Telehealth Service in Infant Mental Health Home Visiting

As we adapt to these unexpected and challenging times, infant mental health (IMH) home visitors around the world are faced with making the transition to technology as a medium to support families. Home visitors are being called upon to "hold" a great deal—their own feelings in these uncertain times, fears and worries about families navigating this crisis, and learning how to practice in new and unfamiliar ways. We are going through this alongside our clients and many of us are worried about finances and health, juggling the care of children or parents, and struggling to comprehend all of the ramifications of this new "not-normal" world. As a wise IMH therapist recently noted, "this is not 'business as usual.'"

In collectively navigating these challenges, we want to remind ourselves that the things we already know and do as IMH providers remain relevant. Indeed, they are even more critical. Each of the components of IMH home visiting (see box 1) can be delivered in the "video" or "tele" environment. **Here are some ways of tailoring strategies that can help IMH services be effective in the context of telemental health:**

First of all—take comfort in knowing that you've got this. You do not have to practice a different model to support families--IMH home visiting core components can be delivered remotely. IMH home visiting is a family-needs driven intervention, and that gives us the flexibility to consider what makes the most sense for each parent/caregiver and their baby/children. For many families, emotional support and meeting material needs are likely to be most important at this time. Through it all, it is the sense of connectedness that feels most important to preserve.

Emotional Support:

Being held in the mind of another is especially important in times of social distancing. With televisits it will be important to offer isolated parents/caregivers a plan for text or phone "checking in" that includes shorter, more frequent contacts in addition to (or in place of, if circumstances warrant) video visits.

Hold and contain the parent/caregiver who is frightened. When we acknowledge and validate fears and worries, we help parents/caregivers who need co-regulation to begin to feel calmer. Allow them the opportunity to talk while you truly listen and offer unconditional, positive regard. It will be critical for parents/caregivers to have their feelings normalized and to be reminded that they are not in this alone. Remind parents that taking care of themselves will help give them the energy needed to care for their loved ones. Acknowledge the disparity in access to COVID-19 testing and the undue burden many of our families will face, either through job loss or being expected to work and risk their own health and find ways to care for their children safely.

How we are is as important as what we do. Parents/caregivers can experience our empathy through our consistent and responsive outreach. We can consciously settle ourselves before a visit, so our voice is strong, soothing and calm. We can share our strength with them.

Developmental Guidance:

Be a curator of resource materials. Share 1-2 relevant and appropriate resource materials at a time via email or text and discuss how they might be used.

Inquire about and normalize infant/toddler child reactions to the stress of the time. Help the parent/caregiver consider ways to help comfort, nurture, and soothe their baby/child. Offer anticipatory guidance about changes/behaviors they might notice in their little ones and help them put behavior into context and acknowledge how hard it may be for them to retain patience when they are stressed and anxious.

Encourage play. Strategize with parents/caregivers about how to create time for play or do it during the visit! For example, you could have the parent position the phone so you can "observe" and "share" in their interactions. A young child might want to "show" yotu things in the home. Playing peek-a-boo with a baby can help the parent/caregiver and baby practice managing the loss of your physical presence.

Meeting Material Needs:

Check in & share information. You may have access to more up to date information than some families do. Ask about any unmet needs and connect with resources in the most appropriate way for the situation.

Infant-Parent Psychotherapy

Be curious - what do current experiences mean for this particular parent? Fears and worries in response to COVID-19 may bring up specific memories or felt experiences from the parental past. The parents'/caregivers' heightened sense of vulnerability (even if unconscious) offers the opportunity for us to provide a corrective emotional experience. By conveying compassion for what the parent is experiencing, we may be soothing them in a way they have not previously experienced.

What about the baby? As infants/young children sense changes in their parents/caregivers' stress levels, they signal their awareness through changes in their actions and behaviors. Encourage parents/caregivers to wonder with you about how their infants/children may be "asking" for help to comfort the uneasiness and confusion they are feeling but can't understand.

There is no limit to the ways this crisis might awaken feelings from the parents/caregivers' own past. Current experiences might particularly trigger feelings of helplessness, loss of control, anger or frustration, or bodily vulnerability. Listening for how the past is showing up in the present, and helping parents understand and manage their trauma symptoms, is part of infant-parent psychotherapy.

Find ways to acknowledge the role of race and culture in responding to crisis. In some families, talking about fears and trauma is taboo. Tradition, culture, and collective community experiences may serve as a "filter" for this experience - both in terms of historical traumas, but also in terms of "angels" and protective factors that promote resilience.

Reflective Supervision/Consultation (RSC):

We must feel held in order to hold. This is likely truer now than ever! Be sure to prioritize regular and predictable RSC; it can often be one of the first things on a schedule to be compromised in times of crisis or schedule changes.

We are all living this experience. A difference in this experience may be the ways in which every one of us is living in these challenging times. Having space to explore what this means for each provider will create space for seeing and holding others' experiences as well. Families and children will be "in" our personal space in an unprecedented way and you may find you have some mixed feelings about that as well.

We care deeply for others who are deeply suffering. Holding suffering of others requires much energy and emotional space, something you may feel depleted of at times during this crisis. You will need your own space of being held.

BOX 1:

Components of IMH Home Visiting

- Meeting material needs
- Emotion regulation and support
- Developmental guidance
- Infant-parent psychotherapy
- Reflective Supervision/ Consultation

BOX 2: **Tech Tips**

- From the start, name what might be hard about meeting in this unique way.
- Discuss special issues of privacy and confidentiality specific to telehealth; in some families, they may feel more exposed, vulnerable, or sensitive to this format.
- Consider what parameters you may need to set up for this to be the most effective.
- Establish a "back-up" mode of communication in case primary mode fails.
- Consider having a metaconversation after the first 2-3 sessions to discuss how the communication is flowing via this new mode of talking with one another.
- Reduce lighting behind you.
- Close window shades to reduce backlighting.
- Use headphones and change your mic and speaker settings to headphones.
- If your platform allows it (Zoom does), you can upload a picture of your own choosing to be your background.