Caregiver-Child Interaction (CCI) Playbook

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Acknowledgements

About This Document

Key Driver Diagram

The Key Driver Diagram displays a shared theory of how outcomes might improve based on information gathered from research, observation, and experience, and sets forth the collaborative's goal. The primary drivers represent key components of the system that need to be in place to achieve the goal.

Change Package

The Change Package identifies a set of changes (i.e., how to put primary drivers in place) and offers links to PDSA examples and resources to support these interventions. The Change Package lays out change ideas to help home visiting programs improve the key outcome and processes.

Measurement System

The Measurement System Guide lists the shared aims and a set of common measures that teams will report during the collaborative.

Key Driver Diagram (KDD)

SMART Aim *The goal of the collaborative*	Primary Driver (PD) *Critical system elements that are necessary and sufficient to achieve the aim*	Secondary Drivers (SD) *Places where and times when changes can be made*
Every family will receive the necessary support to engage in positive, nurturing relationships that grow the family's wellness. HVs and families partner in mutual reflection and dialogue of caregiver-child interactions so that: • 75% of caregiver-child pairs have strong, positive and nurturing relationships with each other • 75% of caregiver-child pairs identified for additional support in caregiver-child interactions see improvement within 3 months.	**PD1:** Home visiting workforce supports to assess and promote caregiver–child interaction in partnership with families	• During initial and ongoing professional development • During reflective supervision
	PD2: Reflection and discussion on caregiver–child interactions in partnership with families	• Through regular promotion of healthy relationships and supportive parenting • During CCI observation
	PD3: Effective processes for linking families to supports and services	• When identifying and discussing referrals • During follow-up

Change Package

PD1: Home visiting workforce supports to assess and promote caregiver-child interaction in partnership with families

Secondary Drivers	Change Ideas (for LIAs)	PDSA Examples	Resources
During initial and ongoing professional development	Provide consistent professional development on Early Relational Health and its promotion	CCI.PD1.SD1.C1.Example1. Early Relational Health Training CCI.PD1.SD1.C1.Example2. PICCOLO Training	• Perspective on ERH Video Series (Discussion guide) • Supporting Parent-Child Interactions (Institute for the Advancement of Family Support Professionals, online training) • Home Visiting 102: Home Visitor Skills and Strategies (Institute for the Advancement of Family Support Professionals, online training) • Encouraging Parent-Child Interaction to Support Development (Rapid Response, webinar) • Attachment and Observation in Virtual Home Visiting (Rapid Response, webinar) • Father Engagement Through Parent Child Interactions (Rapid Response, webinar) • Brain development and social and emotional development (Zero to Three, online trainings) • Motivational interviewing (MINT, online training) • Facilitated, Attuned Interaction (FAN) [The Erikson Institute, conceptual model and practical tool)

	Provide opportunities for home visitors to practice and reflect on CCI strategies through role plays, video clips, and skill-building activities	CCI.PD1.SD1.C2.Example1. Role Play CCI.PD1.SD1.C2.Example2. Supervisor Follow-Ups	• Coaching Corner Series (Head Start Early Childhood Learning & Knowledge Center, webinar series) • Reflective Supervision (Head Start Early Childhood Learning & Knowledge Center, videos and supports to develop reflective skills) • Reflective Supervision and Virtual Service Delivery (Rapid Response, webinar) *Note: Many evidence-based models provide training and other resources for home visitors and supervisors in the areas of reflective practice and reflective supervision.* • Relationship-Based Competencies to Support Family Engagement: Professional Development Assessment for Home Visitors (Head Start Early Childhood Learning & Knowledge Center, assessment tool) • 5 Tips for Building a Reciprocal Relationship with Parents of Young Children (Zero to Three, tip sheet) • Tips for Active Listening (Centers for Disease Control and Prevention, communication strategies) • Getting to Know Each Family (Head Start Early Childhood Learning & Knowledge Center, guide) • National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (U.S. Department of Health and Human Services, standards)
During reflective supervision	Support home visitor knowledge and skills around early relational health using guided reflection in supervision	CCI.PD1.SD2.C1.Example1.Discuss a "Press" CCI.PD1.SD2.C1.Example2.Guided Reflection	
	Support individualized staff growth through relationship-based competencies, co-created plans, and revisiting progress	CCI.PD1.SD2.C2.Example1.Co-create Growth Plans	
	Design and use tracking tools that include CCI observation and parent-home visitor reflection within ongoing visits	CCI.PD1.SD2.C3.Example1.Data Tracking Tools CCI.PD1.SD2.C3.Example2.Supervision for Case Review	

