



Alberta Home Visitation
Network Association

*“Ensuring the
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Parent-Child Interactions: A Home Visitor’s Guide

Home visitation is based on the knowledge that early life experiences established by parent–child interactions play a major role in the developmental outcomes for children. Home visitation, by its nature, provides an opportunity to assess and enhance the parent–child interactions in the natural context of the family home and community. Home visitors in essence have the optimal view to observe and influence the development of positive parent–child interactions. The tool kit, Parent–Child Interactions: A Home Visitor’s Guide, provides home visitors with tips and tools to make the most of the opportunity to observe and influence parent–child interactions.

Positive Parent–Child Interactions

Positive parent–child interactions are powerful protective factors for children. The hallmark of these positive interactions are characterized as

- child focused
- responsive
- warm
- sensitive

and are coupled with the following:

- clear expectations
- limits
- logical consequences
- attention to safety

Infants send signals to their parents, crying when hungry or in discomfort, and cooing to engage in emotional interactions. When parents respond in a warm, caring manner to an infant’s signals, the infant quickly learns to rely on the parent. When an infant coos for the affection of the parent and the parent responds with positive affect, the parent and child form an emotional bond.¹ **Healthy attachment or emotional bonds** between the parent and child play a central role in regulating the infant’s or child’s experience of hunger, discomfort, and stress. The parental response optimally will assist the infant or child from hunger to satisfied, from discomfort to comfort, and from “stress to stress recovery.”¹

Positive parent–child interactions are the basis from which children are able to explore and experience the world of relationships, objects, cause and effect, and problem solving. As the child explores and learns, the parent–child relationship functions as a safe and secure base and as a source of comfort for the developing child.¹



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These positive interactions create resilient children by fostering

- trust
- security
- curiosity
- autonomy
- belief in child's abilities

Parent-child interactions significantly influence the child's

- physical growth
- behaviour patterns
- social-emotional development
- early language formation
- literacy
- academic outcomes

Recent research by Schore (2001) demonstrated that “infant brain develops in response to regular social interaction with a caregiver.”

Purpose of Observing Parent-Child Interactions

The purpose of observing parent-child interactions is to determine both the strengths and challenges in the interplay between parent and child. Positive parent-child interactions entail “warm parental support that incorporates behaviours that convey: supportive presence; acceptance; positive affect; sensitivity; and, responsiveness to the child's needs” .²

Goals to enhance positive parent-child interactions are developed from observations and discussions with the parent. The aim is to facilitate a process that

- offers support, guidance, teaching, and coaching
- invites struggling or frustrated parents to believe in their capabilities to positively interact with their infant or child

Assessing the scope of home visitation services

The observation of parent-child interactions can determine if the needs of the parent and child are beyond the scope of home visitation services. For example, parents that have significant mental health concerns—depression, substance abuse or dependence, anxiety, personality disorder, post traumatic stress syndrome, or delusions—may experience reduced capacities to respond appropriately to their infant or child.

Cohn and Tronick (1989) revealed that infants as young as three months will react to simulated depression by their mother. These infants responded to their still-faced mothers, who were simulating depression, with “heightened distress levels, increased protests and gaze aversion when they observed the non-responsive face



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of their mother. Mothers suffering from depression may interact with their infant in a rough or intrusive manner or the parent–child interaction may be characterized by fear, helplessness, withdrawal, or low levels of responsiveness.”⁴ Reduced parental sensitivity to the infant’s cries may set in motion a pattern of negative parent–child interactions with both parent and child experiencing frustration and distress.

A second example where additional expertise may be needed is when a parent is not able to perceive a child as a separate individual with separate needs. Parents who are unable to perceive their child’s needs as separate from their own may describe their child as demanding and difficult or may feel rejected by their infant. These parents may respond to their feelings by rejecting both the child and the needs of the child.

Infants are not able to understand the thoughts, feelings, and experiences of their parents, nor are they able to decide to go against their parents’ wishes to be difficult. Parents that misunderstand or place motives to their infant’s behaviour may be at greater risk for neglect or mistreatment of their infant or child.

A major role of the home visitor is **to assess for situations that require services beyond home visitation**. The role of the home visitor then becomes one of **facilitating referrals** to other community services, such as Children’s Services or a family doctor.

Parental Perception in Developing Parent–Child Interactions

Parental perceptions are key to the development of parent–child interactions.⁴ Ferrier–Lynn and Skouteris (2008) indicate “a parent’s perceptions of [his or her] own well–being, social support, and relationship to the role of being a parent” strongly influences parent–child interactions. Research by Schiffman and Omar (2003) demonstrated that in general, “mothers in difficult circumstances (i.e., those with low education level, little support, multiple chronic problems, or high stress) tend to have interactions that are less than optimal.” Negative perceptions about their own well–being may invite the belief that the child’s needs are just too great and the parent does not have the energy to respond to every cry or need.

