Focus Area:
Maternal Mental Health

Case Study:
Family Spirit

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Program Overview

Family Spirit is a culturally tailored, evidence-based home-visiting program designed to maintain a high standard of maternal health and well-being for women and children in tribal communities.[1] Combining home visits with professionals from the community with a culturally informed curriculum, Family Spirit seeks to empower and support young families.[2] Family Spirit intends to interrupt intergenerational behavioral health problems by applying local cultural assets and overcoming deficits in professional health care in underserved communities. It is the only evidence-based home-visiting program ever designed for, by, and with American Indian families. Currently, Family Spirit is used in over 100 tribal communities across 16 states, as well as several low-income urban environments in Chicago and St. Louis.[3]

A literature review indicates best practices for treatment of maternal mental health. Preventative intervention that focuses on parenting behaviors of mothers with depression addresses the cognitive and language skills of their children.[4] While there is little evidence that prenatal intervention prevents postpartum depression, evidence does show that prenatal intervention can mitigate aggravating factors that increase symptoms of postpartum depression such as infant care skills, self-care, and household management.[5] Family Spirit addresses these concerns by integrating treatment during the prenatal stage to begin preventative treatment.

For postpartum interventions to be fully effective, studies show that intervention must last beyond the postpartum stage to avoid negative outcomes in the mother and child.[6] Family Spirit's program coursework lasts beyond the postpartum period with curriculum designed to continue until the child is three years old.

Origins

Family Spirit began in 1995 as the Share Our Strengths program through the Johns Hopkins Center for American Indian Health. In partnership with the Navajo, White Mountain Apache, and San Carlos Apache tribal communities, Share Our Strengths was designed to support the tribes' mothers and young children. In 1998, a fatherhood program was developed to be implemented in tandem with the Share Our Strengths programs. The two programs merged into the Family Strengthening program, which was rigorously evaluated by Johns Hopkins Center for

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American Indian Health in randomized control trials. Developers then expanded the programs' curriculum to address prenatal needs up to when the child is three years old. Family Spirit as it is implemented today developed out of evaluations and changes made to Family Strengthening in 2006.[7]

Identified Population

Family Spirit programs focus on American Indian teenage mothers from 28 weeks pregnant to 36 months postpartum to offer a series of 63 structured weekly lessons. In general, American Indian teenage mothers experience high rates of substance use, school dropouts, residential instability, and untreated mental health issues. Through Family Spirit, families are empowered to implement healthy development and positive lifestyle choices for themselves and their children.

Program Goals

The program has seven stated goals:

1. Increasing parenting knowledge and skills
2. Addressing maternal psychosocial risk factors that could interfere with positive child-rearing (such as drug and alcohol use, depression, low education, unemployment, and intimate partner violence)
3. Promoting optimal physical, cognitive, and social and emotional development for children ages birth to three years
4. Preparing children for early school success
5. Ensuring children receive recommended well-child visits and health care
6. Linking families to community services to address specific needs
7. Promoting parents' and children's life skills and behavioral outcomes across the lifespan

The Family Spirit program focuses on the mother and the child. It is designed to impact short, intermediate, and long-term maternal behavior and child emotional outcomes. The program also focuses on a culturally aware approach to health by utilizing community professionals who are educated and trained on tribal practices and beliefs to ensure services are provided in a way that aligns with daily behavior, activities, and traditions. By doing so, Family Spirit can address behavioral health disparities within marginalized communities in an effective way.

