

An Attachment-Based Home Visiting Program for Distressed Mothers of Young Infants

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To help mothers cope with the challenges of early parenting, the Israel-based home visiting project Mom2Mom was founded in the year 2000. The project works to provide ongoing support and guidance to new mothers; connect them with community, health, legal, and social services as needed; and serve as advocates in family court and at proceedings that determine social benefits or custody, when required. In figurative terms, the project can be described as concentric circles of support—like virtual hugs—with the outer ring representing coordinators “holding” the volunteers in the project, the middle ring representing the volunteers holding “their moms,” and finally at the center are the mothers holding their babies, taking their first steps in building their relationship. “Contained” by the virtual hugs, mothers feel stronger, more centered, and better able to fulfill the emotional and physical needs of their infants. Research shows that a mother’s capacity to be emotionally available to her infant and to mindfully attend to their infant’s needs promises the best start for the dyad as they begin their life together.

This article describes the Mom2Mom project and its underlying premises, the model, its organizational processes, initiatives beyond home visiting, challenges and limitations, and directions for the future. The Irving Harris Foundation and the Professional Development Network (PDN) are central supports in these endeavors. In the containment model of concentric circles of support, the Harris Foundation and the PDN take respectful positions on the outermost, fourth, circle embracing the

program so that the program can embrace mothers, so that mothers can embrace their babies.

Premises: Attachment Theory

MOM2MOM IS BASED ON *attachment theory*, which holds as a fundamental principle that trust and caring are the foundation of secure relationships (Bowlby, 1979; Cassidy & Shaver, 2008). These are the kind of relationships that all of us depend on and that make us feel

well taken care of, loved, and appreciated. In turn, within these relationships, we feel good about ourselves, are able to express feelings openly, think clearly, and take better care of ourselves and others. Consistent with these ideas, research studies show that for parents, emotional support from a person they trust promotes sensitive parental behavior and

Abstract

Mom2Mom is an attachment-based home visiting project for distressed mothers of young infants, based in Israel. Home visitors, who are volunteer mothers from the community, are trained and supervised by professionals. Home visits occur weekly for 1–2 hours and continue until the infant is 1 year old. The project was founded in Jerusalem in year 2000 and now has 16 branches throughout Israel and one in Australia. The establishment of Mom2Mom in multiple and diverse communities, as well as empirical data derived from evaluations, indicate that the project has merit as a community-based intervention project for families with young infants.



Trust and caring are the foundation of secure relationships.

mindful caregiving of their young children (Isabella, 1994). Research also shows that parents who feel well supported are less likely to develop depression and anxiety (Stapleton et al., 2012) that can have detrimental effects on parental behavior and perceptions (Lovejoy, Graczyk, O'Hare, & Neuman, 2000) and profound negative influences on children's physical and mental health (Field, 2011; Kaitz & Maytal, 2005). Scholars agree that supporting mothers through the challenges of the postpartum period is an effective means of promoting children's healthy development (Lillas & Turnbull, 2009).

The Model: Partnering With New Mothers

ON THE BASIS of attachment theory, Mom2Mom offers mothers of young infants a source of emotional support—a partner who will be there through the ups and downs that often accompany the birth of a new baby. Home visits are 1–2 hours, weekly, and continue until the infant is 1 year old. Volunteers can ease mothers' challenges by serving as trustworthy and dependable sources of support. By modeling, encouraging open discussions, and sharing in the delights and challenges of early parenting, volunteers help mothers adopt realistic expectations, find effective techniques to manage stress, focus on and recognize infant cues, and regulate infants' state and emotions. Often by just being there, volunteers can help reduce mothers' fears and anxiety, alleviate feelings of aloneness, and allow the free expression of feelings and concern, which can lead to strategies and solutions. Volunteers and mothers can share delight in the infant's development.

The home is a good setting for intervention with families. In the case of Mom2Mom, home visiting allows the volunteers to see the family at work and at play on its own turf and to see firsthand some of the issues impacting the family. Home visiting also affords volunteers opportunities to model sensitive caregiving and safe practices in the home. It is important to note that home visiting makes it possible for intervention efforts to reach women who might have difficulty getting to groups or to individual treatment sessions outside of the home. It also may be easier for mothers to discuss intimate topics and share personal information in a familiar context; and this may hasten the process of relationship building, which is the crux of Mom2Mom.

