Infant and Early Childhood Mental Health Consultation

MDHHS Michigan Department of Health & Human Services

CONSULTATION IN ACTION

Daily Experiences with a Mental Health Consultant in Home Visiting

A Series of Real Life Daily Experiences Illustrating Consultation in Action

Edited by Linda Delimata and Mary Mackrain

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With Gratitude,

Mary Mackrain, PhD, IMH-E, Infant Mental Health Mentor, Michigan Department of Health and Human Services

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Introduction, Intended Users, and Purpose of This Resource

Supporting the mental health and well-being of infants, young children, their families is both a profound responsibility and an opportunity to create lasting impact. Infant and Early Childhood Mental Health Consultation (IECMHC) plays a vital role in strengthening home visiting programs by fostering relationships, building capacity, and promoting positive developmental outcomes.

Infant and Early Childhood Mental Health Consultation (IECMHC) in Home Visiting provides a collaborative, relationship-based intervention that pairs a masters prepared mental health consultant into home visiting programs to **strengthen the capacity of home visitors** and their supervisors by providing guidance, reflective practice, and mental health-informed strategies to help them navigate complex family dynamics, trauma, and early relational health challenges.

This resource is designed to offer a real-world glimpse into the work of early childhood mental health consultants (IECMHCs), providing insights into the complexities, challenges, and triumphs of this essential practice.

These stories capture the nuances of IECMHC—highlighting the importance of reflective practice, deep listening, and adaptive problem-solving. While every interaction is unique, the foundational principles remain the same: relationships, trust, and a commitment to the well-being of infants, young children and the adults that care for them..

Intended Users

This resource is intended for:

- **Early Childhood Mental Health (ECMH) Consultants** – Those providing mental health consultation within home visiting settings, helping to enhance the knowledge and skills of home visitors while supporting families.
- **Home Visiting Supervisors and Administrators** – Leaders overseeing home visiting programs who seek to integrate IECMHC practices to strengthen services.
- **Technical Assistance and Training Providers** – Professionals responsible for supporting home visiting staff in understanding and implementing IECMHC strategies.

Although not written specifically for families or home visitors, this resource acknowledges their critical role in the IECMHC process. Consultants and supervisors may find value in using this resource to enhance conversations with families and home visitors, ensuring that all voices are heard and respected.

Purpose of This Resource

The purpose of this resource is to:

Illustrate the IECMHC process in home visiting settings

Through authentic, real-life scenarios, this resource provides a window into the daily work of IECMHCs.

Support professional reflection and learning

By highlighting best practices and challenges, it encourages IECMHCs to refine their approach and deepen their impact.

Facilitate meaningful dialogue

Home visiting supervisors and IECMHCs can use these vignettes as discussion tools to explore strategies, decision-making, and relationship-building in their work.

Promote high-quality IECMHC practices

This resource serves as a guide for embedding IECMHC principles into home visiting programs, ensuring that all young children and families receive the support they need.

How to Use This Resource

The vignettes and discussion prompts included here can be used in various ways, including:

- **Training for New IECMHCs** – Providing real-world scenarios to help consultants navigate common challenges in home visiting settings.
- **Self-Reflection and Professional Growth** – Encouraging IECMHCs to explore their own experiences and refine their consultation practices.
- **Team Discussions and Supervision** – Offering a structured way for supervisors and consultants to engage in conversations about best practices and collaborative strategies.

By engaging with this resource, readers will gain deeper insight into the power of IECMHC within home visiting programs, fostering stronger partnerships and better outcomes for infants, young children, and families.

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Story 1:

ENTERING INTO THE WORK

I had been working as a home-based infant mental health therapist for several years when I applied for a new position in IIECMHC home visiting that was offered through my agency. I had been interested in mental health consultation for a while, so I was excited to get the job and start training.

In preparing to enter the field, I first needed to increase my understanding of mental health consultation and how it differs from therapy or reflective supervision, the latter being something I participate in regularly as a clinical home visitor. Reflective supervision and mental health consultation share similarities: discussing cases, offering support and ideas, meeting consistently. I understood that mental health consultation is NOT about me acting as a therapist to the home visitors, nor is it me acting as a therapist to the families they work with.

I learned to look at the home visitors in IECMHC as if they were the families I worked with in my home visiting role. I would be there to support the home visitors rather than the families they worked with. Some of the ways I would be connecting with the home visitors would be:

- helping them identify emotions and thoughts they experienced when working with families;
- validating and holding their emotions and thoughts to lighten their emotional load;
- encouraging them to examine how their own cultural lens may impact how they experience the families; and
- sharing resources to help them expand their skills and knowledge to better support the families they work with.

I wondered about how much to inquire about families, versus the home visitors' own experiences working with families. What could I offer and when should I hold back? I was fortunate to have a practice group consultation with interns at my agency but fell exactly into what I'd feared: asking question after question about the families and not enough about the home visitors' experiences.

Reflection:

That experience with the interns heightened my anxiety about my new role, but it also gave me some important feedback about forming new relationships. This experience helped me learn to pause during future consultations and not ask question after question about the parent and family and instead redirect my focus to the home visitors who were sharing their experiences.

As I moved deeper into the work, I was assigned three organizations and reached out to each supervisor by email to set up a virtual meeting. During this first meeting, we discussed my new role – a role that was also new to their organizations – and how I could support their programs. In turn, I learned about their programs: how many home visitors each program had, how many families each home visitor served, how often the group met, their supervision requirements, and how their funding worked.

Reflection

I was a bit overwhelmed and wondered how I was going to keep each program straight. In fact, it was a few email exchanges before I was able to remember names of supervisors and link them to the correct program. There was just so much information to take in!

When the supervisors each shared that regular reflective supervision was a requirement for their home visitors, I was surprised, and I found myself wondering how to convince them that I could add to that. In these situations, I wished for more experience in the job so I could be a louder cheerleader for IECMHC and leave them feeling excited about our work together. In each case, we left the virtual call with an agreement that the supervisors would call me when they needed me.

Reflection

Supervisors often asked, "What is it that you DO?" How could I convince them that I could be useful to the program when I still wasn't sure what our work together would look like? I hoped the shared inexperience with IECMHC could be something to connect on, but instead I worried that I came off as unsure of myself.

Forming relationships is at the heart of IECMHC. After my initial meetings with the supervisors, I waited to hear from them. I still hadn't met any home visitors and wondered how and when these programs would reach out. I knew I needed consistent communication with the home visitors and supervisors to establish the rapport and trust necessary for a successful collaboration.

For months, I would reach out and get either no response, or a response that they didn't have any work for me yet. I wondered about the reasons they weren't responding: did I not explain the services? Was I not clear enough? Are they not really interested in services, but required to get them? I hesitated to reach out too often because I didn't want to begin our relationship by badgering them, but I worried that I was failing at my job.

I began reflective supervision specific to IIECMHC and was grateful for a space to reflect on my own efforts and feelings around my slow start to this work. I also shared my insecurities and anxiety about not really knowing how to do the job. I blamed imposter syndrome (feeling like I didn't belong!), but my wise reflective supervisor reminded me, "It's not imposter syndrome if you don't actually know how to do it yet." I carried that idea with me as I continued to attempt to connect with these programs.

Reflection

I am passionate about connecting with people, and I know it to be one of my professional and personal strengths. No one would ever describe me as shy! So why was I so hesitant to reach out to these supervisors, knowing that we shared the same goal of supporting and strengthening families and home visitors? Yet, my inner critic loudly reminded me of my inexperience, and my insecurity made it difficult to gauge the level of interest of these organizations.

