



# Designing and Scaling Interventions With and Across Cultures *The Family Spirit Story*

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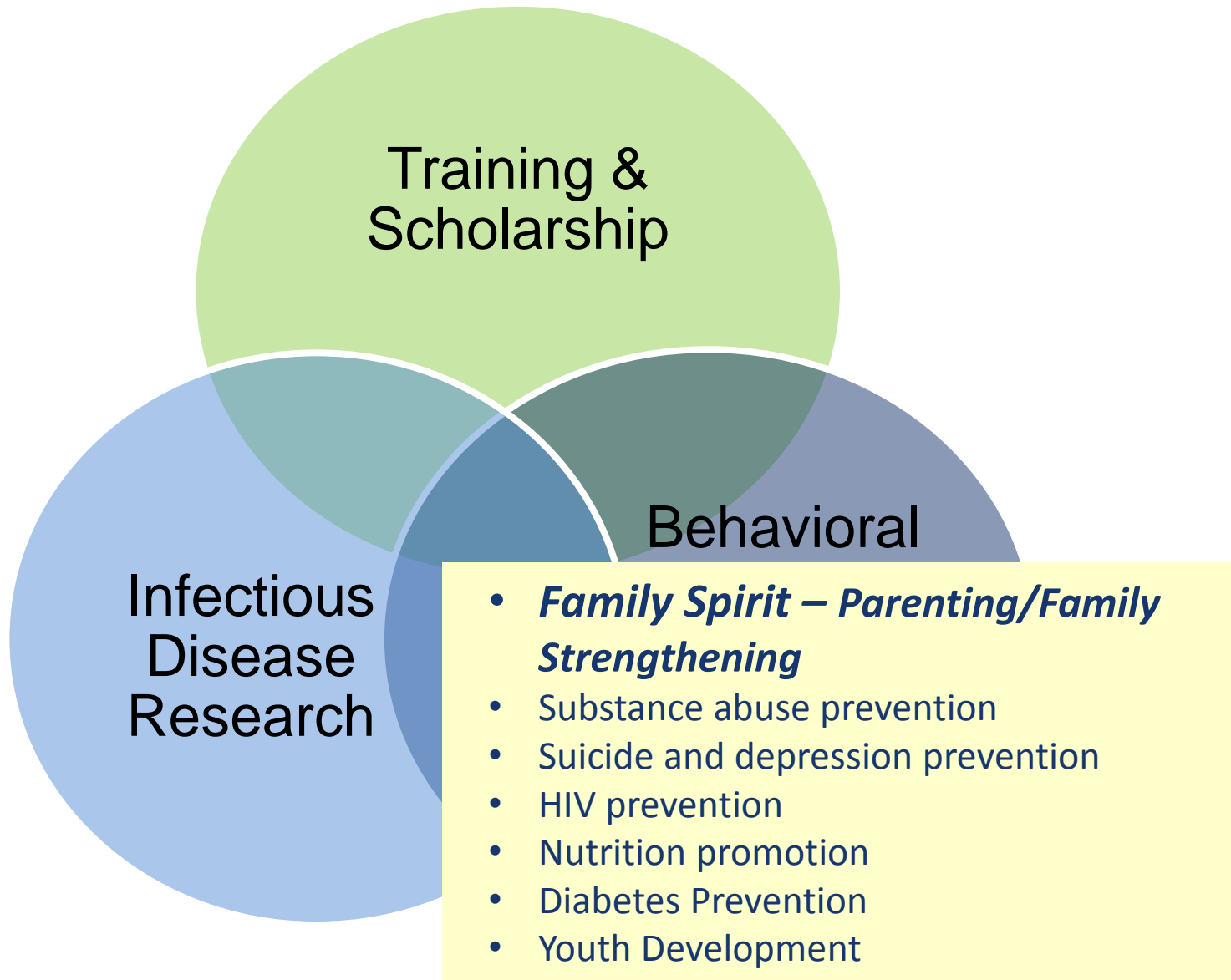
# Johns Hopkins Center for American Indian Health



**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 Project History

## SOS Project:

- Intervention design and service
- Moms/babies
- prenatal-6 months pp  
(n=160 Moms/babies)

1998-1999

1995

## Family Strengthening:

- Moms/Dads/babies
- Prenatal to 6 mos pp
- RCT evaluation  
(n= 68 moms / 48dads)