PD2. Reflection and discussion on caregiver–child interactions in partnership with families

Secondary Drivers	Change Ideas (for LIAs)	PDSA Examples	Resources
Through regular promotion of healthy relationships and supportive parenting	Integrate promotion of CCI into each home visit	CCI.PD2.SD1.C1.Example1.Using Model Curriculum CCI.PD2.SD1.C1.Example2.Serve and Return	• Activities to Promote Gaze, Affect, Proximity, Touch (Rapid Response, professional resource) • Promoting First Relationships (Evidence-based curriculum to promote social and emotional development through responsive, nurturing relationships) • Resources from the Center for the Developing Child, Harvard University, on "serve and return" interactions: ○ Serve and Return ○ 5 Steps for Brain-Building Serve and Return ○ Serve & Return Interaction Shapes Brain Circuitry • Triadic Strategy (The Vanderbilt Center on the Social and Emotional Foundations for Early Learning, strategy examples) • The Why, What & How of Effective Participant Communications (Institute for the Advancement of Family Support Professionals, online training)
	Normalize misattunement as a natural part of relationships and coach caregivers to practice simple repair strategies	CCI.PD2.SD1.C2.Example1.Normalize Misattunement	
	Create family driven goals and action plans related to CCI	CCI.PD2.SD1.C3.Example1.Setting Family Goals	
	Use reflective questions to help caregivers notice and describe their relationship with their child	CCI.PD2.SD1.C4.Example1.FAN Questions CCI.PD2.SD1.C4.Example2.Reflective Prompt	
During CCI observation	Complete CCI observation tool and invite caregiver to give their own observations of their interactions and relationship with their child through video observation or reflection questions	CCI.PD2.SD2.C1.Example1.Video Observation	

| | Regularly affirm caregiver strengths by observing and naming specific nurturing interactions they use (celebrating the bright spots) | CCI.PD2.SD2.C2.Example1. Narration of Bright Spot

CCI.PD2.SD2.C2.Example2.Using Observation Results | |

PD3. Effective processes for linking families to supports and services

Secondary Drivers	Change Ideas (for LIAs)	PDSA Examples	Resources
When identifying and discussing referrals	Support families to identify, affirm, and connect with supportive adults in their child's and family's life, and co-create small action steps to deepen those connections	CCI.PD3.SD1.C1.Example1. Strengthen a Relationship	• Helping Home Visitors Address Sensitive Topics with Families (NHVRC, brief) • Family Engagement Toolkit (Minnesota Department of Health, toolkit) • Conceptual Framework for Family Engagement in Home Visiting (Brazelton Touchpoints Center, framework) • Referrals for Family Support in Early Childhood (Chapin Hall, report) • Early Relational Health: Interventions and Referrals (American Academy of Pediatrics, guidance) • Facilitating a Referral for Mental Health Services for Children and Their Families (Head Start, guidance)
	Ensure referral processes are rooted in attunement so that families feel heard and supported when being linked to services	CCI.PD3.SD1.C2.Example1. Using Scripts	
	Develop and maintain partnerships with community agencies (formal and informal) by spelling out roles, communication processes, cross-referral procedures, and shared training plans	CCI.PD3.SD1.C3.Example1. Improve Community Partnerships	

			• [Warm Handoffs in Home Visiting Checklist](#) (First 5 Yolo, checklist)
	Use standardized referral and warm hand-off processes that ensure families feel supported during transitions to additional services		
During follow-up	Use attunement and repair strategies that foster strong, collaborative relationships with families when following up with families on referrals	[CCI.PD3.SD2.C1.Example1.Using Scripts in Referral Follow-ups](#)	
	Use a systematic process for following up on referrals and supports, including ways to confirm whether the caregiver and/or child accessed services, received timely help, and found the support useful	[CCI.PD3.SD2.C2.Example1.Referral Follow-up Checklist](#) [CCI.PD3.SD2.C3.Example2.Roles and Workflows](#)	

The Measurement System

Overview of Measures

SMART AIM	Outcome Measures
Every family will receive the necessary support to engage in positive, nurturing relationships that grow the family's wellness.	• 75% of caregiver-child pairs have strong, positive and nurturing relationships with each other • 75% of caregiver-child pairs identified for additional support in caregiver-child interactions see improvement within 3 months.

