



Vol. 3 Issue 1 Spring 2008

Alberta Home Visitation Network Association



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Network Association

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Meet our board

Be part of the family

AHVNA
9321 Jasper Avenue
Edmonton, Alberta
T5H 3T7

Phone: (780) 429.4787

Fax: (780) 429.4784

Email: info@ahvna.org

Website: www.ahvna.org

When it's a jungle in there:

Boost your mental health know-how

This issue of *Connections* focuses on an overview of mental health issues that affect the family and may be encountered by home visitors. As such, this is just the tip of the iceberg.

One of the ways that you can increase your awareness of mental health is by taking the Mental Health First Aid (MHFA) certificate offered through the Alberta Mental Health Association. Stephanie Clark, Program Manager for Mental Health First Aid Canada tells us that mental health first aid is help for a person developing a mental health problem or experiencing a mental health crisis. Just like physical first aid, the goal is to offer a person initial assistance until he or she can receive appropriate professional treatment or until the crisis is resolved. The 12-hour MHFA workshop is designed to teach participants how they can do this. The training also dispels commonly held myths surrounding mental health problems. Breaking the stigma gives participants the confidence they need to act when someone with a mental health problem or crisis needs their help. For more information visit the MHFA Canada website at www.mentalhealthfirstaid.ca

Another valuable resource, the mental health triage tool was provided to AHVNA by Pam Kollross, Mental Health Promoter with Aspen Regional Health. This tool is used by professionals in their health region to assess risk. Developed by Dr Bengelsdorf who ran a state psychiatric facility in rural New York, this tool involves three questions that assess a person's dangerousness,

support system and ability to cooperate. The tool has been posted to the AHVNA website at www.ahvna.org under the "resources" link.

A practical hands-on resource is the *Bounce Back* pair of books entitled: *Birth to Two Years* and *Building Resiliency Skills in your Preschooler*. Both books are free through the Alberta Parent Link Centres or may be downloaded from Alberta Mental Health Board (AMHB) at www.amhb.ab.ca. These books are practical, hands-on resources that provide caregivers of newborns to two-year-olds with information and fun, interactive activities that foster positive and lasting relationships with children—a component of resiliency.

Each one of us is touched by someone who has experienced a mental health issue at some time in life. It is through increasing our knowledge and building our skills that we are able to support one another. One way we can foster mental health awareness is to educate ourselves and also remember to take time for ourselves in the process.

Lavonne Roloff, Provincial Director

Home visitors weigh in on mental health issues

Our home visitors have a wealth of information and advice to share out of their own experiences. Here are a few comments we received on the theme of mental health.

- Simplify—take one step at a time. When the parent is overwhelmed and is suffering from depression, help them break down tasks.
- One parent got involved in volunteering and has found it very beneficial to be able to do something where she feels she is giving to others.
- We sometimes have our CASA consultant come on a joint visit to provide the parent with some insights of depression and how the parents' depression affects the child (ren) and strategies to support this.
- One parent was hearing voices and was very distraught. The consultant talked about how scary it must be and acknowledged her fear rather than dismissing the voices. This helped reduce the parent's fear. Then she was able to talk about following up with her doctor. Often consultants will go to the first appointment if the parent wants this. This helps to reduce the fear and they feel supported.

- If a parent is not taking her meds because of the cost, the consultant ensures the parent has Alberta Health Benefit and/or will advocate with the doctor to give "samples" until the health benefit is in place.

– E4C Early Head Start in Edmonton

A family visitor needs to inform themselves of mental health issues/treatments so they are better equipped to identify concerns and connect family to resources.

Family visitors need to have a comfort level in discussing the concerns/observations. They try to build rapport as quickly as possible with families, so they are able to talk about topics like mental health. Choice of words is important. At times the family visitor may need to do a lot of hand holding with the family. Are they connected to a doctor? If they are, have they discussed how they are feeling and what they are struggling with? It is important to help families find their own doctor instead of accessing medicentres where they may feel rushed and not discuss

why they really came to see the doctor. Doctors can make a referral to a registered psychologist/psychiatrist.

Some individuals are on and off their medications due to not being consistent/ side effects/not the right medication. It is important that they have a good doctor who will listen to them and assess what they need. To start the process, the family visitor can:

- connect families with a nurse at the Health Centre who will do a home visit
- connect families to Community Services for an assessment
- make a supportive referral to counselling appointments
- help the family get informed
- help the family access consultation rooms at pharmacies.

