



NEAR@Home

*Holding Space to Create a Path
Toward Resilience*

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Our Time Together

- What is NEAR?
- The Process: evolution of NEAR@Home
- NEAR@Home Theory of Change
- The Journey of a NEAR@Home Visit

www.nearathome.org

NEAR

- Neuroscience
- Epigenetics
- Adverse Childhood Experiences
- Resilience

The Process

*“Be messy and complicated
and afraid and show up anyway.”*

-Glennon Doyle Melton

ACEs: Home Visiting Workforce

Approximately three quarters of the home visiting workforce reported their ACE scores. Of those who responded:

- the majority (81.1%) experienced at least one Adverse Childhood Experience (ACE)
- 33% experienced 4 or more ACEs



Region X Workforce Study RESEARCH BRIEF #4 The Health and Well-Being of the Region X Home Visiting Workforce

<https://www.dcyf.wa.gov/sites/default/files/pdf/RegXWorkforceStudyBrief4.pdf>

*“Two families have told me,
‘That was the best visit ever!’”*

– home visitor

THEORY OF CHANGE

“This is a good opportunity to think about what we are doing and why.”

– home visitor

Home Visitors...

- are supported by leadership that is knowledgeable and committed to bringing NEAR into home visiting
- are supported by quality reflective supervision
- **home visiting supervisors** are supported by receiving their own reflective supervision



*“It feels good to go slowly...
this process itself is an unfolding...
everyone is going at their
own pace.”*

- supervisor

Parents...

- deserve to know about the most powerful determinant of public health
- have a chance to talk about how ACEs have affected their lives in the context of a safe and respectful relationship
- have an opportunity for a change moment: the experience of feeling heard, understood, and accepted



“We name it to tame it. It is so true and things that are hard are so much less scary when we talk about them.”

– home visitor

Parents...

- make decisions and are able to take actions in their lives that protect their children
- engage with community and professional supports to develop parenting skills, manage stress, and build resilience
- take steps to develop their capacity to be sensitive and responsive to their children



“My clients now have a drive to learn more about the protective factors. When we decided to do our group meetings on the protective factors, we have had twice the turn out because families want to know more!”

– home visitor

Children...

- reach their full potential by growing and developing in relationships that are healthy
- have lower ACEs than this parenting generation
- all ACEs attributable problems are reduced in the next generation



“I can teach almost any child to walk. THIS can change the life of a child.”

– physical therapist

Home Visitors...

- feel safe and respected in their work
- build skills in having sensitive conversations
- discover increased compassion and stamina in their home visiting with families



“We don’t have to be clinicians or therapists. The therapeutic skills we’re trained in are enough. We don’t need to hire a mental health specialist. I have less anxiety around my skillset.”

– home visitor

THE JOURNEY OF A NEAR@HOMEVISIT



As we journey together...

- Notice how you feel in your body, your breath. Pay attention to what arises.
- What resonates for you? What doesn't resonate? Where are you curious?
- How do you picture yourself having this conversation with a family?
- What cultural considerations and adaptations do you want to hold in mind as we think about the concepts of NEAR?

*“Slowly, I have come to see that Asking,
and Listening, and Accepting are a
profound form of Doing”*

**- Vincent J. Felitti, M.D.
(NEAR@Home Toolkit)**

A True Story

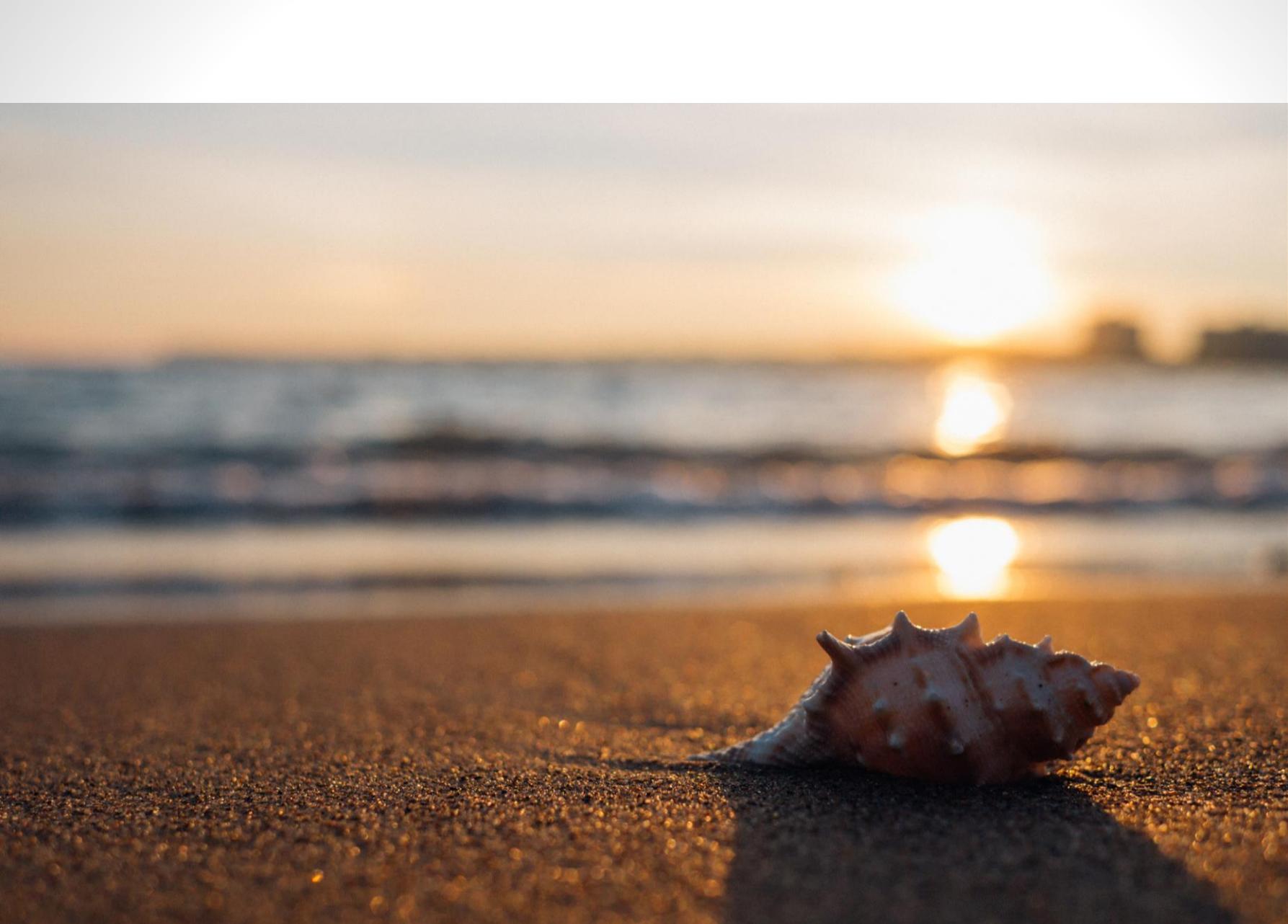
Today V has agreed to discuss NEAR.



