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REPORT

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# Addressing Trauma in American Indian and Alaska Native Youth

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effectiveness of trauma-related interventions or programs for AI/AN youth. Many of the articles were descriptive in nature, and those that included results from quantitative evaluations all utilized pre-post or quasi-experimental designs with relatively small sample sizes.

Specifically, our scan identified:

- Five articles that discussed trauma-informed or trauma-specific interventions for AI/AN youth
- Seven articles or documents on substance abuse and suicide prevention interventions for AI/AN youth (note, however, that most of these interventions were not explicitly trauma-informed or trauma-focused)
- Four articles on parenting interventions aimed at preventing child abuse and improving interactions between parents and youth
- Three aspirational frameworks that discuss principles for developing programs or practices relevant to addressing trauma in AI/AN youth
- Only one program specifically focused on Alaska Native youth.

Several articles we reviewed confirmed our finding of limited literature on trauma interventions for AI/AN youth. For example, a literature review from 2008 identified no studies focused on culturally based interventions or adaptations for American Indians with PTSD (Pole, Gone, and Kulkarni 2008). Several other articles mention the limited research on trauma and other behavioral health interventions for AI/AN populations in general and specifically for youth.

Below we provide brief descriptions of the programs and practices identified through our scan, along with brief descriptions of any evaluation results reported in the articles we reviewed. The same information is also summarized in a simple bulleted format in Appendix B. We then summarize common elements and important themes that cut across the interventions. Note that articles described programs in varying levels of detail; we describe interventions with as much specificity as possible, based on the information provided in the articles. We found no data indicating the prevalence of implementation of these or other trauma-related interventions across tribal communities, and the reasons for adapting particular evidence-based practices rather than others were not always explained. Given the limited evidence identified, variation in and limitations of evaluation methodologies used, and the diversity of tribal communities, comparing effect sizes across interventions is not advised, and generalizing results to other Native communities should be done with caution. Moreover, the unique historical and cultural experiences of Native communities make comparison to non-Native communities inadvisable.

## TRAUMA-INFORMED CARE AND TRAUMA-SPECIFIC INTERVENTIONS

We identified three interventions that specifically focus on helping AI/AN youth to address traumatic stress and associated behavioral health needs. Two of these, *Cognitive Behavioral*

*Intervention for Trauma in Schools* (CBITS) and *Honoring Children, Mending the Circle*,[4] adapted evidence-based practices for use with AI/AN youth; however, only CBITS has been specifically evaluated in studies of AI/AN youth populations, and each of the two evaluation studies were small pre-post evaluations without comparison groups. The other trauma-specific intervention, *Honoring Children, Respectful Ways*, was described in the literature, but evaluation results were not presented. Below we describe each of these interventions. We also describe a community-level intervention, *Pathway to Hope*, aimed at encouraging development of approaches for addressing trauma in Alaska Native communities.

### *Cognitive Behavioral Intervention for Trauma in Schools* (CBITS)

CBITS is an evidence-based practice originally designed for use with groups of adolescents ages 11-15 from ethnically diverse populations and with significant trauma exposure and PTSD symptoms. The intervention involves weekly small group meetings over a 10-week period covering six techniques to reduce maladaptive thoughts and behaviors: relaxation training, cognitive therapy, real life exposure, stress or trauma exposure, and social problem-solving. Jaycox (2004) provides a full description of the original intervention. Two small independent studies examined pre-post outcomes for versions of the practice specifically adapted for use with AI/AN youth.

Morsette et al. (2008) tested an adaptation of CBITS for adolescents on a rural American Indian reservation. To adapt CBITS to American Indian youth, program developers consulted with American Indian health professionals, Elders, teachers, and counselors and included key elements of local culture, such as Native linguistic concepts and elements of local history. The article presented descriptive results, visually comparing pre- and post-test scores for four students ages 11 to 12 who completed the CBITS program. Results showed reductions in PTSD and depressive symptoms in three of the four students.

Goodkind et al. (2010a) assessed an adaptation of CBITS in three American Indian communities in the Southwest. Program developers adapted CBITS to Native culture by removing Eurocentric examples of how to change distorted thoughts related to the trauma (known as cognitive restructuring) and including culturally relevant stories and beliefs. Pre-post analyses among 24 youth ages 12 to 15 who received CBITS showed significant decreases in anxiety and PTSD symptoms, and in avoidant coping strategies. The study also found a marginally significant decrease in depression symptoms.

