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REPORT

FINAL REPORT

Addressing Trauma in American Indian and Alaska Native Youth

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traditional healing. The project also integrated Red Road to Wellbriety 12-Step Groups into their approach and utilized the American Indian Life Skills Development curriculum to address suicide prevention.

PARENTING INTERVENTIONS FOR YOUTH AND THEIR GUARDIANS

Our search also identified four articles on parenting interventions designed to improve parent-child interactions, reduce the potential for child abuse, and help develop children's self-esteem and cultural identity. Two were adaptations of programs originally developed for other populations; neither included an evaluation of the adapted version. The other two were community-based interventions evaluated using pre-post designs with very small samples.

Honoring Children, Making Relatives

Honoring Children, Making Relatives is a cultural adaptation of parent-child interaction therapy developed by the Indian Country Child Trauma Center (BigFoot and Funderbunk, 2011). Parent-child interaction therapy is an evidence-based practice that focuses on improving child-parent interactions and improving parenting skills, with the goal of reducing child physical abuse. Program developers at the Indian Country Childhood Trauma Center selected parent-child interaction therapy for cultural adaptation because its core focus— teaching parents to interact with children attentively and to provide them with instructions and consequences—is consistent with traditional AI/AN approaches to rearing children. We did not find an evaluation of the *Honoring Children, Making Relatives* program.

Family Group Decision Making (FGDM)

Marcynyszyn, et al. (2012) discuss a cultural adaptation of *Family Group Decision Making* (FGDM) for tribal communities in North America that grew out of a collaboration among Sicangu Child and Family Services on the Rosebud Reservation, Lakota Oyate Wakanyeja Owicakiyapi on the Pine Ridge Reservation, Casey Family Programs, and the University of Minnesota Duluth. This cultural adaptation of FGDM is a child-centered model that is grounded in traditional ways, focusing on community-driven, collaborative problem solving and communal kinship approaches to caring for children. The program uses prevention strategies in hopes of reducing the number of Native children in the child welfare system.

We did not find an evaluation of the cultural adaptation of FGDM. The article includes examples of evaluation tools, including surveys and consent forms, for communities interested in conducting their own evaluations, but it does not report evaluation results. Although various FGDM models have been implemented with diverse populations around the world over the past 20 years, according to the Cochrane Collaboration (Shlonsky et al., 2009), key outcomes for children and families who receive FGDM interventions (safety, permanence and well-being) are not well documented, particularly over the longer term, and evidence of the model's effectiveness with other diverse populations is mixed.

individual, couples, and family therapy; and urine and breath testing, all delivered over a 16-week period. The integrated therapeutic model incorporates cognitive behavioral, motivational enhancement, and 12-step techniques.

Our Life

Our Life is a culturally-based intervention to address the root causes of violence exposure for AI/AN youth (Goodkind et al., 2012). The program's main components include recognizing and healing historical trauma; reconnecting youth and parents to traditional culture and language; parenting and social skill-building; and building relationships between parents and youth through equine-assisted psychotherapy. Goodkind et al. (2012) evaluated the effects of the program for a group of 18 youth participants, ages 7 to 17, using a pre-post design. Results showed statistically significant improvements in youth cultural identity, self-esteem, positive coping strategies, quality of life, and social adjustment.

Hemish of Walatowa *Family Circle Program*

The Hemish of Walatowa *Family Circle Program* is an intergenerational family substance abuse prevention program that targets youth, parents, and Elders (Shendo et al., 2012). The program was designed and implemented via a partnership between the University of New Mexico's Center for Participatory Research and three New Mexico tribes, including the Pueblo of Jemez (Walatowa). The Walatowa formed an advisory council consisting of service providers, educators, parents, Elders, and youth and co-developed the curriculum with researchers. The curriculum consisted of 14 sessions and was piloted in 2007 and again in 2009 with third- through fifth-grade children and their families. The advisory council helped develop culturally-relevant and appropriate materials for the curriculum, including tribally specific artwork, a videotaped introduction of tribal leaders that focuses on tribal values and history, important oral stories told by Elders, and a facilitator's manual.

