



Family Spirit Home Visiting Program Connections and Impact on IPV during Public Health Emergencies

Sustaining Essential Health Care Services
Related to Intimate Partner Violence During
Public Health Emergencies Meeting #3

March 29th, 2023

Lisa Martin (Ojibwe Nation), MPH,
Senior Research Associate

Johns Hopkins Center for Indigenous
Health



CENTER FOR
INDIGENOUS HEALTH

Presentation Outline

- Overview of Home Visitation history
- Introduction to Family Spirit Program
- Overview of Family Spirit connections to addressing IPV
- Questions and Discussion





Johns Hopkins Center for Indigenous Health

Founded in 1991 at Johns Hopkins School of Public Health

- **Mission:** To work in partnership with Native American communities to raise the health, education and health leadership to the highest possible level.
- **Focus:**
 - Strengths-based, culture-based, evidence-based
 - Promoting tribal sovereignty
 - Demonstrating impact



Health disparities experienced by Indigenous communities ,including Intimate Partner Violence, are the DIRECT result of colonization and ensuing racist federal policies that damaged Indigenous practices that are protective.

It was a strategic process.

Federal records indicate that the United States viewed official disruption to the Indian family unit as part of Federal Indian policy to assimilate Indian children.

“The love of home and the warm reciprocal affection existing between parents and children are among the strongest characteristics of the Indian nature.”

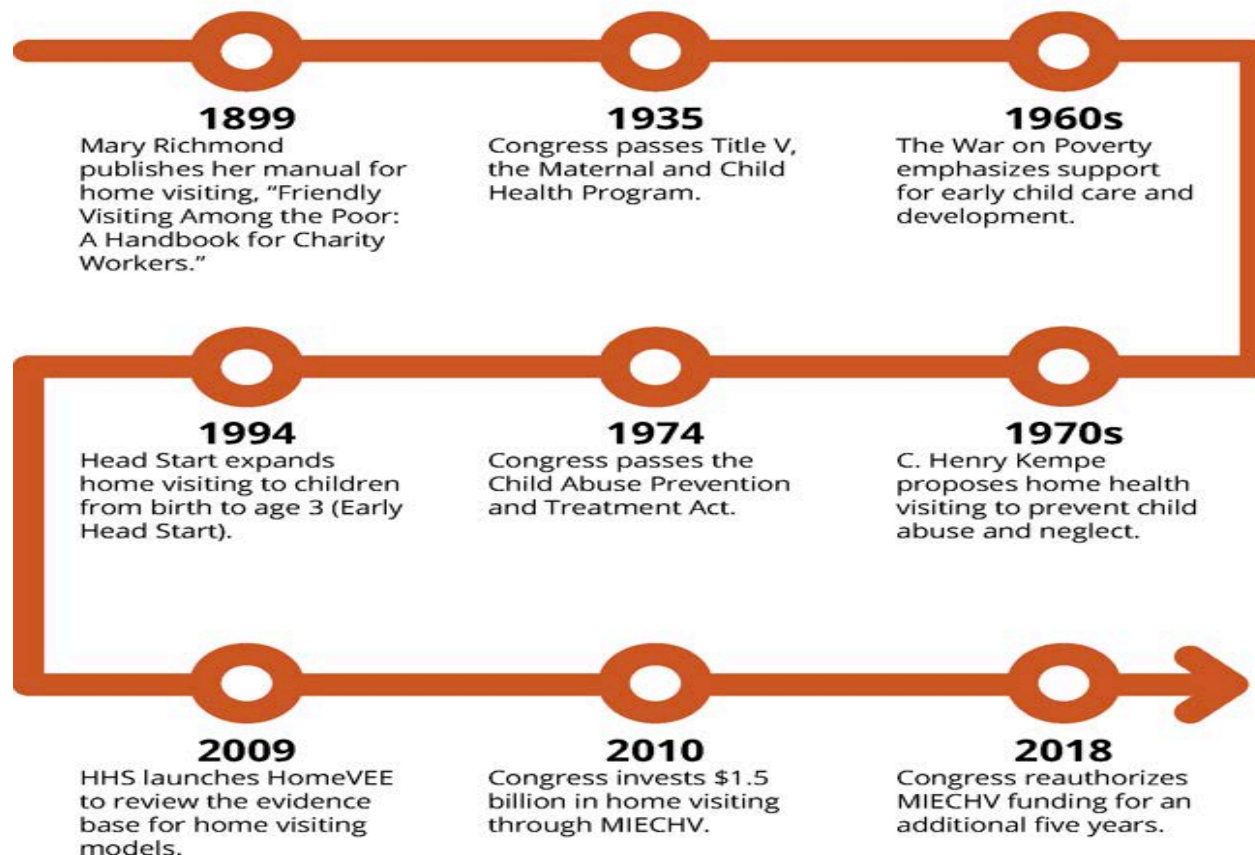
****excerpt from the Federal Indian Boarding School Initiative Investigative Report from the Department of Interior (May 2022)**



Choate, J. N., *Carlisle Indian School student body around 1885, with the Superintendent's House in background*. [Photograph]. (1880-1889). Dickinson College Archives & Special Collections.

Home-Visiting Has a Long History!

Home Visiting: A Timeline



Source: National Home Visiting Resource Center

History of Home Visiting: Supporting the next generation is a collective responsibility



Home Visiting is NOT a new intervention



Contemporary programs are based on decades of research showing improved child and family outcomes associated with home visiting programs



Taking care of families, especially during the early childhood period is an important cultural tradition



Family Spirit Program

An Indigenous Strengths-Based
Early Childhood Home-Visiting Intervention



family

Promoting Maternal
and Early Child Health

SPIRIT[®]

A program by Johns Hopkins Center for Indigenous Health

What is the Family Spirit Program?