### *Honoring Children, Mending the Circle*

Honoring Children, Mending the Circle (BigFoot and Schmidt, 2010) is a cultural adaptation of trauma-focused cognitive-behavioral therapy (TF-CBT). As originally designed, TF-CBT is an evidence-based treatment for children exposed to trauma that emphasizes addressing distorted thoughts and encouraging children to talk about traumatic experiences with parental or caregiver support. The Indian Country Child Trauma Center at the University of

[4] The Indian Country Child Trauma Center offers a specialized training program series entitled 'Honoring Children' for behavioral health professionals working in Indian Country. The trainings in the Honoring Children Series cover several different interventions that borrow from existing evidence-based practices but are tailored to Native populations and the unique characteristics of tribal communities.

Oklahoma Health Sciences Center, in conjunction with the National Child Traumatic Stress Network and SAMHSA, has worked to develop culturally relevant trauma intervention models for use with AI/AN children. Program developers selected TF-CBT for adaptation because its core elements (storytelling, identifying and expressing emotions, and involvement of caregiver and family support) fit well with AI/AN cultures. For example, one major component of TF-CBT is for children to repeatedly describe their traumatic experiences, with gradually increasing detail, with the goal of decreasing emotional reactivity to traumatic memories over time.

As a flexible adaptation of TF-CBT, *Honoring Children, Mending the Circle* allows therapists, children and their families to incorporate aspects of Native culture. For example, children may retell their trauma narrative through a traditional dance. Also, TF-CBT emphasizes teaching children relaxation skills to reduce hyperarousal and other physiological manifestations of trauma; in *Honoring Children, Mending the Circle*, therapists may incorporate relaxation imagery that is culturally relevant, such as the image of tensing and relaxing a bow string or soothing images from nature. We did not find an evaluation of *Honoring Children, Mending the Circle*.

### Honoring Children, Respectful Ways

As described by Bigfoot and Braden (2007), *Honoring Children, Respectful Ways* was developed by the Indian Country Child Trauma Center for children with sexual behavior problems. The program was designed for children between the ages of 3 and 12 who have experienced trauma related to violence in the family, physical abuse, and sexual abuse. The program can also be used to prevent negative behavioral health consequences of such experiences. It is designed to help children develop a sense of respect for self, others, and all living things. The curriculum is grounded in traditional approaches to healing and is infused with cultural practices that encourage youth to reconnect and identify with their Native heritage. We did not find an evaluation of *Honoring Children, Respectful Ways*.

### Pathway to Hope

*Pathway to Hope* is a trauma-informed training program aimed at ending the silence surrounding sexual abuse in rural Alaska native communities and promoting community-based approaches to healing (Payne et al., 2013). Alaska Native victim advocates working within tribal communities informed the development of the program.

*Pathway to Hope* is not an individual-level intervention but instead offers culturally relevant practices and principles for addressing trauma caused by child sexual abuse. Major goals are to generate dialogues within communities and to provide guidance and support for community members to develop their own culturally-specific approaches to healing. Since it was originally developed in 2007, *Pathway to Hope* trainings have been presented to more than 270 community leaders and care providers in Alaska and more than 120 participants from 18 tribes in other states. We did not find an evaluation of the *Pathway to Hope* program.

## INTERVENTIONS FOCUSED ON SUICIDE PREVENTION AND SUBSTANCE USE DISORDERS

We identified three suicide prevention interventions and three interventions addressing substance use disorders among AI/AN youth. Although most of these interventions are not explicitly trauma-informed or trauma-focused, we included them because suicide and substance use disorders are often associated with traumatic stress, and these interventions were nominated for inclusion by federal staff or experts, or commonly cited in other articles we reviewed. Two of the suicide prevention and substance use disorder interventions we examined were evaluated using a quasi-experimental designs, two utilized pre-post evaluation designs with small sample sizes, and two were not evaluated. Below, we describe each intervention and, if available, evidence for its effectiveness. We also describe a briefing book on AI/AN behavioral health that identifies additional interventions relevant to suicide prevention and substance use disorders among AI/AN youth.

### *American Indian/Zuni Life Skills Development Program*

The *American Indian Life Skills Development Program* (LaFromboise 1995) is a school-based suicide prevention program for middle- and high-school age American Indian youth. Intervention activities promote connection with cultural knowledge. The program emphasizes universal American Indian values, such as respect, kindness, and generosity, with flexibility to tailor the intervention to local context. The curriculum teaches problem solving skills, depression and stress management, anger regulation, and goal setting. The *Zuni Life Skills Development Program* (LaFromboise & Lewis, 2008) is a tribal-specific curriculum that was developed and tested with the people of the Zuni Pueblo in New Mexico and served as the basis for the broader *American Indian Life Skills Development* curriculum. The program focuses on addressing and alleviating the underlying vulnerability that contributes to high risk behavior among youth. Through small group work and sharing of effective coping strategies by adult role models, the program aims to help youth recognize and eliminate self-destructive behaviors and build effective communication and problem solving skills.