I think about how I'd like our discussion to go and wonder what it might mean to her...

...What feelings will come up for me about how she responds?



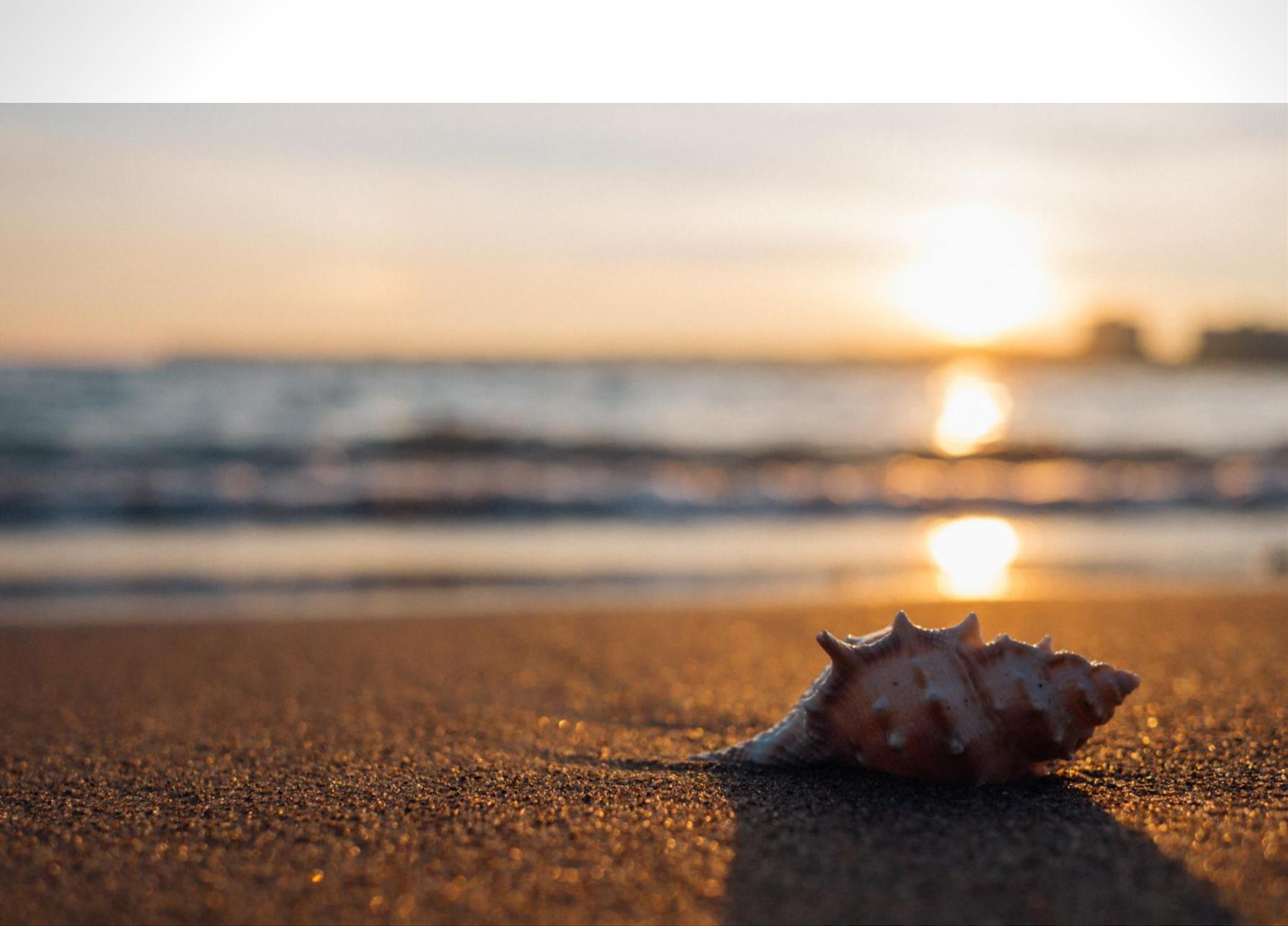


How I am is more important than what I do.
Asking, listening and accepting are powerful forms
of doing.



*“How you are is more important
than what you do.”*

- Jeree Pawl, adapted by Quen Zorrah



...I take time to listen and celebrate with her, reminding her that he is doing so well because of the nurturing support she gives him daily.



It's time. I take a deep breath...



...she lifts her head and says, “Okay. We can talk about it. Anyway, I’ve been thinking about it since our last visit.”



“I wish someone had shared ACEs research with me when I was a young parent. I didn’t know then what I know now.”

– home visitor

I haven't always felt this way when clients agree to talk about NEAR...

...I worried the conversation would retraumatize them. I was unsure of my ability to navigate the complexity of such a conversation.



“I am getting more comfortable asking the tough questions and also being a better listener.”