1999-2001

2002-2005

## Cradling Our Future:

- \* Mom/babies
- \* Prenatal to 3 yrs pp
- \* RCT evaluation  
(n= 322 moms/children)

2005-2012

2012-Present

## Fathers Project:

- Intervention design and service
- curriculum to address needs of young Dads  
(n=55 Dads / 62 Moms)

## Family Spirit:

- Moms/Dads
- prenatal to 12 mos pp
- RCT evaluation  
(n= 166 Moms / 75 Dads)

## Program Replication

- 7 states
- 19 tribal sites

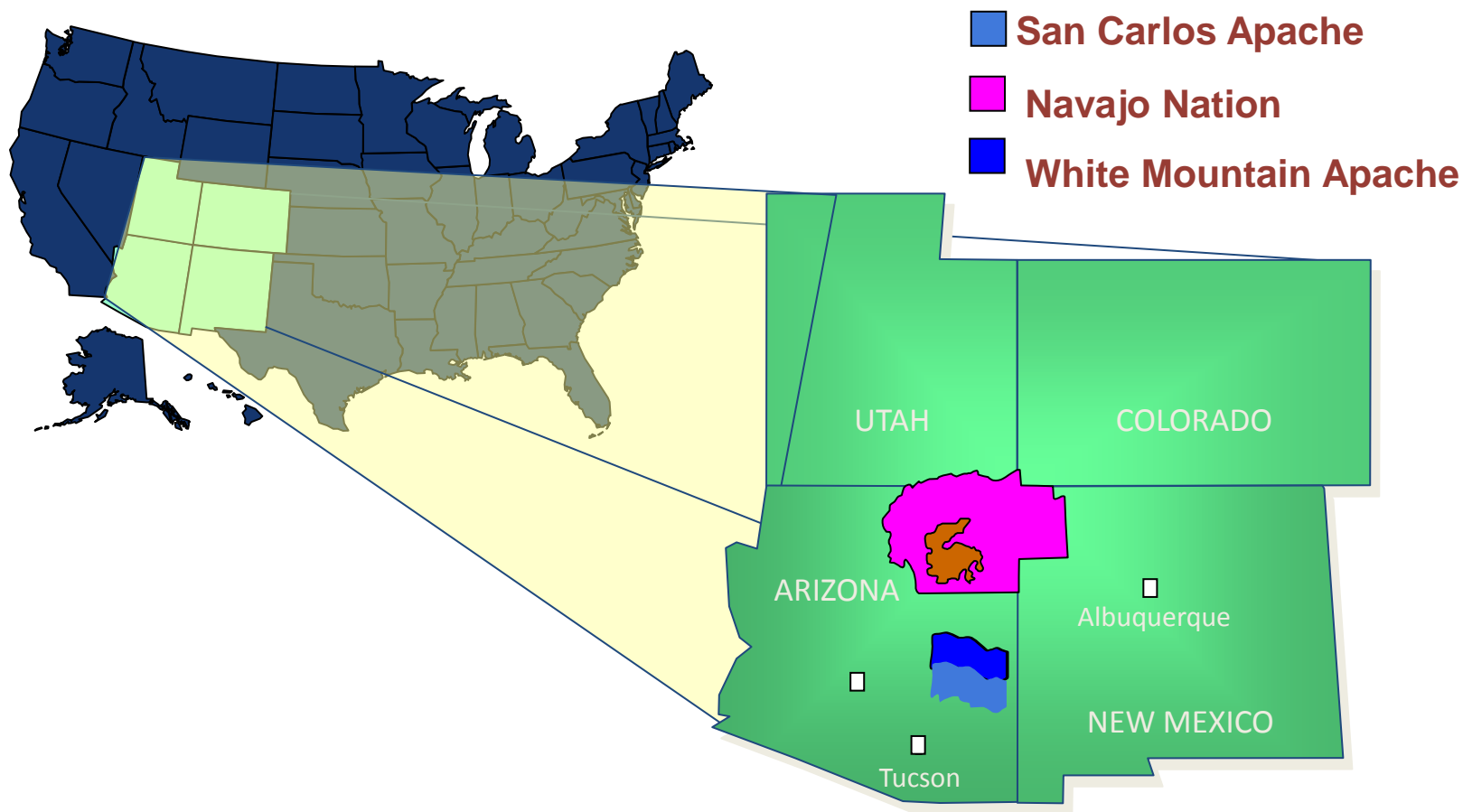


# 1995: THE BEGINNING

*Received funding for mothers/children*



# 30+ Year History With SW Tribal Communities



# Getting Started...

## How the CBPR process shaped the Family Spirit intervention design





# CBPR Process

- Community Advisory Boards (CAB) in each community
  - Guided formative work
  - Ongoing input for intervention/evaluation
- Hired/trained local paraprofessionals for:
  - Formative development
  - Home visitors
  - Evaluators
- Formative development
  - In-depth interviews: teen parents, grandparents, healers and providers (n=13)
  - Roundtables (n=6/community ~24 total)
- Regular Tribal Health Board and Tribal Council review and input



# Major Risks

- >46% of AI women begin child-bearing in adolescence
- AI adolescents: highest drug use and other behavioral disparities in US
- Rural, isolated, and 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



