

## Home Visiting "Ports of Entry": Establishing Relationships with Families

Emmy Marshall: Hello, everyone. This is Emmy Marshall. I'm the senior training and technical assistance specialist with the National Center on Early Childhood Development, Teaching And Learning. I am so excited to see that there are 332 of you on the call this afternoon, and thank you for participating in our poll. We see that we have 58% of participants, or 160 of you, are home visitors. We also have a good number of home-based supervisors. We have 31. We have a nice grouping of directors, managers and coordinators and a lot of comprehensive service staff. There are 54 of you, so thank you so much for participating in that poll. And I think it's really awesome, too, that you are introducing yourselves on the chat feature. That is a really good way -- Since we have such a large group, that's the way that we'll be communicating today. So, if you have any questions as we go through the webinar today, we will ask that you use the chat box. And if you could type in your questions into the chat box, we're going to be answering your questions, actually, at the end of the webinar, so please type them in as you go along as you think of them. We don't want you to forget them, but please know that we will answer them. We are very excited today to have our speaker. It's someone that I'm sure most of you know. We're going to have Brenda Jones-Harden, who is a professor at the University of Maryland Early Childhood Education/Early Childhood Special Education Program. So we want to welcome Brenda, and she's going to talk to you about establishing relationships with family.

Brenda Jones-Harden: Hello, everyone. I'm so glad to be on this call with you. I'm going to apologize right from the beginning that I am just getting over a cold, so, if my voice sounds scratchy, that's because I'm trying to get rid of this cough and sneezing and all that kind of stuff that goes along with it. But I'm very happy to be here, and I'm happy in particular to talk to home visitors and home visitor's supervisors and directors and managers. This is really an important part of my life even now. I've been in the home-visiting field now about 35 years, started as a very young, very inexperienced home visitor in New York City. So I got bitten by the bug and really want to spend some time helping you all think about what I consider the sine qua non of home visiting, which is really trying to enter into their life space through establishing relationships with the families that we all serve. So just quickly, in terms of objectives, I'm going to sort a focus on the import of relationship building. I know I'm preaching to the choir here. I want to talk about some strategies for establishing them and painting those relationships, and then I want to think about those families that are challenging to all of us, the higher-risk families who don't let us in sometimes, and, if we get in, they're not paying attention to us. They're looking at the television, all that kind of stuff. I want to talk about how we can really work a little differently on the relationships with them.

Okay. So clearly, this is where I'm preaching to the choir. We all know that relationships are critical to what we do, and it's really important because we want to make sure that we use what we call parallel process, so we're feeding families, so parents can feed children, and we know that they want to be engaged in their children's learning and development. We want to make sure we think about relationships writ large with family and community. We want to think about diverse families. We want to think about all the connections we make with community resources for the families, and then this

important issue of sharing power which is, as many of you know, critical to a Head Start approach where we're thinking about families as our partners in this work.

Okay. So I want to think about the helping relationship in particular, and there is a colleague of mine, Jon Korfmacher, who says there are really sort of different ways we can approach this helping relationship. One thing is through coaching, and many of you have been exposed to that. I sort of talk about it as a parent whisperer where we're sort of helping parents in the interaction with children. We develop relationships with them through that coaching, and they develop, hopefully, better relationships with their children, obviously focusing on child-development issues, as it's critical in early Head Start. But this is the important thing, being emotionally involved in caring, and that seems sort of, you know, like, "Wow. That's not such a big issue," but, as it turns out, that's what predicts families' retention in these programs, whether they perceive us as being emotionally involved and caring. And, as many of you know, many home visitors on this call, it is hard to be emotionally involved and caring with every family. There are some that really elicit that from us, but sometimes, it's really hard. Okay, so I just wanted to put up the Head Start framework here and only to say that, obviously, our focus on relationships situates well within this framework.

So, if we ever forget that Head Start is, you know, sort of promoting us to do this kind of work, all we have to do is go to the framework, and, as you see, the framework suggests that all these relationships that we have with programs, with communities, with families, leads to our child-development outcome. So, hopefully, we can think about relationships as supporters of that child-development outcome that we all have to reach. Okay, so just quickly, a couple little things I want to say about engagement and resistance, really two very different things, right? So engagement is really our connections to families, and we hope that families will want to connect to us, but we all know about these resistant, quote-unquote, families who really are refusing service, don't want us to come in, and you all know you can refuse actively, or you can refuse passively. Many of you probably have had similar experiences to me where we call, we text, family doesn't respond. That's what we call passive refusal. Doesn't mean we give up, but we have to think about those families in a different way or the uncooperative behavior we might see in the context of a home visit that lets us know that a family really does not want to be there. So the way we think about it is really families' ambivalence to change and how we respond to that ambivalence. So one of the things is not to sort of say, "You need this. You need this," but to respect the fact that families might have some kind of ambivalence and understanding that and saying, "Well, why don't we just try it for a while? And we'll reflect and see how you're doing with this a little later." Okay. So what do we know? And this is from the research that's related to engagement. If a family is really stressed, that's going to affect whether they want to engage with us. Who is involved?

