USING THE ROCKING CHAIR PROJECT WITH HEALTHY FAMILIES AMERICA PARTICIPANTS TO INCREASE ATTACHMENT

PREVENT CHILD ABUSE AMERICA CONFERENCE
CINCINNATI, OHIO
OCTOBER 20, 2016

Melony Williams, LCMHC
Located in the center of town, easily accessible to all

Population 13,074

Sullivan County

Poverty Rate of Families with Children under 18: 13.6% (9.5% statewide)*

Teen Pregnancy Rate: 3.07% (highest in the state)**

Students Eligible for Free and Reduced Lunch: 39.7% (28.3% statewide)*

*KidsCount Data Center **National Center for Health Statistics
HFA TARGET POPULATION AND CURRENT CLIENTS

The target population for the Healthy Families America Program at TLC Family Resource Center is at risk pregnant women who are under the age of 21 and are first time mothers living in Sullivan County. Detailed family assessment (Parent Survey) is completed upon enrollment to determine eligibility. Factors assessed include childhood trauma, drug and alcohol use, mental health issues, support system, current stressors. Our major referral relationship is with Dartmouth Hitchcock Medical Center. (Pregnant mothers who do not meet criteria can be served under HV)

Capacity to serve 19
Currently serving 11

All 11 rely on some form of state assistance, ranging from health insurance benefits to WIC to SS Disability income, indicating some level of financial hardship.

All of the mothers are English speaking, unmarried and live in rural areas.

9 of ten were under the age of 21 at the time of enrollment.

5 of the 11 mothers are working at part or full time jobs.

9 of 11 endorse experiencing a trauma during their lives.
Enrollment efforts include presenting to local hospital during Grand Rounds, Referral Newsletter, outreach to community providers, RCP

The current percentage of families that have been screened/identified from our target population is 56% (14/25).

Retention rates for 2015/2016: 50% (variety of factors contributing)
ROCKING CHAIR PROJECT

http://rockingchairproject.org/

Dr. Mike and Trish Magee

Reached out to TLC Family Resource Center in January of 2016

First rocking chair given in April 2016
HISTORY

Founded by Trish and Mike Magee in 2000, in celebration of the birth of their first grandchild, Anabella.

Piloted by Brown Medical School/Memorial Hospital Residency in Pawtucket, RI.

Partnered with the AAFP Foundation in 2004-2005 to pilot test four additional family medicine residency programs.

Today the Rocking Chair Project is a nationwide program open to all health professional training programs. Over 1000 visits have been made.

“a wonderful ... learning experience... that ignited a light ... something I will share with others.”
Tomasz Jarzembowski, MD
Grand Forks Family Medicine
The Rocking Chair Project is a non-profit organization whose mission is to help economically challenged mothers nurture themselves and their babies during the early crucial months.

Working in partnership with health professional training programs, mothers in greatest need are identified and provided the gift of a glider rocking chair during a home visit by the health professional.
WHY NURTURING?

First years of life influence brain development.

During the first three years of life, the human brain develops to about 85% of adult size and puts in place the majority of systems and structures that will be responsible for all future emotional, behavioral, social and physiological functioning during the rest of the baby's life.

Nurturing behaviors promote brain development.

Absence of nurturing undermines development.

Source: ZERO TO THREE, 2006. Copy of study available upon request
Why Give The Glider Rocking Chair?

Rocking is important for normal brain development.

The rocking chair is a place where a mom can hold, sing, gaze, talk and breastfeed her baby, all crucial for infant-mother attachment.

Rocking has been shown to be beneficial to mother’s postpartum recovery.

Giving a gift of a rocking chair can strengthen the patient-health professional relationship.

Source: The Rocking Chair Project: Theoretical Assumptions and Evidence to Date

The Edward Zigler Center in Child Development and Social Policy Child Study Center, School of Medicine Yale University (2007)
REASONS FOR IMPLEMENTING RCP AT TLC

Strength based
Promotion of attachment - attachment changes everything
Good fit with Growing Great Kids curriculum
Changing multi generational patterns in some cases
COLLABORATION WITH COMMUNITY

Monthly to quarterly meetings with the team comprised of The Rocking Chair Project, ReThink Health, Dartmouth College Geisel School of Medicine

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

Margaret Mead
A team with the goal to connect and support local partners, including nonprofits, employers, and the health care system who share a vision for: healthy communities, and a health system that provides better care at lower costs.

