

# Facilitator Guide

## Infant Mental Health

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**Note to facilitator:**

The online training module "Infant Mental Health" provides an excellent opportunity for home visitors who appreciate the flexibility of distance learning.

The pairing of the online training with a facilitated discussion (a proven more traditional method of education, whose efficacy is widely recognized) is innovative and provides for added value. The discussion allows for the sharing of personal experiences that help to illuminate the information in the module. It also provides opportunities to use the basic skills that are so essential for communication – “serve and return”, listening, facial expressions, vocal intonation, eye contact - things that are absent from today’s communication using technology. (In these days of emails, text messages, "selfies", and social media, it’s nice to meet face-to-face once in a while!) Also, laughter, stories, music, and role-plays as part of the discussion, injects an emotional component to the learning opportunity. These types of elements are incorporated into this Facilitator Guide.

Home visitors spend time with families that have an array of gifts, skills, cultures and many times challenges. The opportunity to share experiences, strategies, solutions, and successes with other family workers is much more powerful than completing the online education alone.

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This Guide provides some ideas for a trainer or supervisor wishing to facilitate a follow-up discussion with a group of home visitors who have completed the module. It assumes that the facilitator has also completed the module and is familiar with its contents and resources. You don't necessarily have to be a content expert to lead the activities and discussions. Feel free to adjust and add your own creative ideas.

We hope you enjoy the process!

## **Introduction/Icebreaker**

Have all participants stand and walk around the room while imagining they are in a public space. As they walk about, they are to avoid making eye contact with any one else. Continue this for 1 minute. Provide post it notes and have them notice and write down how they feel in that moment. Post their notes on the wall.

Next, tell them to walk about the space in the same way, for another minute or two, but seeking out eye contact with each other. Again, have them jot down any feelings they notice. Compare notes and process what feelings were evoked from each of the experiences.

This simple exercise illustrates the power of human connection and how it can affect our feelings. This relates to the module, which explored the importance of social-emotional development and attachment.

## **Review Learning Objectives**

After having completed this module, home visitors should be able to:

- Define the term "infant mental health."
- Discuss some of the key concepts of infant mental health that should inform your work as a home visitor.
- Understand the importance of attachment.
- Explain why building strong relationships with families is critical for supporting infant mental health.
- Describe strategies you can use to promote and support positive, nurturing early relationships and healthy attachment.
- Identify when to seek additional assistance for a child or family.
- Explain why reflecting on your work and getting adequate support and reflective supervision or consultation is critical for your work.
- Understand the possibility for improving your skills and knowledge by learning the infant mental health competencies and pursuing Endorsement® in infant mental health.

## Small Groups

Have participants work within small groups to collectively come up with their own definitions for “Infant Mental Health”

Then show the video “What is Infant Mental Health?” from Part 1 of the module. Allow a few minutes for them to make any revisions or additions to their definitions. Then, either have each group read aloud, or post them around the room.

## Whole Group Discussion

Prompt a discussion with the question:

*In what ways are you already supporting infant mental health?*

## Self-Select Topics

Write each of the following goals for home visitors on separate papers and post on walls throughout the room. Allow participants to select the topic of most interest and gather around that item. Provide ample time for the groups to discuss their topic, addressing the following questions:

*How did the module address this goal? What are ways that you demonstrate this skill in your work with families?*

- Home visitors understand that children are more likely to thrive when they feel physically and emotionally safe.
- Home visitors understand the importance of good mental health and how it connects to the individual’s overall health.
- Home visitors are knowledgeable of and utilize culturally and linguistically appropriate mental health services and resources.
- Home visitors understand the influence of, and interaction between, risk factors and protective factors on child behavior and development and family.
- Home visitors implement practices that support the emotional well-being of children.

Then signal for their attention and ask each group to share an idea with the whole group for consideration. Facilitate a large group discussion. To get a sense of what their current needs are, ask:

*In what areas do you want to improve your efforts?*

## Review Vocabulary

In order to review some of the key concepts from this module play a game of “Hot Seat.” Ask for a volunteer to sit in a chair placed at the front of the room facing the rest of the group. That person will have to guess the word. Write one of the vocabulary words on the board. Those not in the hot seat can raise their hands if they have a clue to give. Choose someone to share their clue so the guesser can try and figure out the term. Continue playing until the word is identified or the person gives up – then get another volunteer to take the seat and begin again with a new word.

