How Home Visiting Can Support Parent-Child Interactions

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Overview of Home Visiting

Home visiting programs build on the strengths of pregnant women and families by providing resources and support focused on promoting physical, social, and emotional health and ensuring children are ready to thrive in school (Health Resources & Services Administration, Maternal & Child Health Bureau, n.d.a.). Today's programs have their roots in the settlement house and public health nursing movements. In the earliest days, private charities supported home visiting. Government funding increased for home visiting from the early 1900s to the 2000s, and programs focused on health care. In the mid-1960s, home visiting programs expanded to respond to poverty, meet the needs of teen parents, and enhance the well-being of low birthweight babies (Finello & California Center for Infant-Family and Early Childhood Mental Health, 2012). By the end of the 20th century, home visiting was viewed as a promising approach to building knowledge of effective parenting and child development and preventing child abuse and neglect (Duffee et al., 2017). In 2010, home visiting got a tremendous boost when the Patient Protection and Affordable Care Act established the Maternal, Infant, and Early Childhood (MIECHV) Program.

MIECHV supports voluntary home visiting services for expectant parents and parents with young children from birth to age 5 in communities that have been identified as high need. The program's design draws upon a substantial base of research demonstrating that home visits by a trained professional during pregnancy and in the first years of a child's life improve the lives of children and families (U.S. Department of Health & Human Services—HHS, Administration for Children & Families, 2020). Home visiting helps supports positive parenting, improves maternal and child health, promotes child development and school readiness, and helps prevent child neglect and abuse.

The MIECHV program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). HRSA funds implementation of the MIECHV program in all 50 states and in 6 jurisdictions. States and jurisdictions engage with local agencies to provide home visiting services in communities that have been identified as high need. Each state or jurisdiction selects one or more among the approved, evidence-based home visiting models that may be implemented by the local agencies. There are currently 20 models that meet HHS and legislative criteria for evidence of effectiveness as evaluated by Home Visiting Evidence of Effectiveness (HOMVEE), and HOMVEE has the responsibility for reviewing home visiting models to make sure they meet the criteria.

Families enrolled in home visiting programs face many challenges and administering a home visiting program is complex. MIECHV programs are required to prioritize serving populations including, but not limited to, families with incomes at or below

100 percent of the Federal Poverty guidelines, pregnant teens, families with a history of child neglect or abuse, families with a history of substance misuse, and military families (Adelstein et al., 2019; Health Resources & Services Administration, Maternal & Child Health Bureau, n.d.a.).

What is Parent-Child Interaction and Why Is It Important?

One of the best ways to understand parent-child interaction (PCI) and the vital role it plays in children's healthy development is to explore the Still Face Experiment conducted by Dr. Edward Tronick. This powerful [two-minute videoclip](#) clearly and compellingly captures the importance of PCI. At the beginning of the clip, the mother and baby are engaging in a back-and-forth non-verbal interaction, communicating through gestures, facial expressions, smiles, eye contact. In the next part of the experiment, the mother is asked to stop her non-verbal responses to the baby and present a still, unmoving, non-reactive face. Within seconds, the baby exhibits signs of distress. She screeches, tries to reengage the mother, and, failing to do so, grows increasingly stressed. Fortunately, in the videoclip, the mother reengages, and the baby's sense that the world is okay is restored.

More commonly thought of as the parent-child relationship, PCI is one of the most key dynamics between a parent and child. The parent-child relationship is the conduit through which parents influence their children's cognitive, academic, social, and emotional development. The parent and child each provide cues to which the other responds. This dyadic interaction, which combines behaviors, emotions, and expectations, is a critical part of children's formative years and is primarily responsible for setting the stage for nearly all aspects of a child's development into adulthood (O'Connor, 2002).

Early experiences are crucial to how a child develops and learns. The foundations for healthy adulthood are laid in the early years. Early brain development is critical to forming connections needed for development into the future. Positive parent child interaction impacts how a child's brain develops. Young children's brains are building synaptic connections at a rapid rate. We know that by age 3, 80% of the synaptic connections are made. By the time we hit our 20's, brain growth levels off and pruning begins (The Urban Child Institute, n.d.). Experiences define the wiring of an infant's brain. Children who experience positive nurturing interactions with parents in infancy and early childhood, develop strong and positive attachments and are significantly better prepared to succeed in school (Center on the Developing Child, 2017). There is no such thing as spoiling a young child. There is no such thing as a manipulative one year old. No amount of warm responsive care is too much. In fact, the absence of such care can lead to anxiety and depression.

