



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

From a Bird's Eye View to  
the Living Room:  
Perspectives on Home  
Visiting and Infant Early  
Childhood Mental Health

May 17, 2023

# RR-VHV Resources

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

Your Dashboard All Modules Your Compass Hi Red

## RAPID RESPONSE VIRTUAL HOME VISITING

The Rapid Response-Virtual Home Visiting collaborative (RR-VHV) will provide best practice principles and strategies to support all home visiting professionals in maintaining meaningful connection with families during this time of increased anxiety and need.

Through collaboration, the RR-VHV will leverage the extensive resources and expertise that exists across home visiting organizations to support the development and distribution of cross-model, cross system approaches and guidance.

Providing immediate support for our front-line home visiting staff and the families they serve is our highest priority.

The RR-VHV is committed to creating processes to facilitate collaborative content development and shared decision making.

**Resources**

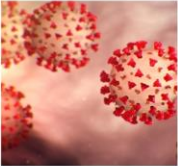
**Frequently asked questions**

**Want to help?**

If you would like to support our efforts, please let us know!

**Contact the RR-VHV for more information**

**Available Webinars**



**Home Visiting Models and COVID 19 Response**  
(Friday, April 3, 2020)

If you are having difficulties 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 guidelines, 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 Reflection (pdf)  
Troubleshooting Tips (pdf)

**Guiding Principles**

**Accessible:**

- All materials will be provided free of charge and made accessible to providers through the website and other platforms.
- 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 resource development.
- All providers bring unique and important views. 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 in rapid decision making and content review.
- To maintain a rapid response framework, we

Webinar recordings, slide decks, and supporting documents are available at:

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



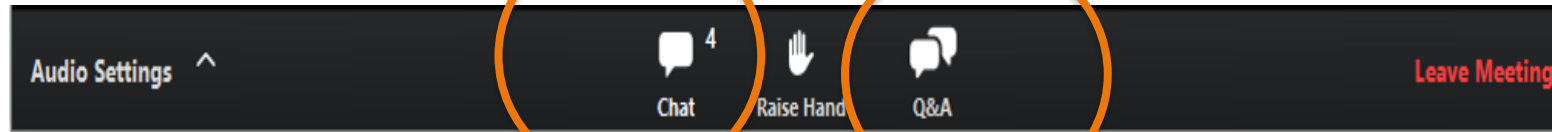
# Chat Feature

# Q&A Feature

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

Please use the Q&A box to submit your questions.

Thank you!



# Objectives

- Reflect on the relationship of home visiting to the infant and early childhood mental health systems
- Explore strategies to support parents' in recognizing their child's cues through "speaking for the child"
- Increase understanding of shared observations and ongoing feedback during parent-child



# National FSP Competencies

- Domain 2: Child Health, Safety, and Nutrition
  - Dimension 6 Infant Mental Health
- Domain 3: Parent-Child Interactions
  - Dimension 11: Influences on parenting
  - Dimension 12: Parent-child relationships
- Domain 4: Dynamics of Family Relationships
  - Dimension 15 Influences on family well-being
- Domain 7: Relationship-Based Family Partnerships
  - Dimension 25 Respect and responsiveness
  - Dimension 27 Collaboration
- Domain 8: Cultural and Linguistic Responsiveness
  - Dimension 28 Cultural competency
- Domain 10: Professional Practice
  - Dimension 36 Professional development

# Today's Panelists



Heidi Kranz, MS, IMH-E,  
CEO, Parenting Solutions LLC



Al Whitemore, LCSW, RPT  
Tribal Consultant

# Poll

What I know about Infant Early Childhood Mental Health would fill a:

- teacup
- bucket
- bathtub

# In the Chat

As we begin our time together, please share with us things you would like to know more about in Infant-Early Childhood Mental Health.





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## According to ZERO TO THREE Infant Mental Health Task Force:

“Infant Mental Health (IMH) is the developing capacity of the child from birth to age 3 to:

- 1) experience, regulate (manage), and express emotions;
- 2) form close and secure interpersonal relationships; and
- 3) explore and master the environment and learn - all in the context of family, community, and cultural expectations for young children.”

