



Family

Promoting
Maternal
and Early
Child Health

SPIRIT[®]



- **Allison Barlow, MA, MPH, PhD and Jennifer Richards, MPH**
2015 IHS National Combined Council Winter Meeting
Thursday, January 29, 2015

Presenters



Allison Barlow, MA, MPH, PhD

Director, Behavioral Health Programs
Johns Hopkins Center for American Indian Health



Jennifer Richards, MPH

Senior Trainer/Affiliate Liaison, Family Spirit Program
Johns Hopkins Center for American Indian Health

Learning Objectives

1. Understand CBPR strategies used for the development of Family Spirit
2. Understand CBPR strategies used in Family Spirit implementation
3. Explore lessons learned during Family Spirit program development
4. Discuss program sustainability and next steps

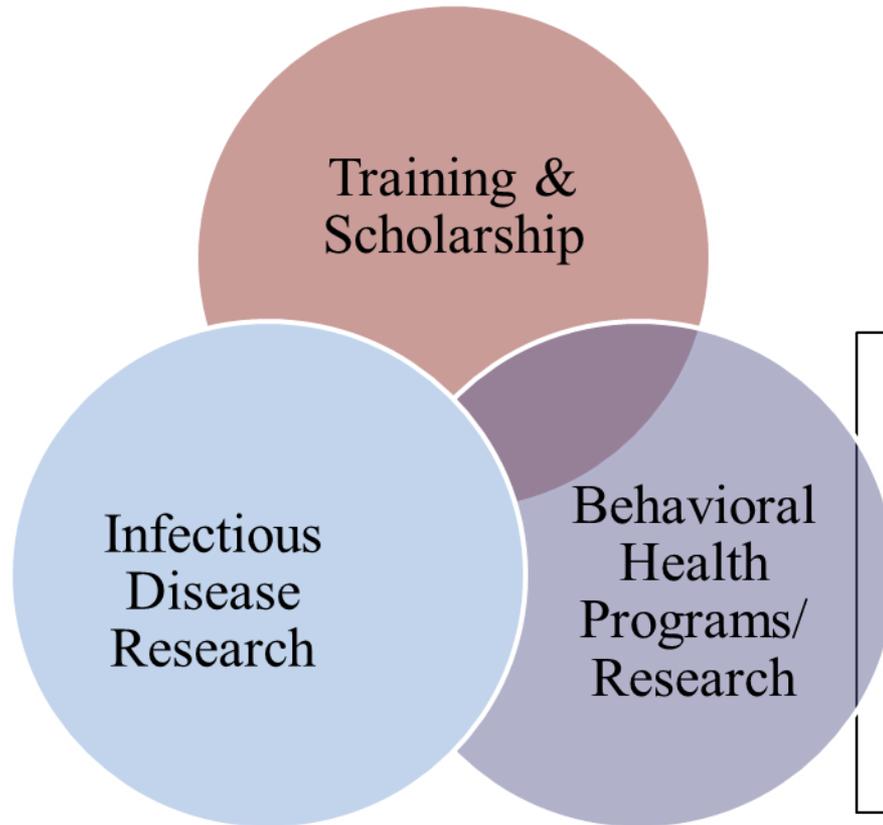


Johns Hopkins Center for American Indian Health



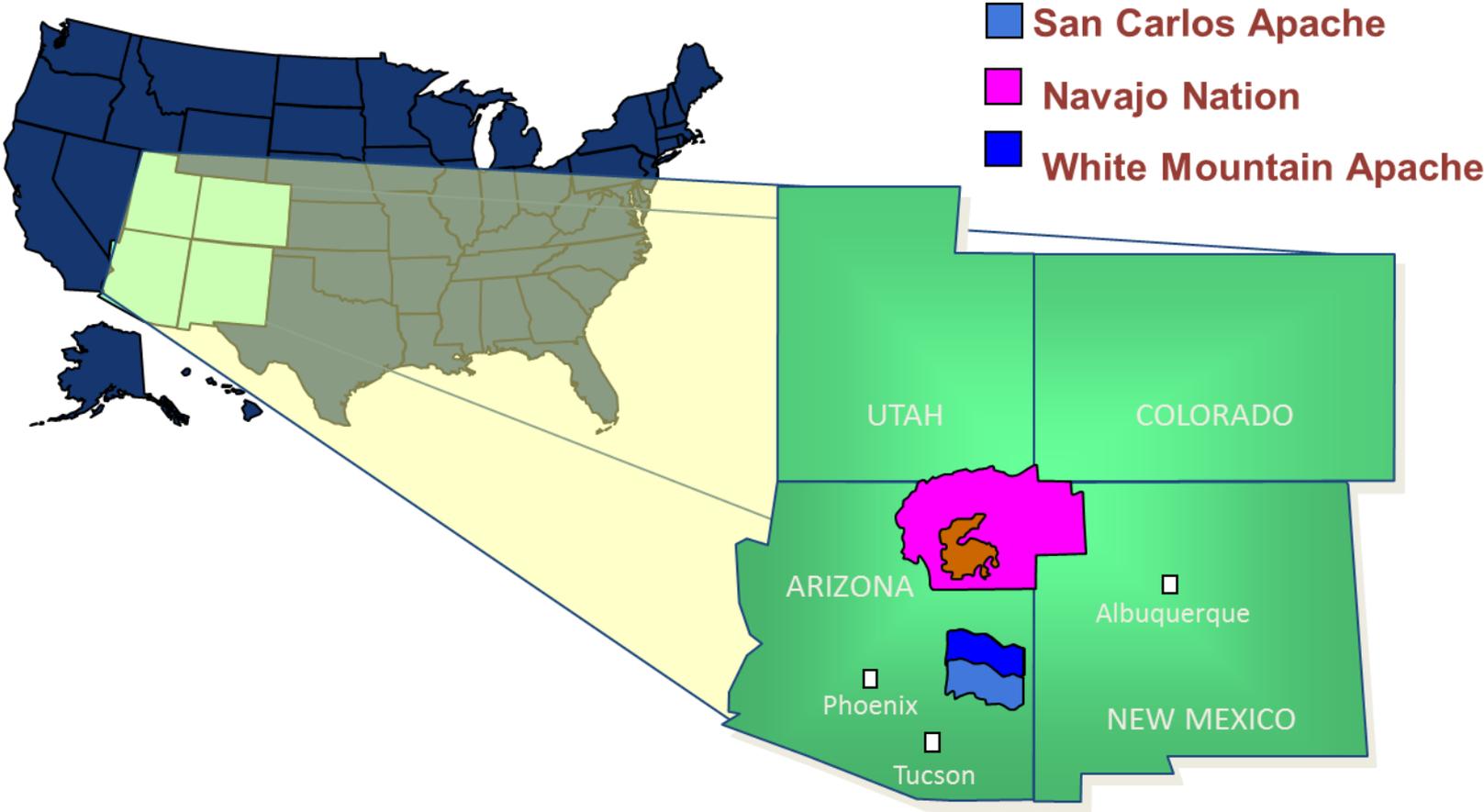
Mission: To work in partnership with American Indian and Alaska Native communities to raise AI/AN health status, self-sufficiency and health leadership of AI/AN people to the highest possible level.

Johns Hopkins Center for American Indian Health



- *Family Spirit – family/parent strengthening*
- Substance abuse prevention
- Suicide and depression prevention
- HIV prevention
- Nutrition promotion
- Diabetes Prevention
- Youth Development

