



ADMINISTRATION FOR
CHILDREN & FAMILIES

Tribal Temporary Assistance for Needy Families (TANF)

**Addressing Toxic Stress and Trauma in Native
Communities: The Promise of Tribal Home Visiting**

April 21, 2015



Office of Family Assistance, Division of Tribal TANF Management

Michelle Patterson, Acting Division Director

The Office of Family Assistance, in partnership with ACF's Office of the Deputy Assistant Secretary for Early Childhood Development presents an overview of toxic stress and how it affects AI/AN child health, followed by an overview of the Tribal Maternal, Infant, and Early Childhood Home Visiting program, and a presentation from a Tribal Home Visiting grantee actively aiming to address toxic stress in one tribal community.

Webinar participants will:

- * Gain insight into toxic stress and the harm it causes in development and throughout life.
- * Hear about the possibilities for mitigating this harm through successful home visiting programs and other efforts to buffer toxic stress through positive caregiver-child relationships.

Stress & Early Development: Implications for American Indian and Alaska Native Children's Early Development

Michelle Sarche
University of Colorado
Colorado School of Public Health
Centers for American Indian & Alaska Native Health
April 21, 2015



Goals

- **What is toxic stress in early childhood?**
- **Why does it matter?**
- **How is understanding toxic stress relevant for AIAN children's development?**
- **What can we do about it?**

What is toxic stress in early childhood?

- When young children are **exposed to strong, excessive, or prolonged adversity** such as
 - Abuse or neglect
 - Family or community violence
 - Chaotic home life due to adult substance use or mental health problems
 - Challenges associated with extreme poverty
- **In the absence of supportive relationships** with caring adults to protect them from these things
- There can be **negative effects on development and health** across the lifespan

The Adverse Childhood Experiences Study (ACES)

- CDC Study: Between 1995-1997 17,000+ adults were asked about ACEs in childhood
 - Emotional, physical, sexual **abuse**
 - Emotional and physical **neglect**
 - **Household dysfunction** (mother abused, substance use in home, mental illness in home, parent divorce/separation, household member in jail or prison)
- 2/3 reported at least 1 ACE before age 18 – 20% reported 3 or more

The More ACEs Reported, the More Health Consequences across the Lifespan

- **Behavioral Health**

- Depression
- Suicide attempts
- Alcohol and drug abuse
- Smoking
- Intimate partner violence
- Unintended pregnancy

Reporting 6 or more ACEs was associated with a 20 year reduction in total life span compared to no ACEs

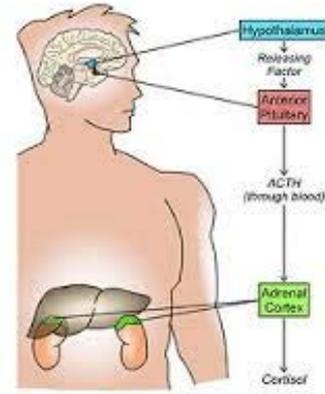
- **Physical Health**

- Chronic obstructive pulmonary disease
- Ischemic heart disease
- Liver disease
- Sexually transmitted diseases
- Reduced health related quality of life



Science is Helping Us Understand the Link Between Early Adversity and Health

Stress Response and the HPA Axis



- **Hypothalamic-pituitary-adrenal (HPA) axis**
 - Releases stress hormones like cortisol, epinephrine, and norepinephrine into our bodies
 - Prepares us for “flight or fight” by...
 - Increasing heart rate, blood pressure, breathing, glucose release
 - Decreasing digestion
- *Temporary* increases in HPA axis activity are necessary for survival
- But, our bodies must return to a physiological baseline, if not...this results in **wear and tear**

Wear and Tear through Compromised Brain Development

- In the earliest years of life, the brain **is most open** to environmental influences
- This **plasticity** can be adaptive as it prepares the brain and body for what to expect
- But **brain structures can be harmed** and can affect
 - Memory
 - Decision-making
 - Ability to control impulses
 - Mood and ability to manage feelings

Wear and Tear through Epigenetic Changes

- The environment and early experience can **turn genes on and off**
- Genetic changes can last across generations
- Animal model example
 - Rat pups who were licked more by their mothers during first week of life were less stress reactive as adults
 - Their pups (the grand-pups of the original mothers) were also less stress reactive

Wear and Tear Through Reduced Immunity and Increased Inflammation

- **Heart disease**
- **Cancer**
- **Respiratory diseases**
- **Autoimmune disorders**
- **Dental problems**

How is early adversity relevant to AIAN children's health and development?

