

Facilitator Guide

Talking with Families about Safe Sleep

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Note to facilitator:

The online training module "Talking with Families about Safe Sleep" provides an excellent opportunity for home visitors who appreciate the flexibility of distance learning.

The pairing of the online training with a facilitated discussion (a proven more traditional method of education, whose efficacy is widely recognized) is innovative and provides for added value. The discussion allows for the sharing of personal experiences that help to illuminate the information in the module. It also provides opportunities to use the basic skills that are so essential for communication – “serve and return”, listening, facial expressions, vocal intonation, eye contact - things that are absent from today’s communication using technology. (In these days of emails, text messages, "selfies", and social media, it’s nice to meet face-to-face once in a while!) Also, laughter, stories, music, and role-plays as part of the discussion, injects an emotional component to the learning opportunity. These types of elements are incorporated into this Facilitator Guide.

Home visitors spend time with families that have an array of gifts, skills, cultures and many times challenges. The opportunity to share experiences, strategies, solutions, and successes with other family workers is much more powerful than completing the online education alone.

This Guide provides some ideas for a trainer or supervisor wishing to facilitate a follow-up discussion with a group of home visitors who have completed the module. It assumes that the facilitator has also completed the module and is familiar with its contents and resources. You don't necessarily have to be a content expert to lead the activities and discussions. Feel free to adjust and add your own creative ideas.

We hope you enjoy the process!



Introduction/Icebreaker

Play a segment of a lullaby.

Tell participants:

While listening to this music, close your eyes and imagine a sleeping baby. Take this moment to relax and breathe deeply and allow the scene to bring you calm. (Fade music after 30 seconds.)

Turn to a partner. Each of you may spend 30 seconds describing to the other what you saw in detail.

Show additional images of sleeping babies snuggled up with blankets, or napping on a parent's chest. Compare and contrast several images and invite sharing from the group.

Introduce the concept of "Safe Sleep" and comment: *Not everyone thinks about a sleeping baby that looks like this: (show image of infant lying on back in a crib with no blankets.) Families may not be familiar with this idea, and that may make it difficult for them to accept the safe sleep recommendations that you share.*

Note On Scare Tactics

Online videos exist that include interviews with parents who have lost babies due to SIDS/SUID. However, use of such stories to persuade families is not a strategy used in this module. Home visitors may think that sharing these with families might be a useful approach to get them to change their views on safe sleep and to follow precautions.

The research does not support the use of scare tactics as an effective strategy to elicit change for most people. This module focuses instead on building relationships with families, and sharing information in a way that is matched to their particular needs and concerns.

You might engage home visitors in a thoughtful discussion about this strategy at some point in this session and learn whether or not they are sharing such stories and/or videos.

Review Learning Objectives

After having completed the module, home visitors should be able to:

1. Identify the known risk factors for SIDS and other sleep-related infant deaths
2. Describe the elements of safe sleep practices
3. Explain why certain practices are not considered to be safe
4. Explain infant sleep patterns and why infants don't sleep through the night
5. Understand the cultural practices, economic considerations, and other factors that influence family sleep practices
6. Feel comfortable engaging families in respectful conversations about their sleep beliefs and practices
7. Manage feelings of frustration, fear, and lack of efficacy when families do not follow safe sleep guidelines

Whole Group

Review safe sleep guidelines

Have participants generate safe sleep practices included in the module from memory – write their ideas on a list. Summarize with a visual and discussion about the "ABCs – Alone. Back. Crib. Always." Ask what they think of this simplified message as a way of sharing information with families.

Another message they might use is: "Tummy Time to Play – Back to Sleep". Pass out copies of this handout (included in the module). Ask about their use of this approach to provide families with the information. Invite them to share success stories.

