Home Visitor Competency Areas

Prepared by the Health Education Design Group at James Madison University (2015)

Introduction

Since 2006, the Virginia Home Visiting Consortium, now known as Early Impact Virginia, a collaboration of statewide early childhood home visiting programs, has been advancing the delivery of high quality, efficient services that improve the health, social and educational outcomes for new and expecting parents, young children, and their families within safe homes and connected communities.

In 2012, the Consortium revived the Training Subcommittee to guide the professional development system for home visitors and supervisors. The committee soon recognized the need for a set of core competencies to guide home visitors' professional development and home visiting practice. At the June 2013 Annual Meeting, the committee began the process of identifying broad competency areas and a Training System Structures Workgroup was established to discuss competencies, KSA's (knowledge, skills, and abilities), and training structure. Competencies were then compared to current training offerings to identify gaps in the curriculum.

In the following months, the committee took the broad competency areas and identified the knowledge and skills needed for each competency. Ultimately, the committee realized that not only is knowledge and skill essential to effective practice, but so too are the underlying values that define our work with families. Therefore, these core values are integrated throughout each of the competency areas:

- The parent-child relationship is fundamental.
- The parent is the child’s first and most important teacher and role model.
- Families are assessed using a strength-based approach.
- Relationships are the cornerstone through which services are delivered.
- Home Visiting Services are:
  - Voluntary
  - Family-centered and family-driven.
  - Culturally informed.
  - Trauma informed.
  - Best practice, research informed, and evidence-based.

The competencies represent the core knowledge and skills that Virginia home visitors need to support families.

We wish to express our gratitude to The Ounce Training Institute, Zero to Three and to our MIECHV (Maternal, Infant, and Early Childhood Home Visiting) partners: the Home Visiting Systems of Michigan, Minnesota, Tennessee and Illinois, for generously sharing their competency work with our committee.
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### Acknowledgements

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## VIRGINIA HOME VISITOR COMPETENCIES - SUMMARY

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<td><strong>Competency 1: Parent-Child Relationships</strong></td>
<td>Parent-child relationships form the foundation upon which all other work is built. Home Visitors promote and enhance healthy parent-child relationships. Home visitors understand the importance of bonding and attachment and facilitate healthy attachment between caregivers and children.</td>
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<td><strong>Competency 2: Early Childhood Development</strong></td>
<td>Supporting the healthy physical, cognitive, and social emotional development of children is the critical component of all early childhood work. Home Visitors must understand and identify typical and atypical early childhood development across multiple domains and within the context of environment, culture, and family systems. Home Visitors help parents understand and support the healthy growth and development of their children.</td>
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<td><strong>Competency 3: Family Well-Being</strong></td>
<td>A strength-based approach guides all work with families. Home Visitors help families identify and develop protective factors to strengthen family security and improve family functioning. Home Visitors work with families to identify risks and stressors that impact family well-being and work together with families to set family-centered goals. Home visitors help families to navigate the various relationships that may be present in any given family and understand the ways in which family systems are impacted by trauma, gender, culture, and religion.</td>
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<td><strong>Competency 4: Health and Safety</strong></td>
<td>The health and safety of all family members is essential to family well-being. Home Visitors help families develop safe and healthy practices that promote optimum child growth and development and ensure the safety and health of all family members.</td>
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<td><strong>Competency 5: Parenting Education</strong></td>
<td>Parenting education is an essential part of all home visiting programs. Home visitors must develop skill in offering research-based and culturally sensitive parenting information in ways that parents can understand and incorporate into their daily lives to improve their parenting skills.</td>
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<td>In home visiting, relationships form the foundation upon which all other work is built. The quality of the relationships between home visitors and families has a significant impact upon our ability to make a difference in the lives of families and young children. Home visitors must learn strategies for establishing, building and enhancing relationships with families in a way that also promotes the strengthening of relationships within the family. Home visitors will develop skills to help them prepare and process home visits that build upon family strengths and promote resiliency.</td>
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1 Minnesota Family Home Visiting Professional Development Framework
1. Parent-Child Relationships

Parent-child relationships form the foundation upon which all other work is built. Home visitors promote and enhance healthy parent-child relationships. Home visitors understand the importance of bonding and attachment and facilitate healthy attachment between caregivers and children.

1. Parent-Child Relationships
   1.1. Bonding and Attachment
       1.1.a. Recognizes that the parent/caregiver-child relationship is the foundation of early development.
       1.1.b. Describes the importance of early parent/caregiver-child relationships and consistent, responsive interactions in building relationships that promote health, development, and learning.
       1.1.c. Understands and explains to parents how infants and toddlers’ relationships with a small number of consistent, responsive care providers contribute to child health and development.
       1.1.d. Supports parents to build a healthy relationship with their child.