# The Downward Trajectory

Poor parenting  
Early Childhood

Poor school readiness

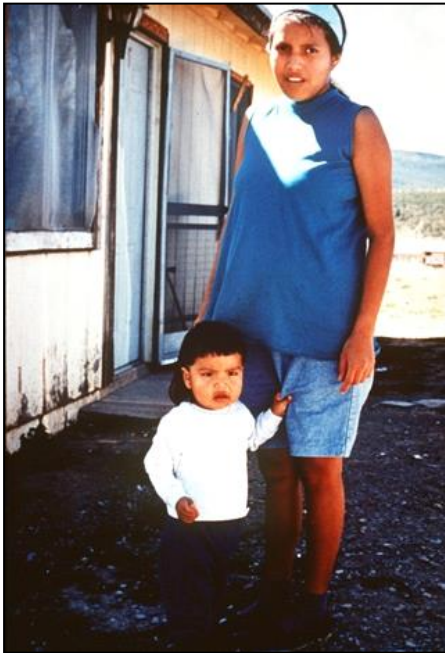
Drop-out

Suicide and substance  
use behavior

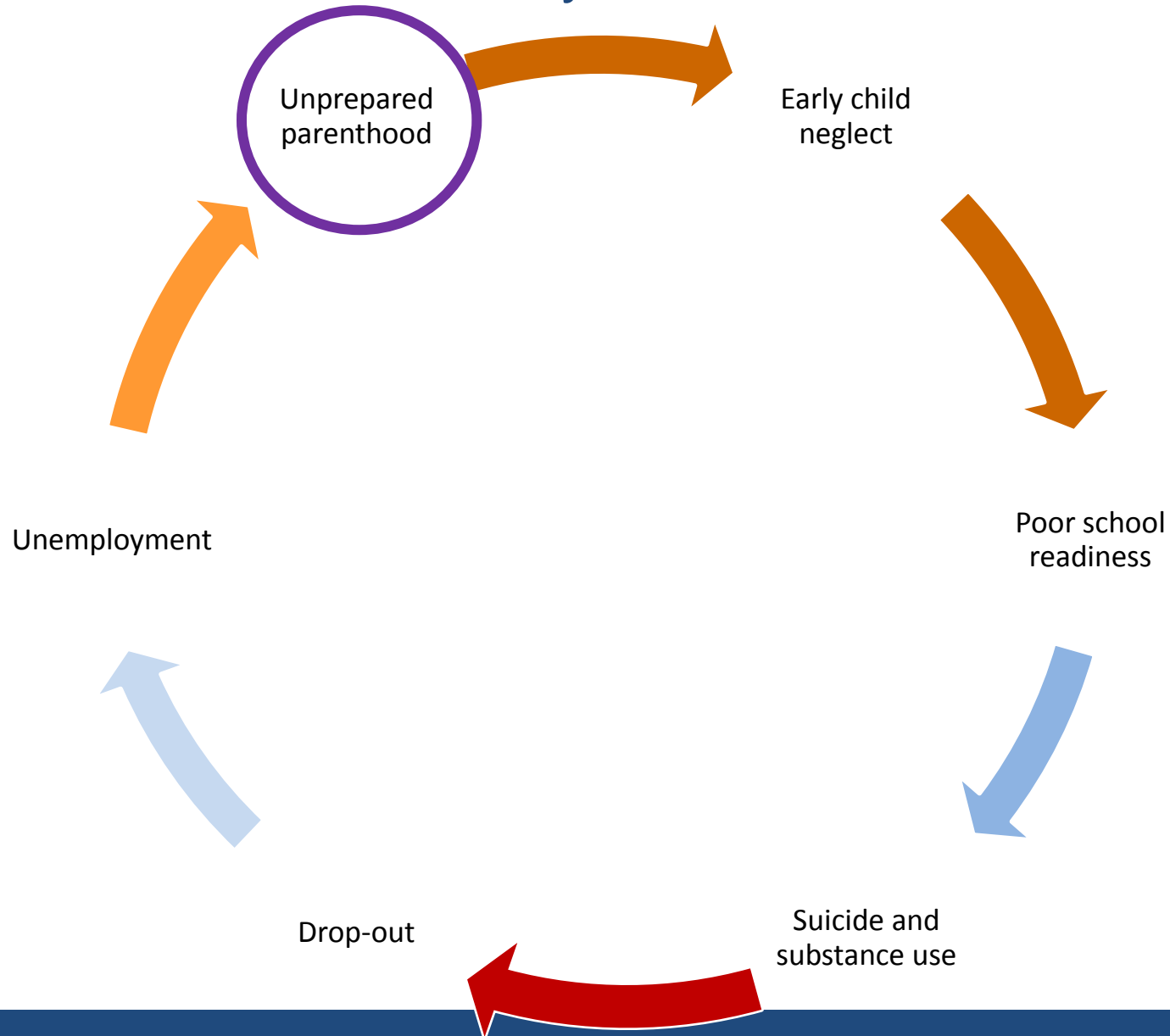
Unemployment

Unplanned  
Pregnancies

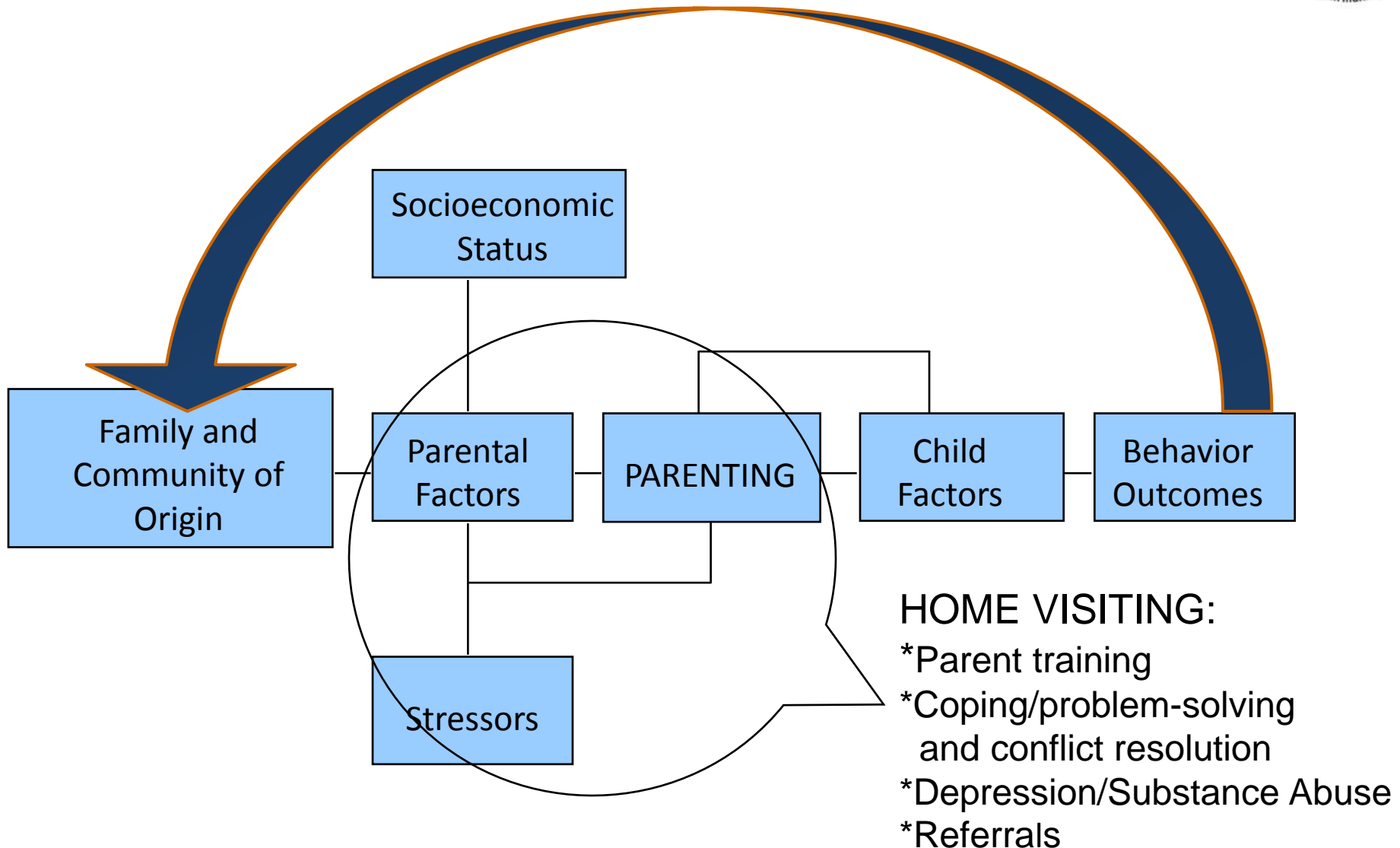
Unprepared parenthood



# How do we break this cycle?



# Family Spirit Theoretical Model



Adapted from Patterson et al., 1989



# Cultural Assets and Opportunities

- Tribal cultures support / strengthen family-based approaches to prevention
- Teen parenting not stigmatized
- Motivated untapped paraprofessional work force



# Choice of Target Population

- Young parents and their children (12-20 years old)
- Nested within multiple generations
- Opportunity to make intergenerational impact



# Choice of Intervention Setting:

## HOME

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





# Evidence of Home-Visiting Benefits in other populations



## *Evidence of 0 to 3 home-visiting for other populations*

- Positive maternal/child health, behavior, economic outcomes