For example, in some cases where I've seen very controlive dads or fathers where there might be some intimate-partner violence, sometimes I can align with them and get them to support the mothers' involvement with me. So certainly, I think, you know, that's sort of a negative example, but there are many other examples of how we can use the support of a partner or family member to get a family to be more engaged -- social support writ large, residential stability, as you all know, minority and SES status which, of course, are the families that we deal with the most, we have to think about how we

have to work a little harder to engage them, whether the family is really committed to the program and the home visitor and whether they perceive the intervention as something that will help them. So there are some program factors that are also related to engagement, whether there is a match of staff to family, and the clearest example of that is when you see a family who has to work with a home visitor who doesn't speak their language or where you have to use somebody who is an interpreter.

So clearly, we want to think about that as an important issue for engagement. Persistence, persistence, persistence. You see I'm saying that three times. Again, many of you who have been doing this work for a while know the import of going back to a house over and over again. We do what we call drive-bys, which probably many of you might not want to do, and that's a horrible image, but basically, we hardly ever take no until a family absolutely looks us in the eyes and says, "I don't want to see you at my house any anymore." Now, clearly, then we have to say, "Okay, thank you very much," but we are persistent. We go back. We go back until a family actually says to us, "No more," you know, whether the goals are clear, and really, this issue of really focusing on the parent and the child, sort of, again, focusing on what the family needs, not just one. And there is some research that if you don't get a chance to really practice this relationship-building skill, that sometimes that affects family's engagement.

Okay, so the other things that's really important that I kind of mentioned earlier was about this power relationships issue, and I know sometimes it's easy for us to just say, you know, "We're the ones who have knowledge. The families should be listening to us." Well, the truth of the matter is we might have a little more knowledge, but they know how to take care of their children better than anybody. We don't know their children, and we have to approach them from the vantage point that we're on the same level, and what the literature suggests is that the more directive you are, the more families are likely to resist you. So we can't go in and act like we're the expert and say, "Here's all our knowledge, and we want you to do what we say," but to say, "We're in this together. Let's think about this together. Here's what I can offer, and look at all the wonderful things you can offer, like the knowledge about your child." The other thing that matters, obviously, is context. You know, why do parents want to be involved in this? And one of the things I've been thinking about a lot with Early Head Start and other program models that use home visitation as a primary service delivery model is we go in there and talk about a 3-year-long program. I think what we should do is learn from some of the short-term interventions where they go in and say, "Let's see how things go for the next few weeks, so families don't have to be faced with sort of saying, "Yes, I'm going to be involved with you for the next 3 to 5 years," but to really think about how they might be more motivated to be engaged if they only had to make a short-term commitment and then say, "We'll revisit it later on," and as it turns out when you look at these brief, short-term interventions, you don't see motivation as salient an issue for engagement as you do in some of our longer-term programs.

So clearly, cultural competency is another important issue, identification of strengths and resources of the family, and really, really focusing in on issues that concern the family, and what I often say to my supervisees is we should not come in with a goal that we articulate out loud. Have the family say their goals, and then the good clinician, the good home visitor, thinks about how that family's goal can be related to some of our programmatic goals. Like, if a family says, "I want you to help me get on WIC,"

and we say, "Okay. That's an important goal. Why is that important to you?" and we start to talk about nutrition and health and all those kind of things that relate to the Head Start performance standards. Clearly, as you all know, one of the big things is giving families something concrete where they can say, "This lady helped me to get something," and that's often our port of entry, right? We're working with very high-risk families. They need concrete confirmation that we're going to be a good helper. So really try to think about, "Can I get this family hooked up with WIC? Can I get them in a training program?" Even though, obviously, we're trying to get to the child development, that kind of concrete gift, I call it, sometimes will help them with engaging. Okay. Some other kinds of things that we can think about, giving families choices. Like, remember what I was saying about talking to them about how long they want to commit to the program?