   1.2. Parenting Skills
       1.2.a. Describes the ways in which the parenting role develops and changes.
       1.2.b. Understands and describes the ways in which the parenting role is influenced by a parent’s own experiences as a child.
       1.2.c. Understands how culture affects parenting styles and techniques.
       1.2.d. Describes the importance of adjusting parenting style to each child’s temperament as well as the child’s changing and unique needs.
       1.2.e. Describes the importance of consistent, sensitive, and nurturing parenting practices that promote positive infant mental health and optimal child development.
       1.2.f. Describes the benefits of parent-child interactions such as reading, singing, playing, and talking.
       1.2.g. Shares positive research-based discipline strategies that are appropriate to the child’s stage of development.
2. Early Childhood Development

Supporting the healthy physical, cognitive, and social emotional development of children is the critical component of all early childhood work. Home Visitors must understand and identify typical and atypical early childhood development across multiple domains and within the context of environment, culture, and family systems. Home Visitors help parents understand and support the healthy growth and development of their children.

2. Early Childhood Development

2.1. Typical and Atypical Development

2.1a. Recognizes and understands milestones of typical child development in motor, social-emotional, cognitive, and language and communication skills.

2.1b. Recognizes the signs and symptoms of atypical child development in motor, social-emotional, cognitive, and language and communication skills.

2.1c. Helps parents understand and support their children in reaching developmental milestones.

2.1d. Utilizes results of developmental screening to help parents support their child’s development.

2.1e. Helps parents of children with special needs understand that their children may have different needs than a child with typical development.

2.1f. Helps parents access community resources if there are concerns about their child’s development.

2.2. Protective Factors

2.2a. Provides resources, teaching, and modeling to help parents learn how to promote their child’s social-emotional confidence.

2.2b. Provides resources, teaching, and modeling to help parents learn how to promote appropriate developmental experiences.

2.2c. Understands how various factors such as parents’ mental and physical health, poverty, child abuse and neglect, culture, the mother’s prenatal care and experiences, and early substance exposure affects the child’s development, well-being, and brain development.

2.2d. Understands the impact culture may have on the achievement of developmental milestones.

2.2e. Applies knowledge of child development and the multiple factors that influence development to observe, understand, and mentor expectant parents and families with infants and young children.

2.2f. Describes the importance of high-quality childcare and parental involvement in schools and childcare settings.
2. Early Child Development

2.3. Influences on Child Development

23a Explains how various factors such as parents’ mental and physical health, poverty, child abuse and neglect, culture, the mother’s prenatal care and experiences, and early substance exposure affects the child’s development, well-being, and brain development.

23b Understands the impact culture may have on the achievement of developmental milestones.

23c Applies knowledge of child development and the multiple factors that influence development to observe, understand, and help expectant parents and families with infants and young children.

23d Describes the importance of high-quality childcare and parental involvement in schools and childcare settings.
A strength-based approach guides all work with families. Home Visitors help families identify and develop protective factors to strengthen family security and improve family functioning. Home Visitors work with families to identify risks and stressors that impact family well-being and work together with families to set family-centered goals. Home visitors help families to navigate the various relationships that may be present in any given family and understand the ways in which family systems are impacted by trauma, gender, culture, and religion.

3. Family Well-Being

3.1. Healthy Family Functioning
   3.1.a. Recognizes and communicates the importance of social support, social connections, and community involvement to family well-being.
   3.1.b. Increases awareness of family resources within the community and the ways in which to access these resources.
   3.1.c. Promotes and encourages families to participate in age-appropriate recreational and social activities.
   3.1.d. Supports family members' efforts to meet their own social, emotional, and healthcare needs to ensure optimal parenting.
   3.1.e. Encourages family members to maintain the positive social and emotional health that is needed to provide quality support and care for their children.

3.2. Influences on Family Well-Being
   3.2.a. Understands the complexity of relationships and the ways individuals and families may be influenced by gender and the ways in which those influences may shape their expectations and interactions with others, including home visitors and other care providers.
   3.2.b. Understands how differences between male and female caregiving affect development.
   3.2.c. Supports individuals and families in identifying and achieving their own goals and recognizes the parents' role as primary decision-makers on issues concerning their child.
   3.2.d. Recognizes and integrates the role that culture plays in a family's life when providing services and support and respects how culture impacts a family's view of the world and their choices in raising family.
   3.2.e. Understands and promotes the idea that families are systems composed of independent but interconnected individuals who impact one another in such a way that when one member changes, it affects the entire family system.
   3.2.f. Recognizes the importance of parents and extended family members in a child's life and communicates how those relationships affect the entire family's well-being.
3. Family Well-Being

3.3. Impact of Culture, Religion, and Experience on Relationships
3.3.a. Understands the complexity of relationships and the ways in which the cultural values and the religious beliefs of individuals and families may shape their expectations and interactions with others, including home visitors and other care providers.
3.3.b. Works effectively with many kinds of families including adolescent parents and grandparents raising grandchildren.

