

# Infant Mental Health Home Visiting Strategies

*From the Parents' Points of View*

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As an infant mental health (IMH) home visitor, I had read a lot about the components of successful home visiting, but I was eager to explore what parents believed made IMH home visiting successful. I had an opportunity to interview parents who had participated in IMH home visiting programs in community mental health agencies in Detroit, Michigan. The semistructured interviews were part of a larger qualitative study exploring parents' and practitioners' perceptions of IMH practice. Each parent met with me for about an hour; our discussions were recorded and later transcribed. I asked parents "How would you describe the home visiting services that you and your baby received? In particular, what do you remember about the practitioner and the intervention that was most useful or helpful?" After listening to the audiotapes, reviewing the transcriptions, and coding for content, I discovered references to personal attributes of the home visitor as well as experiences that parents believed were crucial to successful IMH home visiting work. I organized parents' comments into personal attributes and service components:

1. Personal characteristics or attributes of the IMH home visitor
2. Practical or concrete assistance
3. Noticing the child and listening to the

- parent in effort to understand
4. Talking with the parent about the baby or toddler, offering developmental guidance and information specific to each child and family member
  5. Offering positive reinforcement and encouragement to parents as they take care of their babies or toddlers
  6. Offering emotional responsiveness and support to parents who face intense conflicts, unresolved losses, or traumatic experiences, past and present, that interfere with the loving care of their children and awaken the expression of many complex emotions
  7. Offering a context in which parents think about themselves and about their children.

The list identifies the complexity of IMH home visiting strategies as reported by parents who were interviewed. There are indeed multiple factors to consider. Each factor identifies ways that IMH home visitors make a difference in the lives of families where there are concerns, moderate or grave, about the infant or toddler's development, and also about early relationships and the adjustment to parenthood. The words that the parents used are highly descriptive and give a real picture of IMH home visiting work. What follows is a

closer look at each of the categories as reflected in the parent interviews. I have made liberal use of the parents' narratives and words. Note: Although IMH home visiting services often include fathers, those interviewed were all mothers.

## Personal Characteristics and Attributes

**T**HE WAY EACH mother perceived the IMH home visitor was critical to the formation of a meaningful working relationship, the continuation of intervention services, and achieving change. As mothers recalled what was important, they described attributes that were clearly significant to establishing and sustaining strong working relationships with home visitors. What follows are summary statements that represent qualities that were presented as meaningful in the interview with the mothers:

### *Understanding*

"She was so understanding. I can remember her telling me on the phone that I was doing the right thing, holding him. Everybody was telling me how I was doing the wrong thing for him and I wasn't doing anything right. It was kind of nice having somebody give me a little bit of praise instead."

### **Compassionate**

"She's a very compassionate type of a person. She would ask me, you know, when we would talk about something and she would pick up on my expression or reaction. She would say, 'How does that make you feel?' Well, no one else was really asking me that. Because I don't think anybody really wanted to know."

### **Perceptive**

"Right from the beginning, she was very perceptive of my moods, she just knew if I was having a bad day. 'Are the kids being a little wild today?' she'd say. I could say what the problem is and she could help me redirect either myself or the children."

### **Patient**

"She's pretty patient with me. Patience is a big thing."

"We're kind of taking it slow because I want to get better for good."

### **Attentive**

"She's so willing to listen to every little thing that we think is important."

### **Humorous**

"It [the intervention] was focused on me and the children, but sometimes it was just a laughing moment...Just to have her laugh with us was great. It was really great."

"We have a lot of fun. We'll joke."

### **Available**

"She'll say, 'Well, if anything comes up in the meantime, give me a call.' Or, 'I'm here if you need to talk. If I'm not in, leave me a message.' And, following a phone call, 'I know you had a rough time with J. last night. Do you feel we need to get together before our next visit?'"

### **Flexible**

"She was so flexible. You didn't have to sit inside your house and be this one particular way. She's gone to doctors' appointments, taken us for walks, videotaped, visited S. at school."

### **Supportive**

"She was preparing me for each time that he would come home because she knew it would be difficult. Because actually he really just needed basically all of my attention. And

D. was coming and giving me support. I know that she was the support I needed."

### **Knowledgeable**

"You have to know how kids are, have some kind of understanding of how a child's mind works and how a child acts."

### **Comfortable**

"The person has to be comfortable."

"She never made us feel uncomfortable. She always came in as an equal and a friend."

"Well, I felt comfortable with her. I trusted her."

"You know, she's just so comfortable and she's so uplifting, you know?"