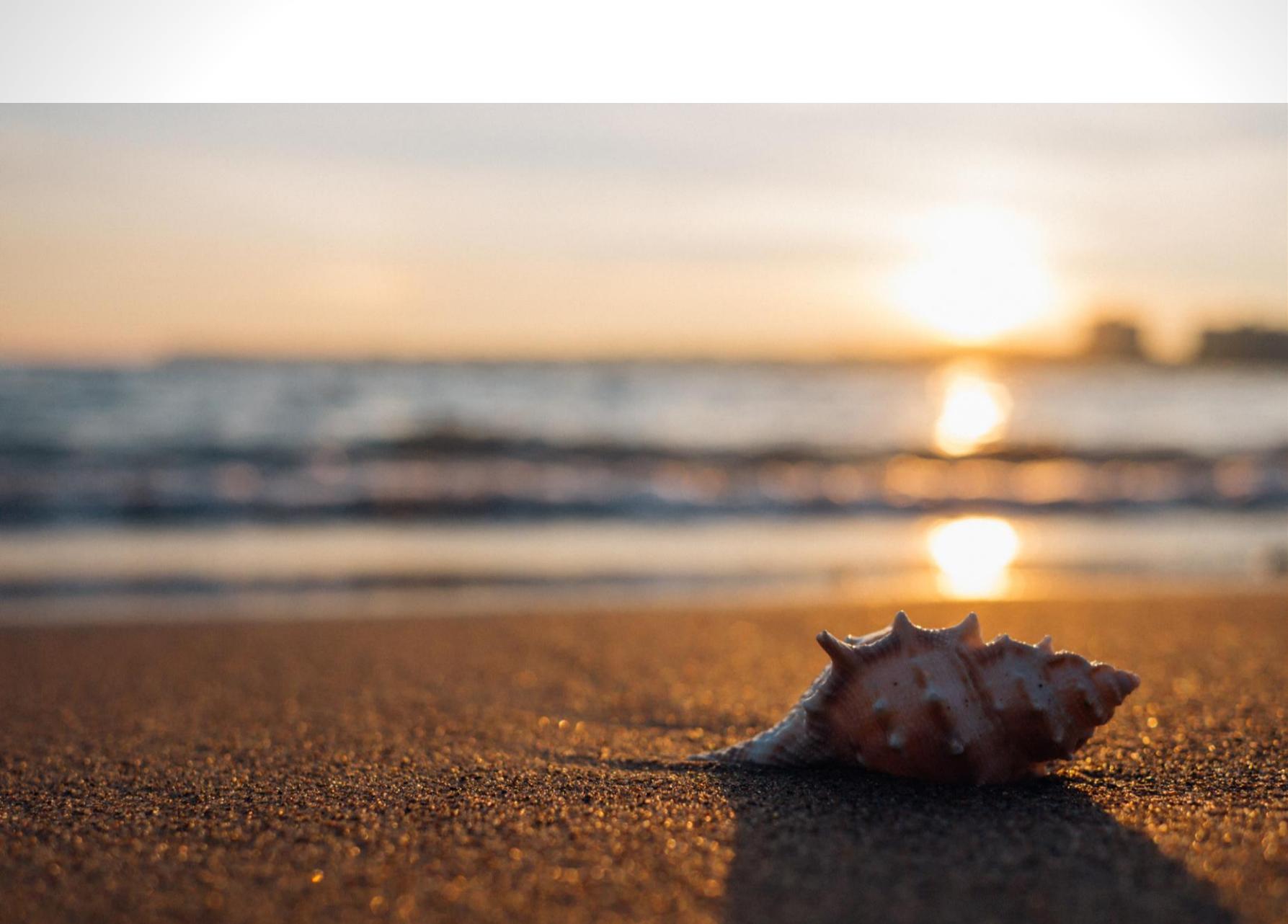
– home visitor

How will I stay regulated and present despite my own emotions during the conversation?

What if something the client shares activates my own trauma history?

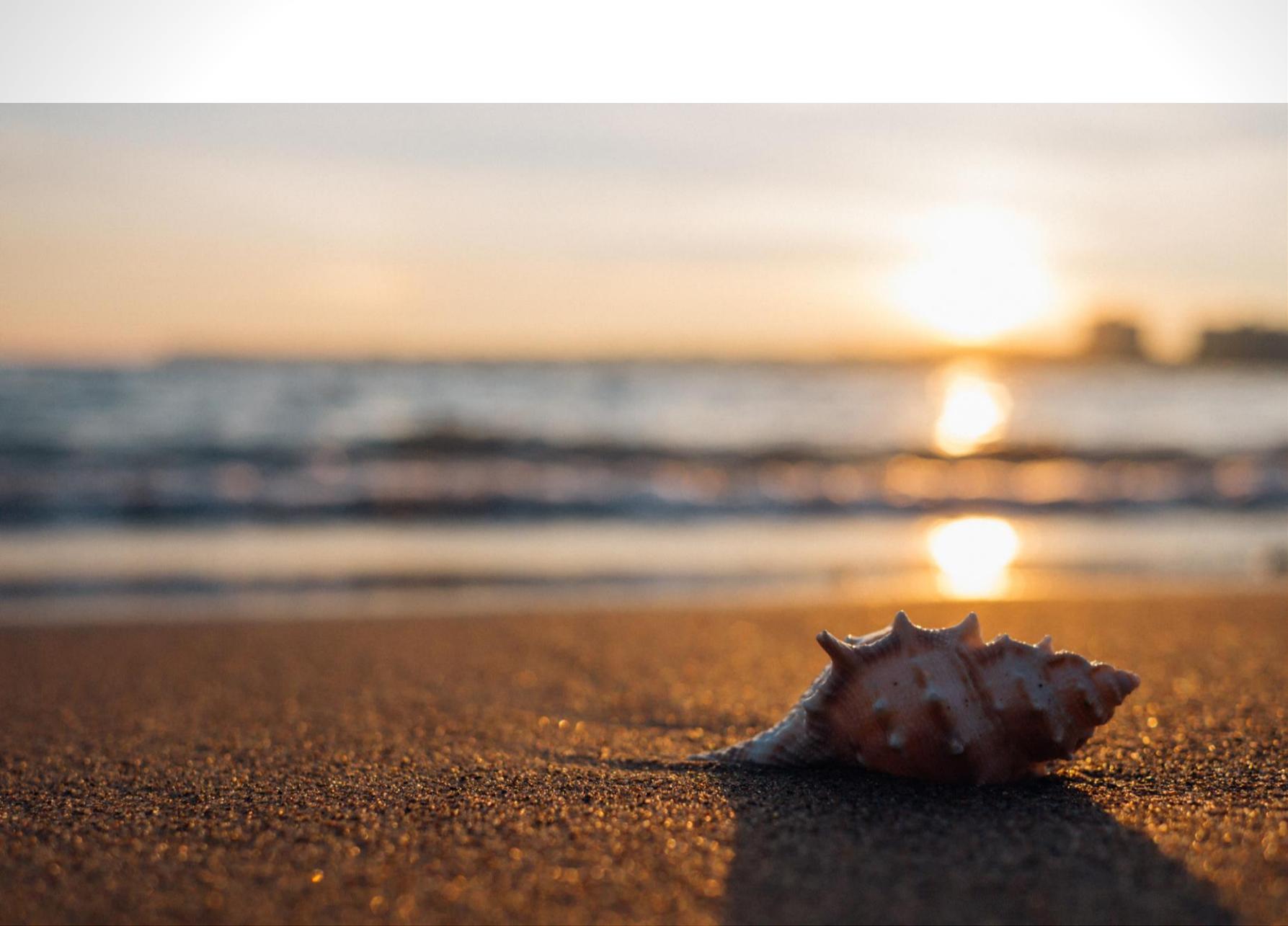
How will I stay regulated then?





