

Balancing Fidelity and Fit in Implementing Cultural Focused Interventions



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Objectives:

1. Explain the importance of culturally informed evidence-based interventions (EBIs) in the context of early childhood learning
2. Understand some difference approaches to developing culturally informed interventions
3. Identify practical ways to enhance their own programs to be culturally sensitive with the goal of creating lasting impact for families and children

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What the literature says...

- Community's culture – traditional practices, teachings, and beliefs – protective of its health and well-being
- Relationship between efficacy of health intervention and relevance to community's culture (Castro et al. 2006)
- Cultural adaptation means modifying a program's language, context, and culture to be compatible with target community's cultural patterns, meanings, and values (Bernal et al. 2009; IOM 2013)
- Must balance cultural adaptation and fidelity of implementation (Castro et al. 2004)

Discussion Questions

- How do you think culturally-informed evidence-based interventions (EBIs) affect your work in early childhood?
- How do cultural teachings make EBIs more effective?

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Developing culturally-focused interventions

- **Non-adaptation/surface-structure**
 - Implement an EBI as-is
 - Make changes to images or phrases throughout content or lessons
- **Deep-structure**
 - Infuse unique cultural worldviews, beliefs, values, and behaviors of a population into an EBI
- **Culturally-grounded**
 - Place culture and social context of target population at center of intervention



Strengths and limitations of these approaches

Non-adaptation/surface-structure cultural adaptation		Deep-structure cultural adaptation		Culturally grounded prevention	
Strengths	Limitations	Strengths	Limitations	Strengths	Limitations
Tests the applicability of generic/ universal prevention principles to unique groups	Can be inadvertently disconnected from the community	Based on empirically supported intervention principles	Assumes the core components of an evidence-based program are applicable across cultural groups	Community is engaged and invested in the development of the program	Time consuming
Faster to develop, implement, and bring to scale	Can potentially leave out core cultural components	Balances length of time and costs to develop curriculum with the ability to bring the program to scale	Need to specify and retain the core prevention components for fidelity	Directly addresses core cultural constructs	Expensive
Based on empirically supported interventions, but with questionable “fit”		Engages the community, but within the parameters of a specific evidence based program	May inadvertently alter core components and decrease their effectiveness	Core prevention components are derived organically (from the “ground up”) and can therefore be intertwined with core cultural components	Difficult to generalize to other settings

Two examples

- Family Spirit Program – culturally-grounded maternal and early childhood home-visiting program
- Inter-Tribal Council of Michigan – deep-structure adapted version of Family Spirit Program

Family Spirit Video

Click the link here to watch the video:

<https://youtu.be/6e0swZ-e5f8>

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

Family Spirit: Key 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 Young Children for School**

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 attitudes³

Mothers' Outcomes

- Decreased depression^{1,2,4}
- Decreased substance use⁴
- Fewer risky behaviors^{3,4}

Child Outcomes

- Fewer social, emotional and behavior problems through age 3^{2,3,4}
- Lower clinical risk of behavior problems over life course⁴



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.



Family
SPIRIT[®]
 Promoting Maternal and Early Child Health

Affiliate Communities

- Native Communities
- Non-Native Communities

Tapping Cultural Assets



- Children are sacred
- Matrilineal societies



- Changing woman
- Sunrise Ceremony, Kinaalda

Culturally Grounded Content and Format

- “Familiar” stories create dialogue between Family Health Educator and mom to solve problems.
- Illustrations by Apache-Navajo artist.
- Out-takes for local cultural activities and additional resources



CBPR Approach (Community-Based Participatory Research)

- Equal partnership – research organization and community members
- Community participates fully in all aspects of research
 - Hire and train local staff
 - Develop local advisory boards
 - Regular tribal health board and tribal council review and input
- Ongoing process that incorporates research, reflection, and action
- Requires flexibility

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





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.

