



**RAPID RESPONSE**  
**VIRTUAL HOME VISITING**

# Attachment & Observation in Virtual Home Visits

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# Presenters



Shannon Queiroga, MA, LPC, IMH-E®  
Senior Manager, National Training, Child First  
National Service Office for Nurse-Family  
Partnership and Child First



Dana Hillman-Sabato, LPC, RPT-S  
Connecticut Senior Clinical Lead, Child First  
National Service Office for Nurse-Family  
Partnership and Child First



# IAFSP Rapid Response Virtual Home Visiting

**Institute**  
for the Advancement of  
Family Support Professionals

Your Dashboard All Modules Your Compass Hi Red

## RAPID RESPONSE VIRTUAL HOME VISITING

Resources  
Frequently asked questions

**Want to help?**  
If you would like to support our efforts,  
please let us know!  
Contact the RR-VHV for more  
information

### Guiding Principles

**Accessible:**

- All materials will be provided both in charge and made accessible to providers through the national and state portals.
- All information and resources shared will be designed to meet the needs of all home visiting professionals.
- All materials developed as a result of this project will remain available to support future needs of the field.

**Strength-based:**

- Include as many provider networks as possible in content and resources development.
- All provider living groups and support teams. Expertise will be sought based on content area and specific needs.
- Every effort will be made to be as inclusive as possible. However, it is important to remember that no one individual or organization is expected to have expertise in every area. Please assess your own areas of strength and capacity to determine those areas in which you believe it is most important to be involved.

**Shared Responsibility:**

- The RR-VHV will create a streamlined process for information gathering and sharing that is inclusive of all providers.
- It will be up to each provider network to determine the most efficient way for inclusion and decision-making and shared content.
- To maintain a rapid response framework, we

### Available Webinars

**Home Visiting Models and COVID 19 Response**  
(video, April 3, 2020)  
If you are having difficulty accessing the webinar, click here to download the video.  
Learn how HRSA and national home visiting models are responding to the COVID 19 crisis. The discussion will explore needs and priorities from the field, model guidance, resources available to support current efforts and responses from federal, state and local levels.

**Virtual Visit Readiness**  
Learn the basics of using different types of technology to connect with families.  
Available Resources:  
Readiness Subaction (pdf)  
Troubleshooting Tips (pdf)

Webinar recordings, slide decks and resources are available at:

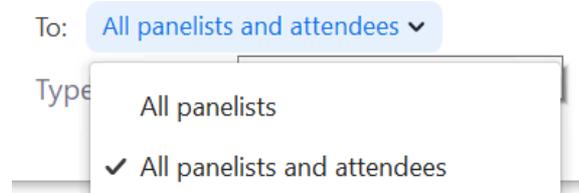
- <https://institutefsp.org/COVID-19-rapid-response>



# Q&A and Chat Features

If you have a specific question for one of our speakers, please use the Q&A function

Please use the chat box to respond to questions we ask you!



# National FSP Competencies

Domain 1: Infant and Early Childhood Development

Dimension 1: Typical and atypical development

**Component b: Developmental stages and milestones**

Domain 2: Child Health, Safety, Nutrition

Dimension 6: Infant mental health

**Component a: Brain development**

**Component c: Mental health concerns**

Domain 3: Parent-Child Interactions

Dimension 12: Parent-child relationships

**Component a: Attachment**

**Component b: Sensitivity and responsiveness**

**Component c: Facilitation of interactions**

Domain 7: Relationship-Based Family Partnerships

Dimension 26: Positive communication

**Component a: Active listening**

**Component b: Effective inquiry**



# Poll

What percentage of your virtual home visits are done through interactive video calls?



# Poll

What percentage of your virtual home visits are phone only?