3.4. Approach to Familial Risks and Stressors
3.4.a. Understands and communicates the ways in which the following stressors impact family members and affect the ability to parent:
   - Abuse and neglect
   - Family conflict and domestic violence
   - Substance use and abuse
   - Mental health disorders
   - Homelessness
   - Transience
   - Poverty
   - Employment, underemployment, and unemployment
   - Physical health issues
   - Family separation (due to divorce, deployment, job opportunities, etc.).
   - Other experiences of trauma
3.4.b. Uses a trauma-sensitive and trauma-informed approach when working with all families.
3.4.c. Remains up to date on research relative to family well-being in order to provide quality, evidence-based services.
4. Health and Safety

The health and safety of all family members is essential to family well-being. Home Visitors help families develop safe and healthy practices that promote optimum child growth and development and ensure the safety and health of all family members.

4. Health and Safety

4.1. Home and Vehicle Safety

4.1.a. Provides education to caregivers related to creating safe and healthy home environments for young children that takes into account the following:
   - The children’s current age, individual needs, and abilities
   - The family’s cultures, values, preferences, and socio-economic status

4.1.b. Educates families on safe sleeping practices for infants and toddlers.

4.1.c. Recognizes environmental and care-giving risks to the health and safety of children and parents and takes appropriate action when safety concerns arise, including delivering an intervention, referring the family for appropriate services, or reporting concerns to a supervisor or appropriate agency.

4.1.d. Advises family on vehicle safety, including use of car seats for children and seat belts for all family members.

4.2. Insurance, Medical Home, Specialists, Immunizations, Well-Child Visits

4.2.a. Stays up to date on current resources to assist families in obtaining and maintaining insurance coverage for their children through FAMIS, Medicaid, or private insurance. Assists parents to obtain their own insurance when available and appropriate.

4.2.b. Understands the characteristics of a medical home and assists families in locating a provider that meets the criteria of a medical home.

4.2.c. Understands and communicates the importance of preventive health and primary health care including immunizations, well-child visits, annual physical exams, and dental care.

4.2.d. Supports appropriate communication between medical providers and parents, acts as an intermediary when needed, and helps parents advocate with healthcare providers.

4.2.e. Supports parents in navigating healthcare systems for their children, including children with special health care needs.

4.3. Bright Futures Guidelines

4.3.a. Comprehends and uses the American Academy of Pediatrics Bright Futures Guidelines to assist families in understanding and preparing for well-child visits.

4.3.b. Provides anticipatory guidance according to the American Academy of Pediatrics Bright Futures Guidelines to promote the health and safety of enrolled children.
4. Health and Safety

4.4. Nutrition and Fitness
   4.4.a. Understands and communicates the importance of a healthy diet, nutrition, and physical activity for the health and well-being of children and adults.
   4.4.b. Supports the family’s culture regarding food practices and traditions when appropriate.
   4.4.c. Identifies and shares community resources to support access to healthy foods for families, including WIC and local food pantries.

4.5. Prenatal and Interconceptional Care
   4.5.a. Understands prenatal development and potential threats to the mother’s and baby’s health during the prenatal period, and provides education to the expectant parents to promote maternal and child health during the pregnancy.
   4.5.b. Offers resources for family planning and provides education related to maximizing physical and emotional readiness for current and future pregnancies.

4.6. Adult Health/Safety/Nutrition/Mental Health
   4.6.a. Understands and communicates basic health promotion and disease prevention information about the following:
       - Reproductive health planning
       - Home safety and injury prevention
       - Breastfeeding
       - Oral health
       - When to call the doctor
       - When to use the emergency department or urgent care center
       - Preventive health care
   4.6.b. Promotes the importance of self-care, relaxation, and leisure for family members.
   4.6.c. Understands the significance of cultural healing practices.
   4.6.d. Understands the proper steps to ensure family and child safety when safety is threatened.
   4.6.e. Increases parent’s knowledge and awareness of the signs of depression, trauma, domestic violence, substance use, and mental illness.
   4.6.f. Increases parent’s awareness and ability to identify protective factors/strengths to overcome challenges.
   4.6.g. Increases parent’s awareness and ability to address the risks and stressors in the family.
4. Health and Safety

4.7. Identification, Screening and Referral

4.7.a. Recognizes the importance of early detection and intervention services for infants and toddlers.

4.7.b. Understands and implements the screening and referral process for parents and caregivers, including Motivational Interviewing and the SBIRT (Screening, Brief Intervention, and Referral to Treatment) process.
   - Recognizes and screens parents/caregivers for risky health behaviors (to include social, behavioral, and mental health issues).
   - Assesses their motivation for necessary change.
   - Provides an appropriate brief intervention when necessary.
   - Refers individuals to needed resources.
   - Provides appropriate follow-up on the status of the referral.