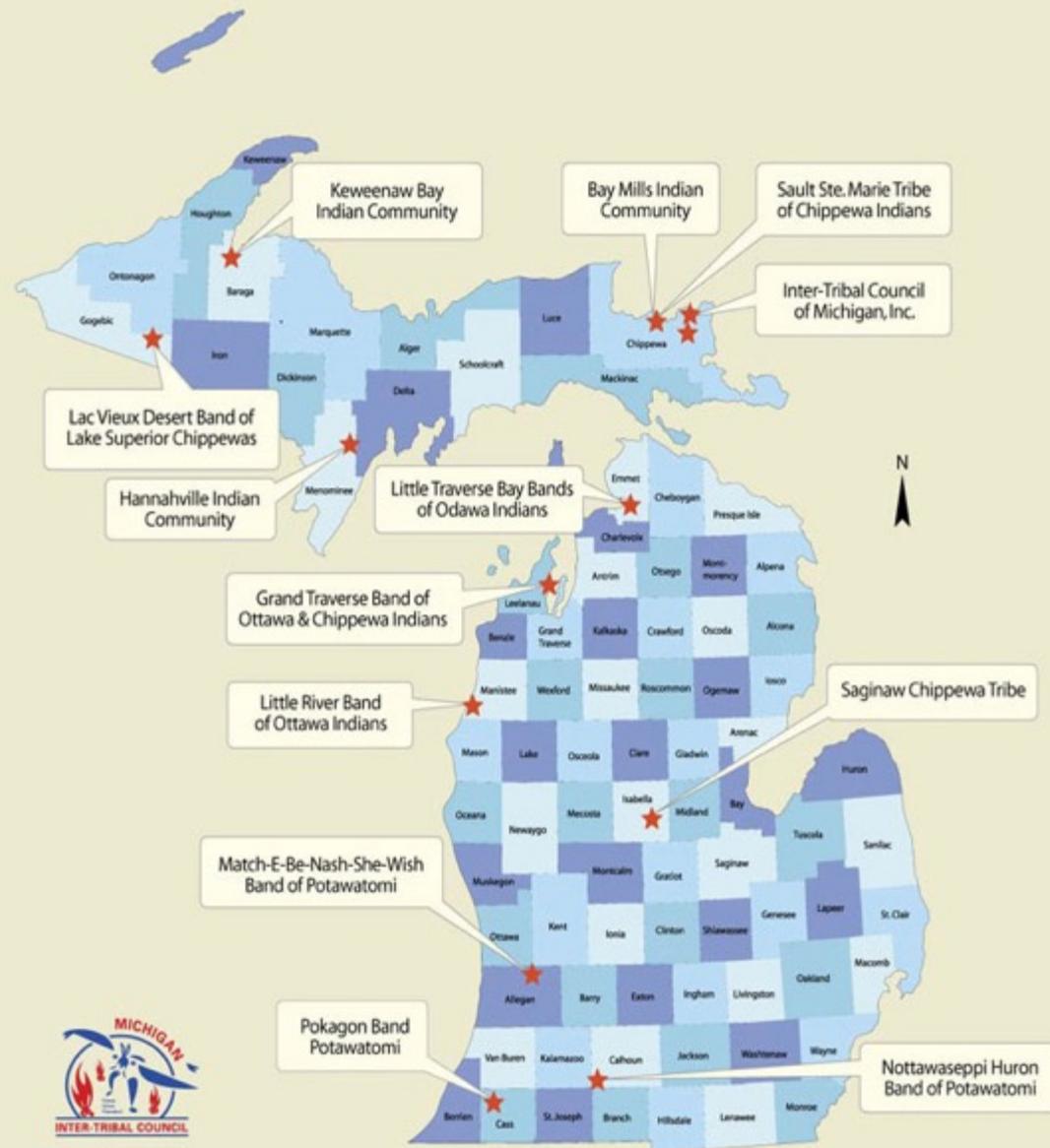
 - **Mild post-partum depression, or baby blues, occurs among half of all women.**
 - **Post-partum depression** starts within about 48 hours after birth and lasts for a few days to a week for most women.
 - Accept help from others if it gives you more time to rest, or if you need time to yourself.
 - 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.

 - **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*

Inter-Tribal Council of Michigan



Michigan's Federally Recognized Tribes



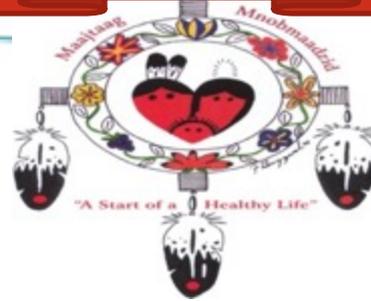
Inter-Tribal Council of MI:

- Consortium of 12 MI Tribes and 1 Urban Tribal Program
- Scope of work and services provided include Public Health and Disease Prevention, Maternal and Child Health, Environmental Health, Substance Abuse and Prevention
- We DO NOT act on behalf of Tribes, we provide services to Tribes when they are interested in partnering on grant opportunities and projects