Adding to my feelings of overwhelm were programmatic pressures...





“What thoughts have you had about this since last time I saw you?” I ask V.

“Just how much I have had to deal with in my life. Of course, I wasn’t the easiest child to deal with either.”

“Perhaps the two are related,” I say.



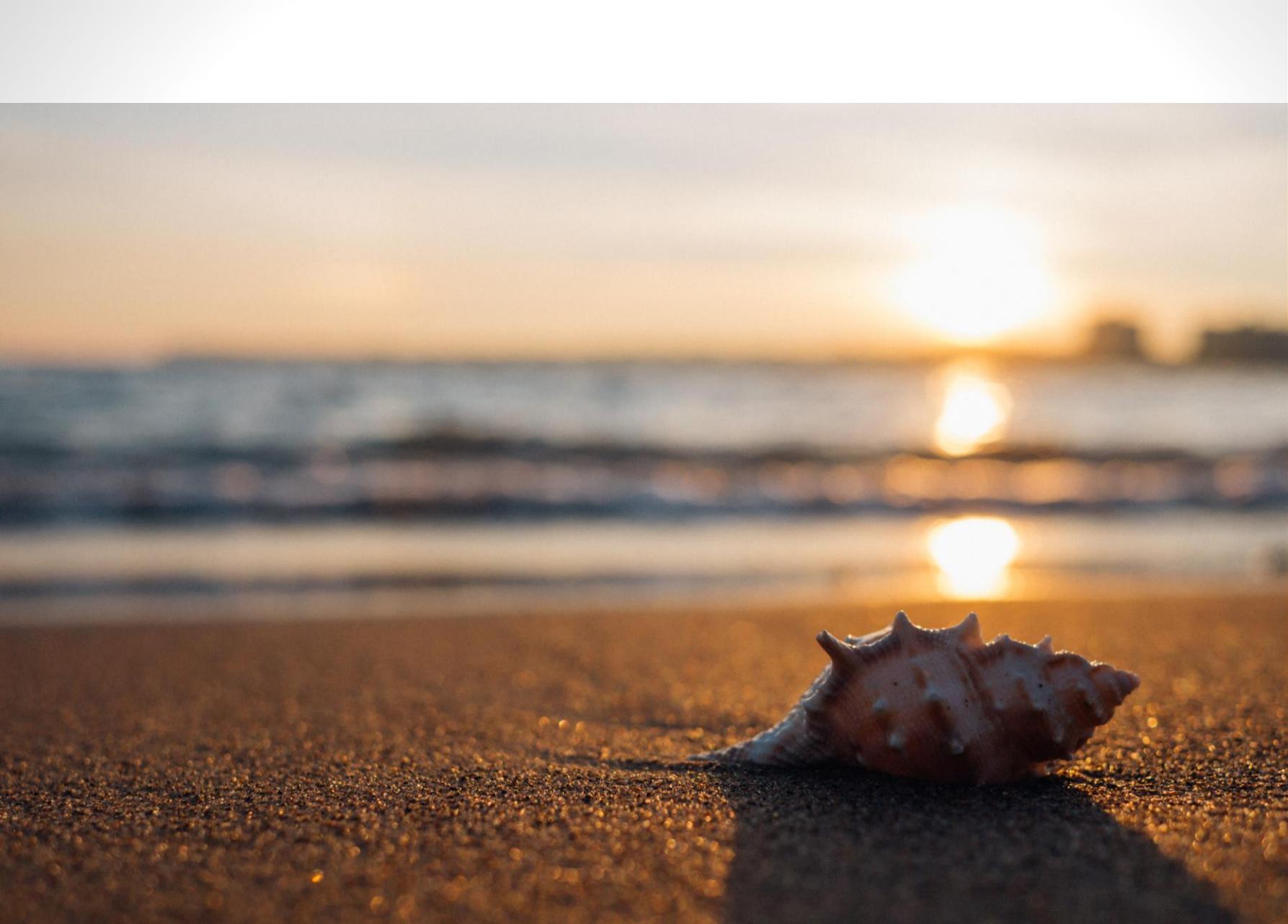
“Many times, clients know they feel bad, but don’t always know why. Having discussions with clients about NEAR science helps them to frame their feelings and experience in a meaningful way.”

-home visitor

“I like to let people know what to expect when we talk about this...

...I don't need to hear details of your experiences, but I will listen to whatever you'd like to share.”





It took time, effort and practice to be able to discuss it simply and meaningfully. Although it felt clumsy at first, it slowly smoothed out. My deep belief that all parents deserve to know about NEAR science has driven my desire to improve my practice in this area.....

