

Early Childhood Home Visitors - Opioid Use Disorder ECHO: Engaging Families

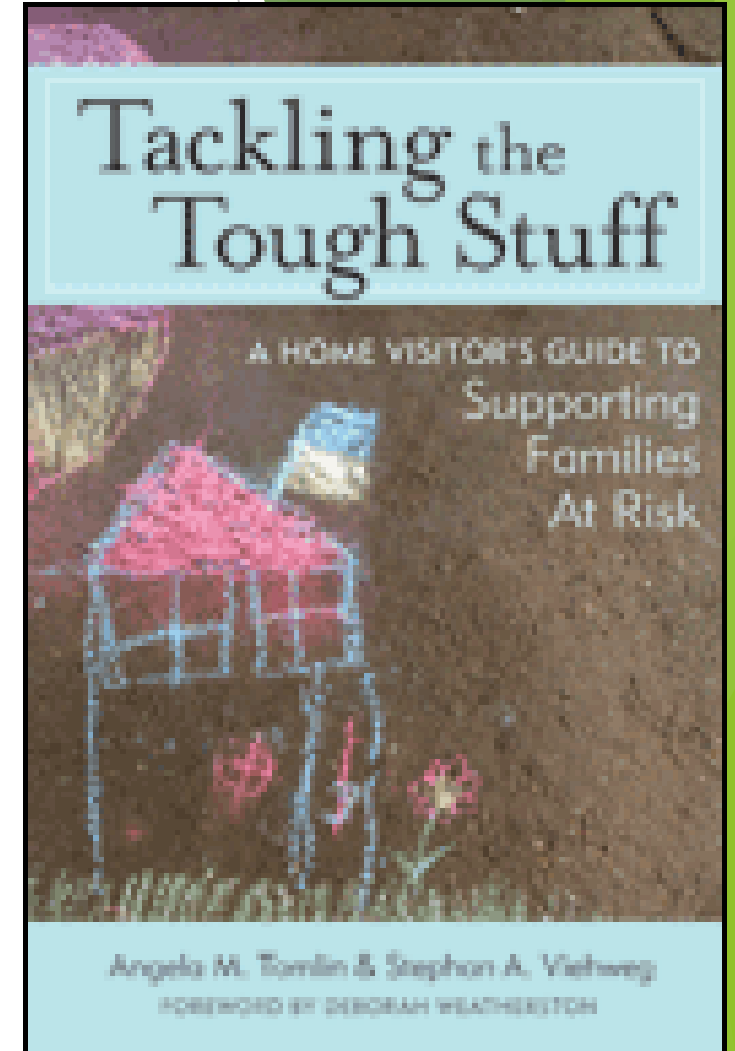
Angela Tomlin, PhD, HSPP, IMH-E

Stephan Viehweg, LCSW, IMH-E, CYC-P

Tuesday, May 21, 2019

Disclosure:
Co-authors of...
**Tackling the Tough Stuff:
A Home Visitor's Guide to
Supporting Families At Risk**

Angela M. Tomlin, PhD, HSPP, IMH-E®(IV)
Stephan A. Viehweg, ACSW, LCSW, IMH-E®(IV)



How did we get here?

Our time together...

- ▶ February - Overview of Opioid Use Disorder, Medicated Assisted Treatment and Stigma Reduction, Gabriela Williams
 - ▶ Case scenario
- ▶ March - Neonatal Abstinence Syndrome, Emily Scott
 - ▶ Case scenario
- ▶ April - Child and Family Dyad, Joanna Chambers
 - ▶ Case scenario
- ▶ May - Engaging Families

Families at Risk

*The families who are the
hardest to connect with
are those that need us the
most*

Build relationship by transferring skill sets

Skills we teach parents

- ▶ Be interested and attentive to the baby's needs and signals for help
- ▶ Be able to read the baby's signals accurately
- ▶ Respond to signals in an appropriate, timely, and reliable way

Ways we support parents

- ▶ Show an active interest in the parent and the parent's needs
- ▶ Use active listening to really understand what a parent is telling you
- ▶ Be consistent and reliable—someone a parent can count on

Parallel Process

- ▶ Events or situations in one relationship (current or past) can affect another relationship
- ▶ When the provider helps the parent—fills up the parent’s emotional fuel tank—the parent is better able to support the baby
- ▶ This is one reason why helping parents helps babies and toddlers

Caregivers with SUD likely have other risks

- ▶ Mental Illness
- ▶ Trauma
- ▶ Neurodevelopmental disorders
- ▶ Social determinants of health, such as housing instability, financial challenges
- ▶ History of difficult personal relationships and relationships with authority figures (teachers, employers, court personnel)

Strategies for supporting parents with risk factors (and without!)

- ▶ Break down tasks
- ▶ Expect to repeat and reteach
- ▶ Maintain appropriate boundaries
- ▶ Active teaching (model, demonstrate)
- ▶ Flexible sessions related to parent's current needs
- ▶ Let the parent be the driver
- ▶ Let parents know what is going well
- ▶ Be aware of the parent's capacity under stress

Ways to connect when connecting isn't smooth

- ▶ Provide emotional support
- ▶ Get comfortable talking about difficult topics
- ▶ Have reasonable expectations
- ▶ Share information supportively; start with asking questions
- ▶ Help parents build problem-solving skills
- ▶ Accept the unexpected

Know your limits. Know yourself and your triggers. Monitor and manage your feelings.

We won't always get this right— managing missteps

- ▶ Miscommunication, hurt feelings, and disagreements are normal parts of relationships
- ▶ Many families we serve have not had good experiences repairing breaks in relationship
- ▶ Steps to Repair
 - ▶ Acknowledge the problem; “You seem upset.”
 - ▶ Describe what you think is happening: “I think I hurt your feelings.”
 - ▶ Take responsibility for your part: “I am sorry about what I said.”
 - ▶ Invite the other person to discuss: “Can we talk about this?”

Burnout: Who Me?

- ▶ What it is
 - ▶ Burnout is common in high stress environments
 - ▶ Includes emotional exhaustion; depersonalization; ineffective performance
- ▶ Why it matters
 - ▶ Contributes to staff turnover
 - ▶ Impacts our ability to provide good care
- ▶ What to do
 - ▶ Practice Basic Self-Care
 - ▶ Consider Your Work-Life Balance
 - ▶ Access Reflective Supervision/Consultation

Final thoughts

- ▶ Children need families
- ▶ Families need us
- ▶ We need each other
- ▶ We need to keep learning about these topics
- ▶ Reflective consultation/supervision can save our clients from ourselves