

memo

Home Visiting CoIIN 2.0, Education Development Center

To: HV CoIIN 2.0 Participants

From: Co-Directors, Mary Mackrain, mackrain@edc.org and Zhandra Levesque, zlevesque@edc.org, and HV CoIIN 2.0 Faculty

CC: HRSA, Model Developers and Domestic Violence/Sexual Assault (DV/SA) partners

Date: April 15, 2020

Re: Coronavirus/COVID-19 and Implications for Maternal Depression and Intimate Partner Violence Screening and Referral

Due to this unforeseen public health crisis, we have received requests for guidance related to best practice for screening and referral, and the move to virtual home visits. This memo provides general guidance from our HV CoIIN 2.0 faculty on the topics of maternal depression and intimate partner violence (IPV) in relation to our project work. Please note that this guidance is not intended to replace or supersede guidance from home visiting models or local, state or federal authorities. For further guidance beyond the scope of HV CoIIN 2.0, leverage your HV-ImpACT and HV-PM/CQI Technical Assistance (TA) specialists to link you to subject matter experts and to provide ongoing support.

Maternal Depression

We know that a high number of families with young children enrolled in home visiting programs are experiencing maternal depression. Left undetected and untreated maternal depression can have long-lasting negative effects on the growth and development of infants and young children. Reduced social support is a critical environmental factor in the onset of anxiety and stress. High stress is among the factors associated with a higher risk of postpartum depression. During this time of uncertainty and induced social isolation, it is imperative that we continue to connect with families, screen and provide support for maternal depression. We understand that due to the coronavirus pandemic home visitors are facing challenges to screening and referral processes. We asked our faculty, Dr. Darius Tandon and Nancy Topping-Tailby, to weigh in on some frequently asked questions.

- Is it reliable and valid to screen mothers for maternal depression via the phone?
 - Response:
 - There is some evidence that depression screening via the phone is reliable and valid. During this time of heightened stress and isolation, maintaining screening periodicity (with flexibility as warranted) and adjusting protocol for virtual visits could be impactful to getting families to needed supports.^{1,2,3}
- How do we refer if health care providers are only available for emergencies?
 - Response:
 - While health care providers, including behavioral health practitioners, may need to prioritize care for critically ill patients, find out what contingency plans they have established to address the needs of their non-acute patients. Are they able to offer a telephone-based, telehealth

appointment option? If so, find out if this service is covered by the family's insurance as benefits including Medicaid may vary.

- It may also be helpful for the home visitor and the family to reach out to the family's insurance carrier to discuss care coordination.
 - Home visitors are well-positioned to provide guidance to clients and their families (including maternal depression referrals) regarding when to seek medical care and when to utilize information about hot/warm lines to mental health providers.
 - If your program has an existing relationship with a mental health/infant and early childhood mental health consultant, ask them if they can provide additional services to your families, or reach out to local mental health agencies.
 - Maternal depression enhancements typically used to respond to women experiencing mild to moderate symptoms, such as Mothers and Babies, may be particularly helpful during this time as they may be conducted by phone or virtual visits.
 - Utilize [SAMHSA's National Helpline](#) or find local support for your families on the [Postpartum Support International website](#).
- What can we do to support mothers and families with their heightened level of stress?
 - Response:
 - There are many resources available to address the increased stress level many families are experiencing as a result of the Coronavirus pandemic. Additional resources are available upon request.

- **Coronavirus/COVID-19 specific resources**

- a. [Tips for Families: Coronavirus](#) from Zero to Three
- b. [Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019](#) from the National Child Traumatic Stress Network
- c. [Manage Anxiety and Stress](#) from CDC
- d. Community Connection: Join the [COVID-19 Maternal Well-Being](#) private support group on Facebook, created by Obstetrician Dr. Tara Abraham, Pediatric Critical Care Physician Dr. Anita K Patel and a Perinatal Psychiatrist Dr. Pooja Lakshmin
- e. <https://newmomhealth.com/coronavirus-for-new-moms>
- f. <https://www.npr.org/sections/health-shots/2020/03/22/817801475/pregnant-and-worried-about-coronavirus-how-to-stay-safe-and-make-a-game-plan>