30+ Year History with Southwest Tribal Communities



Family Spirit Program History

SOS Project:

- * Service
 - * teen Moms, babies
 - * prenatal-6 months postpartum
- (160 Moms served)

1998-1999

Family Strengthening:

- * Teen Moms/Dads
 - * Prenatal to baby's 6 month postpartum
 - * RCT evaluation Moms/Dads
- (48 Dads/68 Moms served)

2002-2005

Cradling Our Future:

- * Teen Moms
 - * 28 weeks gestation-36 most postpartum
 - * RCT evaluation Moms
- (322 Moms/kids enrolled)

2006-Present

1995

Fathers Project:

- * Service
 - * Curriculum to address needs of young Dads
- (55 Dads/62 Moms served)

1999-2001

Family Spirit:

- * Teen Moms/Dads
 - * prenatal to 12 months postpartum
 - * RCT evaluation Moms/Dads
- (75 Dads/166 Moms served)

2005

Return to Service: Program Replication

- * 39+ tribal communities in US
- * Trainings scheduled throughout the year

Getting Started: CBPR Process

- Community Advisory Boards
 - Guided formative work
 - Ongoing input for intervention/evaluation
- Hired/trained paraprofessionals for:
 - Formative development
 - Home visitors
 - Evaluators
- Formative development
 - In-depth interviews – teen parents, grandparents, healers, providers (n=135)
 - Roundtables (n=6 per community, 24 total)
- Regular Tribal Health Board and Tribal Council review and input



Needs: Where to begin?