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# IECMH- Intentions

- ❑ Promotion, Prevention, Early Intervention
  - From- Home visiting for all new parents in the Tribe
  - To- CPP for toddler exposure to IPV
  
- ❑ Transdisciplinary – Across disciplines and discipline specific
  - **A worldview and set of practices we can all utilize**  
Community member, paraprofessional and professional  
Example- Brazelton Touchpoints – (HV, PCPs, Pueblo, etc.)
  - **Specialized services**  
**Home Visitor** trained in a particular model  
**Head Start Teacher** trained in SE health creates a cozy regulating nook  
**Tribal CHR** in a clinic setting who trains to be a doula  
**Tribal Therapist** *Theraplay* for toddlers adopted and working on reactive attachment disorder  
**Occupational Therapist** working on movement with a 1 year old who is just crawling



# IECMH Therapists

□ We are all IECMH therapists –

Psychotherapist, psychologists, PCP, RN, CHR, MA, OT/PT/SLP, social worker, home visitor, somatic practitioners - music/movement/drama/massage, traditional medicine practitioner, church leader, home visitor, peer counselor, aunties and uncles, parents



**“Developing capacity** is a reminder of the extraordinarily rapid pace of growth and change in the first 3 years of life.

Infants and toddlers depend heavily on adults to help them **experience, regulate, and express emotions.**

Through close, **secure interpersonal relationships** with parents and other caregivers, infants and toddlers learn what people expect of them and what they can expect of other people. The drive to **explore and master one’s environment** is inborn in humans. Infants’ and toddlers’ active participation in their own learning and development is an important aspect of their mental health.

The **contexts of family and community** are where infants and toddlers learn to share and communicate their feelings and experiences with significant caregivers and other children. A developing sense of themselves as competent, effective, and valued individuals is an important aspect of IMH.

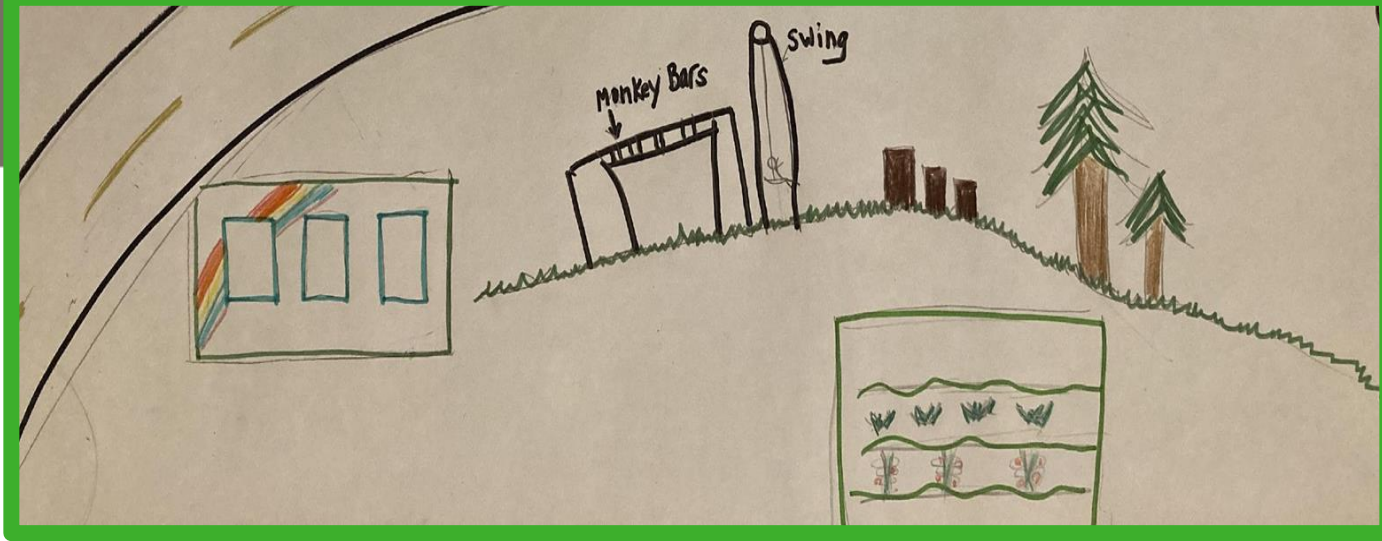
**Culture** influences every aspect of human development, including how IMH is understood, adults’ goals and expectations for young children’s development, and the child rearing practices used by parents and caregivers.”