– Bent Arrow Traditional Healing Society staff in Edmonton

Use motivational interviewing. If we can get the client to make the call to mental health they will usually go.

– Grande Prairie Healthy Families Program

It's important to show empathy, support the family with getting to their appointments and encourage them to take their medication. The biggest motivator is when I relay to them the difference I see when they do take their medication. I stress how important it is to the well being of their children. The weekly visits are crucial as often we as home visitors become their lifeline. It is very important to connect them with people in their community.

– Mary Anne Vandervalk, home visitor in Fort Macleod



The importance of attachment

By N. Sonya Vellet (Ph.D., R. Psych.) and Marta Dixon (MSW)

Sarah is 12 months old. She has big blue eyes, fair hair, loves pudding and has new shoes. Although she shows an interest in strangers and makes good eye contact with them, Sarah seems uncomfortable in the presence of her mother, frequently looking away. Sarah also generally does not turn to her mother for support or comfort when distressed. Sarah's mother reports that, although she longs to feel close to her daughter, she often feels overwhelmed and confused by their relationship.

What is so important about attachment? Caregivers play many different roles in the lives of children in their care, including being a playmate, teacher, caregiver, a person who sets limits, and an attachment figure. An attachment figure protects the child and helps the child learn to regulate his or her emotions, thinking and behavior. In a secure caregiver-child attachment, the attachment figure supports the child's exploration, is a source of support and comfort when the child is distressed and repairs ruptures in the caregiver-child attachment relationship when they occur.

Secure parent-child attachment is related to a child's enhanced ability to cope well with adversity later in life. Disorganized parent-child attachment is one of the risk factors that significantly increase the probability that a child will experience difficulties adapting to the demands of the world. Some parents may experience challenges in developing secure attachment relationships with their children, such as the parent's own history of attachment relationships, an unresolved history of trauma or loss, a history of domestic violence and other life stressors. Yet parents have the potential to improve the relationship, especially when problems are recognized early and appropriate help is received.

We promote healthy caregiver child attachment relationships when we:

- Comfort children when they are physically hurt, ill, upset, frightened, or lonely. Being responsive and available as often as possible is important. Read children's emotional expressions and reflect back the emotions they seem to be experiencing. Be empathic and offer to provide support.
- Give children a sense of trust in the world and the people in it. Warn children about avoiding immediate dangers, ensure that the home and outside environments are as safe as possible, and protect children from being exposed to overwhelming, terrifying and dangerous events or situations (on television or the radio).
- Help children to review experiences and re-enact frightening situations so that the memories can be integrated. It is important that children be encouraged to talk about difficult events before they happen (the birth of a sibling), or following something that was not anticipated (a natural disaster).

- Create and keep alive joyful memories as they can help develop secure attachment relationships. Family traditions are important for instilling in children a sense of predictability and security.
- Let children know when you are going and when you will be back (establish good-bye rituals and then leave with confidence once the time comes). Provide objects to give security and keep memories of you or the absent caregiver alive. Try to be as predictable and as positive as possible in reacting to children's behavior.

– *Sonya Vellet is a chartered psychologist with Vellet and Associates Child Psychological Services in Calgary. Information for this article was sourced from: S. Goldberg, (2000), **Attachment and Development**, Canada: Oxford University Press, and from S. Landy (2002) **Pathways to Competence: Encouraging Healthy Social and Emotional Development in Young Children**. London: Paul H. Brookes Publishing Co.*



Mental Health: infancy detection and treatment is a critical first step

By Dr. Carole-Anne Hapchyn

Infant mental health has attracted increased interest all over the world. Over the last 25 years, research in infant development and child-care as well as clinical work with infants and preschool children has flourished. We know that the most rapid rate of human brain development occurs between birth and three years and that the brain develops—as described by Dr. Bruce Perry—in a “use-dependent way.” This refers to the very important role of early experiences in the development of an infant’s brain.

Some of the first circuits the brain develops are those that govern emotions. Beginning at two months of age, infants show distress and pleasure in response to the care they receive. These feelings become the emotions of joy, sadness, anger, surprise and fear in the first year of life. Toddlers and preschoolers learn from their parents how to interact with others, as they develop the social emotions of empathy, pride, and shame. Infants learn in the first few years of life that they can trust and rely on their caregivers for safety and protection. They form attachments to their parents. Loving, consistent care helps babies develop primarily happy feelings and positive memories of their experiences with the world around them. These positive experiences increase the capacity to handle stress in the future.

