

American Indian and Alaska Native Children: Next STEPS

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Are the policies and practices
we established, maintain, work
under
making matters worse
for our children?

NCTSN

The National Child
Traumatic Stress Network

9/22/2015

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YES

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Acknowledge/Credit

- Ruth McRoy, PhD
<https://socialwork.utexas.edu/directory/mcroy/>
- Susan Schmidt, PhD
Indian Country Child Trauma Center, OUHSC
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- National Indian Child Welfare Association
www.nicwa.org
- <http://www.justice.gov/defendingchildhood/task-force-american-indian-and-alaska-native-children-exposed-violence>
- <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=183513>



Definition: Disproportionality

A situation in which a particular racial/ethnic group of children are represented in foster care at a higher percentage than other racial/ethnic groups

(i.e. If 5% of all White children are in care, then 5% of African American, Hispanic, American Indian/Alaska Natives, etc., that is all would be same %)

Definition: Racial Disparities

Racial disparity is defined as existing in the criminal justice system when "the proportion of a racial/ethnic group within the control of the system is greater than the proportion of such groups in the general population." Illegitimate or unwarranted racial disparity results from differential treatment by the criminal justice system of similarly situated people based on race. In some instances this may involve overt racial bias, and in others it may reflect the influence of factors that are only indirectly associated with race.

<https://www.ncjrs.gov/App/publications/abstract.aspx?ID=183513>

Definition: Overrepresentation

If a particular racial/ethnic group of children are represented in foster care at a higher percentage than they are represented in the general population

If American Indian and Alaska Native children are less than .02 % of children total child population in US but represent 2% of children in foster care

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According to AFCARS report, March 31, 2000

- 588,000 children in the foster care system
 - White, non Hispanic 35% (207,948)
 - Black, Non-Hispanic 38% (226,363)
 - Hispanic, 15% (88,939)
 - AI/AN Non Hispanic 2% (9,330)
 - Asian/PI NI Non-Hispanic (6,213)
 - Unknown 8% (49,207)

Ruth McRoy, PhD: <https://socialwork.utexas.edu/directory/mcroy>



The AFCARS Report

Preliminary FY¹ 2013 Estimates as of July 2014 • No. 21

SOURCE: Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2013 data²

Numbers At A Glance

	2009	2010	2011	2012	2013
Number in foster care on September 30 of the FY	418,672	404,878	397,827	396,892	402,378
Number entered foster care during FY	254,896	256,092	251,365	251,539	254,904
Number exited foster care during FY	277,606	257,806	246,438	240,936	238,280
Number waiting to be adopted on September 30 of the FY	113,798	108,746	106,352	101,737	101,840
Number waiting to be adopted whose parental rights (for all living parents) were terminated during FY	71,381	65,747	62,786	59,063	58,887
Number adopted with public child welfare agency involvement during FY	57,187	53,547	50,901	52,042	50,608

Children in Foster Care on September 30, 2013 • N=402,378

Age as of September 30th	Years	Sex	Percent	Number
Mean	8.9	Male	52%	210,738
Median	8.2	Female	48%	191,608

Disparities not Unique to Child Welfare

- Criminal justice
- Health care
- Mental health
- Homelessness
- Victims of violent crime
- Special education



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NCTSN The National Child Traumatic Stress Network



American Indian and Alaska Native Population

5.2 million

The nation's population of American Indians and Alaska Natives, including those of more than one race. They made up about 2 percent of the total population in 2013. Of this total, about 49 percent were American Indian and Alaska Native only, and about 51 percent were American Indian and Alaska Native in combination with one or more other races.

Source: 2011-2013 American Community Survey

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_3YR_S0201&prodType=table

NGTSEN The National Child Trauma Center
American Indian and Alaska Native Census Facts - Infoplease

www.infoplease.com/spot/aihmcensus1.html

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American Indian/Alaskan Native National Statistics

- Approximately 5.2 million self-identified American Indians and Alaska Native (2010 Census)
- 29.9% under the age of 18
- 9% of the population is under the age of 5
- 78% reside off reservations, in urban, rural or near reservations boundaries

General Information

- Federally recognized tribes (N= approx. 562 +) and non federally but state recognized tribes (N = approx. 245)
- Approximately 250 current Native/Indigenous languages
- Tribes possess their own distinct culture and language
- Tribes formally establish their own enrollment criteria

Victims of Violent Crime

- American Indian and Alaska Natives of all ages are more likely to be the victims of serious violent crime than are whites or Blacks.
- American Indian and Alaska Native women have the highest rates of violent assaults.

A 2009 DOJ study showed that more than 60 percent of the children surveyed were exposed to violence within the past year either directly or indirectly. Children's exposure to violence, whether as victims or witnesses, is often associated with long-term physical, psychological, and emotional harm. Children exposed to violence are also at a higher risk of engaging in criminal behavior later in life and becoming part of a cycle of violence.

Children exposed to violence are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and become delinquent and engage in criminal behavior.

Sixty percent of American children were exposed to violence, crime, or abuse in their homes, schools, and communities.

Almost 40 percent of American children were direct victims of two or more violent acts, and one in ten were victims of violence five or more times.

Children are more likely to be exposed to violence and crime than adults.

Almost one in ten American children saw one family member assault another family member, and more than 25 percent had been exposed to family violence during their life.