Primary Drivers	Process Measures
Home visiting workforce supports to assess and promote caregiver–child interaction in partnership with families	
Reflection and discussion on caregiver–child interactions in partnership with families	• 80% of primary caregivers enrolled in home visiting receive an observation of caregiver-child interaction by the home visitor using a validated tool within the last 12 months. • 80% of postnatal home visits where child is present caregiver actively engages in observing, narrating, and reflecting on their own interaction with their child in collaboration with the home visitor.
Effective processes for linking families to supports and services	• 80% of caregivers/children identified for additional support in early relationships receive an offer of referral for support related to their relational strengths and vulnerabilities. • 70% of referred for additional support in early relationships access additional service.

In-Depth Look at Measures

Measure #1 (SMART Aim)

% of caregiver-child pairs with strong, positive, and nurturing relationships with each other.

Data Elements
- *Numerator*: # of caregiver-child pairs with ERH-PT percentage scores 80% or higher in the reporting period
- *Denominator*: # of caregiver-child pairs with children 1-48 months screened with the ERH-PT in the reporting period

The table below specifies the scores on the ERH-PT for each age group that correspond to 80% or higher:

Age of child	Scoring scale to use	Total max score	Total scores that correspond to .8 or greater
1-4 months	4 months	2	2
5-9 months	6 months	10	8 or greater
10-15 months	12 months	14	12 or greater
16-21 months	18 months	22	18 or greater
22-48 months	24 months	26	21 or greater

Frequency
Quarterly.

The table below specifies the scores on the ERH-PT for each age group that correspond to 80% or higher:

Age of child	Scoring scale to use	Total max score	Total scores that correspond to .8 or greater
1-4 months	4 months	2	2
5-9 months	6 months	10	8 or greater
10-15 months	12 months	14	12 or greater
16-21 months	18 months	22	18 or greater
22-48 months	24 months	26	21 or greater

Teams participating in the CCI ColIN used the **Early Relational Health Promotion Tool (ERH-PT)** on a quarterly basis to collect and report data for the outcome measures. The details in using the ERH-PT for the measures are described below. If your team will use another CCI observation tool for the outcome measure, details on operationalizing the measures would need to be determined by your team.

Associated Driver
SMART Aim

Measure #2 (SMART Aim)
% of caregiver-child pairs identified for additional support in caregiver-child interaction who see improvement within 3 months.

Data Elements
- *Numerator*: # of caregiver-child pairs with ERH-PT percentage scores of 50% or lower during the last quarter who see any improvement in their ERH-PT percentage score (not total score) in the current quarterly data point
- *Denominator*: # of caregiver-child pairs with ERH-PT percentage scores of 50% or lower during the last quarterly data point

Identified for additional support: caregiver-child pairs with an ERH-PT score of 50% or lower. The table on the next page specifies the score for each age

The table below specifies the scores that correspond to below 50%:

Age of child	Scoring scale to use	Total max score	Total scores that correspond to below 50%
1-4 months	4 months	2	1 or below
5-9 months	6 months	10	5 or below
10-15 months	12 months	14	7 or below
16-21 months	18 months	22	11 or below
22-48 months	24 months	26	13 or below

Associated Driver
SMART Aim

Frequency
Quarterly

Measure #3

% of Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool within the last 12 months.

Data Elements

- *Numerator:* # of primary caregivers enrolled in home visiting who have received an observation of caregiver-child interaction by the home visitor using a validated tool within the last 12 months.
- *Denominator:* # of primary caregivers enrolled in home visiting who have a child in the target age range of the CCI observation tool/s being used.

