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Cedar Weaving & Co-Sleeping Safety: A Parenting Class for Expectant Coast Salish Parents

Rena Pugh
renapugh@uw.edu

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Cedar Weaving & Co-Sleeping Safety

A Parenting Class for Expectant Coast Salish Parents



Rena Pugh, MSW Candidate
University of Washington, Tacoma
Professor JaeRan Kim, PhD, LISW
Advanced Integrative Practice II
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Introduction

Native American parents of infants need culturally relevant safety information regarding parent-child co-sleeping so that risk factors in the sleep environment are addressed while retaining the culturally valued practice of co-sleeping.

The proposed intervention combines a co-sleeping safety parenting class with cedar baby basket weaving to offer Washington State's Native Coast Salish parents a unique learning opportunity. The intervention uses traditional community knowledge to address modern health and safety issues. These parents will be best able to keep their infant children safe and growing strong with the skills gained from this combination of class lessons.

The woven cedar baby basket is to be used as a safe sleeping device for the child. It provides the child a special, safe space in the adult bed. Over the course of six class sessions, parents learn skills that allow them to retain the culturally valued practice of co-sleeping, vastly reduce the associated risks, and develop their knowledge of cedar weaving in order to accomplish this. Weaving the baby basket also invests the parent in its use.

The parenting classes will cover all the risks associated with co-sleeping so that parents leave understanding the basket's safety features and have an ability to recognize risks. Classes will be open to one or both parents of an infant child under one year of age. Parents who are expecting a child are also eligible to participate. Children may attend with their parents. There will not be an expectation to find childcare in order to attend. The project's design comes from the community and understands that Native Coast Salish parents value co-sleeping as a protective factor for their child. These parents may not afford, or even want to, provide their child with a nursery room or other individualized sleep setting, which increases the pertinence of baby baskets for very young children.

It is beneficial for parents to learn about co-sleeping safety, take part in weaving, and interact with elders, instructors, and other parents. The desired outcomes of the parenting class are increased knowledge of safety issues, and improved stability in the child's home and sleep

environment. These objectives are indicated by an ability to identify safety steps and environmental risks, and the guardian providing a stable environment and positive contact with the child. The classes will inspire safety and stability in the home by adjusting parents to more safe practices. Successful classes will increase the intergenerational transmission of traditional knowledge about weaving and parenting. Parents will feel a sense of camaraderie with one another in shaping a new or renewed use for cedar baskets in their communities.

The experience of the parent participants will allow the community to develop a greater awareness of child safety, benefiting all children. Long-term goals include a decrease of child injury and CPS interventions regarding safety in the home. Parents will be better equipped to articulate their expectations for child safety, and as the baby basket becomes commonplace, medical providers and child welfare services will become more knowledgeable about the needs and wants of the community. Communication will develop between doctor and patient about where baby will sleep. Through all this, incidences of injury or death of a child in the sleep environment will decrease, and the health disparity in Native America could lessen or disappear.

There are no apparent risks to participants. It will be the facilitators' duty to develop and influence a confidential class environment. A pre and post survey of all participants will be conducted. The surveys will provide the facilitators an opportunity to collect data on the degree of change in parental knowledge and behaviors, ascertain to what extent weaving a basket was a valuable experience, and obtain other self reported outcomes of the classes. The post survey will contain additional questions regarding weaving.

A disparity exists in indigenous communities globally in the rate of infant injury due to sudden infant death and other injuries, some of which occur in the sleep environment (Alexeyeff, 2013; Baldwin, Grossman, Casey, Hollow, Sugarman, Freeman & Hart, 2002). The project is grounded in child development and settler colonial theories, acknowledges the role colonization has on health in indigenous communities, and utilizes traditional community knowledge to address disparity. The goal of this intervention is to address the risks associated with co-sleeping without asking parents to refrain from co-sleeping, as has been the dominant philosophy in recent decades, and has not been as effective for Native peoples. This intervention aims to

combine the latest safety information with community knowledge, belief, and tradition to educate and find a solution that works for Coast Salish parents.

Facilitator Information

Facilitator(s)

The classes will require a culture teacher, likely an elder, but perhaps someone younger, who is a master weaver or otherwise proficient at cedar weaving. A co-sleeping safety instructor, in addition to the culture teacher, will co-lead the classes. The person to fulfill this role can be any interested community member, including the weaving instructor, but other likely candidates include a WIC coordinator, family services worker, a nurse, or any other health/safety personnel. Therefore, the classes require one facilitator who can teach weaving and the following safety info; or two facilitators, one weaver and one safety instructor to co-lead the classes.