Shendo et al. (2012) conducted a mixed method evaluation of the *Family Circle Program*. For each pilot, both children and adults completed pre- and post-test surveys that consisted of Likert-type questions with four to seven response options. The adult survey included approximately 400 questions, and the child survey included 200 questions. The pilots also included journals completed by child participants, mid-program focus groups with families, and self-administered facilitator logs completed after each session. After completion of the intervention, the evaluators employed a 360-degree evaluation method, whereby kids and parents were questioned on how they changed, how their parent or child changed, and how the family changed.

The pre-post survey was administered to 17 adults, 10 in year one and 7 in year two. Twenty-one children completed the pre-post survey, 14 in year one and 7 in year two. The evaluation triangulated qualitative (journals, mid-program evaluation focus groups, facilitator observations, 360 degree questions) and quantitative survey findings. Shendo et al. (2012) cited significant statistical changes in children's responses between pre- and post-test surveys, which indicated increased self-efficacy and coping skills, along with reduced anxiety and depression symptoms. Overall results for parents reflected a similar statistically significant change related to language and culture.

ASPIRATIONAL FRAMEWORKS

We found two articles that provided frameworks or common principles for effectively treating trauma and other behavioral health needs in AI/AN youth (Goodkind, et al. 2010b; Garrett 2014). We also found an aspirational framework targeted to AI/AN populations in general that provides principles relevant to youth (BigFoot and Schmidt 2009). These articles emphasize the value of honoring Native ways of healing and culturally responsive interventions and frameworks. They also advocate for a shift towards developing evidence for community-based practices, or practiced-based evidence, instead of evidence-based practices. That is, they would like for policymakers and care providers to show an acceptance of emerging cultural interventions and for traditional Native healing. We discuss the specific themes from these frameworks, along with the common elements of the trauma interventions, substance use disorder and suicide prevention interventions, and parenting interventions in the next section.

COMMON ELEMENTS OF PROGRAMS ADDRESSING TRAUMA AND RELATED BEHAVIORAL HEALTH NEEDS IN AI/AN YOUTH

Across the adaptations of evidence-based interventions and community-based practices, identified by our scan, common characteristics include: an emphasis on reconnecting youth to traditional Native teachings and culture, conducting activities in small groups, providing youth with adult mentors from their communities, helping youth develop positive coping strategies and social skills, and encouraging youth to talk about traumatic experiences. Although our scan found limited empirical evidence regarding effectiveness of identified interventions, program developers and other experts in the field emphasized many of these characteristics as critical for effectively addressing trauma and related behavioral health needs in AI/AN youth.

Reconnecting youth to traditional Native teachings and culture. Virtually all of the interventions we reviewed include methods for connecting youth to tribal culture and, in some cases, language. Given the history of acculturation, experts emphasize that reconnecting youth to tribal culture can be a healing experience and serve as a protective factor. Many community-based interventions include cultural elements and beliefs that are common across tribal communities. As Brave Heart et al. 2011 stated:

> "Although there are numerous linguistic and cultural differences within Indigenous populations there are some common cultural features that might inform intervention design, including: focus on a collectivist culture; indirect communication styles; focus on harmony and balance; shared traditional beliefs in the existence of animal spirits as guides, ancestor spirits, and feeding the spirits; and attachment to all of creation."

At the same time, several articles emphasized the importance of recognizing the unique local context of each tribal community and appropriately adapting interventions in response. For example, several studies described a process of modifying programs that blended elements or beliefs common across AI/AN tribes to more specifically reflect aspects of local culture, such as language or community-specific activities.

Aspects of local culture, such as language, stories, local history, and traditions, infused the adaptations of evidence-based practices described in the literature. Experts pointed out that certain evidence-based practices may lend themselves well to cultural adaptations because their core elements align with aspects of Native cultures (e.g., Trauma-focused Cognitive Behavioral Therapy). Across interventions identified through our scan, key cultural elements added to existing evidence-based practices were generally selected in consultation with local tribal leaders.