- Young, single, low-income mothers benefit most
  - ✓ Indigenous mothers' risk profile
- Nurses preferred home visitors



# Tribal partners' preferred providers: Native Paraprofessionals

- Shortage of nurses on reservations
- Can navigate local cultural and social mores required for home visits.
- Role models and change agents
- Builds tribal workforce and behavioral health response capacity
- Feasible and cost efficient for replication/dissemination



# Family Spirit Delivery



Home-Based Outreach



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



Community Referrals



Family Involvement

# Family Spirit Content

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

Based on 0-5 guidelines  
from American Academy  
of Pediatrics

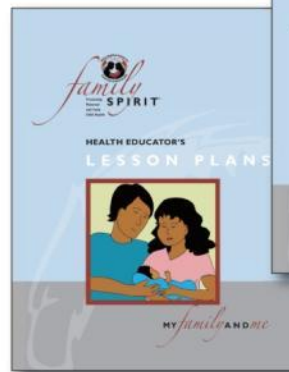
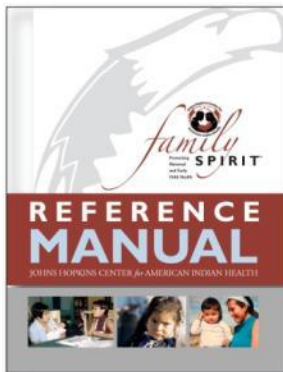
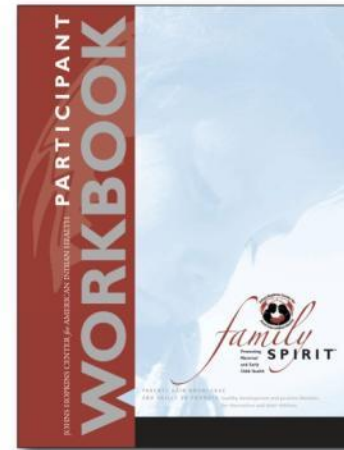
Culturally adapted, reviewed and revised by  
local staff and CAB members