Participants

The class is appropriate to carry out once at least two families, but ideally five or six, have an interest in participating. It's great if couples are able to attend class together, but of course single parents are eligible also. Children are welcome to join their parents during class sessions. It will not be necessary for parent participants to acquire childcare during the classes.

Location

Class sessions can be hosted in any location that makes sense to the facilitators. Possible locations include: community center, senior center, daycare building, clinic facility, or even in a facilitator's home depending on the class size. The chosen location should have ample table or floor space to sit and work on weaving, eating, and to work with class handouts. Facilitator(s) should provide something to eat and drink at the start of class sessions to make weekly attendance more feasible for parent participants with their children. Please include this piece in the budget request when planning the class sessions.

Weaving

The cedar weaving instructor begins each session as participants settle in with their plate. Parents will be instructed on basket weaving over the course of six weeks, and by the end of the course will have created their own baby basket to keep and use for their child or children.

Weaving materials will have to be gathered or donated to the facilitators during the planning phase of this program in order to meet the needs of the number of class participants. It is appropriate to modify the weaving material from cedar to another tribe or locality's resource. For instance, the Maori in New Zealand weave a baby basket with flax reeds, and the Hupa in northern California weave an intricate baby basket/seat from materials other than cedar. It is also appropriate to supplement cedar weaving with modified materials such as raffia, as the weaving instructor sees fit.

Parent-Child Co-Sleeping Safety Information

Once parents have begun the day's weaving, safety instruction can begin. This part may be easier if there are co-facilitators because the weaving instructor can move around the room and instruct individually as the safety instruction continues. However, if the weaving expert is the sole facilitator, he or she can manage their time between weaving instruction and safety info provision accordingly. Safety instruction is given verbally as parents continue weaving. Each session has a suggested script for the safety instruction, which can be modified to reflect the facilitator's voice, but should retain all safety information. Facilitators should take questions throughout the session for both weaving and regarding safety instruction. Facilitator(s) should allow approximately two hours for each class session.

Session 1

Introduction to the Cedar Baby Basket Weaving Group

Goals: The topics covered during the first class session include completion of the entry survey, setting ground rules as a group, explanation of both confidentiality and mandatory reporting, introduction to weaving instruction and materials by the culture teacher, and mention of future group topics.

Materials:

- Food and Drink, cutlery and paper products
- Plain sheet of paper for each participant and facilitator
- Pen/pencil for each participant and facilitator
- Pre-surveys printed from Appendix A for each participant
- Cedar prepared for weaving

Facilitators: Have the room set up with space available for parent participants to sit. As participants arrive welcome them to dish up a meal. When everyone has arrived and dished up, facilitators introduce themselves and welcome everyone to the cedar baby basket weaving group.

Ground Rule Setting: Ask to set some ground rules as a group. Describe the coming sessions as largely hands on, but that they may include some group discussion, which is why ground rules are helpful. Provide paper and pen to each participant. Throw out an example or two of a ground rule, and ask for input. Have the participants write generated ground rules on the page in front of them. Make sure there is consensus before closing the discussion. To end this exercise, have participants sign the bottom of the page of ground rules they've just generated and include a phone number for contact information. Ask participants if this contact information can be consolidated by facilitators and given out to each participant during next week's session. Encourage this exchange of contact information between families so that they can ask each other questions if need be, and stay connected after the six weekly sessions.

Confidentiality and Mandatory Reporting: To expand off of the ground rules that the group just created, explain confidentiality and mandatory reporting to participants. Confidentiality will be important so that participants feel comfortable sharing during group activities, without concern for what will be shared outside of class. Explain that although the group discussions are confidential there is one caveat: mandatory reporting. This means that if someone discloses child abuse or neglect or potential self-harm, these things will be relayed to the appropriate professionals. This is important to note because class discussions may focus on parenting, and parenting experiences, both positive and negative, and mandatory reporting is an important exception to confidential spaces.

Pre-Survey: Explain the pre-survey as a method of gathering information about the group prior to participation. The survey asks questions about what the participants know about safety in the sleep environment and about the basket. It's not a test of their knowledge and they won't be graded or prevented from participating in class sessions or weaving. Ideally, all participants will complete a survey as it will aid facilitators to improve the session plan. Distribute the pre-survey found in Appendix A.

