



CHEERS

HANDBOOK



Prevent Child Abuse
New York | **2023**

2nd Edition

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HOW TO USE THIS HANDBOOK

The CHEERS Handbook supports CHEERS practice by consolidating all CHEERS-related guidance and handouts for Home Visitors and Supervisors into one resource. Whether you are a new or seasoned professional, we recommend that you take the time to read through the entire Home Visitor or Supervisor section once (*depending on your role*), then use the individual resources as needed for your professional development. After doing so, discuss any questions you may have with your direct Supervisor. Your program's FSS QA Specialist at PCANY can also offer support if needed. **Please note:** This handbook includes original PCANY materials, as well as items adapted from Healthy Families America and Healthy Families Oregon resources. Please do not replicate without attribution. Click the appropriate button below to be taken to the section specific to your role:

I AM A HOME VISITOR

I AM A SUPERVISOR

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WHAT IS CHEERS?

CHEERS is an objective tool that enhances a home visitor's ability to support healthy parent-child interaction (PCI), attachment, and bonding in families. This acronym stands for the following six domains of PCI:



CUES are a child's efforts to communicate their needs to a caregiver. Cues include behaviors like cooing, smiling, crying, reaching, arching the back, and turning away. When a parent recognizes and responds to their child's cues, they let the child know that their needs will be met, build the child's trust in the parent, and help the child learn how to manage their emotions over time.



HOLDING refers to both physically cradling or cuddling a child and to "spatial closeness" – how close or far a parent is from their child in physical space. Holding a child helps them to feel comforted and nurtured. When a parent sits close to an older child as they begin to explore their world independently, they help to build the child's confidence while keeping them safe.



EXPRESSION relates to all the ways that a parent and child may communicate with each other using vocal self-expression, even if a child doesn't use words yet. When a child coos and the parent coos back, or a parent describes an object or activity to their child, the parent is stimulating the child's language and brain development.



EMPATHY refers to a parent's ability to understand and respond sensitively to what their child is feeling or experiencing. For instance, when a child cries a certain way, the parent may understand that they are hungry, or angry, or tired. The parent's ability to understand their child's experience comforts the child and encourages bonding.



RHYTHM & RECIPROCITY refers to the quality of "give and take" or "back and forth" in parent-child interactions. For example, sometimes a parent might initiate an activity with their child, and at others the child might start an activity with the parent. When this "give and take" is going well, it's as if the parent and child are dancing together in sync. Over time, this kind of interaction helps a child learn how to "connect" with others and have healthy relationships.



SMILES refers to the joy, happiness, and laughter a parent and child experience as they relate to each other - or the lack of it. When a parent takes the time to play with and laugh with their child, the parent becomes a source of pleasure for the child, creating a positive bond between the two of them



CHEERS STEPS FOR HOME VISITORS

As a home visitor, your use of CHEERS involves the following steps*:



ASSESS: the ability to objectively and accurately assess parental strengths and challenges in each CHEERS domain. This requires you to be neutral and objective in your observation of families, putting aside personal responses and/or interpretations that may affect your ability to accurately assess them.



PROMOTE: the ability to promote parents' CHEERS-related strengths and skills by using the Reflective Strategy "Accentuating the Positives" (ATPs). Your use of ATPs reinforces parental behaviors that support positive PCI, attachment, and bonding, and builds parental strengths in each of the CHEERS domains.



ADDRESS: the ability to address parents' CHEERS-related challenges with additional Reflective Strategies and resources. All Reflective Strategies beyond ATPs help you to address concerns while keeping the parent's resistance low. Further resources for addressing CHEERS concerns include curricula, handouts, and referrals to community programs that offer relevant education or assistance.



PARTNER: the ability to the ability to collaborate with families regarding CHEERS. By introducing the CHEERS domains to parents, discussing them during home visits, and involving parents in selecting PCI related activities, you raise parents' awareness of PCI and help to increase their related skills.



DOCUMENT: the ability to objectively and accurately document a CHEERS assessment. Fact-based documentation that follows HFNY guidelines gives a clear picture of a parents' strengths and challenges related to CHEERS, informs your supervisor's ability to support your work with families, and records a family's growth over time.

*Please note: the steps above are not necessarily sequential. For instance, as the FSS, you may document a CHEERS observation before discussing it with your supervisor.





HOW TO ASSESS CHEERS DURING HOME VISITS

CUES

| | LOOK FOR THE PARENT TO: ¹ | BE CONCERNED IF PARENT: |
|------------------|--|--|
| PRENATAL | <ul style="list-style-type: none"> Respond to movements in utero, trying to figure out what they might mean Notice changes in the baby's movements | <ul style="list-style-type: none"> Does not show awareness of changes in the baby's movements Attributes negative qualities to the baby's behavior in utero ("this baby likes to annoy me by kicking me at night") |
| POSTNATAL | <ul style="list-style-type: none"> Respond sensitively & quickly Try to figure out what child needs Speak to child with respect Use consistent sensitive responses | <ul style="list-style-type: none"> Does not respond to child Yells or speaks crossly to child Is intrusive or frightening to child Is inconsistent with responses |

HOLDING

| | LOOK FOR THE PARENT TO: | BE CONCERNED IF PARENT: |
|------------------|---|---|
| PRENATAL | <ul style="list-style-type: none"> Rub the belly in a soothing manner | <ul style="list-style-type: none"> Never touches the belly or seems to feel connected to the baby Does not attend appointments consistently or attend to self-care |
| POSTNATAL | <ul style="list-style-type: none"> Hold child close and "mold" together with the child Touch the child warmly, gently, and in a massaging manner that creates comfort Create a safe haven-secure base, so when child is upset, they look to parent for calming | <ul style="list-style-type: none"> Does not hold the child Touches the child roughly, at a distance, in a manner that creates discomfort Touches the child in an intrusive or frightening manner |

¹ Information in this section adapted from HFA: "A Deeper Dive into CHEERS Observations"



EMPATHY

| LOOK FOR THE PARENT TO: | | BE CONCERNED IF PARENT: |
|-------------------------|--|---|
| PRENATAL | <ul style="list-style-type: none"> ▪ Demonstrate some awareness of how the baby might be feeling in the womb ▪ Tries to figure out what the baby may like or dislike (eg. spicy foods, Mom sleeping in a certain position, etc.) ▪ Make lifestyle choices that benefit the baby (such as not smoking or drinking etc.) | <ul style="list-style-type: none"> ▪ Does not demonstrate an understanding of how baby might be feeling or reacting to outside stimuli ▪ States that the baby is not affected by lifestyle choices such as smoking, drugs or drinking, or continues to engage in these lifestyle choices despite the impact on the baby |
| POSTNATAL | <ul style="list-style-type: none"> ▪ Label their own internal feelings as well as child's feelings ▪ Respond quickly to the child's physical needs ▪ Share a range of emotional experiences with child ▪ Accurately tell what the child likes and dislikes ▪ Check in to see if child is OK when they fall or are distressed (assist in emotion management) | <ul style="list-style-type: none"> ▪ Has limited emotional vocabulary for self and for child ▪ Allows child to fuss or cry when hungry, cold, wet, or otherwise physically dysregulated. ▪ Does not recognize when child is experiencing feelings of distress ▪ Does not notice what child likes or dislikes ▪ Does not respond when child is distressed |

EXPRESSION

| LOOK FOR THE PARENT TO: | | BE CONCERNED IF PARENT: |
|-------------------------|---|---|
| PRENATAL | <ul style="list-style-type: none"> ▪ Speak, sing or read to the baby in the womb | <ul style="list-style-type: none"> ▪ Does not interact with baby in the womb |
| POSTNATAL | <ul style="list-style-type: none"> ▪ Have a conversation with the child ▪ Label and describe child's activities, repeat what child says and expand the context of the communication ▪ Share authentic joint attention with the child – both are “talking” about the same content. ▪ Read to the child every day, even in the first few months | <ul style="list-style-type: none"> ▪ Does not speak to child ▪ Only uses functional expression, telling child what to do ▪ Encourages the child to learn language from child videos or TV instead of interaction. ▪ Does not recognize the importance of reading to child, talking to child about what is going on in child's world, etc. |



RHYTHM/RECIPROCITY

| | LOOK FOR THE PARENT TO: | BE CONCERNED IF PARENT: |
|------------------|--|--|
| PRENATAL | <ul style="list-style-type: none"> ▪ Responds to the baby's movements in utero, taking turns with the baby in interacting | <ul style="list-style-type: none"> ▪ Complains often about the baby being an interruption to the parents' schedule or lifestyle |
| POSTNATAL | <ul style="list-style-type: none"> ▪ Follow the child's lead in choosing activities and toys ▪ Expand the interaction by adding new elements to the activity ▪ Dance with the child – there is an ebb and flow to parent-child interactions | <ul style="list-style-type: none"> ▪ Initiates most or all interactions and expects child to follow ▪ Continues to try to engage child when child disengages ▪ Misses opportunities for mutual sharing of attention |

SMILES

| | LOOK FOR THE PARENT TO: | BE CONCERNED IF PARENT: |
|------------------|---|---|
| PRENATAL | <ul style="list-style-type: none"> ▪ Express excitement about meeting the baby ▪ Smile when speaking about the baby ▪ Refer to the baby using affectionate terms | <ul style="list-style-type: none"> ▪ Is unhappy about the pregnancy or notes that the child is unwanted ▪ Uses negative terms to describe the baby or the impact the baby will have on their lives ("this baby is going to ruin my life/marriage, etc") ▪ Expects the baby to resolve relationship issues with partner |
| POSTNATAL | <ul style="list-style-type: none"> ▪ Smile frequently at child and call child affectionate terms ▪ Share positive interactions parent has had with child over the past week ▪ Smile when talking about child | <ul style="list-style-type: none"> ▪ Frowns at child and calls child "it" or judgmental names ▪ Gets angry or frustrated with child ▪ Pays little attention to child |



SUGGESTED QUESTIONS TO ASSESS PRENATAL CHEERS - GENERAL



These questions can help you learn more about parental strengths and barriers related to CHEERS prenataly. They are posed in a neutral manner so that parents are comfortable sharing their experience, whether it is positive or negative. You can choose one or two questions to open a conversation (rather than asking several in quick succession) and then offer follow-up questions based on the parent's response. Please use your discretion in deciding which questions are appropriate to ask based on the family's situation and where they are in their pregnancy.