A child's exposure to one type of violence increases the likelihood that the child will be exposed to other types of violence and exposed multiple times.

*Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., and Kracke, K. 2009. [Children's Exposure to Violence: A Comprehensive National Survey](#). Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2009.



Criminal Justice & American Indian and Alaska Native Youth

- A Tangled Web of Justice: American Indian and Alaska Native Youth in Federal, State, and Tribal justice Systems
- American Indian/Alaska Native Children Exposed to Violence: Testimony of Nadia Seeratan, National Juvenile Defender Center
- Indian Law and Order Commission, A Roadmap for making Native America Safer: Report to the President and Congress of the United States



Task Force on
American Indian and Alaska Native
Children Exposed to Violence

**DEFENDING
CHILDHOOD**
PROTECT HEALTHRIVE

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Amnesty
International

MAZE OF INJUSTICE

The failure to protect
Indigenous women
from sexual violence
in the USA

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Mental Health Disparities: American Indians and Alaska Natives

Population: American Indians and Alaska Natives (AI/AN)

- Approximately 1.5% of the U.S. population – 4.1 million Americans – identify themselves as having American Indian or Alaska Native (AI/AN) heritage. (1)
- About two-thirds now live in urban, suburban, or rural non-reservation areas; about one-third live on reservations. During the last 30 years, more than 1 million AI/ANs have moved to metropolitan areas. (2)
- There are 564 federally recognized AI/AN tribes (and 100 state-recognized tribes) with a tremendous diversity of cultures and more than 200 languages.

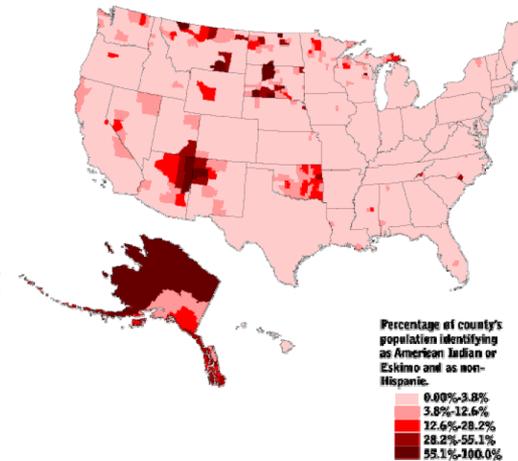
Relative to the US as a whole, AI/ANs:

- Are more likely to live in poverty: more than twice as many AI/ANs live in poverty than total US population (26% vs 12%) (3)
- Have a lower life expectancies: life expectancy among AI/ANs is 6 years lower than the U.S. average; infant mortality is higher than the US population (4)
- Have twice the rate of violent victimization twice that of African Americans and more than 2 ½ times www.census.gov Data from 2000 US Census that of whites (5)
- Die at significantly higher rates from tuberculosis, diabetes, and unintentional injuries and die from alcohol-related causes 6 times more often than the national average. (6)

Three times as many AI/ANs lack health insurance as whites – 33% compared to 11% of whites.(7) Approximately 57% of AI/ANs rely on the Indian Health Service for care. Data from 2003 show IHS expenditures of approximately \$1,900 per enrollee on health expenditures compared to \$6,000 for Medicaid recipients and \$5,200 for Veterans. (8)

Historical traumas, including forced relocations and cultural assimilation, numerous broken treaties, and other social, economic, and political injustices, continue to affect AI/AN communities in significant ways. AIAN health disparities are inherently tied to the historical and current sociopolitical experiences these people. (9)

Percent of Population American Indian or Eskimo



Mental Health Status, Use of Services and Disparities

Research on mental health among AI/ANs is limited by the small size of this population and by its heterogeneity. Nevertheless, existing research suggests that AI/AN youths and adults suffer a disproportionate burden of mental health problems and disorders.

Among AIAN people, there is a wide range of beliefs about illness, healing, and health. The concept of mental illness and beliefs about why and how it develops have many different meanings and interpretations among AIAN people. Often physical complaints and psychological concerns are not distinguished and AI/ANs may express emotional distress in ways that are not consistent with standard diagnostic categories.