Infants born under severe distress, be it physical or emotional, risk developing mental health problems. Some may have developmental difficulties due to prematurity, exposure to drugs and alcohol during the pregnancy, severe medical illness or severe developmental disorders like autism. Other infants come into the world with difficult temperaments. Still others have difficulties processing sensory information and therefore have problems settling into regular rhythms of feeding, sleeping, playing and learning about

the environment around them. It is not surprising that families would have difficulty providing appropriate care for these high-need infants.

Infants who are exposed to neglect or severe stressors like abuse cannot trust the world. Their experience is one of anxiety and fear, so they develop abnormal stress responses. These negative experiences can have long-lasting and wide ranging effects on social and emotional development.

Problems in the relationship between the parents and the infant can result in feeding, sleeping or behavioral difficulties. Such relationship problems can be caused by life events such as severe illness or loss, extreme poverty and deprivation, or a mental illness in the parents, such as depression. If the parent does not receive the right kind of support, these difficulties can make it hard for the parent to develop a relationship with the infant, in turn harming the infant’s ability to develop trusting relationships.

The field of infant mental health is devoted to infants from birth to 36 months of age and their families. The work involves helping parents better understand and cope with their infant’s needs and behavior. Community programs offer supports ranging from parent education and support groups to home visitation programs for infants and families with special needs. Clinical infant mental health services provide assessment and treatment for infants and their families. Often families come seeking help due to a problem in their relationship with the infant or a concern about the way the infant is developing or behaving.

Early detection and treatment are what infant mental health is all about. It is clear from clinical work with older children in the preschool and school age years, that many of them had difficulties that were evident before the age of three. Early intervention gets critical support to parents when they



need it most, and when it can make a difference to the child's first impressions of the world and his or her response to it.

The CASA Infant and Preschool Mental Health Team has worked for the past ten years to provide services for infants and preschool children in Edmonton communities. The team helps families who bring their infants for assessment and treatment, to recognize their strengths and develop an understanding of the problem. The therapists provide information about the development and the emotional needs of the child and help the parents find effective ways to improve the infant's behaviour and their relationship. Parents are supported in their struggle with their own feelings. The team also works closely with other community professionals to support the child and family.

The province of Alberta has many challenges ahead as we work to improve the mental health of our children and families. It is so much better in human and economic terms to invest now by improving how we care for our youngest children. Research results and recommendations made by recognized experts in infant mental health provide the direction for a provincial action plan:

Call for continued provincial action

- Help parents in the most important job of their lives by providing them with the vital information they need to raise healthy, secure children.
- Train pediatric healthcare providers to provide parents with information about children's emotional needs.
- Establish community-based parent support groups and home visiting programs to provide much needed support to exhausted and stressed parents.

- Establish and maintain high quality child care for all children in our province.
- Provide mental health services to all parents and infants who require this professional help.
- Educate legislators about the importance of infant mental health to the role of public policy in its promotion and support.

Together, we can help nurture young minds and ensure that our children grow to their full potential.

– Dr. Carole-Anne Hapchyn is a child psychiatrist for infants and preschoolers with the Child and Adolescent Services Association in Edmonton.



Mental health on the web

<http://www.excellence-jeunesenfants.ca/documents/BulletinVol5No1sep06ANG.pdf>

This website has a very nice one page handout for parents. Click the PDF version:
<http://www.childandfamilypolicy.duke.edu/eca/Attachment/index.htm>

National Scientific Council on the Developing Child, (Brain Development)
www.developingchild.net/pubs/wp/emotional_development_is_built.pdf

First Words Project (language development)
<http://firstwords.fsu.edu/H/Hb.html>

Handouts on Children's Mental Health Issues:
<http://www.calgaryhealthregion.ca/camh/Collaborative/resources.htm>

Overview of Infant Mental Health Principals
<http://www.son.washington.edu/centers/cimhd/documents/ABAarticleIMH.pdf>

Zero to Three for Professionals:
http://www.zerotothree.org/ztt_professionals.htm

Zero To Three Publications on Child Abuse and Neglect
http://www.zerotothree.org/site/PageServer?pagename=key_childabuse

– submitted by provided by Evelyn Wotherspoon, MSW, RSW, Calgary Health Region

On the home front:

Tips for helping clients with mental health challenges

- Praise all positive steps or behavior. Maintain a positive attitude, even during setbacks.
- Allow the ill person to be unable to do things and retain dignity. Focus on current functioning and achieving the best life possible in the present.
- Translate long-term goals into a series of short-term goals. Help the ill person attain realistic short-term goals.
- Support the use of medication as the single most effective way of preventing symptoms.