- **General resources**

- a. [Tips for Self-Care](#) from Mothers and Babies
- b. [Mindfulness for Parents](#) from Zero to Three
- c. [Free Guided Meditations](#) from UCLA Mindful Awareness Research Center
- d. Family Connections Program | [Short Papers for Parents](#)
 - i. The Ability to Cope: Building Resilience for Yourself and Your Child for Families
 - ii. Self-Reflection in Parenting: Help for Getting through Stressful Times
- e. [Depression in Mothers: More Than the Blues](#) from SAMHSA
- f. Utilize maternal depression model enhancements such as [Mothers and Babies Program](#)
- g. Parenting Tools: The [Hello Joey app](#) has released two free support kits "Anxiety 101" and "Quality Time: No Moment is Pointless"
- h. Breastfeeding 101: [Tinyhood's Virtual Course](#) from Prenatal Prep to Pumping is now available for free
- i. Online Support Groups: Carriage House Birth is facilitating [Weekly Virtual Support Groups](#) for new parents and pregnant families
- j. Pregnancy Meditations: [Body Health Visualizations](#)

Intimate Partner Violence (IPV)

According to the CDC, one in four women and one in seven men have experienced severe physical violence by an intimate partner at some point in their lifetimes⁴. Left undetected, exposure to IPV can have long-lasting negative effects on the growth and development of infants and young children⁵. IPV is a pattern of behavior that one person uses to gain power and control over the other. These behaviors can include isolation, emotional abuse, monitoring, controlling the finances and physical and sexual assault⁶. The fundamental harm of abuse is a loss of autonomy. Autonomy means freedom from external control. Evidence suggests that incorporating a comprehensive approach to IPV (i.e., connections with appropriate supports, including local domestic violence advocacy services organizations) into home visiting programs can help improve the trajectory for families experiencing violence⁷. Home visiting programs have a unique opportunity to reach families and incorporate evidence-based and practice-informed strategies—what we know works—to decrease rates of IPV. This relationship provides a safe space for families to talk about their experiences, especially during times of uncertainty.

People who are surviving violence in their relationships and families may be experiencing increased isolation and danger caused by social distancing measures during the Coronavirus pandemic. Survivors often have specific needs around safety, health and confidentiality. We also know that people who are already more vulnerable to economic and health insecurity are facing additional challenges during this unprecedented time. **At this time, staying connected or even increasing connections with caregivers experiencing violence is vital.**

“In some ways, checking in is easier than ever right now, since everyone wants to see how people are feeling as we weather the coronavirus pandemic together. We can still chat online, pick up the phone, call one another, and by doing so, we can all potentially be a lifeline to a survivor.”
--Kelly Starr, Managing Director for Public Affairs, WSCADV

The following faculty offer guidance to your questions and concerns for families during this time of heightened stress and isolation:

- Leigh Hofheimer, Reproductive Justice lead from the [Washington State Coalition against Domestic Violence](#)
- Lisa James, Director of Health at [Futures without Violence](#)
- Rebecca Levenson, Consultant for [Futures without Violence](#)
- Allison Parish, Chief Program Officer and MIECHV Director at [Florida Association of Healthy Start Coalitions Inc](#)

We welcome you to access the recording of the IPV CoIIN Energizer call held on March 24th. ([Part 1](#) and [Parts 2 & 3](#)) to listen to the conversation between faculty, awardees and local implementing agencies around strategies to address IPV and more specifically safer planning during the ongoing public health emergency. The strategies included in this memo are a summary of those presented during the call and aim to address the questions received from teams participating in the IPV CoIIN.