**Evidence-based home visiting program
taught by Native American home visitors
to young mothers from
pregnancy – 3 years**



Home-Based Outreach



Family Involvement



**Community
Referrals**

Comprehensive, Culturally Grounded Content



- ✓ Goal-Setting
- ✓ Parenting and Well-Child Care
- ✓ Reproductive Health
- ✓ Nutrition/Responsive Feeding
- ✓ Establishing Meal Time/Sleep Routines
- ✓ Oral Health
- ✓ Family Planning
- ✓ Substance Abuse & Depression
- ✓ Prevention/Referral
- ✓ Conflict and Problem-Solving
- ✓ School/Career Planning
- ✓ Budgeting for One's Family
- ✓ Preparing Children for School

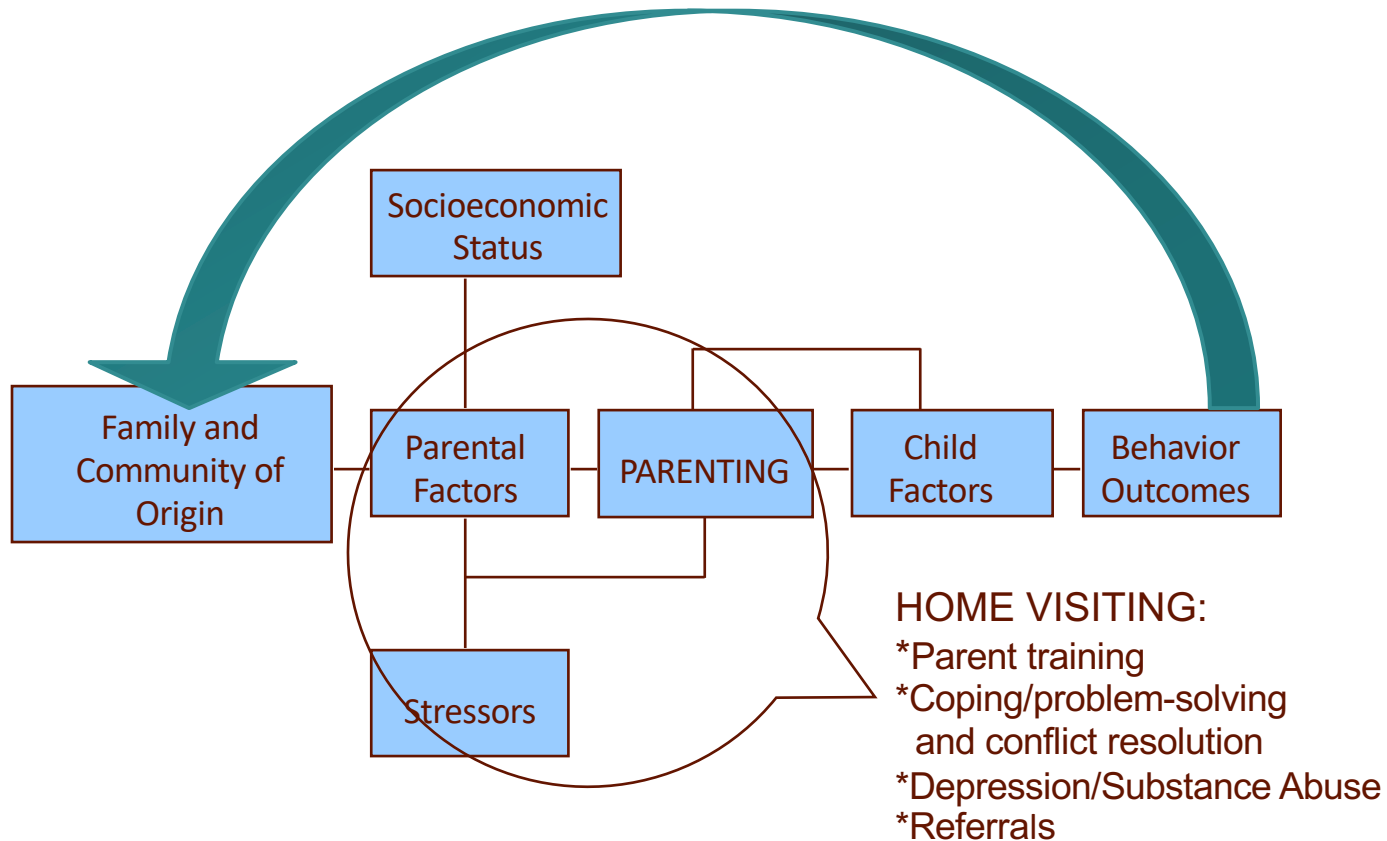
*American Academy of Pediatrics' Caring for Your Baby and Young Child:
Birth to Age 5 (Shelov et al. 2004): Definitive reference for child care content*

Choice of Home as Intervention Setting

- 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
- **However, visits do not have to be limited to the home. Home visitation can be done in alternate settings, virtually, and over the phone based on the needs of the family**

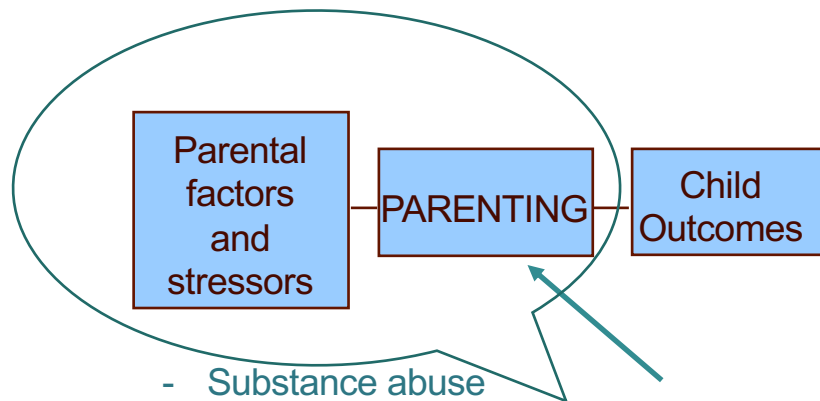


Family Spirit Theoretical Model



Adapted from Patterson et al., 1989

Designed for Two-Generation Impact:

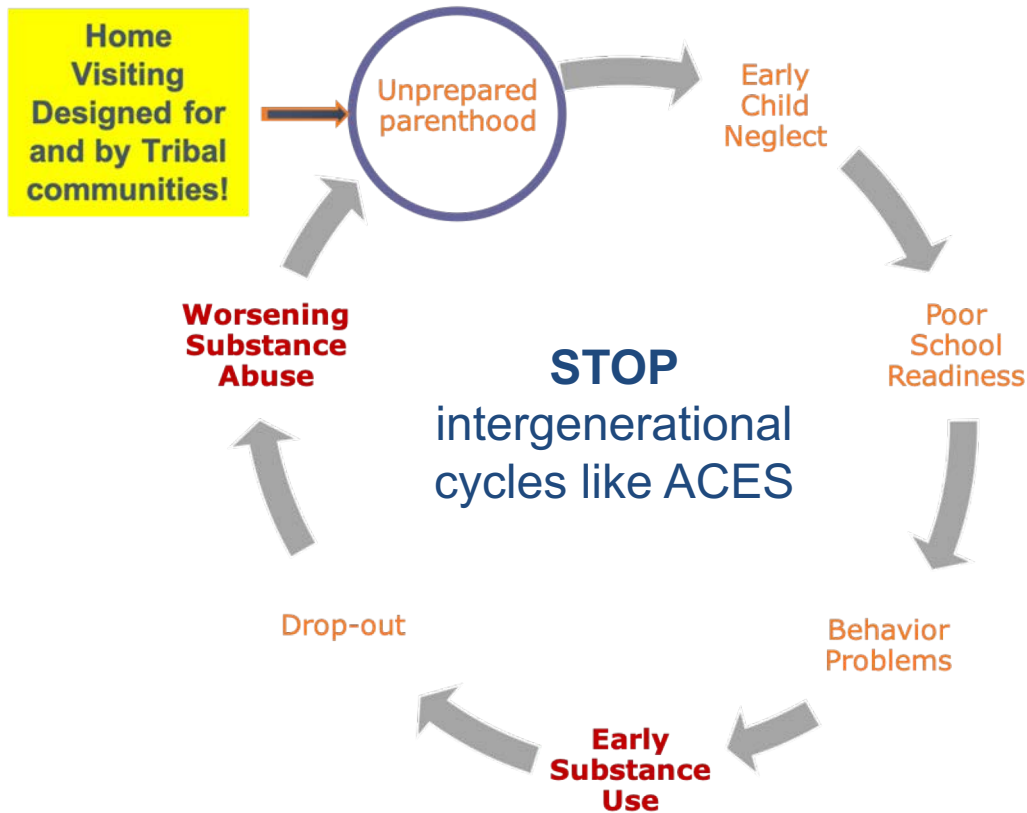


- Substance abuse
- Depression
- Parental stress
- **Risk for IPV**
- Poor coping skills
- Trauma



Family Spirit designed to improve parenting, plus behavioral/mental health issues that can impede positive parenting:





** Cycle in the context of historical trauma, ongoing systemic racism, child removal



Key Successes:

Adaptation & Flexibility





Family Spirit Impact: Pregnancy to Age 3

PARENTING

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

MATERNAL OUTCOMES

- Decreased maternal depression. ^{1,2,4}
- Decreased substance use ⁴
- 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

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.

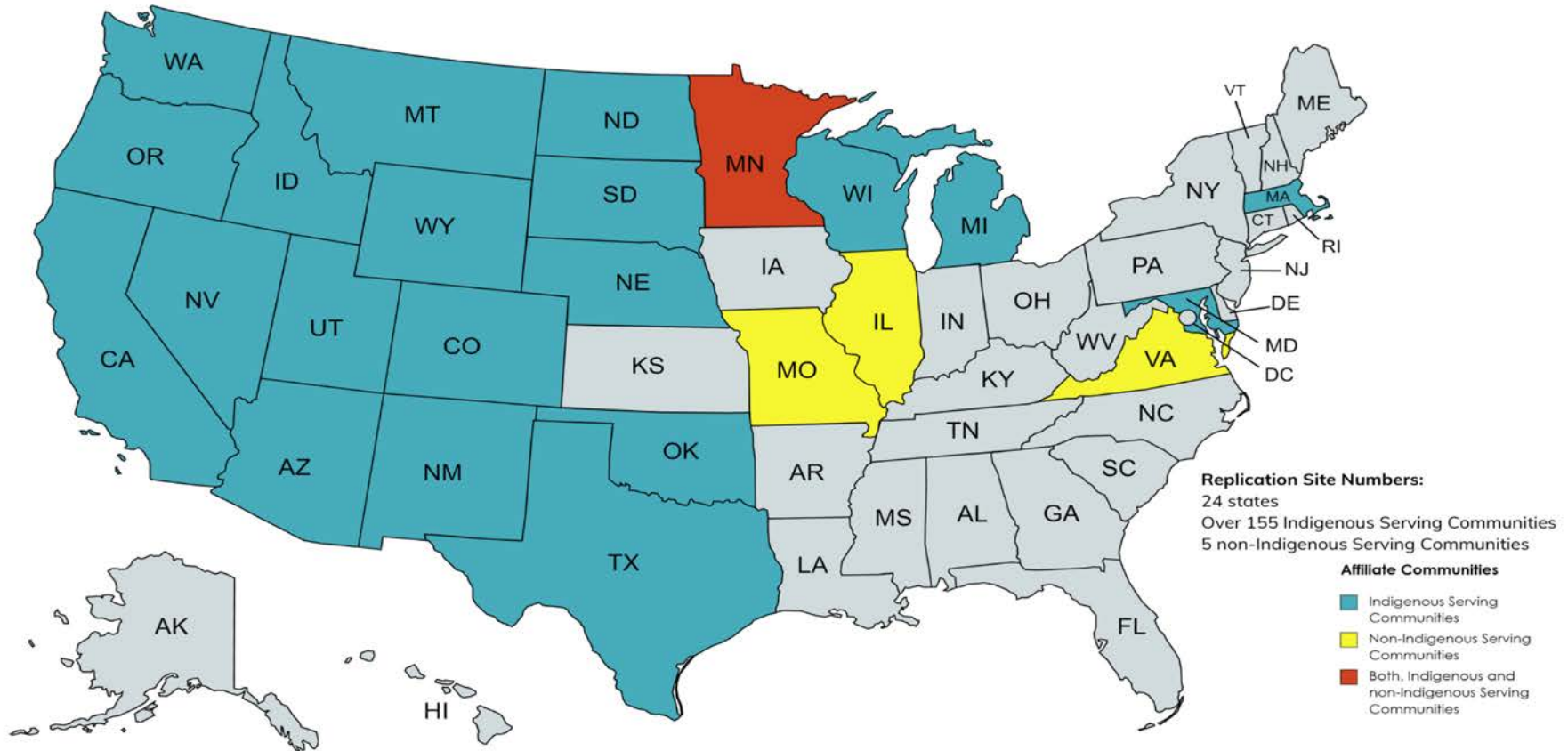
4 Barlow A., Mullany B., Neault N, et al – *American Journal of Psychiatry,* October 2014.

