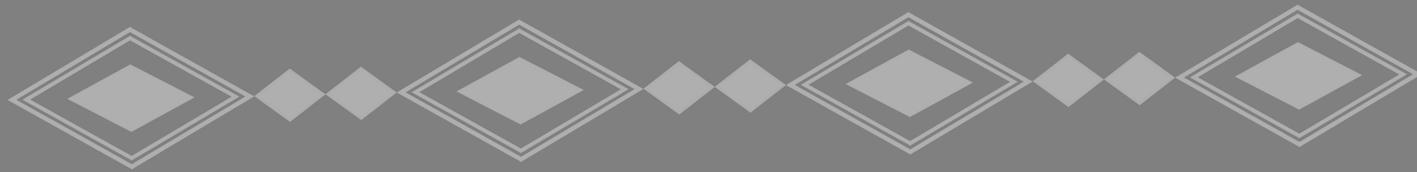


The R.I.C.H.E.R Model



Data and Design

Uzo Nwankpa, RN, MSN

The RICHER Model uses skilled facilitation to promote psychological wellness through music and dance in a socially welcoming setting.



Reflection
Integration
Choreography
Evaluation
Reflection

Conceived, designed, and refined using data collected over almost a decade of literature review, participant feedback, community surveys, and needs assessments



Assessment

Convenience sample survey of 42 health care providers suggested that dance could be an acceptable general wellness intervention. Finances were identified as a barrier. – SW United States

Community workshops suggested that dance as a general wellness intervention reduced stress and increased energy based on self-reported scales (paired t tests $n = 96$, $p < 0.001$) – SW United States

A Community Assessment (Venzin, 2009) identified gaps in care for women at risk for perinatal mood and anxiety disorders. – SW United States

Regularly scheduled dance intervention provided to women at risk for or diagnosed with perinatal mood and anxiety disorders. ($n = 28$) suggesting greater effect on stress reduction ($z = -3.56$, $p < 0.001$, 61.29%, 72.73%) – SW United States 2011-2013



Diagnosis

Need for accessible, trauma informed, community based wellness interventions rooted in evidence and culture

Need for increased screening and support for Perinatal Mood and Anxiety Disorders



Plan - Literature Review

RCTs rare, with the exception of PAMPeRS trial. Daley 2015

Dance

“dance as therapy includes not only physical, emotional and cognitive but also cultural aspects. It enables a multisensory experience for patients and is consequently more than movement patterns” Kiepe 2012

Music

a helpful adjunct that reduces stress and promotes wellness

Mindfulness

mindfulness supports increased psychological flexibility and allow stressors to be perceived as challenges rather than threats

Social Support

efficacious at improving well-being for participants with perinatal depression and anxiety, when group support is tailored to their specific needs



Plan – Feedback

Focus Groups – HCW & Target population: How can community programs best support families facing perinatal mood disorders - 2011 SW United States (Venzin and Owusu – Ankomah)

What Mothers Want

Baby Friendly
Non –Judgmental
Culturally Appropriate

What HCWs Want

Ability to refer
Culturally and linguistically accessible
Screening (ie EPDS)

Data from prior community dance sessions (general population) – SW U.S.
Freedom of movement, less complex choreography

In sessions with more complex choreography a larger proportion of people indicated increased stress.



By combining the modalities of dance, music, mindfulness, and social support, the RICHER Model is able to support emotional resilience for people at risk for and diagnosed with perinatal mood and anxiety disorders.

The dance movements in the RICHER Model provide exercise, but perhaps more importantly they support social cohesion, teach self-compassion, and allow for expression of intense feelings.



Implement

Community based dance interventions tailored to the needs of perinatal participants. EPDS Screening integrated into sessions

2011 -2013: 28 participants total, drop in sessions.
SW United States

2015: 31 Participants total, thrice weekly 8 week series.
New Zealand



Evaluate

Implementation of the RICHER Model is feasible and acceptable

It increases rate of screening and referral in the community setting

Provides immediate short-term improvement in mood

Addresses holistic wellness –Social, Emotional, Physical, Spiritual

Largest change was improved self concept



Evaluate

Can these results be replicated with different facilitators?

How long do the benefits of the intervention last, is there a dose-dependent effect?

Although it appears more acceptable, is this model more effective than a standard support group?