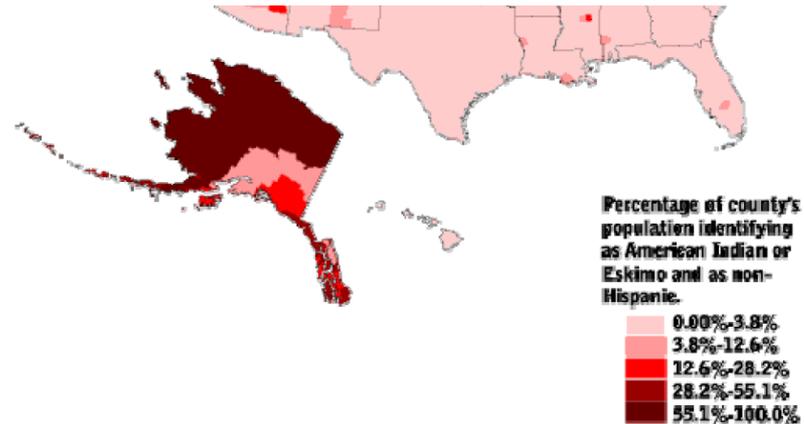


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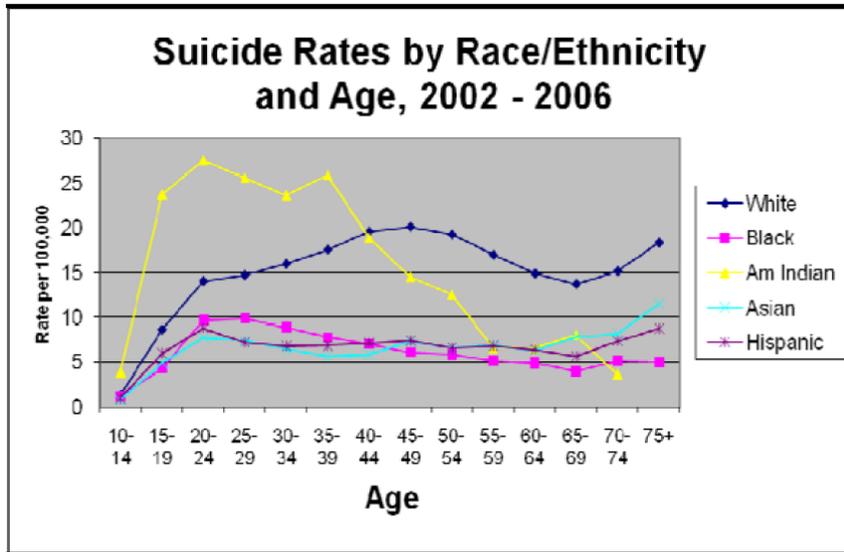


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Source: CDC, WISQARS, 2009

Use of alcohol in the past month among persons 12 and older

	Alcohol use	Binge alcohol use	Heavy alcohol use
All populations	59%	23%	7%
AI/AN	42%	33%	12%
White	57%	23%	7%
African American	41%	20%	4%
Hispanic or Latino	43%	24%	6%

Mental health and AI/ANs:

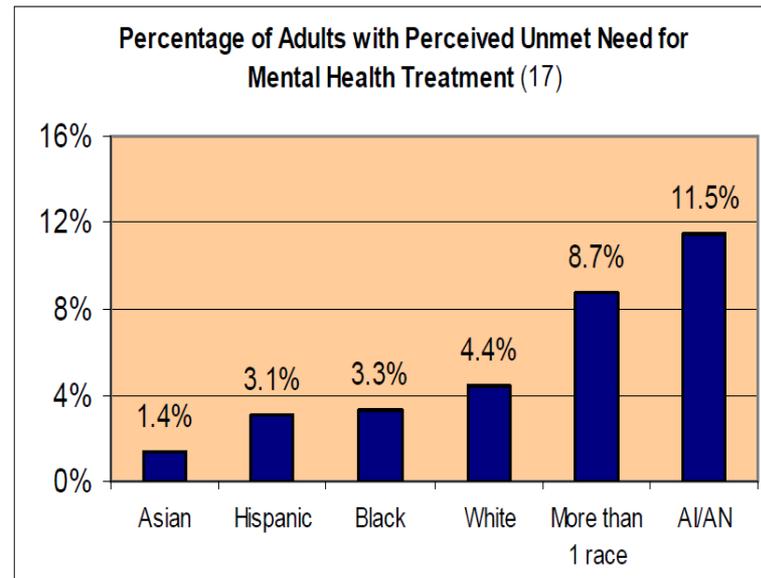
- AI/ANs experience serious psychological distress 1.5 times more than the general population. (10)
- The most significant mental health concerns today are the high prevalence of depression, substance use disorders, suicide, and anxiety (including PTSD). (11)
- AI/ANs experience PTSD more than twice as often as the general population. (12) Although overall suicide rates among AI/ANs are similar to whites, there are significant differences among certain age groups. Suicide is the second leading cause of death among 10-34 year olds. In contrast, the suicide rate among AI/ANs more than 75 years old is only one-third of the general population.(13)

- More than one-third of Indian Health Service patient care contacts in 2006 were related to mental health or substance use disorders. (14)
- Native Americans use and abuse alcohol and other drugs at younger ages, and at higher rates, than all other ethnic groups. (15&16)

