



Gallup Christian Childcare Teaching Project

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April 29, 2022

CAPSTONE PRESENTATION
LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL AND RELATED
DISORDERS

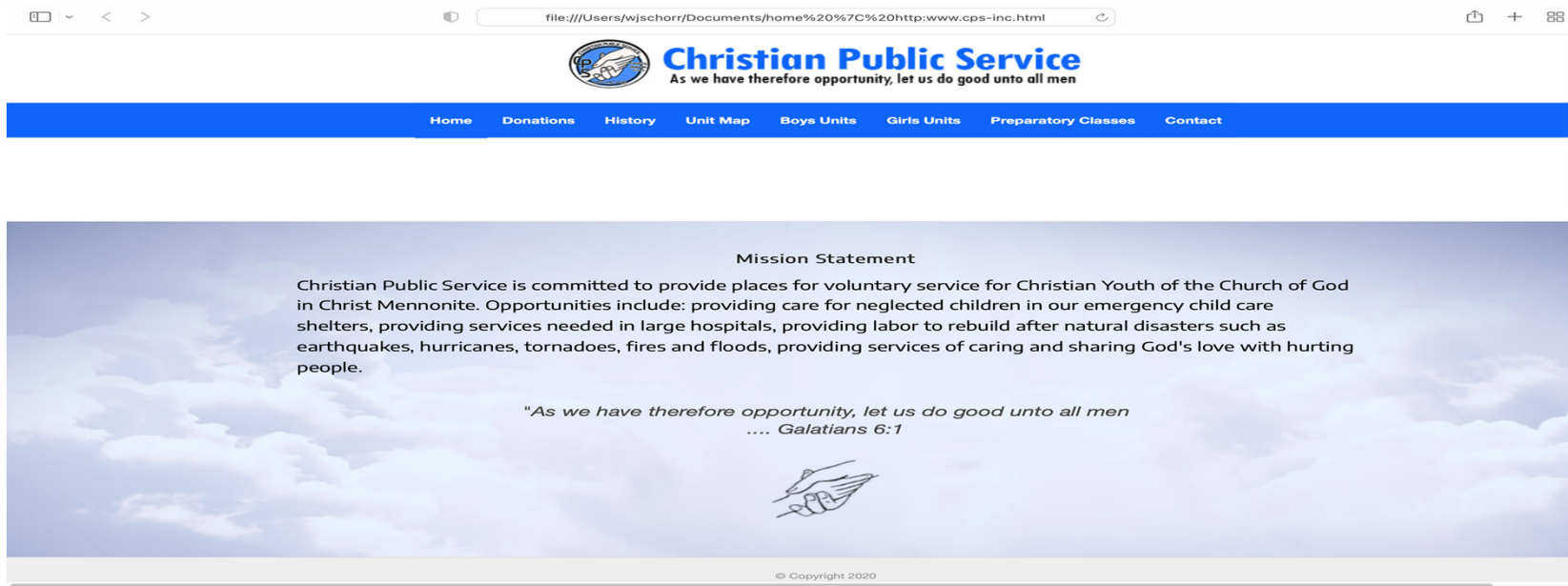
History of Gallup Christian Child Care

- Emergency shelter was established in 1959
- Mennonite Church of God in Christ- This is a Mennonite sect who espouse modesty and simplicity. They believe in public service and nonviolence.
- 12 volunteers:
 - 10 young women who volunteer for 6 months, in overlapping stays.
 - 2 house parents who stay for a year at a time
- 22 children from 0-10 years of age. The children are placed by Navajo Nation Department of Family Services (NND FS).
 - The expected length of stay is 3 months. However, some children have been there for 9 months awaiting placement.

Experience of Volunteers... **varied!**

Church of God in Christ

Research included a literature review of Mennonites to gain information about culture and background in child development and child rearing



Goals (Problem Framing) :

- Volunteers at CCC have variable experience and knowledge of basic health care for infants/children, child development and developmental differences, knowledge of Navajo culture, and trauma informed care.
- These young women, ages 18-20 years are of varying educational level.
- This Mennonite sect does not encourage electronic media.

Goals (Problem Framing)

Goals:

- Teaching child development and related topics in a culturally respectful manner to the volunteers caring for children at Gallup Christian Child Care
- Ascertain their current level of knowledge (through survey administration)
- Increase their comfort level with caring for these children
- Increase the level of support experienced by these young volunteers
- Follow up survey to ascertain goals of presentation were met
- Ultimately, create a lasting resource (reference book) and institutional knowledge among senior volunteers to share with those just arriving.