### **Nonjudgmental**

"She was nonjudgmental and just a neutral party and it was just very important. She really helped give me permission to feel however in the heck I wanted to feel, you know?"

"I'm more open with her. Without even realizing it, I'll just say, 'I'm really nervous today.'"

### **Empathic**

"She really helped with my emotions. In our family, we couldn't have emotions...She really helped me through because in the past, I've always just put stuff away and it would pop up later. Like when my [first] baby died. I just moved on. Or when my dad died."

### **Reliable**

"She's always there. She never cancels."

### **Trustworthy**

"Having a panic attack is like the scariest thing in the world...if you don't trust the person you're with, you might as well be by yourself."

### **Helpful**

"She was helpful...She helped me understand what my daughter's going through at what stages that's normal or not normal."

These attributes made it possible for the mothers who were interviewed to accept and work with practitioners in their homes. These attributes helped to fuel the development of each working alliance and, in the process, fueled the intervention. They are extremely important for practitioners to be aware of and affirm the understanding that how you are is



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**Practical assistance, such as providing transportation, was crucial to the success of the intervention.**

as important as what you say (Pawl & St. John, 1998).

### **Offering Concrete Assistance**

**W**HAT DID MOTHERS say that the IMH home visiting practitioners did to earn parents' trust?

Mothers' narratives suggested that practical assistance gave them tangible evidence of the IMH practitioner's intent and ability to provide them with something that would help them and help their children. This was crucial to the intervention.

"She's very helpful. If I ever need anything, she always tells me, 'Just ask.'"

"She will look up anything to help me out...counseling services, food banks, clothes at the Christmas Program, Early On enrollment."

"I was out of diapers and S. went to the store and got them. She came back. She remembered I needed them!"

"She offered to go to the doctor's appointments with me, which helped out a lot. She knew what kind of questions to ask and what other things to worry about."

“She would copy things to read that would help me...things that would help me about depression, stress, tension, how to cope with my son who was ill and continuously in the hospital.”

Mothers mentioned transportation for prenatal, pediatric, and psychiatric care. They spoke of arrangements for respite care for children with chronic and special health care needs. They mentioned assistance in finding day care for their young children and information about medical insurance and care. Written materials about sleeping, feeding and eating, and discipline were also appreciated. Visiting parents in the hospital after the baby was born, or visiting a baby in intensive care, was noted as very significant. In several instances, the IMH home visitors were the only visitors who came.

Gentle and consistent outreach was equally important as proof of the IMH practitioner’s willingness and ability to provide the family with care.

“Another thing that’s nice is that she calls me like if I haven’t seen her..like I’ve skipped a week, she will call me and find out what’s going on.”

A third factor was proof of the IMH

practitioner’s dependability (e.g. keeping appointments, arriving consistently, returning phone calls).

“She’s always there. She never cancels. She believes in me. She’s always there and that’s what I need.”

“You know, it seems like J.’s been here forever. It’s our joke that, ‘It’s my J. day.’ And the day kind of goes around that.”

“There’s been times I’ve called her crying at night and just left a message. It just feels good to know that I can leave a message and the next day she’ll automatically call me back or page me.”

Almost all of the parents felt alone or were isolated from family, friends, or community supports. At the time they were referred for IMH home visiting services, they did not have strong or stable networks surrounding them. Alone in their pregnancies or in the care of their infants and toddlers, they needed to establish relationships with practitioners who could help them. It took considerable effort on the part of the practitioners to be seen as helpful and trustworthy. In sum, the acknowledgment and offer of concrete resources and assistance made a great difference to parents’ ability to allow the

practitioner to return and to build a partnership that could help them understand their infants, understand themselves, and sustain their work together.

## Noticing and Listening

**M**OTHERS FREQUENTLY MENTIONED how important it was that practitioners came and paid careful attention to their infants and toddlers. Many of them described sitting with the practitioner, noticing what their infant or toddler was doing each week and appreciating having someone see each new developmental step—sitting, rolling over, walking, talking, using a cup—or share a developmental concern. One mother remembered the shared excitement when her child, quite delayed, took his first steps:

“The first thing I thought was, ‘I’ve got to call J.’ She would be just as excited that he started to do these things [as family]. I remember when she first walked in and he was walking and she got excited, too. She was so happy that he was walking.”

Mothers described learning to notice their infant and toddler’s development on their own, too, and would share the developmental steps when the practitioner stepped through the door:

“When she comes, it’s ‘Listen to this! Listen to this!’ That’s what we started doing when she started talking. We both got so excited.”