Parental perceptions about a lack of social support from their spouse, family, and friends are also related to negative parent–child interactions. Parents who are pre–occupied with the stress of a difficult relationship may experience the needs of their child as an additional and overwhelming stress. This situation can be even more problematic if one or both parents have unrealistic expectations about how the birth of a child was to improve a difficult relationship. These parents may experience additional disappointment if the demands of parenting do not provide the desired reward of a changed relationship or emotional state.

Several studies have revealed a “relationship between low parenting self–efficacy and compromised developmental outcome for children related to socio–emotional development and school achievement.”⁴ Self–efficacy is the belief in one’s ability to



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perform a specific task. Low self-efficacy specific to parenting can translate into decreased or limited attempts to

- vocalize and make eye contact
- invest emotional energy to show warmth and responsiveness
- teach language and social skills
- set boundaries and logical consequences

Observation Guidelines for Parent–Child Interactions

Developmental stages and ages

Observation takes into consideration the stage and developmental tasks of the infant or child. The parent–child relationship is a dynamic relationship that adapts to meet the developmental needs of the child. What is required from a parent when the infant is one month of age will not be the same as when the child is two years of age. Home visitors are encouraged to use the Ages and Stages Developmental Fact Sheets at <http://ohioline.osu.edu/asc-fact/index.html> as a guide to observing parent–child interactions.

Strengths and challenges

Observations of parent–child interactions are essential for determining both the strengths and challenges in their interactions. **Appendices I, II, and III** have been developed to assist home visitors in their observations of the parent–child relationship. Ainsworth and Bell (1975) identified the responsiveness of the parent or primary caregiver as a reinforcement mechanism for infants and children. Ainsworth, (1969) identified five variables as central to “high quality parent–child relationships:

- responding sensitively and empathically to the infant’s signals
- providing frequent physical contact
- allowing the infant freedom to explore
- helping the infant derive a sense of consequence of his or her actions
- engaging in mutual enjoyable and reciprocal activities.”

Beliefs, attitudes, and expectations

Interviewing parents about their beliefs, attitudes, and expectations about the parent–child relationship provides the context for understanding patterns that emerge between the parent and child. The process of asking questions and engaging in reflective conversations about the parent’s beliefs, attitudes, and expectations are central to understanding the context for creating change or enhancing parent–child interactions. **Appendix IV** is a list of questions that home visitors can use to bring forth these reflective conversations and to further assess the parent–child interactions.



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Appendix I

Home Visitation Observations of Parent–Child Interactions

Infant and Child Needs	Is the parent able to meet each need according to the developmental stage of the infant or child?	Is the parent responding in a timely and appropriate manner? Comments
Physical	Feeding schedule is regular and includes proper nutrition	
	Sleep schedule is adequate and regular	
	Clothing is appropriate, dry, clean, and comfortable	
	Parent responds to discomfort or distress expressed by the infant or child	
	Parent comments on what the infant or child likes or dislikes in terms of the infant’s physical needs	
	Medical issues are addressed including regular check- ups with family doctor or pediatrician	
	Home environment is safe	
	Parent encourages or provides opportunities for the infant and child to develop physical skills such as grasping, holding, throwing, dropping, crawling, climbing, walking, etc.	
Emotional	Parent initiates eye contact and smiling	
	Parent initiates touch, holding, baby massage, cuddling, and rocking	
	Parent initiates talking, singing, or story telling	
	Parent attempts to soothe the infant or child if the infant or child is upset	
	Parent takes time to be playful with their infant or child	
	Parent comments on their infant’s or child’s likes or dislikes in terms of affection	
Intellectual	Parent talks to the infant or child	
	Infant or child is able to see interesting objects with bright colors	
	Parent provides toys and objects for the infant or child to touch and play with	
	Parent initiates teachable moments such as counting objects, naming objects, animals, etc.	

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	Parent reads to the child, teaches rhymes and songs, enables colouring, etc.	
	Parent takes time to be playful with their infant or child and uses play as an opportunity to let the child explore and learn	
	Parent comments on what their infant or child likes or dislikes to play with, such as favorite games, songs, toys, etc.	
Social	Parent provides opportunities for the infant or child to interact with others initially through listening and observation by the infant	
	Parent takes time to be playful with their infant or child	
	With increased mobility, the child has the freedom to initiate interactions by turning to hear a familiar voice, searching for faces, smiling, crawling to others, vocalizing to get someone's attention, etc. Parent responds with positive reinforcement to the infant and child's increased social cues and interactions	
	Parent comments on what their infant or child likes or dislikes in terms of social interactions	

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Appendix II

Home Visitation Parent–Child Interaction Observation Checklist

The parent-child interaction screening checklist is to assist home visitors observe the overall strengths and challenges of the parent-child relationship. Home visitors are encouraged to use the following questions as a guideline for these observations.