Responding to delusions:

- Do not try to talk someone out of his or her beliefs. Lead conversation away from delusions.
- Respectfully acknowledge difference of opinion. Offer assistance in dealing with feelings.

Responding to hallucination:

- Ask if something was seen or heard. Determine how she/he feels about it
- Do not act shocked or alarmed or make fun of the person. Do not dismiss or minimize the experience

Depression and mania:

- Keep your expectations realistic. Offer constructive alternatives such as: medication, talk to doctor, exercise, a walk, and structured activity; whatever has worked in the past.

It can take a long time for a person with a serious mental illness to recognize and accept the presence of a life sentence of symptoms, medications and disruptions. At some point the person will come to terms with its impact on his or her life and redirect energy into pursuits that are both within reach and rewarding. In the meantime, our ability to keep a hopeful eye to an indefinite future is tremendously sustaining. For more information check the National Institute of Mental Health website <http://www.nimh.nih.gov>

—submitted by Caroline Hagen-Smigelski, Family Support Programs Manager, St Albert Parents' Place in St. Albert. Source: University of Alberta Hospital, Edmonton

The journey through depression

By Trudy Owen

Life is a journey filled with road bumps, hurdles and detours. Many will experience some form of depression on the journey. Sometimes referred to as an affective or mood disorder, depression is among the most common illnesses in our society but it can be diagnosed and treated successfully.

Depression affects more than 10 out of every 100 people. It does not go away in a few days nor is it caused by a lack of willpower or personal weakness. The home visitor can assist in the identification of the symptoms and provide support to families on their journey through treatment and recovery. According to the National Depressive and Manic-Depressive Association in Chicago (2001), symptoms of depression include:

- prolonged sadness or unexplained crying jags
- significant changes in appetite and sleep patterns
- irritability, anger, worry, agitation, anxiety
- pessimism, indifference
- unexplained aches and pains
- feelings of guilt, worthlessness and/or hopelessness
- inability to concentrate, indecisiveness
- inability to take pleasure in former interests, social withdrawal
- excessive consumption of alcohol or use of other substances
- recurring thoughts of death or suicide

These symptoms transfer into visible changes. Be an observer. Each visit provides the home visitor with an opportunity to note the physical environment of the home and physical presentation of each family member. Are there significant changes in the home's tidiness; changes in the

grooming habits of family members, and/or reduced attendance or participation in social outings?

A number of survey tools can be used to explore whether depression may be behind the changes observed. Some of these tools are: the CES-D Scale, Edinburgh Postpartum Depression Scale, Home Visitation Perceived Stress questionnaire, and the Social Network Index. When coupled with reflective listening techniques, the survey information can help the home visitor start a discussion about the behaviors and changes noticed.

Motivational interviewing techniques—express empathy; develop discrepancy; avoid argumentation; roll with resistance; support self-efficacy—are described by authors W.R. Millar and S. Rollnick in their 1991 book, *Motivational Interviewing: Preparing People to Change Addictive Behavior*. These techniques provide a framework in which the home visitor can encourage the family member to seek assistance from appropriate health care professionals who can provide ongoing support.

The home visitor can also help the family develop a system for monitoring and responding to symptoms, thereby increasing their awareness to external events that might trigger an increase in symptoms. A wellness toolbox can also be created that contains individualized plans and strategies to facilitate the building and maintenance of mental health. Strategies may include activity charts, journaling, relaxation exercises, planned outings, role-plays or coaching.



A personal crisis plan should be in place to provide information for others should the symptoms become unmanageable and require additional intervention and support. Prepared lists of supports, medication (current, past, and adverse affects), symptoms experienced, care plans for children and/or pets, health care information, and any personal directive information is included. This information is placed in a spot that is accessible and a copy given to appropriate outside supports.

As the journey towards wellness proceeds, the home visitor and family should take the time to revisit the toolbox. Adjust the plans and strategies to reflect the speed bumps encountered, hurdles jumped and progress made. Create further strategies to build on healthy practices, and finally, don't forget to celebrate the successes.

– Trudy Owen is Coordinator of the Intensive Home Visitation Program for the Millwoods Family Resource Centre in Edmonton.



