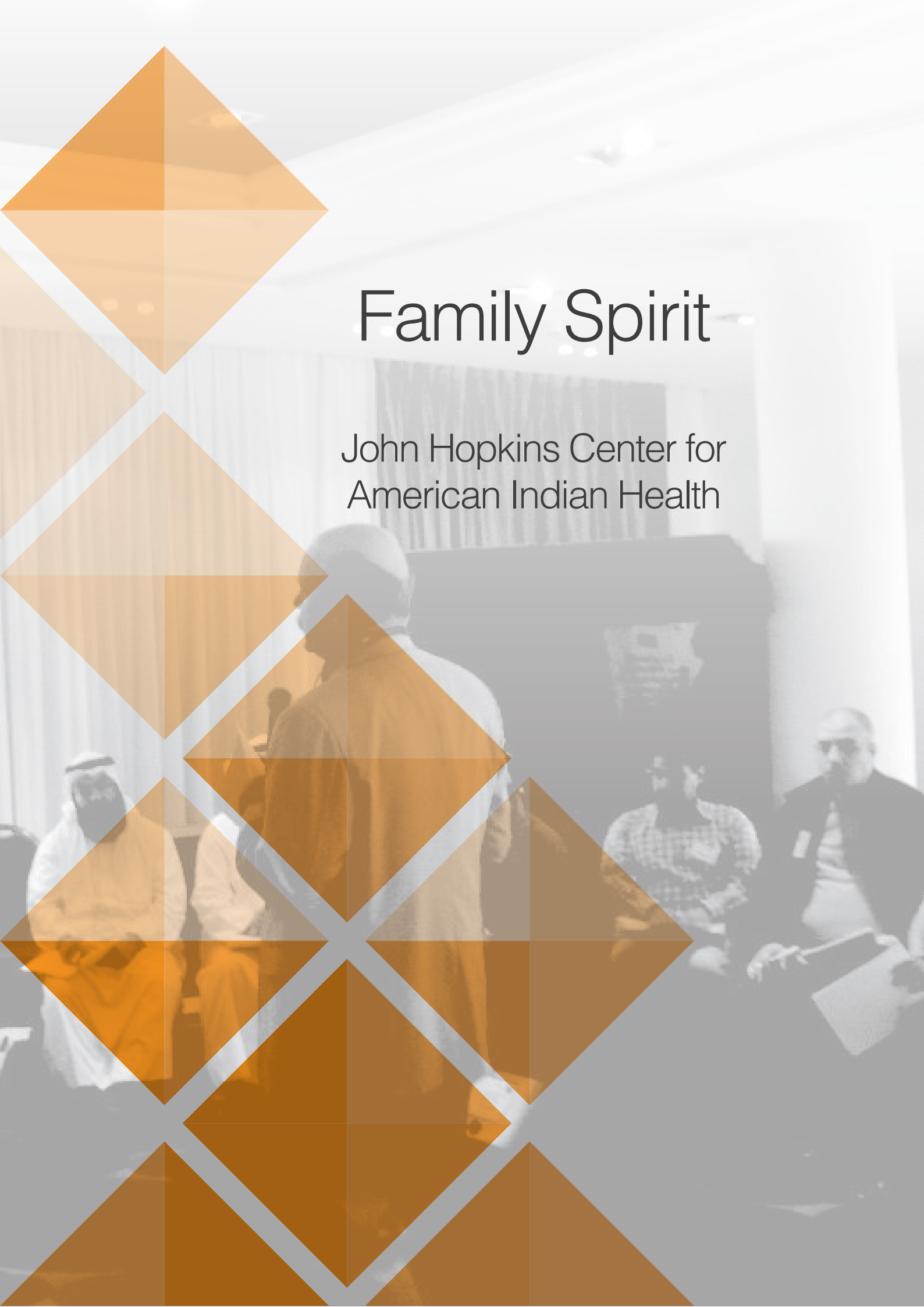

Family Spirit

John Hopkins Center for
American Indian Health

Family Spirit[1]

Region	North America (South West)
Country	United States
Organization	John Hopkins Center for American Indian Health
Name	Family Spirit
Category	Health
Start date	1995
End date	Ongoing
Partners	Navajo Nation, White Mountain Apache Tribe, San Carlos Apache Tribe
UN involvement	No
Contact	Kristen Speakman, MA, MPH, Program Manager kspeakm1@jhu.edu

1. Background and description

Native American communities and families face significant health disparities. High rates of teenage pregnancy and substance abuse and low rates of education and employment have spurred members of some communities to develop a programme for their youngest and most vulnerable members. Family Spirit, just such an initiative, was initiated in 1995 following a year of planning to understand the community's needs.