# IECMH in Tribal Communities







## Tribal Head Start

- Social Emotional, Relational Curriculum and Program Structure**  
Teaching Pyramid, screening and ongoing reflective supervision
- Mental Health Consultation**  
Support for an individual child, provider experience, the entire system
- Referral for assessment, evaluation and services**
- Clinical Intervention** – Therapist from the IHS clinic  
Play, family therapy- CPP, PCIT, Greenspan Floortime
- Garden** – Relationship to land and food systems
- Indigenous Language** (0-3, best time learn 2<sup>nd</sup> lang.)

# Community Partner Institutions

## ❑ Tribal Casino Employment

Employment policy- extended family leave, part-time reentry, breastfeeding policy

## ❑ Hospital

NICU- infant massage, creative skin to skin contact, regulatory support during procedures (tactile-first strong sense)

## ❑ IHS clinic

Birth parent and baby visits together – they are still a unit

Social work/CHR every visit not just for identified “problem children”

Longer visits and more often

Newborn Observation System training for medical providers

Midwifery – birth is ceremony not surgery

## ❑ Native Residential Treatment Center

Increase programs for entire families

For parents unready to have children in tx- improved time for visits, staff support for therapeutic play and attachment

Increase exposure to traditional parenting roles and behaviors

## ❑ State and Federal Policy

Also extended fam leave, state mandating training for various providers

(MAs, nurses, therapists, home visitors etc), receive reflective supervision for free



## ❑ Tribal office –

Baby and Me with language and lullabies

Cradleboard class for those whose fam do not have that access

Culture events – screenings at booths- Learn the Signs. Act Early

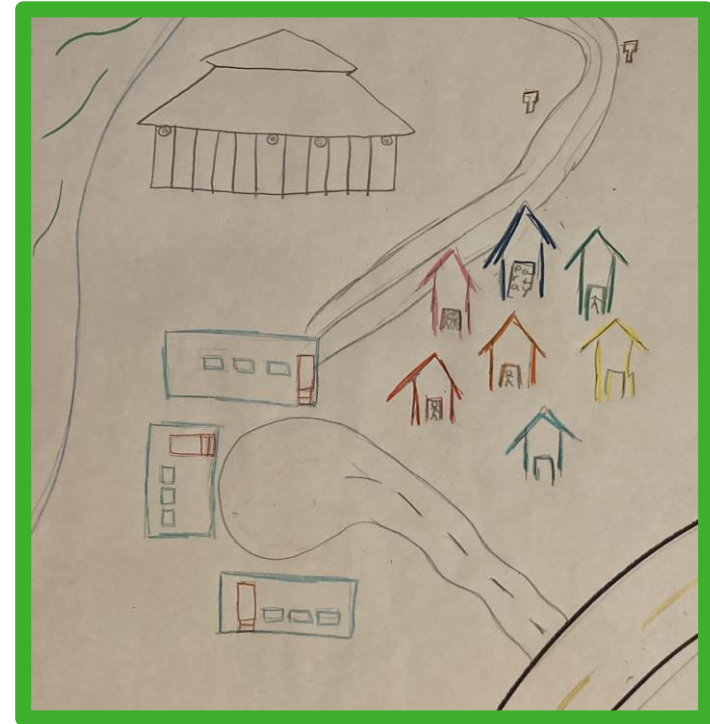
## ❑ Tribal Housing –

HV – Promotion to Prevention to Intervention

Consultation for FFN day care

Clinical – CPP in- home

Aunties/Uncle Team (other paraprofessional programs)