Why Does Home Visiting Focus on PCI?

Home visiting has the potential to have a strong positive impact on how parents and children interact. One of the central tenets of home visiting is a focus on building on parents' strengths and supporting them in their vital roles as the primary influencers of their children's development. Research has shown that improvements in PCI are possible and lead to enhanced child development and family functioning. Fifteen of the 20 approved evidence-based home visiting models include a parenting component and have been found to have a positive impact on parenting practices (Sama-Miller et al., 2017); strengthening PCI is the main focus of some of these programs (Peterson et al., 2018.)

Additionally, improvement in PCI has been shown to reduce the likelihood of child maltreatment (Batzer et al., 2018). Parents with warm and attentive parenting styles may be more attuned to their children's needs, their stress may be reduced, and their reactions may be more positive when responding to difficult child behaviors. Finally, parents who are more attuned to their children may also spend more time with them and may be more aware of their needs. This may reduce the chance of parent neglect. Home visitors' close and supportive relationships with families allow them to observe PCI, identify stressors for parents and children, and provide timely resources and support.

Barriers to Supporting PCI in Home Visiting Programs

Barriers on many levels affect the ability of home visitors to engage parents in supportive interventions that encourage positive PCI. Some of the more prevalent barriers include:

- **Emotional Stress –** Unsafe environments, limited resources, family illness, and unstable housing are just a few of the daily stressors parents enrolled in home visiting programs experience (Beasley et al., 2014; Han et al., 2017; Rostad et al., 2018; Wilson et al., 2019). Home visitors are impacted emotionally as they support families, try to navigate how much of a PCI intervention program to implement, and how to do it amid challenging times for families (Wilson et al., 2019). Dealing with immediate crises may leave little time for observing parent-child interaction (Nygren et al., 2018).
- **Skills –** The complexity involved in working to improve parenting skills requires that home visitors have the skills to recognize and capitalize on interaction opportunities (Peterson et al. 2018). Some home visitors have insufficient training on a variety of topics, including PCI (Paulsell et al., 2014).

- **Time/Scheduling –** Lack of time and challenges with scheduling are barriers for both parents and home visitors. For parents, the time to engage in home visiting at all can seem unrealistic (Beasley et al., 2014; Han et al., 2016; Rostad et al., 2018). The time-consuming nature of paperwork and documentation is a real challenge to home visitors (Wilson et al., 2019). This is especially true when they are expected to implement multiple programs (e.g., a home visiting program and a parenting intervention) and must balance their time between the two (Han et al., 2017).
- **Virtual Visits –** A previously unanticipated barrier arose when the COVID-19 pandemic caused many home visiting programs to switch to virtual visits. Supporting families virtually limits a home visitors' ability to observe and interact with families within their home where parenting is happening all around them, and not just in front of the camera.
- **Mental Health –** When parents experience mental health challenges, it can be difficult for them to focus on parent-child interactions. This raises the question of whether parents who are experiencing depression, substance misuse, or other mental health challenges will need support with these issues before the family can benefit from parenting interventions (Batzer et al., 2018; McKelvey et al., 2018; Pecora et al. 2014).

Overcoming Barriers: What Home Visiting Programs Can Do

Despite the barriers, home visitors are in an especially good position to provide support around parent-child interaction. Home visiting programs and home visitors are most effective at supporting parent-child interaction when they:

- **Provide professional development –** It's important to engage both supervisors and home visitors in professional learning experiences focused on child development, cultural beliefs, observation skills, training on the program's observation tool, and strategies to support parent-child interactions and attachment. Professional development is most effective when it supports implementation of practices learned in professional development through reflective supervision and coaching (Han et al., 2016; Paulsell et al., 2014; Peterson et al., 2018).
- **Help home visitors understand the importance of PCI –** When home visitors understand why they are observing parent-child interaction and how what they learn from their observations can change how parents interact with their children, they are more likely to observe parent-child interactions and to help parents build their skills in relating to their children (McKelvey et al., 2018; Peterson et al., 2018).

