Family Spirit Program: Replication and Cultural Adaptations

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Mission:
To work in partnership with American Indian and Alaska Native communities to raise their health status, self-sufficiency and health leadership to the highest possible level.
Background and Overview
46% of American Indian mothers begin child-bearing in their teen years

And have 2x as many children in their teens

Compared with 25% of US general population
How can we help change their future?
Risks for Al Teen Moms & Children

Risks for Teens:
- More likely to be single parents
- More likely to drop out of school
- Poor health outcomes
- Poor behavior outcomes
- More likely to be unemployed
- At greater risk for substance abuse

Risks for Al Teen Moms & Children:
- Death Rate (0-25 yrs): 3.2X higher*
- Suicide Rate (15-24): 5X higher*
- Injury Deaths: 3.8X higher*
- Alcohol-related Deaths: 7X higher*
- Poverty Rate: 48-56%**
- School Dropout: >50%**
- Unemployment Rate: 50-70%**

*AI compared to US All Races
**Rates on Navajo & Apache res.

Risks for Babies of Al Teen Moms:
- Single parent or no biological parent in households
- Exposure to AA/SA in womb/home
- Higher risk for neglect/abuse
  - Poor compliance with well-baby visits
  - Living in poverty, substandard homes
- Parent did not complete high school
- Greater lifetime risk for SA and behavior problems
Assets for American Indian Teens and Families

- Children highly valued
- Teenage pregnancy not stigmatized
- Pregnancy has sacred healthy traditions – tap cultural strengths
- Key developmental time point for behavioral redirection
- Compounded investment?
  - Beginning of mom’s reproductive life course
  - Intergenerational impact opportunity: Breaking the cycle!
Family Spirit Project History

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

**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)

**Cradling Our Future:**
* teen Moms
* 28 weeks gestation-baby’s 3rd birthday
* RCT evaluation Moms/Dads
(322 Moms/kids enrolled)

**Family Spirit:**
* teen Moms/Dads
* prenatal to baby’s 12 month birthday
* RCT evaluation Moms/Dads
(75 Dads/166 Moms served)

**Return to Service:**
* Program Replication
  * Replication sites all over the country
  * Trainings scheduled throughout the year

Timeline:
- **1995**
- **1998-1999**
- **1999-2001**
- **2002-2005**
- **2005**
- **2006-Present**
Family Spirit Intervention

Home-Based Outreach

Structured curriculum taught by AI Health Educators to young mothers from pregnancy – 36 months post-partum

Community Referrals

Family Involvement
Key Features of Family Spirit

- Home-based, family-based
- Developed with Native communities through Community-based participatory research (CBPR)
- Native paraprofessionals are home visitors and evaluators
- Strengths-based content and measures
“Family Health Educators”
American Indian Paraprofessionals

- Shortage of nurses on reservations
- Local Native paraprofessionals can navigate cultural and social norms required for reservation-based home visits.
- Relationship quality
- Builds workforce and behavioral health response capacity of tribal communities
- Role models and change agents
- Feasible and cost efficient for replication/dissemination
Family Spirit Curriculum Topics

- Wide range of topics:
  - Goal-setting
  - Strengths of Native culture/traditions in child-rearing
  - Prenatal care
  - Infant care
  - Parent skills
  - Substance use prevention
  - Child development
  - Maternal life skills

Based on 0-5 guidelines from American Academy of Pediatrics

Culturally adapted, reviewed and revised by local staff and CAB members
Family Spirit
Format and Delivery

- Highly visual
  - Illustrations by Apache-Navajo artist
- Use of “familiar” stories to create dialogue between Family Health Educator and mom to solve problems
- Out-takes for local cultural activities and additional resources
Cultural Adaptations in Family Spirit

- 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.

- **What do you need to do?**
  - Prepare a space where the baby can sleep.
  - Put together a basic set of supplies, including diapers.

- **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.

- **See Reference Manual 1: Checklist of Essential Baby Supplies. Give the participant a copy of this Reference Manual.**

- **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.

- **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.

- 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.

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
TEACHING POINT
There are many ways a parent can encourage a child’s language and communication skills, including talking with him/her often, asking him/her questions, and listening to what s/he has to say.

Review the teaching point with the participant.