National-Level Reviews & Registries

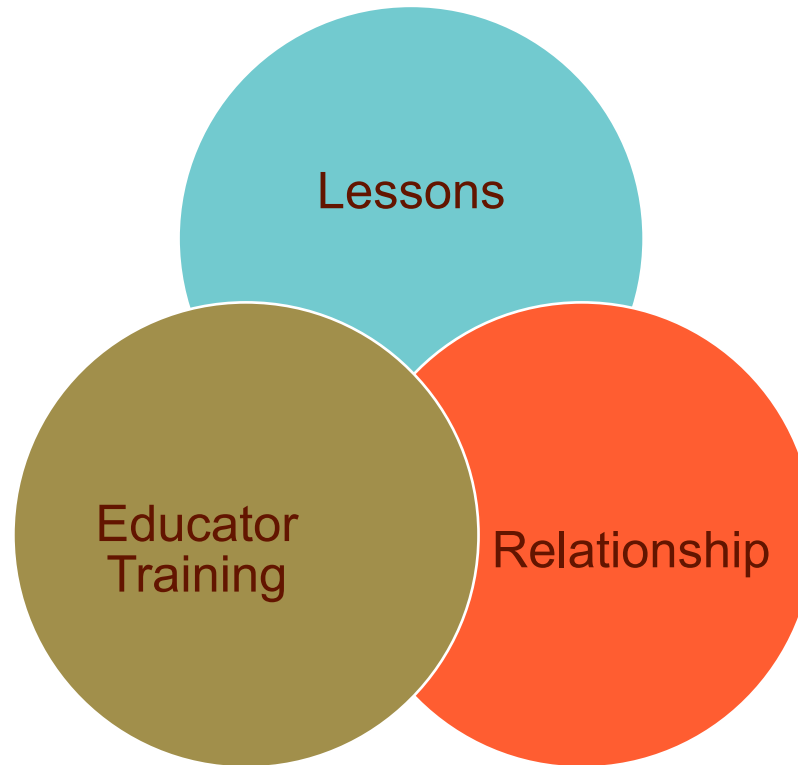


**Title IV-E Prevention Services
CLEARINGHOUSE**

Family Spirit Replication, as of December 2022



Family Spirit & Home Visiting



Family Spirit Lessons and IPV



■ **Six Modules (Prenatal – 36 Months Post Partum)**

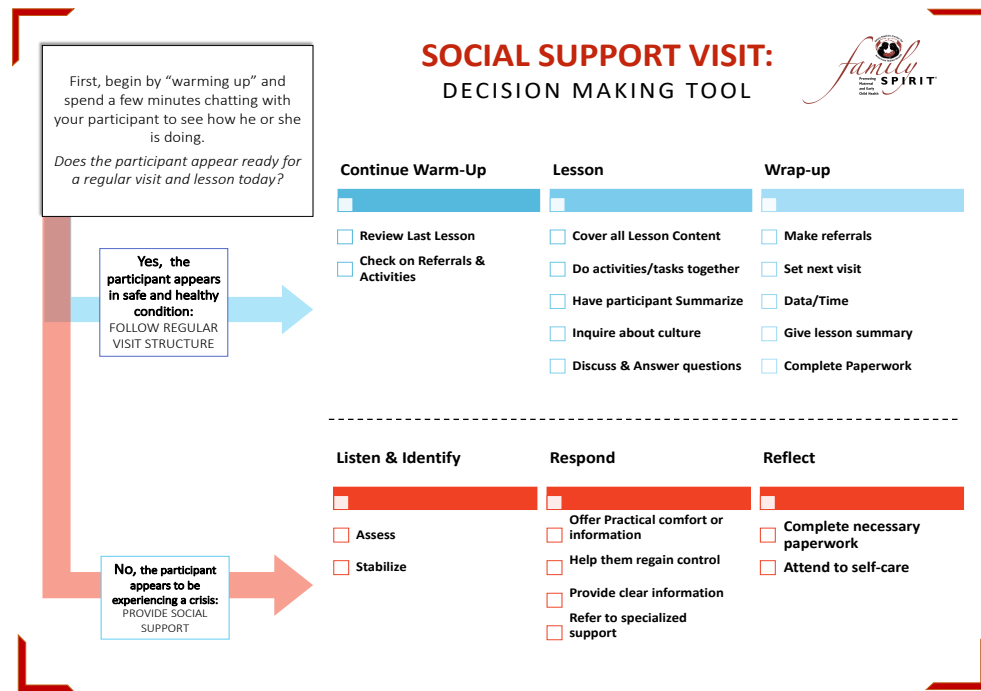
- Safety Inside and Outside of the Home
- Parenting Techniques
- Protecting Children from Abuse and Neglect
- Communication and Building Healthy Relationships
- Goal Setting
- Substance Use Education
- Family Planning

■ **Social Support Visit Structure: when families are in crisis**

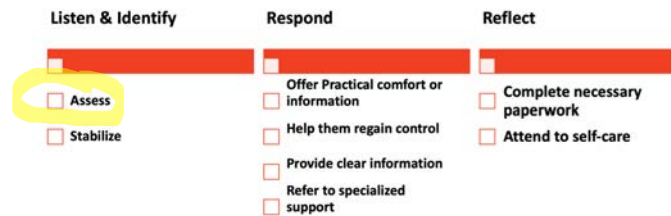
- Assessment/Decision making process
- Screener Use (Like: HITS “Hurt, Insult, Threaten, Scream”)


Making the Decision to use the Social Support Visit Structure instead of the FS Home Visit Structure

- During warm up and greeting, you determine participant is too upset or distracted to proceed with a lesson
- At any point in a regular visit, participant refers to Self-harm, Harm to Others, IPV or reports warning signs related pregnancy, postpartum, or infant/child medical warning signs



Step 1: Assess, perform safety screening



- **Goal is to assess for safety and respond if emergency**
 - Determine if **crisis/imminent danger** vs. **serious distress**:
 - Crisis = “imminent danger to self or others, or mental health issue preventing them from being able to meet basic needs”
 - Examples of someone in crisis:
 - Currently having thoughts about suicide
 - Is so upset they are disoriented, can’t move, or are so agitated they are at risk for harm
 - Experiencing serious physical symptoms
 - Other?
-  **If crisis or an emergency, contact help and stay with the person until further help is secured**

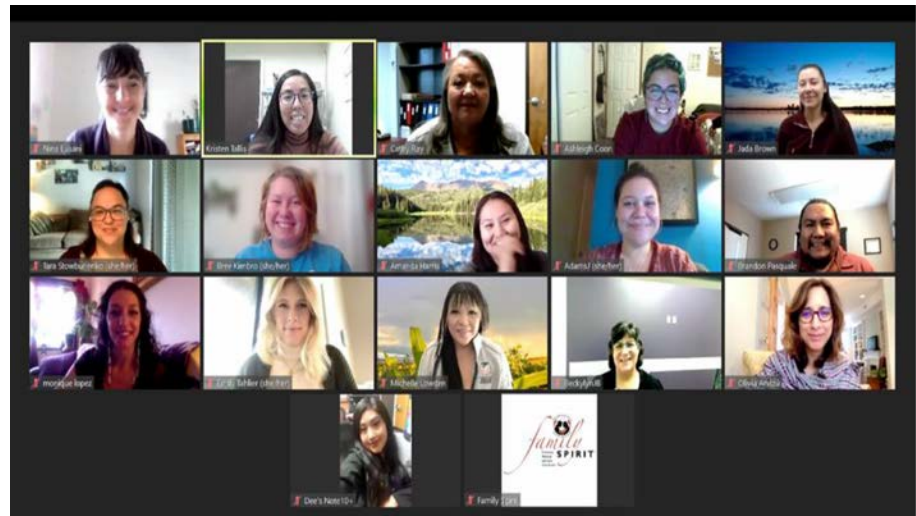
Home Visitors/Health Educators

■ Trained in Family Spirit Curriculum Delivery:

- Lesson delivery
- Social Support Visit Structure
- Assessments and Screening
- Personal and Client Safety
- Safety Planning
- Motivational Interviewing

■ Home Visitor Role:

- Deliver Family Spirit Lessons
- Connect participants to needed services (referrals)
- Can involve Transportation
- Listening
- Lactation Support
- Nursing Support (depending on credentials)



Relationship Based Practice

- Meeting the family where they are at
- Listening
- Responding to needs
- Connecting to resources and referrals
- Screening and assessments
- Utilization of knowledge of the community and its resources



Home Visitation during events such as: COVID 19 pandemic, floods, & wildfires

- Flexibility in service delivery options: Home visiting can be done over the phone, virtually, in a mutually agreed upon public or professional space
- Home visitors know the history and the story of the family including, location of the home, socioeconomic needs, family history, and other important contextual information important to connecting to needed resources and referral
- Already established relationship with a professional that can connect them to emergency services, programs, and shelters
- Established communication and relationship that allows them to more easily get “eyes on” a family.
- COVID 19 delivery of immunization information and connections to Immunization clinics and services
- COVID 19 recommendations and support for children and families that experienced the illness



Home Visitation during Public Health Emergencies

- **HRSA The role of Home Visiting During a Public Health Emergency:** <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/important-home-visiting-information-during-covid-19>
- **OPRE/ACF Virtual Home Visiting during the COVID-19 Pandemic: Lessons Learned from Research, Practice, and Policy:** <https://www.acf.hhs.gov/opre/report/virtual-home-visiting-during-covid-19-pandemic-lessons-learned-research-practice-policy>
- **Center for Health Care Strategies The Crucial Role of Home Visiting during Covid 19:** <https://www.chcs.org/the-crucial-role-of-home-visiting-during-covid-19-supporting-young-children-and-families/>

Miigwech! Thank you for listening. If you would like to learn more about our work, please contact one of our team members:

Presenter: Lisa Martin, MPH:

labram11@jhu.edu

Center for Indigenous Health Director:

Allison Barlow, PhD, MPH :

abarlow@jhu.edu





Family Spirit Research Findings

Family Spirit: 1995 - Today

SOS Project

- Service
- Teen Moms, babies
- Prenatal-6 months (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 6-months
- RCT evaluation Moms/Dads (48 Dads; 68 Moms served)

Family Spirit

- Teen Moms/Dads
- Prenatal-12-months
- RCT evaluation Moms/Dads (75 Dads; 166 Moms served)

Cradling Our Future

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

Return to Service: Program Replication

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

Building on the Evidence

- Precision public health
- Responding to emerging needs

1995

1998
- 1999

1999
- 2001

2002
- 2005

2005
- 2011

2006 –
Present

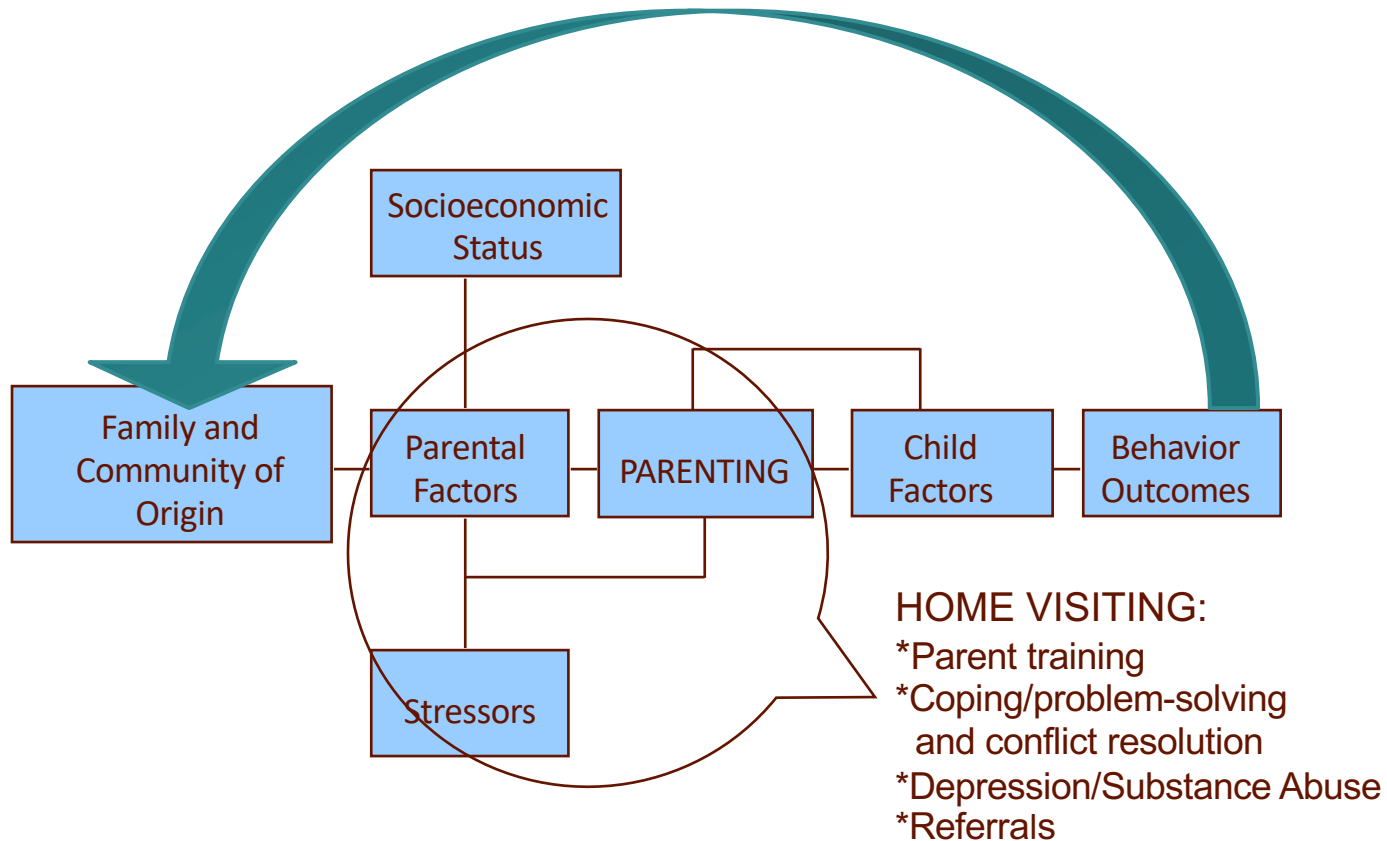
2017 –
Present

Adaptation & Flexibility In Action: Meeting Families Where They Are At

- Delivering Family Spirit with precision
- Creation of new and responsive content modules
- Reporting requirements respect tribal sovereignty
- Pivoting to respond to unexpected circumstances (e.g., COVID-19)

