

LAWN Meeting Minutes November 25, 2014

33 participants attending/14 counties represented:

Name	County/ Agency	Name	County/ Agency
Deborah Pyke	Benton (phone)	Jan Apland	Multnomah
Jill Wright	Clackamas	Amanda Gerson	Multnomah
Shelley Glaze	Clackamas	Kimberly Richardson	Salud
Roopa Puri	CT Warm Springs	Kim McGee	State WIC
Kathy Wills	Curry	Cheryl Alto	State WIC
Sherri Tobin	Deschutes (phone)	Beth Lanham	State WIC
Janet Harris	Deschutes (phone)	Sara Sloan	State WIC
Sue Schiess	Klamath (phone)	Robin Stanton	State WIC
Katey Bosworth	Lane (phone)	Vernita Reyna	State WIC
Dawn Travelstead	Lincoln (phone)	Mary Rhode	State WIC (phone)
Ai-Lan Whitson	Marion (phone)	Nancy Ludwig	Tillamook (phone)
Vera Yamamoto	Marion (phone)	Angie Treadwell	Umatilla Morrow H.S. (phone)
David Brown	Multnomah	Tara Olson	Washington
Mary Kay Diloreto	Multnomah	Lisa Beck	Washington/Mult
Heidi Suess	Multnomah	Stephanie Hiromura	Washington
Ricki Donato	Multnomah	Tiare Sanna	Washington
Kari Fisher	Multnomah		

Agenda:

- Local updates
- State updates
- Continuing education presentation: Infant Attachment

Materials sent prior to the call:

- Agenda
- Pdf of PowerPoint slides for continuing education session: Infant Attachment
- Elements of a Healthy Relationship
- Thinking about Caregivers Attachment Classification
- Discussion of Attachment and Circle of Security
- Reflection on Learning work sheet
- Meeting the Social and Emotional needs of Infants and Toddlers

Materials sent with the minutes:

- Certificate of attendance
- Checklist for RD's completing CPA requirements
- Certificate of attendance form for the Univ of Minnesota Maternal Nutrition on-line courses

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Key Points Discussed		
No	Topic	Highlights
1	Local agency updates	<p><u>Multnomah County:</u> New dietitians: Kari Fisher and Amanda Gerson have joined the Multnomah County WIC staff. Kari comes to Oregon WIC with experience with Washington state WIC. Amanda graduated from the OHSU internship program.</p> <p><u>Clackamas County:</u> Shelley Glaze has returned to Clackamas County, this time as a dietitian after having finished her internship in Seattle.</p> <p><u>Lincoln County WIC updates:</u> Dawn Travelstead announced she will be relocating to New Mexico. Dawn expressed her appreciation for working with Oregon WIC-the feeling is mutual!</p> <p><u>Portland Community College (PCC) Lactation Education and Consultant (LEC) program:</u> David Brown shared the current status of the program. The decision was made to discontinue the LEC credit program due to difficulty securing a significant number of clinical opportunities as required by PCC. Efforts are being made by local advocates to keep the program going. More information on the program status can be located here: http://www.pcc.edu/programs/lactation/</p> <p><u>NWA webinar on Human Trafficking:</u> Tiare shared this special webinar which aired on November 19th. Abbi Tenaglia, Founder and Director of Transforming Ministries lead the webinar. Ms. Tenaglia shared her personal story of exploitation and provided guidance on how to identify possible victims of human trafficking in the WIC clinic. As of 11/26/14, the webinar was not posted on the NWA website but when available it will be posted here: https://www.nwica.org/education</p>