- How are you feeling? How is it for you emotionally and physically being pregnant?
- What kinds of things are you doing differently now that you are pregnant?
- When parents first find out they are pregnant, they often have all kinds of feelings. What was it like for you when you first found out?
- What are your partner's feelings about the pregnancy? How do they want to be involved? How are they showing support? How do you feel about that?
- How is the pregnancy affecting the relationship with your partner?
- How are friends and family reacting to the news of the pregnancy?
- What do you like best about being pregnant? What do you like the least?
- Tell me what having the baby means to you and your family.
- What do you know about how the baby is growing right now?
- What names are you thinking about for the baby? Do you have anything that you call them now?
- Parents often have ideas about what their unborn baby may be like. Tell me about your hopes and dreams for your child.
- If you had to guess, how do you think this baby will change your life?
- In your family and culture, what are your beliefs about preparing for the baby?
- What have you learned about your baby already?
- Some parents actually write a letter to their baby. What would that be like for you to try?
- What thoughts do you have about how you'll feed the baby?
- How will you show your baby love?
- How are you preparing for the birth? What concerns do you have?
- What are your thoughts about preparing your pets for the baby?
- What kind of help and support do you think you'll have for yourself and the baby?
- All babies cry sometimes. What do you imagine it will be like trying to comfort them?
- How do you think your parenting might be like or different from how your parents raised you?
- How do you think the baby will affect your relationship with your partner?





SUGGESTED QUESTIONS TO ASSESS PRENATAL CHEERS – DOMAIN SPECIFIC

CUES

- What have you learned about your baby already?
- What thoughts do you have about how you'll feed the baby?
- In what ways has your baby let you know what they need?

HOLDING

- How are you showing your baby love prenatally?
- How will you show your baby love?
- All babies cry sometimes. What do you imagine it will be like trying to comfort them?

EXPRESSION

- What names are you thinking about for the baby? Do you have anything that you call them now?
- Some parents actually write a letter to their baby. What would that be like for you to try?
- How do you and your child communicate prenatally?
- How does your child respond when you talk, sing, and read with them?

EMPATHY

- What have been some of your feelings recently and how might they impact the baby?
- How are you preparing for the birth? What concerns do you have?
- How do you think your parenting might be like or different from how your parents raised you?
- What do you imagine your baby is experiencing?

RHYTHM AND RECIPROCITY

- What kinds of things are you doing differently now that you are pregnant?
- If you had to guess, how do you think this baby will change your routines?
- How are you interacting with your baby?
- What have you noticed about how what you're doing impacts the baby?

SMILES

- What do you like best about being pregnant? What do you like the least?
- Tell me what having the baby means to you and your family.
- Parents often have ideas about what their unborn baby may be like. Tell me about your hopes and dreams for your child.



WHEN THE CHILD IS ASLEEP OR ABSENT: TIPS & THINGS TO CONSIDER

TIPS FOR ASSESSING CHEERS WHEN CHILD IS ASLEEP OR ABSENT

When a child is asleep or absent for an entire visit, you can assess CHEERS by using domain-specific questions (***such as those on the next page***) to draw out the parent's reports about parent-child interaction. Before focusing on CHEERS, get the conversation started with the family by using general questions such as:

- How has it been going with you and your child this week?
- What changes have you noticed in your child since we last met?
- What do you notice about your interactions together?
- What kinds of activities have you been doing together?

TIPS & THINGS TO CONSIDER WHEN A CHILD IS FREQUENTLY ABSENT FROM HOME VISITS

If a child misses home visits frequently, work with your supervisor to strategize ways to understand the underlying issues and increase the child's participation in home visits. Finding a new time to meet when the child is typically awake may solve the problem of attendance, but going straight to that as a possible solution may bypass underlying issues, such as a parent's ambivalence about home visiting, fears related to social services, custody issues with the child's other parent, worries about being judged as a parent, or most concerning, attempts to hide child abuse and neglect. First, use the Reflective Strategy *Solution-focused Talk* to gather more information about the situation, taking an approach like the following:

- I notice your child often asleep or out during home visits:
 - What would you say is getting in the way of their attending?
 - What would help with that?
 - How is home visiting going for you in general?
 - What's the downside of home visiting for you?
 - What are some of your needs related to home visiting that we haven't met yet?





QUESTIONS TO ASSESS CHEERS

USING PARENT REPORT

CUES

- How does your child tell you what they are wanting or needing?
- Is it easy or difficult to understand what your child is trying to tell you?
- How does your child communicate needing a break or wanting more? How do you respond?

HOLDING

- How often do you sit next to or hold your child?
- How does your child respond when you hold, touch, or sit with them?
- In what ways do you comfort your child with touch?
- What do you enjoy the most and the least about holding your child?

EXPRESSION

- How often do you talk, sing, or tell stories with your child?
- How does your child respond when you talk to them?
- When your child talks or makes a sound, how do you respond?
- How often do you describe what you and your child are doing or what your child sees?
- How would you describe a recent conversation you had with your child?

EMPATHY

- How do you know what your child is feeling or experiencing?
- How do you show your child you understand what they are feeling or experiencing?
- How do you feel when your child is sad or upset? How do you respond?
- What caused your child to feel sad, frustrated, scared, and/or uncomfortable recently?

RHYTHM AND RECIPROCITY

- What kind of play does your child enjoy (slow, quiet play or faster, louder types of play)?
- Who tends to initiate activities, you or your child? Do you lead some and your child others?
- How easy is it to match your style of play to the way your child likes to play?
- How does your child let you know if your activities are moving too fast or too slow?
- How would you describe the “back and forth” between you when you play together?

SMILES

- How do you and your child have fun together?
- How does your child know you enjoy being with them?
- How do you know your child enjoys being with you?
- When do you notice a lack of joy in your interactions with your child?





REFLECTIVE STRATEGIES AT A GLANCE



| | |
|---|--|
| Accentuate the Positives (ATP) <i>To build self-esteem and parental resiliency</i> <ol style="list-style-type: none">1) Observe2) Affirm3) Share the Impact | Strategic Accentuate the Positives S-ATP <i>To increase a behavior you want to see more of</i> <ol style="list-style-type: none">1) Identify the behavior you want to see more of2) Observe3) Affirm4) Share the Impact |
| Feel: Name & Tame <i>When a parent states or exhibits strong feelings</i> <ol style="list-style-type: none">1) Observe for body language, wording, energy shifts, and/or tone of voice that may indicate emotional content2) Ask the parent what they are feeling or experiencing in the moment3) Reflect back to the parent what you think they may be feeling4) Validate the parent's feelings | Explore & Wonder <i>To address missed cues or build empathy</i> <ol style="list-style-type: none">1) State the behavior you are concerned about2) Be curious. Ask the parent what this behavior means3) Share what you think the behavior might mean4) Ask the parent what they think5) Ask if the parent would be willing to try it |
| Normalizing <i>To address an erroneous, commonly held belief and share accurate information</i> <ol style="list-style-type: none">1) Make a mental note of the opinion or belief that is of concern to you2) Tell the parent their opinion is a commonly held belief – it is “normal”3) Provide information4) Explore what the parent thinks | Solution-focused Talk <i>To gather information about a problem that a parent “hands you,” or a problem the parent needs to address</i> <p>Ask open-ended questions that begin with:</p> <p>Who... What...? When...? Where...? How...?</p> |
| Mindful Self-Regulation <i>To regulate yourself when stressed, allowing you to return your attention to the family</i> <ol style="list-style-type: none">1) Observe your internal physical/emotional responses to your interaction with the parent2) Implement regulatory responses that are calming for you, such as deep breathing3) Return your full attention to the parent once you're regulated | |





CHEERS & REFLECTIVE STRATEGIES



Reflective Strategies can be used to support any aspect of your work with families. This resource specifically focuses on the use of Reflective Strategies to promote strengths and address challenges related to CHEERS, and provides guidance and examples regarding how and when to use these tools.

| STRATEGY | WHEN TO USE | HOW TO USE (EXAMPLES) |
|-------------|---|---|
| ATP | <p>The parent demonstrates a strength regarding CHEERS.</p> <p>ATP affirms parental strengths, enhances self-esteem and parental resiliency, provides a pleasurable experience that builds the relationship between FSS and the parent, and helps parents understand how their present actions positively influence child health development over the long term. Utilize ATPs whenever parents demonstrate ability in any of the CHEERS domains</p> | <p>Prenatal Example (Rhythm & Reciprocity): Mom said, “I was shining a flashlight into my belly and the baby moved to wherever I put the light!”</p> <ol style="list-style-type: none">1) Observe: The FSS notes that Mom engages in “back and forth” or “give and take” interaction with her baby prenatally.2) Affirm: “Wow Mom, you two are interacting already!”3) Impact: “This kind of ‘give and take’ interaction stimulates Baby’s brain development now and after she is born.” <p>Postnatal Example (Cues): Juan (TC) pointed to a ball. Dad responded, “Do you want to play with the ball?” Juan nodded yes</p> <ol style="list-style-type: none">1) Observe: The FSS notes that Dad picks up on and quickly responds to Juan’s cues.2) Affirm: “You knew exactly what Juan wanted when he pointed to the ball!”3) Impact: “Knowing his cues and responding right away lets Juan know that he can count on you to meet his needs.” |
| SATP | <p>The parent made improvement in an area of CHEERS where they previously struggled.</p> <p>SATP uses the power of ATPs to increase a parental behavior that will strengthen attachment</p> | <p>Prenatal Example (Holding): Mom gently rubbed her belly during much of the visit.</p> <ol style="list-style-type: none">1) Identify a behavior you want to see more of: During previous home visits, Mom lacked excitement about the birth of her baby. You and your supervisor would like to see Mom become engaged with and related to her baby prenatally.2) Observe: Mom rubs her belly and smiles.3) Affirm: “You’re rubbing your belly and smiling.” |