Whole Group

Uncover why this is a challenging topic

For a variety of reasons, home visitors may be unsure how to best approach or revisit this topic. Spend time reviewing several factors that might be of influence such as:

- Family and cultural practices
- Conflicting advice
- New research and changing recommendations

Include the perspectives of fathers and other family members. One video in the module included a home visitor's reflection about a mother whose partner wanted baby in bed with them. Reflect on sharing information about "best" practices when that conflicts with beliefs and advice from family. (Research has shown that this is a common reason given for why families drop out of home visitation programs.)

Small Groups

Use the 7 conversation starters (found in the module). Cut into segments and pass one strategy out to each small group. Within their groups, have them read aloud the description. Ask them to reflect on how they have handled a similar scenario in the past.

Encourage someone in each group to share their story and relate how it went. Invite them to discuss the strategy provided and think about a families they are working with for whom this might be a good match.

Provide an opportunity for a few to share with the larger group.

Whole Group

The feelings this work elicits

Home visitors may not always feel competent if their efforts are unsuccessful. Prompt a large group discussion by asking:

How does it make you feel when families do not follow safe sleep recommendations?

To encourage sharing, a follow-up question could be:

What are some of the strategies you use to address your own feelings that this work elicits?

Small Groups

Have one person in each small group share a brief story within their group about a family who didn't follow safe sleep guidelines. (Remind to maintain confidentiality.) Alternatively, you could provide copies of the family stories included in this guide (page 8).

Provide the list of conversation starters and have each group choose one that might be a good match for the particular circumstance. Invite small group discussions to help plan for how to approach the conversation from a place of curiosity and a desire to understand the family's perspectives.

Instruct them to:

Try out the conversation with a partner – one in the role of home visitor, and the other as the parent – while other group members listen. Then, get feedback from colleagues at your table. In a follow-up conversation consider how it went. What did you learn from this exercise?

Allow reporting out to the larger group to spark discussion.

Additional topics for discussion

Do safe sleep practices conflict with practitioners' beliefs and cultural practices?

A professional's story about her own personal history around this topic is included in this guide (page 9). This story could be read aloud or provided for participants to read as a springboard to explore their own personal beliefs and family practices and to consider how that may be affecting their ability to effectively address this topic with families. You could allow time for partner or small group sharing, and/or encourage them to process through these feelings in an upcoming reflective supervision session.

Link to Journal Reflection

One of the questions in their Journal was: How do your personal beliefs and practices affect your interactions with families when you talk about safe sleep? If participants have completed journals on their own, you could follow-up by inviting a sharing of their reflections and what was learned through this process.

Self Care

Share this quote:

“A good laugh and a long sleep are the best cures.”

- Irish Proverb

The self-care article in this module focuses on the home visitors' own sleep practices. Allow an opportunity for home visitors to share their strategies for getting adequate sleep. Remind them that when well-rested they will be healthier and better able to meet the demands of their jobs. For any that struggle in this area, invite them to identify one new strategy they will try out in the next week.

Family Stories

Michelle's Story

“William is five months old. Right now he is rolling side to side, laughing and smiling, and doing lots of baby talk. As far as sleep goes, we definitely wanted him in the room with us—for the nursing purposes, and just to have him there so we could see and hear him while he’s sleeping. So we knew we wanted him in the room, but not in our bed. So he has been sleeping in a co-sleeper unit in our room—it’s like a little bassinet beside our bed. And he is up every two hours or so and not sleeping very well. So we’d like to move him to his crib.

We have gotten advice from so many people. My mother and grandmother really want me to rock him to sleep—they believe that’s the best way to nurture him. And as much as I enjoy rocking him to sleep, it really isn’t working anymore—it is taking longer and longer. So we talked to the pediatrician, and his advice was to start “Cry it Out” at four months, and get him to sleep on his own right then and there, and we weren’t comfortable with that either. So now William is five months old, and we’re ready to try something new. We want him to learn how to put himself to sleep for long-term success.”