Group-based interventions/programs. The majority of programs and practices identified through our scan take the form of group therapy or group activities. For example, the adaptations of CBITS involve weekly small group sessions through which youth support each other in a process of cognitive restructuring (i.e., changing maladaptive thoughts related to trauma). Many of the interventions addressing substance use disorders involve group skill-building or cultural activities. One expert we spoke with mentioned the importance of the group experience for breaking the isolation that youth experience and helping them to develop a peer support network.

Providing youth with adult mentors. Several articles emphasized the importance of providing youth with strong adult mentors from within tribal communities, both to model healthy behaviors and to provide support for youth who lack strong parental figures due to substance abuse or other issues within their families. In particular, some experts mentioned the importance of Native Elders serving as teachers and role models for youth.

Helping youth develop positive coping strategies and social skills. The articles we reviewed emphasized the importance of helping youth develop methods for coping with stress, boredom, and feelings of emptiness and powerlessness related to individual and historical trauma. Many programs emphasize helping youth learn social skills and problem-solving behaviors to replace harmful coping mechanisms, such as social withdrawal and substance abuse (Garrett 2014). Such efforts may help youth to develop resilience in overcoming trauma.

Encouraging youth to talk about experiences and identify feelings. Several programs focus on talking about traumatic experiences and identifying related thoughts and feelings. For example, *Honoring Children, Mending the Circle*, a cultural adaptation of trauma-informed cognitive-behavioral therapy, includes a process for children to tell narratives of their traumatic experiences. In describing her work with youth in tribal communities, one program developer emphasized the importance of encouraging them to talk openly about the trauma they have faced in talking circles or other group activities.

CHALLENGES TO CONDUCTING RESEARCH IN TRIBAL COMMUNITIES

Articles identified in our environmental scan emphasized the need for more research and evidence, particularly on community-based interventions. At the same time, they point out the many challenges associated with conducting mental health research within tribal communities. Below, we summarize the major challenges to advancing the evidence base regarding programs and interventions for AI/AN youth.

- **Bridging the gap between mainstream and Native approaches and conceptions of mental health and wellness.** Within tribal community contexts, articles emphasize the importance of the cultural meaning associated with healing. The Western clinical framework includes a focus on treatment and measurable clinical outcomes, whereas in many tribal communities the emphasis remains on healing and achieving balance rather than treatment. As Gone (2009) stated, "In contrast to the targeted scope of treatment, Native healing moves well beyond mere clinical concerns with distress and coping toward a more robust state of wellness, as indicated by strong Aboriginal identification, cultural reclamation, spiritual wellbeing, and purposeful living."(p. 759). (See also Wexler 2011.) Experts emphasize the importance of recognizing and honoring time-honored Native approaches to mental health and wellness. As a result, experts point to the need for inclusion of practice-based evidence standards that account for the diversity of tribes and special considerations for esoteric components of wellness connected directly to Native spirituality and cultures.
- **Developing measures of effectiveness.** Another key challenge is that many tribal communities are averse to imposing outside measures of effectiveness on practices that for them are core elements of culture and may date to time immemorial. Experts point to the tension that exists surrounding the issue of 'what counts' as evidence between the scientific and Native perspectives. From the tribal perspective, outside scientific efforts to ascribe quantitative measures of effectiveness to qualitative, culturally bound approaches to wellness are inaccurate Western impositions. The manner in which outside researchers historically studied tribal communities—whereby researchers often misrepresented tribal communities, published and misinterpreted sacred rites without permission, uncovered prevalence of particular pathologies but offered little in the way of possible culturally relevant interventions, and took part in unauthorized secondary analysis of data—has led many communities to insulate themselves from research. As a result, tribal communities are not interested in research that further pathologizes communities, points to deficits, or dismisses community strengths.
- **Lack of resources**. Several articles mentioned the lack of funding devoted to understanding and intervening to address the unique manifestations of trauma that impact AI/AN youth.
- **Additional challenges in conducting research in Indian Country.** Additional challenges to conducting rigorous quantitative research include small diffuse, diverse populations; bureaucratic burdens associated with obtaining approvals to conduct studies in tribal communities; variance among tribal IRBs; tribal politics and leadership turnover, which can affect tribal priorities; challenges associated with rural infrastructures; and challenges associated with interpreting, generalizing, and disseminating research findings across tribal communities. (Gone & Trimble 2012; Wexler & Gone 2012; Hawkins &Walker 2005).