4.8. Infant and Child Health/Safety/Nutrition/Mental Health

4.8.a. Understands and communicates basic health promotion and disease prevention information about the following:
   - Breastfeeding
   - Basic infant nutrition and introduction of solid food (consistent with WIC guidelines)
   - Physical growth
   - Oral health
   - Immunization schedule
   - Common childhood illnesses
   - When to call the doctor
   - When to use the emergency department or urgent care center
   - Preventive health care (well-child)

4.8.b. Understands the dynamics of child abuse and neglect, including the impact family of origin can have on parenting.
5. Parenting Education

Parenting education is an essential part of all home visiting programs. Home visitors must develop skill in offering research-based and culturally sensitive parenting information in ways that parents can understand and incorporate into their daily lives to improve their parenting skills.

5. Parenting Education
   5.1. Understands various delivery approaches and theories related to parenting education.
   5.2. Understands the principles of adult and adolescent learning.
   5.3. Uses instructional and coaching techniques to address various learning styles.
   5.4. Selects materials appropriate to the needs of the parent.
   5.5. Implements a research-based curriculum that ensures quality service and optimum performance during home visits.
   5.6. Understands how to effectively teach parents appropriate guidance and discipline techniques to encourage the child’s positive behavior and optimal development.
6. Home Visitor Professional Practice

In home visiting, relationships form the foundation upon which all other work is built. The quality of the relationships between home visitors and families has a significant impact upon our ability to make a difference in the lives of families and young children. Home visitors must learn strategies for establishing, building and enhancing relationships with families in a way that also promotes the strengthening of relationships within the family. Home visitors will develop skills to help them prepare and process home visits that build upon family strengths and promote resiliency.

6. Home Visitor Professional Practice

6.1. Home Visiting Strategies

6.1.a. Understands that relationships form the basis for all home visiting work and establishes an on-going alliance with families that supports the family’s strengths, priorities, and changing circumstances.

6.1.b. Understands how their relationship with the family impacts the parent-child relationship.

6.1.c. Understands parallel process.

6.1.d. Incorporates observations, parent report, screening, and assessment data into home visit plans to support the family.

6.1.e. Understands and employs stages of change approach with families.

6.1.f. Adjusts plans and practices based upon changing family needs without losing focus on the parent-child relationship.

6.1.g. Understands and uses appropriate engagement and retention strategies to keep families involved in the program.

6.1.h. Incorporates principles of cultural competency and sensitivity in daily practice with families of all cultural and ethnic backgrounds.

6.1.i. Understands the complexity of relationships and the ways in which traumatic experiences may shape an individual’s, or a family’s, expectations and interactions with others, including home visitors and other care providers.

6.2. Reflective Practices and Self-Awareness

6.2.a. Recognizes how personal experiences, biases, and emotional responses impact attitudes and practices and the way these elements might impact worker-client relationships.

6.2.b. Identifies as a professional.

6.2.c. Continuously seeks to improve work-related skills and performance through self-reflection with peers and supervisors and through professional development opportunities to increase knowledge and skills.

6.2.d. Recognizes personal limits and uses a variety of strategies to avoid burnout and reduce compassion fatigue.
6. Home Visitor Professional Practice

6.3. Legal and Ethical Practice
   6.3a. Adheres to the professional and ethical standards of the service provider's own profession (RN, SW, etc.).
   6.3b. Applies ethical solutions to all situations encountered in practice.
   6.3c. Abides by all legal standards when conducting a home visit.
   6.3d. Recognizes the indications of child abuse and neglect, complies with mandatory reporter child protection laws in the Commonwealth of Virginia, and determines when to consult supervisor in cases where child protection is a concern.
   6.3e. Understands Virginia laws related to infants exposed prenatally to drugs.
   6.3f. Responds to client's threat to self or others appropriately and in accordance with applicable laws and local site policy and determines when to consult supervisor in cases where harm to client or others is a concern.

6.4. Home Visitor Boundaries
   6.4a. Ensures that all interactions with families, co-workers, and related agencies exemplify professionalism and are within the scope and limits of one's own role and competence.
   6.4b. Maintains appropriate boundaries in interactions with co-workers, families, and other service providers.

6.5. Confidentiality
   6.5a. Maintains appropriate confidentiality of client records and information according to HIPAA, FERPA, and 42 CFR laws, and requirements set forth in contracts, as well as local site policy.
   6.5b. Helps parents understand their rights.

6.6. General Practices
   6.6a. Uses appropriate and effective verbal and written communication skills in an ongoing and positive manner to collaborate with families and other service providers.
   6.6b. Maintains timely documentation and records to monitor progress and document interactions with clients.
   6.6c. Uses time management techniques to maximize productivity and meets model specific benchmarks for home visiting productivity (e.g., the number of home visits required per month).
   6.6d. Adheres to recommended practices and policies that ensure home visitor safety before, during, and after home visits.