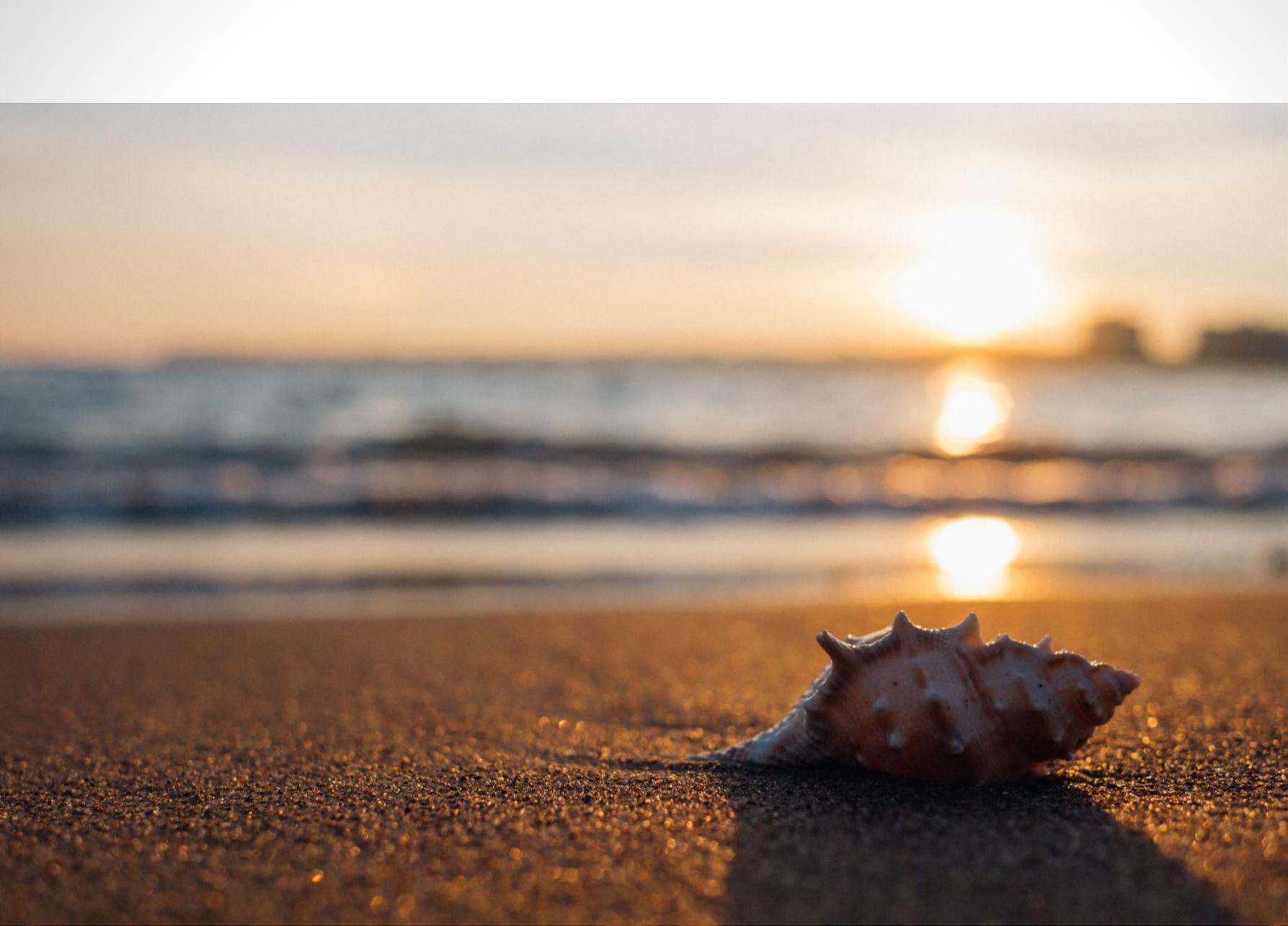


“Our families deserve to understand the research and the effects of trauma. We have the information and it is responsible and respectful to share it with our clients.”

– home visitor

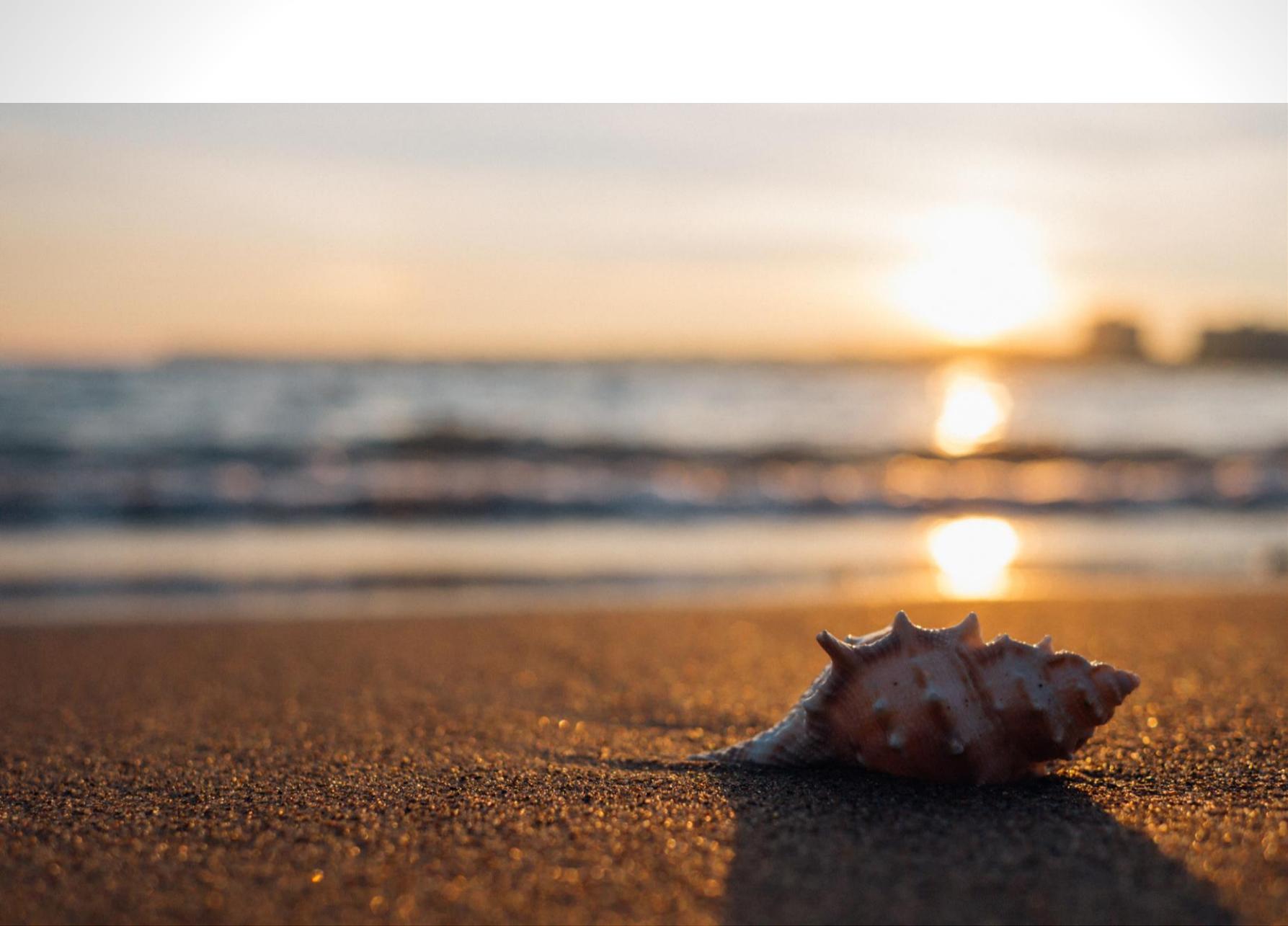
“How do you think these experiences have affected you?”