Current Projects include supporting RCP (recently wrote a blog to help community providers know about the program) as well as mobilizing youth for healthier communities, advance care planning and community capacity building.
DARTMOUTH COLLEGE, GEISEL SCHOOL OF MEDICINE

Part of the original implementation team

Professor Joe O’Donell recruited two students to participate

Emily Johnson and Kristen Delwiche applied for and received a Schweitzer Fellowship for the Rocking Chair Project at TLC.

Students learned about TLC program, GGK curriculum and developed activities focused on maternal and infant health to share
EXAMPLE ACTIVITY

Fevers: Myths and Facts

**MYTH:** My child feels warm, so she has a fever.

**FACT:** Children can feel warm for many reasons such as playing hard, crying, getting out of a warm bed or being outside on a hot day.

**MYTH:** All fevers are bad for children.

**FACT:** Fevers turn on the body’s immune system. Fevers are one of the body’s protective mechanisms. Normal fevers between 100° and 104° F (37.8° - 40° C) are usually good for sick children and help the body fight infection.

**MYTH:** Anyone can have a febrile seizure (seizure triggered by fever).

**FACT:** Only 4% of children can have a febrile seizure.

**MYTH:** The exact number of the temperature is very important.

**FACT:** How your child looks is what's important, not the exact temperature.
STRENGTHS AND CHALLENGES WITH IMPLEMENTATION

Getting the word out
Chairs on hand
A home to deliver a chair to
Expanding into other programs
Every new mother and baby, especially those experiencing the pressures of poverty, need time and space for nurturing.

Research shows that holding, rocking, singing, feeding, gazing, kissing and other caregiving nurturing behaviors are crucial to the normal brain development of babies. Without early nurturing, it is difficult for a child to become a healthy, happy, and productive person.

The Rocking Chair Project, in partnership with TLC Family Resource Center and The Geisel School of Medicine, is donating a glider rocking chair to qualifying new moms. The gift will help the mother nurture her baby.
THE ROCKING CHAIR PROCESS

Enrollment prenatally

Visit within two weeks of the baby’s birth

The entire process occurs together with the family, parent educator and medical student

Script (developed by Trish Magee in consultation with Zero to Three) is utilized to facilitate discussion about attachment and nurturance
Using the Rocking Chair

If the baby is sleeping, invite Mom to help you put the rocking chair together: Comment on how helpful it is to have assistance.

Have Mom "test out" the chair with her baby. Point out the benefits of rocking together: Rocking your baby is a great way to soothe him. Don’t worry about holding and cuddling him too much. You can’t spoil a baby. This rocking chair is a great place for you and your baby to relax together. Just looking into each other’s eyes makes him feel safe and secure. Moments like that build a strong bond between you. You can rest his head on your arm in this rocking chair. He’ll love looking at your face while you talk to him. It doesn’t matter what you say, he just loves the sound of your voice.

Point out when the baby responds with his eye contact or sounds. See how he looks at you and makes sounds. This is his way of responding to you. These are actually his first conversations with you, even before he can say any words. He’s letting you know that he likes having you here with him.

Dealing with Difficult Issues

Comment on any concerns you have in a non-judgmental way:
I can tell you have made such a special effort to make (baby’s name)’s crib so warm and cozy. But, unfortunately, doctors have discovered that the bumpers in cribs can be dangerous for little ones. I understand that might be disappointing to hear, but I know you want your baby to be safe. That’s why it’s important to take the bumpers out of the crib for now. You can put them back in when your baby is a year old.

If you see a Mom getting frustrated and perhaps rough with her baby:
I know it can be very hard to have a fussy baby. Some babies have a harder time being soothed. It’s not your fault, it’s just the way they’re wired. Remember, though, that even fussy babies get calmer as they grow. Just hang in there and try different ways to soothe her until you find what works. If nothing works, don’t be afraid to ask for help. [Explore if there are family or friends who can step in when Mom needs a break. Also let Mom know she can always put baby down in a safe place for a few minutes if she needs a brief break. If you see signs of reflux or other medical issues, suggest that Mom schedule an appointment for the baby.]

If you see a Mom over-stimulating her baby and/or not reading the baby’s cues: It is so great to see how much you enjoy interacting/talking/playing with your baby. It looks like (baby’s name) is having so much fun that he’s tired out and needs a little break. Babies tire so easily. Just give him a rest!