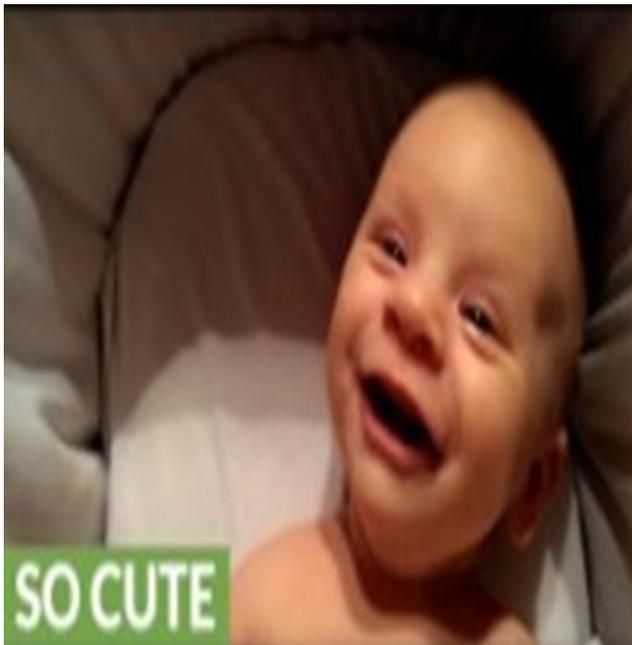
# Learning Objectives

- Learn why attachment matters, its stages of development, and its functions
- Gain an understanding of 4 building blocks of observation and how they relate to attachment behaviors
- Learn how to observe the 4 building blocks in a virtual home visit, as well as activities to use with families to promote these building blocks

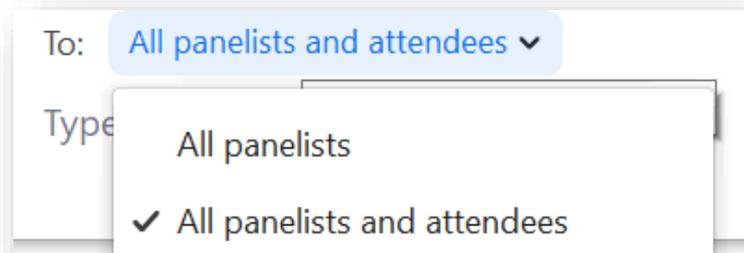


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# Chat



What did you notice about this interaction? How did the caregiver engage? How did the child engage?



# Attachment

Early childhood experiences are the foundation for:

- Learning
- Development
- Mental health
- Physical health



# Healthy Early Relationships

Supporting early relationships yields positive outcomes:

- Higher self-esteem
- Stronger connection with friends/family members
- Skills for healthy adult relationships

The presence of a consistent, sensitive, responsible caregiver buffers against environmental stress.



# Attachment Behaviors



- Follow predictable stages
- Signals to the caregiver that the child has an unmet need

# Birth to 6 weeks

- Preference for faces and eyes
- Grasping
- Crying
- Turning head for feeding
- Mimicking facial expressions
- Calming with physical closeness
- Comfortable with a variety of adults
- Recognizing primary caregivers smell, voice, face

# 6 weeks to 6-8 months

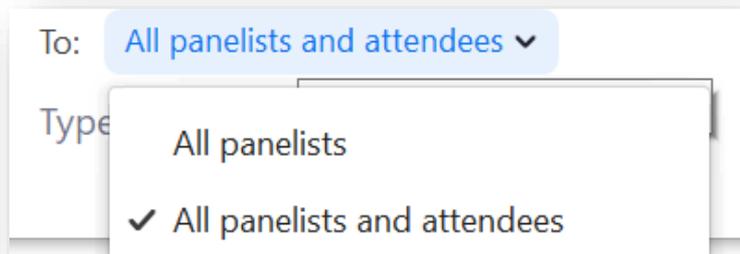
- Social smiling
- Crying
- Babbling
- Reaching
- Responds differently to various caregivers
- Orients to specific faces
- Learning to express needs through gestures
- Can be comforted by many caregivers

# 6-8 months to 18 months

- Shared affect
- More social play
- Social referencing, “checking in” with caregiver
- Attachment to caregiver becomes well established
- Joint attention
- Children focus on maintaining close proximity; separation anxiety

# Chat

What could be the child's attachment need when using social referencing?



# 18 months to 2 years

- Tolerate being away from caregiver
- Memory that caregivers return
- Awareness that caregivers still exist even when out of sight
- Reciprocal and trusting relationship with caregiver
- Focus on exploration
- Begins to use words to express themselves

# 3 years and beyond

- Common expectations about relationships based on experiences
- General attachment style or a general way of interacting within relationships that allows one to predict, control and manipulate their environment

# Functions of Attachment

1. To provide the child with a sense of security
2. To provide a safe base for the child to explore
3. To facilitate affective regulation
4. To promote communication and expression

# Sense of Security



- Safe
- Protect from danger
- Available to meet needs

# Safe Base

## Circle of Security

Caregiver Attending To The Child's Needs



<https://www.circleofsecurityinternational.com/>

# Affective Regulation

In the context of relationships:

- Learn to regulate arousal
- Receive help calming when upset

With repeated supportive experiences:

- Develop a sense of how to calm themselves

# Communication & Expression



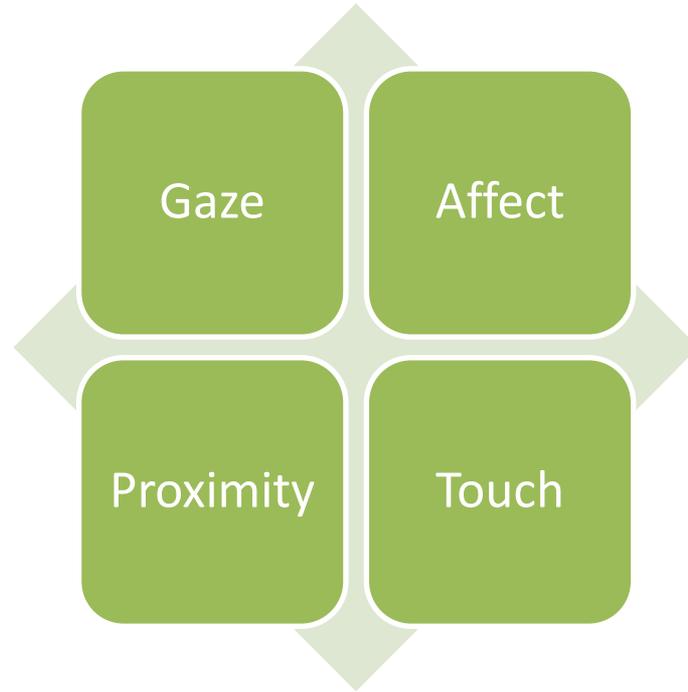
- Child learns which feelings elicit helpful response and connection with others
- How to communicate about needs
- Implications for later relationships

# Family Support Professionals Role

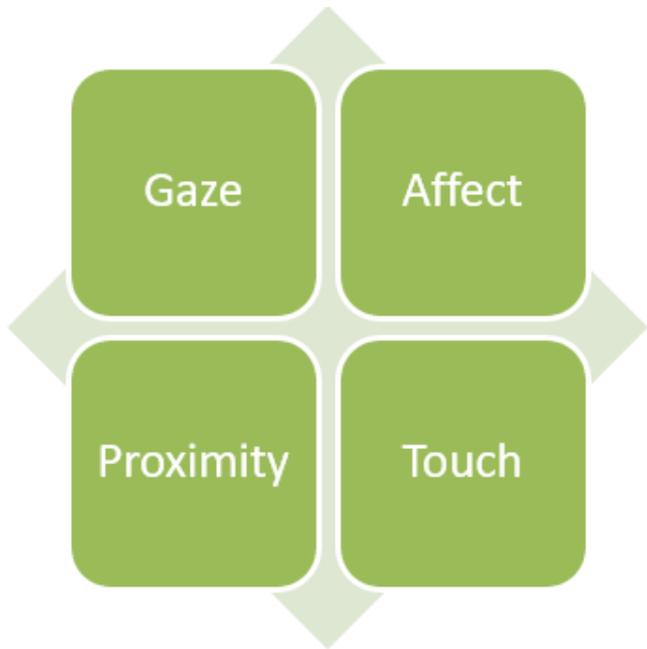
- Creating space for positive, warm interactions
- Support caregivers noticing and understanding of attachment behavior



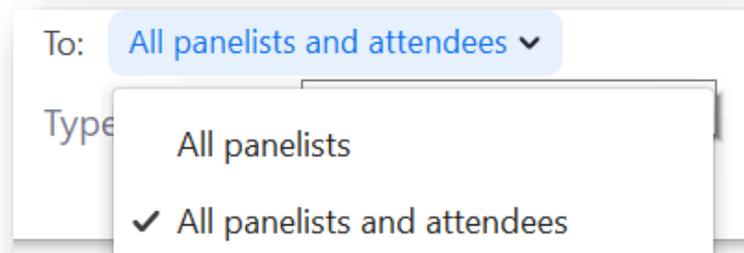
# Building Blocks of Observation



# Chat



What is your experience virtually observing these areas of engagement?



# Gaze

Look steadily  
and intently,  
especially in  
amination,  
surprise or  
thought

# Gaze



- Caregiver gazes at child
  - Child gazes at caregiver
  - Joint attention to an object and make to mutual gaze
- 



- Active listening
- Caregiver narration
- Reflective questioning
  - Did you notice if your child was looking at you? Were you looking at them? What did it feel like for you when you and your child held each others gaze?

# Supporting Gaze

- Have the child and caregiver sit face-to-face, or for an infant the child can be laying on their back with the caregiver sitting in front of them leaning over to make eye contact. The caregiver can then sing a song or engage in finger plays like Itsy Bitsy Spider or Peek-A-Boo.

# Affect

Outward expression of a person's internal emotions, a way to express oneself



# Affect



- Body posture
  - Tone of voice
  - Facial expression
- 



- Active listening
- Caregiver narration
- Reflective questioning
  - What is happening when I hear (...)?
  - What caused the child to (...) and how did you respond?