Weaving Instruction: The facilitator who is also the weaving instructor takes over the instruction now. The rest of the first class session will be an intro to the weaving materials. Parents will begin constructing their cedar baby baskets under the guidance of the facilitator who doubles as the weaving instructor. Co-leading safety facilitator can assist parents in beginning their baskets as needed.

Closing: At the end of the session mention that the following week's class will include the presentation of safety topics.

Session 1 Breakdown:

Welcoming and Dishing Up (15 minutes)

Ground Rule Setting (15 minutes)

Confidentiality and Mandatory Reporting Explanation (5 minutes)

Pre-Survey Completion (10 minutes)

Weaving Instruction (remaining time/75 minutes)

Closing (last minute)

Clean-up

Session 2

Cedar Baby Basket Weaving and Safety Instruction Intro

Goals: Parent participants will continue working on their baby baskets and begin exploring its safety advantages by learning about the risks associated with parent-child co-sleeping.

Materials:

Food and drink, cutlery and paper products

Cedar weaving materials

Participant Contact Sheets

Co-Sleeping Safety Brochure printed from Appendix B for each participant

Facilitators: Welcome the class similarly to last week, by inviting participants to help themselves and their loved ones to the food available. Thank them for returning. Once participants are comfortable, instruction can begin. Hand out Participant Contact Sheets to parent participants if permission was given to do so last week.

Weaving Instruction: This session's instruction begins with continued weaving. This is to refresh the participants' memory with their projects and get them working with their hands and situated prior to delivering safety teachings.

Safety Instruction: Once participants are weaving, the safety facilitator can introduce the co-sleeping safety brochure. This handout will be a take home resource for parents to reference at home as needed. The co-sleeping safety brochure can be found in Appendix B.

Suggested Script: The risk factors in the sleep environment are complicated. There are many things to take into consideration to provide the safest co-sleeping space for an infant. The woven cedar baby basket protects against the most common causes of injury in the sleep environment: entrapment, suffocation, overlay, and Sudden Infant Death Syndrome (Tipene-Leach & Abel, 2010). This session will cover the first three: entrapment, suffocation and overlay.

Entrapment describes an infant or small child getting stuck in or between furniture. This could be between the bed frame and mattress, the bed frame and wall, or between the bed and other furniture. A child who is stuck in the furniture structure while adults sleep could suffocate. Other interventions have recommended removing the mattress from the frame while co-sleeping with a small child, and also moving the mattress away from walls (McClure Mentzer, 2014). This solution may or may not be necessary when using the baby basket, as long as the basket is placed near the center of the mattress. The basket may be large and sturdy enough to protect against entrapment. This will be something for each parent to assess in their home once they've completed their basket, but generally speaking, it will be best to place the baby basket near the bed's center.

Overlay describes an infant or small child being pinched, wedged or squished beneath the body of a larger person. Many people assume that injuring a child by overlay requires completely squishing the child, but this is not so. Infants under six months of age are particularly vulnerable to overlay, not just because of their small size. At birth, a child's joints are not fully formed so an infant's jaw is easily displaced, and can push the tongue into the airway, causing suffocation (McIntosh, Tonkin & Gunn, 2009). This is easy to imagine because we're already familiar with how infants cannot hold up the weight of their own head. This is why it is recommended that infants always sleep flat on their backs until the age of six months (McIntosh, Tonkin & Gunn, 2009). A prior campaign, called the Back 2 Sleep Campaign, is credited with cutting the rate of Sudden Infant Death Syndrome in half over ten years in the general American population by doing just that: sleeping infants on their backs (Ball & Volpe, 2013; McClure Mentzer, 2014; Wong, Gachupin, Holman, MacDorman, Cheek, Holve & Singleton, 2014). These reasons are why it is best not to allow infants to sleep in car seats, bouncy seats, swings or high chairs. Infants should also sleep on a rather firm surface. Most adult beds, mattresses, and especially couches and recliner chairs are not firm enough and can contribute to overlay and suffocation. The woven structure of the baby basket provides a flat, firm surface for the infant!