Prevalence of Drug Use Disorders

Traditional Healing

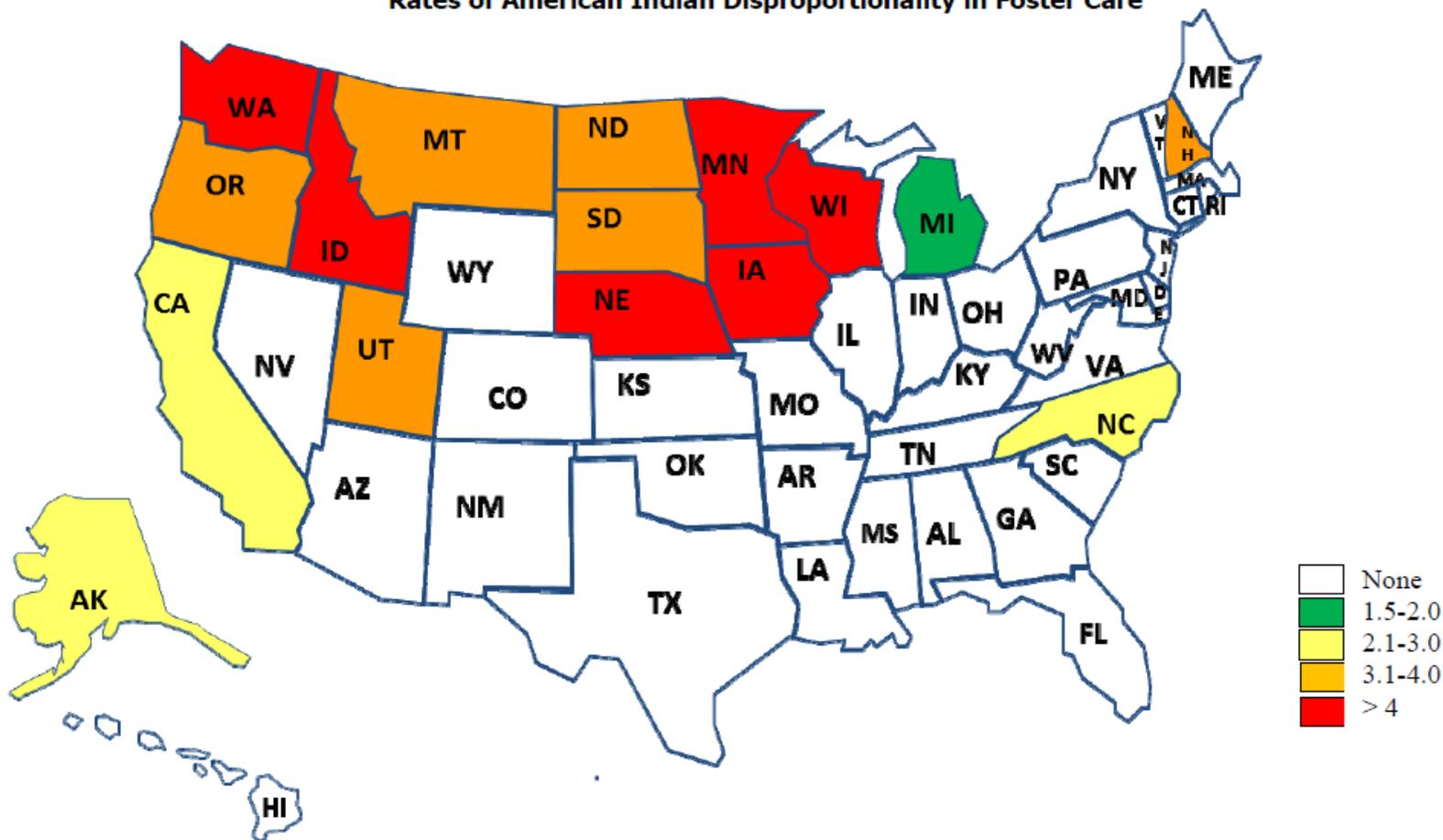
- Traditional AIAN healing systems “focus on balancing mind, body, and spirit within the community context. Many American Indian groups have long practiced a holistic approach to healing involving a sense of connectedness with place and land, and contrary to the Western approach, generally don’t try to isolate one part of the person and healing it, but rather look at the whole person. (11)
- Help seeking from traditional healers is common among American Indians. Research has found that American Indian men and women who meet the criteria for depression/anxiety or substance abuse are significantly more likely to seek help from traditional/spiritual healer than from specialty or other medical sources. (18, 19)



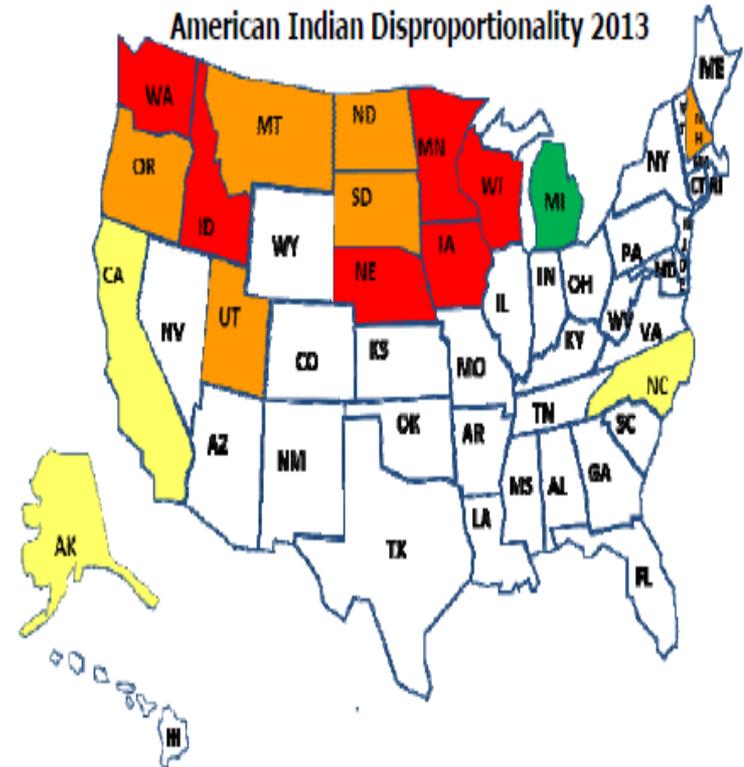
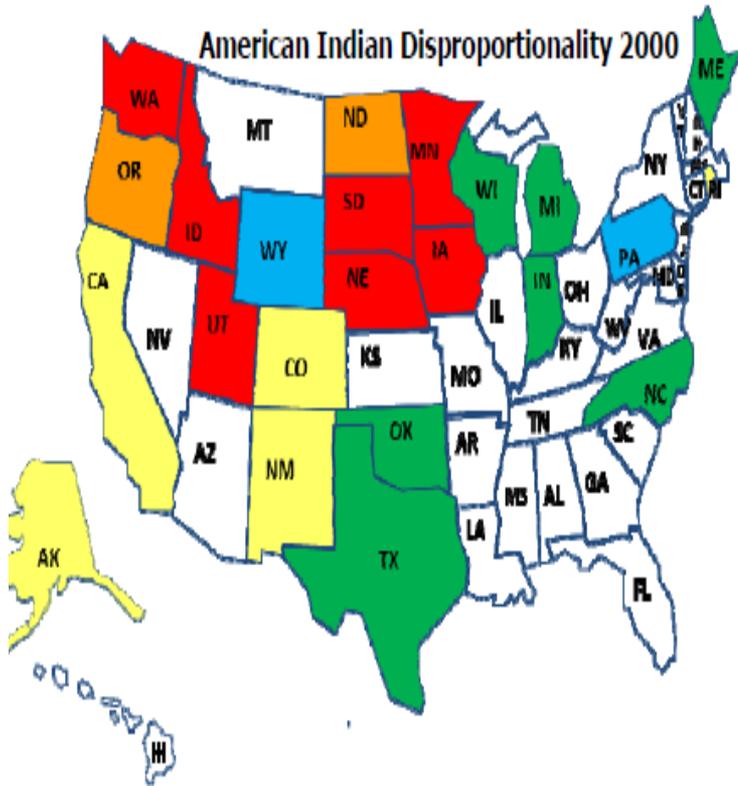
Comparisons of Disproportionality by State American Indian/Alaska Native