Family Spirit is an evidence-based and culturally tailored home-visiting intervention delivered by paraprofessionals (trained aides who are not licensed professionals) as a core strategy to support young mothers. Initially, the programme was targeted towards parents aged 12-22 years, but now includes mothers of all ages. Through this programme, mothers are given 63 lessons from pregnancy to three years post-partum to learn the knowledge and skills needed for the optimal physical, cognitive, social-emotional and language development, as well as self-help. This in-home parent training and support programme has been designed, implemented, and rigorously evaluated by the Johns Hopkins Center for American Indian Health (JHCAIH) in partnership with Navajo, White Mountain Apache and San Carlos Apache tribal communities.

1 Desk Review(May-September 2014); Information form completed (25 September 2014); Interview (11 November 2014); Write up (16 December 2014), Internal Validation (16-18 December2014), Implementer Validation(5 January 2015); Final validation (October 2015).

Family Spirit has met the United States Department of Health and Human Services criteria for an "evidence-based early childhood home visiting service delivery model."[2] In addition, Family Spirit is listed on the National Registry of Evidence-based Programs and Practices, a searchable online database of evidence-based mental health and substance abuse interventions with the highest rating (4.0 out of 4.0) for 'Readiness for Dissemination'.

Organization profile

The JHCAIH was established in 1991 and is based at the Johns Hopkins Bloomberg School of Public Health. Its mission is to work in partnership with American Indian and Alaska Native communities to raise the health, self-sufficiency and health leadership of Native peoples to the highest possible level. JHCAIH has become a national leader in partnering with tribes to achieve renewed health and well-being for America's first peoples. Since its origins working with South-Western tribes, the focus of JHCAIH has remained unchanged. It prioritizes strength-based approaches that foster the rich physical, cultural and intellectual heritage of American Indians, and increases the health leadership of tribes through training, employment and professional education.

Working in partnership with tribes, JHCAIH has achieved landmark public health breakthroughs that today save and improve millions of lives worldwide. These include: proving the effectiveness of oral rehydration solution, commonly known under the brand name of Pedialyte, and promoting its use in the United States and worldwide; three major paediatric vaccines against life-threatening meningitis, pneumonia and rotavirus; home visiting programmes to promote health among at-risk mothers and their children; diabetes prevention and management through a sports-based social change model called Native Vision; and innovative nutrition programs.

2 Criteria are found on the link : http://homvee.acf.hhs.gov/Review-Process/4/DHHS-Criteria/19/6 .

2. Goal and objectives

2.1. Goal

The goal of Family Spirit is to support young Native American parents from pregnancy to three years post-partum in gaining knowledge and skills to achieve optimal physical, cognitive, social-emotional and language development of their preschool-aged children, along with self-help.

2.2. Objectives

The objectives of Family Spirit include:

- Increasing parenting knowledge and skills;
- Addressing maternal psychosocial risks that could interfere with positive childrearing (drug and alcohol use, depression, low education and employment rates, domestic violence problems);
- Promoting optimal physical, cognitive, social/emotional development for children aged 0-3 years;
- Preparing children for early success in school;
- Ensuring children receive recommended well-child visits and health care;
- Linking families to community services to address specific needs; and
- Promoting parents' and children's life skills and behavioural outcomes across the lifespan.

3. Target group

3.1. Age group

During the research phase (three distinct studies began in 1999 and ended in 2011), Family Spirit aimed at serving young Native American mothers aged 12-22 years and their children from pregnancy (28 weeks of gestation) through 36 months post-partum or the child's third birthday. However, since the programme has been packaged and scaled, it is now available to mothers of all ages.

3.2. Gender considerations

The research phase of the programme targeted young pregnant women. Both male and female infants/children born to these mothers are served equally.

3.3. Ethnic / disability considerations

The programme is currently implemented mainly in Native American communities. However, implementation has recently begun in two Chicago communities serving non-Native families (Latino, African American and White). It is expected that this expansion will continue and include international groups.