You can talk about, "Well, you can commit in the long-term, or if you'd want, you can commit for a short-term relationship, and you and I can revisit it." You see, there is a very different way of saying it, you know, where you're talking about choices. But you can think about it even in terms of what we're doing in terms of supporting the child's development and parent-child interaction, "Which toy would you like to use? What would you think would help your child?" So again, what you're saying is, "I'm giving you the power here," and that certainly, we know, builds relationship, you know, showing our commitment, sharing a little bit of ourself. Now, I'm a person who really believes in boundaries and making sure we're not divulging too much about our home lives and our families, but it's nothing wrong with sort of saying to a family, "You know, this has been a hard day for me, and I so appreciate that you're willing to let me in your house and do this home visit." That kind of thing is fine to share, and what it says to a family is we're human, right? And that's something that we know really helps with relationships.

Another thing, you know, I think about is the frequency of visits, and I know that we have, you know, once-a-week-visits that we're required to do with Early Head Start and Head Start. One of the issues that has come up for me, certainly, and I bet for some of you is that the families aren't always there, right? We set this appointment, and they may not show up. So I think an important thing is to think about how we can make sure we have really consistent contact with these families, which is one of the reasons that I believe in a drive-by, because I know that the more they see me, the more willing they are to engage. Okay, so really thinking about making sure you're in their face, if you will, even if it's only, you know, a 5-minute drive-by where you're saying, "Oh, I'm so sorry we missed our visit. I just wanted to make sure you're okay. Is there anything you can think of that I bring in for the next visit?" So let's turn to some strategies that I think would be helpful for you all to think about. So an important thing is I always want families to feel like they're safe with me, so they can say anything. They can even say mean things to me, and I won't get mad. They can call me a name, and I won't get mad, not that I want to say to them that it's okay, but I say, "You know what? I'm very, very sad that you feel that way about me, and I want us to work on this relationship so that you don't feel that way about me, and maybe we can think about together what good words there are to say to each other."

But again, you know, a different way to handle, to set the limit without, you know, getting mad and getting disregulated, which is what many of our families expect us to do. I have a colleague, Geri Paul, who talks about we need to provide an emotionally corrective experience to families. In other words,

to say, "You know what? I'm going to care about you no matter what." So that's the message, and we have to constantly be asking ourselves, "Is this the message that I'm giving to families?" Clearly, we want to show lots of respect for all of their circumstances. I always start my session with, "Wow, I'm so impressed with you, how you're able to parent all these children, how you're able to go to work and still take care of children." I always try to find, I call that a psychological gift, something to say to the families that shows that I have respect for what they're doing and what they're trying to do with their children. Clearly, we always have to pay attention to our nonverbal cues and our verbal cues. Like one of the things sometimes I have to do because I tend to close myself off by covering myself up with my arms, it's just how I sit, I have to think about what that says to a family. It doesn't say, "I'm opening myself up."

So sometimes I even have to put things in my hands to keep myself from, you know, closing my arms around my body. Clearly, being able to be flexible and to go with the family, and one thing I want to just say about that, flexibility as families take us to different places, you know, "Can you help me get my TANF? Can you help me get on WIC? Can you tell me about a job?" You know, none of that in the way seems like it relates to child development, but we have to be flexible enough to go with those goals and then move those goals back around to our child-development conversation, like, "Oh, I see that you want a job. I get it because you want to be able to provide for your child because you really want him to have an opportunity to do well in school," and all those kinds of things. So again, trying to stay with the family's goal and connect them to ours. Okay, so a couple other things I want to say about professional boundaries. Now, I mentioned to you all before that I think it's important to -- I always like to give them a little bit of disclosure, you know, like, "You know, I've been working with families for a long time. This is such an important job to me. I'm so happy I have it," something that I think to myself is a little bit of disclosure but that is therapeutic. In other words, that says something to the families about who I am and how I can help them. However, I would never, ever talk to a family about any problems I'm having at home, anything like that. And obviously, obviously, never, ever, ever talk about other kinds of families, or, you know, even, you know, if I had seen a family when I come up there, I might say, "Oh, yes. I said hello to that family," but I don't go any farther. And I say to a family, "You know, the reason I can't really talk about that is because I have to protect your confidentiality and theirs. I don't want to say anything about you to anybody else," and they understand that and appreciate that.

So active listening skills, which we'll talk about a little more, so I'll just put a tag in that, but also really to think about, you know, are we ethical when we work with families, right? Do we not only uphold confidentiality, but are we respectful all the time? Do we keep our voices in a way that says to families we are caring people, or do sometimes we say things that really do not seem appropriate? So just really working on your ethics at all times. Always -- Now, this is something that I really think is important to work on in supervision, so I'm going to talk about it here, but this whole slide really is something that I think is something that we constantly work on because what I say to my supervisees is we are the people who do the work. We are the tools. So just like you would make sure, if your tool was a saw, and you make sure it's very, very sharp, we're always working on sharpening who we are, and one of the most important ways to sharpen who we are so we are the best we can be with families

is reflecting on our own stuff, right, our values, our experiences, our biases, and I'll do a little bit of disclosure to you all. I have a lot of trouble with perpetrators of intimate-partner violence. I have to do a lot of work with myself before I go into those families so that I can be respectful of everybody, including the person whose behaviors I don't like because, what do we know about these situations? Well, if we're angry at the perpetrator, in some ways, the person who is the victim also feels offended, so we have to be so careful.

