



# Welcome

## Home Visiting Program for Underserved Families (for Clinicians)

November 14, 2011

We will begin promptly at 1:00pm EDT



Event Host

**Molly Meinbresse, MPH**

National Health Care for the Homeless Council, Inc.

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# Home Visiting Program for Underserved Families *(for Clinicians)*

Young Children's Health Center  
Albuquerque, NM





# Presenter



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# Overview

- Presentation of clinic and demographics of served population
- Information on the Infant Mental Health Continuum as it relates to this particular home visiting program
- Description of a day in the life of a home visitor
- Explanation of trauma-informed care
- Presentation of a case study
- Description of community partners
- List of home visiting program resources

# + Young Children's Health Center Services

- Community health based clinic part of the University of New Mexico Hospitals
- Mission statement
  - Provide holistic, coordinated, and caring health services to children and families. We strive to reduce barriers to health care.

# + Young Children's Health Center Services (continued)

- Medical home for pediatric patients
  - Integrative Model
    - Medical Services - Well check, acute visits, pediatric specialists, medical case management
    - Behavioral Health - Family services provide behavioral health, home visiting, community outreach, and case management
    - Community Outreach - Serves the 87108 and 87123 zip code



# Population Served

- Socially and economically challenged population seeking our services are primarily immigrants
  - Mexico and Central & South American (majority are Mexican)
    - Spanish and Portuguese languages
  - Small percentage of immigrants from the African continent (Burundi, Congo, Tanzania) & Asia (Bhutan, Nepal, Iran, Iraq, Vietnam)
    - Swahili, French, Vietnamese, Nepali, Farsi, Arabic and tribal languages



# Cultural Diversity

## ■ Language

- “Pacific Line” interpreters
- Spanish/English providers
- Sign language interpreters

## ■ Transient Population

- Household composition changes frequently
- Constantly changing phone numbers
- Frequent moving
- Job vulnerability





# Cultural Diversity (continued)

- Cultures and Subcultures

- Ethnicity

- Community at large
    - Local community
    - Family
    - Individual



## Barriers to Care

- Lack of informal and formal support networks
- Immigration status
- Availability of agency-required documents
- Language ability
- Lack of transportation



## Barriers to Care (continued)



- Level of literacy
- Care systems not culturally competent
- Care systems not responsive to this population
- Violence victimization
- Political environment



# Home Visiting Services

- Family services team
  - Case management to medically fragile
  - Behavioral health
  - Newborn visits
- Medical team
  - When needed

# + Home Visiting Services (continued)

- Universal home visiting Program
  - Home Visitors
    - One Bachelors Social Worker
    - One Licensed Independent Master Social Worker (LISW) endorsed by the NM Association for Infant Mental Health as an Infant Mental Health Family Specialist (IMH-E®)
  - Nurse Practitioner
    - Certified Family Nurse Practitioner
    - Family Psychiatric & Mental Health



# Infant Mental Health Continuum

- Infant Mental Health Promotion, Prevention, Intervention and Treatment (Mary Claire Heffron)
  - Home visit (natural environment)
    - Attachment theory
    - Focus on the Parent-Infant/Toddler dyad
    - Promote “mutual competency” (Victor Bernstein)
    - Family-centered relationship approach
    - Referral to Family Infant Toddler (FIT) program and work collaboratively – IDEA, Part C

# + Infant Mental Health Continuum (continued)

- Establish a medical home
  - Pediatric medical home
- Case management services
  - Assist families how to access community resources
    - Basic needs, education, job, and recreation
    - Refer to mental health
      - Individual, family and infant mental health therapies



# Clinical Importance

## ■ Activities

- Build rapport while clarifying roles
- Observe the infant/toddler parent dyad
- Incorporate attachment theory
  - Concepts from “Circle of Security Model”
- Assess parental reflective capacity
  - Temperament (goodness of fit)
  - Behavior attribution to infant/toddler by parent
  - Matching behavior states: synchrony, reciprocity, matching, coherence, and attunement (Edward Z. Tronik, PhD)
  - Prevention of adverse childhood experiences





# Clinical Importance (continued)

- Activities (continued)

- Portage Project – Growing: Birth to Three
  - Developmental guidance

- Screening tools

- Review with parents developmental milestones
  - ASQ and ASQ-SE
- KIDI, SSI, WAST (short version), NMMAD, ASQ and ASQ/SE, and Edinburgh Postnatal Depression Scale Assessment
  - Home Visiting Service Manual

# + Trauma-Informed Care

## ■ Parents Exhibit

### ■ History of abuse

- Sexual
- Physical
- Psychological
- Neglect
- Exposure to domestic violence in infancy and childhood

### ■ Loss

- Parent
- Child
- Family



# A Day in the Life

## ■ Home Visits

- Average of 80+ visits per month
- Weekly 12-13 face to face (FT)
- Weekly 5-8 face to face (PT)