Family Spirit home visitors/ paraprofessionals are trained to make modifications and accommodations for disabled mothers enrolled in the programme.

3.4. Targeting the most marginalized / most at risk

The programme targets vulnerable young

Native American and other at-risk mothers with low socioeconomic status who are at risk of substance abuse, school dropout, residential instability, teenage pregnancy and unemployment.7

3.5. Human rights programming

Family Spirit promotes the rights of Native Americans and other underserved communities and families. It is designed to address the significant health disparities facing Native and other underserved mothers and children. In reaching this goal, Family Spirit uses a strengths-based approach to draw upon the many assets within Native families and communities. The programme employs local paraprofessionals as home visitors. These paraprofessionals must have at least a high school education and a minimum of one to two years of experience in child development or maternal health care. Upon meeting these criteria, they undergo an interview screening process. The accepted paraprofessionals undergo 40 hours of training on maternal health and child development, following a comprehensive maternal and child health curriculum that covers many sensitive topics in a comfortable, culturally sensitive manner designed to reach young mothers.[3]

3.6. Youth involvement

Youth have been involved in an advisory role throughout the entire process, from programme design in 1995 to feedback, review, etc. up to the present. Young female participants have provided feedback on the lesson content and format, leading to curricular edits and updates throughout the years. Additionally, youth in the partner communities have served on advisory boards to guide the development and implementation of the programme.[4]

4. Strategy and Implementation

4.1. Strategies / theoretical approaches / methodologies

The conceptual framework of Family Spirit is based on G.R. Patterson's model which posits parenting as the critical link between parents' personal characteristics and environmental context and children's individual risks and ultimate outcomes.[5] Family Spirit is designed to promote effective parenting, while assisting mothers in developing coping and problem-solving skills to overcome individual and environmental stressors.

Key components of the intervention include one-on-one home-based parent training to help mothers to: (1) provide consistent, responsive care and monitoring and avoid coercive parenting; (2) avoid drug use, which could interfere with effective parenting; and (3) attain coping and life skills to overcome personal and environmental stressors. In addition, interventionists are trained to establish a strong, consistent interpersonal bond to facilitate mothers' progress towards goals.

Family Spirit consists of 63 structured lessons delivered one on one by health educators in participants' homes, starting at about 28 weeks of pregnancy and continuing to 36 months post-partum. The lessons can be delivered in 52 home visits, which occur weekly through the third month post-partum and gradually become less frequent thereafter.[6]

The lessons, designed to correspond to the changing developmental needs of the mother and child during this period, address topics such as prenatal care, infant care, child development, family planning and healthy living, among others. Each home visit

3 Information Form: Good practices documentation in adolescent and youth programming, July 2014

4 Interview with Kristen Speakman, 14 November 2014.

5 Patterson, G.R. et al. 1989.

6 John Hopkins Center for American Indian Health, 2015.

lasts about an hour and includes a warm-up conversation, lesson content, question-and-answer period and review of summary hand-outs. Trained home visitors deliver the lessons using illustrated table-top flipcharts. The bond formed between the home visitor and mother is intended to facilitate the mother's progress towards goals.

Some of the components which the programme addresses include (but are not limited to): employability; school-to-work transition; resilience building and comprehensive programming in a humanitarian context; respecting the self (mothers); the newborn child; the family that extends out to the community; skills-/competence-building; innovations; social protection; youth policy development for parents and children; civic engagement; education; sexuality education; and health.[7]

4.2. Activities

In the study, there are strict guidelines for participant recruitment, attrition and selection of staff/supervisors. However, in the service phase, community programmes hire the Family Spirit team to deliver training on the programme and it is the community programmes that decide on the recruitment of participants and selection of supervisors based on their own policies. The Family Spirit training has elements to address attrition and quality assurance. To ensure fidelity, upon completion of the training, sites incorporate those elements into their programmes in accordance with their policies.

When a young mother is enrolled in the programme, a paraprofessional makes a home visit and meets with her initially on a weekly basis and later semi-monthly, and then monthly, and finally bi-monthly. Each visit consists of the following:

- Warm-up conversation and review from previous visit: The home visitor greets the client and if applicable reviews key content items from the previous visit.
- Lesson content administration: The home visitor administers the lesson. The lesson consists of a variety of interactive constructs including scenarios, hands-on exercises and specific cultural materials relevant to the participant's tribe.
- Question-and-answer period: Upon completion and/or throughout the lesson, the home visitor encourages questions and discussion.
- Review of summary hand-outs: At the end of the lesson, the home visitor shares the hand-outs from the participant binder and any other relevant items.
- Closing the session and setting next meeting: At the end of the lesson, the home visitor sets the next appointment time.