What can you do to encourage your child’s language and communication skills?
- Talk with your child often, using facial expressions and physical gestures. Sometimes it seems silly to talk to a child who may not always understand, but this is one way children learn to communicate.
  - Give simple instructions and praise him/her for following them.
    - For example, “Let’s clean up! Please put your books back in the basket.” After s/he has put the books away, say “Thank you! You did a great job helping me clean up!”
  - Describe what you’re doing in simple words as you’re doing it.
    - For example, with a smile on your face, point to his/her clothing and say, “We’re going to get dressed. This is your shirt. Your shirt is the color red like Elmo. Can you put your arms up (demonstrate by putting your arms up)? After we put on your shirt, we will put on your shorts.” “Put one leg in…then put the other leg in.”
  - Teach him/her new words by pointing to things or demonstrating new behaviors.
    - At bath time s/he can learn about his/her clothing – shirts, shorts, underwear, pajamas, etc. S/he can also learn about the soap, shampoo, bubbles, washing, and drying.
  - Talk with your child about what happened during the day.
    - For example, “You had a busy day. This morning you and Sam played in the sprinkler. At lunch we sat at the table and ate your favorite – a peanut butter sandwich. What else did we do? After you go potty (or “After we change your diaper…”), you will take a nap. Then we’ll play outside.”
    - Talk about tomorrow, too. “You’re going to visit Poppy tomorrow. He will be excited to see you. What do you want to do with Poppy?”

Ask simple questions that you know your child can answer.
- Encourage your child to ask questions and then answer them.
- Read books to your child and point out pictures of animals, birds, plants, people, and places.
- Don’t use baby talk. Encourage your child to “use words” rather than cry, whimper, or point.
- Let your child finish what s/he is saying before answering. If s/he is struggling, ask questions to help him/her explain what s/he wants to say.
- Baby sign language is now being used by parents as a way to provide their children with tools to communicate before speaking.
- Ask your local health clinic if they know about any resources for teaching basic sign to your child. There are also several online resources for baby sign language.
- Experts agree that babies who sign tend to speak sooner and have a bigger vocabulary.
- With the growing popularity of smart phones, you can also download many apps that encourage early language skills for toddlers.
  - For example, there is a “Navajo Toddlers” app for the iPhone designed for children ages 2-9 to learn to speak the Navajo language through the use of visual flashcards, audio, and game play lessons.
# 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.

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<th><strong>PROS</strong></th>
<th><strong>CONS</strong></th>
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| Except for abstinence, condoms (both the male and female types) are the best protection against HIV/AIDS and other STIs.  
  - Natural condoms don’t protect against STIs. | It takes some practice to use a condom correctly.  
  - 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. |
| Free at IHS Clinics (free/inexpensive and easy to obtain at other local clinics). | They aren’t 100% effective.  
  - 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. |
| 98% effective when used correctly all the time and 82% effective with typical use.  
  - That means if 100 couples use condoms, about 2 will get pregnant. | Condoms need to be worn over the penis **before** sex to be effective. Couples need to stop before they have sex in order to put the condom on. |
| There are many different types of condoms.  
  - 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. | Some condoms come with “gooey” stuff inside called lubricant. Water-based lubricant prevents condoms from tearing or breaking. **Never use oil-based lubricants with latex condoms.**  
  - 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. |
A word about implementation fidelity…

- Written and oral tests (must score ≥80%) for Family Health Educators before they can do home visits.
- Protocol specifies when lessons should be taught – supervisors track and manage lesson timeline
- Quarterly observational checks of home visits
  - Content fidelity
  - Lesson structure fidelity
  - Relationship quality
- Lessons audio-recorded in the evaluation phase (20% randomly selected/coded for fidelity)
Family Spirit Impact

Pregnancy to Three Years Postpartum:

- Increased maternal knowledge.\(^1\),\(^2\),\(^3\),\(^4\)
- Decreased maternal depression.\(^1\),\(^2\),\(^4\)
- Reduced parent stress.\(^2\),\(^4\)
- Increased parent self-efficacy.\(^3\),\(^4\)
- Improved home safety attitudes.\(^3\)
- Fewer behavior problems in mothers.\(^3\),\(^4\)
- Fewer behavior problems in children through age 3.\(^2\),\(^3\),\(^4\)
- Higher impact among children of mothers with higher substance use risk at baseline.\(^4\)

4 Three year postpartum data under review
Family Spirit Replication Sites

Legend
- Sites Trained on FS and Currently Implementing
- Sites with Contracts and Trainings Pending
Thank You!