Across the United States, American Indian/Alaska Native children are overrepresented in foster care at a rate of 2.4 times their rate in the general population. While not all states show disproportionality, 21 states do have some overrepresentation. Twenty-four percent of the states that have overrepresentation have a disproportionality index of greater than 4.1. In Minnesota, the disproportionality is index 13.9, in Washington State it is 4.3.

Rates of American Indian Disproportionality in Foster Care

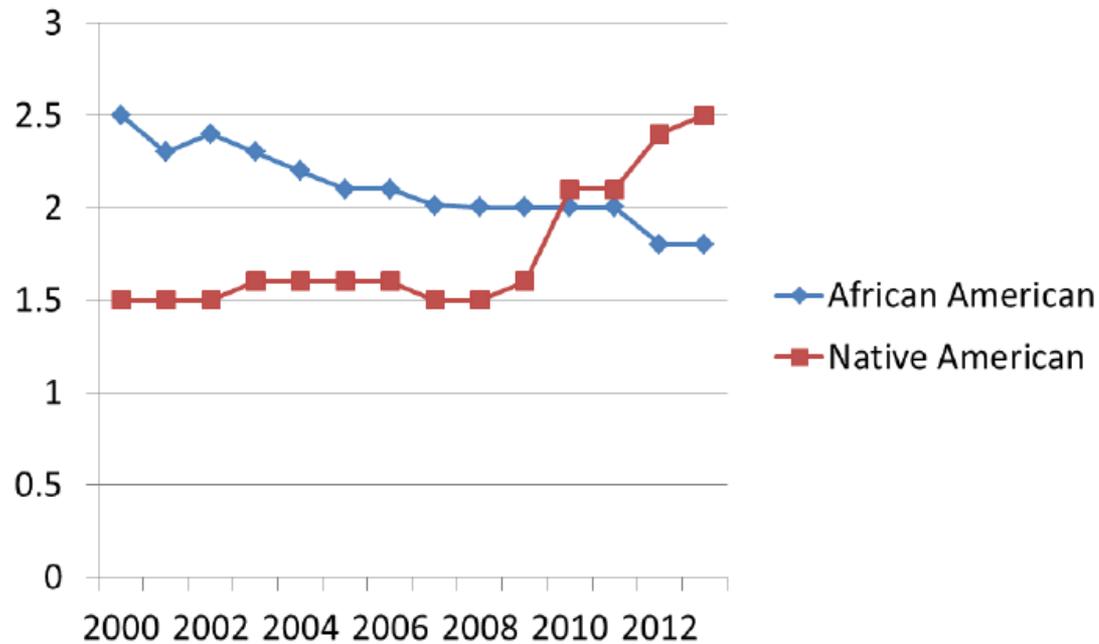


The second set of maps illustrates the disproportionality of American Indian children in foster care for the year 2000 (left) and the year 2013 (right). The number of states that show disproportionality has decreased from 23 to 16 and some states have shown a decrease in their disproportionality rates. However, many of the "red" states remain high, particularly states like Minnesota, whose disproportionality rates have risen dramatically in the last decade.