*Include these terms from the Glossary:*

- *Attachment*
- *Insecure attachment*
- *Secure attachment*
- *Emotional regulation*
- *Internal working model*
- *Reciprocal relationships*
- *Sensitivity*
- *Watch, Wait and Wonder*

## Think-Pair-Share

Ask home visitors to reconsider this reflection from the module:

Imagine that during a home visit a parent tells you that she believes that it is acceptable to let her baby cry for long periods of time. "It's good for his lungs," she says, "And he needs to learn how to calm himself down anyway."

Prompt them to think about the following and then share with a partner:

- *How might you respond?*
- *How might thinking about the influence of this parent's culture, past history, and current supports affect your response?*

Invite a few teams to share with the group.

## Whole Group Discussion

While it is very common for a new mother to experience "baby blues" in the first few weeks, depression is more serious and long lasting. Postpartum depression left untreated can negatively impact a baby's development, so a mother who remains affected more than a few weeks after birth needs to get help.

Explore the differences between a short-term "blues" phase and a real and lasting depression. It's critical for home visitors to know the difference and recognize when additional support is needed.

## Small Groups

Prompt small group discussions with the following questions:

*What are some things you say or do to encourage a nurturing relationship between a parent and child?*

*In what ways do you help parents take pleasure in their infants or toddlers?*

### Sharing what works

Ask if anyone in the group has tried using the Wondering Log - a list where they can track the things families wonder about related to the baby. If so, have a few share how that went. Then, within small groups, ask them to share this experience - or alternative ways they encourage families to wonder about what the baby thinks and feels – and the types of responses to those questions that they have found most helpful.

Ask them to include examples of "speaking for the baby." This strategy gives parents additional ideas for what their child might be feeling.

## **Role Play**

Provide some small toys as props and invite three participants to try a role-play activity. Have one take the role of home visitor, one as the parent, and one pretending to be the child. Ask them to demonstrate “Watch, Wait, and Wonder.”

Provide them with this description to review before they begin:

*When you use this technique, you allow a child to play freely and ask the parent or caregiver to simply follow the child's lead. The parent gets down on the floor with the child, watches what the child does independently, and waits to interact until the child invites the parent to do so by touching them, offering a toy, or talking or verbalizing to the parent. Afterwards, you ask the parent to describe what he or she observed and to wonder about what the child was feeling and thinking.*

Have the other participants observe and take notes. Afterwards, ask them to describe what they noticed and invite a sharing of their own strategies.

## **Whole Group**

In the video, “Building Genuine Relationships with Families” (from Part 2 in the module) home visitors are advised to “...leave your problems at the door”, and “go in fresh.”

How do they accomplish this? Invite them to share the strategies they use to leave their problems at the door and focus on the family during home visits.

## Practice

Divide participants into small groups.

Use “Dena’s Story” from the module as a case study.

Prompt them to consider:

- *If you were the home visitor, how would you approach the next few visits with Dena?*
- *What do you see as the strengths of this family? What are your initial concerns? What stressors may be affecting Dena's relationship with her new baby? What feelings are aroused in you?*

Ask home visitors to then compare this family with those they have worked with. How might utilization of some of the strategies explored in the module assist them in their work with a parent such as Dena?

After providing ample time for this activity, debrief with each group and invite them to share their insights.

Follow-up question for whole group discussion:

When there are safety concerns, how do you continue to be supportive of the parent while also meeting your obligation as a mandated reporter?

## Whole Group

Have participants describe the “parallel process” in their own words and explain why relationships matter at a variety of levels.

Share these quotes and ask how they relate to this process:

"We need to build positive relationships from the first day that we meet families. Just as we say infants and toddlers need to have nurturing relationships that help them feel safe, parents need to feel nurtured—so that they feel safe and secure, and they feel that they are a partner with you."

~Anne Giordano, IMH-E®

"When we are able to repair our relationships with families, it can really be a good foundation for what we want them to do with their children."

~Rebecca Parilla, Ph.D., IMH-E®



## Personal Reflection

Prompt home visitors to reflect quietly for a moment:

*How may your own history be influencing your relationships with – and responses to – families?*

## Small Groups

As parents share some of their challenges, home visitors need to respond in a way that demonstrates understanding and empathy. Some examples of these responses were provided in the module, including:

- “It's hard to care for a new baby when you also have a toddler to take care of.”
- “Your life is very different now, staying home all day with a baby.”

In small groups, ask participants to come up with some responses that they could use to support families while also modeling how to identify and label the emotions they may be experiencing.

## Individual Reflection

### Self-Care

Ask participants: *What was meant by this quote?:*

"How you are, is as important as what you do."

~Jeree Pawl, Ph.D.

