

2016 Best Practices Conference

The 'Spirit' of the Family Spirit Program



Doris Sloan MPH Community Outreach Manager Consolidated Tribal Health Project

Sherron Prosser MSN(c) Outreach Director/PHN Northern Valley Indian Health



Family

Promoting
Maternal
and Early
Child Health

SPiRiT[®]

PROGRAM OVERVIEW



Family Spirit Intervention



Home-Based Outreach



Family Involvement



Structured, home-based curriculum taught by AI Home Visitors to young mothers from pregnancy – 36 mos post-partum



Community Referrals



Program Aims

1. Increase parenting knowledge and skills;
2. Address maternal psychosocial risks that could interfere with positive child-rearing (drug and alcohol use; depression; low education and employment; domestic violence problems);
3. Promote optimal physical, cognitive, social/emotional development for children from ages 0 to 3;
4. Prepare children for early school success;
5. Ensure children get recommended well-child visits and health care;
6. Link families to community services to address specific needs; and
7. Promote parents' and children's life skills and behavioral outcomes across the life span.



Program History

SOS Project:

- * service
- * teen Moms, babies
- * prenatal-6 months post partum
(160 Moms served)

1998-1999

1995

Fathers Project:

- * service
- * curriculum to address needs of young Dads
(55 Dads; 62 Moms served)

Family Strengthening:

- * teen Moms/Dads
- * prenatal to baby's 6 month birthday
- * RCT evaluation Moms/Dads
(48 Dads/68 Moms served)

1999-2001

Family Spirit:

- * teen Moms/Dads
- * prenatal to baby's 12 month birthday
- * RCT evaluation Moms/Dads
(75 Dads/166 Moms served)

2002-2005

Cradling Our Future:

- * teen Moms
- * 28 weeks gestation-baby's 3rd birthday
- * RCT evaluation Moms
(322 Moms/kids enrolled)

