Nevada Home Visiting
Maternal, Infant and Early Childhood Home Visiting

Home Visiting Voice

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BACK to SCHOOL.

Welcome to the third issue of the Home Visiting Voice.

This issue features an article on clarifying boundaries and addressing self care, published by the University of New Mexico, and an article on, as well as tips for creating a family routine and resources addressing toddler and preschooler nutrition.

The ongoing segment on the Continuous Quality Improvement (CQI) process will address the importance of reporting, feature benchmark progress, and any notable trends and changes. This issue's trend is "SMART Goals" definition and practice. Check out the SHOUT OUT to local agencies. There is steady progress being made.

The training and event calendar features links for back to school tips and pre kindergarten readiness resources. The link to the CDC website for immunization schedules remains from last month as reference.

Nevada Home Visiting staff are always available to address any questions or concerns; please call or email at any time with training and newsletter ideas or requests.

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Back to School. Time for learning and growing.

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Home Visiting—A Community

Families that elect to participate in local home visiting programs receive advice, guidance and other help from health, social service and child development professionals. Through regular, planned home visits, parents learn how to improve their family's health and provide better opportunities for their children.

Families and home visitors build partnerships and work together to: Improve health and development, prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits, improve school readiness and achievement, reduce crime, including domestic violence, improve family economic self-sufficiency, improve the coordination and referrals for other community resources and supports.
http://mchb.hrsa.gov/programs/homevisiting/ (source)

As a Home Visitor, Where do I End & You, as the Parent, Begin?:
Clarifying Boundaries & Addressing Self-Care

BY: Debbie Losada M.A., LMFT. IMH-E(II)

April, 2016—cdd.unm.edu

NMAIMH Competencies Addressed:

Law, Regulation, & Agency Policy:

- Ethical Practice

Reflection

- Self-Awareness

Thinking:

- Exercising Sound Judgement

At our recent Regional Workshop on Boundaries and Ethics, we had the opportunity to explore different scenarios that prompted us to ask ourselves this very question as the title suggests. When we enter the world of home visiting, we are instantly challenged with thinking about how to maintain clear professional boundaries for the benefit of the families we serve as well as for our own longevity in this work.

You may wonder how do I develop and maintain these clear boundaries and why is it important to do so? Let's imagine for a moment, that when you begin as a home visitor, you are represented as a heart made of puzzle pieces. Each time, the boundaries blur in your interactions with a parent you work with, a piece of the puzzle is removed. In the same sentiment, each time you overextend yourself, for example, agree to squeeze in another home visit for the day or bring a family diapers, because it is easier for you to do so than for them to go to the grocery store, yet another piece of this heart is removed. Over time, your ability to continue giving is compromised because you are no longer intact with a whole heart.

How might this impact us in our professional and personal lives? In our professional lives, we might develop a sense of overwhelm, or experience feelings of frustration and possibly even resentment. At the extreme, we might develop compassion fatigue, which is defined as an "extreme state of tension and preoccupation with the suffering of those being helped." We might start to say things like, "It would be nice to feel appreciated" or "What's the point? What I do does not make any difference." In our personal lives, we might find that we do not have as much energy to spend quality time with our own families.

What could allow us to minimize this from happening? How could we maintain intact hearts and feel good about how we are with families? Being reflective in our work is one component. When we are reflective, we are aware of our thoughts and feelings in the present moment and keep this awareness with every aspect of our lives. When we go into a home visit, we are reflecting upon what comes up for us when we hear parents share stories or observe how they interact with their children. This reflection continues after the home visit, when we think about what happened in that visit and how we might incorporate what a parent divulged, into planning how to best support this family moving forward. Additionally, this creates an opportunity for us to reflect upon how we are affected by these interactions with parents. For example, becoming activated or feeling triggered in a home visit might be indicative of a conflict between our personal and/or professional values and those beliefs held by a parent.