Suffocation is when outside forces prevent a child from breathing. This is likely due to other dangers already discussed, such as overlay and entrapment, but for young infants, it could also be due to the presence of heavy blankets, pillows, toys, stuffed animals, pets or siblings. It is best to

keep an infant's sleep environment clear of these things. This advice applies to the basket the same as it would a crib. The baby should not sleep surrounded by cushions, pillows, or extra blankets while in the basket. The basket's sides or walls help keep these things away from a child's face and body when these things are present in the adult bed.

The youngest children, under six months old, are the most fragile to all of these dangers in the sleep environment. At age four to six months, a child's central nervous system matures, and they become more able to interact with caregivers (Lesser & Pope, 2011). Also at six months, a child has gained some physical control of the body, rolling over, scooting, crawling, etc., which makes them slightly less vulnerable to their surroundings. However, they remain at risk of injury well into their first year.

In Review: The baby basket significantly reduces the risks associated with co-sleeping and bed sharing. The basket provides an infant with a special sleep space in the adult bed.

Closing: Lots of information has been covered in this session. The safety information from this session will most likely be reviewed as parents discuss what they've learned. Encourage parents to reference this brochure at home and bring any questions to the following class sessions.

Session 2 Breakdown:

Welcoming and Dishing Up (15 minutes)

Resume Cedar Weaving and Further Weaving Instruction (30 minutes)

*Cedar weaving continues going on simultaneous to safety instruction

Safety Instruction (45-60 minutes)

Review and Questions (15 minutes)

Closing (last minute)

Clean-Up

Session 3

Cedar Baby Basket Weaving and Understanding Sudden Infant Death Syndrome

Goals: Parent participants will continue working on their baby baskets, and learn about Sudden Infant Death Syndrome and the physiology of parent-child co-sleeping.

Materials:

Food and drink, cutlery and paper products

Cedar weaving materials

Facilitators: Welcome the class by inviting participants to help themselves and their loved ones to the food available. Thank them for returning. Once participants are comfortable, instruction can begin.

Weaving Instruction: This session's instruction begins with continued weaving. This is to keep the parents progressing on their baskets and engaged with the weaving instruction. Facilitators should continue to assist one another with both sections of each session.

Safety Instruction: The presentation of safety information can resume once parents are situated with their weaving. Ask if participants have questions from last week.

Suggested Script: Currently, the practice of parent-child co-sleeping is discouraged by doctors and other professionals for its supposed relation to Sudden Infant Death Syndrome (SIDS). This is because SIDS most often occurs while a child is asleep. However, the causes of Sudden Infant Death Syndrome are not fully understood. It is believed to be related to a child's physiological development or underdevelopment. Physiology describes the way our bodies function. The latest research on parent-child co-sleeping supports the practice for the physiological benefit to the child (McKenna, 1996). This research is fascinating. It has shown that the heart rate of mother and child match up when sleeping next to one another, and the mother's breathing signals the baby to breathe more frequently (McKenna, 1996). This relationship between co-sleeping parent and child strengthens the child's physiological development and prevents infant apnea. Apnea is

a condition where breathing stops during sleep. Infant apnea is an example of an ailment during physiological development that can lead to Sudden Infant Death. Infant apnea is believed to be a contributing factor to Sudden Infant Death if the baby stops breathing for too long. These benefits of co-sleeping are especially important for newborns, as they have just transitioned from the womb, an environment with constant physiological interaction with the mother (Huffington Post, 2015). In these ways, parent-child co-sleeping has preventative qualities to Sudden Infant Death Syndrome in the sleep environment. When the baby basket is used for co-sleeping it may maintain these benefits, while also preventing the risks in the sleep environment mentioned last week.

In Review: When you take into consideration the following things: the uncertainty in the cause of Sudden Infant Death, that it usually occurs during sleep, and could be attributed to other risk factors in the sleep environment; it is easy to see why co-sleeping has become discouraged. Using the baby basket allows us to tease apart the various causes, protect against the things that can be addressed, and provide the newly understood benefits of parent-child co-sleeping that could strengthen the baby's body against developmentally linked causes such as sleep apnea.

Closing: Lots of information has been covered in this session. Ask for input from parents. What do they think about what they've just learned? This session is probably the most difficult to understand. Do they have questions now?