The following is a summary of the Family Spirit curriculum components followed by an explanation of programme activities.

Implementation Guide

The purpose of the Implementation Guide is to act as a 'how to' for implementing Family Spirit. It includes information about the programme's history and its impact on several maternal and child health outcomes, as well as a description of the 'essentials' for successfully implementing the programme.

Family Spirit lessons (6 modules)

The Family Spirit lessons are the main teaching materials used to present information to participants. The curriculum consists of six modules: Prenatal Care; Infant Care; Your Growing Child; Toddler Care; My Family and

7 Interview with Kristen Speakman, 14 November 2014

Me; and Healthy Living. There are 63 lessons in total, which are designed to be taught one-on-one during home visits, but can also be used in clinic and group settings. Lessons are intended to be administered sequentially according to a suggested schedule. Depending on the programme structure and participants' needs, lessons may be administered independently, or on a "drop-in" basis. Independent lesson administration has not been evaluated in the Family Spirit research trials. A lesson plan booklet for the health educator/paraprofessional is also included with each Family Spirit lesson module. The lesson plans give the health educators a comprehensive overview for conducting each lesson with the participants.

Family Spirit lesson modules

1. Prenatal Care

This module includes information to help an expectant mother prepare for the arrival of her baby, know what to expect during pregnancy, and how to take care of herself and her baby.

2. Infant Care

This module includes information to help a mother adapt to her life with a new baby, take care of herself, learn basic infant care skills, and how to respond to her baby's various wants or needs.

3. Your Growing Child

This module includes information to help a mother track her child's overall development from age 7 months until the child's third birthday. She will also learn how to prepare her child for pre-school through various activities and play.

4. Toddler Care

This module includes information to help a mother build confidence in her parenting skills through daily routine and monitoring. She will also learn basic skills to help her child form healthy habits to last a lifetime.

5. My Family and Me

This module includes information to help a mother develop life skills that will positively influence herself, her child and her family and friends.

6. Healthy Living

This module includes information to help a mother address and cope with difficult situations. The lessons include four main topics: goal-setting to build self-esteem and be a good role model; substance abuse prevention; family planning; and prevention of sexually transmitted infections. She will learn where she can go to get help, if needed.

Participant Certificates

There are four participant certificates to be awarded at various times throughout the programme. PDF versions are included on the CD in each curriculum box. Every participant who gives birth during the Family Spirit programme gets a "new baby" certificate from the health educator. There is also a breastfeeding certificate for mothers who breastfeed. It has a blank line so the health educator can reward her at various time points. A certificate of achievement allows the health educator to recognize general achievements by the participant as she progresses through Family Spirit. It has a blank line where the health educator can fill in the participant's specific achievement, such as successfully receiving three months of Family Spirit lessons. Several of these

certificates of achievement can be awarded to the participant. Finally, each participant receives a certificate of completion upon exit from Family Spirit, regardless of how long she was enrolled.

4.3. Innovativeness

Family Spirit is highly innovative. First, it is the only evidence-based in-home maternal and child health curriculum developed in partnership with tribal communities. Second, the programme demonstrated efficacy by training paraprofessionals from the community; this was highly innovative as other models have often relied on professionals such as nurses to deliver programmes.

While Family Spirit lessons are intended to be administered sequentially according to a suggested schedule, they have also been used in other ways. Depending on the programme structure and participants' needs, lessons may be administered independently, or on a "drop-in" basis. Independent lesson administration has not been evaluated in the Family Spirit research trials.

Maintaining fidelity refers to a programme's desire or ability to adhere to the Family Spirit model as it was designed, tested and evaluated. The degree to which an affiliate prioritizes fidelity is decided at a site level and may be influenced by funding source(s) and community needs. Existing Family Spirit affiliates fall at different points on the fidelity spectrum.