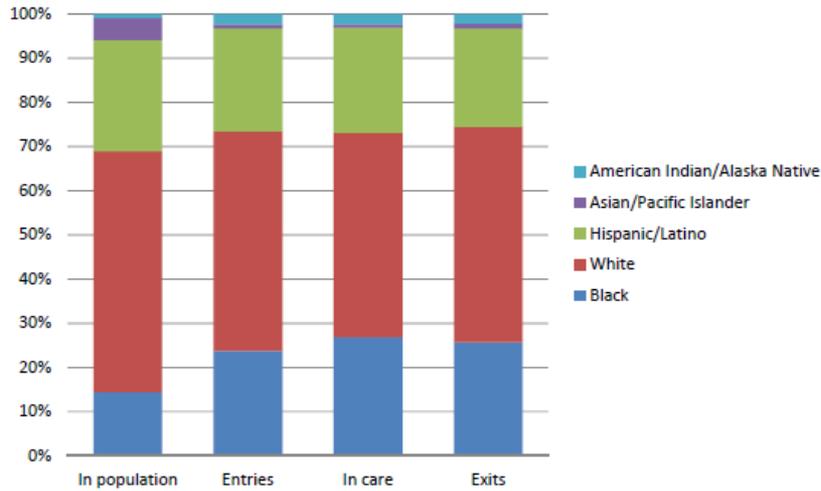
National Changes in Disproportionality over Time

The maps on the previous pages illustrate changes in disproportionality over time. It is clear that some states have reduced disproportionality over time, while others have not. What the maps do not show is the trends in disproportionality over time. As illustrated in the graph below, there has been a trend toward decreased African American disproportionality over time. For American Indian/Native American children, disproportionality has increased in the last few years. Looking at data over time often portrays a different picture than a point in time estimate (such as this Bulletin). Comparing numbers over time allows for a better understanding of trends and also can demonstrate any anomalies in data. From the data we have to date, there does appear to be a trend for reduction for some children and increases for others. Understanding why this is occurring will be an important next step in the process.

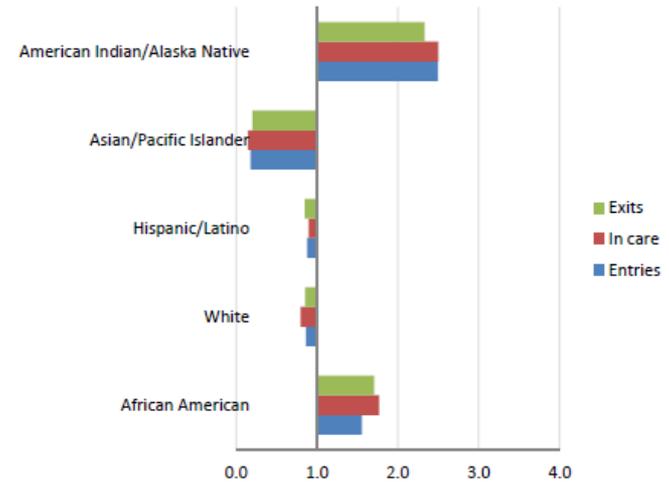


Race/Ethnicity Profile
United States

Race/Ethnicity of Children in Out-of-Home Care, 2013



Racial Disproportionality Index, 2013



Race/ethnicity breakdowns	Population	Entries	In care	Exits
African American/Black (a)	13.8%	21.5%	24.4%	23.5%
Caucasian/White (b)	52.4%	45.0%	41.8%	44.7%
Hispanic/Latino (c)	24.1%	21.1%	21.6%	20.4%
Asian/Pacific Islander (d)	4.8%	0.8%	0.7%	1.0%
American Indian/Alaska Native (e)	0.9%	2.2%	2.2%	2.0%
More than one race	4.0%	6.0%	6.2%	5.8%
Missing	0.0%	3.4%	3.1%	2.6%
Total	100%	100%	100%	100%

Racial Disproportionality Index	Entries	In care	Exits
African American/Black (a)	1.6	1.8	1.7
Caucasian/White (b)	0.9	0.8	0.9
Hispanic/Latino (c)	0.9	0.9	0.8
Asian/Pacific Islander (d)	0.2	0.1	0.2
American Indian/Alaska Native (e)	2.5	2.5	2.3

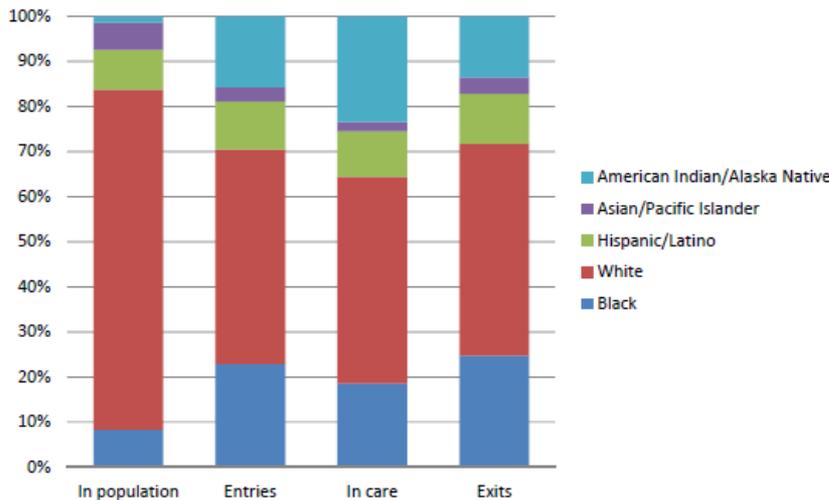
Disproportionality is the level at which groups of children are present in the child welfare system at higher or lower percentages or rates than in the general population. An index of 1.0 reflects no disproportionality. An index of greater than 1.0 reflects overrepresentation. An index of less than 1.0 reflects underrepresentation.