I also have trouble with folks who have very severe mental illnesses like people with schizophrenia because it's hard for me to make a connection sometimes. I have to work on those issues before I walk in those houses and really think about it in the context of even the peer supervision I'm in to think, "Okay. I've got to work on this. I have to really work hard." And so I find myself working harder to engage those kind of people because I know I have experiences and other kinds of personal issues that get in the way. So that's an important thing that I think we work on. I've been in this business 35 years, and I still continue to work on those kind of things, how my personal stuff gets in the way. But in line with that, an important thing that allows us to keep working on these relationships and keep being positive is taking care of ourselves so that we can go in there and give the energy we need to families who might strike us as problematic in some ways. Clearly, on the cultural side, again, something we continue to work on in supervision, continue to make yourself a student of families' values, beliefs, faiths, traditions, cultures, and say to them, "Teach me. I don't know about what it's like to immigrate from Ethiopia or from Guatemala. Help me to understand what that's meant to your family," and that really, really allows for a big connection. Okay, so I want to just say a couple more things about the cultural issues. I take a pretty hard line on this.

I don't really think interpreters allow us to make a relationship with families. So we try really, really hard to have the home visits offered in the parents' home language, and I recognize sometimes that's really hard, and some programs I've worked with, you know, there have been upwards of 10, 12, 15 languages, and I know that makes it very, very challenging. But then I would think about bringing in, you know, paraprofessionals. you know, in your community-needs assessment, if you know that you've got a critical mass of people who speak Amharic, is there a way we can bring a parent in to work with these families or something like that? And then we supervise that person even more because in terms of engagement, right, we know that the best way to engage is through communication, and if we don't have the communication capability, it really does affect how we're doing. I would also argue that we try to use materials that are reflective of the family culture. Just thinking about Ethiopia, there's some little toys that they usually use with their babies. Try and get them to make some of those and use those in the home visit, as well. Okay, I got to say a word about fathers because I'm often criticized. Obviously, most of my work is around mothers and their children, but certainly, we are learning more and more about the import of incorporating fathers. There's even some data that suggests that particularly with welfare reform, we see a lot more fathers who are at home with their children.

Of course, we know that father involvement is as important as maternal involvement. They make unique contributions to their children's development, but what we're learning is really that they are different in how they relate to their children. So we might want to think about, you know, asking them, you know, "What do you want to do for this parent-child interaction?" because maybe the kinds of

low-energy things that we, you know, tend to do with mothers are not what they want to do, so really thinking about asking them, doing some kind of even focus groups a little bit to really think about how we can design our activities that we do to work with fathers. Okay, so I want to talk about some -- Here is a sort of listening sort of really on-the-ground strategies that I want you all to think about. So empathy, you all know the definition of that, right, really walking a mile in somebody's shoes. So I make a habit of saying out loud to parents a few times during the visit, "I am so impressed with how you are able to do thus and so. Wow, I know it's got to be hard for you with three little children under the age of 3, wow" You know, just to say to a parent multiple times during the visit, "I'm paying attention, and I'm appreciating what you're experiencing." The unconditional positive regard comes from Roger's positive psychological approach, where you're really seeing it kind of relates to what I said before about Geri Paul's emotionally corrective experience. My message to families is, "I care about you no matter what, even if you didn't show up for the visit we planned, even if you yelled at me at the last visit, even if you're not treating your child exactly the way, you know, I would hope, I still think you are the best thing since sliced bread," and so what I try to do during the visit, again, is to come up with concrete ways. It's like what a good early-childhood teacher does. They don't just say, "Good job." They say, "Mom, I really appreciate how you smile at your baby every time he shows you a toy," or something like that. So I'm just saying to her that I appreciate her and finding concrete ways, asking about their own childhood experiences and really always saying, "Tell me, what do you want for your children?" and then trying to make a connection with what we're doing with what they want.

Again, persistence, trying to connect your goals with their goals, really individualizing for itself and trying to schedule the services around what families need, and I know that's hard to do. I say to my staff, "We can be flexible, but I don't want you out there at night by yourself, I mean, so saying what the limits are but then trying to be as flexible as you can. We do a lot of visits on Saturdays, by the way, to address our families' inability. To do work, we hire some staff who work from Tuesday through Saturday, and they don't have Mondays, so it's part of what we look for because we're trying to connect with families on their schedule. Okay, so I think Emmy's going to talk to you all about a poll.

