

**Oregon Addictions & Mental Health Division**

**Evidence-Based Programs**

**Tribal Practice Approval Form, Mk V**

1. **Name of Tribal Practice**

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| --- |
| * Cradle Boards
 |

1. **Brief Description**

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| Through traditional practice, teachings, and materials, cradleboards are made according to tradition for the use of infants and parents to interact face to face. This interaction builds positive connections between parents and children and the overall Tribal community. The practice of creating and using Cradle Boards helps to eliminate SIDS and promotes thriving, tranquil sleep, good posture, eye coordination, and healthy skeletal development.Cradles are designed for safety in case of accidents. Strategy is to return to Traditional ways by returning the baby “back to their backs” by utilizing a form of a cradleboard indigenous to the Tribal community to reduce the incidents of SIDS and the non-use of alcohol and drugs including tobacco. This is a form of parenting training. |

1. **Other Examples of this Tribal Practice**

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| * Back to Boards, Confederated Tribes of the Warm Springs Indian Reservation, Warm Springs, Oregon.
* Baby Baskets, Confederated Tribes of Siletz, Siletz, Oregon.
* Safe to Sleep, National Institute of Child Health and Human Development.
* Back to Sleep Campaign, Oregon Health Authority.
* Google SIDS to see if there are other examples/theories/evidence
 |

1. **Evidence Basis for Validity of the Tribal Practice: Historical/Cultural Connections**

|  |  |
| --- | --- |
| Longevity of the Practice in Indian Country | * Time immemorial
 |
| Teachings on which Practice is based | * Parents should care for their children
* Elders teaching traditional board making, decoration, and use
* Non-use of drugs, alcohol, and non-traditional tobacco
 |
| Values incorporated in Practice | * Child welfare
* Parental responsibility
* Community and cultural connection and well being
* Mutual respect between parents and children
 |
| Principles incorporated in Practice | * Visual contact creates affective connection
* Affective connection creates healthy thriving, respect
* Mentoring as a source of good practice/ skill building, and cultural continuity
 |
| Elder’s approval of Practice  | * Elders participate in and teach the practice
 |
| Community feedback/ evaluation of Practice | * Large numbers of parents participate
* This practice [and fundamentally similar] have been institutionalized and is expected in many communities
* Reduction of SIDS
 |

1. **Goals addressed by this Tribal Practice**

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| * Reducing SIDS; increasing thriving
* Getting parents involved in healthy, positive, and culturally appropriate parenting
* Maintaining Tribal cultural continuity and mutual respect
* Eliminating barriers such as drugs, alcohol, non-traditional tobacco, and destructive behaviors
 |

1. **Target Populations**
	1. Institute of Medicine Strategy (check off one of the following four)

|  |
| --- |
| X “Universal” |
| X “Selective” |
| X “Indicated” |
| X Treatment |

* 1. Socio-demographic or other characteristics

|  |  |
| --- | --- |
| Age | * Adult
 |
| Sex | * All
 |
| Occupation | * All
 |
| Living Conditions | * All
 |
| Other | * Expectant families [extended included]
 |

1. **Risk and Protective Factors Addressed**

|  |  |  |
| --- | --- | --- |
| **Domain** | **Risk Factors**  | **Protective Factors**  |
| Community  | * Lack of community engagement
* Community disorganization
* Historical trauma
* Accessibility to drugs and alcohol
 | * Presence of community members with Traditional knowledge
* Programs and support for early learning
 |
| Family  | * Family history of problem behavior, and non-attachment
 | * Presence of grandparents with Traditional knowledge
 |
| Peer | * Unintended pregnancy
* Alcohol and Drug related issues and pressures
 | * Positive peer relationships and modeling
* Support
 |
| School  | * Boarding school system
* Lack of school attachment
 | * Positive programs and activities
* Graduation and retention norms
 |
| Individual  | * Unprepared parent
* Early pregnancy
* Drug or alcohol use, dependency, and addiction
* Destructive temperament and emotions
 | * Life skills
* Living in a good way
* Connection to child and supportive relationships with grandparents, elders, and general community
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1. **Tribal Practice—Personnel**

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| * Traditional teachers, Elders, grandparents, Tribal staff
* Elders and Traditional teachers with knowledge of Cradle Board making and their use
* Participating audience [expectant families, parents or significant parental guardians of

 infants] |

1. **Tribal Practice—Key Elements (Process)**

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| * Teaching about and gathering of traditional materials
* Regular groups to make Cradle Boards
* Teach participants knowledge of the dangers of ATOD usage during pre, pregnancy,

 and post pregnancy* Teach health benefits of putting babies on their backs
* Coaching parent/ guardian in positive relations and mutual respect toward child
* Regular meetings to practice and get feedback
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1. **Tribal Practice—Materials**

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| * Buckskin/ hides
* Boards, reeds
* Willow
* Beads
* Fabric
* Food and/ or refreshments for participants
 |

1. **Tribal Practice—Optional Elements**

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| * Pine nuts
* Shells
* Spruce roots
* Porcupine quills or needles
* Funds/ gifts for Traditional instructors
* Sewing machines
* Sinew
 |

1. **Outcomes**

|  |  |  |
| --- | --- | --- |
| **Decrease** | **Increase** | **Specify** |
| Avoidable death | Longevity |  |
| Disease-specific morbidity  | Health | * Reduction of SIDS related deaths
 |
| Disability Handicap | Ability | * Reduction of skeletal deformity
 |
| Pain and Suffering  | Wellbeing | * Increase in parent/ child bonding, thriving and overall well being
 |
| Alienation Anomy Isolation | Social/Community/ Cultural Connectedness | * Intergenerational connectedness
 |
| Abuse Dependency Addiction | Abstinence Non-harmful Use | * Increase abstinence or non-harmful use
 |
| Unemployment | Employment | * Increased employment of Elders, Tribal staff, and community members
 |
| Educational failure | Educational Success | * Improved school readiness and completion for both parent and child
 |
| Dysfunctional family | Healthy Family | * Strong bonding and positive interaction
 |
| Delinquency/crime | Good Behavior | * Increase of positive behaviors within the community; increased likelihood of socially accessible behavior
 |
| Homelessness Instability | Stable Housing | * Family that builds a cradle together builds a life together under the same roof
 |
| Unhealthy Attitude, Beliefs, Ignorance, Lack of Skills, Lifestyle | Healthy Attitudes, Beliefs, Skills, Lifestyle | * Traditionally positive attitude toward each other and all; respectful attitudes
* Incorporation of traditions supportive of healthy lifestyles
 |

1. **Contact person** **for Agency Providing the Tribal Practice**

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| Person | * Caroline Cruz
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 Practice Approval Date\_ 12/2/2013 \_\_\_

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