A few months into my new position, I was excited to have my first in-person meeting with one of the home visiting supervisors. Margaret was kind, warm, and welcoming, which made me forget my worries that she wasn't interested in services. We talked about how her home visitors were doing, the struggles they currently faced with their families, and how supported *she* felt in supporting *them*. Because it had been more than a month since our initial meeting, I reviewed the services I could provide, shared the key components of IECMHC (e.g., capacity building, supporting home visitors in addressing the complex needs of their families, and integrating IECMHC into the overall program). She shared with me some of the logistical challenges such as finding space to meet and coordinating schedules. Despite sharing some challenges, Margaret struck me as interested in the work and open to this new experience. I left feeling energized and hopeful that *finally* I could really get started in the work.

A few weeks later, I still was not in consistent communication with all three organizations, and I had yet to meet any of the home visitors I would be working with. I continued to check in with a reflective supervisor and peers in the IECMHC program about my progress. I was assured that because of the newness of this position, the slow start was not unusual, and they offered support and encouragement.

Margaret soon invited me to sit in on a team meeting (which I needed to do virtually because of my own schedule constraints) to meet the home visitors and learn more about their work with families. Again, I was welcomed warmly and found it easy to engage with the team. Margaret asked some questions about things we had already discussed so that I could clarify for the team around what kind of concerns they could bring me: Doing paperwork? No. Setting boundaries within a home visit? Yes. I left that meeting hopeful that I was about to start doing the work of a mental health consultant.

It was a couple of months before I met Margaret's team in person, and then three months after that before Margaret reached out and said, "I have a home visitor who is having some challenges with a family. She would like to present a case to you and get feedback." I was thrilled to be asked for my services rather than reaching out again to try to engage. After so many months and such buildup in my mind, I was anxious walking into the group meeting. I listened intently as the home visitor shared the challenges she was having with a particular family, along with her feeling of being stuck. I asked some clarifying questions, explored some of the home visitor's feelings and then found myself wanting to ask more questions about the mother of this family. I was grateful for the awareness to pause in that moment and recall the practice consultation I did with the interns at my agency. I refocused and continued exploring the home visitor's experiences with the family.

Reflection:

I had spent a lot of time waiting to start the work including checking in by phone and email, joining virtual meetings, waiting patiently during staff turnovers, and reflecting on what I could do differently to engage the programs. It wasn't until I walked out of that first one-on-one support meeting that I realized I had already been doing the work. All the build up to my first official consultation was crucial for relationship building—at the heart of any successful interaction in IIECMHC.

Reflection Questions:

1. One of the barriers this consultant faced was inconsistent contact with the program supervisors. How would you balance being proactive in reaching out with respecting the organization's readiness for engagement?
2. How did you (or would you plan to) work through your own insecurities starting out in the role?
3. How might power dynamics shape the consultant's approach to slow or hesitant programs?
4. The consultant kept waiting for specific moments to feel like she was succeeding in her role. Reflect on a moment when you felt successful in your new role. What contributed to that success?

Story 2:

CONNECTING WITH THE SUPERVISOR

The beginning of a consultative relationship is a time of excitement, uncertainty, and a myriad of other emotions. Each time I begin connecting with a new person or group, I get to know *myself* in a new way too. Before I start, I wonder what I will discover in this new relationship. What will it be like for this person to reflect on their work? How might I support them in doing this work? What will these relationships evoke what I already know and am a bit tired of encountering? What will be a surprise that I will then take to my own reflective supervisor?

I felt all these wonderings swirling around when I sent my first email to Rachel, the supervisor of a home visiting program I was beginning IECMH consultation with. In the email, I introduced myself and explained who I was and what I could offer to her and the home visiting program she supervised. I provided several dates and times that I was available to meet and get to know one another and answer any questions she had. Soon, we had our first appointment scheduled.

In our first meeting, I found that Rachel had been with the agency for about eight months. She had no home visiting experience and worried that staff were not taking her seriously because of this. When I asked what was driving this feeling, she told me that of the six home visitors she supervises, two of them often dismissed suggestions she made.

Rachel was questioning if moving to this position had been the right decision for her. We talked about what made her select early childhood home visiting for this new job. After a few moments, she responded that she had worked for daycare centers for about 15 years and had been a director of a large center for seven years. The center had been sold, and the new owners raised the rates, and several families who had been with the center for a long time could no longer afford to send their children there. This was very upsetting as she knew how important the services were for the families. She said that no matter how many conversations she had with the new owners, they just wouldn't listen to her. Rachel laughed ruefully, "Before this job, my bosses didn't listen to me. Now I have staff who don't listen to me. It makes me question if I really know anything at all." I replied, "It can be really upsetting when you doubt yourself." She made a small noise and looked away.

Sensing that she wanted to shift to a different topic, I asked if it would be okay for me to go through a short slide deck presentation that contained information on how I would be able to support her and the home visitors. After explaining the information, we decided to meet three more times over the next five weeks while she worked with the home visitors to get a regular group consultation schedule in place.

Reflection:

After our meeting, I thought back on the time Rachel and I had spent together. When I begin to work with a new home visiting program, I like to get to know the supervisor and have a good relationship prior to starting with the home visitors. When I understand the supervisor's experiences, it helps me to have a beginning understanding of the dynamics in the program and what they are experiencing.

With Rachel, my impression was that her hopes of being able to help families were an important part of her decision to move into home visiting. I appreciated how she spoke of the vulnerable families she had worked with at the daycare and her desire to help them. This same compassion for the daycare families showed up when she described the families participating in her current home visiting program. She was less forthcoming about her experiences with her staff, so I was curious to know what her experiences were with them.

At the beginning of our second meeting, Rachel said she had time to think about the information from our first meeting. *"It sounds like therapy in disguise,"* she said. And so, we spent about half of our meeting talking about the differences. I explained that reflective consultation with an IECMH consultant is an opportunity to reflect on her work and her emotional responses. Hopefully, she will experience professional growth as a result. Therapy, on the other hand, focuses on personal issues, mental health concerns, and emotional challenges with the goal of promoting personal growth and resolving psychological problems. I summed up that reflective supervision focuses on discussing work-related experiences and challenges, such as feelings related to the staff, the families they support, and the pressures she may experience in the workplace. I assured her that she wouldn't be pressed to discuss anything that felt uncomfortable. We spent the rest of the session coming to agreements on what the consultation would look like, and what boundaries she felt comfortable with.

The third meeting happened after multiple cancellations and rescheduling attempts. Rachel began the meeting by apologizing for the challenges of getting together for this meeting. One staff member had gone out on short-term leave, and another took a new job. As a result, she now had half a caseload to oversee, was trying to hire new staff, and also had her usual supervisory tasks to manage. I reflected that it sounded like there were a lot of demands on her and wondered how she felt about trying to keep so many balls in the air. She quickly responded, *"It's fine. At my last job, I had to fill in all the time at the last minute and do everything else. I just work a few extra hours a week to get everything done. My wife understands and is supportive. So, I'm good."* I asked her how she would like to use our time together. *"I know you said I should bring things that I would like to talk about, but I'm just not sure what that would be,"* she said. I responded, *"Well, has one of the staff or families you are supporting taken up a lot of brain space lately?"* She grimaced. *"Maybe the situation that is making you frown?"* I asked. We went on to discuss a mom and a five-month-old baby she was supporting who were living in a camper parked behind a friend's house. She had many concerns about this family. When I inquired how she felt about what she was experiencing when she was there, she would instead tell me another concern. After deflecting my reflection questions a few times, it seemed to me that she needed to have someone deeply empathize with her overwhelm. And so, that is how we spent the rest of our time.

Reflection:

Later, as I considered the meeting, I was pleased that Rachel had expressed her concerns, and we could address them directly. Given how she was questioning herself about what she knows, it felt important that we spend our time carefully addressing her concerns and being clear on what our relationship would entail. I found myself curious about how she would manage being vulnerable since we often don't end reflective tome together with solutions or answers, but rather a deeper understanding of the connection of our emotional experience to the work. I wondered if she might feel uncertain about the process and worry if she is doing it "right" or fear being judged or criticized about how she feels.