POLICY IMPLICATIONS

In light of the limited research on trauma-informed care, adaptations of evidence-based practices, and community-based practices addressing trauma among AI/AN youth, and the challenges in conducting research in Indian country discussed above, several articles discussed policy implications and put forward suggestions for advancing the evidence base. Key recommendations from the literature include:

- **Encouraging development of community-based practices with evaluation components.** This would involve providing resources (grants, technical assistance) to help tribal communities sustain programs that are currently in place and develop new programs where they do not currently exist. In the absence of strong evidence on effective programs for this population, the focus could be on ways to support tribes in the practices and interventions they think will work that are in keeping with the common factors identified by experts, as discussed above. Given culturally divergent notions of health and healing, evaluations could be designed in collaboration with tribes to determine how they would define and assess success, rather than predetermining required evaluation outcomes and methods. At the same time, evaluators may consider ways to measure and communicate success in ways that will be compelling to funders.

  Given the diversity of tribal communities, experts recommend against attempts to impose single or specific models on Native populations. Moreover, based on experience from time immemorial, Native people consider many traditional practices to be effective but are loathe to share or document these practices for Western academics. Instead, supporting programs driven by individual tribal communities would ensure the inclusion of local and traditional knowledge, if appropriate, into the program development, implementation, and evaluation processes. Given the limitations of existing data and evidence-based practices, subject matter experts along with tribal leaders suggest a preference for tribally-driven programs that build skills and capacity of communities to engage in community-level program evaluation of existing promising local and traditional practices. This work might also include inquiry into how interventions are selected and implemented across communities.

- **Conducting additional research on trauma among AI/AN youth**. Experts point out that the prevalence of trauma and types of traumatic stresses experienced varies widely across tribal communities. In response, some recommend additional studies on the specific behavioral health needs of tribal communities. One expert we spoke with recommended funding existing tribal epidemiology centers to conduct studies on the prevalence of trauma in tribal communities. Given the challenges associated with doing this type of research, the studies could be led by members of tribal communities, perhaps working together with trauma experts, to develop methods for studying traumas and abuses that may not be discussed openly and are, therefore, hard to study. Having more data on prevalence of trauma in general and on the specific types of trauma common within individual communities could help tribal communities, trauma intervention and research experts, and program developers and planners design interventions that are specifically relevant to local needs and conditions (Morsette et al., 2008). Explorations regarding the means of identifying youth in need of trauma-related services and engaging and keeping them in care might also yield useful information for Native communities implementing such practices. In addition, further documenting where and the extent to which trauma-related practices have been implemented in Indian country might be of use to those wishing to support or develop such practices.

In addition to the need for more research on trauma and on interventions that are tailored to the needs of AI/AN youth, the articles we reviewed also highlighted the need to make services more accessible to AI/AN youth and to address their needs more holistically (Brave Heart, et al. 2011; Goodkind, et al. 2010; Garrett 2014). Key recommendations include:

- **Providing mental health treatment in integrated and school-based settings.** Several articles mention the need to provide behavioral health care in primary care and school-based settings. AI/AN youth may lack transportation to behavioral health providers, and schools are often a more accessible alternative. In addition, visiting primary care clinics or schools is generally a less stigmatizing experience than visiting a mental health provider, and, therefore, youth may be more receptive to seeking and receiving treatment in these settings.
- **Promoting use of Native healers.** Evidence suggests that a large share of AI/AN youth seek care from Native healers for mental health needs. Caregivers and parents also tend to be more trusting of Native healers (Walls, Johnson, Whitbeck, & Hoyt, 2006). Some experts advocate for behavioral health systems to certify traditional healers and for increasing the number of insurers who reimburse for their services.
- **Addressing current life factors that contribute to stress and vulnerability.** Many of the articles we reviewed pointed out that Native youth experience a range of life stressors in addition to psychological trauma, with poverty as a key underlying factor. Experts emphasized the importance of providing income support, youth development programs, and other social services to improve life circumstances and overall wellbeing for AI/AN youth.

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