6.7. Research-Based Tools and Methods of Assessment
   6.7a. Uses current best practice in all approaches to serving families.
   6.7b. Understands program outcome goals and how their work with families contributes to meeting these goals.
   6.7c. Understands and effectively uses screening tools required by program or funding agency.
6. Home Visitor Professional Practice

6.8. Community Resources

6.8.a. Uses referral skills to assist families in accessing and effectively using a broad range of community resources as well as in developing informal support systems to meet their needs.

6.8.b. Demonstrates a working knowledge of community resources, including formal social institutions and informal networks in the community that provide social, financial, health, and other services to children and families.

6.8.c. Collaborates and communicates with appropriate service providers to ensure coordination of eligible and elected services for children and families.
42 CFR
In the substance abuse field, confidentiality is governed by federal law (42 U.S.C. § 290dd-2) and regulations (42 CFR Part 2) that outline under what limited circumstances information about the client’s treatment may be disclosed with and without the client’s consent. Determining when 42 CFR Part 2 is applicable and how to legally access information about substance abuse treatment requires practitioners to work through a series of questions. Protecting confidentiality is critical in substance abuse treatment and child welfare. Both fields need to guard clients’ rights to privacy and protect against the stigma that might cause clients to avoid treatment. Yet while monitoring cases, child welfare professionals regularly need information related to diagnosis and participation in treatment. Child welfare practitioners should be familiar with the rules and regulations that govern confidentiality and the legal methods of accessing otherwise protected information. (Source: http://www.ncsc.org/sitecore/content/microsites/future-trends-2012/home/Privacy-and-Technology/Substance-Abuse.aspx)

A

Anticipatory Guidance
Guidance provided by an expert or knowledgeable group to those with a particular interest (e.g., parents), anticipating likely upcoming concerns. Examples: Parents of newborns—informing them about physical changes in their infant (e.g., teething); parents of adolescents—anticipating concerns due to alcohol and drug abuse. (Source: http://medical-dictionary.thefreedictionary.com/anticipatory+guidance)

Atypical Development
When children exhibit behaviors that fall outside of the normal, or expected, range of development. These behaviors emerge in a way or at a pace that is different from their peers. (Source: http://www.ldonline.org/article/6047/)

B

Best Practice
A method or technique that has consistently shown results superior to those achieved with other means. (Source: http://www.businessdictionary.com/definition/best-practice.html#ixzz36tyJ1d6q)

Behavioral Health
Used to describe the connection of our behaviors and health and well-being of our body, mind and spirit. Behavioral health is used interchangeably with mental health and substance abuse. (Source: http://www.mehaf.org/blog/2011/08/31/what-behavioral-health-anyway)
Appendix A: Glossary

**Bonding and Attachment**
The non-verbal emotional relationship between a child and a caregiver defined by emotional responses to the baby’s cues as expressed through movements, gestures and sounds. The success of this wordless relationship enables a child to feel secure enough to develop fully and affects how he/she will interact, communicate and form relationships throughout life.
(Source: [http://www.helpguide.org/mental/parenting_attachment.htm](http://www.helpguide.org/mental/parenting_attachment.htm))

**Bright Futures Guidelines**
Released in 2008, the Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition, provides detailed information on well-child care for health care practitioners.

**C**

**Care Provider**
Parent-figures who have a significant relationship with the target child. (HFA standards glossary)
Parent and care provider are used interchangeably throughout the competencies.

**Compassion Fatigue**
Also called vicarious traumatization or secondary traumatization. Compassion fatigue is the emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. It differs from burnout, but can co-exist. Compassion Fatigue can occur due to exposure on one case or can be due to a "cumulative" level of trauma.

**Culture**
The learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It includes but is not limited to: thoughts, beliefs, languages, values, customs, practices, courtesies, rituals, communication roles, relationships, expected behaviors.
(Source: [National Center for Cultural Competence](http://www.culturalcompetence.gov))

**Cultural Competency**
Congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.
(Source: [DHHS/OMH](http://www.dhs.gov))

**Cultural Healing Practices**
Treatments and remedies based in one’s culture to heal sickness and illness.
Appendix A: Glossary

D

Data Driven Services
Analyzing data to verify and measure the effectiveness of services which helps organizations make informed policy and practice decisions, with the ultimate goal of improving outcomes for the families they serve.
(Source: https://www.childwelfare.gov/management/info_systems/outcomes.cfm)

Developmental Delay
When a child does not achieve developmental milestones within the normal range.

E

Engagement
Participation necessary to obtain optimal benefits from an intervention; showing up for home visits.