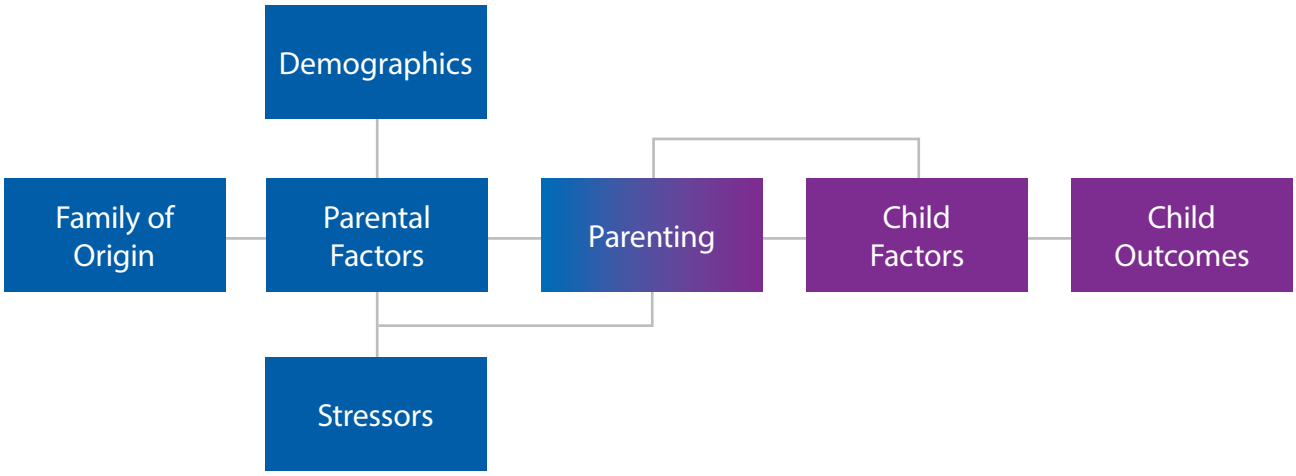
How Family Spirit Works

Family Spirit is based on the Model of Parenting developed by Dr. G.R. Patterson, founder of the Oregon Social Learning Center. The Model marks parenting as the link between environmental contexts and childhood development outcomes. The program focuses on promoting a mother's problem-solving skills and coping mechanisms to overcome social and environmental stressors that may impact parenting skills[8].

Communities that wish to house an affiliate Family Spirit program must accomplish the following:

- Apply and complete training with the national Family Spirit organization before contracting services can begin
- Have office space and a sponsoring organization that provides stable funding for the duration of the contracted period (the sponsoring organization could be a non-profit or state, local, or tribal government)
- Pay an affiliation fee, which covers training costs, booklets, and manuals;[9] and
- Have one full-time home visitor for every 20-25 families served and one full-time supervisor for every 6-10 full-time home visitors:
    - Full-time home visitors are required to have a high school diploma/GED and at least two years of related work experience
    - Full-time supervisors must have a college degree or equivalent work experience, plus experience in home visiting, case management, community networking, and staff supervision

G.R. Patterson's Model of Parenting as Mediator of Child Outcomes (1989)



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The program lesson plan is designed to last 39 months, starting during the mother's third trimester of pregnancy and continuing until the child is 36 months old, with a total of 52 home visits lasting anywhere from 45-90 minutes each.

Typically, the program is taught in a family home, hospital, daycare, school setting, or community center. While the curriculum is designed to be universally applied, the session leader has discretion to exclude some curriculum should their preliminary evaluation demonstrate those sessions unnecessary.

SESSIONS 1-12
weekly from the beginning of the third trimester to birth

SESSIONS 13-20
weekly until three months postpartum

SESSIONS 30-45
monthly until 22 months postpartum

SESSIONS 46-52
bimonthly until 36 months postpartum

The program curriculum consists of six modules taught sequentially or independently, contingent on the needs of the mother and child. [10]

PRENATAL CARE

- Prepare for the arrival of baby
- What to expect during pregnancy
- How to take care of yourself and your baby

INFANT CARE

- Adapt to your life with a new baby
- Take care of yourself
- Learn basic infant care skills
- Learn how to respond to your baby's wants/needs

YOUR GROWING CHILD

- Track your child's overall development from 7 months until the child's third birthday
- Learn to prepare your child for preschool through activities and play

TODDLER CARE

- Building confidence in your parenting skills through daily routine and monitoring
- Learn basic skills to help your child form healthy habits to last a lifetime

MY FAMILY AND ME

- Develop life skills that will positively influence yourself, your child, and your family and friends

HEALTHY LIVING

- Address and cope with difficult situations
- Learn goal setting to build self-esteem and be a good role model
- Learn about substance abuse prevention, family planning, prevention of sexually transmitted infections, and where you can go to get help, if needed