When I met with my own reflective supervisor, I discussed my experiences with Rachel. After listening carefully to my account, my reflective supervisor noted that it seemed Rachel didn't trust our relationship yet and needed more time to view our relationship as a safe space. I expressed my worry that if Rachel was unable to feel safe with me, she might also be passing on that "lack of having a safe space" feeling amongst her staff. What if she struggled to encourage staff to come to group consultation and be present and reflect? Without trust, it would be challenging for reflective consultation to have the hoped-for impact. She reminded me that sometimes we must show up for a long time and be predictable and consistent to be able to build trust.

The fourth supervision session happened as scheduled. Personally, I was quite happy to be staying on schedule so we could, hopefully, keep progressing. Rachel asked to talk about the first group consultation that was scheduled for later that week and wanted to know how the group should be prepared. I explained it would be like our first meeting. We would spend some time getting to know each other, and I would explain how reflective consultation is unique and what they can expect in future meetings. I asked if she had any concerns or anything she thought I should be aware of. She didn't have any, so we moved on to her concerns for the day. She told me about some of the challenges the home visitors were having accessing resources for families and how frustrating it was for the families, the home visitors, and her. She said, *"We have good stuff happen. I don't want you to think it's all bad, but it's just so hard that many of the families have so little and no matter how hard we try, we can't get them what they need. We can give them diapers or food or a gas card, but what they really need is housing and safety."* I empathized with the heavy emotional load she carries as she holds the many stories and layers that come with knowing the struggles of so many people.

Reflection:

After the meeting, I noted that Rachel was more willing to be vulnerable in our time together. A few times when I asked feeling questions, she was able to talk about them in a distanced way. Given her newness to the work, I wondered if being too vulnerable might lead her to be too overwhelmed. Insight and understanding aren't always welcome when there isn't a strategy to manage them. I reflected on previous reflective consultation relationships and considered the ways I had invited the person to deepen their understanding of themselves and how I felt privileged to witness their journey.

Although Rachel and I are only four consultation meetings into our relationship, I have hope that with time, the willingness to be vulnerable and reflect more deeply will come. In the meantime, I will continue to show up and extend the invitation.

Reflection Questions:

1. What have you learned about your own strengths and areas of growth through reflective consultation?
2. How do you handle uncertainty and vulnerability in professional interactions?
3. How do you create a safe space for others to share their thoughts and feelings?
4. How might the supervisor's identity impact how she's viewed?
5. How do you balance offering support with allowing the other person to find their own solutions?
6. What boundaries are important to establish in a reflective consultation relationship?

Story 3:

REFLECTING TOGETHER WITH A HOME VISITOR AND SUPERVISOR

In my role providing reflective consultation as an IECMH consultant, I was invited to join a supervisor and home visitor for their regularly scheduled reflective supervision sessions. As I drove to their offices that first morning, I wondered how my being there would affect the dynamic. I always hope that I can find ways to join staff together in their processes and their rhythms, similarly to how a home visitor joins alongside a dyad (parent and child).

Reflection:

Big or small, humans have a fundamental need to feel they are understood and cared for by others, and to be able to express their own natural intuition to care. These needs present differently and often motivate individuals to seek out relationships with those around them. I'm wondering what this looks like for the supervisor and home visitor and how this gets communicated during their time together. I'm wondering about the ways this will be described by the home visitor in her work with a family.

As I positioned myself in a chair in the supervisor's office for the start of that day's reflective consultation session, I remembered some advice given to me by a previous reflective supervisor – find ways to keep your eyes, ears, and heart as open as possible and try to experience moments.

Home visiting is hard and can sometimes feel overwhelming and unmanageable calling on us to seek and find answers. I don't always have a clear strategy to offer during consultation and am feeling concerned about expectations for our time together, and for me. The concern and uneasiness I felt led me to use a curious, yet containing, beginning approach. I started with: *"Thank you for inviting me to join you this morning. I recognize you've been meeting together for quite some time and as we talk about your experiences with families, I'm wondering what might be most helpful. We've all been supported in all kinds of ways, and I am hoping we can take some time to talk about how you're hoping to spend our time together today."*

The home visitor smiled in response and the supervisor shared how they typically move through their time. While there were several familiar aspects mentioned (describing a home visit, discussing thoughts and feelings and considering responses), it was difficult for me to get a feel for and a picture in my mind about the process the supervisor was describing. I reminded myself of the importance of being a "participant" in what happens.

The home visitor shared a concern first: *"I was thinking I would talk about a family I've been working with for about five months now. I cannot*

figure out what the mother wants from me, from the program. I thought we were off to a good start and although she keeps our visits, it's like the same visit each time I go. You know what I mean?"

The home visitor looked at both her supervisor and me while she spoke, yet her final question ended while making eye contact with me. While there was a "we're all in this together" feel to our time together, it also felt important to remember that I was new to their existing relationship. This was a nice "parallel process" reminder about how a home visitor can feel when beginning to work with a new family. So, I looked back as the home visitor asked this question and instead of replying, I held silent. Home visitor: *"I thought the mom was invested in us, that she cared about helping her child."*

Supervisor: *"What makes you think she's no longer invested?"*

Home visitor: *"She's on her phone sometimes and when she's not, it's as if nothing I say matters. Her son is two years old, and he gets so excited when I arrive. When he starts running around or doesn't listen to her, she gets pretty upset and ignores him...not just his behavior. I don't know what to say in these moments because when I've tried to take guesses about his behavior, she just looks away and says, 'He does it all the time.'"*

I feel as if it is the right time to share one of my wonderings: *"In these moments, I wonder if it feels like you're both being ignored?" I ask.* I wasn't sure how my question was going to be experienced and felt uncertain about what the home visitor and supervisor might offer in response. It was quiet in the room.

Reflection:

Was my timing okay? I thought to myself. This relational work we do holds onto the idea that we enhance social and emotional wellbeing and strengthen relationships when we respond in emotionally supportive ways and help support the reflective capacity of adults. Knowing this was my intention in asking this question brought me comfort.

Home visitor: *"Yes! And this feels different from our first few visits. I don't know what changed. We had long conversations about family goals and how we could work together toward these goals. She said it sounded nice and I thought we were on a good path forward. Now it feels like we're still standing in the same place...maybe even steps backward. I don't want to feel like she's wasting my time, but if she's not going to work with me, what's the point? I wish she'd just tell me if she's still interested or not."*

Supervisor: *"Every family is different. It can be a hard part of this work to not know what a family needs to feel comfortable and come to trust us."*

The home visitor went on to share a recent home visit and the way she noticed the child's fussiness. It didn't take long for the fussiness to become a full-blown cry. The home visitor's instincts and inner voice were screaming "Do something!" She described wanting to scoop up the child to hold him, to comfort him. Instead, she watched as the mother looked away and walked past him to pick up a piece of paper from the table.

Home visitor: *"I left angry and sad, not to mention concerned. I cried when I got into my car, and I'm worried about what happens when I'm not there."*

I was drawn in by several things, including the idea that we were developing our reflective relationship as she was developing her relationship with the family. The dance between this mother and child produced an urgency and vulnerability in this

home visitor and it was important for me to consider my responses to help set a pace and even slow quickening steps. This home visitor understood that responsive care requires listening to what children are communicating through their cries. I wanted my responses to mirror this type of listening for the home visitor and her supervisor, both separately and together. *"It sounds like you find yourself walking into the unknowns of their relationship. I can hear in your voice how much this mother's way of interacting with her son upsets you and you found a way to hold onto your strong reaction to rescue him during this moment of distress. Am I reading this right?"* I asked.

Supervisor: *"Sometimes when we feel upset or anxious, it can make our work with a family's struggle feel even harder. It sounds like you're learning even more about yourself as a home visitor as you're learning about this family."*

While glancing at her hands, the home visitor smiled and relaxed her shoulders.