Session 3 Breakdown:

Welcoming and Dishing Up (10-15 minutes)

Resume Cedar Weaving and Further Weaving Instruction (30 minutes)

*Cedar weaving continues going on simultaneous to safety instruction

Safety Instruction (45-60 minutes)

Review and Questions (5 minutes)

Closing (10 minutes)

Clean-Up

Session 4

Cedar Baby Basket Weaving and Smoking Cessation

Goals: Parent participants will continue working on their cedar baby baskets. Facilitators will build on last week's discussion of physiology and Sudden Infant Death Syndrome by addressing a remaining threat to infant safety in the sleep environment: parental cigarette use and its 2nd and 3rd hand smoke.

Materials:

Food and drink, cutlery and paper products

Cedar weaving materials

Smoking Cessation Worksheets for each parent, found in Appendices C, D, and E

Pen/pencil for each participant

Facilitators: Welcome the class by inviting participants to help themselves and their loved ones to the food available. Thank them for returning. Once participants are comfortable, instruction can begin.

Weaving Instruction: This session's instruction begins with continued weaving. Facilitators should continue to assist one another with both sections of each session. This session's weaving will be interrupted during the safety instruction section to complete a worksheet. Please inform parents of this ahead of time.

Safety Instruction: The presentation of safety information can resume once parents are situated with weaving. Ask if participants have questions from last week. Hand out the Smoking Cessation Worksheets from Appendices C and D for parents to reference.

Suggested Script: We've already learned about many risks for infants and young children in the sleeping space, and the ways the baby basket helps prevent many of these risks. The one thing that the baby basket cannot protect against is cigarette use. Parental smoking, during or after pregnancy, is considered a contributing risk factor for Sudden Infant Death Syndrome (Ball &

Volpe, 2013; McKenna, 1996; Tipene-Leach & Abel, 2010). We discussed Sudden Infant Death Syndrome last week and how its cause is not exactly known. We know that placing a child to sleep on their back helps prevent it. We know that co-sleeping next to an infant can strengthen their development in a way that could help prevent it. The one other factor that is present in many cases of infant death in the sleep environment is a parent or parents who smoke cigarettes (Ball & Volpe, 2013; McKenna, 1996; Tipene-Leach & Abel, 2010). It's hard to believe, but this applies to not just cigarette use during pregnancy, but afterward! We've talked about how fragile infants are, especially under six months of age, to other environmental factors, and cigarette use is included in this list. It appears that infants are not only sensitive to smoke, and second hand smoke, but also to third hand smoke. Have you even heard of third hand smoke? How does this happen? When an adult steps outside to smoke a cigarette, the smoke lands on everything around them including their skin and clothing. When this adult comes back inside and goes to bed next to their infant, *even if the infant is in a basket*, they are exposed to the smoke that has landed on the adult or that is contained in the adult's breath! Remember the discussion last week on the importance of a parent's breathing for an infant? Based on the relationship between parental smoking and Sudden Infant Death, it appears that all of this benefit is reversed if the parent is a smoker. Parental cigarette use is the largest remaining co-sleeping risk factor when the baby basket is used properly. Use of other intoxicants, drugs, or alcohol is also discouraged while co-sleeping, but the leading concern associated with intoxicated adults co-sleeping is overlay, which the basket largely protects against.

Now that we've learned about the dangers of cigarette smoking, I'm going to handout a worksheet for you to complete. This will be the one time I ask for you to pause with your weaving, so find a good place to pause. You are being asked to complete this worksheet even if you do not smoke cigarettes so that you can share the information with parents who do.

Hand out the smoking cessation worksheet from Appendix E. The worksheet asks participants to answer the question "How will your family benefit when you don't smoke?" from three angles: health, financially, and culturally. Ask participants the leading question and give them five or so minutes to fill in the worksheet. After five minutes, ask them to read their answers to themselves or their neighbor. Do they agree with what they've written? This worksheet is for participants to

keep. If they are trying to quit smoking they can look back at the benefits they've identified.

Review: As we talked about before, Sudden Infant Death Syndrome occurs more often when one or both parents smoke cigarettes and practice co-sleeping. Parental smoking is the largest risk factor that your baby basket cannot protect against. Since we are retaining the practice of co-sleeping we have to work to eliminate smoking.

Closing: Thank parents for their participation in this session. Ask for input from parents. What do they think about what they've just learned? Do they have questions?