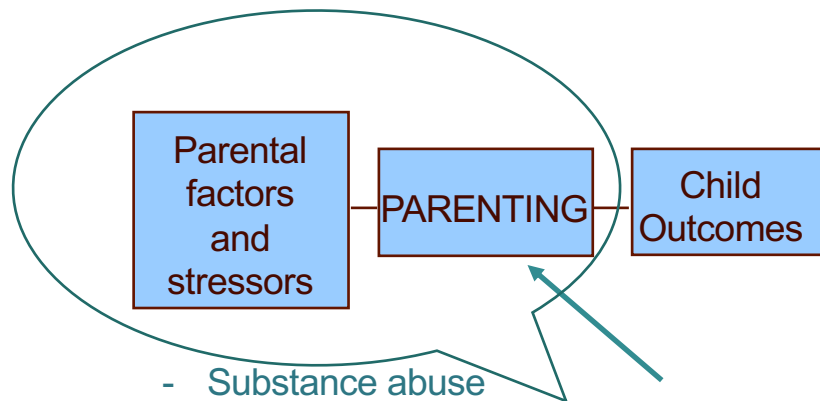


Family Spirit Theoretical Model



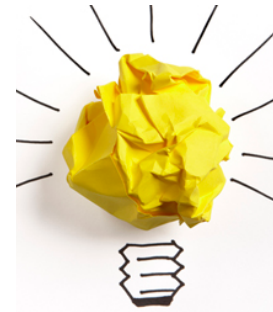
Adapted from Patterson et al., 1989

Designed for Two-Generation Impact:



- Substance abuse
 - Depression
 - Parental stress
 - Risk for IPV
 - Poor coping skills
 - Trauma
- +

Family Spirit designed to improve parenting, plus behavioral/mental health issues that can impede positive parenting:



Family Spirit RCT Results

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

(NIDA Grant #: RO1 DA019042)

(Recruitment 2006-2008, followed to 2011)



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



**159 Moms
(Treatment group)**

Family Spirit Intervention

**163 Moms
(Comparison group)**

Optimized Standard Care



Proven Outcomes of Family Spirit



JOHNS HOPKINS
BLOOMBERG
SCHOOL OF PUBLIC HEALTH

October 10, 2014

In-Home Visits Reduce Drug Use, Depression In Pregnant Teens

SUCCESSFUL INTERVENTION IN AMERICAN INDIAN COMMUNITIES COULD BE USED WIDELY IN LOW-INCOME GROUPS ACROSS THE COUNTRY, RESEARCHERS SAY

Intensive parenting and health education provided in homes of pregnant American Indian teens reduced the mothers' illegal drug use, depression and behavior problems, and set their young children on track to meet behavioral and emotional milestones they might have otherwise missed.

Johns Hopkins Bloomberg School of Public Health-led research also suggests that employing local community health educators instead of more formally educated nurses to counsel young at-risk mothers could be cost-effective and provide badly needed jobs to high school graduates from the same impoverished communities. While the study was conducted in four American Indian communities in the Southwest, the researchers note that its success could likely be replicated in other low-income populations around the United States.

A report on the findings is published Oct. 10 online in the *American Journal of Psychiatry*.

"For years in public health, we have been working on immunizations and other medical interventions to set the course for the health of disadvantaged children, and we have turned the tide," says the study's lead author, Allison Barlow, MPH, PhD, associate director of the Center for American Indian Health at the Johns Hopkins Bloomberg School of Public Health. "Now the burden is in multi-generational behavioral health problems, the substance abuse, depression and domestic violence that are transferred from parents to children. This intervention can help us break that cycle of despair."

American Indian adolescents have the highest rates of teen pregnancy, substance use, suicide and dropping out of high school of any racial or ethnic group in the country.

Article

Paraprofessional-Delivered Home-Visiting Intervention for American Indian Teen Mothers and Children: 3-Year Outcomes From a Randomized Controlled Trial

Allison Barlow, M.P.H., Ph.D.

Britta Mullany, Ph.D., M.H.S.

Nicole Neault, M.P.H.

Novalene Goklish, B.S.

Trudy Billy, B.S.

Ranelda Hastings, B.S.

Sherilyn Lorenzo

Crystal Kee, B.S.

Kristin Lake, M.P.H.

Cleve Redmond, Ph.D.

Alice Carter, Ph.D.

John T. Walkup, M.D.

Objective: The Affordable Care Act provides funding for home-visiting programs to reduce health care disparities, despite limited evidence that existing programs can overcome implementation and evaluation challenges with at-risk populations. The authors report 36-month outcomes of the paraprofessional-delivered Family Spirit home-visiting intervention for American Indian teen mothers and children.

Method: Expectant American Indian teens ($N=322$, mean age=18.1 years) from four southwestern reservation communities were randomly assigned to the Family Spirit intervention plus optimized standard care or optimized standard care alone. Maternal and child outcomes were evaluated at 28 and 36 weeks gestation and 2, 6, 12, 18, 24, 30, and 36 months postpartum.

Results: At baseline the mothers had high rates of substance use (>84%), depressive symptoms (>32%), dropping out of school (>57%), and residential instability (51%). Study retention was 883%. From

pregnancy to 36 months postpartum, mothers in the intervention group had significantly greater parenting knowledge (effect size=0.42) and parental locus of control (effect size=0.17), fewer depressive symptoms (effect size=0.16) and externalizing problems (effect size=0.14), and lower past month use of marijuana (odds ratio=0.65) and illegal drugs (odds ratio=0.67). Children in the intervention group had fewer externalizing (effect size=0.23), internalizing (effect size=0.23), and dysregulation (effect size=0.27) problems.

Conclusions: The paraprofessional home-visiting intervention promoted effective parenting, reduced maternal risks, and improved child developmental outcomes in the U.S. population subgroup with the fewest resources and highest behavioral health disparities. The methods and results can inform federal efforts to disseminate and sustain evidence-based home-visiting interventions in at-risk populations.

(*Am J Psychiatry* 2014; 00:1-9)

The Affordable Care Act authorized \$1.5 billion over 5 years for the Maternal, Infant, and Early Childhood Home Visiting Program, legislated on March 23, 2010. Funding is prioritized for state-level dissemination of evidence-based home-visiting programs to support the health and development of at-risk children, with 3% set aside for tribal communities (1).