Home visitor: *"I suppose I am."*

Reflection:

I couldn't help but consider the parallels between what sounded like a vulnerable mom and her home visitor who had also been working so hard.

Every home visitor enters into this work for their own reasons and with their own skills and strengths that allow them to remain engaged and supportive during a family's struggles. My hope was that the responses she received allowed her to safely explore her own emotional responses and that this awareness helped her further recognize her own strengths and successes within difficult moments. I also hoped for an opportunity to reflect with the supervisor about this interaction. I wanted to get a chance to discuss how effective it was for this home visitor when there was enough time, space, and attention given to her need, as well as what she noticed they were able to do well together in this and other reflective supervision sessions.

Reflection Questions:

1. What do you think is happening for this home visitor when working with the family?
2. What do you think is happening for the family when working with the home visitor?
3. What did this interaction bring up for you in your role providing consultation?
4. Think about relationships that have helped shape you in your work. How might cultural norms shape each person's view of parental engagement?

TIME + SPACE + ATTENTION

Story 4:

CASE CONSULTATION

In the group case consultation this month, it was Janelle's turn to present (as the group of home visitors had decided to each present on a scheduled rotation). After everyone was settled in, Janelle, a white woman in her 20's, began with background information. She shared, *"Olivia is a first-time mom with a six-month-old baby girl, Amelia. She lives with her boyfriend, Carter, at his grandma's house and has since she was 18. She is 20, and he is 27. Everyone in the immediate family is white. Carter was removed from his parents and placed in foster care when he was little and then went to his grandma who adopted him. Carter is very loyal to his grandma. Sometimes they quarrel but what I see between them is positive overall. Olivia feels like when she and the grandma have a conflict, Carter always takes his grandma's side. And when she and Carter have a conflict, the grandma takes his side. This was a big part of the conversation last time we met, as Olivia and the grandma have very different ideas about how to care for Amelia. She feels like they gang up on her and she has no say, but honestly, I agree with Carter and the grandma, so I have to make sure that she doesn't feel like I'm taking their side. It's hard, though."*

"I can see how that might be hard to figure out how to navigate that," I said. *"Can you tell me a bit about what the conflicts are about?"*

"Well," Janelle begins, *"a big one is responding when Amelia cries. I have been there when Carter is at work and the grandma is out. Olivia puts Amelia in her bouncer and leaves her. When she starts crying, Olivia will wiggle it with her foot or give Amelia a pacifier but doesn't pick her up until she is shrieking crying and then as soon as she is settled down a little bit, Olivia puts her back in, and it starts all over again. But when Carter or the grandma are there, if Amelia starts fussing, they try to figure out what is wrong and pick her up quickly, and she settles down right away. Olivia gets frustrated and tells them Amelia can't always have everything she wants the minute she wants it, and she needs to learn patience."*

"What do you make of that?" I inquire.

"It could be a couple of things," Janelle shares, *"Olivia didn't have a good childhood. She and her mom watched a lot of TV. When her mom had a boyfriend, there was often emotional abuse, sometimes sexual abuse, and physical violence. She didn't get a lot of food to eat. She met Carter when she was 15. I don't understand exactly how they met. It's confusing, but a friend of a friend of a friend kind of thing. He felt bad for her because he was abused and neglected by his parents, so he and his friend group "adopted" her. They made sure she had places to stay because of all the violence with her mom's boyfriend. When she was 18, the grandma told her she could move in, as Olivia spent a lot of time there, mostly, it seems, to eat and shower. After she moved in, she and Carter started dating. Anyway, that's a long story, but I think she gets jealous when Carter or the grandma pay attention to Amelia. She really didn't have the experience of someone paying attention to her like that. Knowing what she needed and doing something about it. Sometimes, it seems like she does things purposefully to irritate Amelia, and then when Carter tells her to stop or solves the problem, she gets mad that Carter isn't supporting her way of doing things."*

"That's a lot. I can see how it might be hard to support her when you see that Amelia is so upset and can be soothed when her needs are met. Are there any other factors that you think contribute to Olivia's reluctance to help Amelia when she's upset?" I inquired.

Janelle responded, *"Well, to me, Olivia seems depressed. When she was pregnant, she was tired sometimes but still spent a lot of time running around with friends. She and Carter are the only ones in the friend group with a baby. Carter works a lot and regularly hangs out with friends, but it doesn't seem like she's invited now. I haven't really asked her about that. Maybe I should. Anyway, her mom isn't interested in being part of the baby's life. Olivia has invited her over many times, and she says she doesn't have a way to get there or doesn't show up. Her mother has never met Amelia. I can't imagine being a grandma and not trying to meet my grandchild!"*

I reply, *"Yeah, that's rough. I'm hearing that you have concerns about how Olivia treats Amelia, Olivia's possible depression, and you're concerned that she doesn't have a lot of social connections. Is there anything else? What do you find challenging in the home visit?"*

Janelle replies, *"As you know, I am always prepared and have a plan for her to do things with Amelia, but it's nearly impossible to do anything, as she only wants to talk about what is happening in her life. I have brought all sorts of things for us to do with Amelia, but we haven't done any of them. I can barely get the developmental screenings done. I have some concerns about Amelia's development, but Olivia blows me off and says she's able to do all sorts of things that a six-month-old can't do, like talking in sentences. It's like she thinks if I'm not worried about Olivia, then it's okay to ignore her when I'm there."*

Reflection:

As I consider what will help Janelle in this situation, I think about what she is bringing into the relationship with Olivia and Amelia. She is a new home visitor and is anxious about doing the "right" things in the work. She can get preoccupied with providing information and going down the checklist, which means sometimes she isn't able to hold space for just having a relationship with the families she is supporting. Because of this gap, I think this is the place to start before moving into strategies. Consultation involves supporting professional development and finding ways to help the home visitors be successful in all aspects of the work. I note that in this program the home visitor can work with both parents and focus could be on being more active in engaging Carter and potential biases around father's involvement in home visits. Another home visitor might need help understanding how to support Olivia in getting mental health treatment. If there were cultural considerations, the conversation might start there. For the consultant, understanding how the home visitor approaches the work is important, as that shapes how they will move the conversation forward.

I say, *"Janelle, the struggle you are having often happens in home visiting. There is a mismatch between what you are offering and what Olivia is wanting out of the visits. How would you feel about discussing this as a group?"*

After she agrees, I ask the group, *"How do the rest of you manage that type of situation? You show up with a plan that goes with the curriculum, and the family wants something different."*

"When I hear you talking about this family," Zan says, *"it reminds me of so many families I have had. For me, I try to get one small thing in per visit. I'll listen to the parent and talk about their feelings, then I'll slip something in. And then I leave materials with them and hope they look at it. I just hope that me being there listening is the thing that will help them get some relief from stress so they can parent better."*

Rebecca chimes in, *"I get frustrated in those situations too. Sometimes it helps to figure out why they want to be in the program. What does she want? Maybe it's really Carter who wants her to participate and she does to keep him happy."*

"Rebecca, those are great observations. Janelle, why do you think Olivia wants services?" I ask.

Janelle was able to come up with some reasons why Olivia might want services. Central to the conversation was consideration of what Olivia needed from the relationship with Janelle. The group was able to identify ways Janelle could connect with Olivia between appointments so Olivia would know that she doesn't just hold a place in Janelle's calendar but also in her mind when she isn't there. The group went on to connect other needs they noted to the curriculum and gave ideas on how Janelle might use it to strengthen the relationship.