Emmy: Okay. Thanks, Brenda. That is such helpful information, and we so appreciate the experience that you bring to this work and some experiences you've had and that you're sharing with everyone. Also, thank everybody for typing your questions into the chat box, and here we have a poll that we'd like to know... ..build your skills in this arena. Would that be in working with specific cultural groups or very young parents? Would it be parents with mental-health problems or parents at risk for child maltreatment or working with fathers or other? And you can type the other into the chat box. So we'll see where people feel they would like to build their skills. So we have lots of responses coming in. So thank you so much for that. Someone said, "Working with grandparents," so that's another one. Refugee populations. Those are coming in so fast, I can't see them all. But parents recovering from drug and alcohol. So everybody was getting lots of good responses and some of the families that are more challenging sometimes to engage, second-language learners teen parents, mental health, children with special needs, male dominance, multiple families in the home. Okay. So, wow, Brenda. I think you can see how important this is and this topic and how much people appreciate it. So we're

going to move ahead. We can see that the most challenging one is parents with mental-health problems. So their problem might be -- Yeah. Exactly. Go ahead, Brenda.

Brenda: Yeah, I was going to say I agree with that. And maybe -- This is so helpful, and I'll try to use some examples as we go through to talk about, for example, parental depression, et cetera. But maybe what we can do is think about some specific opening-door sessions around some of these specific families, like what to do with families who are depressed or something like that. So I think that's something to be thinking about. I also just saw that some people had some response to our drive-bys, and I just wanted to make a couple of comments. That's probably not a good metaphor because it makes you think about shooting drive-bys. I don't know if any of you work in urban areas, but that's what the police call these shootings that happen, so that's probably not a good metaphor, but the reason we call them drive-bys is because we know that the families who miss our sessions are the ones who probably need us the most, and we have made a commitment in our program to try really, really, really hard to engage those families, and we only do it with a small proportion of the families and usually the ones who have missed, like, two or three visits. And we actually got this from healthy families. As you all, if any of you have worked in healthy families, you'll know that they have what they call this creative outreach, sort of a level for families where they really try and do as many creative things as possible to connect with the families who are disengaged, and somebody put something like that up there. So it's just for that small group, and they are basically unannounced home visits where we show up, and we usually are in the neighborhood, so we very honestly say, "We were in the neighborhood and just wanted to check in with you how you're doing."

And, honestly, I can tell you, half the time, we end up with a home visit when we do that, and then we've got our home visit documented. The other half the time, the families are like, "Why in the world are you showing up here? We don't have an appointment," and I apologize profusely and say, "I'm so sorry I'm doing this. I know I'm interrupting something. I don't want to bother you. I'm just checking in." But, really, I find, it really allows me to give one of those psychological gifts to families that allows them to think more positively about me coming back in. So I just wanted to make that comment before we go on. Okay, so, in terms of some of these high-risk families, we're going to get back to that as we go through the slides. Okay, so let's move on, and you'll see that I'm going to address some of your things. So again, strategies, trust, building trust, making sure families know who you are, a little bit of disclosure, creating these egalitarian relationships, giving that kind of concrete hook, that concrete, you know, gift, I call it, and really making the intervention relevant to the family.

So, you know, we sort of know that, in Early Head start and Head Start, we have to focus on child development. We have to, but we can use our connection with families around employment or housing to get them connected to us, and then we can move forward with the child development things. Okay, so I want to talk to you a little. Again, this is really about engagement, this whole session, so that's why we're focusing so much on it. I think, if we were talking about how to work with families with mental-health problems, that would be a different thing, and I'm suggesting that for a later session, but I want to talk a little bit about motivational interviewing because it's really about trying to get families engaged. So one of the things that we think about is showing families what to expect. So, nowadays, we do videotapes of every family and every home visit, and some of our families give us

specific permission to show the videotape to another family to sort of maybe hook them in. So we show them the videotape and say, "This is the kind of stuff we do." We might show them photos. Like, we have a family who gave us a book-reading photo, and we show that to families, again, to make it concrete to them.