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2	State Updates	<p><u>University of Minnesota Maternal Nutrition Course:</u> Access to the on-line videos ends December 31st. Viewing recommendations: Introducing solid food: spoon-fed, baby-led, which is best? (Length: approx. 1 hour, 16 minutes). Please remember:</p> <ol style="list-style-type: none"> 1) To complete the online evaluation 2) Complete and send your certificate of attendance form to Cheryl Alto. The fillable form will be attached to the minutes. <p><u>Health Bites:</u> Sara Sloan reported that Health Bites, the new nutrition education topics for participants, is on-line. Heidi Suess mentioned that one of the videos referred to canned fruits and vegetables, which Oregon WIC does not provide. Small differences in information may happen as this NE is available for nationwide use and other states do approve canned F/V. Please direct compliments, comments, concerns to Beth Lanham or Sara Sloan.</p> <p><u>Nutrition Education Topics in TWIST:</u> Slight modifications are underway to improve the nutrition education topics listing in TWIST. These changes will go into effect January 2015. More information will be sent out in December summarizing the changes being made.</p> <p><u>Medical documentation forms:</u> Based on local agency feedback, the fillable form has been modified and the grey coloring for the “WIC use only” section has been removed. The coloring was problematic when the forms were faxed back from the health care provider and the grey bar became a solid black bar and unusable. Sorry about that. The revised form can be found here: http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/636_medical_doc.pdf</p> <p><u>RD Training Plan deliverable:</u> To improve quality of services for dietitians working in WIC, a checklist has been developed to link completion of a module or course with CEU’s for professional development goals, learning codes. It is recommended that no more than one hour of CEU credit is claimed for the completion of each module or course. It will be the responsibility of the dietitian to track and record these hours for your portfolio. A copy of the document will be sent with the minutes. More information regarding dietitians completing CPA (WIC certifier) requirements will be sent out in December 2014.</p>

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3	Continuing education presentation by Cynthia Ikata: Infant attachment	<p>Highlights/Discussion points:</p> <ul style="list-style-type: none"> • By focusing on specific strengths of mom’s/caregiver’s parenting WIC staff builds competence and confidence in the caregiver. Ex: <ul style="list-style-type: none"> - <i>“By taking the time to change your baby’s diaper, you are helping your baby know that you are listening to her and she knows that she can depend on you to take care of her needs”</i> - <i>“Wow, when you took him out of his car seat, the look on his face said how much he was wanting to be near you, be held by you. Holding him and being close really helps him to know that he is important. And your touch, warmth and scent all help with the bonding process.”</i> • When concerned about a child, start with the parent- <ul style="list-style-type: none"> - <i>“What is it like for you when he cries?”</i> - <i>“What is it like for you when he stops crying?”</i> • We build connections when we focus on having the parent be seen and heard and not judged. • Remain curious-parents are the expert on their own life. • Rather than inferring, offer genuine curiosity. Families will know if you have a hidden agenda and that they are being baited. • For a lot of parents, coming to WIC is a stressful visit and may trigger some of their own memories, responses. • Parents do what they know; they parent as they have been parented to. To do differently takes awareness, compassion and empathy. • Trauma informed care helps reframe the discussion from what is wrong with you to what happened to you? • Our relationships with parents can have a healing effect; modeling a helping relationship can be an intervention in itself. Modeling behavior for them, even acknowledging when you have made an assumption, allows them to see that it is OK to start over, try again. <i>“You know, I started telling you about ___ before asking you what you already know. Let me back up and try again.”</i> Modeling that behavior helps them with situations with their child that they want a second chance at- <i>“Mom was really upset and said some things I wish I hadn’t. I made a mistake and I am going to try again.”</i> • Parenting: good enough, often enough. • To make connections, inferences are normal and yet with motivational interviewing, we are to hold these feelings in check. Bringing them to the awareness level helps us acknowledge them and not have them sabotage our efforts in building relationships with our families. • Ways to explore parenting experiences: a clinic experience was shared of using candy to help with distress of being weighed, measured: <ul style="list-style-type: none"> - <i>“What result did the candy have when he was crying? It seemed to work. What else do you know that works? What else have you tried?”</i> - <i>“What is this like for you, when you know a blood draw needs to be done on your child?”</i>

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		<ul style="list-style-type: none">• Activity to explore bias in ourselves: have a week of bias identification. When we hear ourselves internally –or externally-expressing a bias, write it down and stick it into a bias bag. At the end of the week, review the biases and practice compassion.• Link to the Still Face Experiment: illustrates the importance of mirroring emotions between parent and baby and the impact of a non-response caregiver, causing distress in the baby: https://www.youtube.com/watch?v=apzXGEbZht0• Is our modeling child-focused, parent-focused or relationship-focused? The goal is to build competence and confidence in our caregivers. When demonstrating a skill, consider using a baby or doll to model skills and help caregivers practice with their own child.

Next meeting: February 24, 2015 2-4pm

Minutes respectively submitted by Cheryl Alto