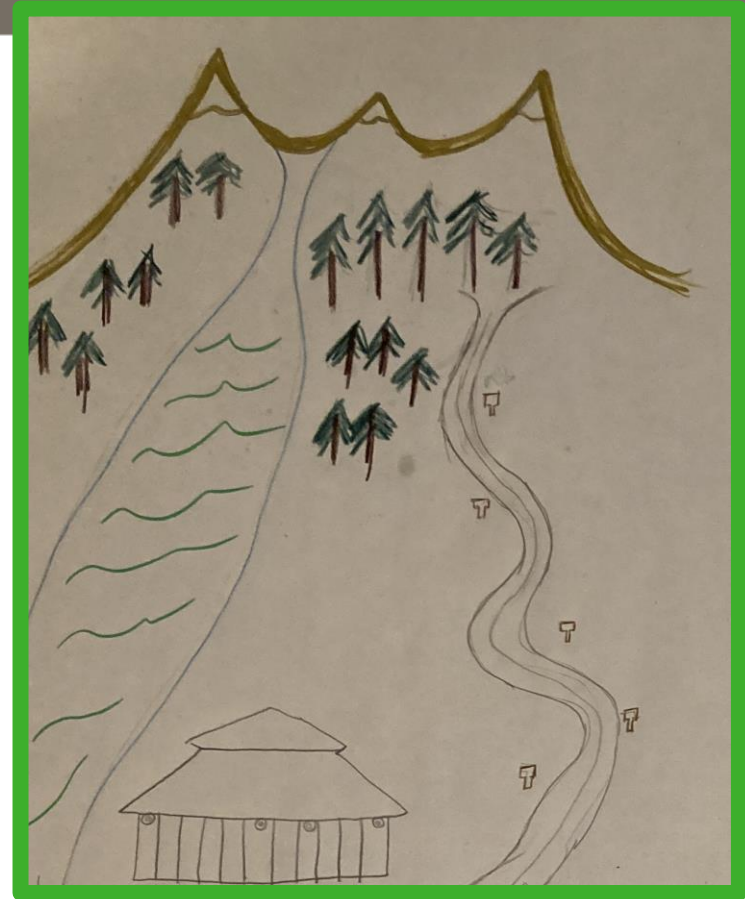
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## □ Cultural and Ceremonial Leaders

Medicine walk with language  
signage at toddler/preschool level

Stroller accessible

Rites of Passage Birth to Death





## “We knew the how before the why”

### Neurorelational Health and Parental Reflective Functioning Woven Through Indigenous Childrearing Practices

- Pregnancy and birth
- Breastfeeding
- Baby basket/cradle board
- Naming Ceremony
- Co-sleeping
- Baby’s first laugh
- Traditional language lullabies
- Intergenerational Non-nuclear family structure
- Ceremonies connecting child to place
- Exceptional children see self reflected back
- Day to day activities that exemplify the 6 Rs