# Supporting Affect

- Mirroring: Have the caregiver face the child, moving their arms, face, or other body parts and ask the child to move in the same way. For a very active child the caregiver can use slow motion or vary the tempo. They can take turns being the leader.

# Proximity

Nearness in  
space, time,  
or relationship

# Proximity



- Sharing space and using one another in space
  - Stay close, Move away, Come back in
  - Facing one another, Turning away
- 



- Active listening
- Caregiver narration
- Reflective questioning
  - Is your child staying close to you or exploring? Is your child coming back to you for support when needed?
  - Where are you in space in relation to your child?
  - How do you understand your child's need for closeness and autonomy?

# Supporting Proximity

- **Jump into My Arms:** Have child stand on pillows or sofa. The caregiver can give a signal for the child to jump into their arms. Caregiver and say supportive comment like, "I've got you." They embrace and repeat.
- **Hello, Goodbye:** Here the child sits in parent's lap face-to-face. Caregiver supports child's back with his hands and says "Hello" and then dips the child backwards while saying "Goodbye." Caregiver then brings the child back up and says "Hello." This can be done standing, as well with the child's legs around the caregiver's waist. In this position the downward dip puts the child's face farther out of view of her caregiver.

# Touch

How one comes into or is in contact with another

# Touch



- Spontaneously touch
  - Affectionate or forceful
  - Hostile or rough
- 



- Active listening
- Caregiver narration
- Reflective questioning
  - Was there touch during this interaction? What was it like for you when ...?

# Supporting Touch

- Face Painting: with your fingers or a small paint brush, paint shapes on the child's face, describing the child's wonderful cheeks, lovely eyebrows, and so forth as you gently brush/stroke each part. Caregivers can then ask their child to "paint" their face.

# Handout

## Activities to Promote Gaze, Affect, Proximity, Touch

As family support professionals, regardless of home visiting model, a main goal of working with a family is to support the connection and bond between a caregiver and their child. By increasing moments of mutual delight, you support their healthy and secure attachment, which further promotes healthy child development.

Below are activities you can encourage caregivers to do with their child. Keep in mind how you can talk with the caregiver about the importance of gaze, affect, proximity and touch in their interactions.



**Patty-Cake:** Have the caregiver old child's hands and lead her through the activity. "Patty-cake, patty-cake, Baker's man/Bake me a cake as fast as you can/ Roll it and pat it and mark it with a [child's initial]/ And toss it in the oven for [child's name] and me!" You can use feet also.

**Jump into My Arms:** Have child stand on pillows or sofa. The caregiver gives a signal for the child to jump into their arms.

**Mirroring:** Have the caregiver face the child, moving their arms, face, or other body parts and ask the child to move in the same way. For a very active child the caregiver can use slow motion or vary the tempo. They can take turns being the leader.

**Stack of Hands:** Have the caregiver put their hand palm down in front of child, have the child put their hand on top; alternate hands to make a stack. Take turns moving the hand on the bottom to the top. You can also move from top to bottom. This can be made more complicated by going fast or in slow motion. Putting lotion on hands first makes for a slippery stack and adds an element of nurture.

**Peek-a-Boo:** Have the caregiver hold child's hands (or feet) together in front of their face. Peek around or separate the hands (or feet) to "find" the child. A lovely variation is to use a sheer scarf to hide your face or the child's, then pull it off to discover each other.

**Pop Cheeks:** Have the caregiver inflate their cheeks with air and help child to pop them with his hands or feet. Child inflates cheeks and caregiver pop them in turn.

**Hand Clapping Games:** Children of all ages enjoy these games, and many have a good repertoire of rhymes and rhythms. Caregivers can have a few chants they and the child know well, such as, "Miss Mary Mack" or "A Sailor Went to Sea." They can vary the complexity of the rhythmic pattern and the chant depending on the skill of the child. Make sure caregivers first rehearse the clapping pattern slowly so they can easily get into a satisfying pattern once the rhyme is added.

**Face Painting:** Have the caregiver paint flowers and hearts or other shapes on child's cheeks. A variation is to use a soft dry brush and pretend to paint the child's face, describing their wonderful cheeks, lovely eyebrows, and so forth as caregivers gently brush each part. Have the child do this to the caregiver.

For more activities see [Theraplay Activities by Dimension](#)

# Reviewing Video





# Credits

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**Connect**

[rapidresponse@nationalalliancehvmodels.org](mailto:rapidresponse@nationalalliancehvmodels.org)

[www.institutefsp.org](http://www.institutefsp.org)