We also try to do more sessions around engagement, so, you know, even though we're supposed to work on child development, really to think about the first several sessions being about engagement, so doing a little more than you normally would. I mean, we have 90 minutes in a home visit for Head Start and Early Head Start, so that gives us some time to really focus on engagement, so your whole goal for 30, 40 minutes is around developing this collaborative helping relationship, trying to get what the family wants, what they need you to sort of do to make them feel like they can trust you because, again, think about it. These are families who have not had trusting relationships with a lot of people, so we have to show them in a concrete way and then, from a motivational interviewing perspective, to really problem-solve around what things might get in the way of them engaging in this home visit. Is it that they have to make too long a commitment? Is it that 90 minutes is too long right now? And, you know, what you can say is, "Well, you know, this is what we're required to do, but maybe you and I can think about starting out in terms of engaging with doing it for a shorter time." Okay. I think I'm going to keep going. So quickly, in terms of motivational interviewing, it really is a way of having a conversation with families about their motivation and commitment to change. So it's really all about engagement, right?

That's all it is, having you be a part of this service. What can we think about together? Engaging families, trying to get them to think about what they want to do to change, what they think they need to do to change and how we can help them change. What is it that we can do to support them to make that kind of change? So there are these communication skills that many of you know about, but what I find, and I have to really look at myself now. We are videotaping ourselves and looking back. That, you know, these are communication skills that I learned 35 years ago, but I find that I do a lot more talking than I should. So I have to go back and remind myself that I should be asking open-ended questions and waiting for an answer instead of jumping in with my ideas if there's a pause or something like that. Always, always looking for an opportunity to affirm what a parent says, to nod my head to say, "I know that's got to be hard to say. You seem kind of sad. Wow, look at what you were able to do in terms of taking care of your children," all that kind of stuff, being a reflective listener, so being quiet sometimes and just letting a family talk about what they want to do, summarizing for them and informing and advising. You see I have that as the last thing. That's the last, last, last thing we should do. And actually, if we can avoid it, that would be even better.

Okay, so here's a question that I tend to ask myself and you should ask yourself. Do I listen more than I talk, or am I talking more than I listen? And I find that the older I get, the more talking I do, so I have to really, really work on that for myself. Another question, am I keeping myself sensitive and open to this person's issues, or am I just focused on, you know, what I want them to talk about, what I want them to focus on.

Do I invite them to talk about and explore their own ideas for change. Or am I just saying, "You know, I think you ought to do this to play with your child. Here is an idea I have for how you can play with your child," so instead of doing that, to say, you know, "Talk to me about the kinds of things you would like to do. Other kinds of questions. Do I ask permission to give myself feedback? Remember I said to you that really this advising thing, if we can avoid it, we should. But if we can't, so I say to the family, "Would you mind me sort of talking to you about some things I've learned over the years or some things I've learned from other families? Would you mind if I did that?" And that says to a family again, "I'm on the same kind of power level as you. There's not this power differential," and do I constantly reassure them that, you know, being worried about change is normal. We all worry about change." You know, sometimes, again, here's where I use a little bit of self disclosure and use something like, you know, saying, "I've been trying to lose 20 pounds, and it's hard for me to lose 20 pounds, so something like that." Okay. And now I want to talk about high-risk families a little bit. So first of all, what I want to say is I really feel like for high-risk families, it is critical to not try and get them to commit to three years out. I feel like that's overwhelming to them, and it's kind of like adolescents, how they don't have the future orientation. So what I would say is, "Let's think together about what commitment you will make, and you and I will go back and revisit that."

There is some research, actually, that these brief, intensive interventions, particularly early on, allow these kind of high-risk families to be able to make the connection to a longer-term commitment to services. So in this brief intensive engagement-focused approach that you'll have at the beginning where you're asking them all these open-ended questions and trying to get into what they want to do for their children, that you also review things like practical barriers, like, you know, their schedule and transportation and all that kind of stuff but also about psychological barriers, asking them their experiences with home visitors in the past, asking them what's been easy for them when they've connected with a program and what's been hard for them when they've connected with a program, what kind of home visitor would they appreciate, what kind of things would they appreciate doing, you know, sort of trying to address these things as part of the engagement and then move to a more long-term commitment that, again, is focused on their goals. Okay. The other thing, again, I feel like it's very, very important to put in your budget some kind of concrete incentive for these families, and we do things like buy diapers and buy socks for their kids and things like that, and I know good psychodynamically oriented clinicians would say, "Well, that's giving them some kind of behavioral incentive," and yes, it is. It is giving them a behavioral incentive because we know families at risk are so averse to these programs, so we just know that providing them concrete incentives... And, you know, you all can even think about doing some kind of scheduling. Like, every family who gets through a month of visits gets a big prize, and they get a box of diapers or something like that.