- **Use proven strategies –** Techniques such as in-the-moment feedback, modeling, and coaching can be particularly helpful in building parents' skills (Han et al., 2016; Peterson et al., 2018). It is also helpful to teach skills such as listening attentively; responding at the child's own level of understanding with enthusiasm, warmth, and genuineness; supporting the child's problem-solving efforts; and encouraging creativity. This strategy, however, is more challenging when home visits are conducted virtually.
- **Record PCI –** Analyzing video recordings can provide an objective view of interactions and help improve the reliability and quality of observations and assessments of parent-child interactions. Combined with policies that explain to both parents and home visitors why video recordings are being used, videos can be a coaching tool for parents and an effective training tool for home visitors (Peterson et al., 2018).

Resources

The following articles, toolkits, and briefs provide strategies to support parent-child interactions.

- [Co-Regulation from Birth through Young Adulthood](#) – Provides guidelines for effective co-regulation support at each stage of a child's development.

- [Parenting Knowledge among First-time Parents of Young Children](#) – Presents findings from Child Trends' study of first-time parents of young children (under age 3) and their knowledge about parenting and child development.

- [Positive Parent Child Relationships](#) – Summarizes research, proven interventions, and program strategies to support parent child relationships.

- [Promoting Self-Regulation in the First Five Years](#) – Describes the importance of self-regulation and provides strategies to support infants' and young children's development of self-regulation.

- [Self-Regulation Snap Shot #1: A Focus on Infants and Toddlers](#) and [Self-Regulation Snap Shot #2: A Focus on Preschool Age Children](#) – Summarizes the key concepts of self-regulation development and provides an overview of interventions for practitioners and educators.

- [Three Principles to Improve Outcomes for Children and Families](#) – Outlines key principles of helping build young children's healthy brains and bodies: support responsive relationships for children and adults, strengthen core life skills, and reduce sources of stress in the lives of children and families.

- [Why Becoming a Good Parent Begins in Infancy](#) – Offers a quick primer to family and community members, professionals, and policymakers on how the availability and quality of personal relationships are vital to the emotional and developmental growth of a child.

Conclusion

Parent-child interactions lay the foundation for children's development and learning. Nurturing and stable relationships between babies and parents boost brain development in the early years, help children develop a positive sense of self, and build their social skills. Healthy social and emotional development supports self-regulation, strong cognitive development, resilience, and school readiness. Home visitors have a unique opportunity to support the parent/child relationship as they sustain long-term relationships with parents and use their ongoing home visits to build on families' strengths and support families in fostering children's healthy social and emotional development.

References

Adelstein, S., Longo, F., & Shakesprere, J. (2019, March). Home visiting for military families: An overview of innovative programs. *National Home Visiting Resource Center Innovation Roundup Brief*. Arlington, VA: James Bell Associates and Urban Institute. https://go.edc.org/MilitaryFamilies

Batzer, S., Berg, T., Godinet, M. T., & Stotzer, R. L. (2018). Efficacy or chaos? Parent–child interaction therapy in maltreating populations: A review of research. *Trauma, Violence, & Abuse, 19*(1), 3–19. https://doi.org/10.1177/1524838015620819

Beasley, L. O., Silovsky, J. F., Ridings, L. E., Smith, T. J., & Owora, A. (2014). Understanding program engagement and attrition in child abuse prevention. *Journal of Family Strengths, 14*(1), 20. http://go.edc.org/FAM

Center on the Developing Child at Harvard University. (2017). *Three Principles to Improve Outcomes for Children and Families.* http://www.developingchild.harvard.edu/

Daro, D., Klein, S., & Burkhardt, T. (2017). *The Pew Home Visiting Data for Performance Initiative: Phase II Final Report on Parental Capacity and Child Development Indicators.* http://go.edc.org/PewHVData

Duffee, J. H., Mendelsohn, A. L., Kuo, A. A., Legano, L. A., & Earls, M. F. (2017, September). Early childhood home visiting. *Pediatrics, 140*(3). https://go.edc.org/Pediatrics

Finello, K. M., & California Center for Infant-Family and Early Childhood Mental Health. (2012). *A brief history of home visiting in the United States.* https://go.edc.org/HVHistory

Han, M., Hallam, R., Hustedt, J. T., Vu, J. A., & Gaviria-Loaiza, J. (2016). Lessons from training Early Head Start Staff to implement an evidence-based parenting intervention. *NHSA Dialog, 19*(3). http://go.edc.org/HS