- **Strategies**
 - **Leverage Community Partners**
 - Prioritize connecting with your local DV/SA partners to understand resources available in your community given our new context
 - Find your state coalition at the [National Coalition against Domestic Violence](#)
 - Connect with Early Childhood System efforts including two-generational support partners and centralized service access points to increase your service coordination capacity to facilitate resource connections to promote protective factors. One example is connecting with your [Help Me Grow network](#). Learn more about early childhood comprehensive systems across states [here](#).
 - **Support Supervisors and Home Visitors to address IPV**
 - Supporting supervisors and home visitors is of paramount importance to support survivors. Home visiting programs may effectively use reflective supervision to support home visitors to

care for themselves and ensure continuity of care for survivors. Supervisors should also be provided opportunity for support (i.e., peer-to-peer, mental health consultants, etc.)

- The [Supervisors Home Visitor Reference Sheet](#) supports supervisors of home visitors working families experiencing domestic violence
- The [Home Visitor Reference Sheet](#) supports home visitors working with families experiencing domestic Violence
- [The National Domestic Violence Hotline](#) is available to support home visitors around the clock to obtain guidance on how to best support caregivers. Call 1-800-799-SAFE or [chat with their advocates here](#), or text LOVEIS to 22522

Supporting Families in the Context of the Coronavirus Pandemic

Given the Coronavirus pandemic and the shift to virtual home visiting, we recognize that it is very difficult to determine caregiver safety and confidentiality for home visitors. The "shelter-in-place" recommendations can increase the risks for survivors of IPV and their children. The lack of privacy for conversations around IPV and the ability to assess the home environment now necessitates different processes. The following are strategies for consideration:

- Keep in mind the barriers to accessing reliable modes of communications
 - Follow your model developer guidance for approved mediums of communications
- When scheduling or confirming a virtual visit, encourage the caregiver to select a time when she will have access to a quiet, comfortable, and private spot where other people will not be able to overhear the conversation.
- Always Ask: "Is this a good time to talk? What is the best way to connect?"
- Be prepared to offer suggestions for gaining privacy for the conversation. For example, go outside while maintaining social distancing; take the call in their car, bathroom, garage and other private places; reschedule the chat for a more convenient time with more opportunities for privacy. Trust your intuitions about the "right time" to discuss.
- Consider coming up with a "code" word for use during your encounters. You can introduce the code word as "if you ever need me to know that you really need some extra help, but you just can't go into all the details" – just use that word. Connect with your DV/SA partner to learn more about these strategies.
- Provide information to support and stay connected. Refer to WSCADV's [Friends and Family Guide](#) for language to support safer planning.
- IPV Screening: At the moment there is no research indicating that virtual screenings are safe. Due to the potential risk of retaliation by an abusive partner if a caregiver discloses abuse during a screening, we encourage you to use your best practice judgement when determining whether it is appropriate or safe to screen.

We recommend that you convene as a state, local Implementing agency, community DV/SA partners and model developers' team to arrive at a best practice that fits the needs of your community and programs. Below we have included recommendations from the experts in the field to support your conversation as you continue to deliver services across communities.

Additional Faculty Recommendations

In the absence of a screen, to promote the autonomy and safety of any potential survivor/client(s) and their children, we recommend specialized universal education on healthy relationships with a focus on educating clients on supporting friends and family who are struggling or feeling unsafe in their relationships and educating, at a minimum, about the [National Domestic Violence Hotline](#) (includes confidential chat feature, advocates speaking over 22 languages, language line access, and 24/7 days a week).

Talking about healthy and unhealthy relationships allows survivors to hear about resources and strategies to promote safety without *seeking a* disclosure of IPV. This strategy reduces the potential harm of IPV screening during virtual home visits. Sharing information universally on how to help others reduces isolation and increases understanding about virtual advocacy services that support the client's decision making and when and if to access confidential advocacy resources and supports.