- **American Indian and Alaska Native communities are faced with great challenges that put our children at risk**
 - **Poverty**
 - **Violence**
 - **Substance abuse**
 - **Traumatic loss**
 - **Generational disruptions in parenting due to historical trauma**
 - **Do epigenetic influences provide a biological explanation for the effects of HT?**
 - **Lack of services to meet health care needs**

What can we do about early adversity?

- Create **safe, supportive environments** that **minimize exposure** to severe stressors
- Support parents and caregivers of young children
 - They are the key to **making the toxic tolerable, or even positive**

How do caregivers make the toxic tolerable or even positive?

- **Build stable and responsive relationships** with children built on trust, affection, and skill building
 - When faced with adversity, these relationships help children
 - Regulate emotional and physiological responses and return to baseline
 - Build coping skills that last for life (aka resilience)
- When caregiving relationships are compromised, **early intervention** is critical
 - To support the parent-child relationship
 - To support caregivers who themselves may be dealing with the effects toxic stress (e.g. depression, substance use, etc.)

American Indian and Alaska Native Culture Supports Children & Families

- Children are viewed as sacred gifts from the creator
- Children are embedded in large networks of caregivers
- Cultural teachings
 - Impart parenting knowledge
 - Impart knowledge about child development
 - Impart wisdom for living a good life
- Cultural traditions
 - Provide a sense of belonging and purpose

Some References & Resources

- ACF Family Room Blog <http://www.acf.hhs.gov/blog/2015/04/how-can-understanding-human-development-help-improve-program-effectiveness>
- Adverse Childhood Experiences Study. <http://www.cdc.gov/violenceprevention/acestudy/>
- Attorney General's Advisory Committee on American Indian and Alaska Native Children Exposed to Violence (2014). Ending violence so children can thrive. <http://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2014/11/18/finalaianreport.pdf>
- Bullock, A. (2015). Getting to the roots: Early intervention and adult health. *American Journal of Psychiatry*, 172, 108-110.
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- Shonkoff, J.P., & Garner, A.S. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129, e233-e246
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Addressing Early Adversity in Native Communities: The Promise of Tribal Home Visiting

Webinar for Tribal TANF Grantees
April 21, 2015

Moushumi Beltangady
Administration for Children and Families, U.S. HHS



Presentation Overview

- What is home visiting?
- Potential of home visiting to mitigate early adversity
- Overview of the Tribal Home Visiting program and grantees

What is Home Visiting?

- Home visits are the primary strategy for the delivery of services to families
- A home visitor (social worker, nurse, parent educator) regularly visits a expectant mother or father, parent, or primary caregiver of a young child
- Home visits can occur wherever a family prefers (in families' homes, in shelter programs, or in other settings)
- Services can include:
 - Providing information about parenting, maternal and child health, child development, and school readiness
 - Linking families to community services, resources, and supports
 - Social support, advocacy, mentorship, and empowerment

Home Visiting Works

- Evidence from research shows that home visiting:
 - Improves parental capacity and efficacy
 - Strengthens positive parenting behaviors & reduces negative ones
 - Improves birth outcomes
 - Promotes healthy child development & links children to appropriate services
 - Reduces maternal depression
 - Improves school readiness

Home Visiting in Native Communities

- “An old practice renewed, an old tradition re-established” – Dr. Dee Bigfoot, Indian Country Child Trauma Center and University of Oklahoma Health Sciences Center
 - Visiting
 - Connecting
 - Taking Care
 - Attending
- Community-based home visitors
 - Familiarity with community members
 - Knowledgeable about family, relationship, location of homes
 - Ability to visit, who to ask about, when to be quiet
- Home visiting models have been developed and implemented in Native communities
- Limited evidence base to date