# Family Spirit Format

- Highly visual with 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



# Family Spirit Materials



# How the CBPR process shaped the evaluation design



# Study Design: Randomized Controlled Trial



**322 Teen Moms Enrolled  
in Study  
at 28-32 wks gestation**



**159 Moms  
(Treatment group)**

Family Spirit Intervention

***plus* Optimized Standard Care**

**163 Moms  
(Comparison group)**

Optimized Standard Care



# CONTROL GROUP CHOICE: *“Optimized Standard Care”*

## Design Rationale:

- Transportation to prenatal and well-baby care
- Pamphlets with relevant information
- Rescue services for at risk moms and infants
- Ecologically valid in communities
- Both groups received so between-group differences could be attributed to FS intervention

# CULTURALLY CONGRUENT RETENTION STRATEGIES



- Build Relationship & Trust
  - Communication
  - Compassion
- Flexibility—meet participants where and how they are.
  - Through crises
  - Acceptance if need to “take breaks”
  - Base appointments on participants’ availability and convenience
- Rewards and Acknowledgements for milestones
  - Birthday cards for moms and children
  - Certificates of completion after each curricular unit
- Support and encouragement for Home Visitors
  - Avoid burnout; keep motivated and inspired; share big picture!



# ***Family Spirit Trial Results***

## **“In-Home Prevention of Substance Abuse Risk in Native Teen Families”**

**(NIDA Grant #: RO1 DA019042  
with additional support from OBSSR)**



# Participants' Baseline Characteristics

- Mean (SD) age = 18.1 (1.5) years
- Mean (SD) gestational age = 25 (3) weeks
- 77% primiparous
- 3% married
- 41% currently in school
- 51% lived in  $\geq 2$  homes in past year
- 32% elevated depression scores
- Lifetime drug use: 84% alcohol, 79% marijuana, 28% meth

# Family Spirit Impact – Preg to Age 3 (Postpartum)



## PARENTING

- Increased maternal knowledge<sup>1,2,3,4</sup>
- Increased parent self-efficacy<sup>3,4</sup>
- Reduced parent stress<sup>2,4</sup>
- Improved home safety attitudes<sup>3</sup>

## MATERNAL OUTCOMES

- Decreased maternal depression.<sup>1,2,4</sup>
- Decreased substance use<sup>4</sup>
- Fewer behavior problems in mothers<sup>3,4</sup>

## CHILD OUTCOMES

- Fewer behavior problems in children through age 3<sup>2, 3, 4</sup>  
(Externalizing, Internalizing and Dysregulation)
  - ✓ Predicts lower risk of substance use and behavior health problems over life course