Maria's Story

“Our daughter is three and has slept with us in our bed since she was a baby. I think there’s always going to be conflicts about co-sleeping because some people—even doctors—recommend it and say it’s better. But some people say not to. So I think you have to decide what you feel is best, but you should know all the pros and cons before you make the choice so you know what might happen. We were lucky that nothing happened to her, and we’re trying not to co-sleep with Luca, our new baby. I think safety is really important. So Luca sleeps in a bassinet next to me, and I’m going to transition him into his own crib. He does take naps sometimes in the bed next to me when I’m wide awake and I’m not sleeping, but I make sure he’s safe. He’s in the middle, and I put pillows around to make sure, because you never know when he might start to roll over. And when his sister comes in the bed, if I think she’s being too dangerous, I just put him right back in his bassinet.”

These “Family Stories” were edited based on interviews with real families and professionals conducted by the Center for Early Childhood Education at Eastern Connecticut State University. They are part of “Talking With Families About Safe Sleep,” an online learning module for home visitors developed for the Connecticut Office of Early Childhood.

LaKisha's Reflection

“As a practitioner in the early childhood field, I am very diligent about being aware of and encouraging best practices. When it comes to “Safe Sleep” recommendations, however, I find myself to be a bit uncomfortable and tend to avoid the conversation with families. I know that I am affected by my own history and I have been curious about why I tend to react negatively to this particular recommendation. I realized that it would be useful to reflect on my own life experiences in order to better understand this reaction.

One of my earliest memories is of co-sleeping with my mother when my father would occasionally work third-shift. As I recall that experience, I realize that it is one of my fondest memories: I felt safe, warm, and loved.

As an older child, I remember my adult family members being upset and talking about a terrible event. A close friend of our family was a young mother and her four-month-old baby died of “Crib Death.” Over many years, this was the term that was used to describe this unexplainable phenomenon.

As a young adult, when the Back to Sleep campaign was launched, I was working as an infant teacher where we placed all of the babies on their tummies for their naps. I couldn't imagine how we would possibly get them to sleep any other way. When I discussed this new idea with my family members, they thought it was ridiculous. Everyone that I knew believed that lying babies face-down was the only right way to do it.

By the time I became a mother, statistics has proven that babies placed on their backs did have a decreased likelihood of dying from what was now being called SIDS. I knew that I should place my own baby down in this position, but didn't admit this to my mother or sisters. They would think I was crazy! So I tried it, but my daughter screamed every time I put her down. She hated this position. I was afraid to allow her to sleep on her tummy, even though she seemed to feel more comfortable that way (I only knew this because that's how her grandmother and aunts would lie her down, and she slept well for them.) Out of desperation and exhaustion, I held my baby almost constantly. Before long, I was co-sleeping with her—which worked for us, fortunately. My family was supportive of this decision, but I didn't admit it to my pediatrician.

Last year my own nephew died of SIDS while napping in his crib. I have never inquired about his sleep position or whether anything was in the crib while he slept. I wonder if his mother placed him on his tummy as her mother probably encouraged her to do, contrary to what her pediatrician advised...I wonder what advice I would have supplied if she had asked me.

Throughout my career, I have consistently shared the most current guidelines about infant sleep with families. However, I still don't feel comfortable discussing this topic in depth because—I'm now realizing—it feels hypocritical to do so.

It has been helpful to talk about this with my supervisor. I now have a clearer sense of my own history and how my experiences are impacting my feelings.”

Action Plan

Have participants develop an Action Plan:

- *What 3 things from this session will you try?*
- *Also, set one goal for your own self-care.*

Closing

Recap for the group:

You are knowledgeable about research on safe sleep, including the latest recommendations from the American Academy of Pediatrics. You are aware that there are a variety of reasons why families make the decisions they do about their babies' sleep. You also have learned several strategies for talking with families about sleep practices.

You'll need to continually manage the relationships and your reactions when families disagree with the recommendations. Utilize your supervisor and trusted colleagues to process how this work makes you feel and help you practice some of the strategies as needed.

This document was created for the Connecticut Office of Early Childhood by the Center for Early Childhood Education at Eastern Connecticut State University with contributions from Doug Edwards. The document is meant to support facilitated discussion groups for home visitors who have completed the online learning module.