Agency

Program

Model



Maternal & Child Health Team



Elizabeth Kushman
Program Director



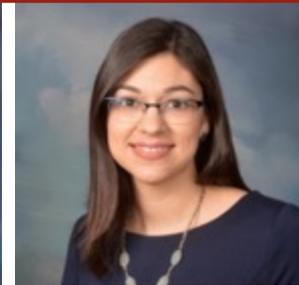
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THV Tribal Partners





Home Visiting at Inter-Tribal Council of Michigan

- 11 Tribal Communities
- Provide Home Visiting services to Prenatal Women, Postpartum Mothers, Fathers, Other Caregivers and Children Age Birth to 5 Years
- Services Provided By Nurses, Social Workers, and Community Health Workers



Model Selection and Implementation Process

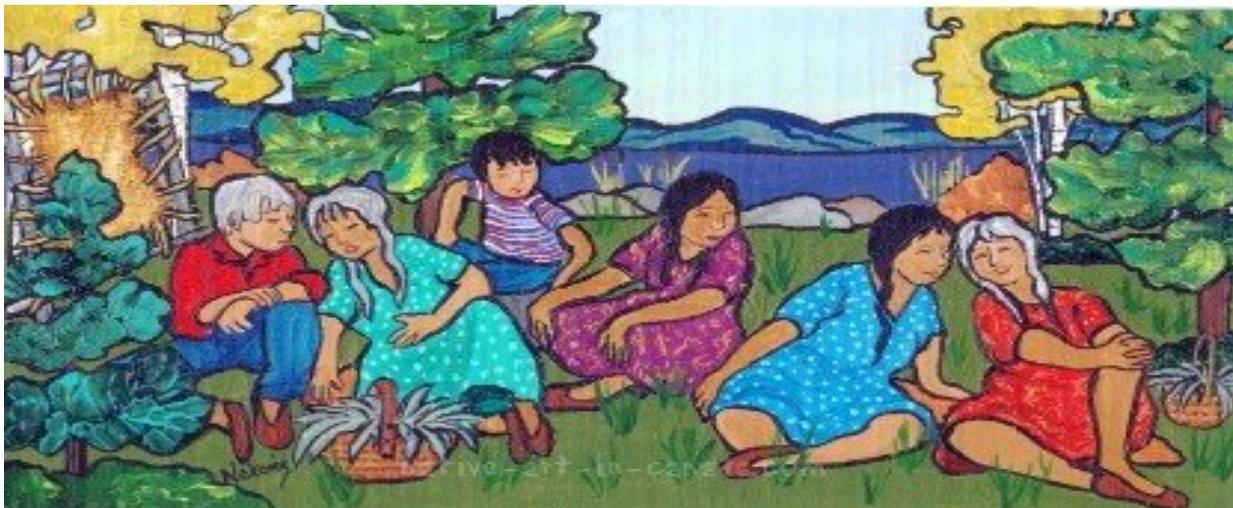
- Review of Model
- Model Selection
- Also Consider:
 - Selection of Model
 - Reporting/Program
 - Community
 - Family
 - Individual Client



Program Benchmarks

Program Reporting: 6 Construct Areas with 37 Benchmarks

Benchmark I: <i>Improved Maternal and Newborn Health</i>	Benchmark II: <i>Reduction in Child Abuse, Neglect, Maltreatment, & Emergency Department Visits</i>	Benchmark III: <i>Improvement in School Readiness and Achievement</i>	Benchmark IV: <i>Domestic Violence</i>	Benchmark V: <i>Family Economic Self-Sufficiency</i>	Benchmark VI: <i>Coordination and Referrals for Other Community Resources and Supports</i>
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Cultural/Program Informed Adaptations

Family Spirit Lesson Checklist in Order of suggested Presentation

PC=Prenatal Care; IC=Infant Care; YGC=Your Growing Child;
TC=Toddler Care; MFM=My Family and Me; HL=Healthy Living