In addition to the predetermined curriculum, the Family Spirit program includes a reference manual, which provides the instructor and participant supplementary information relating to the lessons. The reference manual also has a glossary of important terms for the participant, as well as a bibliography with additional reading. The participant receives a workbook with handouts and worksheets that act as "homework assignments" between sessions to further illustrate key points from the curriculum. These homework assignments include activities that can be implemented in the mother's everyday life, such as setting a routine for the child and planning breaks within the day for the mother to take time for themselves.[11]

The program offers four certificates for participants throughout the program:

- The New Baby Certificate is given when a participant gives birth
- The Breastfeeding Certificate is given when a mother successfully breastfeeds their child for two weeks
- Certificates of Achievement are given by the home visitor to recognize general achievements within the program
- A Certificate of Completion is given to each participant upon exiting from the program, regardless of how long participants are enrolled

Program Support and Funding

Family Spirit is part of the Johns Hopkins Center for American Indian Health, a part of the Bloomberg School of Public Health. Family Spirit also receives partial funding from the National Institutes of Health and the Maternal, Infant, and Early Childhood Home Visiting program. The program has received praise from multiple tribal governments, including the Navajo Nation and White Mountain Apache and San Carlos Apache tribes.[12]

Evidence of Efficacy

In a 2015 study conducted by Johns Hopkins University, 322 expectant American Indian mothers between the ages of 12 and 19 from four southwestern reservation communities were assigned to either Family Spirit intervention plus optimized standard care or optimized standard care alone. Mothers and children were evaluated at 28 weeks and 36 weeks gestation as well as at 2, 6, 12, 18, 24, 30, and 36 months postpartum. As a baseline, researchers found that American Indian mothers experience relatively high rates of substance use, depressive symptoms, dropping out of school, and residential instability. During the study, the mothers enrolled in the Family Spirit intervention exhibited more parental knowledge, control, fewer depressive episodes, and lower use of marijuana and other illegal drugs. The children in the Family Spirit intervention group had fewer externalizing, internalizing, and dysregulation problems (poor emotional response management).

It was concluded that Family Spirit 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."[13]

Endnotes

1 Driver, Kelly. **"Family Spirit."** Johns Hopkins Bloomberg School of Public Health, July 23, 2021.

2 **"Family Spirit."** CEBC Program. California Evidenced-Based Clearinghouse for Child Welfare, February 2020.

3 **"Family Spirit Home Visiting Program."** Family Spirit Home Visiting Program | Center for American Indian Health. Johns Hopkins Bloomberg School of Public Health. Accessed August 2, 2021.

4 Sohr-Preston, Sara L., and Laura V. Scaramella. "Implications of Timing of Maternal Depressive Symptoms for Early Cognitive and Language Development." *Clinical Child and Family Psychology Review* 9, no. 1 (2006): 65–83. https://doi.org/10.1007/s10567-006-0004-2.

5 Dennis, C. L. (2005). Psychosocial and psychological interventions for prevention of postnatal depression: systematic review. *BMJ*, 331(7507), 15.

6 McCue Horwitz, Sarah, Margaret J Briggs-Gowan, Amy Storfer-Isser, and Alice S Carter. 2007. "Prevalence, Correlates, and Persistence of Maternal Depression." *Journal of Women's Health* 16(5): 678–91.

7 **"Family Spirit."** National Home Visiting Resource Center. Accessed August 2, 2021.

8 Patterson GR, DeBaryshe BD, and Ramsey E. "A Developmental Perspective on Antisocial Behavior. *American Psychologist*. 1989; 44:329-335.

9 **"Intervention Summary - Family Spirit."** SAMHSA's National Registry of Evidence-based Programs and Practices, 2013.

10 **"Family Spirit."** CEBC Program.

11 **"Intervention Summary - Family Spirit."** SAMHSA's National Registry of Evidence-based Programs and Practices.

12 Katie Pearce. **"Home Visits Help Strengthen Maternal, Infant Health in Native American Communities."** *The Hub*. Johns Hopkins University, September 25, 2017.

13 Allison Barlow, Britta Mullany, Nicole Neault, , et al. **"Paraprofessional-Delivered Home-Visiting Intervention for American Indian Teen Mothers and Children: 3-Year Outcomes from a Randomized Controlled Trial."** *American Journal of Psychiatry*, February 1, 2015.

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