I really believe that if you increase your contacts with families, and again, that's why we do the drive-bys, you're much more likely to get these kind of families engaged. So one of the things that we do for example is -- And again, you have to think about case-load size and all that kind of stuff, but we make our visits longer initially for these kinds of families. So we might do the home visit, but then we take them to a walk in the park, or we, you know, walk with them to the local school so they can pick up their other child, or we get them to the WIC clinic or something like that as a way to increase their

connection to us but also increase our contacts with them. Although I don't believe in sort of telling families what to do, one of the things that I've noticed about families at risk is that when we ask them a lot of open-ended questions, sometimes they'll get to the point where they look at us and say, "I don't have a clue what else to tell you, lady." So at that point, we might want to, say, ask permission. "Can I tell you about some of the things that have worked with some other families I've worked with in terms of promoting a child's language, expressive language, or something like that?"

And then, you know, I think it's critical here to address issues that relate the family's risk, you know. If they're depressed, for example, I address that head on. I sort of say, you know, "I have to address the elephant in the room." If a family, a parent is looking sad and doesn't have any energy, I'm going to comment on those behaviors and say, "What can I do to help you with this? I know your child is experiencing this. I want you to feel better. I want your child to feel better. How can you and I work together on those kinds of issues?" but also, again, to make sure that families understand that they're safe and secure with me. And then, remember, I kind of mentioned to you all before this corrective emotional experience, that these families are looking to me to be a parent in some ways, and I'm trying to help them and support them and affirm them and tell them they're the best thing since sliced bread, and I'm looking for opportunities to do that in the home visits through my words, but I'm also looking for opportunities to do that in concrete ways, one, by keeping all my promises, by making sure that I help them meet their needs in all these kind of different ways. So I'm going to do some closing comments, and then we're going to take some questions that come from the group. So the first thing I want to say is because we know that we have to focus on child outcomes and long-term school success in Early Head Start and Head Start, one of the things that we have to just acknowledge is that we do this through their families.

So there is no way we can get to positive child outcomes without family engagement, so we have to make that a critical part, and I think we have to revisit it all throughout our sessions with families. We have to be intentional in our approach to building relationships with families, so one of the things that I like to think about with my supervisees is not just, "Tell me what you did in the home visit and which domains of child development you related to," but, "Tell me. How did the mother receive you? How did she respond to you? Did she look happy? Did she want to let you in the door? Did she talk to you, or was she very quiet?" And again, we're doing a lot of videotaping now, so we can look at mothers' response in the videotape as well as home visitors' response to mothers and really see, you know, "Did you close that mother off by being too directive, too much of an expert? Did you not listen to what she was saying about what she wanted to do with her child? Did you ignore that toy she brought out?" Et cetera. I really feel like, again, this relationship building and engagement is part of how we should think about our work. We should be reflecting on that as we go into the house, "What seems to work with this mom?" As we leave the house, we should be reflecting on that in supervision because we know that there is no other way to connect with these families unless we do that kind of work on an ongoing basis. So with that, let me see if we can take some questions from the group. Oh, I should say, sorry, that we put some resources up there, hopefully, to extend your learning. I did not know about the simulations, but I learned about them through Emmy and opened them up and thought they were fabulous, so I highly encourage you all to do that. And any of you who have read the guide will see

some of the language from that guide in this particular webinar. So with that, let us try and get to some of the questions.

Emmy: Thanks, Brenda. What wonderful information, and so much information that's appreciated, I'm sure, especially with working with families that are difficult to engage. So I just wanted to, before we go into the questions, I wanted to let you know that our next webinar for home visitors is going to be Learning At Home and talking about activities to support parents and their children's learning at home, and that's going to be August the 8th at 3:00 Eastern Daylight Time. Also just want to remind participants that you will receive an evaluation, and we really value, value, value your feedback, so please take a couple of minutes and complete that for us. Also, I just wanted to mention to everyone that we in the National Center For Early Childhood Development Teaching and Learning is currently offering practice-based coaching institutes across the cross the country so that there will be, in every region, there is a designated institute. We'll be kicking off not too long down the road in Los Angeles, and then it will move on to Chicago and then end up in Atlanta, and this shows you which regions are assigned to attend. This is an institute for coaches, and it is for practice-based coaching. If you already have a promising or a research-based coaching model, then you don't have to attend this program, and you don't have to participate in the practice-based coaching, but this is for grantees that need to add a research-based coaching model. Okay. Let's move on to some questions. Brenda, there were some questions that came in. one of them was, "Could you provide some tangible tools for engagement?" and I really feel like that you've done a really good job, and that question came in before you were going into the tangible examples. So I don't know if you have anything else to share on that.