Comple	HS-FS	OK for	FS				Minimum
Date	Priority	3-5 yr Visits	Session	Status	Lesson	Module	Visit Frequency
	1		1	Prenatal	Contributing to a Healthy Pregnancy	PC-1	monthly
			2	Prenatal	Working Towards a Better You	HL-1	monthly
			3	Prenatal	Changes a Woman Goes Through	PC-2	monthly
	2		4	Prenatal	A Look at Drug Use in Our Community	HL-2	monthly
	3		5	Prenatal	Effects of Drug Use on a Developing Baby	HL-3	monthly
			6	Prenatal	Understanding Gestational Diabetes	PC-3	monthly
	4		7	Prenatal	Baby proofing & Safety Inside & Outside the Home	PC-4	monthly
	5			Prenatal	Bedtime Safety	IC-5	monthly
			8	Prenatal	How to Feed	IC-2	monthly
			9	Prenatal	How to Diaper	IC-3	monthly
				Prenatal	How to Dress	IC-4	monthly
	6		10	Prenatal	Breastfeeding Basics (Before You Begin/Tips)	PC-9	monthly
				Prenatal	How to Bathe	IC-6	monthly
			11	Prenatal	Before and During Labor	PC-7	monthly
				Prenatal	Time to Push	PC-8	monthly
			12	Prenatal	Preparing for Safe Travel and Outings	PC-5	monthly
				Prenatal	Understanding Paternity	HL-10	monthly

Other Family Spirit Adaptations

- Addressing the Programming Gap for Ages 3-5
 - Identification of Current Family Spirit Lessons that could still be used
 - Development of New Materials (Gikinawaabi)



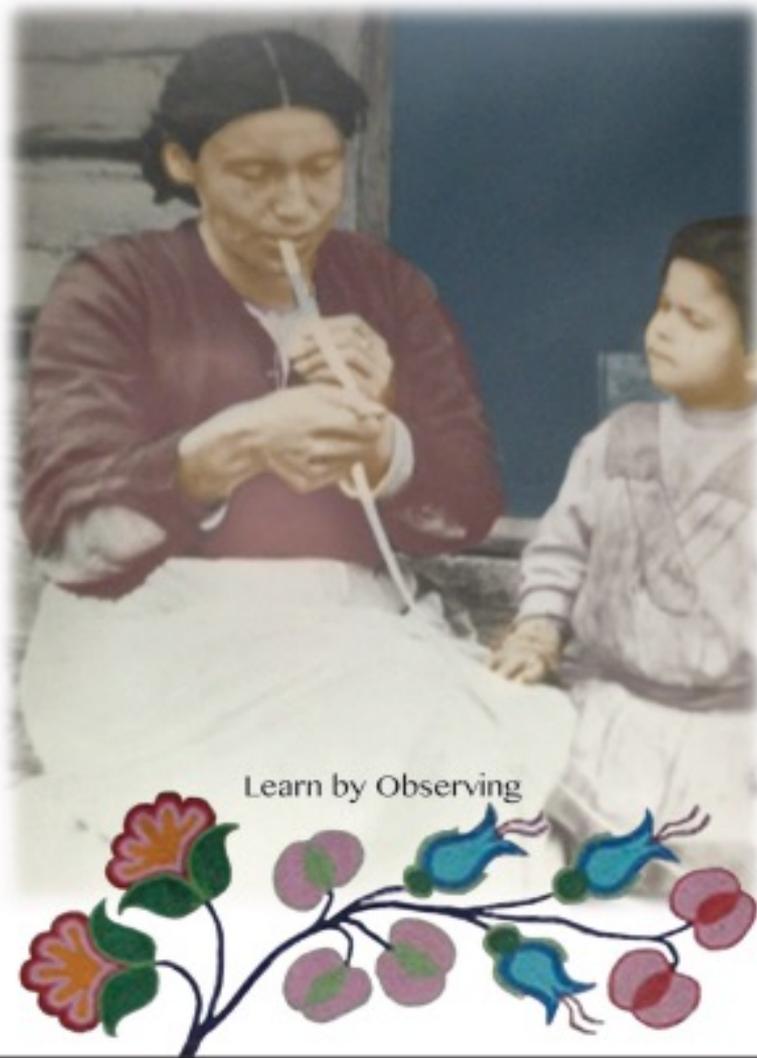
Reusing Lessons

Family Spirit Lesson Checklist in Order of suggested Presentation

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Gikinawaabi



Learn by Observing

A Home Visiting Early Learning Supplementary Curriculum
for families of children age 3-5 years old

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ITC of MI Programs

Tribal MIECHV
Healthy Start
Kellogg Honoring Our Children Program
Early Head Start
Head Start