Hanlon-Dearman, A., Malik, S., Wellwood, J., Johnston, K., Gammon, H., Andrew, K. N., … & Longstaffe, S. (2017). A descriptive study of a community-based home visiting program with preschool children prenatally exposed to alcohol. *Journal of Population Therapeutics and Clinical Pharmacology, 24*(2), e61–e71. https://www.jptcp.com/index.php/jptcp/article/view/14

Health Resources & Services Administration, Maternal & Child Health Bureau. (n.d.a.). *Home visiting.* https://go.edc.org/HomeVisitingOverview

Hiratsuka, V. Y., Parker, M. E., Sanchez, J., Riley, R., Heath, D., Chomo, J. C., … & Sarche, M. (2018). Cultural adaptations of evidence-based home-visitation models in tribal communities. *Infant Mental Health Journal, 39*(3), 265–275. https://doi.org/10.1002/imhj.21708

McKelvey, L. M., Fitzgerald, S., Edge, N. A. C., & Whiteside-Mansell, L. (2018). Keeping our eyes on the prize: focusing on parenting supports depressed parents' involvement in home visiting services. *Maternal and Child Health Journal, 22*(1), 33–42. https://doi.org/10.1007/s10995-018-2533-y

Mortensen, J. A., & Mastergeorge, A. M. (2014). A meta-analytic review of relationship-based interventions for low-income families with infants and toddlers: Facilitating supportive parent–child interactions. *Infant Mental Health Journal, 35*(4), 336–353. https://doi.org/10.1002/imhj.21451

Nygren, P., Green, B., Winters, K., & Rockhill, A. (2018). What's happening during home visits? Exploring the relationship of home visiting content and dosage to parenting outcomes. *Maternal and Child Health Journal, 22*(1), 52–61. https://doi.org/10.1007/s10995-018-2547-5

O'Connor, T. G. (2002). Annotation: The "effects" of parenting reconsidered: Findings, challenges, and applications. *Journal of Child Psychology and Psychiatry*, *43*, 555–572.

Paulsell, D., Del Grosso, P., & Supplee, L. (2014). Supporting replication and scale-up of evidence-based home visiting programs: Assessing the implementation knowledge base. *American Journal of Public Health, 104*(9), 1624–1632. https://doi.org/10.2105/ajph.2014.301962

Pecora, P. J., Sanders, D., Wilson, D., English, D., Puckett, A., & Rudlang-Perman, K. (2014). Addressing common forms of child maltreatment: Evidence-informed

interventions and gaps in current knowledge. *Child & Family Social Work, 19*(3), 321–332. https://doi.org/10.1111/cfs.12021

Peterson, C. A., Hughes-Belding, K., Rowe, N., Fan, L., Walter, M., Dooley, L., … & Steffensmeier, C. (2018). Triadic interactions in MIECHV: Relations to home visit quality. *Maternal and Child Health Journal, 22*(1), 3–12. https://doi.org/10.1007/s10995-018-2534-x

Rostad, W. L., Moreland, A. D., Valle, L. A., & Chaffin, M. J. (2018). Barriers to participation in parenting programs: the relationship between parenting stress, perceived barriers, and program completion. *Journal of Child and Family Studies, 27*(4), 1264–1274. https://doi.org/10.1007/s10826-017-0963-6

Sama-Miller, E., Akers, L., Mraz-Esposito, A., Zukiewicz, M., Avellar, S., Paulsell, D., & Grosso, P. D. (2017). *Home visiting evidence of effectiveness review: Executive summary.* Mathematica Policy Research. http://go.edc.org/Execsumm

The Urban Child Institute. (n.d.). *Baby's brain begins now: Conception to age 3.* http://go.edc.org/Urban

U.S. Department of Health & Human Services, Administration for Children & Families. (2020). *What is home visiting evidence of effectiveness?* https://go.edc.org/Homvee

Williamson, A. A., Knox, L., Guerra, N. G., & Williams, K. R. (2014). A pilot randomized trial of community-based parent training for immigrant Latina mothers. *American Journal of Community Psychology, 53*(1-2), 47–59. https://doi.org/10.1007/s10464-013-9612-4

Wilson, K., Robinson, C., Donahue, A., Hall, M., Roycraft, N., & Barron, C. (2019). Experiences of infant mental health home visiting professionals in challenging and high-risk environments. *ZERO TO THREE, 39*(6), 5–11. https://go.edc.org/Experiences

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