The mothers (more than 600 to date) who have joined this Jerusalem-based project over the years are diverse (see Table 1). Some are self-referred, and some are referred by professionals in the community. Some

mothers have issues that are similar to problems that are common to many mothers; others come to the project with special challenges, which need special consideration. The list of examples is long and includes adolescent mothers who come from abusive homes and women with sensory or cognitive impairment, physical challenges, difficult childhood histories, problematic family relationships, mental health issues, or infants or partners with special needs. For all of the mothers in the program, visits with their volunteer provide an opportunity to express difficulties and concerns, strategize, consider solutions, and plan for the future. It is a “place” where mothers can feel like “regular” mothers, accepted, validated, and appreciated, regardless of where they came from or what their issues are.

Volunteers in Mom2Mom are caring individuals who want to help a family with a new infant get off to a good start. Volunteers do not adopt the role of teacher, clinician, or problem-solver; rather they are partners, confidantes, listeners, and nonjudgmental sources of caring and support. In this spirit, the content of home visits is not predetermined; there is no curriculum per se. Volunteers and mothers shape the visits to meet the mothers' needs and circumstances. Sometimes it takes time for volunteers and mothers to find the “dance” that feels good to both “partners”; sometimes the dyad enjoys “love at first sight.” However, in all cases, we believe that a trustworthy partner who is a mother herself and who is there for the selfless purpose of helping another woman through the challenges of early motherhood is a wonderful gift for women trying their best at the most important job in the world: being a parent.

Processes

ALTHOUGH EMOTIONAL AT its core and without strong confines or rules, Mom2Mom depends on well-honed and efficient processes. These include adver-

Table 1. Presenting Issues of Mothers in the Project

Issue	% of mothers in the program
Single, divorced, widowed	22.8
Very low income	33.2
Isolated/new immigrant	45.2
Mother has physical disabilities	9.8
Mother has mental health issues	20.1
Infant health issues	12.0
Marital issues	26.8
Pre- or postnatal complications	22.2

Note: (N = 376); mothers may present with more than one issue.

tising and outreach, referral, and engagement with families, as well as training and supervision. Once a family is referred to the program, a four-step enrollment-process is initiated: (a) a coordinator visits the mother in her home to answer questions about the project, assess needs, and consider a fitting volunteer; (b) coordinators “match-make” at weekly staff meetings, based on schedules, places of residence, life experiences, personalities, belief systems, languages, and other factors; (c) there is an exchange of names and contact information; and (d) home visiting begins.

Volunteers are trained at 1–3 month intervals in groups of 6 to 10. Training is 8 hours, divided into 2-hour sessions, usually scheduled on 4 successive weeks. The content of the training session is highly interactive and includes role playing and thought-provoking exercises that help volunteers understand their role, feel the spirit of the project, and practice relationship-building skills such as active listening. Perhaps most important, the training sessions allow volunteers to experience firsthand the bond that develops between individuals as they share and work together. Training is fun, and volunteers report that the training has positive effects on their own parenting and family relationships.

Each volunteer attends group supervision monthly, although in many cases, private supervision and sometimes daily contact between a volunteer and a coordinator is needed if a family is in crisis or in transition. In such cases, social workers and other professionals or resources may be called in to help. Sometimes emergencies arise; therefore, at least one coordinator is reachable 24 hours a day, 7 days a week.

Evaluation is an integral part of the Mom2Mom protocol, and both volunteers and mothers are asked to answer a series of questions (orally or in written form) about mothers’ gains from the project and their appraisals of the quality and depth of the relationship forged with the volunteer, as well as the quality of the overall project. A sample of results is shown in Table 2.

Beyond Home Visiting: The PDN, Networking, Replication, and Integration

THE PDN HAS been masterful in showing its members the importance of dependable, ongoing, real connections between like-minded professionals for sharing challenges, learning, and support. As an example, discussions at PDN meetings have encouraged us at Mom2Mom to consider fathers as partners in the home visiting process, and this has helped change the program’s response to fathers who are present at intake or during visits. Also, the PDN’s



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Supporting mothers through the challenges of the postpartum period is an effective means of promoting children’s healthy development

discussions of microaggressions—hints of prejudice and bias that can creep unconsciously into a person’s behavior and words (Sue, 2010)—have increased our awareness of ingrained biases, and this important topic has been incorporated into Mom2Mom’s training sessions. The PDN also has taught us a great deal about advocating at the national level for infants and toddlers. This has been very helpful in efforts to promote national pre- and postpartum screening of mothers for depression.