Before we ended the group, I asked, *"Janelle, we talked about a lot of things that might help in your work with Olivia. Is there anything you wished we would have discussed but didn't?"*

She replies, *"I don't think so. I didn't really know what I needed. I just remembered that in the past you said that we should bring families that take up a lot of our brain space, and so that's how I decided to talk about Olivia and Amelia. Hopefully, I can help them with all the ideas that everyone gave."*

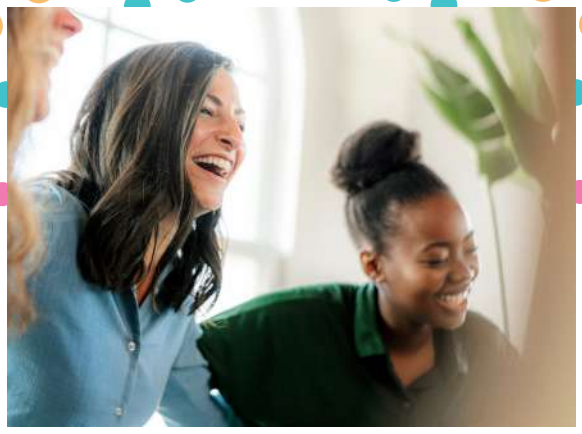
Reflection:

After the meeting, I spent time reflecting. I really appreciated the group's ability to encourage Janelle, give her ideas, and challenge her in considering Olivia's motivations in a different light. As for me, I recognized in Janelle similarities in how I struggled as a new home visitor in having enthusiasm for the program and a tendency to get frustrated when families weren't participating in a way that I thought they "should" and how that led to further frustration for both me and the families. Through the years, I found families with complex needs can't be reduced to a few neatly packed interventions but rather require a variety of skills on the part of the home visitor. And in turn it requires the consultant to be able to analyze and consider the needs of the home visitor and the family. In the early stage of my career, the consultant for the program I worked in was able to identify the emotional toll this friction was having on my life and the possibility for burnout if my skills stayed the same. The consultation provided me with emotional support and empowered me to handle challenging situations more effectively, which I think led to better results for the families I supported.

As an IECMH home visiting consultant, I sometimes find it challenging to plan and stay focused on how the home visitors and I will use our shared time together. When we are reflecting together, the focus is on how the home visitor is experiencing the work. Whereas, during case consultation, there is a greater emphasis on developing skills that will support the home visitor in being more effective in their work. Consequently, there is a lot of focus on how the family is experiencing both the intervention and the home visitor. The collaboration between the consultant and home visitor in reflective and case consultation hopefully provides a safe place where the home visitor can feel supported in areas of vulnerability. And then take the felt sense of safety to the families they support.

Reflection Questions:

1. How do you create a supportive and non-judgmental space for home visitors to share their challenges and successes?
2. How might the direction of the case consultation have changed if there was a cultural difference between the home visitor and the family? Or if Carter and the grandma had a different cultural background than Olivia?
3. There is a balance between providing guidance and encouraging home visitors to develop their own problem-solving skills. What would the potential pitfalls of leaning too far in either direction be for Janelle?
4. In this vignette, the consultant gets Janelle's consent on the discussion focus when asking, "How would you feel about discussing this as a group?" How does this build a collaborative relationship? What ways do you use language to build collaboration? Are there ways your language might disempower the consultee?
5. What biases might affect how the home visitor sees Olivia, and how can these be addressed?
6. How do you ensure that the consultation aligns with the home visitor's professional development needs while also addressing the needs of the families they support?



Story 5:

GROUP CONSULTATION

As I entered the room where we held group meetings, the supervisor was also walking in with the rest of the group of home visitors – seven in total. We all exchange greetings and the group quickly gather around the large table to begin. Today's presenter, Mandy, starts her presentation by sharing a song on her phone as our "mindfulness moment" to prepare and set the tone for reflection.

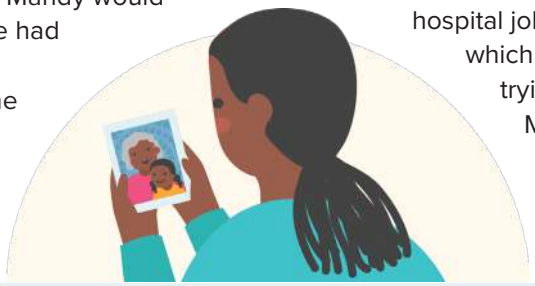
After we listen to the sorrowful song, Mandy says that she chose to share this particular song about a lost relationship as it reflects how she is feeling about one of her families. She said she has been struggling with these home visits because the mother is so withdrawn and the connection between the 8-month-old and mom and their secure attachment is in jeopardy.

After listening to the song, Mandy launched into her experience with baby Izzy (her nickname for Isabella) and her mother, Yolanda. She described having been able to begin home visits with Yolanda prenatally, when she was about 7 months pregnant. Mandy described the 26-year-old mother as looking low and subdued from the start, and it took some effort to allow her to open up to Mandy about her life. During their early visits, Mandy admired aloud her cozy apartment. The furniture was sparce and well-used, but Yolanda had some nice touches that warmed up the living room. Yolanda smiled slightly and thanked her for the compliment, adding that it was something she had put some effort into. Later Mandy would learn that some of the furniture had been her grandma's, who had passed away shortly before she became pregnant. This was the grandmother who had raised Yolanda most of her life.

Yolanda began to tear up when she explained how she was raised. She had so loved her grandma and had been fiercely protected and cared for by her after her own mother had died. Yolanda was only five. It would be several months before she would tell Mandy that her mother was killed in an auto accident. Her father had left them earlier in her life and was rarely mentioned. Mandy felt so much sadness in this young pregnant woman yet sensed that she had thrived while growing up in the loving care of her grandma and grandpa. They had even helped her to go to community college for two years, but then her grandpa passed away, and money was stretched too far to continue.

Mom-to-be Yolanda initially seemed quite reserved in her happiness about her pregnancy, but Mandy noted signed of hope as well. Yolanda had been in a relationship with Terence for over a year, beginning when she was living with her grandma and working in a medical office. Her grandma was at first pleased that Yolanda was dating him. As the relationship progressed, and Terence withheld his support and his feelings from Yolanda, her grandma expressed concerns. The couple stayed together though, and they became pregnant about three months after Yolanda's grandma's death.

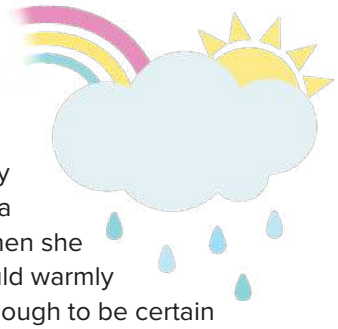
On the third visit with Yolanda, when she had shared her grandma's reservation about Terence, Mandy also learned that Terence had left his hospital job and returned to school, which was several hours away, trying to qualify for a special Med Tech program. He had



not been forthcoming about his plans before she became pregnant and decided to go despite Yolanda's pregnancy. That he had left so suddenly after the news and after her grandma's passing had really shaken up Yolanda. He was calling her often and seemed concerned about how she was feeling both physically and emotionally, but he had only been home to see her once since leaving. Terence was trying to sort things out and come to terms with becoming a father, convinced he needed to commit to becoming a good breadwinner, and this was the time to advance toward a profession, hopefully in the medical arena. Of course, Yolanda was feeling quite abandoned, awakening some buried yearnings about losing her father as well.

The pregnancy had progressed quite well, despite the circumstances. Yolanda had been quite steady in seeking pregnancy care and getting to her prenatal appointments. Mandy helped her see how competently she had been preparing for her baby, and initially felt she was a helpful sounding board for the birth plan as well as Yolanda's maternity leave planning. Terence would come back some weekends and fortunately was able to get there in time for the delivery. Mandy said at the time she would describe the couple as consciously trying to become both a sturdier couple and "good enough" parents.