...I wiggle the toes on each foot up and down to help me stay present while I wait for her answer. Left, right, left, right, one, two, three, four...





V looks up with tears in her eyes. “I wouldn’t have moved out of my parents’ house when I was 17 or gotten pregnant when I was 18 if things were okay at home...”



“Are you ready to listen when the client is ready to talk?”

– supervisor

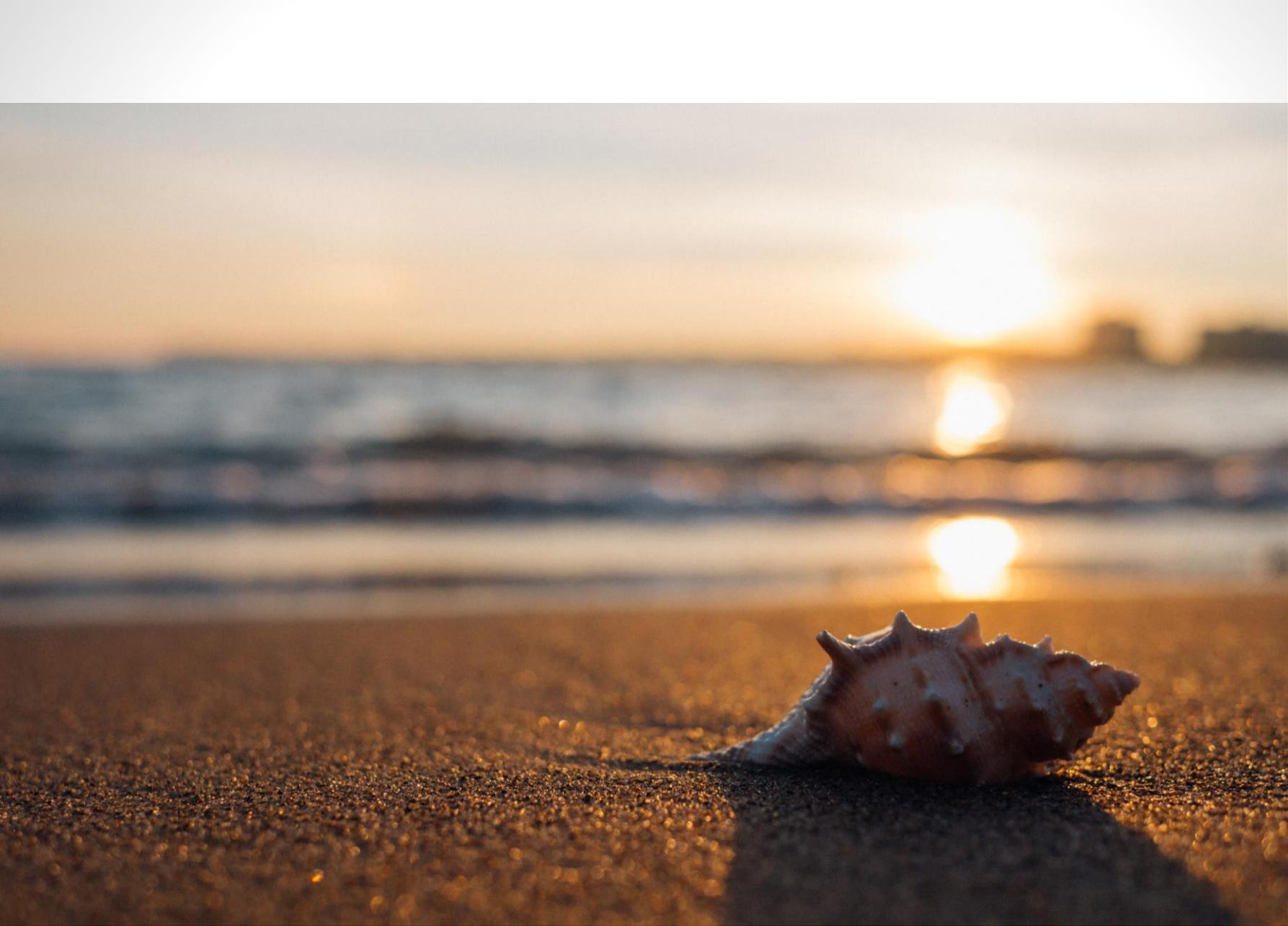
...I take a deep, mindful breath and use self-talk to regulate...

...I'm grateful for the opportunity to have this conversation.



“Lots of people have high ACE scores... having a high ACE score is a human thing.”