1 Barlow A, Varipatis-Baker E, Speakman K, et al *Arch Pediatr Adolesc Med.* 2006;160:1101-1107

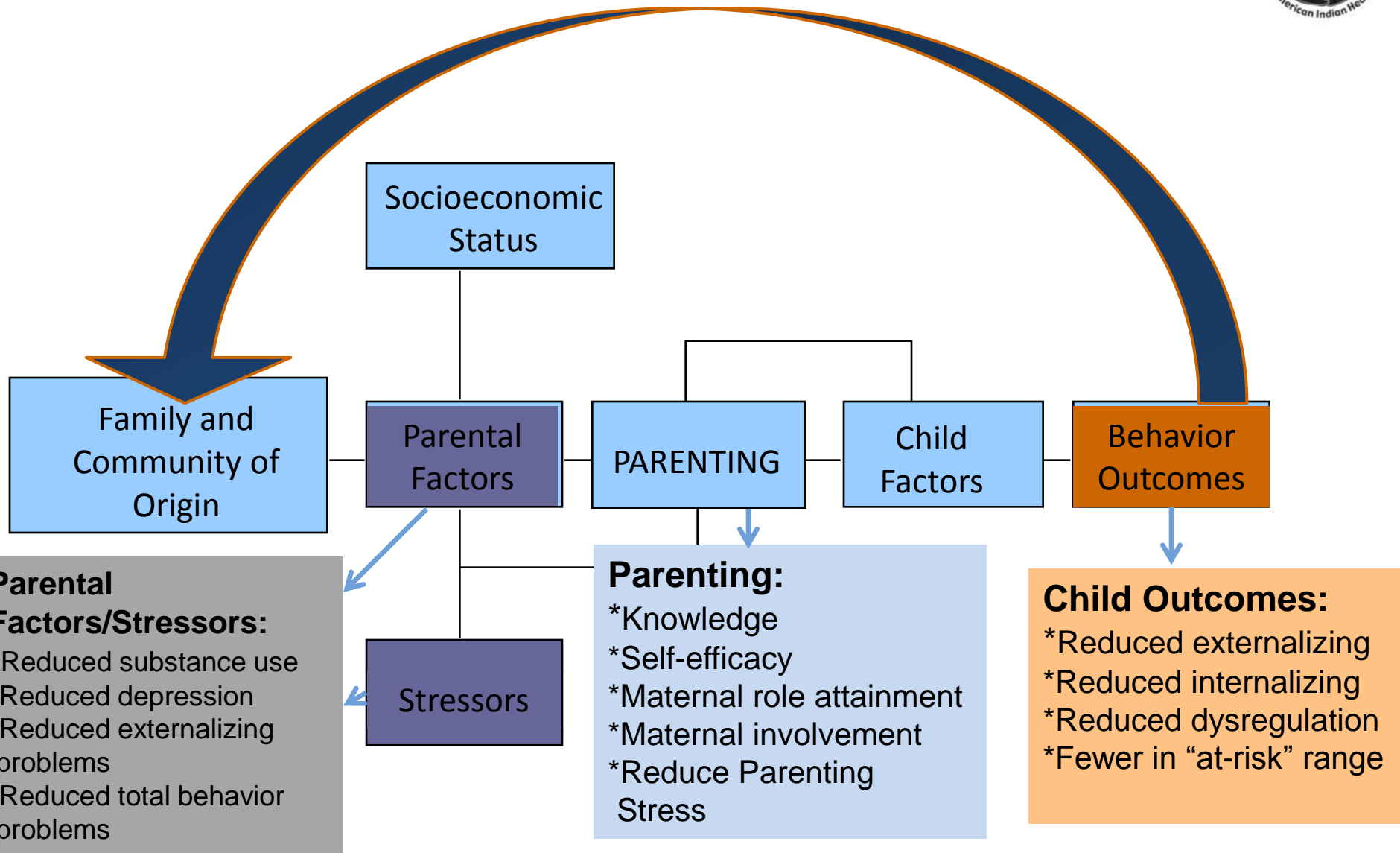
2 Walkup J, Barlow A, Mullany B, et al. *Journal of the American Academy of Child and Adolescent Psychiatry.* June 2009.