Yolanda came to trust and look forward to Mandy's weekly visits (twice weekly for the first months after baby Izzy's birth) but Mandy described becoming more aware of how hard she had to work to prepare herself for these visits, because of the strength of Yolanda's sadness and grief that would occasionally present itself. It felt like, at times, she could not do enough to brighten the day of this fragile mom and baby, and she felt less competent than in her work with other families. Mandy had not yet experienced the death of anyone close to her. She had no children. She had a steady significant other who had not committed to their relationship long term. Sitting in the grief with Yolanda had become almost unbearable. Especially on the days Izzy had that blank look, when she seemed very uncertain of her mother's response to her bids for attention and would turn her head away if Yolanda came close or would begin to pick her up. Her smiles were few and fleeting. Sometimes there were more smiles between them, and Izzy would light up when her mama came to her or would glow when she heard her name, and they could warmly interact for a while. But not enough to be certain of a loving relationship evolving as mom and baby both deserved.



After sharing the family's situation and her reflections and experiences, Mandy then turned to her colleagues. She seemed uncomfortable and began to cry as she explained her wish to better support this family. Obviously, she cared a lot about this mother and her baby girl! She stopped talking, looked around the table at her teammates and saw they also had welled up with tears. This led to a round of supportive and tender validation from everyone there, starting with her supervisor. I waited a bit and felt the release and relief that enveloped us all as Mandy heard the tender words. Mandy heard and felt considerable acknowledgment of her feelings. It was also soon evident that everyone in the room was familiar with these evolving, heavy emotions stemming from home visiting work that also, often, reflected some of their own lived experiences.

Once the support from her colleagues died down, I thanked Mandy for her honesty about the challenging and surprising feelings that she uncovered within herself. And I applauded her courage to open up her heart and share it with us all. I added that her willingness to open up with us was likely what also helped Yolanda open up to her. I offered a few words about the parallel processes at work within the evolving relationships between Mandy, Izzy, Yolanda, and Terence as well. I wondered aloud how Mandy's deep emotion around this family and some of her own personal connections was bringing things up for others in the room.

Bravely centering on the swirling emotions that charged the room in the past minutes, Mandy's colleagues started sharing their stories that connected to Yolanda's case and shared their occasional feelings of self-doubt. The home visitors

in the room shared details around feeling guilty for having an easier life than their families; sitting in grief with families; experiencing families facing post-partum depression; and more.

This open sharing reenergized Mandy to share more about some successes she had recently had with Yolanda and Izzy.

Mandy shared that she had recently searched for some easy basic activities to entice Yolanda to come down on the floor to try some floor time with Izzy. She considered various options including drawing on the program curriculum, using the Edinburgh PPD Scale as a tool, and even changing the time of the visit so mom and baby could both be more rested and open to shared play time. She paused, stating she hadn't had much luck yet.

So, I wondered aloud if this might be just the opportunity to ask if Yolanda might now be interested in learning a few favorite games and songs that many babies love, and which might be fun to try with Izzy. Mandy brightened with that reframing and seemed hopeful. She also explained that she wanted to learn more about the feelings Yolanda was having related to the baby and find a way to talk more about Yolanda's depression. Mandy realized Yolanda was trying to do so much on her own, and it might be time to ask more of Terence.

I applauded that Mandy was identifying several important avenues to help mom and baby and to impact their attachment relationship. We opened the discussion to the group about the ways they had found to gently but effectively have more conversation that could remove the stigma or reluctance about addressing mental health and potentially seeking treatment. Others had examples of their approach from a place of empathy, directness, and unhesitating support. All also reinforced the idea of making sure to do an activity, with mom taking the lead directly, inviting Izzy into the fun.

One home visitor described her work as trying to bring fun and joy into their interactions together, with her role being more of a "play coach." She came to understand that this mom needed help to learn or re-learn to play and include her son. She felt Mom's mood had been so low that she failed to pick up on her baby's cues of readiness for fun and connection. As the home visitor pointed out her child's interest and delight during play, Mom, in turn, became more conscious about her own smiles and noticed that her son responded with anticipation and joy. "Joy begets more joy!" the home visitor shared.

Another practitioner said she was more successful when she simply stated to a mom that she was concerned about the deep sadness she sensed from her, wondering how she might help, followed by allowing a quiet couple of minutes for those compassionate words to sink in. This mother began to cry and shared that she felt so distant from her little daughter and then felt guilty for feeling distant. The home visitor provided a time and space—and ears and heart— for this new parent to believe the realness of her home visitor's worry about her own well-being as well as her baby's.

Finally, with only a few minutes remaining for this group, the newest member posed a question to Mandy. The home visitor had been wondering how Yolanda's family's culture, differing from Mandy's, might play any role in their interactions. This new home visitor shared that she had grown up in a family who was very reluctant to ask for help because they had repeatedly encountered service providers who let them down and were not genuine in their wish to offer support. As a person of color, she had learned to be careful before trusting another's intentions and to be protective, of herself and of her family and friends, in this world where racism is still an unfortunate reality. She has also quickly brought up the value of considering cultural influences both as part of contributing to a family's strength and sometimes creating unexpected difficulties that need tending.

This led to Mandy realizing aloud that she had only a surface sense of the differences between her own upbringing and Yolanda's. Mandy stated she was always drawn to children and the helping professions, but she often struggles with the intensity of the poverty she has seen up close in

some of the homes she visits. She sometimes just wants to sob after those visits for the scarcity of support and basics like food, diapers, and laundry soap. She also regularly mourns the lack of caring that those situations reveal about our larger culture.

Mandy then shared that she also admires the strength and determination that she has seen in parents who have had to find resources in unexpected and more challenging ways. And recognizes that most parents share the same dream— that their children are healthy and happy and know in their hearts and souls that they are loved and valued by both their families and in their larger communities and that they have ample opportunities to create happy, healthy, productive lives for themselves. Mandy shared that this new home visitor's wondering aloud about culture and connection would keep her grounded as she continued the work.

In the last minutes of this group reflective, I asked Mandy what she was thinking would be her next steps in returning to Yolanda's and Izzy's. As we listened to her, we heard a thoughtful plan emerging that was incorporating many ideas from today's group. I noted that her plan also mirrored the caring and thoughtful way these remarkably capable and sensitive colleagues held her. She will be tender and caring with Yolanda in part because Mandy asked for help and received TLC for herself. That, in turn, will help Yolanda to be able to be responsive, gentle, and caring with Izzy. I thanked Mandy for bringing baby Izzy and family to us today and for sharing the story of her work with them so honestly. I thanked the group for their receptive listening and wonderful reflections that will help us all to do better work with many other struggling babies and families.

Reflection:

This is such important work, and it is often so difficult, as is the work of parenting. I say my goodbyes with gratitude for the many individuals who have chosen the work of supporting families and young children. It is also a privilege to have the opportunity to help create a space to pause and reflect upon home visitors' very busy days. These opportunities help them find both community and connection that can sustain their vibrant efforts to return time and again as a steadying force for so many vulnerable homes with parents who want to offer safe, loving relationships and care for their infants and children and who deserve a strong supportive community with caring relationships to help assure a better future for the whole family.

Reflection Questions:

1. What led to Mandy being able to be vulnerable in this group reflection?
2. How was the parallel process helpful with this team?
3. What topics emerged during this group reflection that you, as the consultant, might bring back at another time for further training, reflection, resource-sharing, and discussion?
4. How did the mention of race and identity shift the group's reflection?

Story 6:

TRAINING

I had been working with an agency for about 9 months and had yet to provide a specialized mental health training. I had initially offered this component of the IECMHC model to the supervisor of the agency to deliver concrete training to the home visiting program. I explained that this type of training could meet the supervisor's need for his or her staff to be trained, while also meeting the home visitor's specific needs for knowledge and skills to aid their work with families. I felt that offering this type of support would be a great starting point for building rapport and trust, and eventually reflective relationships, with the supervisor as well as with each member of the home visiting team. But as often goes with the best laid plans, my intended training sessions were delayed by busy holiday schedules and an unexpected loss of the supervisor who resigned from her position.