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|-----------------------------|--|--|
| | <p>and PCI. Whenever you see a glimmer of a behavior you “want to see more of” related to any CHEERS domain, use S-ATP to reinforce that behavior.</p> | <p>4) Impact: “Like the curriculum we covered last week said, you can create a positive connection with Baby prenatally that helps the two of you bond.”</p> <p>Postnatal Example (Empathy): Dad asked Juan, “Do you want to stack the blocks?” Juan threw the blocks aside. Dad said, “No? OK.”</p> <p>1) Identify a behavior you want to see more of: Dad sometimes yells at Juan when Juan expresses frustration or anger physically, and in response Juan withdraws. You and your supervisor would like Dad to increase his patience towards Juan in these moments.</p> <p>2) Observe: Dad responds to Juan with a soft tone of voice.</p> <p>3) Affirm: “You responded to Juan’s behavior with a soft tone of voice.”</p> <p>4) Impact: “Like the curriculum said, keeping yourself calm makes it safe for Juan to have his feelings,, and models for Juan how to manage his own emotions.”</p> |
| EXPLORE & WONDER | <p>The parent missed a cue during a home visit.</p> <p>Explore & Wonder invites the parents to reflect on the meaning of their child’s behavior and offers their interpretation when needed, all in a manner that respects the parent’s perspective and keeps their resistance low. It can be employed with any CHEERS domain, but may be especially relevant when parents miss their child’s Cues and/or the parents need support with</p> | <p>Prenatal Example (Cues): Mom stated, “The baby was kicking so much last night he kept me up all night! ”</p> <p>1) State the behavior you are concerned about “You mentioned the baby was kicking a lot last night.”</p> <p>2) Be curious – ask the parent what the behavior means (PAUSE: allow parent to self-reflect) “What do you think might have caused that?”</p> <p>3) Share what you think the behavior might mean (PAUSE: allow parent to self-reflect) “You mentioned that you drank some coffee last night. I wonder if maybe that caused the baby to be especially active?”</p> <p>4) Ask the parent what they think (PAUSE: allow parent to self-reflect) “What do you think?”</p> <p>5) Ask the parent if they would be willing to try it “What would you think about not drinking caffeine today and seeing if the baby kicks as much?”</p> |



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|-------------------------|---|--|
| | strengthening their abilities in the Empathy domain. | <p>Postnatal Example (Cues): Sally fussed and opened and closed her mouth. Mom watched Sally fuss. Sally continued to fuss.</p> <ol style="list-style-type: none"> 1) State the behavior you are concerned about “Sally was opening and closing her mouth before you fed her.” 2) Be curious – ask the parent what the behavior means (PAUSE: allow parent to self-reflect) “What do you think her behavior meant?” 3) Share what you think the behavior might mean (PAUSE: allow parent to self-reflect) “I wonder if Sally was opening and closing her mouth because she was hungry.” 4) Ask the parent what they think (PAUSE: allow parent to self-reflect) “What do you think?” 5) Ask the parent if they would be willing to try it “Would you be willing to try feeding her when first she opens and closes her mouth, rather than waiting until she cries?” |
| FEEL, NAME, TAME | <p>The parent demonstrated a strong feeling.</p> <p>Feel: Name & Tame is based on the idea that naming a feeling helps to tame it. Use FNT whenever a parent needs support in identifying and regulating strong feelings related to any of the CHEERS domains.</p> | <p>Prenatal Example (Smiles): Mom said, “I never really wanted to be pregnant, so I’m ready for it to be over,” and began to cry.</p> <ol style="list-style-type: none"> 1) Observe for body language, wording, energy shifts, and/or tone of voice that may indicate emotional content Mom expresses ambivalence and impatience related to her pregnancy and begins to cry. 2) Ask the parent what they are feeling or experiencing in the moment. (PAUSE: allow parent to self-reflect and respond) “What are you experiencing right now, Mom?” 3) Reflect back to the parent what you think they may be feeling (PAUSE: allow parent to self-reflect and respond) “You’ve talked about how hard it is for you to deal with this pregnancy by yourself. I wonder if you’re feeling sad and alone right now.” 4) Validate the parent’s feelings |



| | | |
|------------------------------|---|--|
| | | <p>“You say you feel ‘frustrated’ and ‘alone.’ That really makes sense given your situation.”</p> <p>Postnatal Example (Smiles): Jasmine seems stressed as she talks about breastfeeding her newborn, Mason.</p> <ol style="list-style-type: none"> 1) Observe for body language, wording, energy shifts, and/or tone of voice that may indicate emotional content Jasmine’s body appears tense and her tone of voice anxious as she talks about her attempts to breastfeed Mason. 2) Ask the parent what they are feeling or experiencing in the moment “What feelings are you having about breastfeeding Mason?” 3) Reflect back to the parent what you think they may be feeling “I wonder if you’re feeling anxious.” 5) Validate the parent’s feelings “You say you’re feeling ‘worried’ and ‘stressed.’ That’s totally understandable right now.” |
| SOLUTION FOCUSED TALK | <p>The parent presents you with a problem they are having with the family regarding PCI OR you see an issue you want to explore or learn more about.</p> <p><u>Solution-Focused Talk</u> is used when a parent presents you with a problem or you identify a problem that the parent needs to address. SFT uses open-ended questions to gather more information related to any domain of CHEERS, so that you</p> | <p>Prenatal Example (Expression): “If the baby is a boy, I’m not sure I can handle that. The baby’s father treated me so badly.”</p> <p>“I know your relationship with the baby’s father was really difficult for you. How does that affect you when you think about having a boy?”</p> <p>“If the baby is a boy, how will you handle that?”</p> <p>“Who can support you?”</p> <p>“What resources or supports do you think would help you?”</p> <p>Postnatal Example (Cues): The postnatal example used for Explore and Wonder above might make us wonder if Mom was unresponsive to Sally’s initial hunger cues (opening and closing her mouth) because she did not understand them. We can explore this possibility by using SFT to gather more information. Mom’s answers may indicate a need for curricula, for</p> |



| | | |
|--------------------|---|---|
| | <p>can accurately and appropriately address the issue at hand. FSSs can also use prompting statements with this approach.</p> | <p>instance, to help her better understand and respond to Sally's cues. "Sally fussed and opened and closed her mouth. Mom watched Sally fuss. Sally continued to fuss."</p> <p>"What's your understanding of a baby's cues and how they work?"</p> <p>"How do you know when Sally is hungry?"</p> <p>"What do you notice about Sally's behavior before she gets fussy?"</p> <p>"How does Sally react when you respond to her cues?"</p> |
| NORMALIZING | <p>The parent has a strong belief related to any of the CHEERS domains that is not healthy or safe for their child.</p> <p>"Normalizing" allows the FSS to address this belief and offer accurate information related to the area of concern.</p> | <p>Prenatal Example (Expression): Mom said, "Why should I bother talking to my baby while she's in the womb? It's not like she can hear me."</p> <ol style="list-style-type: none"> 1) Make a mental note of the opinion or parenting interaction that is of concern to you Mom believes that her baby can't hear her in utero, and concludes that it is not worthwhile to speak to her while she's pregnant. 2) Tell the parent that their opinion is a commonly held belief or practice...It is "normal." "I've heard that from other parents too – a lot of parents believe that." 3) Provide information "However, research shows that babies <i>can</i> hear your voice, and that they even learn to recognize it while they're in the womb. The more you talk and sing to her now, the stronger the connection between the two of you will be when she's born. 4) Explore what the parent thinks What do you think about that? <p>Postnatal Example (Expression): When Sally continued to fuss Mom said, "You're getting fussy, aren't you?" Mom said that Sally is not ready to feed until she gets really upset.</p> <ol style="list-style-type: none"> 1) Make a mental note of the opinion or parenting interaction that is of concern to you Mom appears to believe that Sally is not ready to feed until she gets very upset. 2) Tell the parent that their opinion is a commonly held belief or practice...It is "normal." |



| | | |
|--|--|--|
| | | <p>“A lot of parents wait until their baby is upset before feeding them, and maybe think that the baby isn’t ready to eat until they get fussy.”</p> <p>3) Provide information</p> <p>“Research shows that babies usually give subtle cues that they are hungry before they get upset. When parents respond to these first cues, the baby often stays calm and nurses or bottle feeds better.”</p> <p>4) Explore what the parent thinks</p> <p>“What do you think about this? Is it something you would be interested in exploring?”</p> |
|--|--|--|





RESOURCES FOR CREATING IMPACT STATEMENTS FOR ATPS & SATPS

Because they connect parental strengths and skills with future outcomes for the family and/or child, Impact Statements help parents see the long-term positive effects of their actions.

1. **CHEERS for Parents** (From “CHEERS: Talking Points for Home Visitors”):
Example: “Sitting close to her as she begins to explore her world helps to build her confidence while keeping her safe.” (Holding)
2. **Values Cards Exercise** (FSS Core manual)
Example: “During the Values Cards exercise you said you want to have a home full of laughter. You’re making that happen right now as you laugh and play with your baby!”
3. **“What I’d Like for My Child” worksheet** (FSS Core manual)
Example: “We talked about how you want your child to be respectful towards others. Treating her with love and respect the way you do teaches her how to do that. You’re being a role model for her.”
4. **Family Goal Plan**
Example: “Doing tummy time with him daily like you do is moving him towards your goal of seeing him walk by age 1.”
5. **Curriculum**
Example: “Like the curriculum said, picking her up when she cries won’t spoil her; it will help her to be more independent later on.”
6. **Protective Factors** (FSS Core manual)
 - Knowledge of parenting and child development
 - Parental resilience
 - Social connections and support
 - Concrete support in times of need
 - Social & emotional competence of children
 - *Example:* “Everything you’re learning about child development is helping you grow as a parent.”
7. **Four Key Components of Attachment** (FSS Core)
 - Safety, Predictability, Comfort & Pleasure
Example: “When she (TC) feels comforted by you like that, it builds a close and loving bond between the two of you.”
8. **FROG Scale**
Example: “You mentioned during your meeting with Polly (FRS) that you want to be the kind of father for your kids that you wished you had growing up. Loving him (TC) and holding him the way you are now, that’s definitely happening.”
9. **Research**
Information on brain development, child development, bonding and attachment, and/or parenting gained from trusted research articles, books, and videos.
Example: “Research shows that telling Anna the story of the day’s events and labeling objects when you talk to her helps her language development





DOCUMENTING CHEERS: A GUIDE FOR HOME VISITORS

This guide covers information related to documenting CHEERS including examples.