Potential of Home Visiting to Mitigate Toxic Stress



- Toxic stress occurs when excessive or prolonged activation of the physiologic stress response systems occurs in the absence of stable, responsive adult relationships
- The “buffering” effect of such relationships can make the stress tolerable
- Home visiting programs support **serve and return interactions** with **emotionally available and responsive adults**
 - Improved parenting skills and understanding of child development
 - Positive parent-child interaction
 - Healthy attachment relationships
 - More stable and safe home environments
 - Addressing maternal depression

Tribal Home Visiting Program

- Part of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
- 3 percent set-aside for grants to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations
- Administered by ACF in collaboration with HRSA
- \$56 million in Tribal Home Visiting funds awarded to date
 - 25 grantees, 3 cohorts, 14 states
 - Awarded competitively
 - State MIECHV also funds tribal communities

Tribal Home Visiting Program Goals

- Supporting the development of healthy, happy, and successful AIAN children and families
- Implementing high-quality, culturally-relevant, evidence-based home visiting programs in AIAN communities
- Expanding the evidence base around home visiting interventions for Native populations
- Supporting and strengthening cooperation and coordination and promoting linkages among early childhood programs and coordinated early childhood systems

Tribal Home Visiting Grant Activities

- Conduct a needs and readiness assessment of at-risk communities (Year 1)
- Engage in collaborative planning and capacity building efforts to address identified needs through a home visiting program
- Provide high-quality, culturally relevant, voluntary, evidence-based home visiting services to families in at-risk communities
- Establish, measure, and report on progress toward meeting “benchmarks” performance measures for participating children and families
- Conduct rigorous local evaluations to answer questions of importance to tribal communities and build the evidence base for home visiting programs with AIAN populations

Home Visiting Models Selected by Tribal Home Visiting Grantees

- Parents as Teachers (13)
- Family Spirit (6)
- Nurse Family Partnership (4)
- Parent-Child Assistance Program (1)
- SafeCare Augmented (1)
- Home Instruction for Parents of Preschool Youngsters (HIPPY) (1)

Find information about home visiting models at <http://homvee.acf.hhs.gov/>

Cohort 1 Grantees (2010-2016)

- Choctaw Nation of Oklahoma (OK)
- Fairbanks Native Association, Inc (AK)
- Kodiak Area Native Association (AK)
- Lake County Tribal Health Consortium (CA)
- Native American Community Health Center, Inc (AZ)
- Native American Professional Parent Resources (NM)
- Northern Arapaho Tribe (WY)
- Port Gamble S'Klallam Tribe (WA)
- Pueblo of San Felipe (NM)
- South Puget Intertribal Planning Agency (WA)
- Southcentral Foundation (AK)
- White Earth Band of Chippewa Indians (MN)
- Yerington Paiute Tribe (NV)

Cohort 2 Grantees (2011-2016)

- Confederated Salish and Kootenai Tribes (MT)
- Eastern Band of Cherokee Indians (NC)
- Native American Health Center, Inc. (CA)
- Riverside-San Bernardino County Indian Health, Inc. (CA)
- Taos Pueblo (NM)
- United Indians of All Tribes Foundation (WA)

Cohort 3 Grantees (2012-2017)

- Cherokee Nation (OK)
- Choctaw Nation of Oklahoma (OK)
- Confederated Tribes of Siletz Indians (OR)
- Inter-Tribal Council of Michigan (MI)
- Red Cliff Band of Lake Superior Chippewa (WI)
- Yellowhawk Tribal Health Center (OR)

Grantee Successes

- In FY 2014, grantees served almost 2,700 parents and children; since 2012, tribal grantees have provided nearly 20,000 home visits
- Meeting needs of the most vulnerable families
- Needs assessment and community engagement
- Capacity building for implementation of evidence-based practices, data collection, and evaluation
- Innovative approaches to cultural adaptation and enhancement
- Creative thinking about rigorous evaluation
- Increased systems thinking and greater cross-early childhood program collaboration in communities
- Hope and transformation

Opportunities under Tribal TANF



- Providing home visiting services using TANF funds
- Partnering with Tribal MIECHV grantees
- Partnering with State MIECHV-funded sites

Thank you!

