit disorder.

As a result, in Olds' model a key objective of the nurse visitors is to help women reduce use of these substances during pregnancy.

Targeting Other Risk Factors

Similarly, rapidly successive pregnancies are a known risk factor for compromised maternal educational achievement and workforce participation.

"Such pregnancies often occur when women have limited aspirations in the areas of education and work, as well as a limited belief in their ability to control their life circumstances and, in particular, their contraceptive practices," the Olds team wrote.

Consequently, helping mothers evaluate contraceptive methods, child care options and career choices became another of the nurses' goals.

In assessing the risks for child abuse and neglect and childhood injuries, the team focused on psychological immaturity of the mother and mental health problems that affect parental competency for caregiving.

Olds and his collaborators also had concern about environmental conditions that create stressful household situations—conditions such as unemployment, poor housing stock, marital discord and isolation from family members and friends.

The Importance of Theory

In addition to research, Olds and his colleagues rooted their model in theories of development, behavior and motivation.

For example, in line with psychologist Albert Bandura's theory of self-efficacy (the belief in one's own capability to affect outcomes), the *Nurse-Family Partnership* curriculum teaches nurses that they must help the mother recognize her strengths and understand how she can use those strengths to achieve goals that she herself sets.

In the early visits, the emphasis is on identifying small steps that, when accomplished, can give the mother the confidence to take on bigger challenges. The program teaches that the goals, if they are to be met, must be the mother's and not the nurse's. The nurse always tries to see the world through the mother's eyes.

Georgia Koch, a former nurse visitor in Denver, tells of one mother whose goals included adorning her belly button with either a ring or tattoo. With her nurse's help, the woman sought a job in order to earn the money she needed to buy the body ornament. "You take that attitude and perspective and work with it," says Koch.

Other Key Program Elements

Other principal features of the program as it evolved include:

- **A prescribed visitation schedule.**

Women are to be enrolled as early in pregnancy as possible but no later than the 28th week. In the first month, the nurse visits weekly in order to establish a trusting relationship, and during the remainder of the pregnancy comes every other week.

Weekly visits resume at birth and continue for the baby's first six weeks as the family adjusts to its new situation. Thereafter the nurse comes every other week until the baby's 21st month, when visits become monthly.

Throughout, however, a nurse may alter the prescribed schedule to meet a family's individual needs. At the child's 24th month, the family's program participation ends.

- **Detailed visit-by-visit guidelines that provide the nurse with a consistent structure for each meeting.**

The three volumes of written guidelines for nurse visitors—one each for pregnancy, infancy and the toddler stage—focus on six areas critical to individual and family functioning:

- Personal health.
- Environmental health.
- Life course development of the mother.
- The maternal role.
- Links to health and human services.
- Support through family and friends.

In building the family's support system, the nurse tries to involve other family members in the visits, including the father when appropriate.

- **A caseload of no more than 25 families per full-time nurse.**

Because of the intensity of the visitation schedule and the need to develop a continuous relationship, each nurse has no more than 20 to 25 clients at any one time. Each nurse is to have the flexibility to make night and weekend visits if necessary to accommodate the mother's school or job schedule.

A program site serves a minimum of 100 families and provides a half-time nurse supervisor for every four full-time nurse visitors plus at least a half-time administrative and data-entry support employee for each four nurse visitors.

- **Required training for nurse visitors in program goals, techniques and theory.**

Each new nurse visitor undergoes prescribed instruction in the program model and the competencies required of a nurse visitor. As revised in 2007, the training program has five main components:

- 30 hours of self-study of the history, purpose, organization and operations of the *Nurse-Family Partnership* program, using written and online materials.
- 18 hours of face-to-face instruction in skills essential for a nurse visitor to begin practice in the program model, delivered by a program trainer in Denver or another site. The content includes such subjects as client recruitment, identification and assessment of community resources, therapeutic relationships, motivational interviewing and client goal setting.
- 18 hours of additional face-to-face instruction to further knowledge development and skill building, delivered by a program trainer in Denver or another site. Content includes observation skills, early emotional development and infant/toddler health and development.
- 1–2 hours of self-study each month for six months to deepen understanding of the program's nursing practice.

- Instruction in the [Nursing Child Assessment Satellite Training](#) method of assessing early infant development and parent-child interaction.

In addition, nurse supervisors participate in educational sessions geared to their jobs.

The Importance of Heart

On completion of program training, new nurse visitors used to receive a small red heart made of glass—a reminder of a key program message to the mothers: "Follow your heart's desire."

The glass hearts themselves are no longer part of the program, but the saying—"Follow your heart's desire"—remains an important guideline.