Mothers spoke about the usefulness of videotape to help them watch and learn beside the practitioners. One mother whose young toddler had a sensory problem explained:

“If you could see what he used to do, gag and spit the food out. But through watching the videos with J., we both kind of picked up little things...how to put the food in his hands and how different textures were better. Every time we sit back and look at it, we find 10 more things. He eats really good now.”

Another very young mother said with a great deal of enthusiasm:

“We videotaped every 2 months and would just do 5 or 10 minutes when me and the baby are playing or just spending time together. And it’s so cute to see it. Like we watched it a week ago and it was so amazing to see her, how small she was. I want to show them to her when she’s big because I



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**Successful home visitors help mothers to notice and reflect on their infant and toddler’s development.**

know she's not going to remember it!"

Parents grew to be better observers of their babies as they shared the experience with the practitioners.

### Talking With the Parents About the Child

**M**OTHERS HAD MANY questions about basic child care. Because the practitioner was in the home, week to week, she came to know and understand each child. She was able to talk about the unique aspects of each child's development, pointing out what the infant or toddler was doing and, in some instances, anticipating what was coming next. The offering of guidance was specific to each child, focused on the infant or toddler's development, and offered to the parents within the context of a working and trusting relationship.

"It was very helpful, especially now when they're going through the stage when they want this and they want that and I'm like... oohhh. I don't know if it's temperamental or a stage that will go by. So that helps me a lot."

"She helped me understand what she's going through at what stages that's normal or not normal. Like a lot of things are how to discipline. I do not want to discipline her! She tells me, 'You have to do some kind of plan or it's not going to work.' So I started doing some of the plan and it worked!"

In some instances, mothers said that it was quite useful for the practitioner to offer guidance very directly:

"Say these two are fighting. A. would give me a good idea to take J. and read him a story or give the baby some pots and pants to play with while I read J. a story. Or read the baby a story and give J. something special that he likes. I wouldn't think about things like that [when stressed]."

"She's given me a lot of help about bedtime, too. I had to get him to sleep on his own. So, A. said, 'Put him in his bedroom, keep him in his bedroom...and reassure him.'"

### Offering Positive Reinforcement

**M**OST OF THE parents were lonely as they anticipated the birth of a baby, brought a new baby home from the hospital, or struggled in providing care for their very young child. The mothers frequently described how important it was to be encouraged by the practitioner.

"She'll give me a hug and tell me, 'Don't



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Mothers appreciated when their home visitor taught them about basic child care.

worry. Hang in there. You're doing a good job.' She doesn't try to pretend that she knows exactly what I'm feeling because like she says, she's not a mom."

Mothers mentioned how meaningful it was when the practitioner offered reassurance about caregiving practices that were going well or improving.

"I can remember her telling me on the phone that I was doing the right thing. It was kind of nice having somebody give me a little bit of praise instead."

It was equally important for the practitioner to observe the infant or toddler's enjoyment of the parents and encourage continuing pleasure together.

Mothers also commented on how important it was to notice a mother's capacities to be a good parent, to celebrate her accomplishments, to reinforce her appropriate responsiveness to the baby, and to encourage continued enjoyment of the baby.

"You're really doing well with this and you're letting it out little bits at a time like you're supposed to."

Finally, mothers recognized that it was important for practitioners to encourage the

expression of thoughts and feelings about parenthood and about their babies when and as they are able to do that.

"Usually she stays around and I just talk about him and talk about my feelings."

### Offering Emotional Responsiveness

**M**OTHERS MENTIONED MANY examples of the importance of the practitioner's offer of support when she faced intense conflict or pain related to the care of a child or herself. Mothers offered many examples of this:

"Yeah, what the biggest help was that when I was stressed, I could say what the problem is and she could help me redirect either myself or the children."

"There's been times I've called her crying at night."

"She's helped me through a lot of depression. The baby was really sick and I was going through a really hard time. She was really concerned and she always asked how am I feeling. 'Are you OK? How are you doing?' And as far as my children, 'Are they OK?'"



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**Mothers noted how significant it was when a home visitor came to the hospital after the baby was born.**

“And you know, I’ll tell her how I feel and that helps to talk to somebody to get it all out.”

Sometimes, it is the toddler who expresses feelings during the visit, too:

“Well, A. does like her and he feels comfortable with her. When I tell him she’s coming he looks forward to it...He always takes his baby pictures out.”