Several gaps in the evidence base for home-visiting programs threaten the potential public health impact of the Maternal, Infant, and Early Childhood Home Visiting Program (2). First, current home-visiting programs have not been evaluated in low-resource special populations in the United States, including American Indian, new immigrants, and military families (2, 3)—populations that can be difficult to recruit and retain (3). Second, no home-visiting program currently endorsed by the Maternal, Infant, and Early Childhood Home Visiting Program (3, 4) has been designed to target or shown reductions in both maternal drug use and mental health problems known to negatively affect children's early development (5-8) and disproportionately affect mothers in at-risk settings. Third,

current home-visiting interventions have not systematically measured intervention impact on children's emotional and behavior outcomes across early childhood (0 to 3 years) that are known to predict better developmental trajectories across the life course (9, 10). Identification of early benefit is critical, given the short grant cycle of the Maternal, Infant, and Early Childhood Home Visiting Program and the need for early markers to indicate positive return on investment. Fourth, the most rigorously evaluated home-visiting programs do not lend themselves to replication in at-risk communities. For example, some interventions require nurse home visitors (11), despite the shortage of nurses in low-resource, culturally diverse communities. Further, reports on home-visiting trials have not included methods or outcomes of intervention fidelity (12). Ensuring intervention fidelity is critical to scaling efforts. Finally, trials that have depended on assessments that employ high-cost professionals or technologies (i.e., direct or videotaped observational assessments) or extended periods of follow-up to identify benefit are often not feasible within disadvantaged populations, such as those targeted

Participants' Baseline Characteristics

- N=322 mother-child dyads from 4 tribal communities
- 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 ≥ 2 homes in past year
- 32% elevated depression scores
- Lifetime drug use: 84% alcohol, 79% marijuana, 28% meth





Family Spirit Impact: Pregnancy to Age 3

PARENTING

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

MATERNAL OUTCOMES

- Decreased maternal depression. ^{1,2,4}
- Decreased substance use ⁴
- 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

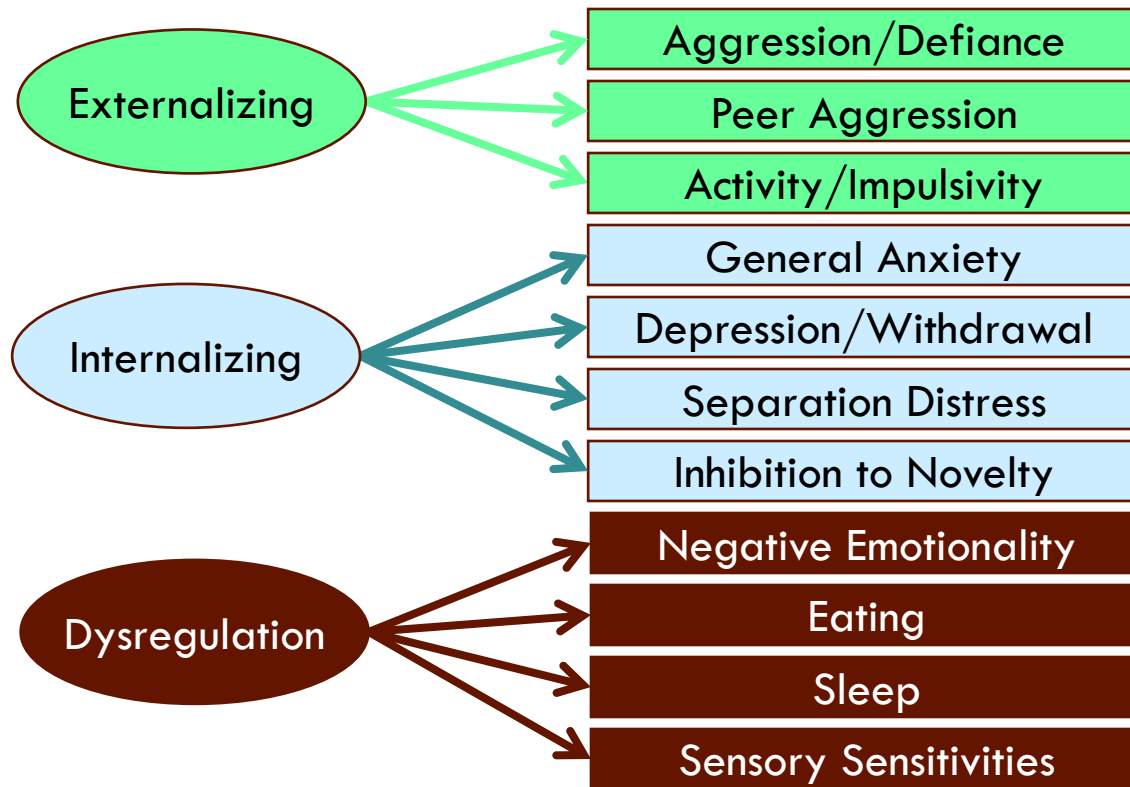
1 Barlow A, Varipatis-Baker E, Speakman K, et al *Arch Pediatr Adolesc Med.* 2006;160:1101-1107