Source: Out-of-home care data from the Adoption and Foster Care Analysis and Reporting System, 2013 and 2013 population estimates from Census.gov.

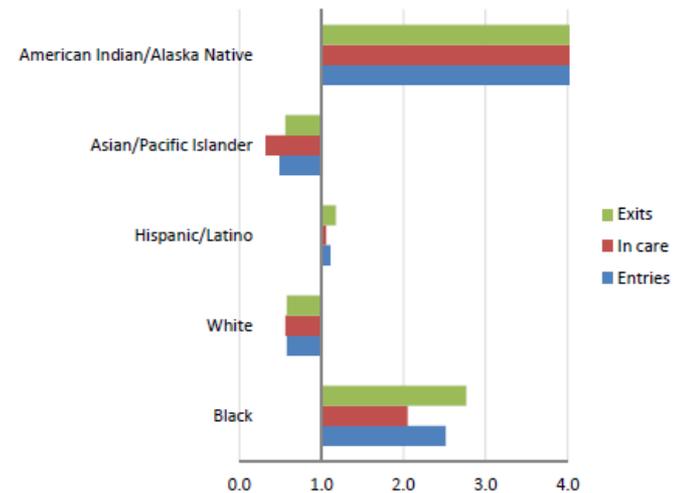
(a) Children identified by the child welfare system as African American, non-Hispanic, and with only one race category. (b) Children identified by the child welfare system as White, non-Hispanic, and with only one race category. (c) Children identified by the child welfare system as having Hispanic origins; not a racial category. (d) Children identified by the child welfare system as Asian, which includes Hawaiian and Pacific Islander, non-Hispanic and with only one race category. (e) Children identified by the child welfare system as Native American, non-Hispanic, and with only one race category.

Race/Ethnicity Profile
Minnesota

Race/Ethnicity of Children in Out-of-Home Care, 2013



Racial Disproportionality Index, 2013



Race/ethnicity breakdowns	Population	Entries	In care	Exits
African American/Black (a)	8.0%	20.0%	16.3%	22.0%
Caucasian/White (b)	71.9%	41.4%	40.2%	41.6%
Hispanic/Latino (c)	8.4%	9.3%	8.9%	9.9%
Asian/Pacific Islander (d)	5.7%	2.8%	1.8%	3.2%
American Indian/Alaska Native (e)	1.4%	13.7%	20.6%	12.0%
More than one race	4.7%	12.0%	11.7%	10.6%
Missing	0.0%	0.8%	0.5%	0.7%
Total	100%	100%	100%	100%

Racial Disproportionality Index	Entries	In care	Exits
African American/Black (a)	2.5	2.1	2.8
Caucasian/White (b)	0.6	0.6	0.6
Hispanic/Latino (c)	1.1	1.1	1.2
Asian/Pacific Islander (d)	0.5	0.3	0.6
American Indian/Alaska Native (e)	9.9	14.8	8.7

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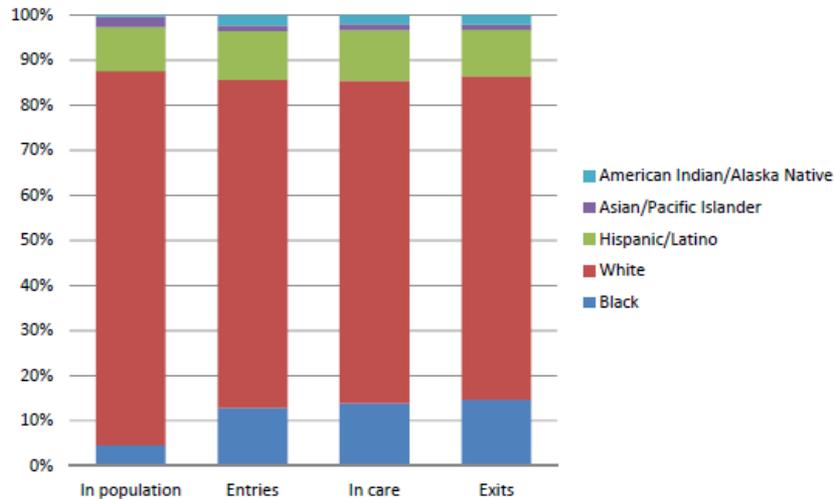
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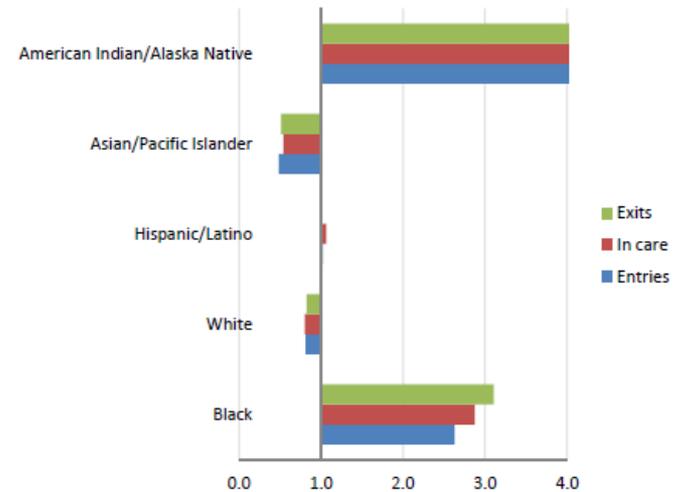
Race/Ethnicity Profile