On one side of the spectrum are affiliates that have chosen to offer the Family Spirit Program as a service program and, as such, their primary focus is meeting service population demands that may not allow for full model fidelity. For example, these affiliates might not offer the programme in a home-visiting setting but rather host groups as a means of providing health education to the maximum number of participants possible. These affiliates may or may not teach the curriculum in the recommended sequence. For this type of affiliate, their fidelity to the Family Spirit model is low and the implications of this type of delivery are discussed on a case-by-case basis.

On the other side of the spectrum are affiliates that aim to use the Family Spirit model as a means of replicating the evidence-based outcomes. This is often driven by the funding source and requirements, or internal programme goals and resources. These affiliates will adhere closely to the Family Spirit core components discussed below.

Family Spirit encourages affiliates to follow our model to ensure fidelity whenever possible. We recognize that not all programmes have the resources to follow this model, and, in these cases, we welcome use of the curriculum in other formats (e.g. group sessions, use of independent lessons as needed), but Family Spirit's outcomes are not yet proven in these alternate implementation contexts.

4.4. Cost and funding

Tailored Training Development and Implementation Affiliation Fee: $9,000 first year per affiliate; $3,000 annually (after one year post-training) per affiliate.

A tailored training development and implementation affiliation fee includes annual access to all Family Spirit training resources and membership to web-based

FS Connect. During the first year as an affiliate, each affiliate receives consultation and technical assistance from Senior Trainers who meet with the program multiple times before the training to understand the program structure and needs. The week-long training occurs during the first year and is tailored specifically to the affiliate's programme. After the week-long training and in subsequent years, Affiliate Liaisons meet with the programme to provide technical assistance on programme implementation and sustainability, ensure quality assurance, as well as collect process data on Family Spirit implementation.

Family Spirit Training Fees

Initial Site Training: $3,000 per trainee

A weeklong training session provides comprehensive instruction on curriculum content and programme implementation. The initial training fee also includes a boxed curricular set that includes an Implementation Guide, Family Spirit lessons, health educator lesson plans, a reference manual for the home visitor and a sample participant workbook. Evaluation materials and participant certificates are also included on a CD. It is recommended that each home visitor and supervisor have his/her own curricular set. Each trainee who successfully completes all requirements for certification will receive a certificate from JHCAIH in the Family Spirit programme.

Advanced Training for Supervisors: $4,000 per supervisor (at least one supervisor required for 10 health educators)

In addition to the training given to home visitors during this training session, supervisors receive:

- Regular pre-training phone meetings with a Family Spirit Senior Trainer to become oriented to the Family Spirit programme and prepare for implementation;
- During the training week, focused training on: (1) using the Quality Assurance Form to observe home visitors; (2) conducting in-service presentations about Family Spirit; (3) implementation training (e.g., policies and procedures, tips, modelling after successful home-visiting programs, recruiting successful home visitors, etc.);
- Regular post-training phone meetings to provide technical assistance on programme implementation;
- Required completion of a comprehensive knowledge assessment that covers curriculum content and programme structure/design;
- Participation in webinars focused on professional development and supervisory enhancement.

New Trainee Training (available only for sites that have completed the initial training): $1,800 per trainee

This training would be needed when new Health Educators are hired at an affiliate site. The new Health Educator is welcome to join a scheduled training for other affiliate sites. The training fee for this offering does not include a curricular set.

Refresher Training (available only for home visitors who are already certified): $1,300

This training would be needed if a Health Educator requires follow-up training for any number of reasons. The Health Educator is welcome to join a scheduled training for

other affiliate sites. The training fee for this offering does not include a curricular set.

Additional Costs:

Additional participant workbooks are available for purchase as needed. Lesson handouts and worksheets to reinforce key teaching points are included in the workbook. Each workbook costs $100, with a volume discount available for orders of 25 or more.

Travel costs for Family Spirit trainers and/or participants are dependent upon location of the training. Travel costs for Family Spirit trainers will be included in the affiliate's contract as an additional cost, unless the affiliate chooses to come to a training session at the Family Spirit central office in Albuquerque, NM.

After the home visitors have been trained, they are able to implement the programme and there is generally no cost to the participating families.[8]

Communities interested in receiving training and materials for Family Spirit pay for it as outlined above. The communities obtain funding from a variety of sources, with the United States Department of Health and Human Services (Maternal, Infant and Early Childhood Home Visiting Program) being a major supporter.[9]

4.5. Sustainability

As noted above, interested tribal programmes contact Family Spirit to receive training and certification. The tribal programmes generally already have staffing in place to administer the programme, so upon certification they are able to sustain its implementation. Discussions about sustainability beyond the initial funding term are incorporated into pre-training, training and post-training technical assistance support.