Associated Driver

Primary Driver 2

Frequency of Data Reporting:

Monthly

Validated tool: A validated tool is an instrument that has been psychometrically tested for reliability, validity, sensitivity, and specificity. A reliable tool is both consistent and stable at measuring a construct. A valid tool measures the concept it was intended to measure. Sensitivity represents the degree to which an instrument correctly identifies those individuals who have a specific condition. Specificity is the degree to which an instrument correctly screens out those individuals who do not have a specific condition. Some measurement tools have training requirements that need to be met before staff can administer the tool.

Measure #4

% of postnatal home visits where child is present where caregiver actively engages in observing, narrating, and reflecting on their own interaction with their child in collaboration with the home visitor

Data Elements

- *Numerator*: # of home visits where the caregiver participates in a process of mutual observation and reflection with the home visitor about a real-time caregiver–child interaction.
- *Denominator*: # of postnatal home visits in the reporting month where child is present.

Associated Driver

Primary Driver 2

Frequency of Data Reporting:

Monthly

Criteria for mutual observation and reflection must include:
- A live interaction between caregiver and child;
- A brief pause to observe or narrate the interaction (by caregiver, home visitor, or both);
- A dialogue in which the caregiver shares observations, feelings, or insights;
- A collaborative interpretation or reflection facilitated by the home visitor (e.g., noticing child cues, responsiveness, or relational strengths).

Measure #5

% of caregivers/children identified for additional support in early relationships who receive an offer of referral for support related to their relational strengths and vulnerabilities

Data Elements

- *Numerator*: # of caregivers and/or children identified for additional support in early relationships who receive an offer of referral
- *Denominator*: # of caregivers and/or children identified for additional support in early relationships

Offer of referral: a warm, supportive process in which the home visitor partners with the caregiver to explore options for additional help. See Data Elements description for an outline of

Process for Offering a Referral

1. A conversation about what services and supports are available and how they may help. Supports may include:
   a. Formal supports such as infant or adult mental health services, infant and early childhood mental health consultation, pediatric consultation, early intervention, or organizations that address social determinants of health.

b. Informal supports such as trusted family members, friends, cultural or faith-based communities, or peer networks identified by the caregiver as meaningful sources of support

2. Preparing caregivers for what to expect when they connect with the support.
3. Providing contact information and, when possible, offering to make a phone call together or taking other steps to ensure a smooth, supported connection.

Associated Driver
Primary Driver 3

Frequency of Data Reporting:
Monthly

Measure #6
% of caregivers/children referred for additional support in early relationships who access additional services.

Data Elements
- *Numerator*: # of caregivers and/or children referred for additional support in early relationships who access services
- *Denominator*: # of caregivers and/or children referred for additional support in early relationships

Associated Driver
Primary Driver 3

Frequency of Data Reporting:
Monthly

Referred for additional supports: may include referrals to infant or adult mental health, infant, early childhood mental health consultation, pediatric consultation, EI, or organizations that address social determinants of health.

Access services: had at least one contact with provider. An initial appointment for evaluation does not count as 'accessed services.'

Appendix A: ERH-PT Score Calculations

Scores 50% and below are shaded red and indicate additional support needed related to CCI. Scores of 80% or more are shaded green and indicate strong relational health.

Total score	4 months (max score 2) Corresponding %	6 months (max score 10) Corresponding %	12 months (max score 14) Corresponding %	18 months (max score 22 Corresponding %	24 months (max score 26) Corresponding %
0	0%	0%	0%	0%	0%
1	50%	10%	7%	5%	4%
2	100%	20%	14%	9%	8%
3		30%	21%	14%	12%
4		40%	29%	18%	15%
5		50%	36%	23%	19%
6		60%	43%	27%	23%
7		70%	50%	32%	27%
8		80%	57%	36%	31%
9		90%	64%	41%	35%
10		100%	71%	45%	38%
11			79%	50%	42%
12			86%	55%	46%
13			93%	59%	50%
14			100%	64%	54%
15				68%	58%
16				73%	62%
17				77%	65%
18				82%	69%
19				86%	73%
20				91%	77%
21				95%	81%

22				100%	85%
23					88%
24					92%
25					96%
26					100%