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Visit our new website!

<http://www.acf.hhs.gov/programs/ecd/programs/home-visiting>



Lake County Tribal Health Consortium
Gouk-Gumu Xolpelema
Tribal Home Visiting Program



Parent-Child Assistance Program



Sheeyay Duncan & Enola Dick

Family Advocates

Gouk-Gumu Xolpelema

Tribal Home Visiting

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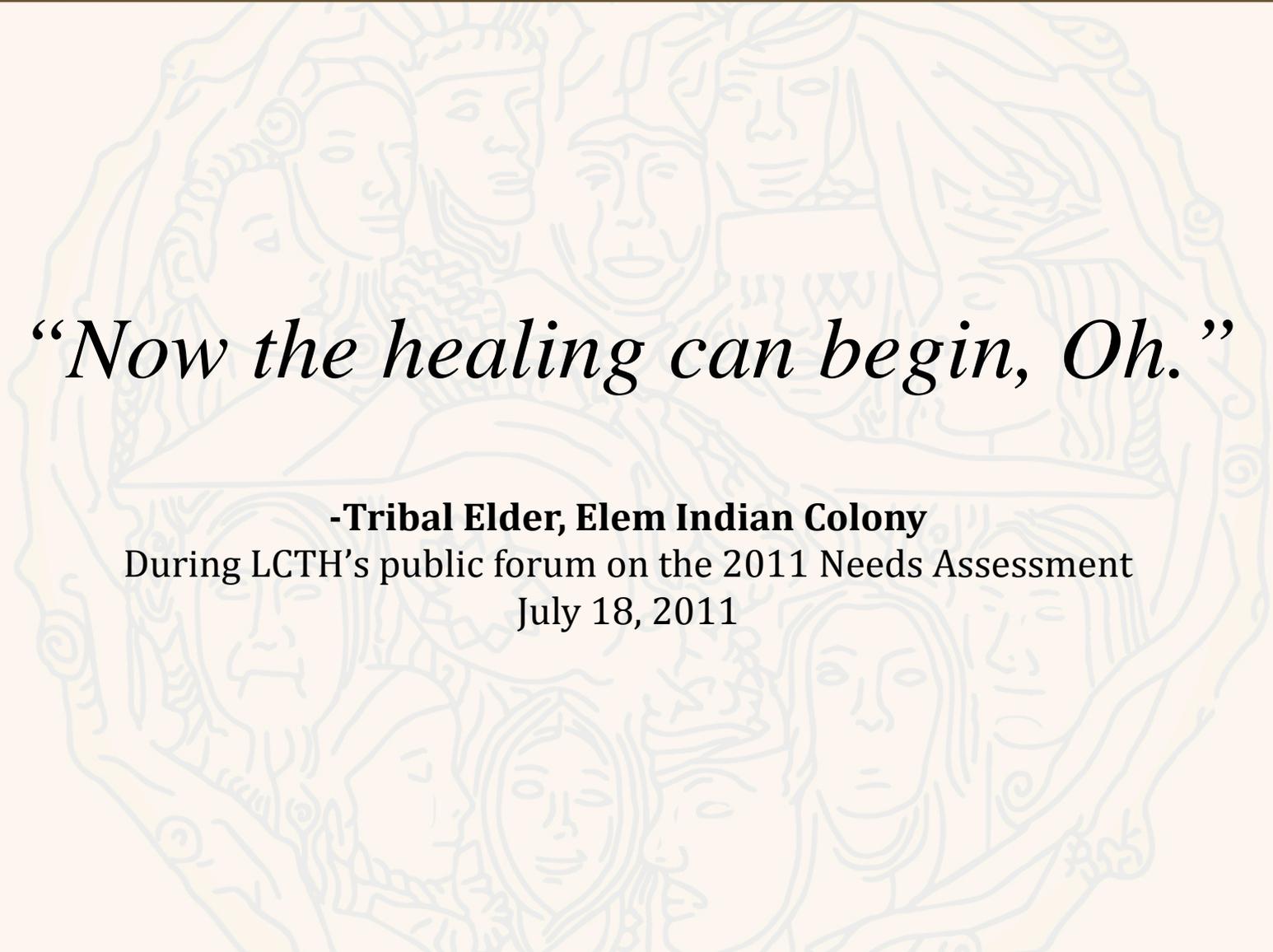
Lake County Tribal Health