CHEERS DOCUMENTATION FACTS:

- 1) For every postnatal home visit (**except visits where the FROG or CHEERS Check- In were completed**) document at least 2 domains of CHEERS with a unique example. Choose 2 domains that represent the overall flavor of the visit:
 - *Ideally, select 1 domain where the parent exhibited a strength and 1 domain where there is a concern or there might be room for improvement*
 - *Document the Reflective Strategies and/or resources you used (or plan to use) to address/promote the domains you documented*
 - *Document the Reflective Strategies used to promote and address. Also document resources you used (or plan to use) to address concerns related to CHEERS in the additional comment box.*
 - *Capture additional observations that stood out to you regarding PCI in the comment box marked “OPTIONAL” just below the CHEERS domains*
- 2) For twins: for families on Level 1 and 2, the minimum requirement is to document CHEERS for one child during one week and the second child during the next week. When possible, document CHEERS for both infants during the same visit, with separate examples for each child within the 2 CHEERS domains you document. For families on Level 3 and 4, document CHEERS for both children for each visit.
- 3) If the target child is absent or asleep for the entire visit, or present for less than half of the visit, you are still required to document CHEERS using the parent’s report. Documenting frequency in these instances is not required.
- 4) For prenatal visits (as stated on the HV Log “form” in the MIS), begin documenting the observation of any one CHEERS domain at 24 weeks and any two CHEERS domains at 31 weeks. Documenting frequency in these instances is not required.
- 5) For prenatal visits, you can document your direct observations of the parents and/or the parent’s own reporting of events outside of the home visit.
 - *A prenatal example for Expression: Mom smiled and said the baby was kicking during the night. Mom stated that she talked to him, saying, “Hello baby. Are you a night owl like Mommy?”*
- 6) CHEERS observations document the interaction between one parent and one child. For families on Level 1P, 1 or 2, when both parents are present, you can 1) document CHEERS for each parent separately, or 2) alternate visits, one visit observing one parent, the next the other parent. For parents on Level 3 or 4, document CHEERS for each parent at all home visits with separate examples in all domains of CHEERS.
- 7) Like the ASQ or other assessments, the CHEERS observation is meant to be **objective** (based on what you see and hear, not your feelings or interpretations) and **neutral** (capturing both parental strengths *and* challenges regarding each CHEERS domain, not just their strengths).
 - Here’s an **objective** example for Cues: *“TC arched her back and turned her head away from Mom when Mom held her close. Mom continued to hold TC close. This represents most of the visit.”*
 - Next, using the same scenario, an example of **non-objective** documentation for Cues (what you want to avoid): *“TC wanted to be put down. Mom ignored her cues. This represents most of the visit.”*



- 8) Only your observations are documented in the CHEERS section, not your responses and/or interventions. Document these under the related topic area elsewhere in the HV Narrative.

CHEERS DOCUMENTATION BASICS:

- 1) **For each CHEERS domain you document, ask yourself the assigned question below to assess PCI, attachment, and bonding:**

CUES: Did the parent *respond* to the child's cues?

HOLDING: What was the nature of the *holding/spatial closeness* between parent and child?

EXPRESSION: Was there a "conversation" between parent and child?

EMPATHY: Did the parent understand what the child was *feeling* and *experiencing*?

RHYTHM & RECIPROCITY: Who *initiated* most activities/interactions? Was there a *give and take* between parent and child?

SMILES: Was there *joy* in their interaction?

- 2) **For the domains you document, choose an example of an interaction between parent and child that represents the overall visit.** For instance, if your general assessment is that the parent did respond to the child's cues, document an example that shows this. If the parent's level of response was truly 50/50 (half the time they responded to the child's cues, half the time they did not), use two examples, illustrating both aspects.
- 3) **If the child initiates the interaction, show the parent's response, and (ideally) the child's response to the parent's intervention in order to capture the full interaction. Likewise, if the parent initiates the interaction, show the child's response, and (ideally) the parent's response to the child.** When the child initiates the interaction, the child's response to the parent's intervention tells us whether the parent was effective. For instance, "Baby fussed. Mom picked him up and said, 'It's OK. Mommy's here.' Baby stopped fussing and fell asleep." When the parent initiates the interaction, the parent's response to the child can tell us how receptive the child is to the parent, or whether the parent can adapt their approach based on the child's needs and preferences. For example: "Dad said, 'Let's play with the ball.' Baby turned away. Dad said, 'OK. What would you like to play with?'"
- 4) **Note the frequency of the behavior** using one of three phrases available in the drop-down menu in the CHEERS section of the Home Visit Log on the MIS: "This represents most of the visit," "This represents all of the visit" or "This represents half of the visit." In the latter case, give an example for each "half."

For serious challenges, speak to your supervisor about including these in the Service Plan for the family. When the parent's behavior endangers the health or safety of a child, inform your supervisor immediately and follow your program's protocol for reporting child abuse and neglect.

USING REFLECTIVE STRATEGIES: Reflective Strategies are communication skills designed to promote strengths and address parental challenges. After you observe PCI, bonding, and attachment through CHEERS, **promote** strengths observed using ATPs and **address** concerns observed using other Reflective Strategies and additional resources:

- 1) **Promote strengths.** Whenever you conduct a CHEERS observation, you are expected to use *at least one ATP to promote strengths observed related to CHEERS.*



- The following examples show how to document your use of ATP's related to CHEERS:
*Used ATP when Mom understood by his cues that TC wanted to breastfeed (Cues);
Used ATP when Dad and TC exchanged smiles and laughter (Smiles).*

2) Address concerns. You *address* challenges or concerns identified through the CHEERS observation by using any of the other Reflective Strategies (beyond ATPs). You can also use curricula or handouts, videotaping the parent (so that they can learn through self-observation), and/or resources and referrals to help the family address challenges related to CHEERS. There is no specific expectation regarding how often you use reflective strategies to *address* CHEERS-related concerns.

- The following examples demonstrate how to document your use of additional reflective strategies related to CHEERS: *Used S-ATP when Dad let TC initiate activities during play (Rhythm & Reciprocity); Used Explore and Wonder when TC turned away and Mom repeatedly tried to engage him (Rhythm & Reciprocity)*
- Next, two examples of how to document your efforts to address parental challenges related to CHEERS using tools other than Reflective Strategies: *Reviewed curricula on language development to encourage Dad to talk to TC (Expression); Provided an activity with turn taking to encourage Mom to engage in "give and take" with TC (Rhythm and Reciprocity).*

The Reflective Strategies section of the HV Log is only for documenting the use of these strategies related to CHEERS. You can document other uses of Reflective Strategies in the corresponding sections. For example, if you ATP Dad for completing a goal, document that in the FGP section of the Home Visit Log.





CHEERS DOCUMENTATION EXAMPLES

POSTNATAL DOCUMENTATION EXAMPLES (with samples from various different CHEERS observations):

| | CHEERS DOCUMENTED BASED ON HOME VISITOR'S OBSERVATIONS | CHEERS DOCUMENTED USING PARENT REPORT |
|---|---|--|
| CUES | Ella pointed to a toy truck and said "Truck" Mom continued to look at her cell phone and did not respond. Ella said "Truck" to FSS. This represents most of the visit. | Mom reported Kim cried a lot after coming home from daycare yesterday and that she offered several toys but Kim was still crying |
| HOLDING | Dad sat close to Kendra on the floor while Kendra did tummy time on a mat. This represents all of the visit. | Mom reported that Ben kept coming up behind her and hugging her legs yesterday. She noted that she cuddled with him on the couch and watched his favorite show |
| EXPRESSION | Monique looked out the window and pointed at a bird. Mom said, "That's a bird." Monique said, "Burr." This represents most of the visit. | Dad reported that he read to Caira every night this week and that Caira stared intently at her books while they read together |
| EMPATHY | Dad asked André, "Do you want to put on Mr. Potato Head's glasses?" André threw Mr. Potato Head's glasses. Dad said, "What's wrong with you?" This represents most of the visit. | Dad mentioned that Allison fell at the park and scraped her knee 2 days ago. In response he noted that he said "toughen up. It's not that bad." He mentioned that Allison cried the whole way home |
| RHYTHM & RECIPROCITY | Mom initiated patty cake, and Juan joined in. Mom responded, "Are you having fun?" This represents half of the visit. Juan pointed at a ball. Mom responded with, "Do you want to play with your ball?" Juan nodded "Yes." This represents half of the visit. | Mom mentioned that she picked out 10 activities for her and Dexter to do this morning and quickly switched from one activity to the next. She noted that Dexter cried a lot while they were playing. |
| SMILES | Dad smiled and said, "Good job!" when Henrietta stacked the blocks. Henrietta responded by adding another block. Henrietta did not smile during the visit. This represents most of the visit. | Dad noted that he and Dennis laughed a lot together this week especially when he pushed Dennis on the swings at the park |
| Reflective Strategies: used to promote CHEERS-related strengths or address CHEERS-related concerns based on the above observations | Used ATP when mom followed Juan's lead while playing (Rhythm & Reciprocity). Used Explore and Wonder when TC threw away his Mr. Potato Head glasses (Empathy) | Used ATP with dad for doing activities with Dennis this week that Dennis enjoyed (Smiles) Used Explore & Wonder when mom noted Dexter cried a lot during play (Rhythm & Reciprocity) |



PRENATAL DOCUMENTATION EXAMPLE

(you are required to document 1 CHEERS domain at 24 weeks and 2 domains at 31 weeks):

| | |
|---------------------------------|---|
| CUES | Mom said, "the baby usually starts kicking when I lie down to go to bed." |
| HOLDING | Mom gently rubbed her belly during the visit. |
| EXPRESSION | Dad said, "The baby is constantly kicking Mom these days, and it hurts. I try to calm the baby down by talking to her in a sweet voice, but it doesn't work." |
| EMPATHY | Mom said, "I notice she kicks a lot when we have music on; she seems to get excited." |
| RHYTHM & RECIPROCITY | Dad said, "I shined the flashlight into Mom's belly and the baby moved to wherever I put the light!" |
| SMILES | Mom said, "I never really wanted to be pregnant, so I'm ready for it to be over." |





CHEERS PRACTICE WORKSHEET

Document an example that represents the overall flavor of the visit for each domain by showing either:

- the child's action, parent's response, and (ideally) the child's response to the parent **or**
- the parent's action, child's response, and (ideally) the parent's response to the child **then**
- note the frequency of that type of interaction (half, most, or all of the visit).