- >46% of AI women begin child-bearing in adolescence
- AI adolescents have highest drug use and other behavioral disparities in US
- Rural, isolated, highly mobile
- Major barriers to health care and health/parenting education
- Historical/cultural loss amplifies family and community risk factors for drug use and negative parenting
- Children are sacred



What is happening?

A downward trajectory...

Poor parenting in
early childhood

Poor school readiness

Drop-out

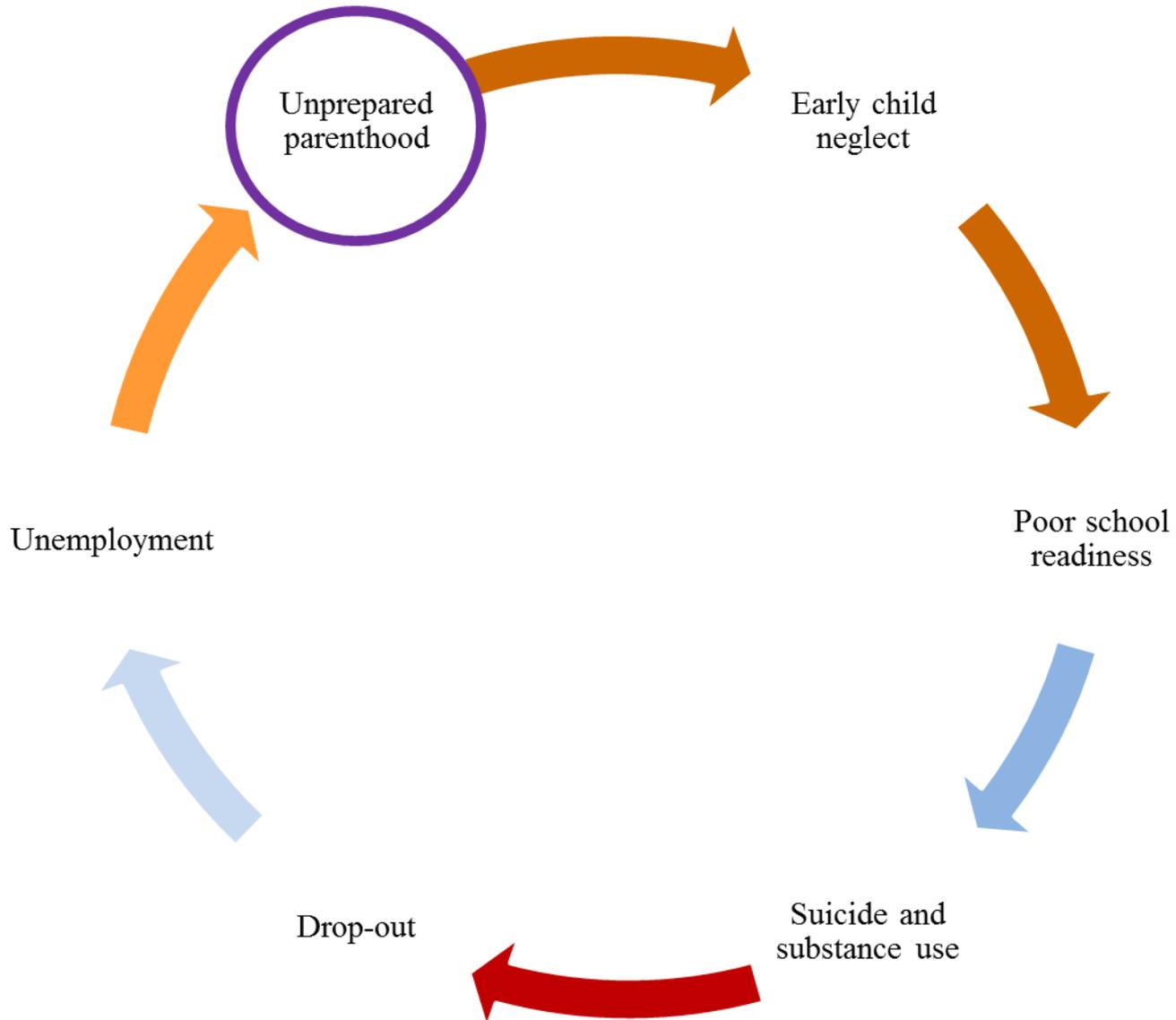
Unemployment

Suicide and
substance use behavior

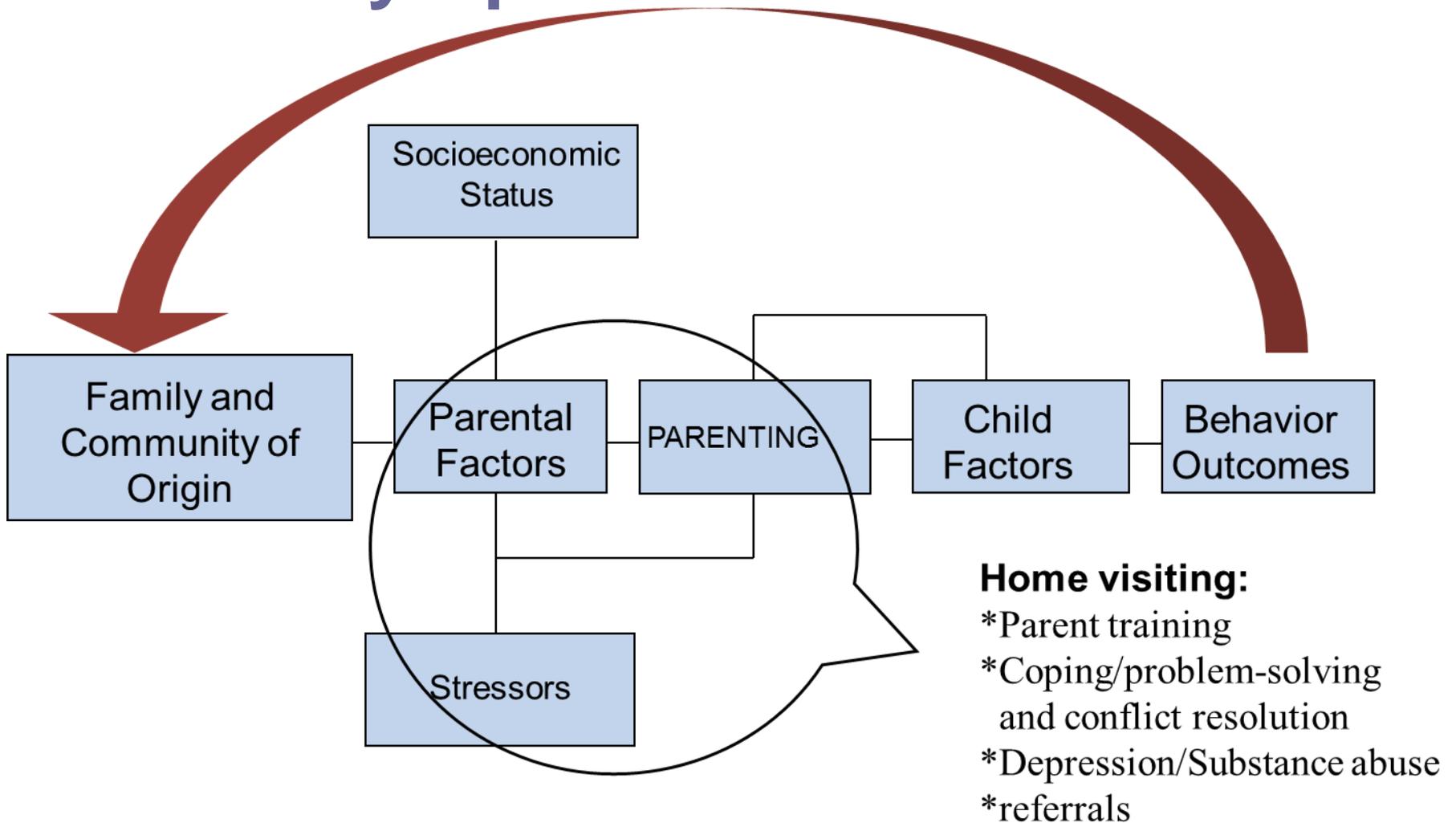
Unplanned
pregnancies

Unprepared parenthood

How do we break this cycle?