Lake County, CA



Tribal MIECHV

- September 2010 Received Tribal MIECHV Grant
- Completed Comprehensive Community Needs Assessment
- Chose Evidenced Based Home Visiting Model to Meet the Needs of Tribal Communities
- Benchmark Plan
- Rigorous Evaluation
- June 2012 Implemented Program Services



“Now the healing can begin, Oh.”

-Tribal Elder, Elem Indian Colony

During LCTH's public forum on the 2011 Needs Assessment

July 18, 2011

Evidence-Based Home Visiting

Model Selection Summer 2011

The Parent-Child Assistance Program



A Model of Effective Community Intervention with High-Risk Families

Summer 2010
©University of Washington

Case Management
FASD Prevention
Focus

**Adaptable &
Flexible to
Community**

Evidenced Based
with 24 years of
Implementation
Experience

Nurturing Parenting



County-wide
Parenting Curriculum



Fatherhood is Sacred and
Motherhood is Sacred Curriculum

Gouk-Gumu Xolpelema Home Visiting Program



- Voluntary
- **Relationship Based**
- **Goals Focused**
- Utilizing Motivational Interviewing (MI)
- Reflective Supervision
- Nurturing Parenting & NAFFA Enhancements
- Serving Dads



GOUK-GUMU XOLPELEMA PROGRAM GOALS

Native families are empowered to strengthen their emotional, mental, physical, social and spiritual wellness and increase connections to their culture and community so that parents and children are safer, healthier, happier and more self-sufficient.

- Reduce Native Children's exposure to tobacco alcohol and drugs through their family and the community.
- Increase Native parents' knowledge of child development and parenting, and improve parent-child interactions.
- Strengthen connections for Native families to community resources, information and services, and connections to community and Tribal activities.

Program Utilization & Demographics

FROM JUNE 2012 TO PRESENT

- Serving 67 Individuals: 48 Moms & 19 Dads, 119 Children Aged 0-5, Representing 50 Families
- 40% Enrolled Pregnant
- 21% First Time Moms (18-37 age range)
- Attrition Rate of 30%