Procedures

- Meet with House Parents of the Christian Child Care Shelter to discuss staff training needs, and the time commitment for dates/times/training
- Monday nights from 8:30pm -9:15pm they have dedicated time for in-service education.
- Our plan was to teach for 30 minutes and then allow 15 minutes for questions.

Procedures (con't)

- Collaborate:
 - Dr. Yazzie and Dr. Mair to discuss presentation topics and timelines.
 - Camie Nelson, WIC service developer regarding foundational information materials
 - Sheila Goldtooth regarding presentation about Navajo family structure
 - Dr. Anthony Vitali regarding dental presentation



Planning Meeting

Topics covered:

- Safe Sleep
- Nutrition, Dietary restrictions and picky eaters
- Fetal Alcohol Spectrum Disorder
- Navajo Culture – “*shi’yazhe*”
 - Clan system
 - Family Dynamic
- Dental Health
- Red flags in Development and for Autism Spectrum Disorder
- Trauma Informed Care of Infants and Children

Teaching

Dr. Yazzie started by teaching everyone how to introduce themselves according to their history – where they were from, where their maternal and paternal grandparents were from.

Dr. Mair taught about FASD

Camie Nelson taught about Nutrition

We brought handouts and food.





Dr. Vitali



Sheila Goldtooth

Survey says.....

Anthony Cahill and Mareth Williams helped to develop a survey to measure our effectiveness. Most results indicated an increase in knowledge

Fetal Alcohol Spectrum Disorder (FASD) TRAINING EVALUATION

Facilitator's Name(s): Gillian Mair	Date: January 24, 2022
Name of Training/Workshop: Fetal Alcohol Spectrum Disorder (FASD)	

Please check the appropriate box for each question

Which of the following best describes your knowledge of the training/topic area before the training?	Extensive	Moderate	Limited	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with each statement?

	Strongly Agree	Agree	Disagree	Strongly disagree
TRAINING OBJECTIVES AND CONTENT				
a. The objectives of this training were clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall the training met its objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. As a result of this training, my knowledge of these topics has increased:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the cause of FAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The physical features of FAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The effect on learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The long term effect of FAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THE FACILITATOR WAS:				
a. Knowledgeable in the topic/area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Responsive to participants' questions and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Well-organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Able to present the material in an understandable way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AS A RESULT OF THIS TRAINING, I AM SATISFIED:				
a. With the knowledge and skills I have gained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There will be a positive impact on my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the training received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please let us know how this training can be improved. Use the reverse side of this form if you need more space.

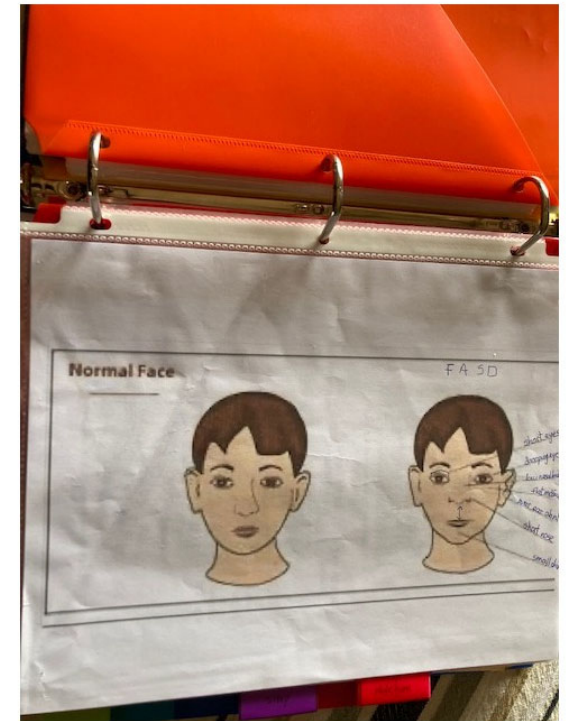
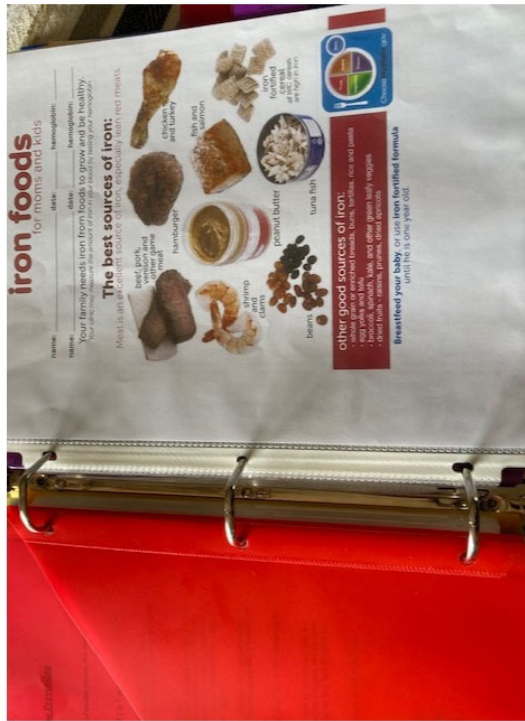
Thanks for Your Time!