Ethical Solutions
Being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession.
(Source: http://dictionary.reference.com/browse/ethically)

Evidence Based Program
Programs that are based on research. Evidence-based programming translates tested program models or interventions into practical, effective community programs that can provide proven benefits to participants.
(Source: http://www.ncoa.org/improve-health/center-for-healthy-aging/about-evidence-based-programs.html)

F

Family System
The social interactions, patterns, and interdependence that exist between members of families.
(Source: http://medical-dictionary.thefreedictionary.com/family+systems)

FAMIS
Virginia’s health insurance program for children. It makes health care affordable for children of eligible families. FAMIS covers all the medical care growing children need to avoid getting sick, plus the medical care that will help them if they do get sick or get hurt.
(Source: http://www.coverva.org/programs_famis.cfm)
Appendix A: Glossary

**FAMIS MOMS**
Virginia’s health insurance program for pregnant women. It provides comprehensive health care benefits during pregnancy and for two months following the end of pregnancy.
(Source: [http://www.coverva.org/programs_moms.cfm](http://www.coverva.org/programs_moms.cfm))

**FASD**
Fetal Alcohol Spectrum Disorder: a continuum of various permanent neurological and congenital birth defects caused by the mother’s consumption of alcohol during pregnancy.

**FERPA (Family Educational Rights and Privacy Act)**
20 U.S.C. § 1232g; 34 CFR Part 99 is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

**H**

**High-risk Concerns**
Unsafe concerns that can affect the family or child’s safety, health or living situation in a negative way. For instance, domestic violence, substance abuse, untreated mental health disorders, and unsafe living conditions.

**HIPAA (Health Insurance Portability and Accountability Act of 1996)**
A federal law that provides federal protection for individually identifiable health information covered by entities and their business associates and gives patients an array of rights with respect to that information.
(Source: [http://www.hhs.gov/ocr/privacy/hipaa/understanding/](http://www.hhs.gov/ocr/privacy/hipaa/understanding/))

**I**

**Infant Mental Health**
The healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:
- Promotion of healthy social and emotional development;
- Prevention of mental health problems; and
- Treatment of the mental health problems of very young children in the context of their families
Appendix A: Glossary

M

MAT (Medically Assisted Treatment)
The use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication assisted treatment (MAT) is clinically driven with a focus on individualized patient care.
(Source: http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=10&content=STCUSTOM3)

Medical Home
The primary individual, provider, medical group, public or private health agency or culturally recognized medical professional where participants can go to receive a full array of health and medical services. (Source: Healthy Families America standards glossary)

Motivational Interviewing: a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. Focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change.
(Source: http://www.motivationalinterview.org/quick_links/about_mi.html)

N

NAS (Neonatal Abstinence Syndrome)
A group of problems that occur in a newborn who was exposed to prescription or illicit opiate drugs e.g. codeine, oxycodone, heroin, methadone while in the mother’s womb.
(Source: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004566/)

P

Parent
The biological mother or father.
(Source: Healthy Families America standards glossary)

Parent Education
A course or program a parent can take to improve their parenting skills. Virginia home visitors provide parent education to families who are enrolled in their program.
(Source: http://en.wikipedia.org/wiki/Parent_education_program)

Parallel Process
“Do unto others as you would have them do unto others”. Parallel process occurs when two or more systems, individuals or groups, who have significant relationships with each other, have similar thoughts, behaviors and cognition due to their relationship.
(Source: http://www.sanctuaryweb.com/parallel-process.php)
Appendix A: Glossary

Protective Factors
Parental resilience, social connections, concrete supports in times of need, knowledge of parenting and child development, nurturing and attachment (children's social and emotional competence). For more information on protective factors, see Source.

Reflective Supervision
Supervision that exists to provide a respectful, understanding and thoughtful atmosphere where exchanges of information, thoughts, and feelings about the things that arise around one’s work can occur. The focus is on the families involved and on the experience of the supervisee.
(Source: http://main.zerotothree.org/site/PageServer?pagename=key_reflective&AddInterest=1149)

Research Based
Founded on facts and practices that have been based on research.
(Source: Merriam Webster)

Retention
The act of keeping families enrolled and engaged in home visiting programs.

Safe Sleeping Practices
Practices to use to prevent SIDS or Sudden Infant Death Syndrome (Source: http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx)

- Always place babies to sleep on their backs during naps and at nighttime. Because babies sleeping on their sides are more likely to accidentally roll onto their stomach, the side position is just as dangerous as the stomach position.
- Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Consider using a pacifier at naptime and bedtime. The pacifiers should not have cords or clips that might be a strangulation risk.
- Place your baby on a firm mattress, covered by a fitted sheet that meets current safety standards. For more about crib safety standards, visit the Consumer Product Safety Commission’s Web site at http://www.cpsc.gov.
- Place the crib in an area that is always smoke-free.
- Don’t place babies to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, bumper pads, and wedges should not be placed in the crib with the baby. Loose bedding, such as sheets and blankets, should not be used as these items can impair the infant's ability to breathe if they are close to his face. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets are better alternatives to blankets.
Appendix A: Glossary