The home visitors had a period of uncertainty as they processed what it meant for them to be without a supervisor and wondered who would become the new supervisor. I had established monthly case consultations already and felt that the home visiting team benefited from our time spent together. We used a portion of that time to process their thoughts and feelings about the changes in their program, and we spent time as we had done before, discussing some of their successes and challenges in working with their families. I was able to weave in mental health concepts through our case consultations, encouraging them to broaden their understanding of what may be going on for families, think critically about their interactions with their clients, and reflect on what thoughts and feelings were elicited in them through the work they were doing.

After the supervisor resigned, I had also begun individual sessions for the home visitors in the spirit of providing extra support during a period of chaos within the agency and to guide them through some of the questions they had about their work during the time that they were without a supervisor. The group case consultations were going well, but I noticed a pattern with some of the home visitors that they did not always follow through with their individual sessions with me.

Once things began to settle within the agency environment, I revisited the idea of providing training sessions with the new supervisor. She agreed that the timing felt right, and we decided to ask the home visitors to brainstorm some training topics that would be of interest to them. As a group, we decided that the first training I would provide was on building rapport with families. The home visitors explained that sometimes it can be hard to get families to engage in the program. They may call and leave voicemails several times, text and get minimal response, and might even have some families not show up. A theme that I had noticed with this group of home visitors was also that they lacked confidence in themselves.

Throughout our case consultations, they would express thoughts and feelings such as, "What do I even have to offer this family? I feel like I don't know what I'm even supposed to do with them." A couple of the home visitors had been with the agency for under a year and had previously been working in classrooms. We would talk often about how the work that they did in classrooms was very structured and often with tangible results at the end. Their work in home visiting felt very foreign to them. They often questioned whether they knew how to mentor parents and if the things they were doing with families would ever lead to noticeable results.

I also observed that during case consultations, the home visitors had plenty of good ideas of what to do with families and how to do the work. The staff who had been in the role longer were often able to share stories about their experiences, things that they tried that worked, and how to approach families when things were not working very well. The home visitors were very skilled in bouncing ideas off one another and sharing community resources that might help families.

Reflection:

I thought about what the home visitors were telling me they wanted training on and what I had observed as an area of potential development. I wondered how I might shape a training on building rapport with families to also provide the home visitors a boost in their confidence and foster their ability to trust in their judgment and skill too. I was also sensitive to coming across as the "expert." I hoped to continue developing collaborative and supportive relationships, and I considered the idea that it would benefit the home visitors most to be able to think critically and open-mindedly about their families, rather than depending on my suggestions alone.

As I prepared for the training, I jotted down all my thoughts on how to build rapport and engagement. I noted what I had learned about human attachment styles and entering relationships with those who may not easily trust others, especially not home visitors who arrive wearing a badge to talk about their child's developmental delays or prenatal drug exposure. I also noted what I had learned from my own experiences as a home visitor. I recall knocking on doors where there would be no answer that day, feeling partially relieved (Do I have the skills to have supported the family if they had been home?), partially concerned (Are they okay? Did I do something wrong?), and knowing I'd have to try again. My thoughts were based upon my understanding of the complexities of what vulnerable families may be facing – things like socioeconomic challenges, cognitive deficits, generational trauma, or addiction to substances. And so, I organized a few categories of things I wanted to discuss with the home visitors.

I typed out my notes with categories: Challenges to Building Rapport (with the two subtopics of challenges on the parents' part and the home visitors' part), Thoughts Elicited in the Home Visitor, Feelings Elicited in the Home Visitor, and Strategies to Build Rapport. Under each category I wrote a few of the ideas that readily came to mind. For challenges to building rapport, I thought of examples such as parents' distrust of the home visitor or mental illness or home visitors' burnout or lack of sensitivity to the family's cultural practices. I wrote how home visitors may feel concerned, angry, worried and how they might be thinking things like "Why bother?" or "How will I get my paperwork done in time if they won't meet with me?" And I listed several strategies to try, such as being predictable and consistent, using the relationship to demonstrate healthy boundaries, and how to gently "notice" with families their patterns of disengagement.

Perhaps the most important part of my planning was to leave bulleted blank spaces under each category for home visitors to add their own ideas. And add they did! The home visiting

team had many wonderful additions and lots of rich discussion on challenges they've had and what they have found that works. Colleagues collaborated, they realized their past successes, and I supported their thoughtful discussion. As we talked, they added onto the outline that I had created, so that in the end, we had an abundance of ideas about what potentially gets in the way of building rapport, what the home visitors think and feel when there are challenges to building rapport and engaging families, and plenty of strategies to try to overcome such challenges.

As I discussed strategies for engaging families, I stressed the importance of setting consistent appointments and following through predictability. I said that the consistency and predictability lend to building trust in new relationships. When a home visitor and family schedule to meet every Wednesday at 10:00 and the home visitor arrives every Wednesday at 10:00, they demonstrate they are reliable, trust-worthy, and that they can be counted on to follow-through. I also told the home visitors that when they have that consistent, predictable meeting scheduled and the family no-shows, they then have the opportunity to kindly but firmly discuss. For example, saying, "We set our appointments for every Wednesday at 10:00, but I've noticed the last two weeks when I've arrived, you haven't been here at those times. Can we talk about what might help you to attend our appointments?"

Reflection:

I drove away after giving my training, reflecting on how it went. I had accomplished my goal of taking on confidence-building and a collaborative stance. I emphasized how much the home visitors knew and could add to the topic themselves in hopes of them feeling more confident about what they have to offer families they work with. I had inserted a bit of education on attachment patterns, being open to thinking about the complexities of what the families face, and some self-reflective discussion about what types of thoughts and feelings are elicited in the home visitors in these moments.

After spending some time reflecting, I had a major revelation. I was not setting consistent, predictable times to meet each month for individual reflective supervision with the home visitors. And I was experiencing challenges in building the rapport too. Group reflective was going well, but the individual sessions I had started in the last couple of months where home visitors felt a bit more vulnerable with me were not. I was waiting 15 minutes on zoom calls that the home visitors forgot about and having them not respond to my emails to schedule that month's supervision until the month was nearly over and their schedules were full. It probably felt similar to their challenges in building relationships with some of their clients.

On my next visit to the agency, I humbly explained to the supervisor and home visitors about my realization that I, too, needed to demonstrate my consistency and predictability to build their trust in our relationship. I then suggested that we switch to having standing appointments for our individual sessions each month.

Since we made that adjustment, I have found better consistency in our meeting together. I incorrectly assumed that the home visitors had enough trust in me from our group work together, but the trust that we had established in that group setting didn't necessarily translate to the individual sessions for all the home visitors. I also didn't account for how much uncertainty and unpredictability had arisen within their agency, which really required me to be even more consistent, structured, and predictable in my interactions with them.

Though this definitely started as a bit of a "miss" in my work with the home visitors, it was also an opportunity for me to demonstrate other qualities they can expect in their relationship with me – self-reflection, repairing of misses in our relationship, and the ability to open myself up humbly and vulnerably to admit a mistake and grow from it. My hope is that their felt experience with me will also translate to their work with their families.

Reflection Questions:

1. How do you handle situations that require you to be flexible with your plans and shift how you meet the needs of consultees?
2. When has there been a time in your work that you were developing newer skills and lacking confidence in yourself?
3. What types of feelings are elicited in you when you have challenges in building rapport and engagement with consultees?
4. How can rapport-building training include cultural responsiveness?
5. When have you noticed a "miss" or a disruption in one of your relationships, and how have you made repair? Or, if you did not make repairs, how did that impact the relationship?

Story 7:

JOINING IN A HOME VISIT

Today I am going to the program site to meet with Sarah and her supervisor Karen. We have been discussing a case for 6 months, and I can see that Sarah is becoming frustrated because she feels that she is not helping this young mom as much as she feels she needs to. Desiree has an obvious affection for Michael, and makes sure that he is clean and fed. She brings him to all his doctor's appointments and gets immunizations on time. But Michael is not reaching his developmental milestones and seems content to sit in his baby seat and just watch what is happening around him. He is 9 months old and has not made much effort to sit up or begin to crawl.