Please refer to “[Documenting CHEERS: A Guide for Home Visitors](#)” in this Handbook for more details.

| | |
|----------------------|--|
| CUES | |
| HOLDING | |
| EXPRESSION | |
| EMPATHY | |
| RHYTHM & RECIPROCITY | |
| SMILES | |



What Reflective Strategy could you use to ***promote the parent's overall strengths*** regarding CHEERS? Use "Reflective Strategies at a Glance" in this handbook as a resource.

What Reflective Strategies could you use to ***address areas needing support*** regarding CHEERS? Use "Reflective Strategies at a Glance" in this handbook as a resource.

How can you use what you observed through CHEERS to help plan for the next visit? *(For instance, related to Reflective Strategies, curriculum, goal planning, reminders, referrals, service planning, and/or follow up)*





HOW TO PARTNER WITH PARENTS AROUND CHEERS

1. Teach Parents About CHEERS

- CHEERS shouldn't be a secret to the parent. We recommend that home visitors introduce CHEERS to parents within the first few home visits, then continue to integrate CHEERS discussions into home visits thereafter
- Refer to **"Talking Points for Home Visitors"** (pg. 28) for some language you can use to explain to parents what CHEERS is
- You can also **print out and provide** the **"CHEERS Parent Handout"** (pgs. 29-30) to the parent to help them learn more about CHEERS and prompt conversations with parents about the following:
 - What secure attachment is, how it related to PCI, and why it is essential for a child's healthy development.
 - CHEERS as a means for the home visitor and the parents to observe and discuss secure attachment and parent-child interaction
 - Discussions about what the parents experienced related to CHEERS when they were children and how they experience the CHEERS domains in their current family

2. Help Parents Self Reflect

- You can **print out and provide** the **"CHEERS Parent Reflections"** worksheet (pg. 31) to the family to help them reflect on their experience of the CHEERS domains, engage in discussions with you, and write down their responses to the various questions
- Also, use Reflective Strategies to promote and address CHEERS

3. Collaborate on Home Visiting Activities

- Once you and the family have established what domains of CHEERS to strengthen, you can collaborate with the parent around what activities they'd like to complete in and outside of home visits to strengthen the Parent Child Relationship (*examples include referrals to playgroups or therapy, use of curriculum, incorporating more activities into home visits that strengthen PCI etc.*)

[You can access the CHEERS Parent Handout & CHEERS Parent Reflection in multiple languages on the TOL Website by clicking this link](#)





CHEERS TALKING POINTS FOR HOME VISITORS

You can use the talking points below to offer more in-depth descriptions of the CHEERS domains to parents. Feel free to put this information in your own words and adjust it to meet parent's individual needs.



Cues: how babies communicate their needs

Cues include behaviors like cooing, smiling, crying, reaching, arching the back, and turning away. When interacting with others, your child communicates a need for a break or a desire to continue an activity through their cues. Recognizing and responding to your child's cues lets them know that their needs will be met, builds their trust in you, and helps them learn how to manage their emotions over time.



Holding: physical comfort

Holding refers to both physically cradling or cuddling with your child and to "spatial closeness" – how near or far you are from your child as you relate with them in physical space. Holding a child helps them to feel comforted and nurtured. Sitting close to an older child as they begin to explore their world independently helps to build their confidence and keep them safe.



Expression: talking to and with my baby

Expression relates to all the ways that you and your child communicate with each other through vocal sounds, singing, and verbal self-expression, even if your child doesn't use words yet. When your child coos and you coo back, or you describe an object or activity to your child, you are stimulating their language development and brain development.



Empathy: understanding what my baby is feeling

Empathy refers to your ability to sense or know what your child is experiencing and feeling. For instance, when your child cries a certain way, you may know that they are hungry, frustrated, or tired. Your ability to understand your child's experience comforts them and builds their trust in you.



Rhythm/Reciprocity: ways we interact

Rhythm and reciprocity relates to the "give and take" in your interactions with your child. For example, at times you might start an activity with your child and at others your child might start one with you. When this "give and take" is going well, it's like the two of you are dancing together. Over time, this kind of interaction helps your child learn how to "connect" with others and enjoy healthy relationships.



Smiles: ways we show we enjoy each other

Smiles refers to the joy, happiness, and laughter you and your child experience as you relate to each other. By taking the time to play and laugh with your child, you become a source of pleasure for them, and create a positive bond between the two of you.



CHEERS Parent Handout

The parent-child relationship forms the basis for all relationships in life. Securely attached children know they can depend on their caregivers. Why does this matter? Babies and children need to feel safe in order to learn. When babies/children feel secure they are more curious, tend to cry less, manage emotions better, get sick less often, have higher self-confidence and do better in school.

CHEERS offers a way to look at the many moments in a day that create the parent-child relationship.

Cues...

How babies communicate their needs



Holding...

Physical comfort

Empathy...

Understanding what my baby is feeling



Rhythm/Reciprocity...

Ways we interact



Expression...

Talking to and with my baby



Smiles...

Ways we show we enjoy each other

**Secure
Attachment
with
CHEERS**

CHEERS looks different in each family. Cultural practices, traditions and values all influence parenting beliefs, practices and wishes for children. What does CHEERS look like in your family?



CUES...

How does my baby tell me what they are wanting or needing?

Is it easy or difficult to understand what my baby is trying to tell me?

How does my baby communicate needing a break or wanting more?

HOLDING...

How often do I sit next to or hold my baby?

How does my child respond when I hold, touch or sit with them?

In what ways do I comfort my child through touch?

What do I enjoy the most and the least about holding?



EXPRESSION...

How often do I talk, sing, or tell stories with my baby?

How does my baby respond when I talk with her/him?

When my baby talks or makes sounds, how do I respond?

How often do I describe what we are doing or what my baby sees?

EMPATHY...

How do I know what my child is feeling?

How do I show my baby I understand what they are feeling?

How do I feel when my baby is sad or upset?

How do I respond?



RHYTHM/RECIPROCITY...

What kind of play does my baby/child enjoy (slow, quiet play or faster, louder types of play)?

Does my child lead some activities and I lead others?

How easy is it to match my style of play to the way my baby likes to play?



SMILES...



How do we have fun together?

How does my child know I enjoy being with them?

How do I know my child enjoys being with me?



CHEERS Parent Reflections

| | | |
|---|---|---|
|  | What areas of CHEERS are the most important to you and your family? |  |
| | What areas do you feel the strongest in? | |
| | What areas are more challenging? | |

| | |
|---|--|
| <p>CUES...</p> <p>How does my baby tell me what they are needing? Is it easy or difficult to understand what my baby is trying to communicate? How does my baby communicate needing a break from interaction?</p> <hr/> <hr/> <hr/> | <p>EMPATHY...</p> <p>How do I know what my child is feeling? How do I show my baby I understand what they are feeling? How do I feel when my baby is sad or upset? How do I respond?</p> <hr/> <hr/> <hr/> |
| <p>HOLDING...</p> <p>What does physical touch look like in my family? How often do I sit next to or hold my baby? How does my child respond to holding and touch? What do I enjoy the most and the least?</p> <hr/> <hr/> <hr/> | <p>RHYTHM/RECIPROCITY...</p> <p>Does my child lead some activities and I lead others? What kind of play does my child enjoy (slow, quiet play or faster, louder types of play)? How easy is it to match my play style to the way my baby likes to play?</p> <hr/> <hr/> <hr/> |
| <p>EXPRESSION...</p> <p>How often do I talk, sing, or tell stories with my baby? How does my baby respond when I talk with them? When my baby talks or makes sounds, how do I respond? How often do I describe what we are doing or what my baby sees?</p> <hr/> <hr/> <hr/> | <p>SMILES...</p> <p>How do we have fun together? How does my child know I enjoy being with them? How does my child show me they enjoy being with me?</p> <hr/> <hr/> <hr/> |

CHEERS STEPS FOR SUPERVISORS

As a supervisor, your use of CHEERS involves the following steps:



EXPLORE (THE HOME VISITOR'S ASSESSMENT OF CHEERS): the ability to explore each domain of CHEERS with the home visitor in a way that creates a fuller picture of the PCI observed in the home visit. This includes reflecting on and discussing the home visitor's own emotional responses to the PCI they observed, for instance, through reviewing the differences between facts, feelings and interpretations.

Please note: While it is preferable to document CHEERS based on behavioral observation, CHEERS may also be documented based on a parent report, in cases of prenatal visits, virtual visits, or when the child is sleeping. This might include what the parent has noticed about the child's behavior, parenting stressors and strengths, preparations for the new baby coming home, or preparations for developmental changes.



PROMOTE: the ability to help the home visitor recognize a parent's CHEERS-related strengths and promote them effectively using the Reflective Strategy "Accentuating the Positives" (ATP). Additionally, by delivering ATPs to the home visitor yourself, you support their use of ATPs with families.



ADDRESS: the ability to help the home visitor address CHEERS-related concerns or areas for growth through the effective use of additional Reflective Strategies and resources, such as curricula, handouts, and referrals. Additionally, by delivering these additional Reflective Strategies to the home visitor yourself, you support their use of these strategies with families.