# IECMH in Tribal Communities



# Competency Framework



Accessible

Strengths-based

Shared responsibility



# Competency Skills

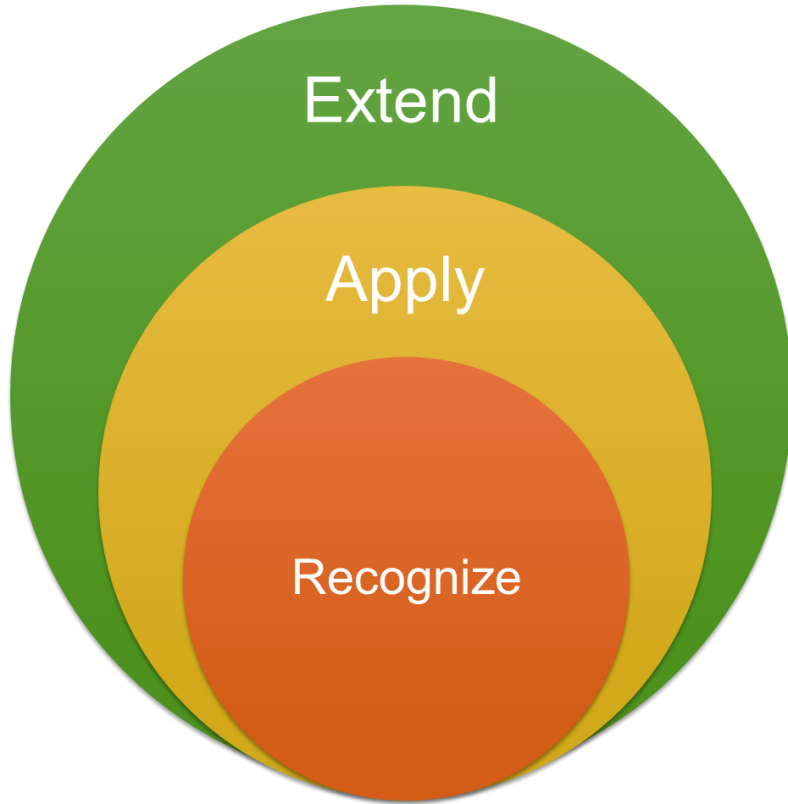


Detailed knowledge of skills needed to support a family

Capacity to apply or, use a set of related knowledge, skills and abilities, including assessment and evaluation skills



# Competency Framework



# WHAT: Parent-Child



- Attachment
- Sensitivity and Responsiveness
- Facilitation of Positive Interactions

# WHY: Parent-Child Interactions

- ▶ Promote and enhance healthy parent-child relationships
- ▶ Understand the importance of bonding and attachment
- ▶ Facilitate healthy attachment between caregivers and children
- ▶ Ensure the development of trust and secure attachment
- ▶ Support understanding of how to recognize a child's cues
- ▶ Encourage positive interactions through scaffolding





# HOW: Parent-Child Interactions

## RECOGNIZE

RECOGNIZE  
infant, toddler,  
and child cues

## RESPOND

RESPOND to  
cues through  
shared  
observation and  
curiosity

## REINFORCE

REINFORCE  
positive  
engagement by  
describing the  
behavior of the  
child

# Shared Observations: Describe & Pause

Share your observations of the child's interactions, activities, progress and behavior.

Simply describe the child's behavior without giving your own interpretation (feelings, judgments, reasons) of what the behavior means



# Shared Observation Examples:

- ▶ I notice your baby turned his head to you when you were talking...
- ▶ Your baby is sucking her thumb...
- ▶ I see your 9-month-old is standing up alone...
- ▶ You mentioned that your toddler screams when she is in the car seat...
- ▶ You shared with me that your two-year-old is saying, “No,” ...
- ▶ Your three-year-old is asking you to read the story again

# VIDEO

## 16 month old climbing a wall



# Closing Reflections

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Let's imagine, what this moment meant for the child, for her social and emotional wellbeing.

Held in **secure interpersonal relationships, within the context of her family and community, her culture, the experience, regulation, and expression of emotions** tended to in order to **explore and master her environment**. This child is showing us she feels safe, secure, is driven, capable, trusted. The foundations of a positive sense of the world and of self. She tells us...

***I feel valued, competent, effective. I am participating in my own learning and I know what people expect of me.  
I feel great about myself! I am worthwhile!***



# Questions



THANK  
YOU





# Credits

We extend a special thank you to the team that created this webinar:

- Casey Amayun, Rapid Response Virtual Home Visiting
- Ryan Chevalier, Brazelton Touchpoints Center
- Joelfre Grant, Brazelton Touchpoints Center
- Heidi S. Kranz, Parenting Solutions LLC
- Al Whitemore, Tribal Consultant