In the spirit of the Irving Harris Foundation, Mom2Mom has partnered with and helped individuals or groups who want to start a branch in their communities in Israel and abroad. In fact, Mom2Mom is a near replication of a U.S.-based project, Visiting Moms (Jewish & Family Services, Boston, MA), but shaped to fit our volunteers, participating moms, culture, and language. At

present, there are 16 offshoots of Mom2Mom in Israel and one in Sydney, Australia. Some locations have replicated the full model of home visiting, including training, supervision, and evaluation protocols, whereas others have adjusted their own programs to be more in line with the attachment-based philosophy of Mom2Mom. The locales within Israel are diverse, including ultra-orthodox communities (Beit Shemesh), communities in the periphery of the country (Dimona, Maale Adumim), large cities (Haifa, Tel Aviv), Arab communities (Kafir Karaa), and one that is university affiliated (Beersheba), like ours. Financial support for the projects outside of Jerusalem comes from government ministries at the national (e.g., Ministry of Social Welfare, Ministry of Health) and municipal levels of government and from donations from the private sector. In all, Mom2Mom is easily replicable because the basic tenet—the

Table 2. Percentage of Mothers Who Rated Items Between 3 (yes) and 5 (very much so) on a 5-Point Scale.

Item	% rated 3–5
A more positive attitude	85
Feel less isolated	89
Help in solving problems	74
Feel less anxious	60
Sensitivity to my baby	69
Appreciation of myself	80
Understanding of older children	79
Feel more comfortable with own feelings	86
Trust in others	60



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importance of sensitive support—holds across people, families, subcultures, and societies. To help support professionals interested in replicating the project, we have designed an 8–12-hour training program to transmit both the spirit and practical information about the project, and we provide professional supervision to coordinators of the offshoots for as long as needed. These and all of our services are provided free of charge.

Government support (Ministry of Health) of supervision for coordinators in all branches of Mom2Mom reflects appreciation of the project beyond its borders, as does government support of several branches of Mom2Mom, particularly in poor and religious communities. The Mom2Mom playgroup offers mothers and infants a safe venue to meet other mothers from the community and to discuss problems and issues of concern. At present, we are promoting Mom2Mom as an adjunct intervention for mothers who screen positively for postpartum depression in the new national health initiative. At the level of higher learning, the Mom2Mom model has been used as a focus for seminar papers and theses. Students' participation in the project is accredited by the Department of Psychology and the School of Social Work at Hebrew University. Finally, Mom2Mom is often highlighted in the Israeli media as a quality, volunteer-based community project that provides help to Israeli families. In this

way, Mom2Mom serves as a model and source of encouragement to other professionals who are planning community-based projects on a small scale and limited budget.

Limitations and Challenges

ALTHOUGH TABLE 2 indicates that the Mom2Mom project is very successful for families, there are a number of challenges and limitations to the model.

Access

Some mothers do not “let us in.” This could be due to mental health issues, distrust of services because of bad experiences in the past, hidden secrets within the household, general fears, or the overwhelming weight of practical matters that can disallow mothers' consideration of their own well-being and emotional needs. For these women, efforts are made to explain the project and the benefits that could be derived by joining, although in some cases the difficulties are so entrenched that best efforts are unrequited.

Trauma

Stress and threat are integral to living in Israel, and how volunteers and coordinators rise above their own fears and anxieties to meet the needs of others is not straightforward. Here, the mutual support gained from open discussions between coordinators and peer volunteers during reflective supervision sessions is essential. With that, it is important to appreciate the humanness of everyone in the project and to use common fears (and hopes) as channels to share and bond with each other.