During our past discussions, Sarah had shared that Desiree was eager to talk with her, and that they shared information easily back and forth. But Sarah also shared that she rarely noticed Desiree holding the baby or talking directly to him. At times, when the Desiree was on the phone, she would give Michael a toy to hold when he began to fuss but would not address him.

During our reflection time, Sarah, Karen and I would discuss what strategies Sarah was trying. Sarah shared that she had made some suggestions and given Desiree information on the importance of bonding with her baby. On every visit, Sarah would ask what mom and baby did together, but the responses Desiree gave were mainly about what she did for the baby, not what they did together.

Since Sarah felt like she wasn't making much progress, during one of her reflective supervision sessions, she, her supervisor, and I brainstormed another approach. The new approach was that Sarah would ask Desiree to demonstrate various routines, in hopes that they could discuss the routines together and Sarah might bring up opportunities for interaction. When she visited the next week, Sarah asked Desiree to show her how Michael prefers to be fed. Mom took the bottle and propped it up on a pillow while the baby lay in the crib. Michael did, indeed, take the entire bottle. Then, when Desiree demonstrated feeding baby food, Michael sat in the baby seat while she fed him spoons of food, all while talking with Sarah.

Sarah started sharing with Desiree how important it is to talk to her baby during all activities, and whenever he seems alert. She explained how babies learn and the importance of their bonding and interactions. Desiree seemed interested and said she would try those things.

Sarah left feeling like they finally got to the topic that would help the bonding between the Desiree and her baby, and that this would be a turning point in the baby's social and emotional development.

When Sarah returned the next time, Michael was neat and clean yet lying on a blanket on the floor. While Desiree interacted with Sarah, she did not reach out to interact with Michael. Sarah asked about bonding and interactions, and Desiree said things were going well. Sarah showed her a video of a mom and baby interacting, and how the baby mimicked what mom was doing. Desiree said she enjoyed the video and thanked Sarah for showing it to her.

When I met with Sarah and her supervisor the following week it was clear that Sarah was frustrated. She is an incredibly talented home visitor and usually has a good sense of what each family might need and how to help make that happen. Sarah was feeling like this mom was either not understanding what Sarah was asking her to do, or that she felt she was already doing these things. Sarah mentioned to Karen and me several times that she wanted to transfer this case to a different home visitor who she felt might be able to better help this mom.

Hearing Sarah's frustration, I asked, *"How can I best support you?"* After thinking about this for a while she told me that she me to join her on a home visit and give her feedback about my impressions of the relationship between Desiree and Michael.

I asked Sarah for some time to reflect on her request, and that I would get back to her soon.

The next week, I met with Sarah and Karen again. I mentioned that it is rare that I would join a home visit. I said that Desiree, like many parents, might not be welcoming of a mental health consultant joining. I also shared that I may not see what Sarah has been talking about as one person added to a visit often changes the way families interact with the home visitor.

Sarah decided to present this idea to the mom at the next visit, and to explain the role of the IIECMHC consultant as someone that supports Sarah as she provides home visiting support to families.

To Sarah's delight, Desiree agreed to have me join in the next home visit. Sarah obtained written consent for me to accompany her.

Reflection:

I reflected on what might be my purpose in attending the visit with Sarah, and how best to support her. I am not there to be an expert, but instead to help Sarah process and think through her work and any emotions that surface while doing that work. I wondered if there is more at play than Sarah's concern for the bond between the mom and her son, but also if Sarah was struggling with confidence in her abilities as a home visitor.

Sarah and I met one more time before the scheduled joint home visit. We revisited the concerns Sarah had previously talked about, and then Sarah wondered aloud if mom could be experiencing some depression that interfered with her nurturing of the baby. She completed a depression screening, but it did not show any major concerns. "Honestly," she said, "I just need your eyes on this."

When we arrived at Desiree's home the following week, she greeted us at the door, and Sarah made an introduction. The baby was content in a bouncy chair positioned on the floor next to a comfortable chair. Mom returned to that chair while Sarah and I sat on the couch. Sarah began complimenting Desiree on how lovely everything looked, and how Michael was clean and appeared to be eating well. Sarah asked if she had any questions or concerns. She did not.

Then Sarah started asking Mom about the things that she did to have fun with the baby. Mom was pleasant, and talked about the routines such as bath time, eating, napping, etc. Sarah asked her

asked about other activities, like playing peek a boo, or reading a book, etc. I noticed that Desiree seemed a bit confused but smiled and said that those things went fine.

I also noticed that Desiree was focused on what Sarah said, and how to answer her. Desiree waited to hear Sarah say something approving, and then she would relax. During that entire conversation, the only one who interacted with the baby was Sarah. At one point the baby became a bit restless, beginning to fuss. Desiree gave him a toy, and he started to play with the toy. She did not talk to him during that interaction.

I felt a little uncomfortable during the visit as I did not want to interfere and was just observing. It was awkward, however, with me just sitting there so I did join in. Mom answered any question I asked but turned her attention back to Sarah right afterward.

When the visit concluded we went back to our car to head back home. Sarah was eager to get feedback. Instead of feedback I wanted to ask her some questions. I asked if this visit was similar to others? She said it was. Mom was always polite; she kept the baby clean and helped him remain content with objects.

I asked, *"What was your experience in that session? What did you see? What did you hear? What are your thoughts about this visit?"*

Sarah said that Desiree is always willing to try whatever Sarah asks her to do. In fact, she likes to have suggestions. Mom appears to want to please Sarah and waits to hear that Sarah thinks she is doing well. Sarah even noted that after Desiree answered my questions, she looked to Sarah for approval.

I asked if she had seen mom connecting with anyone besides the baby? She said that she had not. Mom is very young, seventeen, but she lives with her grandmother who is not at the visits. *"I wonder how mom would react if you found her a different home visitor?"* I asked. Sarah thought about this and said that it might not be the best approach. If she changed home visitors it might take some time to build a relationship with the new home visitor, or she might not want another home visitor.

We then spent some time thinking through approaches to help the bond between Desiree and Michael. We talked about the nurturing and support Sarah was providing to mom, and how mom seemed receptive to this type of relationship and these back-and-forth interactions. Sarah used that observation to come up with three or four relationship-based strategies that she might want to try.

Afterward Sarah told me that this visit was just what she needed. She felt like she was stuck, and needed me to just observe, and help her think about the next steps. After wrapping up our meeting, we made plans to meet in a few weeks to review how things were going. I thanked her for asking me to join her on the visit, and she said she was grateful I was there. By digging deeper into what is happening in Sarah's and Desiree's relationship, and seeing how mom wants to do what Sarah thinks is helpful, Sarah was able to get "unstuck" and has a plan for moving forward.

Reflection:

Now that I was alone, I needed to think about this visit, and my role. I don't do many visits, so I wondered if it was what Sarah really needed. I also wondered if Sarah needed more answers. I did not give any answers, just asked questions. Sarah was able to come to her own conclusions by answering the questions and reflecting on her answers. Was this enough? Before the visit, I felt like Sarah was hoping I would tell her my ideas about how she should work with this mom. Yet Sarah is really the person who knows this mom; I don't have a relationship with Desiree. I find that when attending a joint home visit, I need to remind myself to be quiet, to reflect, and to support the home visitor as they work with the family.

Reflection Questions:

1. At what point in reading about Sarah's experience with this family did you think it might be time for a joint visit?
2. When would your presence on a home visit cross over from supporting the home visitor to attempting to provide intervention? In other words, how difficult is it to remain an observer, and not to offer advice?
3. How does the term "mental health consultant" impact your introduction to families? Are there cultural implications?

For more information on IECMHC in Home Visiting in Michigan visit: https://michiganiecmhc.org/

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