

Cradle Boards

Strategy is to return back 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.



TARGET POPULATION: PARTNERS of Child bearing age.

RISK FACTORS ADDRESSED:

FAMILY DOMAIN

- ❖ Family history of the problem behavior
- ❖ Favorable parental attitudes and involvement in the behavior

PROTECTIVE FACTORS ADDRESSED:

- Bonding
- Healthy beliefs and clear standards.

KEY ELEMENTS:

Historical Longevity

- ❖ Historical in history of almost every tribe/nation to make a form of a cradle to carry infant(s).
- ❖ Elders teaching childbearing mother to make baby cradle to carry infant.
- ❖ Use of material indigenous to tribe and demographics.

Process

- ❖ Elder or teacher from the specific community who has knowledge of the family lineage.
- ❖ Education of ATOD misuse/abuse being non traditional in regards to Native American populations.
- ❖ Materials for cradleboard
- ❖ Instructor who can teach how to make cradle boards
- ❖ Education on SIDS and other health issues/concerns, ex. safety issues, car seats, window blinds, immunization;
- ❖ Both parents should be present (or significant parental guardian)

OPTIONAL INGREDIENTS:

- Food
- Funds to pay instructor(s)

RESOURCES:

Back to Boards, Confederated Tribes of the Warm Springs Indian Reservation, Warm Springs Oregon.

EXAMPLE OUTCOMES

EDUCATIONAL	Participants will demonstrate increase knowledge of the dangers of ATOD usage during pre, pregnancy, and post pregnancy
Attitudinal:	Participants will say they have a better understanding of using cradleboards usage during the first year of life.
BEHAVIORAL	Participants will finish cradleboard by the end of session.

Date Approved 10-14-08