DISCUSS: The ability to support the home visitor in discussing their CHEERS observations with families in order to increase the family's awareness of PCI and reinforce their CHEERS-related strengths and skills. Additionally, your ability to discuss these topics with the home visitor in a supportive manner encourages the home visitor to do the same with the family. Supervisors encourage home visitors to assess different domains on subsequent visits so that ideally over the course of a few visits, all domains are assessed.

Please note: As a supervisor, you will weave "discussion" into each of the other steps detailed here (as evidenced by the use of this word in the descriptions for each step). For example, you may discuss a family's CHEERS assessment with the FSS and strategize how the FSS can address CHEERS-related concerns. Notice when these concerns present opportunities to integrate CHEERS into the Service Plan.



DOCUMENT: the ability to assess the home visitor's CHEERS documentation to ensure that it is objective, accurate, and adheres to guidelines, and to discuss your findings with the home visitor in a manner that supports their professional development in this area. In addition, this step also includes the ability to capture your overall efforts to support an FSS's CHEERS practice in your supervision notes.





HOW TO EXPLORE CHEERS IN SUPERVISION

CUES

WHAT TO LOOK FOR DURING HOME VISITS²

| | Look for the parent to: | Be concerned if parent: |
|------------------|--|--|
| PRENATAL | <ul style="list-style-type: none"> Respond to movements in utero, trying to figure out what they might mean Notice changes in the baby's movements | <ul style="list-style-type: none"> Does not show awareness of changes in the baby's movements Attributes negative qualities to the baby's behavior in utero ("this baby likes to annoy me by kicking me at night") |
| POSTNATAL | <ul style="list-style-type: none"> Respond sensitively & quickly Try to figure out what child needs Speak to child with respect Use consistent sensitive responses | <ul style="list-style-type: none"> Does not respond to child Yells or speaks crossly to child Is intrusive or frightening to child Is inconsistent with responses |

QUESTIONS YOU CAN ASK IN SUPERVISION

| | |
|------------------|--|
| PRENATAL | <ul style="list-style-type: none"> How does the parent talk about what the baby does inside Mom's belly? What does the parent think these behaviors might mean? What differences or changes in the baby's movements have the parents noticed, and what do they think the baby is communicating? What are the parent's strengths/challenges in this area? How did you feel about the parents' response to cues? How did you manage those feelings? How do you think your feelings about what you saw impacted your response to the family, if at all? |
| POSTNATAL | <ul style="list-style-type: none"> What type of cues does the child give? Are they subtle or strong? How does the child let the parent know they need something? How does the parent respond? When the parent responds to the child, how does the child then respond to the parent? What are the child's social-emotional needs based on the child's age? Does the parent recognize these needs? Was there anything about the parents' response to cues that triggered any feelings in you? If so, what did you feel and how did you manage those feelings? How do you think your feelings about what you saw impacted your response to the family, if at all? |

² Information in this section adapted from HFA Materials: "A Deeper Dive into CHEERS Observations," "Sample Questions for Supervisors: CHEERS & Attachment," "CHEERS Helpful Prompts," and "CHEERS Postnatal Helpful Prompts" as well as PCANY materials



HOLDING

WHAT TO LOOK FOR DURING HOME VISITS

| | Look for the parent to: | Be concerned if parent: |
|------------------|---|---|
| PRENATAL | <ul style="list-style-type: none"> Rub the belly in a soothing manner | <ul style="list-style-type: none"> Never touches the belly or seems to feel connected to the baby Does not attend appointments consistently or attend to self-care |
| POSTNATAL | <ul style="list-style-type: none"> Hold child close and “mold” together with the child Touch the child warmly, gently, and in a massaging manner that creates comfort Create a safe haven-secure base, so when child is upset, they look to parent for calming | <ul style="list-style-type: none"> Does not hold the child Touches the child roughly, at a distance, in a manner that creates discomfort Touches the child in an intrusive or frightening manner |

QUESTIONS YOU CAN ASK IN SUPERVISION

| | |
|------------------|--|
| PRENATAL | <ul style="list-style-type: none"> How do the parents demonstrate a caring connection to their baby physically while pregnant? Does Mom rub her belly in a soothing manner or rest her hands on her belly? How does the other parent respond physically to Mom’s belly? What is the quality of their touch? What are the parent’s strengths/challenges in this area? |
| POSTNATAL | <ul style="list-style-type: none"> What is the quality of the touch between parent and child? (soft and slow vs. rough and abrupt) How is the child held? In parents’ arms or at arm’s length? How does the child respond to the parent’s physical holding or presence? What feelings do the parent and child seem to experience from their physical closeness? How does the child explore the environment? Do they use the parent as a safe base? How often is the parent emotionally available for the child and/or totally focused on interacting with the child? |



EXPRESSION

WHAT TO LOOK FOR DURING HOME VISITS

| | Look for the parent to: | Be concerned if parent: |
|------------------|---|---|
| PRENATAL | <ul style="list-style-type: none"> ▪ Speak, sing or read to the baby in the womb | <ul style="list-style-type: none"> ▪ Does not interact with baby in the womb |
| POSTNATAL | <ul style="list-style-type: none"> ▪ Have a conversation with the child ▪ Label and describe child's activities, repeat what child says and expand the context of the communication ▪ Share authentic joint attention with the child – both are “talking” about the same content. ▪ Read to the child every day, even in the first few months | <ul style="list-style-type: none"> ▪ Does not speak to child ▪ Only uses functional expression, telling child what to do ▪ Encourages the child to learn language from child videos or TV instead of interaction. ▪ Does not recognize the importance of reading to child, talking to child about what is going on in child's world, etc. |

QUESTIONS YOU CAN ASK IN SUPERVISION

| | |
|------------------|--|
| PRENATAL | <ul style="list-style-type: none"> ▪ How do the parents communicate with the baby through the womb (speaking, singing, reading, etc.)? ▪ What do the parents notice about how the baby responds to this? ▪ What are the parent's strengths/challenges in this area? |
| POSTNATAL | <ul style="list-style-type: none"> ▪ What is the quality of the “conversation” between the parent and child? ▪ What is the parent's sense of “back and forth” in their communication? Give an example. ▪ How able was the parent to wait for the child's response before continuing the conversation? ▪ How does the parent support language development (cooing, talking, singing)? ▪ Does the parent narrate events to the child and label objects? Give an example. ▪ What language did you hear from the child? (coos, soft sounds, etc.) ▪ How does the parent respond to the child's vocalizations? |



EMPATHY

WHAT TO LOOK FOR DURING HOME VISITS

| | Look for the parent to: | Be concerned if parent: |
|------------------|---|---|
| PRENATAL | <ul style="list-style-type: none"> ▪ Demonstrate some awareness of how the baby might be feeling in the womb ▪ Tries to figure out what the baby may like or dislike (e.g., spicy foods, Mom sleeping in a certain position, etc.) ▪ Make lifestyle choices that benefit the baby (such as not smoking or drinking etc.) | <ul style="list-style-type: none"> ▪ Does not demonstrate an understanding of how baby might be feeling or reacting to outside stimuli ▪ States that the baby is not affected by lifestyle choices such as smoking, drugs or drinking, or continues to engage in these lifestyle choices despite the impact on the baby |
| POSTNATAL | <ul style="list-style-type: none"> ▪ Try to understand what the child is feeling or experiencing. ▪ Label their own internal feelings as well as child's feelings. ▪ Respond quickly to the child's physical needs ▪ Share a range of emotional experiences with child ▪ Accurately tell what the child likes and dislikes ▪ Check in to see if child is OK when they fall or are distressed (assist in emotion management) | <ul style="list-style-type: none"> ▪ Has limited emotional vocabulary for self and for child ▪ Allows child to fuss or cry when hungry, cold, wet, or otherwise physically dysregulated. ▪ Does not recognize when child is experiencing feelings of distress ▪ Does not notice what child likes or dislikes ▪ Does not respond when child is distressed |

QUESTIONS YOU CAN ASK IN SUPERVISION

| | |
|------------------|--|
| PRENATAL | <ul style="list-style-type: none"> ▪ How does Mom adjust her position to make the baby more comfortable? ▪ How do the parents talk about what it must be like for the baby? How do they put themselves in the baby's place? ▪ How does Mom avoid stress and take care of herself? How does the other parent support this? ▪ What do the parents think the baby will look like? What characteristics do they think the baby may have? ▪ How do the parents show awareness about the baby liking certain foods, or responding when Mom eats certain foods? ▪ What ways have the parents found to record their emotions and experiences, and speculate about the baby's experience (i.e. journaling)? ▪ What lifestyle changes have the parents made for the benefit of the baby (stopping smoking, drinking, and substance use, or making changes in diet)? ▪ What are the parent's strengths/challenges in this area? |
| POSTNATAL | <ul style="list-style-type: none"> ▪ What feelings/needs did the child express? How did they express them? How did the parent respond? |



- | | |
|--|---|
| | <ul style="list-style-type: none">▪ How do the parents show that they understand what the child was feeling and experiencing? Give an example.▪ What did the parent say/do to demonstrate they understood what the child was thinking or feeling?▪ What does the parent think about how experiences might impact the child?▪ Did the child express any distress in the visit? If so, how did the parent help them manage their emotions? How quickly did the child calm down after being upset? Is the child easy to comfort?▪ How well does the parent help the child feel safe and secure?▪ Whose needs come first, the parent's or the child's?▪ How does the parent show emotional availability to the child? |
|--|---|



RHYTHM/RECIPROCITY

WHAT TO LOOK FOR DURING HOME VISITS

| | Look for the parent to: | Be concerned if parent: |
|------------------|--|--|
| PRENATAL | <ul style="list-style-type: none"> Responds to the baby's movements in utero, taking turns with the baby in interacting | <ul style="list-style-type: none"> Complains often about the baby being an interruption to the parents' schedule or lifestyle |
| POSTNATAL | <ul style="list-style-type: none"> Follow the child's lead in choosing activities and toys Expand the interaction by adding new elements to the activity Dance with the child – there is an ebb and flow to parent-child interactions | <ul style="list-style-type: none"> Initiates most or all interactions, and expects child to follow Continues to try and engage child when child disengages Misses opportunities for mutual sharing of attention |

