It’s All Connected
Tools and Periodicity: When, Why and What for…?
Mara Brenner, MA, LPCC, IMH-E
May 2013

NMAIMH competencies addressed
Direct service Skills
• observation and listening
• screening and assessment
Working with others
• building & maintaining relationships
Thinking
• analyzing information
• planning & organizing

Last month’s article talked about what tools we use, how they guide our work as home visitors and how to use a relationship based approach in talking with families about the tools. This month’s article will attempt to clarify some common misconceptions about different aspects of the use of the tools.

Let’s start with the ASQ – the periodicity guides us to administer this assessment at 4 months, 6 months and then every 6 months after that. What happens if you miss one of those time periods? If that occurs, it is expected that home visitors will do the next age range provided in the ASQ. For example, if, for some reason, you miss the 6 month time period, don’t wait until the 12 month time frame to administer the ASQ again – use the 8 month questionnaire. Other than impacting periodicity issues, waiting too long creates a big hole in a family’s understanding of their child’s development. Since the tools help guide our work with families, it is essential that we have the information gleaned from these assessments to support caregivers’ ongoing understanding and appreciation of their children as well as to develop goals that are appropriate.

In terms of the EPDS, screening once prenatally and then twice after birth helps to identify women who experience depression during that period. “Depression during pregnancy through one year postpartum is a major issue affecting 10-15% of all women and 28% of women living in poverty” (Journal of Consulting and Clinical Psychology 63 (3), 445-453. International Review of Psychiatry, 8, 37-54). Gathering this information is vital in helping a parent to understand her own feeling state, that she is not alone and that there are services and supports available to her. As a home visitor, how do we help a mom (or dad) think about how her emotional state might be
impacting her relationship with her baby. What might keep home visitors from administering this tool as expected according to the periodicity? What might home visitors need to feel better equipped to use this tool in a way that supports the family?

The SSI and WAST are both expected to be administered prenatally, if possible, but definitely within 6 weeks of enrollment and then annually. How does gathering that information at those times inform your ongoing work with families? In terms of the SSI, understanding one’s community based social support is essential as we know that social support is a factor in family resiliency and a buffer against family crises. Gathering this information when we first meet a family informs us of how connected they feel and provides us with information that might be used to create a goal. In terms of Partner Violence – WAST – why might you want that information prenatally and then again annually (at least)? How does this information help guide your work with families? How might this information help inform goal development?

As the only tool that the home visitor is actually responsible to score (all others are parent report), the PICCOLO brings another level of complexity to our work. It is another place where a family can, over time, see things change. For example, at first assessment, maybe a parent was missing ‘teaching’ opportunities and at next assessment, that area improved. It is a concrete opportunity to see change. When administering this tool, observation is key … and is also a high level skill. How can home visitors be supported to focus just on “what they are seeing in the moment”? How do home visitors talk with a family when there is an “absence” of a certain skill? How can this tool support a parent/caregiver on what is working? Many questions come up when using this tool. It is important for us, as home visitors, to have a place to talk about what we see, what we are not seeing and how we feel about this in the context of our relationship with each family. Reflective supervision is essential to process our own feelings in relation to scoring this assessment tool.

When thinking about how all these tools help guide our work, can you think of how this information might tell you and the family about what is working? Do you see where it might provide information about what is going well? How does that information get used in your home visits? Tools are important yet are only one piece of the overall puzzle. Through our observations and ongoing dialogue with our families, we are gathering information informally … and the screening tools provide other information – how do we bring it all together? We can use the information gathered from all the tools to collect data to document the effectiveness of home visiting yet, the data is valuable for more than that – it helps to identify things that parents/caregivers might want to address, gives the family (and the home visitor) an overview of their parenting interactions while also making note of things that are changing and improving over time.
Talking points for supervisors

- What gets in the way of administering tools as guided by the periodicity chart?
- How can each tool be used to drive goal setting?
- Is there a place where we are missing the focus on what is working and only focusing on what is not working?
- How can your supervision be used to help support staff in the administering of tools and the use of tools as guiding the work?
- What tools require more staff training and support? How can you provide that? During staff meeting? Individual supervision time?