4.6. Replicability

As noted above, upon proof of efficacy, Family Spirit has been packaged and is now being replicated in dozens of reservation-based and urban Native communities across several states. In addition, non-Native urban communities with high maternal and child behavioural health disparities have begun to work with JHCAIH to adapt Family Spirit for their high-need populations. There is also interest in the programme in other countries. For example, JHCAIH is in discussion with First Nations groups in Canada and in very preliminary discussions with indigenous groups in Australia. The goal is to provide training to as many interested communities as possible to replicate and scale up the programme.

5. Evaluation of effectiveness

Family Spirit is currently the largest, most rigorous and only evidence-based home-visiting programme ever designed specifically for Native American families. Evidence from three randomized controlled trials has documented the following programme outcomes:

- Parenting
- Increased maternal knowledge;
- Increased parent self-efficacy;[11,12]
- Reduced parent stress;[10,12]
- Improved home safety attitudes;11
- Maternal outcomes;
- Decreased maternal depression;[10,12]
- Decreased substance use;[12]

8 John Hopkins Center for American Indian Health, 2014.

9 John Hopkins Center for American Indian Health, 2014.

10 Barlow A. et al.(2006)

11 Walkup J. et al.(2009)

12 Barlow, A. et al.(2013)

13 Barlow A et al.(2015)

- Fewer behaviour problems in mothers;[11,12]
- Child outcomes[10,11,12]
- Fewer behaviour problems in children through age 3 (externalizing, internalizing and dysregulation);
- Predicts lower risk of substance use and behavioural health problems over the life course.

Family Spirit is also the first programme to provide clear evidence of the effectiveness of paraprofessionals as home visitors to impact behavioural and mental health disparities. The use of Native paraprofessionals is essential in reservation communities where there is a shortage of nurses and cultural barriers to non-Native home visitors.

A summary of the Family Spirit research findings follows:

Overview:

In partnership with the Navajo, White Mountain Apache and San Carlos tribal communities, JHCAIH has conducted three successive randomized controlled trials (RCTs) to assess the Family Spirit intervention's impact on parenting and maternal and child health and behaviour outcomes.

Key Findings:

The first RCT enrolled 53 expectant American Indian teen mothers (12-22 years old) and their infants from pregnancy to 6 months post-partum. The main research question addressed the impact of the intervention on teen mothers' child care knowledge, skills, and involvement from baseline at 28 weeks gestation to 6 months post-partum. The outcome measures were infant care knowledge, skills and involvement among the mothers. Mothers in the intervention group had significantly higher parent knowledge scores at 2 and 6 months post-partum as compared to their controls. They also scored significantly higher on maternal involvement scales at 2 months post-partum, and scores approached significance at 6 months post-partum.[14]

The second RCT of the Family Spirit intervention enrolled 167 American Indian teen mothers and their offspring from early pregnancy to 12 months post-partum. The central research question was to assess the intervention impact on: (1) teen mothers' parenting knowledge and involvement; (2) children's emotional and behavioural outcomes at 1 year of age; and (3) mothers' psychosocial outcomes at 1 year post-partum, including stress, social support, depression and substance use. Participants were mostly young women aged 12-22 years, first-time and/or unmarried mothers living in reservation communities. At 6 and 12 months post-partum, intervention mothers compared with control mothers had greater parenting knowledge gains. At 12 months post-partum, intervention mothers reported that their children had significantly lower scores in the externalizing domain and less separation distress in the internalizing domain.[15]

The third and most rigorous RCT enrolled 322 expectant American Indian teens from four southwestern tribal communities who were randomized (1:1) to the Family Spirit intervention plus Optimized Standard Care, or Optimized Standard Care alone, and evaluated at nine intervals through 3 years post-partum using self-reports, interviews and observational measures. The intervention's design and theoretical model, evaluation design and methods are described in detail in Mullany et al.[16]