Brenda: Well, here's what I think. That relationships, relationships, relationships, and I feel like that's a loosey-goosey term, but it carries a lot of weight, and I think what I do is make an assessment before I work with any family long-term about their need. Right? But I also make an assessment about how they respond to me. So I'm looking for things like their assets when I come in the door. I'm looking for things like, do they respond when I am on the floor with their child? I'm looking at, are they seeming to accept my coaching? So I'm paying attention. I sort of say to my supervisees, "You've got to have good executive functioning," because while I am doing my interactions with the families, I'm looking at that mother or father. I'm looking at their response to me, and sometimes, I'll say, "You know, it seems like you're feeling like you don't want to be a part of this. Help me think about what this is doing for you. Is it not really what you expected? So I feel like working on my relationship with that parent is the most important strategy." And so I say to her as part of my contract with her, you know, yes, my contract is around parent-child interaction and working on domains, but my other part of the contract is being with her in a way that she appreciates. So that's a part of my contract. So I can constantly go back and revisit that with her all the time, so I'm always thinking with her about, "How does this feel for you? Does it feel like too much?"

What should we do a little differently to make you feel more a part of this session?" So that becomes a part of my strategy at every single session until I feel like the mother and I, usually the mother with me, have gotten to the point where we are working together. But again, I believe in concrete kinds of things, and the two concrete things that I always am thinking about, particularly at the beginning, is, "What can I do for this family concretely? They said they need help with getting into a training

program." I'm going to beat down the door and try to do that, particularly at the beginning, to say to a family, "Look. I'm keeping my promise. Here's what I can do for you." And the other thing we do is offer these, you know, little concrete kinds of small gifts that don't really cost us that much money. We got a nurse, by the way, who worked in a hospital to donate a whole bunch of diapers for us, so we got those free. Target donated some toys for us. We use those in that kind of thing, and we use those as sort of concrete sort of engagement tools.

Emmy: Thank you, Brenda. Great ideas, and everyone is sharing ideas on chat. Actually, you're answering each other's questions, and I haven't seen another question for Brenda. So we have a few more minutes. Please take advantage of this opportunity to hear from Brenda and her experience on engaging families. So we'll just wait and see if any more questions come into the chat box for Brenda, and I love that you're using this opportunity to connect with your peers. We are hoping to have a home-visiting MyPeers site up and running so that you can continue to support each other in this way. So be on the lookout for that a little bit in the next few weeks, hopefully. Any other questions for Brenda today? Okay, Brenda. Did you want to make -- You've already made some closing comments. Did you want to share anything else before we wrap up today?

Brenda: The only thing I want to say is, I feel like home visitors are the best people in the world because we have to work so hard, and I just want to make sure that, as we work so hard to engage all these families, that we are doing the kind of self-care that we need because to be in a home and to constantly be worried about following a curriculum and meeting hundreds of performance standards and working on engagement and making sure families feel good in our presence takes a whole lot, so we need to always make sure that we return the energy to ourselves and take care of ourselves in as many ways as we can. So I just always like to end with that.

Emmy: Well, I want you to know, Brenda, that the Brenda Fan Club is really rolling in here and a lot of appreciation for the information that you've shared today. We do have another question, but I think that we may be out of time, but there's a question that asks you, "How do you make up visits?"

Brenda: Oh, so honestly, I tell you, if we have a family who is missing -- You know, again, think about this from the supervisors on the call, have to think about this from their caseload point of view, but we go out a second time. We do not wait for families to contact us. We automatically go out a second time. Now, we will, you know, if it's a mother or father whom we know will let us know through text that they, you know, had to miss the visit or something like that, and they're generally families who we know are consistent, we don't do it. But, if a family misses, we go back out a second time, which is why, if I were a supervisor, I would keep my caseload to 10. I really, really would. I know that you have a certain number that you're required to serve, but the performance standards allow us that little bit of flexibility, and I would keep my case loads to 10 so that we can use that extra time to try and go out and make up these visits. And, again, I think you have to practice how you say it. I had to actually show my home visitors how to do it. You know, I went out with them. I knocked on the door. I talked to the dad through the door. I profusely apologized for showing up, but we typically don't wait for them. We go out and try to make up the visit in one of our, you know, our unscheduled home visits.

Emmy: Thank you, Brenda. And we're having, again, lots and lots of appreciation for you and the work you've done and the years that you've put into this very important work and your willingness to share that with all of us today. We also wish that we could drop into your home right now and bring you a great big pot of tea and extend you wishes for continuing to recover and feel good, so you've made a lot of people feel good today with all of your information. So thank you so much, everybody. Yeah. Thanks, everybody, for joining today. We ended up with 495 attendees, so please know that you have peers across the country, and we're going to continue to find ways for you to connect and support one another. Thank you all for the work that you do every day. Take care. Bye-bye.