Family Spirit Theoretical Model



Adapted from Patterson et al., 1989

Cultural Assets and Opportunities

- Tribal cultures support and can inform family-based approaches to prevention
- Teen parenting not stigmatized
- Motivated, “untapped” paraprofessional workforce



Choice of Target Population

- Young parents and their children
- Nested within multiple generations
- Opportunity to make intergenerational impact



Choice of Intervention Setting: Home

- Reduces potential stigma associated with receiving program in public places (e.g. clinics and schools)
- Overcomes transportation barriers
- Taps into family as nexus of strength
- Can include others involved in child-rearing: fathers, grandparents, aunts, uncles, other siblings



Choice of Providers: Native Paraprofessionals



- Shortage of nurses on reservations
- Can navigate local cultural and social mores
- Role models and change agents
- Feasible and cost efficient for replication/dissemination

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.
7. Promote parents' and children's life skills and behavioral outcomes across the life span.

Family Spirit Impact: Pregnancy 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

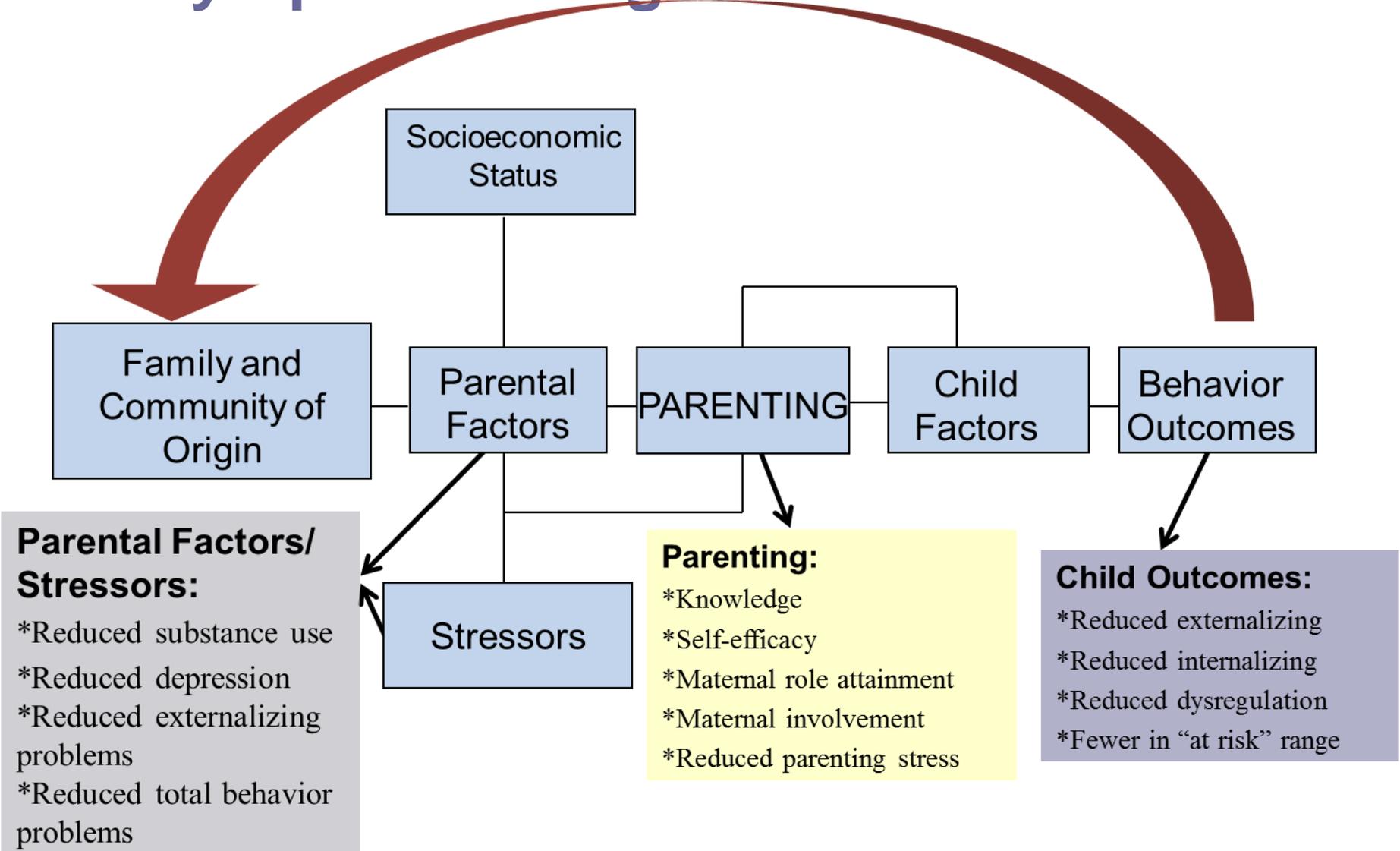
- Decreased maternal depression.^{1,2,4}
- Decreased substance use⁴
- Fewer behavior problems in mothers.^{3,4}