Survey results:

	1. Safe Sleep	2. FASD	3. Nutrition
Pre-survey:			
➤ Moderate Knowledge	80%	30%	50%
➤ Limited Knowledge	20%	40%	40%
➤ Did not complete survey	0	30%	10%
Post-survey:			
➤ I am satisfied with the training received	100%	100%*	100%*
➤ There will be positive impact on my work	100%	100%*	100%*

(* Of the forms filled out)

We stopped after 3 surveys to spend more time on questions and because the volunteers did not want to hand things in.



Product Created

THE BOOK!!!

INFANTS, TODDLERS, YOUNG CHILDREN



SLEEP BASICS

SIDS PREVENTION:

BACK TO SLEEP: On his/her back on firm flat surface without any pillows, bumpers, pillows, blankets

There is no benefit to swaddle the baby

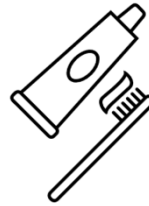
Make sure the hips are free

When a baby is able to roll, you don't have to return the baby to his/her back.

SLEEP ROUTINE:

THE 4 B's : Bathing, Brushing, Books, Bedtime

Be attentive, loving, firm



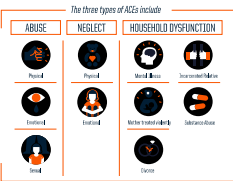
AVERAGE HOURS OF SLEEP BY AGE

Age	Hours of Sleep	Bedtime	Notes
Newborn	15-18	N.A.	New babies don't yet have any circadian rhythms, and they typically sleep in short spurts of two to four hours throughout the day and night.
1-4 months	14-15	8:00-11:00	These babies are still developing and feeding often throughout the night. Bedtime starts moving earlier by four months.
4-8 months	14-15	5:30 – 7:30	Circadian rhythms are emerging. Regular naps (ideally around 9, 12, 3) and an earlier bedtime help these babies get the sleep they need for significant physical and mental development. Bedtime may be on the early side of this range if naps are missed or short.
8 -10 months	12-15	5:30 – 7:00	Babies this age may only take two naps (9am, 1pm). Bedtime should be no later than 3.5 hrs after second nap ends. Bedtime may move earlier to compensate for lack of third nap.
10-15 months	12-14	6:00 -7:30	Babies may be transitioning to only one nap in the afternoon, so bedtime may need to move earlier for a while. Bedtime should be no later than 4 hours after waking from nap.
15 months – 3 years	12-14	6:00 -7:30	Naps may end during this period, or be inconsistent. Move bedtime earlier to help adjustment to no nap.
3 – 6 years	11-13	6:00 – 8:00	Your child will likely drop the afternoon nap. Once your child is no longer napping, he will need an extra hour of sleep at night, so adjust bedtime accordingly.
7 – 12 years	10-11	7:30 – 9:00	School age children are still experiencing enormous growth, are very active, and require a lot of sleep. Adequate sleep helps with school performance, behavior, attention, memory, and more.
Teenagers	9+	See note	Many teens need to be up early for school. Count backwards from wake time to find the bedtime that ensures they are getting enough sleep. Keep in mind it takes kids an average of 15 minutes to fall asleep, and likely more if they have a lot on their minds

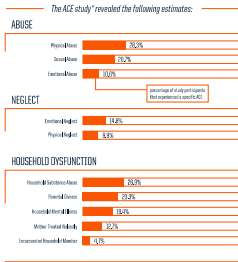
THE TRUTH ABOUT ACEs

WHAT ARE THEY?