QUESTIONS YOU CAN ASK IN SUPERVISION

| | |
|------------------|---|
| PRENATAL | <ul style="list-style-type: none"> How do the parents respond when the baby kicks? Do the parent's pat the baby back? Are the parents interacting with the baby by playing "flashlight tag" and other fetal stimulation activities? What do they notice about the effect these activities have on fetal movement? What do they notice about what happens when they respond to the baby? What changes do they make to their efforts to stimulate the baby? What are the parent's strengths/challenges in this area? |
| POSTNATAL | <ul style="list-style-type: none"> Describe the quality of the "give and take" between parent and child (smooth versus out of sync) Who tends to initiate interactions? When the child initiates, how does the parent respond, and how promptly? When the parent initiates, how does the child respond? How much time does the parent give for the child to respond? How does the child use the parent to assist them in play? How well does the parent match interactions to the child's temperament? |



SMILES

WHAT TO LOOK FOR DURING HOME VISITS

| | Look for the parent to: | Be concerned if parent: |
|------------------|---|--|
| PRENATAL | <ul style="list-style-type: none"> Express excitement about meeting the baby Smile when speaking about the baby Refer to the baby using affectionate terms | <ul style="list-style-type: none"> Is unhappy about the pregnancy or notes that the child is unwanted Uses negative terms to describe the baby or the impact the baby will have on their lives (“this baby is going to ruin my life/marriage, etc.”) Expects the baby to resolve relationship issues with partner |
| POSTNATAL | <ul style="list-style-type: none"> Smile frequently at child and call child affectionate terms Share positive interactions parent has had with child over the past week Smile when talking about child | <ul style="list-style-type: none"> Frowns at child and calls child “it” or other judgmental names Gets angry or frustrated with child Pays little attention to child |

QUESTIONS YOU CAN ASK IN SUPERVISION

| | |
|------------------|--|
| PRENATAL | <ul style="list-style-type: none"> What feelings do the parents have about the pregnancy/new baby? How do they speak about the baby? What do they say? What is their facial expression and tone when talking about the pregnancy/new baby? What are the parent’s strengths/challenges in this area? |
| POSTNATAL | <ul style="list-style-type: none"> How much joy is there in the relationship between parent and child? How do they express/not express mutual joy? How do the parent and child connect through shared play? How did the parent mutually attend to activities with the child? Were there any smiles or other ways that joy was expressed between parent and child? |





PLANNING NEXT STEPS WITH HOME VISITORS

| GOAL | QUESTION(S) YOU CAN ASK IN SUPERVISION |
|---|---|
| PROMOTE STRENGTHS | <ul style="list-style-type: none"> In what domain of CHEERS did the parents demonstrate strengths? How did you promote this with ATPs using all 3 Steps? If you didn't promote it, how could you promote it at the next visit and how would you deliver the ATP using all 3 steps? <p><i>Tip: Let the home visitor demonstrate the ATP to you; provide coaching on using behaviorally specific affirmations for Step 2 and including an impact statement for Step 3, if needed.</i></p> |
| ADDRESS CONCERNS/AREAS FOR IMPROVEMENT | <ul style="list-style-type: none"> In what domains of CHEERS did the parent experience challenges? What do you think was happening for the parent? What might have been happening for the child? How did you address the concerns you observed? If you didn't address them what was the reason? If you could select 1 CHEERS domain to address at the next visit what would it be and what is your reason? (<i>If the parent exhibits challenges with multiple domains, building their strengths and skills related to Empathy and Smiles may positively impact all domains</i>) Were there times when the parent's behavior might be intrusive to the child or frightening? If so, was the parent's behavior disagreeable (a matter of personal preference and values) or unacceptable (placing the baby in danger)?³ |
| PLAN & PARTNER | <ul style="list-style-type: none"> How do you plan to address the CHEERS domain(s) you selected at the next visit using Reflective Strategies, Curriculum or other Resources & Referrals? How do you plan to present the Reflective Strategy, Curriculum or Resource/Referral you want to share with the parent? <p><i>Tip: If the home visitor selected a Reflective Strategy, help them review all the steps and practice how they would use the strategy with the family, providing coaching as needed and ensuring that each step of the strategy selected is delivered effectively.</i></p> <ul style="list-style-type: none"> Your two most recent visits with this family focused on the same domains. Can we talk about how you might be able to expand your CHEERS observations to the other domains? How could you partner with the parent around skill building in the domain you're selecting to address at the next visit?⁴ |

⁴ **Safety:** If disagreeable, you and the home visitor can strategize ways to address this issue, with the goal of keeping the disagreeable behavior 'discussable.' If unacceptable, follow your program's guidelines regarding the reporting of child abuse and neglect.

⁵ Please reference CHEERS materials for parents in the Home Visitor section of this handbook



- How have the interventions you've tried worked—what has it looked like when you've been able to partner with the parent?
- How do you think the parent's CHEERS related strengths and areas for growth have changed over time?



HOW SUPERVISORS CAN USE REFLECTIVE STRATEGIES TO PROMOTE & ADDRESS CHEERS



| STRATEGY | WHEN TO USE | HOW TO USE (EXAMPLES) | HOW TO DOCUMENT (EXAMPLES) |
|-------------|--|---|--|
| ATP | The home visitor demonstrates a strength regarding CHEERS | <p><i>Ex: The home visitor promoted or addressed CHEERS using an appropriate Reflective Strategy and all the steps were accurately followed.</i></p> <p>1. Observe: <i>You saw in the HV narrative that the home visitor promoted CHEERS using an ATP</i> 2. Affirm: <i>"Wow, I see that you ATP'd Dad and used all the steps!"</i> 3. Impact: <i>"It seems like that has started to build Dad's confidence in his parenting."</i></p> | <i>"Supervisor ATP'd home visitor's use of an ATP with Dad to promote CHEERS at the last home visit noting that home visitor used all 3 steps of the ATP correctly."</i> |
| SATP | The home visitor made improvement in an area of CHEERS where they previously struggled | <p><i>Ex: The home visitor used Facts to describe CHEERS in a domain where they previously leaned towards Interpretations.</i></p> <p>1. Behavior you want to see more of: <i>Home visitor using Facts instead of Interpretations when describing PCI in supervision</i> 2. Observe: <i>You noticed the home visitor use facts to describe a CHEERS domain instead of interpretation</i></p> | <i>"Supervisor SATP'd home visitor's use of Facts instead of Interpretations to describe Cues this week in supervision."</i> |



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| | | <p>3. Affirm: <i>“I see that you used objective facts to describe the cues domain of CHEERS!”</i></p> <p>4. Impact: <i>“That helped me get a clearer, objective picture of the home visit.”</i></p> | |
| EXPLORE & WONDER | <p>The home visitor missed a parent or baby’s cue during a home visit OR the home visitor is lacking empathy for the parent OR the home visitor is struggling to see how the parents’ trauma might be impacting their response to the child.</p> | <p><i>Ex: The home visitor criticizes a mom who didn’t pick up a toddler who fell and skinned a knee at the park. The home visitor mentions that Mom and Dad had just had a fight and Mom looked sad.</i></p> <p>1. State missed cue: <i>“You mentioned that Mom looked sad after the fight with Dad and also didn’t pick up Austen after Austen fell.”</i></p> <p>2. Ask what home visitor think behavior means: <i>“What do you think might have been going on for Mom?”</i></p> <p>3. Share what you think behavior means: <i>“I wonder if Mom was preoccupied and sad about the fight which impacted her ability to respond to Austen.</i></p> <p>4. Ask what home visitor thinks: <i>“What do you think?”</i></p> <p>5. Ask if home visitor would be willing to try another response: <i>“I’m wondering if this was an opportunity to use Feel, Name, Tame to help Mom self-regulate?”</i></p> | <p><i>“Supervisor used Explore and Wonder to assist the home visitor in considering how Mom’s stressors might have impacted her ability to respond sensitively to her toddler who had fallen at the park.”</i></p> |



| | | | |
|------------------------------|--|---|---|
| FEEL, NAME, TAME | <p>The home visitor demonstrated a strong feeling towards the parent or child regarding the PCI they observed (positive or negative).</p> | <p><i>Ex: The home visitor said, while frowning and folding arms, “Mom just kept letting the baby cry. I don’t know what she was thinking. I was thinking to myself ‘hello, don’t you hear your baby crying!’”</i></p> <p>1. Observe: <i>you noticed the home visitor’s frown and folded arms</i></p> <p>2. Explore: <i>“I noticed you frowned and folded your arms when you mentioned that Mom let the baby cry. How did that make you feel?” (PAUSE so home visitor can reflect and respond)</i></p> <p>3. Share your thoughts: <i>(If home visitor couldn’t name a feeling) “I’m wondering if you felt frustrated with Mom?”</i></p> <p>4. Validate: <i>“That must have been hard to watch.”</i></p> | <p><i>“Supervisor used Feel, Name, Tame to assist home visitor in expressing her frustration with Mom who did not pick up the baby when he cried at the last home visit.”</i></p> |
| SOLUTION FOCUSED TALK | <p>The home visitor presents you with a problem they are having with the family regarding PCI OR you see an issue you want to explore or learn more about as a supervisor.</p> | <p><i>Ex: The home visitor notes that she has expressed to Mom the importance of reading and talking to the child at every home visit to promote Expression and Mom still won’t read or talk to the child consistently.</i></p> <p>Ask open ended questions (who, what, when, where, how): <i>“What are some reasons you think Mom doesn’t read or talk to child?”, “How did you present the information to Mom about</i></p> | <p><i>“Supervisor used Solution Focused Talk to address family’s challenges with Expression, exploring what might be getting in the way and possible solutions.”</i></p> |