Session 4 Breakdown:

Welcoming and Dishing Up (10-15 minutes)

Resume Cedar Weaving and Further Weaving Instruction (30 minutes)

Safety Instruction (45-50 minutes)

Smoking Cessation Worksheet (15 minutes)

Review and Questions (5 minutes)

Closing (10 minutes)

Clean-Up

Session 5

Cedar Baby Basket Weaving and History Lesson

Goals: Parents will continue working on their cedar baby baskets as facilitators discuss related history tidbits about co-sleeping and baby basket use. Parents will gain a sense of pride in using their cedar baby baskets.

Materials:

Food and drink, cutlery and paper products

Cedar weaving materials

Facilitators: Welcome the class by inviting participants to help themselves and their loved ones to dish up. Thank them for returning. Once participants are comfortable, instruction can begin.

Weaving Instruction: This session's instruction begins with continued weaving. Parents should be progressing on the completion of their baskets. Facilitators should continue to assist one another with both sections of each class session.

Safety Instruction: The presentation of safety information can resume once parents are situated with their weaving. Ask if participants have questions from last week and go over any requested material.

Suggested Script: Co-sleeping is an ancient practice, and is still practiced in many cultures, countries and communities, including this one. It wasn't until the late 19th century that the notion of individualized sleep began in America (McClure Mentzer, 2014). This was during the industrial revolution. During this time the middle class developed, and the upper class prospered. Both began constructing nursery rooms to demonstrate their wealth. The nursery room, and the crib, began as status symbols! (McClure Mentzer, 2014). Meanwhile, lower class Americans and various American cultural groups retained the practice of parent-child co-sleeping out of financial necessity, practicality, and for cultural purposes.

How did the nursery room and crib go from status symbol to becoming regarded as best practice? By the time sleep and infant sleep were studied, nursery rooms and cribs had been in use for decades by dominant American society (McClure Mentzer, 2014). Therefore, individualized infant sleep was favored at the time sleep studies began. This created bias in the way sleep was studied and limited studies to those on individualized sleep (McClure Mentzer, 2014). This tendency to prefer individualized sleep continues to this day, with medical professionals not understanding the position of parents who co-sleep. This dominant perspective leads to parents being discouraged from co-sleeping for its relation to injuries and Sudden Infant Death Syndrome. It wasn't until the 1990's that parent-child co-sleeping was studied. The research findings we discussed about the physiology of co-sleeping have come about in the last fifteen to twenty years, and are only recently being more fully understood (Huffington Post, 2015). Isn't it interesting how science has finally begun to validate parenting practices that many cultures and communities have always upheld?

Review: The baby baskets use your community's traditional knowledge to address modern health and safety issues. This means that you will be best able to keep your children safe and growing strong with the skills gained in these class sessions.

Closing: Thank parents for their participation in this session. Ask for input from parents. What do they think about what they've just learned? Does it feel good to know that they have the skills to keep their children safest? Do they have questions?

Session 5 Breakdown:

Welcoming and Dishing Up (10-15 minutes)

Resume Cedar Weaving and Further Weaving Instruction (30-45 minutes)

*Cedar weaving continues going on simultaneous to safety instruction

Safety Instruction (30-45 minutes)

Review and Questions (5 minutes)

Closing (10 minutes)

Clean-Up

Session 6

Completion of Cedar Baby Baskets and Review

Goals: Facilitators will assist parents in completing their baby basket projects and a Post Survey questionnaire.

Materials:

Food and drink, paper products and cutlery

Cedar weaving materials

Post Survey for each parent participant, found in Appendix F

Pen/pencil for each participant

Copies of the Co-Sleeping Brochure from Appendix B for reference

Copies of the Smoking Cessation Worksheets from Appendices C, D, and E for reference

Facilitators: Welcome parents to the final class session. Invite them to dish up. Thank them for returning and being present throughout the six weeks. Weaving can continue once participants are comfortable.

Weaving Instruction: Cedar weaving is the focus of this class session. Both facilitators will assist parents in completion of their baby baskets.

Safety Instruction: The only safety instruction during this session pertains to information parents wish to review or have questions about. Ask for questions or review topics once participants have been weaving. Refer to the Co-Sleeping Brochure and Smoking Cessation Worksheets from Appendices B, C, D, and E if need be.

Closing: Hand out the Post Survey found in Appendix F. Explain that the post-survey is a method of gathering information about the group after their participation. Remind participants that the survey is not a test of their knowledge and they won't be graded or penalized in any way. Ideally, everyone will complete a Post Survey as it will aid facilitators in improving the session

plan. Thank parents for their participation throughout these sessions and remind them to utilize the contact information they've exchanged in the first week to stay connected to one another.