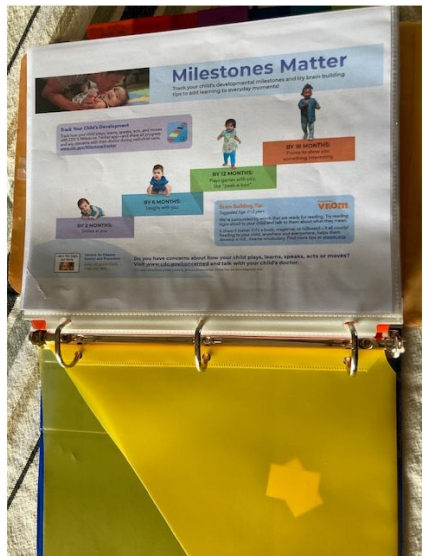
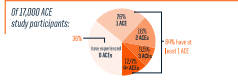
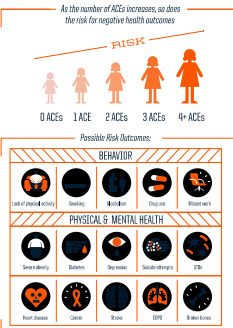
ACEs are ADVERSE CHILDHOOD EXPERIENCES



HOW PREVALENT ARE ACEs?



WHAT IMPACT DO ACEs HAVE?



More of "The Book"

Future Plans:

1. Ongoing in-service Classes- update information as needed:
Continue to present the 2nd Monday of the month. Re-evaluate every 6months.
2. Develop a curriculum: Meet with CCC staff and other stakeholders in June,2022
3. Involve Navajo Nation Department of Family Services:
Determine what NNDFS would like presented to meet their criteria. Present Capstone to NNDFS
4. Present to Gallup Indian Medical Center: Present in May or June,2022
5. Start an Outreach Clinic at CCC : The director, Mr. Darren Jance, has said he is in favor of an outreach clinic. The specifics and time frame have not been established.

LEND Competencies

Leadership:

- Lead through practice, research, teaching, and administration.
- Develop effective communication and teaching skills, as well as accessible presentation skills appropriate for a variety of professional and community audiences.
- Demonstrate networking and advocacy skills.

Interdisciplinary Practice:

- Effectively communicate and represent one's own discipline on an interdisciplinary team.
- Collaborate effectively with individuals, families, peers, faculty and other professionals.
- Share thoughts, ideas and perspectives effectively and actively listen to diverse group of individuals.

LEND Competencies

Knowledge of Neurodevelopmental and Related Disabilities, with a Focus on ASD.

- Examine the intersection of disability with other life experiences.
- Describe typical and atypical development.

Cultural and Linguistic Competence and Diversity

- Demonstrate knowledge and skill building on populations served according to cultural and historically underserved status – racial, ethnic, linguistic, disability, etc.
- Incorporate an appreciation of differences in perspectives into professional behaviors and attitudes while maintaining an awareness of the potential for implicit bias.
- Demonstrate sensitivity and responsiveness to diverse families in various settings.

LEND Competencies

Person and Family Centered Care

- Demonstrate knowledge of the principles of person and family centered care.
- Recognize the primary importance of the family in the life of a child.
- Identify and apply person-and family-centered care principles in clinical and community-based settings.
- Use individual and family input in a meaningful way to design, delivery, and evaluate services and systems of care.

Research, Quality Improvement, and Evidence-Based Practice

- Use science-based judgment, evidence-based practice, and documentation of outcomes in practice.
- Access and utilize electronic information, resources and databases.
- Gain experience with framing a problem, researching, developing a product, disseminating to relevant stakeholders, and providing a professional presentation.

Public Policy and Health Equity

- Reduce risk and increase protective factors in an underserved and at-risk community.

References:

1. Bright Futures <https://brightfutures.aap.org/families/Pages/Well-Child-Visits.aspx>
2. CDC <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>
3. Fetal Alcohol Spectrum Disorder <https://unmhealth.org/services/development-disabilities/programs/clinics/fasd-clinic.html>
4. History of the American Mennonite Sects and The Church of God in Christ <https://churchofgodinchristmennonite.net>

References:

5. Natalie Burke Harris

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

6. NM WIC <https://www.nmwic.org>

7. Robert Wood Johnson https://www.rwjf.org/en/how-we-work/grants-explorer/funding-opportunities.html?channelid=xps&cid=1002830&gclid=EAlaIQobChMIj_md1ISc9wIVnBXUAR1bigvBEAAYASAAEgKpBvD_BwE

8. Safe to Sleep <http://safetosleep.nichd.nih.gov>