| | | | |
|--------------------------------|--|---|---|
| | | <p><i>the importance of reading and talking to the child?” and “When was the last time you had this discussion with Mom?”</i></p> | |
| NORMALIZING | <p>The home visitor has a belief about PCI that is not evidence-based.</p> | <p><i>Ex: The home visitor mentioned that Dad let the baby cry for an hour in the visit but the home visitor thought it was fine because “babies need to learn to be independent.”</i></p> <p>1. Identify the concerning belief: <i>Home visitor believes babies should cry it out to learn independence</i></p> <p>2. Normalize: <i>“A lot of people think letting a baby “cry it out” teaches them to be independent and learn to self-soothe.</i></p> <p>3. Share research: <i>“Research shows that under age one, letting a baby ‘cry it out’ actually impairs their ability to self soothe, releases stress hormones and gets in the way of developing trust.”</i></p> <p>4. Check in: <i>“What do you think?”</i></p> | <p><i>“Home visitor noted that she agreed with Dad allowing the baby to cry for an hour at the last visit without picking him up. Supervisor used Normalizing to share some research around why Healthy Families does not endorse letting babies ‘cry it out’.”</i></p> |
| MINDFUL SELF REGULATION | <p>The supervisor gets dysregulated during a supervision.</p> | <p><i>Ex: The supervisor feels frustrated with a home visitor who didn’t address a serious PCI related safety concern in a home visit for the 2nd time this week after the first incident was already discussed.</i></p> <p>1. Observe your internal responses: <i>Your face feels flushed when home visitor mentions the safety concern she</i></p> | <p>No need to document in the supervision note</p> |



| | | | |
|--|--|---|--|
| | | <p><i>did not address. You notice you are feeling frustrated.</i></p> <p>2. Implement a self-care response: <i>You take 2 deep breaths and sip some water.</i></p> <p>3. Return attention to home visitor: <i>You return your attention to supervision and address the concern.</i></p> | |
|--|--|---|--|



GUIDELINES FOR DOCUMENTING CHEERS

DISCUSSION IN SUPERVISION NOTES

WHAT TO DOCUMENT⁵

DOCUMENTATION EXAMPLES

Your exploration of the CHEERS domains and how you got a fuller picture of what PCI looked like in the home visit

“Supervisor explored each CHEERS domain using open ended questions. Supervisor focused on Cues and Holding, exploring what these domains looked like in the home visit and helping the home visitor differentiate between Facts, Feelings and Interpretations”

How you helped the home visitor assess CHEERS, promote strengths and address concerns related to CHEERS, plan for the next home visit and partner with the caregiver(s) regarding CHEERS

“Supervisor explored how home visitor addressed CHEERS using SATPs and curriculum on language development. Supervisor and FSS will follow up with Child Development Specialist around possible referrals and other next steps.”

“Supervisor assisted home visitor in planning for the next visit by having them select 1 area of CHEERS to promote and 1 area to address. Supervisor reviewed how home visitor could use the CHEERS For Parents Worksheet to partner with parents around areas to address.”

“Supervisor role-played how home visitor would use Explore and Wonder to address missed cues at the next home visit.”

Your use of reflective supervision as it relates to CHEERS discussion

“Supervisor used Feel, Name, Tame with home visitor when she displayed frustration and anxiety about Mom letting baby ‘cry it out’”

“Supervisor used Solution Focused talk to strategize ways to increase the possibility that visits will occur when baby is awake or home.”

“Supervisor held space for home visitor to express frustration with her perception of parents’ lack of empathy towards baby this week.”

Any documentation review of CHEERS you conducted for the home visitor that you provided feedback on in supervision

“Supervisor noted FSS has documented the same 2 domains for this family for the past 2 home visits (Cues and Empathy). Explored challenges to documenting other domains and developed a plan for FSS to focus on R&R and Smiles during the next visit.”

“Supervisor and FSS reviewed CHEERS documentation and discussed how FSS could change subjective statements into objective ones.”

⁷ Please reference the “[Supervision Note Guidelines](#)” on the HFNY website for a broader picture of how to document supervision. Your documentation focuses on what happened in supervision between you and the home visitor; you do not need to summarize the home visitor’s observations. It is also helpful to reference the HFA Best Practice Standards for specific policy and documentation requirements related to CHEERS.





CHEERS REVIEW GUIDE

FOR SUPERVISORS

This guide is designed to help Supervisors assure quality when reviewing home visitors' CHEERS documentation. If you need additional assistance, please contact your program's FSS QA Specialist from PCANY.

Documentation of Postnatal CHEERS:

- _____ The home visitor documents their observations in at least 2 domains of CHEERS. If the target child is absent or asleep for the entire visit, or present for less than half of the visit, the home visitor is still required to document CHEERS using the parent's report.
- _____ The home visitor documents anything else that stood out for them regarding parent-child interaction during the visit that they wanted to capture. This may include strengths or concerns that don't fit into the CHEERS construct for documenting (***using the box is optional***)
- _____ The examples documented in the 2 selected domains are unique and represent the home visitor's overall impression of the PCI. *Documented examples may represent different aspects of one activity, or can be drawn from multiple activities.*
- _____ Examples in each domain detail the interaction between one parent and one child. *When the child initiates an interaction (for instance by crying), the home visitor documents the parent's response to the child, or lack of it, and (ideally) the child's response to the parent's intervention, showing the full circuit of the interaction. When the parent initiates an interaction (for instance, starting a game), the home visitor documents the child's response, or lack of it, and (ideally) the parent's response to the child.*
- _____ For Level 1 and 2 families where both parents are present: the home visitor documents the CHEERS observation for one parent only, or (optionally) includes two sets of observations, one for each parent. *The home visitor does **not** document a mix of observations, with some domains focused on one parent and some focused on the other.*
- _____ The home visitor notes the overall frequency of the type of interaction using one of three phrases available in the drop-down menu: "This represents most of the visit," "This represents all of the visit" or "This represents half of the visit." In the latter case, give an example for each "half."
- _____ The home visitor's documentation is objective, including only the facts (what they saw or heard and direct quotes). *It does **not** include, either subtly or directly, the home visitor's subjective reactions to, interpretations of, or opinions about the family and their behavior.*



- _____ The CHEERS observation is neutral; the home visitor observes for and documents whatever parental strengths and/or challenges present themselves, rather than strengths only. *For this reason, whenever the home visitor completes the CHEERS observation, “Not observed” does not apply.*
- _____ The home visitor documents the interaction observed between the parent and child only, **not** the home visitor’s interventions, which are documented elsewhere.
- _____ For Level 3 and 4 families where both parents are present: the home visitor documents two sets of CHEERS observations, with a separate example for each parent in each CHEERS domain.

Documentation of Prenatal CHEERS

- _____ The home visitor documents any one CHEERS domain for prenatal families at 24-30 weeks, and any two CHEERS domains for prenatal families at 31 weeks or more. *Documenting frequency is not required for prenatal CHEERS. Where both parents are present, the documentation can include both parents (optionally), as long as the documentation requirement for one parent is also met. Where documentation is completed for both parents prenatally, the domains documented can be the same or different for each parent. For instance, for a family at 31 weeks where both parents are present, the home visitor can document Expression and Smiles for Mom and Cues and Smiles for the other parent.*
- _____ The home visitor documents their direct observations of the parents and/or the parent’s own reporting of events that occurred outside of the home visit. *For the latter, an example of Expression: Mom smiled and said baby was kicking during the night. She stated she talked to him, saying, “Hello baby. Are you a night owl like mommy?”*

Documentation of Parent Report of CHEERS

- _____ When a child is asleep or absent for an entire visit, the home visitor documents their direct observations of the parent’s own reporting of events that occurred outside of the home visit. *Documenting frequency is not required for CHEERS documented using Parent Report. For instance, an example of Smiles: Dad said he learned that his child thinks he’s really funny. He described talking in a silly voice and how child laughed each time.*



Reflective Strategies: used to Promote or Address PCI/CHEERS

_____ The home visitor documents use of an ATP (Accentuating the Positives) to promote the parental strengths and skills they observed during the CHEERS observation.

- *Because ATPs are the designated method for promoting strengths related to CHEERS, home visitors are expected to deliver at least one ATP to promote CHEERS-related strengths whenever they conduct a CHEERS observation.*
- *The home visitor is only required to document the reason the ATP was delivered; they do **not** need to document the content of the ATP. For example: “Used ATP when Mom understood from his cues that TC wanted to breastfeed.”*
- *Use of ATPs for other purposes is documented elsewhere. For instance, ATP-ing a parent for progress on a goal is documented in the FGP section of the home visit narrative.*

_____ The home visitor documents the use of any of the other Reflective Strategies to address Concerns/areas for improvement related to the CHEERS observation. These include: S-ATP, Explore & Wonder, Feel: Name & Tame, Normalizing, and Solution-focused Talk.

- *The home visitor does **not** document the use of Reflective Strategies for other purposes in this section. For instance, using Solution-focused Talk to gain information about a parent’s mental health issues would be documented in the “Family Functioning/Self-Sufficiency/Crisis Intervention” section.*
- *Unlike ATPs, there is no guideline for how often other Reflective Strategies should be used.*
- *Additional means of addressing CHEERS-related concerns include: referrals, offering resources, and use of curriculum, all of which are documented in their respective sections.*
- *Expressing curiosity does not constitute “Explore & Wonder,” and saying that something is “normal” is not the same as using the Reflective Strategy “Normalizing.” Refer to the handout “Reflective Strategies at a Glance” for a review of the required steps for each Reflective Strategy.*



NEXT STEPS FOR PROFESSIONAL DEVELOPMENT

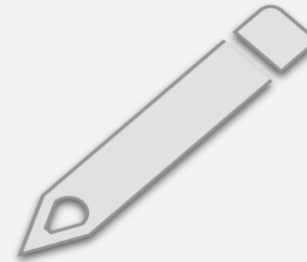
FIND RESOURCES TO CONTINUE YOUR PROFESSIONAL DEVELOPMENT RELATED TO CHEERS BY CLICKING ON THE BUTTONS BELOW



**HFA Best
Practice
Standard #6**



**PCANY In-
Service
Trainings**



**Transfer of
Learning
Activities**



**Transfer of
Learning
Resources**



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Resources**

