

## CHEERS Frequently Asked Questions:

### 1. **Can you write CHEERS in a narrative?**

- a. Writing CHEERS in a narrative makes it difficult to be sure that all 3 parts of a CHEERS description is complete. We recommend writing CHEERS individually (not in narrative form).
- b. The three (3) parts include 1) what does baby do? 2) How does parent respond? When appropriate, include the baby's response to parent, and 3) frequency of the visit. When possible, it is helpful to describe how baby responds to parent's response. How baby and parent interact may be recorded in any order. For example, that parent may do something the baby responds to.
- c. The areas included in CHEERS are specifically related to attachment and the quality of the relationship. While a summary of an interaction written in narrative form may be a more comfortable or familiar way to describe what happened, it is harder for home visitors, supervisors and peer reviewers to be certain that all areas of the parent-child interaction included in CHEERS are being observed, assessed and addressed.
- d. In order to be in adherence with *Standards 6-5*, it is necessary to document CHEERS in the format described in Integrated Strategies for Home visitors, listing out the letter for each area of CHEERS and documenting an example for each.

### 2. **What happens if the baby is asleep?**

- a. CHEERS does not need to be documented when the baby is asleep (which happens frequently for infants during the 1<sup>st</sup> few months of life).
- b. When observing older infants, toddlers and preschool children, it might make sense to change your time for the home visit if baby is always asleep.

### 3. **How much documentation do you need for each item for post-natal CHEERS?**

- a. Documentation requires at least 1 example for each of the 6 CHEERS components.
- b. You may write more than 1 example if you are seeing conflicting responses or if frequency of observations includes equal parts of responsive and not so responsive interactions.

### 4. **What if you see the parent do something once that you've never seen before? Shouldn't that be documented?**

- a. It should. You can document either within the CHEERS documentation or you can note it in your narrative.
- b. Either way, you may want to be curious about what you saw and perhaps use Problem Talk to learn more.
- c. Be sure to discuss this with your supervisor!

### 5. **How do you document CHEERS for twins or subsequent births?**

- a. If it is possible to observe for and document CHEERS for both infants during the same visit, that would be ideal.
- b. For families on Level 1 and 2 it might make sense to document CHEERS for 1 child during 1 week, and CHEERS for the 2<sup>nd</sup> child during the next week.

- c. For families on Level 3, CHEERS should be pretty positive for both children, so documenting for both children should be doable.

**6. When both parents are home, how do you document CHEERS?**

- a. CHEERS observations are specific to a dyad just like attachment patterns. When both parents are present for the visit, you can write a CHEERS for each parent or you can alternate visits for families on Level 1 and Level 2. For parents on Level 3 or 4, you would want to document for each parent.
- b. When writing CHEERS for each parent you can include an example for mom and an example for dad within each of the items *OR* write them out separately.
- c. CHEERS documentation may illustrate different types of interaction for each parent.

**7. What do the peers look for when reviewing cheers?**

- a. There are now 5 standards addressing CHEERS documentation and practice (see 6-5 *Best Practice Standards*).
- b. *Assessing CHEERS*: Peers will look to see that there is a specific item documented for each component of CHEERS post-natally.
  - i. Note: All CHEERS items should not be positive.
  - ii. Prenatal 24 to 30 weeks: They will look for 1 CHEERS domains
  - iii. Prenatal 31 weeks or over: They will look for 2 CHEERS domains
- c. *Promoting CHEERS*: Peers will look to see whether ATP was used to support parent-child interactions!
- d. *Addressing CHEERS*: Peers will look to see whether any of the CHEERS components was identified as a potential growth item for parents. They will expect to see any of the other Reflective Strategies to be used *or* a curriculum/handout, etc.
- e. *Discussing CHEERS* in supervision: Peers will look for documentation indicating planning conversations related to CHEERS in supervision notes.

**8. Some of the CHEERS components seem very similar, like Cues and Rhythm/Reciprocity, can I write the same thing for more than one area if it fits?**

- a. CHEERS is an observation tool similar to the ASQ screening process. While there are 5 developmental domains in the ASQ (communication, gross motor, fine motor, problem solving and personal-social), they all interact together. For example, reading a book to a child includes 4 different domains (communication, fine motor, problem solving & personal-social). It is hard to choose the most important domain connected to the activity (communication).
- b. The same is true for CHEERS. All 6 items interact together. Therefore, it is important to select a different example for each CHEERS component (note: it can be the same activity as long as there are different examples for each of the CHEERS domains).

**9. CHEERS is used to identify and document areas of concerns. Isn't HFA a strength-based program model? It feels contradictory to focus on areas of concerns rather than the strengths.**

- a. Being strength-based includes honesty - meaning that we do not ignore any concerns that we have when observing parent-child interactions. In order to accurately assess, it is necessary to document facts. There will be times where the facts documented in

CHEERS illustrate a concern in one or more areas of the interaction. In many cases, CHEERS will also capture the strengths the home visitor has observed.

- b. When addressing concerns, home visitors will use strength-based practices, such as reflective strategies, to support parents and promote attachment, thereby building on parental competencies.
- c. In only documenting the strengths (whether in an effort to be strength-based or because of a discomfort in identifying challenges in families), home visitors remove both functions of CHEERS (to assess and address).
- d. It is not possible to assess the quality of a parent-child interaction if concerns are not documented. Additionally, it is not possible to address concerns in the parent-child relationship if we do not acknowledge them.

**10. If we are only documenting “Most of Visit” or “All of Visit,” why do we have to write that at all?**

There may be some instances that observations might also include some of the visit or half of the visit. Being able to determine the frequency of the visit allows staff to more clearly identify areas for building on parental strengths and both promoting and addressing parent-child interactions.

**11. Are there any video examples of parent-child interactions with toddlers and preschoolers?**

- a. Using video examples is a great way to practice CHEERS documentation, either in supervision or at a team meeting. Some programs have videos available of parents and children interacting that can be used for this purpose. It is also helpful to search YouTube for videos with parents and children of the ages your program serves. While typically much shorter than a home visit, these videos can help support observation and documentation skills.
- b. Here are some examples with toddlers and preschoolers:
  - i. tooth-brushing: <https://www.youtube.com/watch?v=ISAOBXvWgOg>
  - ii. playing: <https://www.youtube.com/watch?v=n8gFxEN0yR0>
- c. Documentation of CHEERS with older children looks slightly different than with babies. In the area of Cues, older children are often more verbal and there may be fewer examples of the kinds of non-verbal cues documented for infants. Toddler and preschool Cues will include both verbal and non-verbal cues, and the parents’ response to these cues would be documented as well. Holding for infants may represent actual holding of the child, but for older children this would not be expected. It helps to remember that Holding includes all kinds of physical touch, the quality of the touch, the parents’ proximity to the child, and whether or not the child’s needs for physical touch are being met. CHEERS is designed to work with children across the age span served by Healthy Families, and home visitors are encouraged to consider child development in considering examples for each area of CHEERS