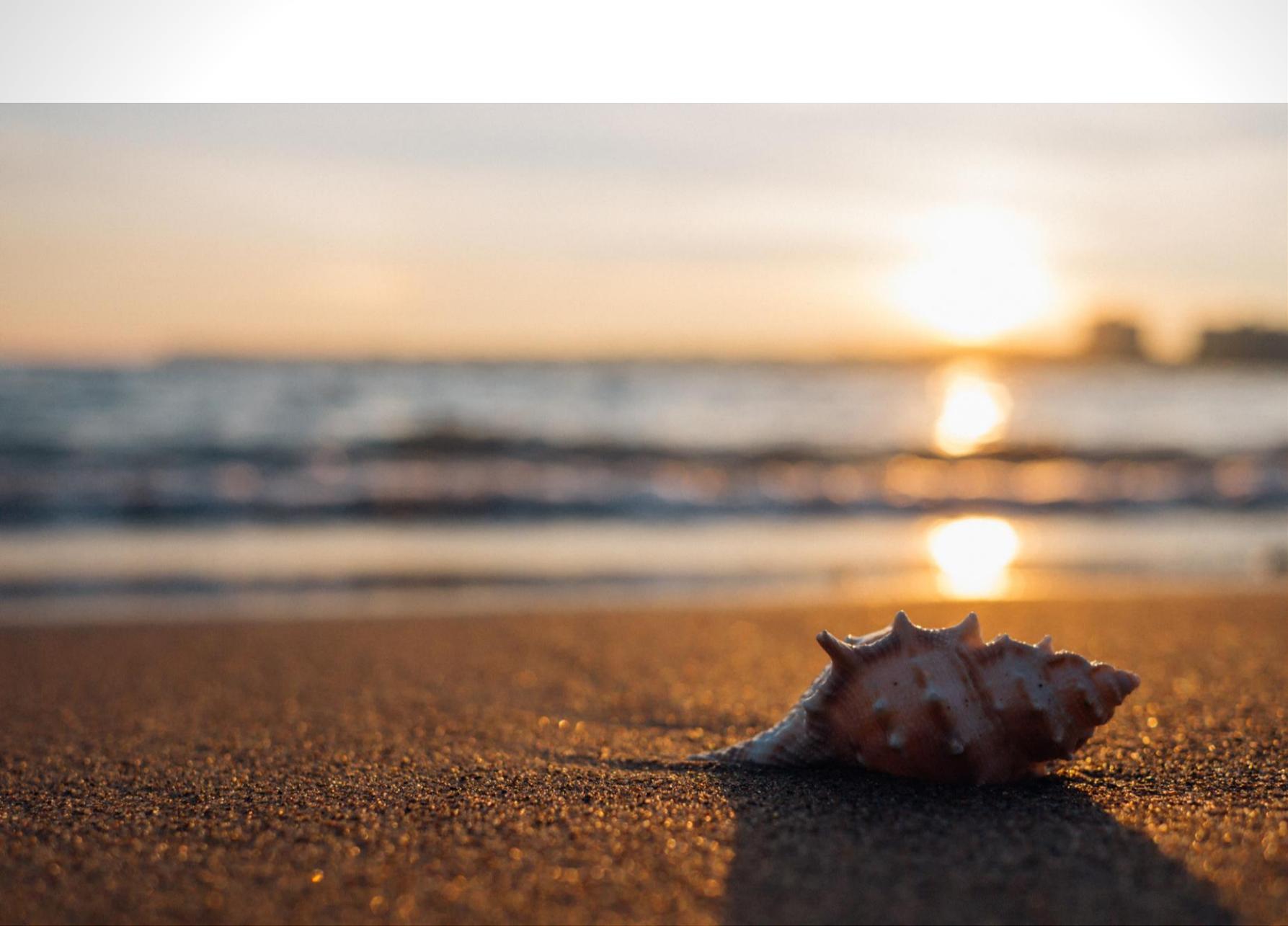


*“The intervention
is that it takes away
the guilt.”*

—home visitor

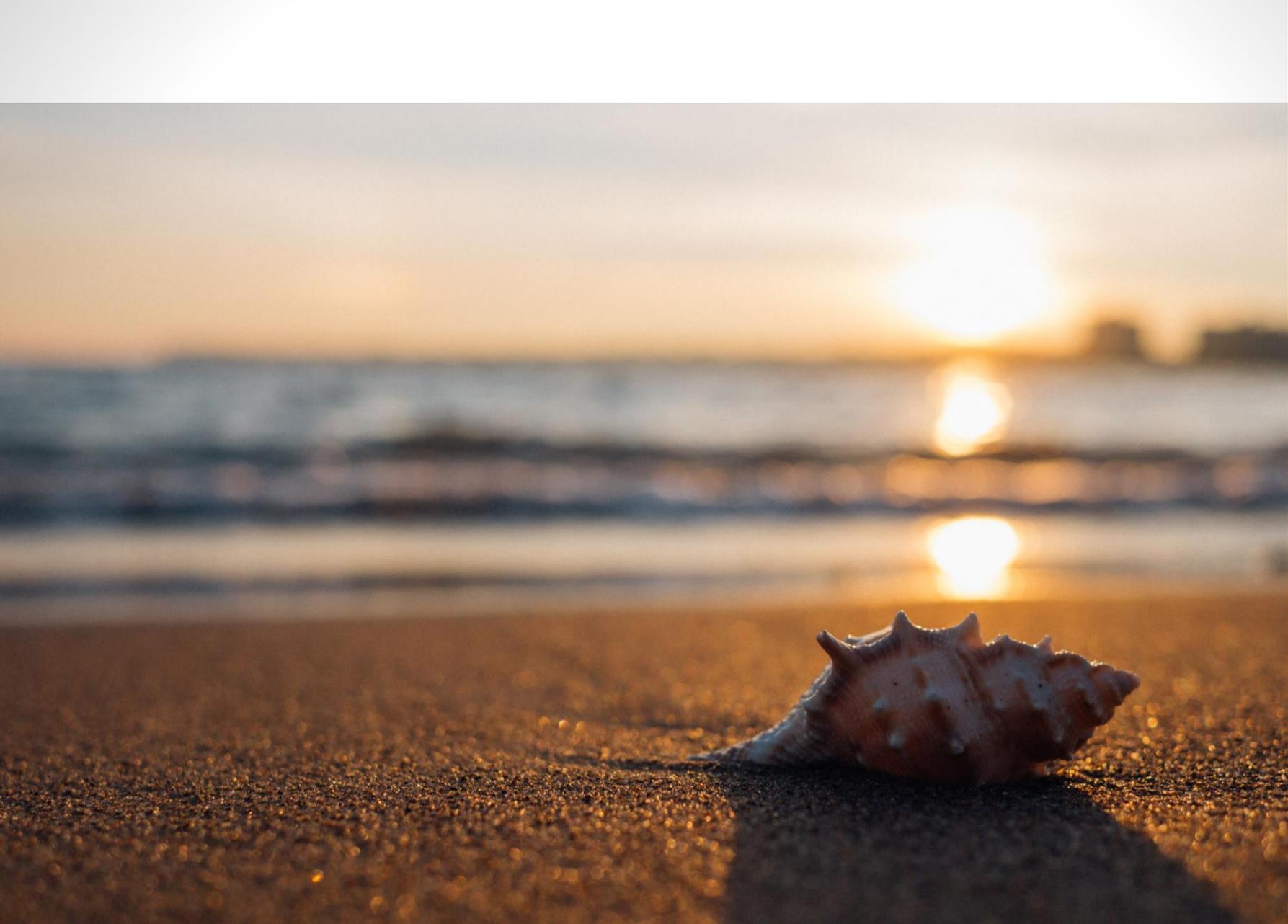
I notice the time and realize we need to move our discussion along toward resilience...