Other Programs

Michigan State University:
University Outreach and Engagement

National Center on Cultural and Linguistic Responsiveness:
Office of Head Start

Gikinawaabi



Gikinawaabi: Observation as the Foundation for Learning

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Lesson 11: Storytelling	Tab 11
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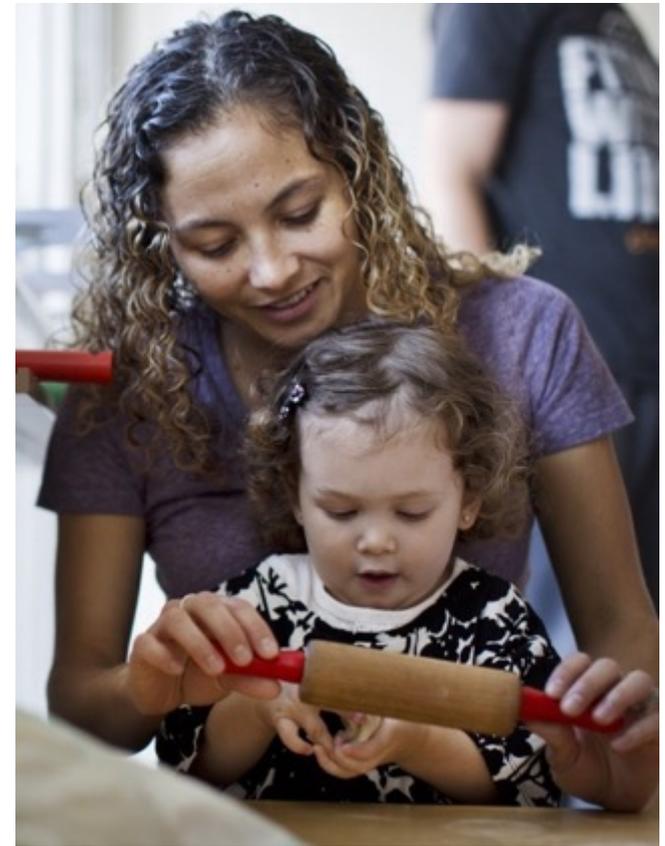
III. Reference Section

- o Creative Curriculum Milestones
- o PICCOLO behaviors to role model
- o Medicine Wheel Overview Sheet
- o Teaching the Medicine Wheel
- o Book Appreciation Home Visitor Reference Sheet
- o Math Home Visitor Reference Sheet
- o Learning to Write and Draw
- o Anishinaabemowin Animal Names
- o Online Resources for Parents

- Intended for use as a home visiting early learning supplemental curriculum for families with children ages 3-5
- Lifeway Learning Focus: Medicine Wheel
- 13 Lessons with supporting materials (Books, Tip Sheets, Games, Coloring and Counting Resources)
- Lesson target: Math, Language, and Literacy
- Significant focus on providing materials for families after the home visit is provided
- Intended dosage one (1) Lesson per Month

Core Concepts

- It is “traditional” that children learn from their parents and caregivers by first watching what they do.
- The home environment is the first learning environment.
- Parents do their best to teach their children.
- A home visit to guide and support parents in teaching their children should be empowering and strength based.
- Home visit approach to teaching to the Head Start Early Learning Framework (Health focus vs. Early Learning Focus)







THE NATIONAL CENTER ON
**Cultural and Linguistic
Responsiveness**

Making it Work

Making It Work! is a tool every tribal and native community can use to connect their own unique traditional cultural skills, values, beliefs, and lifeways to school readiness and the research-based Head Start Child Development and Early Learning Framework (HSCDEL^F).



Implementation Fidelity



- Fidelity first to the wisdom and methods that tribes have affirmed as valuable, effective and meaningful
- Fidelity to Tribal Self Determination— the basis has to be a partnership rather than authority
 - Understanding that you can't lump all tribes together and say this is what you should do

Implementation Fidelity: Working with Multiple Tribes

Variations:

Language Dialects
Local/Regional Teachings

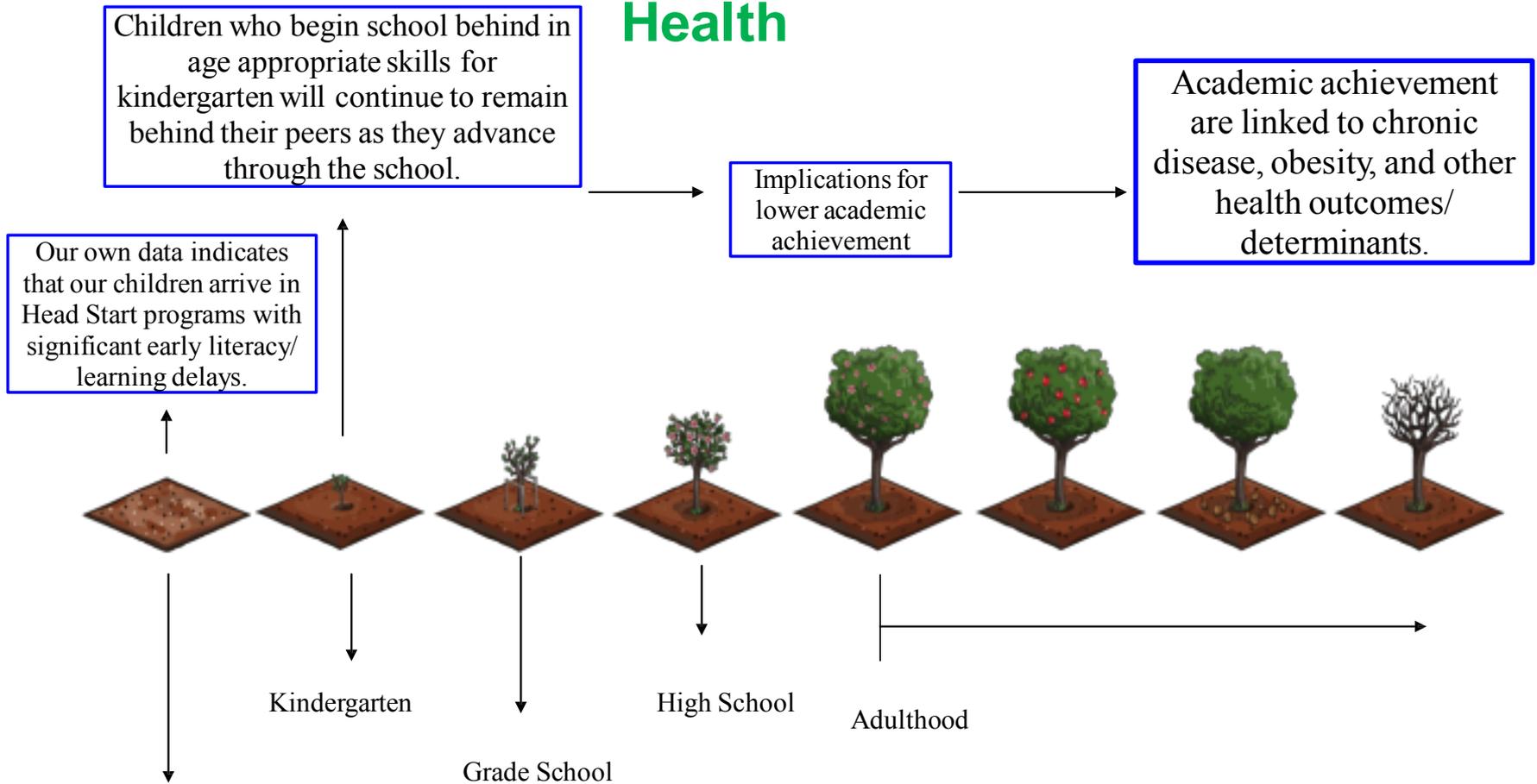
Similarities:

Identifying Colors
Counting
Reading

CURRICULUM
CORE:
SUPPORT PARENT
AND CHILD
RELATIONSHIPS
WHEREBY YOU
SUPPORT
LEARNING AND THE
LEARNING
ENVIRONMENT

KEY CONCEPT FOR BOTH TRIBAL
AND WESTERN METHODS OF
SUPPORTING EARLY LEARNING

Connecting Early Learning to Health



It was once thought that the development of reading skills started with the introduction of reading instruction in elementary school, but research now supports the idea that learning to read is a continuous developmental process that emerges early in life. This is what we call EMERGENT LITERACY.

Gikinawaabi Lesson Example

Lesson 2/Niish

LANGUAGE LESSON OVERVIEW: Medicine Wheel Book Home Visitor Lesson Overview



INDIVIDUAL LEVEL

To prepare for lifelong success in understanding Receptive and Expressive Language, children ages 3-5 should be developing the following skills.

Keep in mind:

- The expected progression of the development of each skill is listed in order starting at (a.).
- Every child will develop skills at their own pace.
- If you find a child has mastered one skill, begin to move on to the next.