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

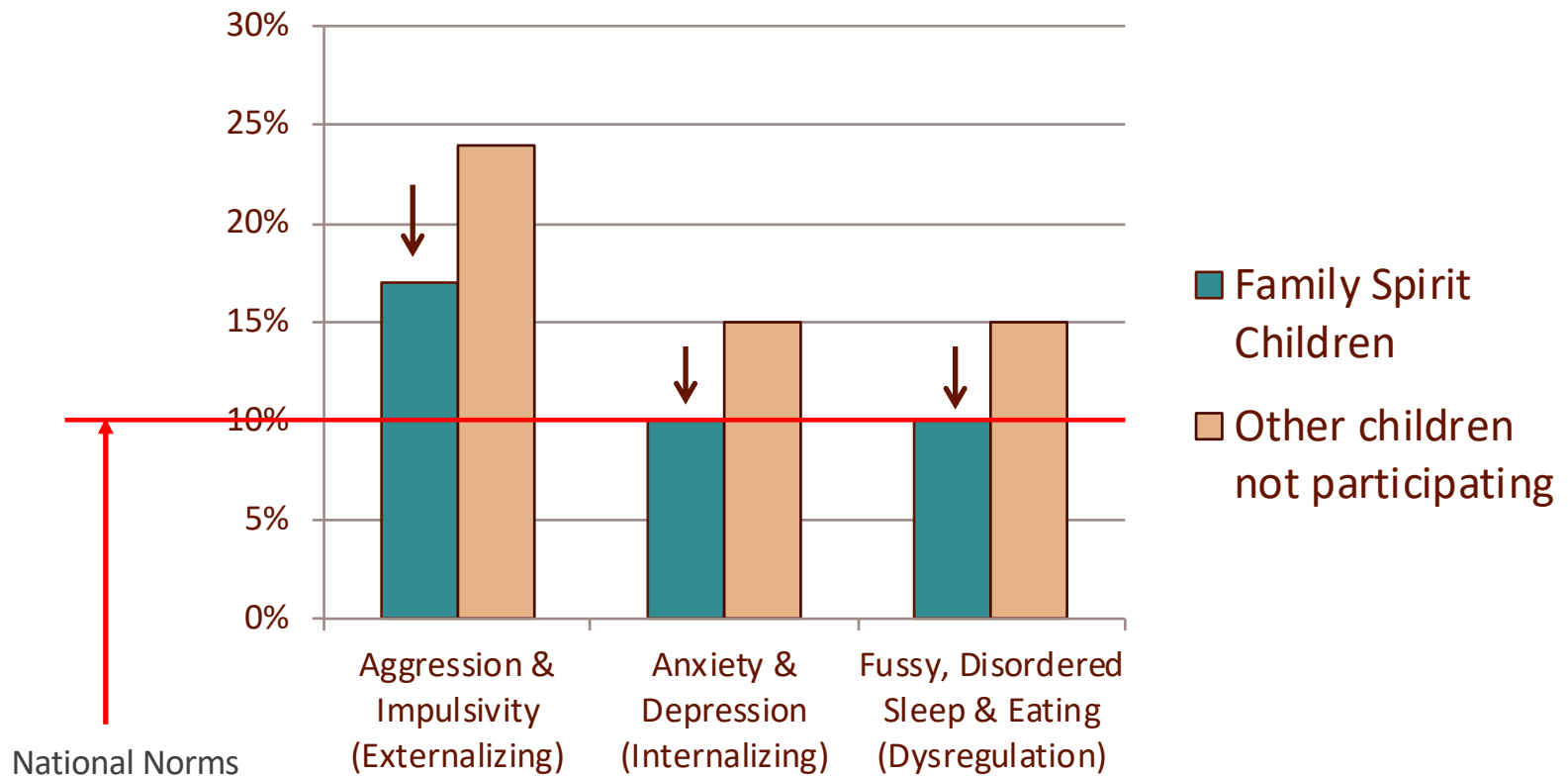
3 Barlow A, Mullany B, Neault N, et al. *American Journal of Psychiatry.* January 2013.

4 Barlow A., Mullany B., Neault N, et al – *American Journal of Psychiatry,* October 2014.

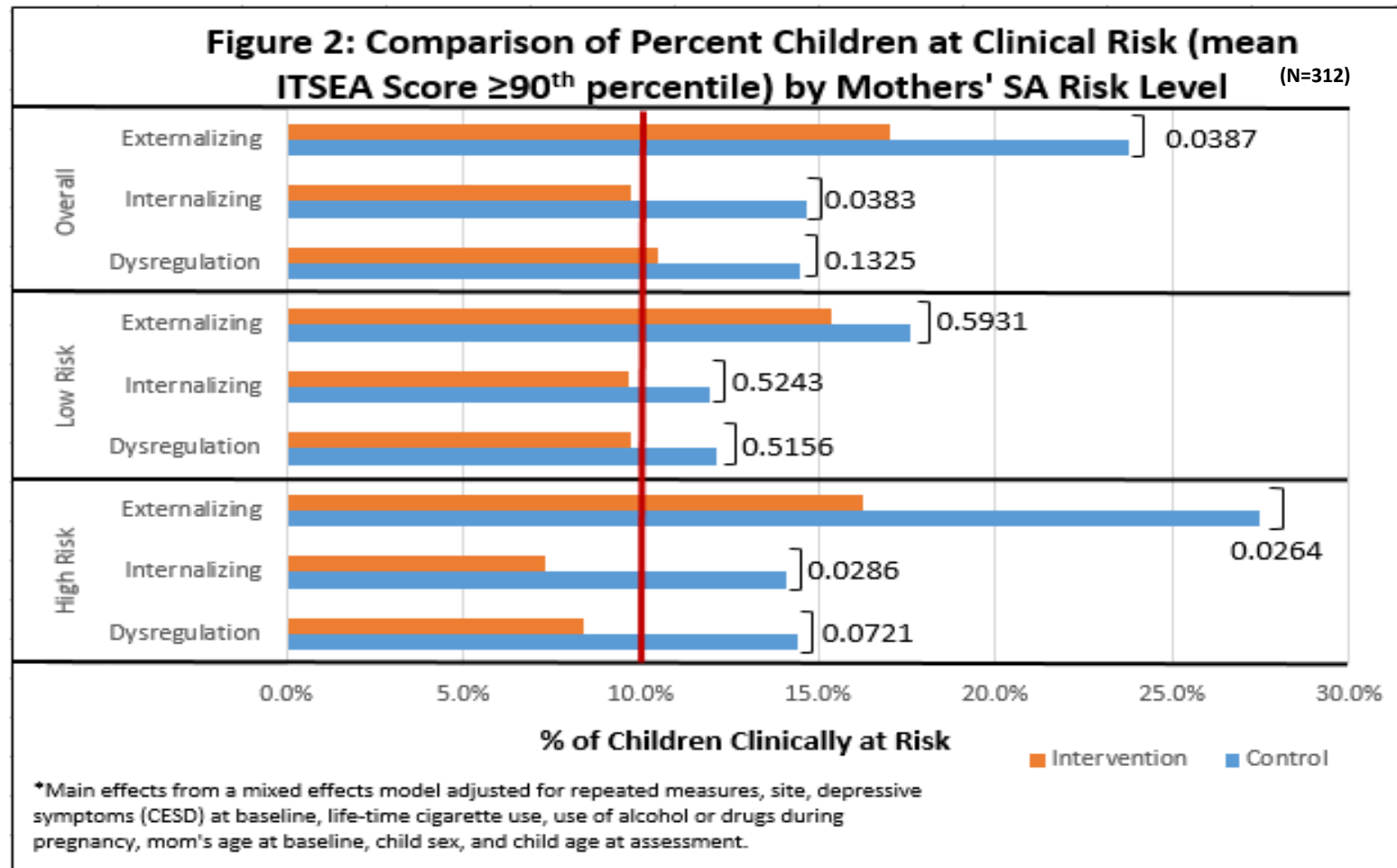
Closer Look at Children's Outcomes ITSEA Problem Domains with Subscales



Impact of Family Spirit on Children



FS Results Strongest in Children Born to Mothers at High-Risk for Substance Use



Family Spirit – Charmaine and Crystal (YouTube)