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



Family Spirit Findings



Curriculum Overview



Family Spirit Curriculum Components

The FS Curriculum consists of 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 American Academy of Pediatrics
- Extensively reviewed and revised by local staff and community members



Family Spirit Format

- Highly visual with illustrations by Apache-Navajo artist
- Use of “familiar” stories to create dialogue between home visitor and mother to solve problems
- Out-takes for local cultural activities and additional resources



Lesson Administration

- Delivery
 - One-on-one
 - 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 detailed description of how to teach lesson
 - *Grouped together in the curriculum box as booklets with each module*
- **Lesson:** Actual lesson content taught to participant
 - *Divided by module in the curriculum box*
- **Reference Manual:** In-depth information about various topics in each lesson, including 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 included in each curriculum box; additional workbooks available for purchase*

Cultural/Community Components for Adaptation

- Traditional parenting/nurturing practices
- Cultural teachings/worldviews
- Family structure – elder caregivers, extended family
- American Indian life skills development
- Lesson modules – illustrative designs, scenarios, activities
- Community resources - tribal programs, IHS
- Native American population vs. general population





OUR NATIVE CULTURE AND FAMILY TRADITIONS

TEACHING POINTS

Our native culture and family traditions help us raise our children and make decisions about their upbringing. The elders in our community can help us learn more about our native culture and family traditions.

Review the teaching points with the participant.

■ Long ago, a native family included all extended family members.

- Each day had a routine for eating, working, socializing, and resting.
- Each family member had their jobs to do – taking care of the home, gathering food and wood, and child care.
- Living in a small group / community, all members helped in every aspect of life.
 - Men worked together to build homes and hunt for food and women raised the children together and cooked their meals together.

■ Today many native families continue this type of lifestyle, with the encouragement of our elders.

- Our elders teach us of the old ways and remind us to take pride in our native culture, family traditions, and family values.

■ Activity 2: Discussing Our Native Culture and Family Traditions

- Were elders involved in your upbringing? What did they teach you?
 - Which teachings have helped you raise your child? How would you like elders to be involved in the upbringing of your child?
- Besides teaching us about our past and helping us raise our children, elders can also help us continue to carry on our native ways.
 - Knowing which parts of our native culture and traditions are important to you can help you decide what to teach your child.
 - Which traditions are important in your family?
 - What kinds of traditional activities do you take part in daily, weekly, monthly, and yearly?
 - Which celebrations are important to your native culture?
 - What memories do you have of traditional events that you participated in as a child?

- Which ceremonies do you want your child to take part in? What would you like your child to learn from these traditions?
- What have you learned from traditional activities that will be helpful to you in raising your child?
- How often are traditional foods prepared by your family?
- Who do you consider is an elder in your family? Would you go to this elder for advice?
 - Remember your thoughts about these questions because we will be referring to them again in our next discussion about values.

■ Involving your child in native culture and family traditions will help him/her learn about him-/herself and his/her past, having a long-term impact on his/her self-esteem.

