Introduction of Special Section of Infant Mental Health Journal: Meeting the needs of vulnerable infants and families during COVID-19: Moving to a telehealth approach for home visiting implementation and research

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Abstract
Parents of infants and young children who experience harsh circumstances are among those most vulnerable to the added stressors associated with COVID-19. Home visiting models have been shown to enhance outcomes for parents and infants when delivered in person, but in many parts of the world, the pandemic rendered in-person home visits difficult or impossible. In this special section, we examine adaptations made by home visiting programs to allow continued service delivery through telehealth, and strategies for assessing whether interventions maintain reach and fidelity when implemented remotely. In the first paper, Bullinger et al. (program implementers of SafeCare) provide evidence of the increased risk of maltreatment during COVID-19 for many families, and thus the need for home visiting services. Rybińska et al., developers and implementers of Family Connects, present evidence regarding their success in reaching families through telehealth. Roben and colleagues, in the third paper, report that clinicians implementing Attachment and Biobehavioral Catch-up through telehealth maintained fidelity at similar rates seen through in-person implementation. Finally, Tabachnick et al. describe procedures for collecting physiological data from infants and parents while conducting assessments remotely.

KEYWORDS
COVID-19, home visiting, prevention

Families with infants and young children have been hit especially hard by COVID-19 (Brown et al., 2020; Tso et al., 2020). During the pandemic, families across the socioeconomic spectrum faced challenges, such as reduced child care options, limited support from relatives, school-aged children attending school at home, and loss of income, among other things. Coinciding with the pandemic, widely publicized video recordings of police killings of Black men and women, followed by protests and civil unrest, added to the stress felt across the country. The 2020–2021 year was a period of high stress for most families in the United States and around the world (Academy of Medical Science, 2020; Tso et al., 2020).

Whereas such conditions were challenging for most people, parents who were living in poverty, who struggled with mental health or substance abuse issues, or who had their own histories of familial maltreatment, were especially vulnerable (e.g., Brown et al., 2020; Tso et al., 2020). For example, among families living in areas characterized by the greatest socioeconomic risks, rates of depression and
anxiety disorders were elevated more than in pre-COVID times (e.g., Academy of Medical Science, 2020; Barboza et al., 2020; Cameron et al., 2020).

Under non-pandemic conditions, these parents of infants and young children would be eligible to receive home visitation that could provide help in a range of areas, and/or refer for services. For example, home visiting might involve assistance with locating affordable housing and child care, identifying treatment opportunities for depression or substance abuse, or support for responsive parenting, among other things. Programs vary in the extent to which a wide range of services is offered with some programs assessing virtually all needs versus others that target specific needs.

Many of the home visiting programs that are widely disseminated have been assessed through efficacy and effectiveness trials, and benefits have been impressive when services are provided in person. As demonstrated through randomized clinical trials (RCTs), Family Connects increases family connections with services, reduces emergency room visits, and reduces mothers’ anxiety (e.g., Dodge et al., 2014; Dodge et al., 2019). SafeCare has been demonstrated to reduce recidivism among parents involved with the child welfare system (Chaffin et al., 2012). ABC has been shown through RCTs to enhance parental sensitivity and to enhance child behavioral and physiological outcomes (e.g., Bernard et al., 2012; Bick & Dozier, 2013; Dozier & Bernard, 2019).

Although these programs have proven efficacious in impressive ways, prior trials have assessed efficacy when programs are delivered in person. During the pandemic, however, in-person provision of services could not be provided. This was especially concerning because the loss of services occurred when many parents were likely in greatest need of services. Many home visiting programs pivoted to providing services through telehealth, meeting with families through video-conferences on phones and tablets, with the three programs featured in this special section among them. This move represented a significant departure from in-home services in many ways. The lack of personal contact, difficulties with technology, and added stress and chaos in parents’ lives were among the challenges. Nonetheless, innovative ways to continue providing services and to assess the effectiveness of services were devised. In this special section, papers highlight the need for services, the reach and fidelity of services, and innovative ways of assessing effectiveness.

In the first paper of this special section, Bullinger et al. (this issue) provide evidence demonstrating the importance of providing services to families. Bullinger et al. report that most providers had seen evidence of increased evidence of maltreatment risk during the pandemic relative to pre-pandemic. Families who were unable to socially distance were assessed at increased risk for both neglect and abuse. In the second paper, Rybińska et al. (this issue) assessed the extent to which their universal system of home visiting, Family Connects, was successful in engaging families and providing services. They found that parents participated in the program at nearly the same rate as pre-pandemic levels. Maintaining adequate model fidelity has plagued psychosocial interventions prior to the pandemic, with the challenge of maintaining fidelity when interventions are delivered remotely daunting. Roben et al. (this issue) describe their efforts to maintain adequate model fidelity when implementing ABC through telehealth. Given the importance of assessing efficacy and effectiveness of telehealth service delivery, it is critical to consider how to assess behavioral and physiological outcomes beyond a reliance on parent report. In the fourth paper, Tabachnick and colleagues (this issue) describe the system developed at the University of Utah to assess children’s physiological regulation through a physically distanced approach.

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