How do we know when our internal compass, otherwise known as our gut or intuition is telling us that something does not feel right? Some people's internal compasses speak louder than others. How can we follow our intuition as well as rely on others to help guide us in knowing if a boundary has been crossed and/or our self-care is starting to be compromised? Furthermore, how would our bodies communicate with us on these very issues?

When we think about what we would like families to learn as a result of our relationships with them…what would that look like? Do we want families to learn it is okay to give and give without ever setting limits? In thinking about the parallel process, how we are with parents is how we would like them to be with their children. What are the strengths in modeling to parents that not only is it okay to set limits with others, it is essential for self-preservation and family well-being?

Balance is key. When we are with families, we need to think about how we can support them without sacrificing ourselves in the process. What is it that we can do to keep our hearts whole, by maintaining healthy limits and boundaries, all the while implementing self-care? Determining exactly what this looks like will depend from person to person. The greater question is knowing how to get there.

Questions to encourage discussion and reflection…

- How will you know when boundaries are becoming blurred or have been crossed? What thoughts or feelings might you experience? Where do you hold stress in your body? What might be other signs that the way you are with families is taking a toll on your well-being?
- Who can support you in helping to reflect on how this work impacts you?
- What can be done within your program/agency, to support an ongoing awareness of boundaries and ethics, while maintaining self-care?
- What additional supports, like your Mental Health Consultant or your CDD Training/Development Consultant, are available to support you & your program in this endeavor?

References/Additional Resources

www.compassionfatigue.org

Taking Care of Yourself: Home Visitors

Compassion Fatigue & Self-Care for Home Visitors

Continuous Quality Improvement

S.M.A.R.T GOALS = SUCCESS!

Click here for resources on S.M.A.R.T. Goals and how to achieve them.

Save The Date! Statewide Meeting—November 2-4, 2016 in Reno NV.

SHOUT-OUT

Nevada Home Visiting Would like to recognize the following programs:
UNR—Early Head Start: Assisting in the development of new data technology.
Head Start Northeastern Nevada: Increasing program families.
Community Chest: Incorporating Mineral County.

For Home Visitors

Reporting Child Abuse and Neglect: Mandatory Reporting Facts

Written By: Kit Richert, Ph.D. Source: teaching.monster.com

All 50 states have requirements for the mandatory reporting of child abuse and neglect. The following section outlines the guidelines from The Child Abuse Prevention and Treatment Act (CAPTA, 1996).

What Counts as Child Abuse? The minimum definitions for child abuse and neglect are any recent act or failure to act: a. Resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation b. Of a child (under 18 years) c. By a caretaker (teacher, babysitter, etc.) or parent who is responsible for the child's welfare

The minimum definitions for sexual abuse are: a. Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in any sexually explicit conduct or any simulation of such conduct for the purpose of producing any visual depiction of such conduct; or b. Rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or any other form of sexual exploitation of children, or incest of children.

The minimum definitions for emotional abuse are: a sustained, repetitive pattern of behavior that demonstrably impairs a child's emotional development or sense of self-worth. This can include constant criticism, threats, rejection or confinement, as well as withholding love, support or guidance.

The minimum definition for neglect is the failure to provide for a child's basic needs can include: a. Physical neglect, such as the lack of appropriate supervision or the failure to provide necessary food, shelter or medical care. b. Educational neglect, such as the failure to educate a child or attend to his/her special education needs. c. Emotional neglect, such as the inattention to a child's emotional needs or the exposure of a child to domestic violence. d. Excessive corporal punishment also is legally considered a form of neglect.

I **Suspect Abuse But I Don't Have Proof. Should I report?** All states require teachers and school personnel to report suspected child abuse. There are even some states that require any person to report. Usually a reasonable suspicion, or a reasonable cause to believe is enough to require a teacher to report according to the law. As a rule, when in doubt, report. Reporting is anonymous and an investigation will take place. Failure to report can result in a criminal or civil liability.

What do I do Before I Make a Report? • Tell your administrator. Make sure they are aware of your suspicion and that you are required by law to report your suspicion. • Document as much factual information as possible. Bruises, comments, disturbing or sexual writing or journaling, sexual themes in play, how often the child comes in hungry to school, etc. • Interview the student you suspect is being abused. Or have an administrator, nurse, or school psychologist conduct an interview.