Session 6 Breakdown:

Welcoming and Dishing Up (15 minutes)

Resume Cedar Weaving and Final Weaving Instruction (60 minutes)

*Cedar weaving continues simultaneously to review of safety information

Review and Questions (as requested)

Closing and Post Survey (15 minutes)

Clean-Up

Appendix A: Pre Survey

Parent Pre Survey

How old is your child or children?

Where do you want your baby to sleep?

What makes a baby's sleeping space safe?

What makes a baby's sleeping space unsafe?

Have you talked to family or friends about where your child sleeps or will sleep?

Have you co-slept (shared a sleep surface) with your child?

Have you ever woven cedar before?

If so, who taught you and what did you weave?

Appendix B: Co-Sleeping Brochure

(See Separate Attached Document “AppendixBCosleepingBrochure.pdf”)

Appendix C: Smoking Cessation Fact Sheet

The Facts: How Tobacco Smoke Affects Your Children

By being in the air they breathe
(2nd hand smoke)

By landing on you and everything in your home
(3rd hand smoke)

Carpet
Bedding
Walls
Clothing
Skin
Breathe

1. Smoking outdoors reduces 3rd hand smoke contact but, does not prevent it entirely.
2. Clothing, skin, and the parent's breathe may still touch the baby if you are sharing a sleeping space.
3. 2nd and 3rd hand smoke contains chemicals from the processed tobacco.
4. Infants are fragile to 2nd and 3rd hand smoke after being born, not just to smoking during pregnancy.
5. 3rd hand smoke can come from either parent if both smoke.

Appendix D: Smoking Cessation Worksheet One

Planning Ahead: How To Get Help Quitting Tobacco Use

Seek Family Support

1. Has a relative or friend quit smoking?
2. Will they tell you their success story?
3. Tell yourself the ways your family will benefit.

Talk to an Elder

1. What does he or she think about tobacco use?
2. Say you want to quit smoking cigarettes.
3. Is tobacco used for ceremony in your culture?
4. If so, can this Elder help you understand the difference?

Seek support from your doctor

1. Say you want to quit smoking cigarettes.
2. A doctor can prescribe medication.
3. Medication will curb cravings and withdrawal, making it easier to quit.

These original Smoking Cessation Worksheets are influenced by Makosky Daley, et al.'s work to create pan-tribal smoking cessation materials (Makosky Daley, James, Barnoskie, Segraves, Schupbach & Choi, 2006).

Appendix E: Smoking Cessation Worksheet Two

Quitting Tobacco Worksheet

How will your family benefit when you don't smoke?

List two ways that have to do with health

- 1.
- 2.

List two ways that have to do with money

- 1.
- 2.

List two ways that have to do with culture

- 1.
- 2.

Read these back to yourself or to a neighbor. Do you or they agree?

These original Smoking Cessation Worksheets are influenced by Makosky Daley, et al.'s work to create pan-tribal smoking cessation materials (Makosky Daley, James, Barnoskie, Segraves, Schupbach & Choi, 2006).

Appendix F: Post Survey

Parent Post Survey

How old is your child or children?

Where do you want your baby to sleep?

What makes a baby's sleeping space safe?

What makes a baby's sleeping space unsafe?

Have you talked to family or friends about where your child sleeps or will sleep?

Have you co-slept (shared a sleep surface) with your child?

Have you ever woven cedar before?

If so, who taught you and what did you weave?

Did you enjoy weaving a baby basket?

When will you start using your baby basket?

Where will you use your baby basket?

What did you learn about the baby basket's safety features?