If a Mom is not responding to her baby’s needs: I see (baby’s name) is fussing. If he could talk, what do you think he’d tell us he needs?
ASSEMBLY

Done collaboratively
Increased understanding
Making mistakes
Encourages the participation of all family members
THE MAGIC OF ROCKING
AN OPPORTUNITY TO CONNECT

http://developingchild.harvard.edu/resources/experiences-build-brain-architecture/
THE IMPORTANCE OF PARALLEL PROCESS

The nurturing of the parent is as important as the nurturing of the baby

- “If a community values its children, it must cherish its parents” - Bowlby

Rocking Chair Project has had a profound impact on all involved
Supervision is a place to learn about the lessons and capitalize on them
The gift of a chair, a space for attachment and connection to occur

Rocking chair as an expression of investment

Building the chair together, building the alliance between mother and parent educator

“I love it. I have a quiet place to snuggle and have my quiet time with her. We get to cuddle as I rock....”

“I don't know if Erin told you how excited I was to get that chair. I wouldn't stop bugging her! I absolutely fell in love with it because I can sit in it with my baby and be close and comfortable. It was great to breastfeed in because it helped hold the baby close without being uncomfortable. You guys are amazing people and I'm so thankful I have you guys in both mine and my daughter's life. You do so much, teach me a lot and your just beautiful people all together. I'm so thankful for the chair and everything you guys have done for me to help make my daughter's life great. Thank you so much there really isn't any way I can thank you guys enough!”
THE RESPONSE OF FATHERS

“I think building the chair really helped him to feel important and to participate more in the visit, which I hope will continue.” Emily, Schweitzer Fellow

“Mom had had a C section so she wasn’t up to getting on the floor and helping. It was a small space and there was a lot of good energy in the space. I was particularly impressed with the interest and intelligence of the toddler as she watched and crawled into the box and ultimately onto the chair. At first I was hesitant about “the Guys” doing the building as it seemed stereotypical and not involving of the mom. But given the circumstances, this was a great solution. I think the men felt very invested in the process and proud to be part. Then, when the chair was completed, mom get out of the couch and moved slowly to the chair and Kathy handed her the baby and the calm that had come on a previous Rocking Chair project came once again. The gentle rocking; the beautiful of mother and child, cozy together in a beautiful chair!” Maggie, TLC Executive Director
THE RESPONSE OF PARENT EDUCATORS

A privilege to provide a space for a nurturing connection to occur

Value is placed on the chair before it even arrives to the home, a previously cluttered family room is cleaned and prepared for the assembly of a new piece of furniture

Mothers are rocking their babies during subsequent visits, it has become part of their routine

Increases the connection between parent educator and family
“The baby was fussy while we built the chair. Mom wasn’t comfortable on the floor so she helped hold things from the sofa and screw in bits and pieces. Sandy was great in talking about nurturing and following cues. Then came the moment we had been waiting for. Mom sat in the chair with the baby and both settled down and looked perfect and beautiful. It is hard to describe in words but it was one of the most beautiful things I had seen. Mom had been hesitant to OK the use of photos for promotion but once she saw herself in the chair, she immediately said “Oh, you can use that!” I believe that was the moment that she saw herself as a mom and that will go a long way for her! She talked about how she couldn’t rock the baby on the bed and her back is bad anyone so this is a Godsend. Also, today I heard that “the chair was a lifesaver the first night” as the baby was cranky and needed soothing!”
THE RESPONSE OF MEDICAL STUDENTS

Can change the path of a doctor’s career to deeper understanding of families they serve

Knowledge is gained from being in the home that could not be gleaned from an office visit

“I learned so much this past summer! Each family that I have worked with is facing unique challenges and trying to cater each visit to their needs is a challenge. Some families are inquisitive, some are shy and some have so many other things on their plate, that learning about how a vaccine works is just not constructive. I’m working to get better at interpreting subtle cues from the moms, and being better able to gage their interest in what we are talking about, so that I can steer the conversation in a more constructive direction. This is going to be helpful with patients in the future.”
“I still feel uncomfortable with navigating education and making plans for behavior/thought change when the women have so many overwhelming and distracting challenges in their lives such that more basic needs are not met. That said, understanding their living situations and having conversations about other issues in their lives that are on their mind is certainly helpful for coming up with a more realistic plan. On one of our weekly calls, Melony, our site mentor, gave me some good ideas for how to structure a “get to know you” first visit conversation, which will be helpful for upcoming visits, as I felt like I jumped into the education piece too early rather than taking more time to ask open ended questions.”
EFFECTS OF RCP ON RETENTION

Too soon to tell?

2 chairs given out so far and both of those mothers remain enrolled, 1 more scheduled for Friday!

Retention Rate for first quarter of fiscal year: 75%

Other factors- cell phone program

Ways to exhibit investment and maintain connection- to provide the opportunity for three years of parenting education and support while reducing barriers to retention
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