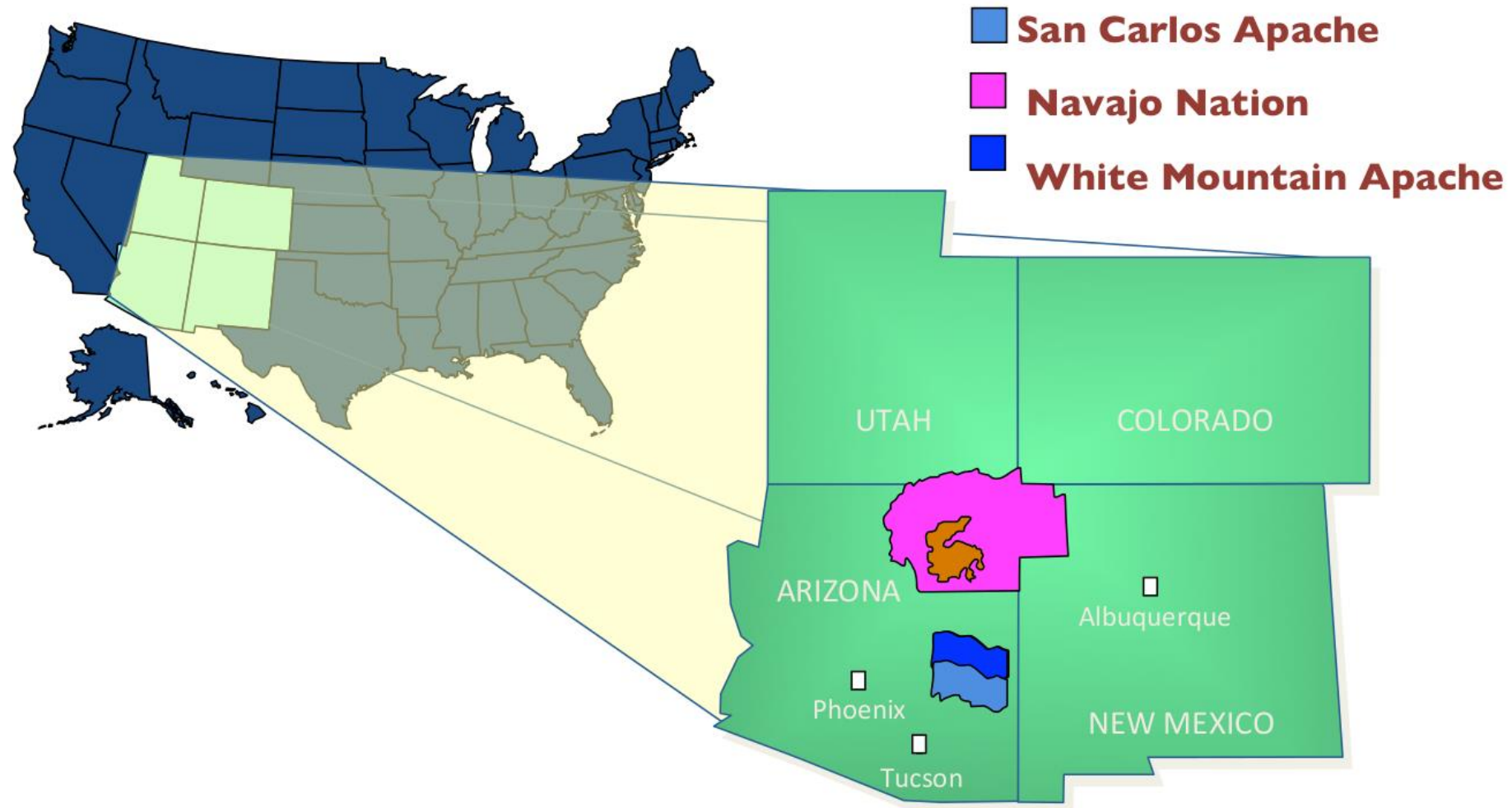
2005

Return to Service: Program Replication

- * Replication sites all over the country
- * Trainings scheduled throughout the year

2006-Present

Development Sites



Family Spirit Impact – Preg to Age 3 (Postpartum)



PARENTING

- Increased maternal knowledge^{1,2,3,4}
- Increased parent self-efficacy^{3,4}
- Reduced parent stress^{2,4}
- Improved home safety attitudes³

MATERNAL OUTCOMES

- Decreased maternal depression.^{1,2,4}
- Decreased substance use⁴
- Fewer behavior problems in mothers.^{3,4}

CHILD OUTCOMES

- Fewer behavior problems in children through age 3.^{2, 3, 4}
(Externalizing, Internalizing and Dysregulation)
 - ✓ Predicts lower risk of substance use and behavior health problems over life course



Curriculum Overview





Curriculum Components

The FS Curriculum consists of 6 modules (63 lessons)

- Module 1: Prenatal Care (9 lessons)
- Module 2: Infant Care (16 lessons)
- Module 3: Your Growing Child (11 lessons)
- Module 4: Toddler Care (9 lessons)
- Module 5: My Family and Me (6 lessons)
- Module 6: Healthy Living (12 lessons)
- Based on principles of home-visiting and guidelines from the American Academy of Pediatrics
- Extensively reviewed and revised by local staff and community members

Lesson Administration

- Delivery
 - One-on-one (home-based)
 - Group sessions
- Schedule
 - **Sequentially:** Recruit mother at 28 weeks gestation or earlier and serve through the baby's 3rd birthday
 - **Independently:** Select lessons based on participant needs and wants





Parts of a Lesson

Each lesson consists of 4 parts:

- **Lesson Plan:** Provides a detailed description of how to teach the lesson
 - *Grouped together in the curriculum box as booklets with each module*
- **Lesson:** Actual lesson content taught to the participant
 - *Divided by module in the curriculum box*
- **Reference Manual:** In-depth information about various topics in each lesson, including a bibliography and glossary of terms
 - *Separated from the lesson modules in the curriculum box*
- **Participant Workbook:** Handouts and worksheets for participants to reinforce key teaching points
 - *One sample workbook is included in each curriculum box; additional workbooks are available for purchase*

Lesson Presentation

What participant sees:



What CHR sees:



Required Data for Replication Sites



- Replication sites are required to report basic process measures to Johns Hopkins on a quarterly basis
- All evaluation tools are made available to replication sites, but it is not necessary to use all of them
- Family Spirit IHS CHR sites will utilize the following forms to collect process data and track outcomes and screening:

Process Measures	Outcome and Screening Measures
<ul style="list-style-type: none">• IHS PCC Form• Quality Assurance Form	<ul style="list-style-type: none">• Independent Knowledge Assessments• Comprehensive Knowledge Assessments• Depression Scale: PHQ-9• Child Development Screen: ASQ• Alcohol and Drug Use Questions: AUDIT



Replication Phases

PLANNING

- Introductory Webinar
- Readiness/Evaluation Tools
- Online Knowledge Assessments
- Pre-Training Calls

TRAINING

- Rigorous week-long training
- Focus on curriculum content/delivery
- Evaluation Training
- FS Certification

IMPLEMENTATION

- Post-Training Calls
- Quarterly Check-Ins
- FS Connect Opportunities



Supervisor Training Program Certification



Pre-Training

- 1- hour pre-training call
- Complete online Knowledge Assessments at 100%

Training

- Attend week-long training with CHRs
- During role play, achieve a 3 or higher (“Level of Mastery”) on Quality Assurance Form

Post-Training

- Within 4- 6 months:
 - Use QA Form on at least 3 home visits
 - Pass Comprehensive Knowledge Assessment at 100%
 - Participate in videoconference (Role Play, FS In-Service Presentation)
- Submit quarterly reports



QUESTIONS?



Email: familyspirit@jhu.edu

Johns Hopkins Center for American
Indian Health

415 N. Washington St.

4th Floor

Baltimore, MD 21231

Sharing Family Spirit In Our Communities





Contact Information

DORIS SLOAN

- Community Outreach Manager
- Consolidated Tribal Health Project
- dsloan@cthp.org



SHERRON PROSSER

- Outreach Director/Public Health Nurse
- Northern Valley Indian Health
- sprosser@nvih.org