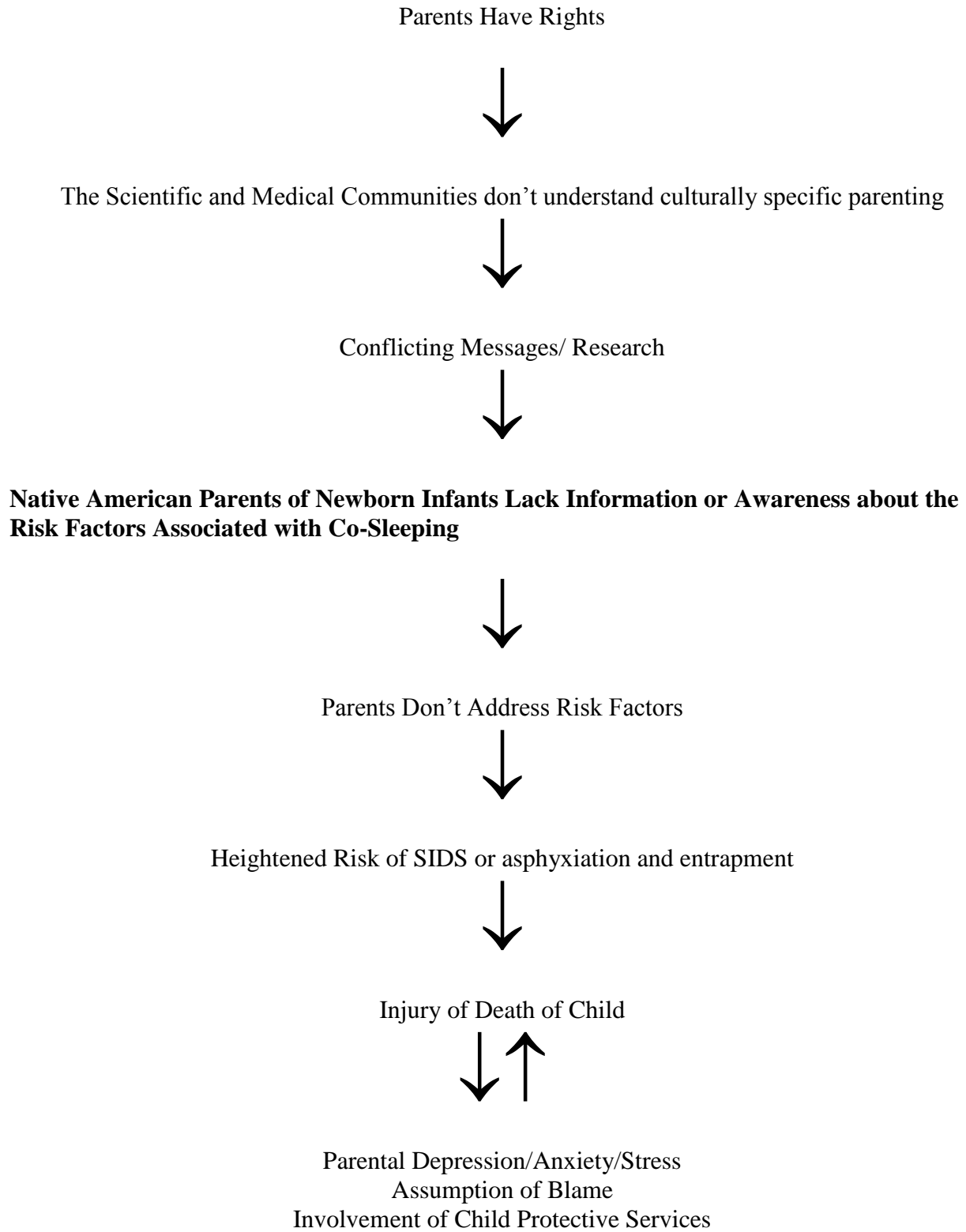
What will you tell others about the baby basket?

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Attachment A: Problem Map



Attachment B: Force Field Analysis

Restraining Forces

Lack of
Consensus
As to the
Cause of
Injury / Death

Cultural
Incompetence

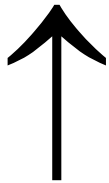
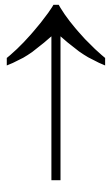
Sources of
Information
are Incomplete
or Inaccurate

Lack Access
to Health Care
and Educational
Materials

Western
Medicine VS
Traditional
Knowledge



Goal Statement: Native American parents of newborn infants have the necessary information to eliminate risks associated with co-sleeping.



Studies
Identifying
Risks
Exist

Parental/
Generational
Support
Network

Parenting
Classes

Indian
Health
Agencies
or Clinics

Existing
Family
Values

Tribal
News
Letters

Driving Forces

Attachment C: Logic Model

(See Separate Attached Document “AttachmentCLogicModel.pdf”)

Attachment D: Data Collection Worksheet

(See Separate Attached Document “AttachmentDDataCollection.pdf”)