14 Barlow A. et al.(2006)

15 Walkup J. et al.(2009)

16 Mullany et al.(2012)

Participants were young (mean=18.1 years), American Indian and <32 weeks gestation at the time of enrolment. Retention was >83 per cent across the study period. From pregnancy to 36 months post-partum, intervention mothers had significantly greater parenting knowledge (effect size=0.42) and parenting 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 marijuana (odds ratio=0.65) and illegal drug use (odds ratio=0.67). Intervention children had fewer externalizing (effect size=0.23), internalizing (effect size=0.23) and dysregulation (effect size=0.27) problems.[17,18]

Each trial corroborated and extended prior findings and provides layered evidence of Family Spirit's impact on reducing intergenerational health disparities of American Indian mothers and children. As the first and only early evidence-based home-visiting programme designed for and by American Indian communities and the first to demonstrate efficacy of paraprofessionals, Family Spirit is uniquely tailored to address the behavioural health disparities that pose the greatest challenges to Native communities.

6. Strengths and opportunities

The strengths[19] of Family Spirit include:

- Training and employment of paraprofessionals: Capacity to train and employ paraprofessionals from the community in which Family Spirit will be implemented;
- Curriculum and lesson administration flexibility: Family Spirit lessons were designed to be taught in order from pregnancy until the child's third birthday, one-on-one, and in the home. However, for sites that have other programme needs, it can be adapted for use in other formats - group setting, clinic-based, etc. We recommend, however, that affiliates maintain fidelity to the model as much as their programme allows.
- Dynamic curriculum: User-friendly, easy to follow and engaging curriculum.
- Participatory process in programme development and implementation: Family Spirit was developed in partnership with tribal communities and engaged community stakeholders throughout the programme's development and implementation.

7. Challenges

The main challenge of Family Spirit is fidelity of implementation once the training has been conducted. While JHCAIH continues to provide technical assistance to the participating tribes, it is up to each affiliate to implement the programme to the standards at which they are trained.

8. Next steps and the way forward

Implementers aim to make Family Spirit available to every interested tribal community in the United States by 2025. They are also working on adapting the curriculum to make it appropriate to implement in other underserved United States and international populations. Currently, Family Spirit has six tribal urban sites and one urban site that serves African American, Latino and White families.

17 Barlow et al. (2013)

18 Barlow et al.(2015)

19 Substance Abuse and Mental Health Services Administration, National Registry of Evidence-based Programs and Practices: Family Spirit pdf document

9. Lessons learned and recommendations

The following are lessons learned and recommendations based on the development, implementation and scaling of Family Spirit:

- The importance and value of training and employing paraprofessionals from communities to implement Family Spirit and other similar programmes;
- The importance of strategically planning how to scale up the programme to ensure sustained success;
- The value of incorporating the best western scientific methods with the traditional knowledge and wisdom from tribal communities in developing interventions.[20] For example, in the labor and delivery lesson, implementers teach the basics of the topic which are grounded in science, but also include a section where cultural traditions on the topic of labor and delivery specific to each tribal community are shared.

10. Components to consider for scale-up in MENA

JHCAIH welcomes collaboration with interested partners in the MENA region to adapt the programme and provide training to communities. As noted above, the programme can be administered in a variety of settings that best meet the needs of the clients.

11. Resources

As noted above each curriculum package comes in a box that includes an Implementation Guide; Family Spirit lessons divided into six modules; health educator lesson plans organized by module and lesson; a reference manual for the health educator; and a sample participant workbook. Evaluation materials and participant certificates are also included on a CD in the curriculum box.[21]

Reference Manual

The purpose of the reference manual is to provide the health educator and participant with further and more in-depth information related to the lesson topics. This manual consists of three sections: reference manual; bibliography; and glossary of terms. The reference manual section includes relevant topics that are referred to in the lesson pages. The bibliography includes additional resources, many of them web-based, which go into more detail about the lesson topics. The glossary of terms includes key terms and definitions discussed throughout the curriculum. Each definition provides a reference back to the module and lesson pages where that topic is discussed.

Participant Workbook

The purpose of the participant workbook is to provide handouts and worksheets to reinforce key teaching points. One sample participant workbook is included in the curriculum package, and additional copies can be purchased.

Evaluation Materials

A series of evaluation measures and screening tools developed specifically for the Family Spirit curriculum are included on a CD in each curriculum box. While not

20 Interview with Kristen Speakman on November 14, 2014.

21 Family Spirit- Combined Program information Materials Packet pdf document

required to implement the curriculum, the evaluation materials are available for use as determined by programme requirements.

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