Participant Status at Intake

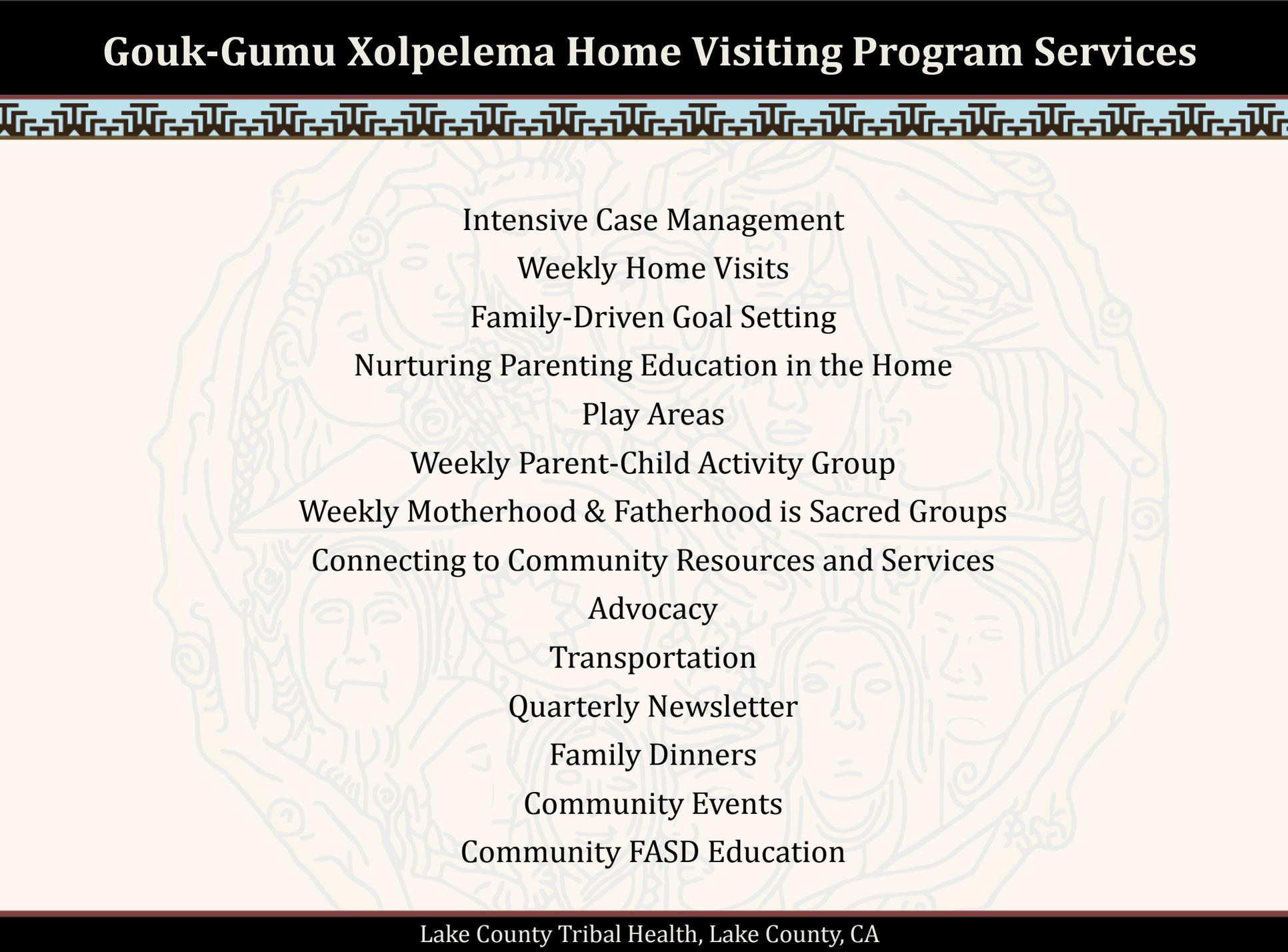
- **97% Live Below the Federal Poverty Guideline**
- **50% Unemployed**
- **78% Never Married**
- **47% Did Not Receive a High School Diploma**
- **44% Experienced Abuse as Children**
- **48% Reported Depression**
- **18% Reported IPV or DV**
- **25% Reported Substance Use Problems**
- **41% Tobacco Smokers**



“I’ve seen people engaging that I have never seen engage before.”

-Merrill Featherstone, THV Clinical Director
LCTHC Human Services Director for 21 Years

Gouk-Gumu Xolpelema Home Visiting Program Services



Intensive Case Management
Weekly Home Visits
Family-Driven Goal Setting
Nurturing Parenting Education in the Home
Play Areas
Weekly Parent-Child Activity Group
Weekly Motherhood & Fatherhood is Sacred Groups
Connecting to Community Resources and Services
Advocacy
Transportation
Quarterly Newsletter
Family Dinners
Community Events
Community FASD Education

WORK WITH FAMILIES



- ***Help Them Get Basic Needs Met***
Setting Goals
Connecting to Resources

- ***Give Them Parenting/Child Development Information and Support***
Nurturing Parenting Lessons
Information on Bonding & Attachment
Role Modeling
Play Areas



WORK WITH DADS

- Greatest Untapped Resource
- Dads are not the problem, they are the solution
- We must value Fatherhood as much as we do Motherhood
- Dad's want to be included
- Fathers are learning how to love



TANF & THV PROGRAMS: IDEAS FOR COLLABORATION

- *Communicate*

- *Support*



- *Build a Team*

- *Make a Difference*



“THV has helped me understand the importance of affection, play & patience with my son.”

- THV Client



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Lake County Tribal Health

Modern Medicine  Personalized Care

Questions?



Thank You!