3 Barlow, A, Mullany B, Neault N, et al. *American Journal of Psychiatry.* January 2013.

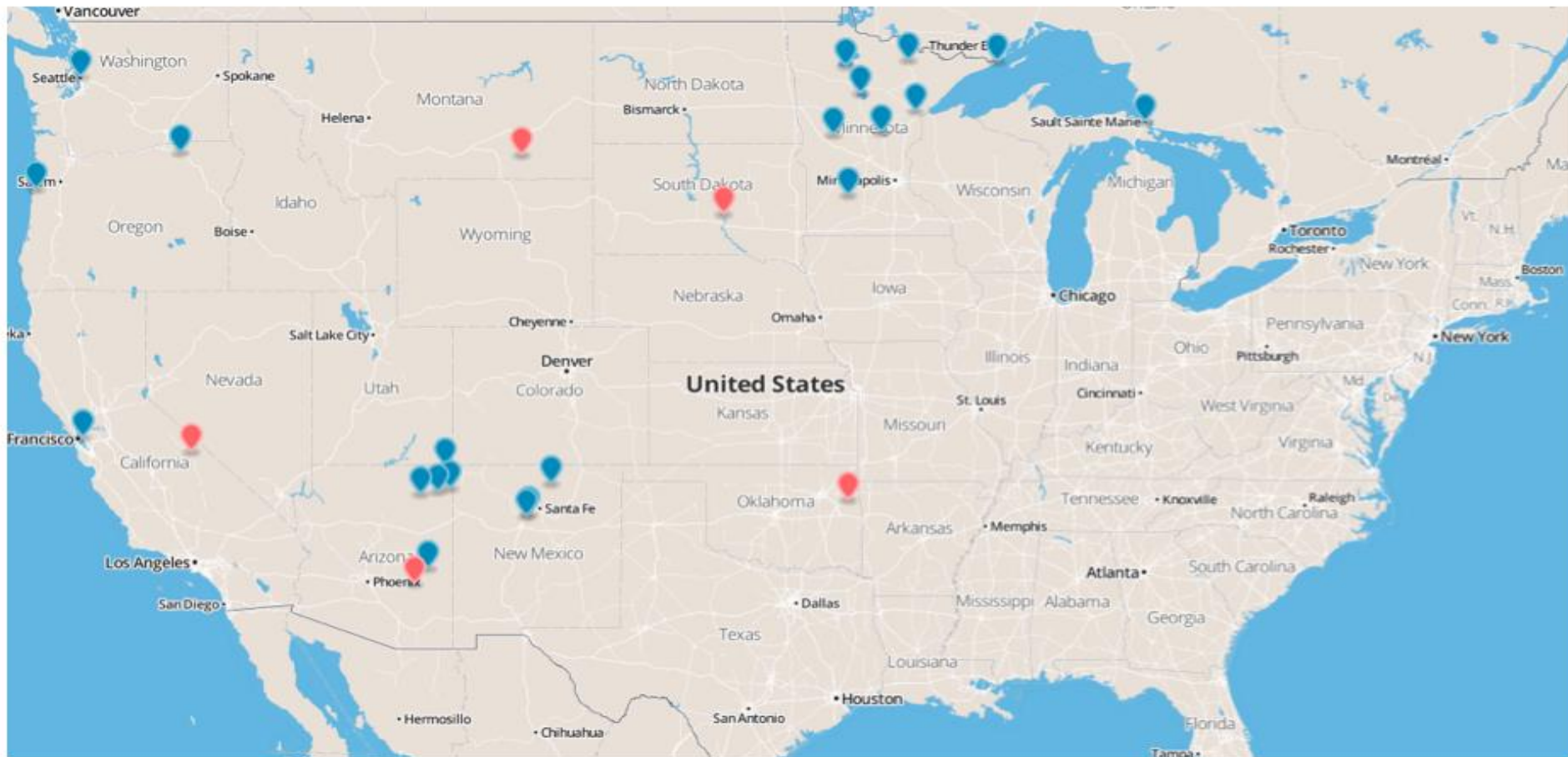
4 Three year postpartum data under review – *American Journal of Psychiatry,* March 2014