Comprehends Language

- a. Identifies familiar people, animals, and objects when prompted
 - Goes to sink when told to wash hands
 - Touches body parts while singing, "Head, Shoulders, Knees, and Toes"
- b. Responds appropriately to specific vocabulary and simple statements, questions and stories.
 - Finds a favorite illustration in a storybook when asked
 - Responds using gestures to compare the sizes of the three leaves
- c. Responds appropriately to complex statements, questions, and vocabulary stories.
 - Answers appropriately when asked, "How do you think the car would move if it had square wheels?"
 - Builds on ideas about how to fix the broken wagon

Uses and Expanding Expressive Vocabulary

- a. Names familiar people, animals, and objects
- b. Describes and tells the use of many familiar items
 - When making pancakes, says, "Here is the beater. Let me beat the egg with it."
- c. Incorporates new, less familiar or technical words in everyday conversations
 - Says, "I'm not sure I can put it together. It's complicated."

Engages in Conversations

- a. Initiates and attend to brief conversations
 - Says, "Doggy." Parent responds, "You see a doggy." Child says, "Doggy woof."
- b. Engages in conversations of at least three exchanges
 - Maintains the conversation by, responding, repeating what the other person says or by asking questions
- c. Engages in complex, lengthy conversations (five or more exchanges)
 - Extends conversation by moving gradually from one topic to a related topic

LANGUAGE LESSON PLAN: Medicine Wheel Book

Home Visitor Lesson Plan



Target Domain LANGUAGE: Receptive and Expressive Language

Objectives

Parent Skills----->	Child Skills----->	Domain Concepts:
Aware of child's engagement in the story	Listens, looks and follows a story related to the medicine wheel	The child will attend to language during conversations, songs, stories, or other learning experiences.
Labels objects and actions for the child	Points to specific aspects (colors, directions, etc.) on the wheel	
Talks to the child about characteristics of objects in the story	Uses language to express concepts and aspects of the medicine wheel	
Waits for child's response after making a suggestion	Uses words introduced through the telling of the medicine wheel story	
Demonstrates active listening, waits for child's response		
Encourages child to clarify meaning rather than saying "right or wrong", "tell me more"		
Asks child for information		
Repeats or expands child's words		

Materials Needed

- Medicine Wheel Overview
- Medicine Wheel Preschool Book
- Tip Sheet: "How to Read to a Child"
- Leave-behind materials (see wrap-up section)

Time Required

Each lesson should be around 15-20 minutes in length, to leave an appropriate amount of time to complete the rest of your home visit. However, you may adjust the time you need to complete the lesson if need be.

How to Know Skills Are Being Learned

Child: LOLLIPOP (Color, Shape, Number & Letter Recognition)

Parent: PICCOLO (Encouragement, Teaching), Parent/Child Activity Folder



Warm-Up

The goal of any warm-up is to make the parents feel more comfortable, secure, and open to asking questions. You can start the visit by engaging the participant in an informal conversation about how she/he is feeling and how things are going in their life. Take as much time as you need to answer their questions and listen to their concerns, keeping in mind that these lessons can be completed in about 15-20 minutes.

Review Previous Lesson and Follow-Up with Referrals

If this isn't the first lesson with this family, take time to review the previous lesson(s). Ask if she/he has any questions remaining from the previous session, and probe to find out if she/he remembers the teaching points – or better yet, if they have been practicing the skills at home and in the community.

Ask the following questions and document on the Medical Chart Tab on the Visit Encounter Form:

- **“Since our last visit, have you had any changes to your health insurance?”**
- **“Since our last visit, have you had any changes to your medical home?”**
- **“Since our last visit, have you or your child been to the doctor or hospital for any medical appointments or emergencies or other care?”** If, in a previous visit with this family, any referrals were made to any services (medical, community, social services, etc.) follow-up and document that the referral was completed.

Introduction to Today's Lesson

Introduce the lesson and skills that you will be focusing on today:

- Use the Objectives as a guideline for introducing the specific domain concepts.
- If necessary, review the Teaching the Medicine Wheel Tip-Sheet before introducing Medicine Wheel teachings.
- Remind the family that the Medicine Wheel can be used to teach us about life, language, and even math and literacy.

“Today we are going to read the Medicine Wheel Book! Reading is a fun activity a parent and child can do together and is an important step in helping your child learn to read.”



LANGUAGE Activities and Interactions: Medicine Wheel Book

Here are the steps for completing the activity. Keep in mind that each lesson will begin with the home visitor role-modeling the activity with the child then transitioning to the parent leading the activity with their child.