Self-sufficiency
The ability to live free of public assistance or support from other community organizations or services.
(Source: http://www.merriam-webster.com/dictionary/self-sufficient)

Self-reflection
Careful thought about your own behavior and beliefs.
(Source: http://www.merriam-webster.com/dictionary/self-reflection)

Stages of Change
Almost 20 years ago, two well-known alcoholism researchers, Carlo C. DiClemente and J. O. Prochaska, introduced a five-stage model of change to help professionals understand their clients with addiction problems and motivate them to change. Their model is based not on abstract theories but on their personal observations of how people went about modifying problem behaviors such as smoking, overeating and problem drinking. The six stages of the model are: precontemplation, contemplation, determination, action, maintenance and termination. This model is now used for all people who are contemplating change in their lives and not just for alcoholics.
(Source: http://psychcentral.com/lib/stages-of-change/000265)

Strength Based Approach
When using this approach you are helping to identify positive resources and strengths within the individual and at the same time using those positive attributes to help resolve their issues and problems. For more information:
(Source: http://www.mentalhealth4kids.ca/healthlibrary_docs/PrinciplesOfStrength-BasedPractice.pdf)

Stressor
A chemical or biological agent, environmental condition, external stimulus or an event that causes stress to an organism.
(Source: http://en.wikipedia.org/wiki/Stressor)
An event that triggers the stress response may include:

- Environmental stressors (elevated sound levels, over-illumination, overcrowding)
- Daily stress events (e.g., traffic, lost keys, quality and quantity of physical activity)
- Life changes (e.g., divorce, bereavement)
- Workplace stressors (e.g., high job demand vs. low job control, repeated or sustained exertions, forceful exertions, extreme postures)
- Chemical stressors (e.g., tobacco, alcohol, drugs)
- Social stressor (e.g., societal and family demands)
Appendix A: Glossary

Substance-exposed Infant
An infant who has been affected by prenatal alcohol or drug exposure. Prenatal exposure to alcohol, tobacco, illicit drugs and prescription opiates and benzodiazepines has the potential to cause a wide spectrum of physical, emotional, and developmental problems for these infants. The harm caused to the child can be significant and long-lasting, especially if the exposure is not detected and the effects are not treated as soon as possible. Each year, an estimated 400,000–440,000 infant (10–11% of all births) are substance exposed.
(Source: https://www.ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx)

Temperament
Traits which address an infant’s level of activity, her adaptability to daily routines, how she responds to new situations, her mood, the intensity of her reactions, her sensitivity to what’s going on around her, how quickly she adapts to changes, and how distractible and persistent she might be when engaging in an activity.
(Source: http://csefel.vanderbilt.edu/resources/wwb/wwb23.html?utm_source=News+and+Notes+from+the+Field+No.+7+-+10-14-12&utm_campaign=news+%26+notes+Vol1&utm_medium=email)

Trauma Informed Approach
How a program, agency, organization or community thinks about or responds to those who have experienced or may be at risk for experiencing trauma.
(Source: SAMSHA)

Trauma Sensitive
Working respectfully and collaboratively with an individual who has experienced trauma to promote personal healing and recovery.
(Source: http://www.wafca.org/trauma_sensitive_care.htm)

Typical Development
When children’s development usually follows a known and predictable course. The acquisition of certain skills and abilities is often used to gauge children’s development. These skills and abilities are known as developmental milestones. Such things as crawling, walking, saying single words, putting words together into phrases and sentences, and following directions are examples of these predictable achievements. Although not all children reach each milestone at the same time, there is an expected time-frame for reaching these developmental markers.
(Source: http://www.ldonline.org/article/6047/)

W

WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
Provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.
(Source: http://www.womaninfantchildrenoffice.com/virginia-wic-office)
Appendix B: Early Impact Virginia Professional Development Model

Early Impact Virginia (EIV) supports a comprehensive professional development system for Home Visitors and supervisors by offering high quality training through a sustainable, competency-based, tiered system that promotes best practices, incorporates current research and is linked to Virginia’s evaluation outcomes.
Appendix B: Early Impact Virginia Professional Development Model
# Appendix C: Early Impact Virginia Transfer of Learning Plan