Disclosure of IPV can happen *even* during universal education conversations about healthy relationships; caregivers are the experts of their own experience. If IPV is suspected or confirmed, reducing violence and coercive behavior is the priority during this time of heightened isolation. The goal is to understand the survivor’s perspective and priorities, and work collaboratively with the caregiver to strengthen their safer plan, building on and adapting strategies they have used in the past, and to connect with the [National Domestic Violence Hotline](#) or local domestic violence advocacy programs for advocacy, problem-solving around safer planning and available resources including possible financial assistance. **Staying connected or even increasing connections with caregivers is vital.**

- Leaving may be a strategy, but not the only strategy. It is key to support survivors with their self-identified needs (i.e., food, housing, baby needs, etc.). Your recognition and validation of her situation is important. You can help reduce her sense of isolation and shame and encourage her to believe a better future is possible. **Staying connected or even increasing connections with caregivers is vital.**
- According to Jill Davies, deputy director of Greater Hartford Legal Aid, Inc. and director of the building Comprehensive Solutions to Domestic Violence Initiative **staying connected** can be a lifeline to a survivor⁸. Home visitors can support survivors to identify their social network in support of safer planning (i.e., is there an alternative place to stay in anticipation of shelter in place?). If you need help identifying support people in a survivor’s life, take a look at the [pod mapping worksheet](#) from the Bay Area Transformative Justice Collective.
- Consider technology safety: [The National Domestic Violence Hotline](#) and [RAINN - the National Sexual Assault Hotline](#) and some state hotlines offer 24/7 online chat and text messaging in English and Spanish, along with referrals to local services and advocacy for people reaching out for the first time.
 - Managed by the Safety Net Project at the [National Network to End Domestic Violence](#) (NNEDV), [TechSafety](#) discusses technology, privacy, and safety in the context of intimate partner violence, sexual assault, and violence against women.
- **Staying connected or even increasing connections with caregivers is vital.**

Join the Intimate Partner Violence [HV CoIIN 2.0](#) team and faculty for an **Optional Office Hours** on April 22nd from 4:00-5:30 PM EST to have your questions answered and learn more about Universal Education on Healthy Relationships in the context of virtual home visits

[Register](#)

<http://edc.adobeconnect.com/r5msvizuo07b/>

Phone Line: 866-250-3747

Submit your questions to zlevesque@edc.org

References

- ¹A 2005 [study](#) to evaluate agreement between self-administered and telephone-administered PHQ-9 in primary care settings revealed “a strong concordance between telephone- and self-administered PHQ-9”, indicating that telephone administration of the PHQ-9 was a reliable procedure for assessing depression.
- ²A 2006 [study](#) to evaluate the reliability of screening women for symptoms of postpartum depression by a telephone assessment after hospital discharge found that telephone screening was a reliable method to screen mothers for postpartum depression. “Studies using the PDSS as an in-person instrument were compared with scores for telephone screening, and the overall mean scores were similar.”
- ³Results from a 2014 [study](#) to verify the reliability and validity of the EPDS administered by telephone interviews demonstrated that “when administered by a telephone interview with skilled professionals, the Edinburg Postpartum Depression Scale (EPDS) maintains its psychometric properties compared with previous reports of the self-administered EPDS (Gibson et al. 2009).” Accordingly, the authors concluded that “the application of the EPDS by telephone is a suitable alternative for clinical practice and research and represents a method to optimize the diagnosis of postpartum depression.”
- ⁴Smith, S., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., . . . Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 state report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- ⁵Udo, I. E., Sharps, P., Bronner, Y., & Hossain, M. B. (2016). Maternal intimate partner violence: Relationships with language and neurological development of infant and toddlers. *Maternal and Child Health Journal, 20*(7), 1524–1431.
- ⁶Centers for Disease Control and Prevention. (n.d. a). *Intimate partner violence*. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>
- ⁷Family Violence Prevention Fund. (2010). *Realizing the promise of home visitation: Addressing domestic violence and child maltreatment – A guide for policy makers*. Retrieved from <http://www.futureswithoutviolence.org/realizing-the-promise-of-home-visitation/>
- ⁸Davies, Jill. *Advocacy Beyond Leaving: Helping Battered Women in Contact with Current or Former Partners. A guide for Domestic Violence Advocates*. National Resource Center on Domestic Violence and Futures without Violence 2011.

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