- S/he will begin to learn who s/he is in the world and how s/he fits in and feel connected to a unique culture and special way of life.
- S/he will know that s/he is valued by you, your family, and the community.



PREPARING YOUR HOME FOR YOUR NEW ARRIVAL

Linda just found out that she's pregnant. She's due in six months, but this is her first child. Linda isn't sure what she can do to prepare for the baby. Can you help her?

TEACHING POINTS

Many people start preparing for their baby's arrival before the baby is even born. Planning ahead allows parents to focus more on the baby when s/he is born.

- ✓ *Health Educator Note: Ask the participant if people in her community prepare for a baby's arrival. If they don't believe in preparing for a baby before his/her arrival, just briefly acknowledge the objectives and teaching points and go into the details of this lesson after the baby is born.*

Review the scenario with the participant and then review the teaching points.

- **When should you start preparing for the baby?**
 - Some cultures believe you shouldn't prepare for a baby before his/her actual arrival.
 - Are there any traditions in your community to prepare for a baby's arrival?
 - You may want to start preparing for the arrival before the baby is even born (during the 6th or 7th month of pregnancy).
 - Planning ahead will allow you to focus more on the baby when s/he is born.
 - It's always important as a parent to think ahead to what might happen to your child in the future.

What do you need to do?

- Prepare a space where the baby can sleep.
- Put together a basic set of supplies, including diapers.
- ✓ *See Reference Manual 1: Checklist of Essential Baby Supplies. Give the participant a copy of this Reference Manual.*
- Start to baby proof your home.
 - Baby proof means making your home safe for the baby.
- Discuss plans for who will care for the child.



EMOTIONAL CHANGES

TEACHING POINTS

After giving birth, a woman will notice changes with her emotions and thoughts. Some women experience post-partum depression.

Review the teaching points with participant.

- **The experiences of pregnancy and birth bring many emotions.**
 - Some women feel very happy, others depressed, and many feel both in the months following pregnancy and delivery.
 - Mood swings and emotional days are normal.
 - It's common to feel unprepared and inadequate as mothers. This doesn't mean that you are.
 - As days and weeks pass, you will feel more confident, although you may still have frustrating moments.
 - You may feel increased or decreased sexual desire.

- **Mild post-partum depression, or baby blues, occurs among half of all women.**
 - **Post-partum depression** starts within about 48 hours after birth and lasts for a few days to a week for most women.
 - Accept help from others if it gives you more time to rest, or if you need time to yourself.
 - Avoid sugar and eat a well-balanced diet.
 - Looking good makes you feel good, so try to have a shower and get dressed each day.
 - Get out of the house, take a walk, and visit supportive friends.

- ☑ *Health Educator Note: Be aware that in some cultures, it may be taboo to leave the house for a certain number of weeks after giving birth.*

- ☑ *See Reference Manual 1: More on Post-Partum Depression*

- **Severe post-partum depression affects 1 in 1,000 new mothers and requires professional counseling.**
 - Severe post-partum depression occurs when your depression lasts for two weeks or more.
 - You may have trouble sleeping or feel hopeless.
 - If you experience feelings of violence, especially towards your baby, see your doctor immediately.
 - **See your doctor** if you think you have any of the signs of severe post-partum depression.



TYPES OF BIRTH CONTROL: MALE CONDOM

◎ TEACHING POINTS

The male condom protects against unwanted pregnancies, and may protect against some STIs, by covering the penis and preventing direct contact with the vagina. It also collects semen and prevents it from entering the vagina.

Review the teaching points with the participant.