<table>
<thead>
<tr>
<th>TASK</th>
<th>LEARNER</th>
<th>SUPERVISOR</th>
<th>TRAINER</th>
<th>NGD</th>
<th>CV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONGOING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>View EV Training Program and each EV training module as an investment in skills and knowledge to help improve home visitor and program effectiveness</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Provide training developers and trainers with home visitor demographics and information about adult learning methods</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Provide learner and supervisor with course learning guide in preparation for learner participation</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Explain why the training module is important for both the learner and the team/program prior to training</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Complete pre-training activities in Learning Guide</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td><strong>BEFORE</strong></td>
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<tr>
<td>Motivation for taking the course, goals for the training</td>
<td>X</td>
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<tr>
<td>Training goals, general institutional support and readiness for new information</td>
<td></td>
<td>X</td>
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<tr>
<td>Preparedness for delivering training, training materials, expectations for the training</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>DURING</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Active participation, reflection on goals, identifying skills for transfer of learning</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses adult learning methods, provides skills practice, reflection time, and assessment of barriers to transfer of learning/problem solving</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Complete Trainer Self-Evaluation</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>Complete Reflection, Questions, and Action Plan sections of the Learning Guide</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Support new learning/mentor the learner to ensure transfer of learning into daily practice</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule a post training appointment to hear about what the participant learned and review the action plan for applying skills and knowledge on the job</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Allow time for learner to apply the skills and use the knowledge</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate pre- and post-training activities</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Material adapted from the Rob Pike Group – Who Else Wants to Improve Training Transfer [http://www.hbpikegroup.com/Resources/Articles/81](http://www.hbpikegroup.com/Resources/Articles/81)

Health Education Design Group, IIHHS, James Madison University, 2017

Health Education Design Group, IIHHS, James Madison University, 2015
# Appendix C: Early Impact Virginia Transfer of Learning Plan

<table>
<thead>
<tr>
<th>TASK</th>
<th>LEARNER</th>
<th>SUPERVISOR</th>
<th>TRAINER</th>
<th>HEDG</th>
<th>EN</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVALUATE POST-TRAINING 3 TO 6 MONTHS FOLLOWING</td>
<td>Transfer of learning into practice, reception from clients and coworkers, support from supervisors, and their views on the utility of the training provided</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAINTENANCE ASSESSMENT</td>
<td>Impact of training on student’s practice over time, transfer of learning that has occurred, impact on client outcomes</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONGOING</td>
<td>Evaluate results of assessments for all trainings, present annual report to help to determine training development priorities, update existing materials and assessment process, as needed</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Appendix E: Early Impact Virginia Course Tracking Worksheet


Home visitors are encouraged to take the courses in the recommended training progression. They must complete prerequisites before registering for subsequent courses. Home visitors who work in certain model programs may opt-out of specified courses (designated with *) with supervisor permission. See attachment for further details.

<table>
<thead>
<tr>
<th>Training Course</th>
<th>Format</th>
<th>Date Completed</th>
<th>Supervisor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier One – Hire to 3 months</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Home Visiting 101: Importance of Home Visiting</td>
<td><strong>CHIP, HFA</strong></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>2. Confidentiality for the Home Visitor: Your Client's Right and Your Responsibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Part I: Confidentiality Principles</td>
<td><strong>HFA</strong></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>b. Part II: Confidentiality and the Law</td>
<td><strong>HFA</strong></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>c. Part III: Confidentiality in Practice</td>
<td><strong>HFA</strong></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>3. Child Abuse and Neglect: Risk, Recognition and Reporting</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>4. Personal Safety for Home Visitors</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>5. Abusive Head Trauma (Shaken Baby Syndrome): Prevention and Education Techniques for Home Visitors</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>6. Three-Step Counseling Strategy</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>7. Reproductive Health</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>8. Prenatal Basics for Home Visitors</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td><strong>Tier Two – 3 months to 6 months</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Home Visiting 102: Home Visitor Skills and Strategies (Prerequisite: Home Visiting 101)</td>
<td><strong>PAT, CHIP, HFA</strong></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>10. Home Visiting 103: Professional Practice (Prerequisite: Home Visiting 102)</td>
<td><strong>HFA</strong></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>11. Cultural and Linguistic Competency Essential for Providers of Parent Support</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>12. Bright Futures Concepts and Working with the Medical Home</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>13. Working with Pregnant and Parenting Adolescents</td>
<td>classroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Engaging Families in their Children’s Lives</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>15. Child Development</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>a. Secrets of Baby Behavior</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>b. Child Development Birth to 9 (To be updated soon)</td>
<td><strong>PAT, HFA</strong></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>c. Child Development 3 to 5</td>
<td><strong>PAT, HFA</strong></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>d. Ages and Stages Questionnaire and ASQ-SEES Training (supervision-led)</td>
<td>classroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Substance Use: Risks and Effects in Pregnancy and Early Childhood Development</td>
<td></td>
<td>online</td>
<td></td>
</tr>
<tr>
<td>17. Why Screen Women for Substance Use, Intimate Partner Violence, Mental Health and Perinatal Depression (Prerequisite: Substance Use)</td>
<td></td>
<td>online</td>
<td></td>
</tr>
</tbody>
</table>

Health Education Design Group, IIHHS, James Madison University, 2017