1. Is the parent aware of the infant’s or child’s physical needs?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

2. Is the parent aware of potential safety issues with the infant or child?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

3. Does the parent respond appropriately to the infant’s or child’s physical need? Responding appropriately means being able to match a parenting response to what the infant or child needs.
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

4. Does the parent show warmth, sensitivity, and acceptance towards the infant or child?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

5. Does the parent perceive and accurately read the infant’s or child’s cues and communication?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

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6. Is the parent aware of the infant's or child's psychological needs?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

7. Does the parent respond by reinforcing the infant's or child's exploration of the world of objects?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

8. Is the parent able to delay personal needs to respond to the infant's or child's needs?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

9. Is the parent able to invest emotional energy and sensitivity into the care of the infant or child?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

10. Is the parent able to tolerate frustration or confusion when caring for the infant or child?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

11. Does the parent see the needs of the infant or child as separate from personal adult needs?
☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

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12. Does the parent take the time to understand the infant's or child's behaviour in order to offer support?

☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

13. Does the parent initiate responses or actions that apply to the child's needs?

☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

14. Is the parent preoccupied with other stressors?

☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

15. Is this parent possibly experiencing depression, anxiety, or other mental health issues?

☐ Yes ☐ No ☐ Occasionally

Comments: Strengths or Challenges

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Appendix III

Home Visitation Parent–Child Interaction Goals Checklist

The following is a list of goals related to the parent-child relationship. There is space below this list for home visitors to add additional goals.

1. To enhance parents’ understanding of child development ages and stages
2. To increase parents’ understanding of their role to ensure the infant’s or child’s physical needs are met
3. To increase parents’ understanding of their role to ensure their infant’s or child’s needs for affection are met
4. To increase parents’ understanding of their role to ensure that their infant’s or child’s belonging and social needs are met
5. To increase parents’ understanding of their role to ensure that their infant’s or child’s intellectual needs are met
6. To increase parents’ sensitivity to their infant’s or child’s cues or signals
7. To address stress that is impacting parents’ ability to respond to their infant’s or child’s needs
8. To enhance parents’ skills and confidence to foster positive parent-child interactions
9. To refer parents to a medical doctor to screen for possible depression or any mental health concerns
10. Other. Please specify.

11. Other. Please specify.

12. Other. Please specify

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Appendix IV

Home Visitation Parent: Questions for Exploring Parent–Child Interactions

The following questions are designed to assist home visitors to understand the beliefs, attitudes, and expectations that a parent has about interacting with their infant or child. These are not exhaustive but rather are meant to be examples for exploring the parent–child relationship. You may choose to use one or two of these questions during a session as a way to explore the parent–child relationship.

Rollnick and Miller (1983) stress that it is important not to rush these discussions. Using simple open-ended questions and reflective listening may feel “inefficient”, but it is the most effective method for engaging parents in the decision to make a change for themselves and their child. It is important to match your language to that of the parent. Do NOT use words like “problem” or “concern” *unless* the parent does.

Parenting Role and Confidence of Parent

1. What do you most enjoy or like about being a mother/father?
2. What is the most difficult or challenging part about being a mother/father?
3. Has it turned out to be about the right time to have a baby? How so?
4. Tell me about what it is like caring for a newborn.
5. How well do you believe you are coping with your new role of caring for your baby?
6. What things do you worry about when it comes to being a parent?
7. How do you feel about being alone with your baby?
8. What concerns do you have about caring for your baby?
9. How often does your baby fuss or cry?
10. What is it like for you when your baby cries or fusses?
11. What have you found to be the best way to respond to your baby when he/she cries or fusses?
12. What do you believe is the best method for responding to your infant or child?
13. Do you ever feel confused, stressed, or anxious about being a parent once in a while?
14. Overall, how confident are you in your new role: extremely, very, somewhat, most of the time, not at all.
15. What advice would you give to other new moms?

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Beliefs and Expectations About Parenting

16. When you were pregnant, what did you think it would be like to be a parent?
17. Is being a parent what you expected it to be? Explain.
18. Did you think that having a child would change your life for the better or worse?
19. How did you think it would change your life?
20. How has being a parent changed your life?
21. What kinds of things are most important for you to know as a parent?
22. What kinds of things are most important for you to do as a parent?
23. What has changed in your life since you became a parent?
24. When you think about your own parents, in what ways do you want to be like them?
25. When you think about your own parents, in what ways do you want to be different than they were?
26. What would you do that is the same as your parents did?
27. What would you do differently than your parents did?

Well-being of Parent and Social Support

28. Do you feel comfortable with change?
29. How do you deal with unexpected change?
30. Do you have any stressors or worries right now?
31. Tell me about your health and energy level at this time. Do you have any health concerns at this time?
32. How often do you see your doctor?
33. Are you getting enough rest? When are you able to rest?
34. Is there anyone that helps you out once in a while?
35. When you are sick, who helps you?
36. Who supports you as a parent?
37. Do you have someone you can call when you need advice or support?

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