# FAMILY SPIRIT FINDINGS



# Current Family Spirit Replication Sites



## Legend



**Sites Trained on FS and Currently Implementing**



**Sites with Contracts and Trainings Pending**

# 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 6<sup>th</sup> or 7<sup>th</sup> 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"><li>■ 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"><li>▪ Natural condoms don't protect against STIs.</li></ul></li></ul>	<ul style="list-style-type: none"><li>■ It takes some practice to use a condom correctly.<ul style="list-style-type: none"><li>▪ 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.</li></ul></li></ul>
<ul style="list-style-type: none"><li>■ Free at IHS Clinics (free/inexpensive and easy to obtain at other local clinics).</li></ul>	<ul style="list-style-type: none"><li>■ They aren't 100% effective.<ul style="list-style-type: none"><li>▪ 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.</li></ul></li></ul>
<ul style="list-style-type: none"><li>■ 98% effective when used correctly all the time and 82% effective with typical use.<ul style="list-style-type: none"><li>▪ That means if 100 couples use condoms, about 2 will get pregnant.</li></ul></li></ul>	<ul style="list-style-type: none"><li>■ 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.</li></ul>
<ul style="list-style-type: none"><li>■ There are many different types of condoms.<ul style="list-style-type: none"><li>▪ 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.</li></ul></li></ul>	<ul style="list-style-type: none"><li>■ 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"><li>▪ Use water-based lubrication like K-Y<sup>®</sup> Jelly, Probe<sup>®</sup>, and Astroglide<sup>®</sup>.</li><li>▪ 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.</li></ul></li></ul>

**If we are to have peace on earth,  
our loyalties must become ecumenical  
rather than sectional.  
Our loyalties must transcend  
our race, our tribe, our class, and our nation;  
and this means we must develop  
a world perspective."  
Martin Luther King, Jr. 1967**



A photograph of a bright sun rising over a dark horizon, with a dark vertical shape on the right side of the frame. The sun is positioned in the upper left quadrant, creating a lens flare effect. The sky is a clear, light blue color. The dark vertical shape on the right side of the frame is a solid black rectangle.

**Darkness cannot drive out darkness,  
only light can do that. Hate cannot  
drive out hate, only love can do that.**

**MLK, Jr. 1963**

# Comments/Questions?

**Thank you!**