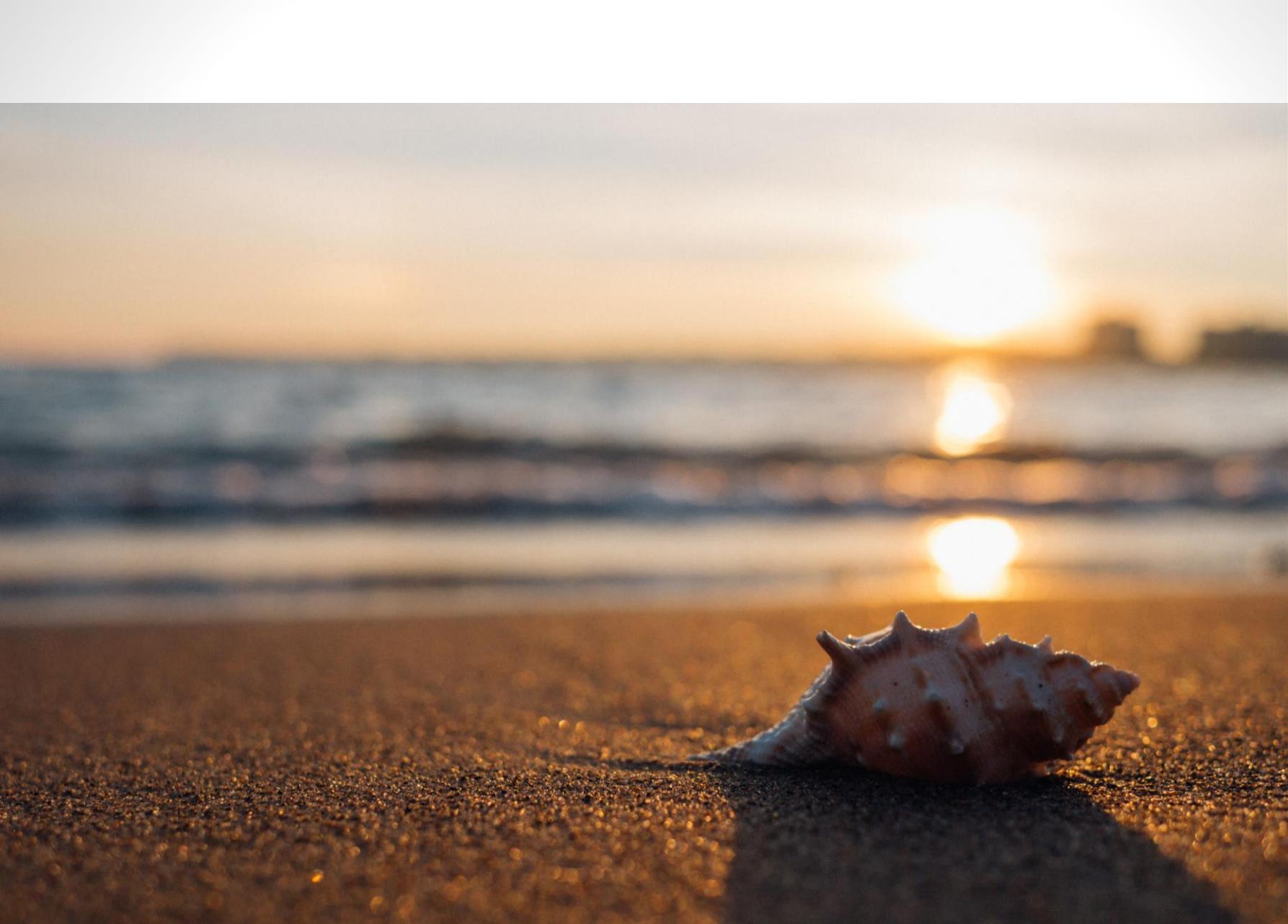
As the conversation moves from V's experiences of trauma to hope and resilience, I ask her how she would like her son's childhood to be different than her own.





It feels validating to be able to support clients effectively without feeling worn out, even when their stories are like my own.





“What was it like for V to have this conversation with me today?”



“I thought it would be really difficult to think about what to do next. I’m remembering that sometimes the intervention is in being there.

I thought I would need to have a lot of resources available but they’re not asking for that – they’re enjoying the awareness. The conversations that come afterward are what’s important. The people I’ve done it with have not needed therapy afterward. I haven’t had to figure out what to do next.”

- home visitor

**“I am enough.”
— A Home Visitor**



“I learned that I am stronger than I think and that many of the strategies in the toolkit are already part of my practice.

I am happy to know that I do not have to share experiences and that families don't have to share specific experiences to find success in coming out on the other side.”

– home visitor



NEAR@Home

A resource for home visitors to respectfully and effectively address ACES with families.

www.nearathome.org

Considerations

- Why do we want to bring NEAR to the families we serve?
- How much time do we have for learning this now?
- How does this fit with the goals of our home visiting program?
- How will the home visitors be supported as they start to have these sensitive conversations?
- How will the supervisor be supported in their own learning and reflective processes?
- How will we be able to feel safe as we explore our own personal responses to what the families are experiencing?



Considerations

- What elements of trauma informed processes are we already implementing?
- How knowledgeable is our team about NEAR sciences?
- How will we find a champion who can offer encouragement when learning a new process seems too hard?
- How cohesive, stable, and supportive is our home visiting team/program right now?
- How are we doing having other sensitive conversations with families such as around substance use and intimate partner violence?
- How will we protect client confidentiality when we document a NEAR home visit?





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