1. Review the Tip Sheet “How to Read to Young Children” and the “Medicine Wheel Overview”.
2. Interactively read the first few pages of the Medicine Wheel Preschool Book to the child while modeling parent skills and tips.
 - a. During the reading, point to the colors, shapes, animals, directions and other aspects on the page. (“That’s a circle”)
 - b. Encourage the child to demonstrate receptive language by pointing to the aspects on each page of the book when the reader asks (“Where is the color red?”, etc.)
 - c. Encourage the child to demonstrate expressive language by saying the colors, shapes, animals and other aspects on the page when pointed to by the reader. (“What color is this?”)
 - d. Ask the child an open ended question such as: (“Tell me what you see on this page?”) and; (“ What do you think they are doing?”)
3. Transition to parent reading to the child, allowing them to demonstrate the skills you modeled.
4. Provide encouragement and any guidance if needed.
5. Note child’s receptive and expressive language skills, point out to parent.
6. Identify opportunities to reinforce concepts and practice in the home environment and community.



Lesson Wrap-Up

Ask the parents:

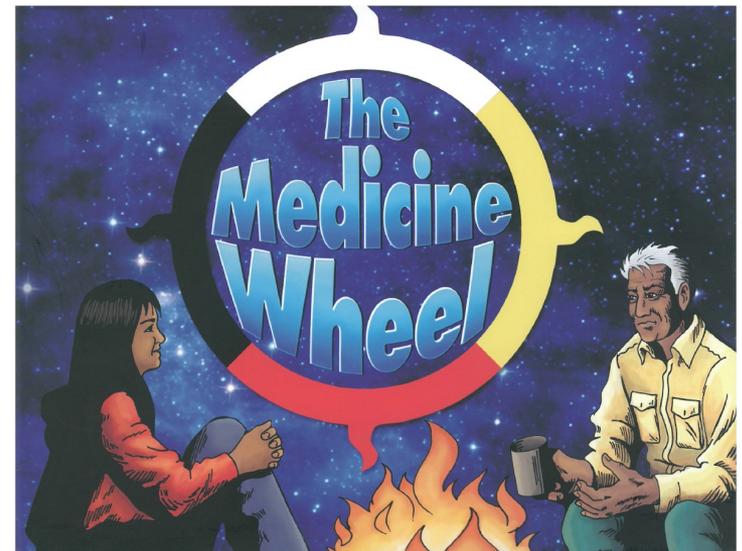
1. What was your favorite part of today's lesson?
2. How could you continue practicing these activities after I leave today?

This may also be a good time to discuss any upcoming community events such as Baby Celebrations, Powwows, or health education classes.

Leave-behind Materials

Provide the parents with the following resources and any other hand-outs they may need to support their family's learning after today's lesson:

- Medicine Wheel Overview Sheet
- Medicine Wheel Preschool Book (if not given at first lesson)
- "How to Read to Young Children" Tip Sheet
- Creative Curriculum Learning Games #109, 125, 136, for 36-48 mos
- Creative Curriculum Learning Games #159, 161, 175, 200 for 48-60 months
- Parent/Child Activity Folder: Encourage parent to continue recording activities between home visits on the Activity Log



Review



Discussion Questions

- Which approach to developing culturally-informed interventions do you think makes the most sense in your work?
- What experience do you have in developing culturally-informed interventions? What is challenging about it in your community?
- Do you have an example of how cultural adaptation has made a positive impact in your community?

Objectives:

1. Explain the importance of culturally informed evidence-based interventions (EBIs) in the context of early childhood learning
2. Understand some difference approaches to developing culturally informed interventions
3. **Identify practical ways to enhance their own programs to be culturally sensitive with the goal of creating lasting impact for families and children**

Reflection

Where does your work fall on the spectrum? Where would you like it to go?



Making adaptations – a process

1. Look at everything available—
choose most appropriate
2. What areas need to be adapted?
3. Gather stakeholders to discuss—
know your audience!
4. Adapt intervention accordingly
5. Continuous improvement



Cultural Interactive Learning Activity



Discussion Questions

- What is one “take-away” from today’s workshop?
- What is one thing you can do next week to begin moving toward culturally-informed programming?
- What is one thing you can do next month? Next year?

CONCLUSION:

Culturally competent, community-based participatory prevention research and innovative mental health services delivery by paraprofessionals show promise for Native Americans.¹² Native American communities have an abundance of intelligent and committed paraprofessionals who can be trained immediately and inexpensively as prevention interventionists to address the problems among the youths.... The First Americans have much yet to teach us about community-based approaches to rebuilding family and community.

Questions?





Ahehee'!

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