Fear factor: when mental health is a parent's challenge

By Connie LeMay

Experienced home visitors recognize that mental health issues challenge a number of families they work with. They have to determine when parents are experiencing mental health issues and make referrals to mental health professionals and community agencies. These parents face the same roles and responsibilities as other parents, but their responses differ.

Parents who have mental health issues may demonstrate one or several challenges over an extended period (usually more than three months). These challenges include limited ability to:

- respond to their own physical, emotional or psychological needs
- cope with stress and change
- control intense anger and/or frustration toward the child
- be aware of and respond appropriately to the child's physical and psychological needs
- invest emotional energy in the care of their child
- show warmth and responsiveness to their child
- perceive and accurately read their child's cues and communication
- be aware of and respond appropriately to safety issues
- delay their own needs in order to respond to the child's needs
- see the child as a separate person.

Home visitors have observed that these parents may be difficult to engage. The stigma of mental illness prevents many parents from engaging in helping relationships. Parents may be concerned they will be judged as unfit, potentially violent or at risk for harming their child. These negative ideas, as well as cultural factors and the experiences of other family members, may prevent parents from accessing services that would enhance their ability to care for themselves and their child.

Home visitors are encouraged to seek the assistance of family doctors and other mental health professionals for consultation and referrals. Consultation services can provide home visitors with resources and strategies for effectively assisting families. Solution-focused language and motivational interviewing strategies are effective for assisting parents to seek help.

For more information, check these sources:

- National Mental Health Association fact sheets on strengthening families
- In Search of Solutions: A New Direction in Psychotherapy, by W.H O'Hanlon and M. Weiner-Davis.
- Motivation Interviewing: Preparing People to Change Addictive Behaviour, W.R. Miller

– Connie LeMay is a consultant to Alberta Home Visitation Network Association

Coming up

The next issue of *Connections* will focus on the theme of Health and Wellness.

Hearing from you

Connections is published three times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any correspondence to: Lavonne Roloff, AHVNA Provincial Director, at 780-429-4787 or email: info@ahvna.org

Editor: Cheryl Moskaluk

Contributors: Lavonne Roloff, Connie LeMay, Trudy Owen, Bent Arrow Traditional Healing Society in Edmonton, E4C Early Head Start in Edmonton, Grande Prairie Healthy Families, Mary Anne Vandervalk, Dr. Carole-Anne Hapchyn, N. Sonya Vellet and Marta Dixon, Caroline Hagen-Smigelski, Evelyn Wotherspoon.

Photography: Judith Paquin

Design and production:
P40 Communications

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Publications Mail Agreement No. 41387565

Return undeliverable Canadian addresses to:

AHVNA
9321 Jasper Avenue
Edmonton, Alberta
T5H 3T7

Phone: (780) 429.4787

Fax: (780) 429.4784

Email: info@ahvna.org

Website: www.ahvna.org



Meet our board!

This spring, we introduce you to two more of the dedicated members who make up the AHVNA board of directors. Watch for more profiles of board members in upcoming issues of *Connections*.



Tobi Kemp joined the AHVNA Board of Directors in June, 2007 and is currently serving on the research and evaluation committee. Tobi is the Regional Coordinator of the Southeast Alberta Home Visitation Programs based in Medicine Hat. With a background in education, Tobi recognizes the importance of positive early life experiences and their role in shaping the cognitive, social and emotional competencies of children. Therefore, she is a strong advocate of home visitation programs and believes in their ability to positively impact family functioning and parent-child interactions to the benefit of parents and children alike. Tobi also believes AHVNA plays a pivotal role in supporting the work of home visitation programs in the province of Alberta.



Sandra Logan has worked in the home visitation field for over seven years, first with a CPNP program and then, for the last five years, as coordinator of a rural home visitation program serving the area east of Calgary and south of Red Deer. As of April 1, she is embarking on a new venture with her husband and leaving the home visitation field. She has agreed to stay on the board and serve as a community member. Sandra is a perpetual student with post-secondary background in Business Administration, Early Childhood Development and Child and Youth Care. She has worked with families and children in varying capacities for over 17 years. Sandra is a master trainer with Invest-in-Kids; she has provided core home visitation training in aboriginal communities throughout Alberta, Northern BC and Northern Ontario. More importantly, Sandra's work is also with her family. She is the proud mother of three children, 18, 16 and 10. Recently her youngest son was chosen to be a student on "Are you Smarter than a Canadian 5th Grader"—a wonderful experience, but it hasn't convinced Sandra to give up her day job to become a stage mother. Sandra joined the AHVNA board in 2005 and is currently serving as the secretary.