Ask open questions about what you've observed, but do not ask leading questions to the child.

DO ask open questions (Ex., So tell me how you got these bruises.)

DO NOT ask leading question (Ex., So your Dad is abusing you, right?) Let the child disclose to you what is happening. Be aware that they may not tell you the truth, and you should still disclose if you suspect they are hiding abuse.

How do I Report Abuse? Every state has a hotline for reporting child abuse. Click here for the Nevada State hotline .

Home Visitors: For all cases, suspected or immediate, **CONTACT YOUR SUPERVISOR**. Please click here for the Nevada Home Visiting Policy on reporting abuse.

Webinars, Events & Helpful Links

http://mchb.hrsa.gov/index.html

Immunization Schedule and Resources

http://www.cdc.gov/vaccines/schedules

Pre Kindergarten Resources

http://www.pre-kpages.com/

Back to School Tips

http://www.pbs.org/parents/education/going-to-school/back-to-school/back-to-school-tips-for-parents/

For Parents

Tired of always doing the same old, same old? Your toddler's not!

Toddlers are sticklers for predictability because a reliable schedule helps them feel safe (Mom might go to work in the morning, but she comes back in time to feed me dinner), while teaching them about their boundaries (we'll read three books before bed, not four). "It increases their sense of security because they know what's coming next," says Jean M. Thomas, M.D., clinical professor of psychiatry and behavioral science at The George Washington University School of Medicine and Health Sciences, in Washington, D.C. "The more secure toddlers feel, the more they can focus on things like learning, exploring, and playing." You can help your child establish good patterns and also increase her flexibility with these smart scheduling tips. parents.com (source).

- Divvy Up Your Day
- Make Preparation a Priority
- Focus on Building Flexibility
- Minimize Major Shake Ups

More Tips on Toddler Routines! - Click Here

Toddler and Preschool Nutrition

Each day, a child between ages 1 and 3 years needs about 40 calories for every inch of height. This means, for example, that a toddler who measures 32 inches should be taking in an average of about 1,300 calories a day, but the amount varies with each child's build and activity level.

The child's serving size should be approximately one-quarter of an adult's.

Here's an average toddler-sized meal:

One ounce of meat, or 2 to 3 tablespoons of beans

- One to 2 tablespoons of vegetable
- One to 2 tablespoons of fruit
- One-quarter slice of bread

Your toddler will get enough calories along with all the protein, vitamins, and minerals he or she needs from an average daily intake similar to the chart located at: healthychildren.org (source).

Click the link below for toddler nutrition tips:

choosemyplate.gov

Nevada Home Visiting

Nevada Home Visiting supports eight agencies across seven counties statewide. Every week, dedicated home visitors connect with families, build on strengths, find strategies to overcome challenges, and help families get the services they need. In addition, home visitors also research new resources; learn more about child development to share with parents; conduct assessments to identify problems early; and provide moral support, friendship, and validation to parents that may be isolated or overwhelmed. Research shows home visiting improves outcomes for kindergarten readiness, health, development, and immunization rates. Families that participate in home visiting also show improvement in income and educational status.

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NATIONAL CELEBRATION DATES!

For a complete listing of National Celebration days, visit: https://healthfinder.gov/NHO/nhoyear.aspx?year=2016

SEPTEMBER

Fruits & Veggies-More Matters Month
Newborn Screening Awareness Month
Sept 21: National School Backpack Awareness Day
Sept 24: Family Health & Fitness Day

OCTOBER

Sudden Infant Death Syndrome (SIDS) Awareness Month
National Breast Cancer Awareness Month
Oct 16: World Food Day

NOVEMBER

American Diabetes Month
National Family Caregivers Month
Nov: 19 GREAT AMERICAN SMOKEOUT
Nov 24: National Family Health History Day

Celebrate
Be inspired
Innovate