Professional Capacity

The majority of volunteers do not have a background in dealing with families in crisis, although approximately 30% of the volunteers do; and many volunteers have life experiences that allow them to understand and empathize with the mother whom they are visiting without formal training. Nonetheless, coordinators of the project must protect the volunteers by helping them focus on their role and hold fast to boundaries that are comfortable for them and their own families. Coordinators need to be sensitive to volunteers' autonomy and yet be there for them as sensitive backup, ready to step in, if needed.

Directions for the Future

MORE EXTENSIVE COLLABORATION and sharing with the other branches of Mom2Mom could help build a strong coalition of individuals that would be able to lobby more effectively for families and together create new initiatives for supporting them. Combining and comparing evaluation

data across branches of Mom2Mom will be important for assessing the efficacy of Mom2Mom as a model and for identifying particular design features that are more effective than others. It will be beneficial to integrate additional sources of support and guidance (e.g., lawyers, financial advisors, medical specialists, occupational therapists) into the intervention project so that a package of services can be offered to families in need. As one example, Miriam Chriki, one of the project's coordinators, was trained by Alicia Lieberman and Patricia Van Horn in Child-Parent Psychotherapy (Lieberman, Ghosh Ippen, & Van Horn, 2006), and Chriki now offers home-based short-term therapy to mothers suffering from trauma. Expansion of this line of intervention within Mom2Mom enriches and extends the care and support offered to mothers and families. We also are considering the addition of the Fussy Baby Model (Gilkerson, Gray, & Mork, 2005; Gilkerson et al., this issue, p. 59) into the Mom2Mom program, which would be a wonderful and appropriate extension of services to community-based families with young infants.

Conclusions

MOM2MOM IS A viable and effective means of reaching and supporting mothers who are having difficulty coping with challenges during the first postpartum year. The establishment of Mom2Mom in multiple and diverse communities, as well as empirical data derived from evaluations, indicate that the project has merit. More generally, the successes of Mom2Mom uphold the well-supported contention that optimal growth and development occur within nurturing relationships. This project underlines the fact that this applies to adults as it does to babies. ♪

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early postpartum period and has evaluated new intervention techniques for very young children with sensory and regulation disturbances. In addition to coordinating Mom2Mom, Chrki works with young children with early signs of risk or pathology, particularly autism, and their families.

References

- BOWLBY, J. (1979). *The making and breaking of affectional bonds*. London, UK: Tavistock.
- CASSIDY J., & SHAVER, P. R. (2008). *Handbook of attachment: Theory, research, and clinical applications* (2nd ed.). New York, NY: Guilford.
- FIELD, T. (2011). Prenatal depression effects on early development: A review. *Infant Behavior & Development, 34*, 1–14.
- GILKERSON, L., GRAY, L., & MORK, N. (2005). Fussy babies, worried families, and a new service network. *Zero to Three, 25*(3), 34–41.
- GILKERSON, L., HOFHERR, J., STEIER, A., COOK, A., ARBEL, A., HEFFRON, M. C., et al. (2012). Implementing the Fussy Baby Network approach. *Zero to Three, 33*(2), 59–65.
- ISABELLA, R. A. (1994). Origins of maternal role satisfaction and its influences upon maternal interactive behavior and infant-mother attachment. *Infant Behavior & Development, 17*, 381–387.
- KAITZ, M., & MAYTAL, H. (2005). Interactions between anxious mothers and their infants: An integration of theory and research findings. *Infant Mental Health Journal, 26*, 570–597.
- LIEBERMAN, A. F., GHOSH IPPEN, C., & VAN HORN, P. (2006). Child-parent psychotherapy: 6-month follow-up of a randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 45*, 913–918.
- LILLAS, J., & TURNBULL, J. (2009). *Infant/child mental health, early intervention, and relationship-based therapies: A neurorelational framework for interdisciplinary practice*. New York, NY: Norton & Co.
- LOVEJOY, C. M., GRACZYK, P. A., O'HARE, E., & NEUMAN, G. (2000). Maternal depression and parenting behavior: A meta-analytic review. *Clinical Psychology Review, 20*, 561–592.
- STAPLETON, L. R. T., SCHETTER, C. D., WESTLING, E., RINI, C., GLYNN, L. M., HOBEL, C. J. et al. (2012). Perceived partner support in pregnancy predicts lower maternal and infant distress. *Journal of Family Psychology, 26*, 453–463.
- SUE, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. Hoboken, NJ: Wiley.