PROS	CONS
<ul style="list-style-type: none">■ Except for abstinence, condoms (both the male and female types) are the best protection against HIV/AIDS and other STIs.<ul style="list-style-type: none">▪ Natural condoms don't protect against STIs.	<ul style="list-style-type: none">■ It takes some practice to use a condom correctly.<ul style="list-style-type: none">▪ When used incorrectly, 18 people out of a 100 can get pregnant. You can get detailed information about how to wear a condom on the package.
<ul style="list-style-type: none">■ Free at IHS Clinics (free/inexpensive and easy to obtain at other local clinics).	<ul style="list-style-type: none">■ They aren't 100% effective.<ul style="list-style-type: none">▪ A condom only protects the man's penis, not the area around the penis, so it is possible to get an STI even if a man is wearing a condom. For example, if the man or his partner has genital warts or crabs (pubic lice) s/he might pass these on to his/her partner, since some areas are uncovered.
<ul style="list-style-type: none">■ 98% effective when used correctly all the time and 82% effective with typical use.<ul style="list-style-type: none">▪ That means if 100 couples use condoms, about 2 will get pregnant.	
<ul style="list-style-type: none">■ There are many different types of condoms.<ul style="list-style-type: none">▪ Some men may be allergic to condoms made of latex. If this happens, you can find condoms made of materials other than latex, or condoms that aren't lubricated.	<ul style="list-style-type: none">■ Condoms need to be worn over the penis <u>before</u> sex to be effective. Couples need to stop before they have sex in order to put the condom on.
	<ul style="list-style-type: none">■ Some condoms come with "goopy" stuff inside called lubricant. Water-based lubricant prevents condoms from tearing or breaking. Never use oil-based lubricants with latex condoms.<ul style="list-style-type: none">▪ Use water-based lubrication like K-Y[®] Jelly, Probe[®], and Astroglide[®].▪ Nonoxynol-9 used to be recommended as additional protection against pregnancy, but it's no longer recommended. However, if your only condom has nonoxynol-9 in it, it's still better to use than nothing.



family
 Promoting
 Maternal
 and Early
 Child Health

SPIRIT® Affiliate Communities

IHS Partnership

- JHU CAIH – IHS MOU since 1991

- Family Spirit-IHS pilot year (Oct 1, 2014 – Sept 30, 2015)
 - Comanche Nation CHR, Lawton, Oklahoma
 - Blackfeet Nation CHR, Browning, Montana
 - Oglala Sioux Tribe CHR, Pine Ridge, South Dakota

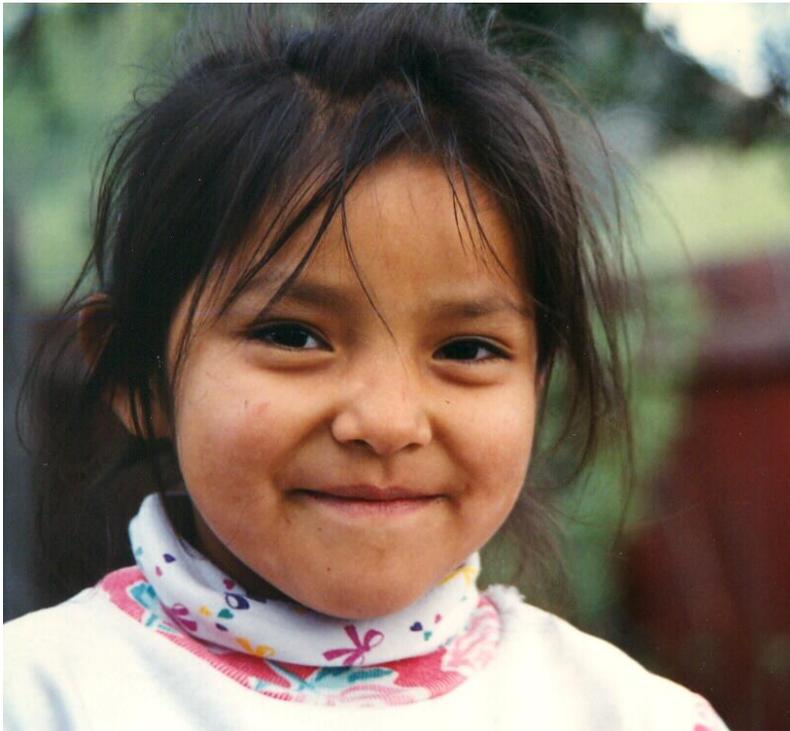
- Family Spirit-IHS option year (Oct 1, 2015 – Sept 30, 2016)
 - California Area CHR, Chico, California
 - Oklahoma Area CHR, Seminole, Oklahoma
 - Cheyenne River Sioux Tribe CHR, Eagle Butte, South Dakota

Replication Phases





QUESTIONS?



Email: familyspirit@jhu.edu

Johns Hopkins
Center for American Indian Health

415 N. Washington St., 4th Floor
Baltimore, MD 21231

8205 Spain Rd NE, Suite 210
Albuquerque, NM 87109