**Offering a Context for Reflection**

**M**OTHERS OFFERED VERY poignant descriptions of their young children. Their capacity to reflect on who their toddlers once were was most impressive. One younger mom recalled:

“I remember when she was 3 months, just propped up with pillows in my bed and I had this little radio. And that would just entertain her. I was like waiting for her to do something.”

The contrast was great. Her 12-month-old was now walking and talking. They were able to enjoy many new things together and she was in awe of the change. Another mother of a very premature baby described him this way:

“He’s little, but if you would see him, you would think, ‘Oh, my gosh, he’s come

a long way!’ He was just a handful! I could just touch a little. I gave him kangaroo care the first time I held him. He’s not on oxygen or a heart monitor or anything. His speech has to develop more...but he eats well.” And later, “All I know is he really needed me more and more.”

Other mothers’ narratives suggested that they were able to offer descriptions because they had become more attentive to their children. Several examples follow:

“He has gotten much, much better. He’s quite active now and happier now. But there used to be a time when you couldn’t even get him to get off of you!”

“When I see my baby, I think she’s so much fun because she runs and she screams and she’s so noisy...so much more fun!”

Many mothers also described how important it was to be able to talk about themselves, to share their thoughts, fears, hopes, and dreams with someone they had come to trust:

“We focus on the kids a majority of the time. But there’s times when we just focus on myself. Because, you know what? It’s like as she told me a part of being able to focus on the kids is focusing on me! The

more the years have gone by, the more things I tell her.”

Mothers described practitioners who were able to pay attention to them, who were deeply invested and able to listen to what they had to say. As a result, they were able to know themselves as mothers and as women. Some women expressed grief openly, for the first time, within the trusting relationship of the practitioner:

“It just helped me tremendously to prepare for his birth and prepare myself emotionally and just go through the grieving. At the time I was so overwhelmed with everything that I couldn’t see the forest for the trees, really. I don’t know if I could have handled them [feelings] that well on my own, or sort them out.”

Others described their personal growth as a result of the practitioner’s willingness to listen and to offer help:

“I’m more confident and I’m part of the world. She’ll [the practitioner] always say, ‘Well, I know you can do it.’ I’ve come to understand why I think the way I do...and that helps.”

“I’m less frustrated and I’m calmer. I can just concentrate on being happy without being anxious. I can be a happy mom because I know that I have help.”

Another young mother emphasized the importance of talking with the practitioner about people important to her because she could trust her:

“Sometimes I talk with her about my problems with my sisters or my husband. It doesn’t even have to do anything with the baby, but I just tell her. I trust her enough to talk about stuff.”

**Summary**

**M**OTHERS’ RECOLLECTIONS OF what was meaningful to them in IMH home visiting services are very consistent with what the literature suggests is important for practitioners working with infants, toddlers, and families to understand in order to reduce risks and improve child and family outcomes (Egeland & Erickson, 2004; Heinicke et al., 1999; Lieberman, Silverman, & Pawl, 2000; Slade, 2002; Toth, Rogosch, Manly, & Cicchetti, 2006). Mothers’ words affirm the importance of practical, verbal, and relational strategies to successful engagement and intervention

**What Makes Infant Mental Health Home Visiting Successful?**

This chart compares parents' and home visitors' beliefs about the components of IMH home visiting services that lead to success.

Parents	Practitioners
Personal Characteristics	
Concrete Assistance	Practical Assistance
Noticing and Listening	Observing and Listening
Talking	Developmental Education
Offering Positive Encouragement	Offering Relational Support
Offering Emotional Response	Offering Emotional Support
Offering Time to Think	Offering Time to Reflect

with families. The chart (see box What Makes Infant Mental Health Home Visiting Successful?) compares parents' beliefs about what made home visiting successful with practitioners' strategies.

Although mothers used different words to describe what the practitioners said or did for them and for their infants, their descriptions matched IMH service descriptions (Fraiberg,

1980; Jones Harden, 1997; Lieberman & Van Horn, 2008; McDonough, 2000; Weatherston & Tableman, 2002). Mothers recalled specific experiences that helped them to develop strong and meaningful working relationships with the practitioners who came to their home. They identified ways in which practitioners helped them develop confidence in caring for their infants and toddlers. They

spoke about the deeply meaningful experience of sharing stories, with practitioners who really listened, about their babies and about themselves.

In summary, mothers' words enrich and affirm professionals' understanding of the sum and substance of effective IMH home visiting practice, providing evidence of what, from a parent's perspective, is best practice.

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