The *American Indian/Zuni Life Skills Development Program* was reviewed by the SAMHSA National Registry of Evidence-based Programs and Practices (http://www.nrepp.samhsa.gov) and found, through a quasi-experimental study comparing the practice to no intervention, to statistically significantly decrease hopelessness and increase suicide prevention skills (LaFromboise and Howard-Pitney, 1995).

### *Honoring Children, Honoring the Future*

The Indian Country Child Trauma Center chose to implement LaFromboise's *American Indian Life Skills Development* curriculum (1995) as part of the suicide prevention component of their *Honoring Children* series—*Honoring Children, Honoring the Future* (Bigfoot, 2007). In addition to American Indian Life Skills Development, *Honoring Children, Honoring the Future* includes support for training in risk for suicide, case consultation, and program development (Bigfoot and Braden, 2007). We did not find any studies specifically evaluating *Honoring Children, Honoring the Future*.

## Community-based college suicide prevention program

Muehlenkamp et al. (2009) conducted an evaluation of a community-based college suicide prevention program implemented at the University of North Dakota. The program combined American Indian traditional practices with mainstream suicide prevention strategies. It aimed to prevent suicide by connecting Native students to campus services and tribal communities. It was designed to build relationship skills and strengthen resilience through an emphasis on education, culture, and spirituality.

Components of the program represented the four interconnected aspects of the Medicine Wheel. The Medicine Wheel is a sacred symbol that originated among Native people of the Great Plains, particularly the Lakota. In recent history, the Medicine Wheel has become more pan-tribal in its uses and application. A metaphor for the circle of life, the Medicine Wheel is broken into four[5] sections: spiritual, mental, physical, and emotional. Accordingly, the college suicide prevention program included components addressing each of these aspects of life.

The spiritual components of the program included a spiritual advisory committee, sweat lodge, healing ceremonies, and talking circles. Physical components included opportunities for communal dining and engaging in traditional Native foodways at spiritual ceremonies and cultural events. Emotional components included providing participants with an American Indian support team, connections with tribes and the campus American Indian community, stress management techniques, and problem solving and communications skills.

One component addressing the mental aspect of life was "gatekeeper" training, which involved training all students, as well as faculty and staff who serve on an American Indian support team, to recognize the warning signs of suicide and intervene. The gatekeeper curriculum included Sources of Strength and Question, Persuade, and Refer (QPR) programs. QPR training is an evidence-based training program, which the Indian Health Service adapted for use with American Indians (Quinnet, 1995). The gatekeeper training curriculum also drew from the evidence-based Sources of Strength model (LoMurray, 2007), which was designed for use with Native youth in the Northern Plains and focuses on building support networks. Training in both Sources of Strength and the American Indian-adapted QPR were offered annually. Other program components that addressed mental health included regularly-offered workshops and seminars on topics related to stress management, problem solving, and substance abuse awareness and prevention. Workshops and seminars were adapted from LaFromboise's American Indian Life Skills Development Curriculum (1996).

The evaluation included pre- and post-test data on effectiveness of workshops and seminars, as well as gatekeeper trainings; it did not include a comparison group. Of a total American Indian enrollment of 368, approximately 90 American Indian students utilized at least one aspect of the suicide prevention program. American Indian students (n=22) who participated in gatekeeper trainings showed improved knowledge about suicide, and students who participated in workshops (n=35) reported improvements in problem solving and communication skills. Seventy-two percent of gatekeeper-training participants indicated they would use the information, and 86 percent stated they were satisfied with the training; 45 percent indicated that

[5] The number four is sacred and is represented further in the four sacred directions and colors.

the material presented was somewhat new to them. Similarly, 88 percent of students who participated in workshops reported being satisfied to very satisfied, 75 percent reported they would use the information, and 54 percent reported that the information was somewhat new to them.

### Cherokee Talking Circle and Self-Reliance Model

Lowe et al. (2012) tested a culturally-based substance abuse intervention, the *Cherokee Talking Circle and Self-Reliance Model* (CTC), against a standard, non-culturally-based intervention. The CTC is a substance abuse intervention designed for Keetoowah-Cherokee students in the early stages of substance abuse. The program uses talking circles, which aligns with the Native tradition of storytelling. The talking circle is designed to provide a culturally relevant and appropriate setting where stories are shared in a respectful and accepting manner. In CTC, the talking circles are grounded in the *Cherokee Self Reliance Model*, which emphasizes key Cherokee values identified through prior studies of culturally-specific Cherokee worldviews and beliefs. CTC helps youth achieve balance within the three key Cherokee values of being responsible, being disciplined, and being confident. The program consists of 10, 45-minute talking circle sessions guided once a week by a counselor and cultural expert.