Then prompt them to think about the following:

*How often do you reflect on “how you are”? What are the activities in your life that make you feel relaxed, energized, and/or supported?*

## Action Plan

Have participants develop an Action Plan. Ask them:

- *What 3 things from this session will you try?*
- *Also, if you are interested in pursuing Endorsement® in IMH, identify your next step in that process.*

## Additional topics for discussion

### Stress During Pregnancy

What do home visitors know about the effects of depression and stress during pregnancy? Might share an article about effects of these on the developing baby and/or attachment.

### Fathers

While home visitors may be familiar with post-partum depression in mothers, some fathers may also develop depression during this time. Ensure that home visitors are aware that this occurs. Ask them to share their observations and how they've responded if they've noticed this. (If home visitors see signs of depression with mom, it might be wise to ask about how dad is doing.)

### Reflective Supervision

Ask for two volunteers to read the sample dialogue (next page) of what a reflective supervision conversation might sound like. Ask participants to take a moment to jot down what they noticed about the interaction. Discuss how this process compares to either clinical or administrative supervision.

Ask about the benefits of each.

Find out if reflective supervision is available to them. If not, help them brainstorm ideas for how they might go about getting this needed support.

### **Closing**

Revisit the Module's "Final Thought" for them to reflect on:

*You support infant mental health when you work to support and strengthen a quality, nurturing, consistent, early relationship between an infant or young child and their primary caregivers.*

*This document was created for the Connecticut Office of Early Childhood by the Center for Early Childhood Education at Eastern Connecticut State University with contributions from Doug Edwards. The document is meant to support facilitated discussion groups for home visitors who have completed the online learning module.*

## Sample Reflective Supervision Exchange

**Home visitor:** (big sigh) I am so frustrated and so worn down by this family that I visited today!

**Supervisor:** Hmm, it sounds like it was really hard to be there this morning. Tell me more about what you are feeling frustrated about.

**Home visitor:** Well, Jane looked like she hadn't showered. She had on that shirt again that bothers me because it's so short. Also, I'm pretty sure I woke her up when I knocked on the door. Then I saw that her 4-year-old son was home, and that meant she didn't get him to school, again! This happens a lot. Don't get me wrong, he is such a sweet kid; I really love to see him. But now that I'm thinking about it more, if I had just woken her up, I'm also worried about her kids. They are getting breakfast so late! At least her 2-year-old daughter had a waffle she was eating...but it was 10:30.

**Supervisor:** Wow, those are a lot of feelings that you are holding! I can hear that you really care about these kids, and you are also noticing that you are worried about them getting fed in the morning. I'm curious if you can tell me more about how it felt for you when you were there, maybe even how you felt in your body?

**Home visitor:** I guess I mostly just feel frustrated with her. It's not like our appointment was that early. I get my kids and myself out the door every morning by 8—all by myself! For some reason, she is not able to get up to get her son to school, which is just a block away! I just feel so angry at her, not getting her son to school, and it's so hard to not say anything to her about this. Mostly, I feel really tense when I'm there. I feel it in my neck and shoulders...

**Supervisor:** It is really hard to sit with such strong emotions and feel like you cannot share them in the moment. I'm glad you can identify where in your body these feelings affect you. Let's think about this a bit more... I notice you thinking about how you are able to get your own children to school and feeling angry that Jane doesn't seem to be able to get her son there. I wonder if we can think together about this some more. What your thoughts are on this?

**Home visitor:** I just do what I need to do. My kids need to get to school; I need to get to work. My parents taught me to have a good work ethic, and I want the same for my kids.

**Supervisor:** It sounds like being a hard worker is important to you, and it is frustrating to you when it feels like others don't share that value. It's important for us to be aware of that and how it may impact how you experience some clients.... I wonder what is different for Jane? What do you imagine it must feel like for her, or what her experience growing up was like?

**Home visitor:** Well, I know she's never known her father, and her mother was in and out... I guess Jane didn't really have a lot of stability growing up. Her own kids' fathers are not around either.

**Supervisor:** Hmm...I wonder if that makes it hard for her now.

**Home visitor:** I guess it would... I forgot she also got diagnosed with depression. I wonder if she is getting her medication yet?

**Supervisor:** It seems like there a few things that could be getting in the way of Jane being able to do the things you so want her to do. I wonder how it feels for her children when their mother is having such a tough time?

**Home visitor:** Yeah, I hadn't thought about all that; I was just feeling annoyed. I bet the kids feel unstable, not sure when mom is getting up or if today will be a school day....

**Supervisor:** It seems there is a lot for us to think about with this case....