## ■ Administrative work

- Medical electronic charting
- Home visiting data base entry
- Quarterly meeting

# + A Day in the Life (continued)

- Community Outreach
- Training
- Reflective Supervision
  - Monthly group supervision
  - Bi-weekly individual supervision
  - Conference call supervision
    - Small group
    - Large group “ask the manager”

# + Relationship-based Work

- Reflective Supervision
  - Home visitor reflective practice
    - In the moment – how feeling/perceptions informs the work
    - At supervision time – reflect with supervisor, safe space to share
    - Administrative work – important for team and family
    - Repairing rupture in the relationship – supervisor and/or family

# + Relationship-Based Work (continued)

- Reflective supervision (continued)
  - Parallel process
    - Program Manager – Supervisor
    - Supervisor – Home Visitor
    - Home visitor – Parent
    - Parent – Baby
  - Literature and language
    - Guides the practice



# Case Study

- 13 year-old gives birth to healthy baby boy
  - No prenatal care
  - Teen discloses pregnancy to mother at 38 weeks gestation, result of rape from family member
  - Teen delivers by C-section due to history of rape
  - Referral for home visits by YCHC provider
- Family constellation
  - Mother - 40
  - Father - 43
  - 3 sisters - 24, 22, 17
  - Brother - 18 (became father with 14 y.o.)
  - Client - 13
  - Brother - 8

# + Case Study (continued)

- Home visitor perception
  - Reflective process in the moment
  - Feeling overwhelmed
  - Wonder who fails to protect
  - What is the work to be done?
  - Can I do it?
    - Utilize reflective supervision



## + Case Study (continued)

- Developing a relationship
  - Weekly visits (x2 sometimes)
  - Observe, gather information, listen, hold the moment
  - Reflective practice – awareness of self in how it informs work in the moment
  - Clearly defined role – to not get lost in the crisis and chaos
  - Look for opportunity to highlight mutual competency between parent and infant/toddler

## + Case Study (continued)

- Coordinate care
  - Baby's primary care provider – respond to mother's need for consultation
  - Mother's mental health provider
  - Support maternal grandmother supporting teenage mother
    - Food, shelter, education

# + Case Study (continued)

## ■ Positive aspects of this case

- Mother receives wrap around services
- Mother exhibits reflective capacity that contributes to positive behavior attribution to her son
- Mother provides son with “good enough parenting” (Circle of Security)
- YCHC provides medical home for baby and family

## ■ Challenges

- Coordination of services with the mental health agency
- Family crisis
  - Food
  - Shelter
  - Legal problems
  - Domestic violence
  - Alcohol and recreational drug use



# Lessons learned

- Observe
- Active listening
- Identify family resources to build on
- Look for opportunities to facilitate “mutual competency” (Victor Bernstein)
- Build relationships
  - Agencies
  - Community resources
  - Families



# Community Partners

- Non-profit organizations
  - Domestic violence agencies
  - Homeless shelters
  - Mental health providers and agencies
  - Legal agencies
- Schools
  - Albuquerque Public School Child Find (3-5 y.o.)
- Local churches



# Community Partners (continued)

- Local and state agencies
  - Income Support Division (Albuquerque)
- Universities
  - Law school
  - Residency and internship programs
- For-profit organizations
  - Early intervention programs
- Home visiting programs throughout New Mexico
  - Sponsored by grantor (calls, quarterly meetings, trainings)

# + Resources - Websites

- New Mexico Association for Mental Health  
<http://www.nmaimh.org/>
- Circle of Security (early intervention program)  
<http://www.circleofsecurity.org/>
- State of New Mexico Children, Youth & Families Department  
<http://www.cyfd.org/content/home-visiting>
- Safe Start Center (resources for children exposed to violence)  
<http://www.safestartcenter.org/pdf/Tip%20Sheet%20-%20For%20Caregivers.pdf>
- Young Children's Health Center  
[http://hospitals.unm.edu/children/young\\_childrens.shtml](http://hospitals.unm.edu/children/young_childrens.shtml)



# Resources - Articles

- Standing firm against the forces of risk: Supporting home visiting and early intervention workers through reflective supervision (Victor Bernstein)
- Interactive mismatch and repair: Challenges to the coping infant (Edward Tronick)
- Fortifying programs against the “Forces of Risk” (Sally Campbell, Nellie Earley & Melanie Gray)
- The Circle of Security project: Attachment-based intervention with caregiver-pre-school child dyads (Robert Marvin, Glen Cooper, Kent Hoffman & Bert Powell)
- Angels in the nursery: The intergenerational transmission of benevolent parental influences (Alicia Liberman, Elena Padron, Patricia Van Horn & William Harris)



# + Questions & Answers



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