The study employed a two-condition quasi-experimental design in which CTC was compared to a mainstream intervention, *Be a Winner/Drug Abuse Resistance Education*. Participants were Keetoowah Cherokee high school students between 13-18 years of age who were referred for substance abuse counseling and were enrolled in one of the high schools within the tribal jurisdiction. Eighty-seven students were in the standard substance abuse education group, and 92 were in the CTC group. Individual students were not randomized to groups, but which group received CTC was randomly determined. This study consisted of a three year plan using a Community-Based Participatory Research approach. Data collection points included pre-intervention, immediate post-intervention, and 90-day post-intervention. The study found that the culturally-based intervention for AI/AN adolescents, CTC, was statistically significantly more effective for reducing substance abuse and related problems than the standard, non-culturally-based intervention as measured by lower scores on the Substance Abuse Problem Scale immediately post-intervention and at 90-day followup.

### Healing of the Canoe

*Healing of the Canoe* (Donovan et al. 2015) is a community-informed, culturally grounded intervention developed through a partnership between the Suquamish and Port Gamble S'Klallam Tribes in the Pacific Northwest and the University of Washington Alcohol and Drug Abuse Institute. The program aims to prevent substance use disorders by promoting a sense of cultural identity and belonging. It combines cognitive-behavioral life skills with tribally-specific teachings, practices, and values. The program curriculum, called *Holding Up Our Youth*, consists of 11 group sessions, through which community members and Elders teach Native youth how to use social and interpersonal life skills. The program also involves cultural activities and education about the physiological consequences of substance use. Among seven high school students who participated in a pre-post evaluation, hope, optimism, and self-efficacy were statistically significantly higher, and substance use was lower after receiving the intervention.

### *RezRIDERS*

Yellow Horse Brave Heart, et al. (2012) described *RezRIDERS*, a trauma-informed intervention aimed at reducing substance use disorders and depression among American Indian youth. The program emphasizes participation in extreme sports, with the goal of transferring high-risk behaviors to controlled environments. It also involves sharing of traditional culture and values from adult mentors and building optimism and trust through peer group community projects. We did not find an evaluation of the *RezRIDERS* program.

## Interventions listed in the *American Indian/Alaska Native Behavioral Health Briefing Book*

The American Indian/Alaska Native Behavioral Health Briefing Book (2011), was developed for Indian health care providers by the Indian Health Service National Tribal Advisory Committee on Behavioral Health and the Behavioral Health Work Group and is intended to provide context for the AI/AN National Strategic Plans on Behavioral Health and Suicide Prevention, both finalized in 2011. The plans identified priorities, goals, and strategic action steps to further develop a system of care and to better address behavioral health concerns in Indian Country. The Briefing Book sought to document the current efforts to address a range of serious behavioral health issues on a national, regional, and local level.

The Briefing Book also explored the work being done to address existing disparities and included a chapter profiling behavioral health programs in the 12 Indian Health Service Areas. The chapter included program spotlights that illustrated the range of approaches being used to treat and heal tribal members, including youth. Many of the programs infused Western evidence-based practices into traditional healing approaches. Each maintained a commitment to including and honoring community-based initiatives that were grounded in tribally-specific healing modalities. Listed below are a few of the programs most relevant to youth. Note that we did not find evaluations of these programs.

- The **Zuni Recovery Center** addressed substance abuse issues by bridging traditional medicine with modern clinical practices. The intervention emphasized use of Native healers to bridge the gap across traditional healing methods and modern medicine. Another core component was the use of cultural educators to teach Zuni history, dance, arts and crafts, and language.
- The **Northern Arapaho Tribe Methamphetamine and Suicide Prevention Initiative Program** followed a similar approach by integrating traditional cultural practices with Western and Native treatment and prevention of suicide. It incorporated Strengthening Families, an evidence based program, and integrated the use of sweat lodges and talking circles for youth, and the inclusion of Elders and traditional healers.
- The **Toiyabe Indian Health Project** utilized the Matrix Model[6] for substance abuse treatment alongside talking circles, sweat lodges, and family groups to provide a focus on

[6] The Matrix Model is an intensive outpatient treatment program for cocaine and methamphetamine addiction. It is multi-format and includes relapse-prevention groups; individual and family education groups; social support groups;

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.

- **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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