Iowa

Race/Ethnicity of Children in Out-of-Home Care, 2013



Racial Disproportionality Index, 2013



Race/ethnicity breakdowns				
	Population	Entries	In care	Exits
African American/Black (a)	4.4%	11.4%	12.5%	13.5%
Caucasian/White (b)	80.0%	64.9%	64.2%	66.1%
Hispanic/Latino (c)	9.5%	9.6%	10.0%	9.4%
Asian/Pacific Islander (d)	2.2%	1.1%	1.2%	1.1%
American Indian/Alaska Native (e)	0.3%	2.1%	1.8%	1.9%
More than one race	3.6%	3.8%	4.4%	4.1%
Missing	0.0%	7.0%	5.8%	3.8%
Total	100%	100%	100%	100%

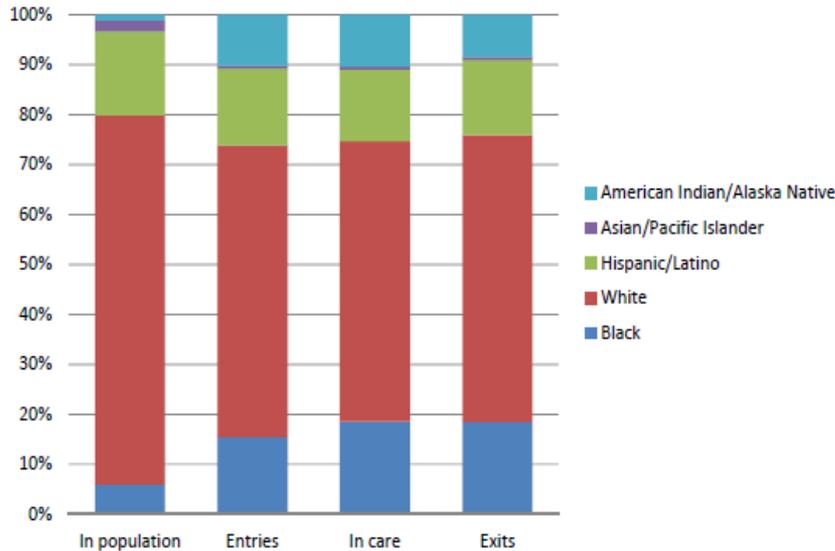
Racial Disproportionality Index			
	Entries	In care	Exits
African American/Black (a)	2.6	2.9	3.1
Caucasian/White (b)	0.8	0.8	0.8
Hispanic/Latino (c)	1.0	1.1	1.0
Asian/Pacific Islander (d)	0.5	0.5	0.5
American Indian/Alaska Native (e)	6.1	5.2	5.5

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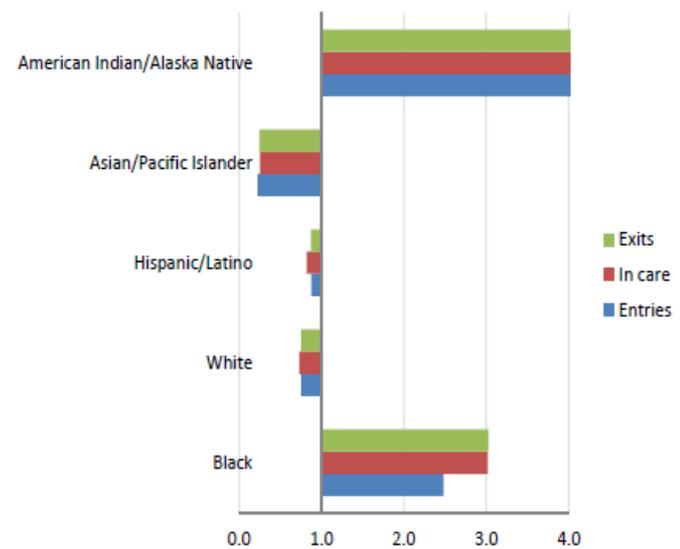
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Race/Ethnicity of Children in Out-of-Home Care, 2013



Racial Disproportionality Index, 2013



Race/ethnicity breakdowns				
	Population	Entries	In care	Exits
African American/Black (a)	5.7%	14.2%	17.2%	17.3%
Caucasian/White (b)	71.1%	53.6%	52.0%	53.6%
Hispanic/Latino (c)	16.1%	14.1%	13.2%	14.1%
Asian/Pacific Islander (d)	2.2%	0.5%	0.5%	0.5%
American Indian/Alaska Native (e)	1.1%	9.4%	9.6%	7.9%
More than one race	3.7%	4.0%	4.7%	3.9%
Missing	0.0%	4.2%	2.7%	2.7%
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African American/Black (a)	2.5	3.0	3.0
Caucasian/White (b)	0.8	0.7	0.8
Hispanic/Latino (c)	0.9	0.8	0.9
Asian/Pacific Islander (d)	0.2	0.3	0.2
American Indian/Alaska Native (e)	8.5	8.8	7.2

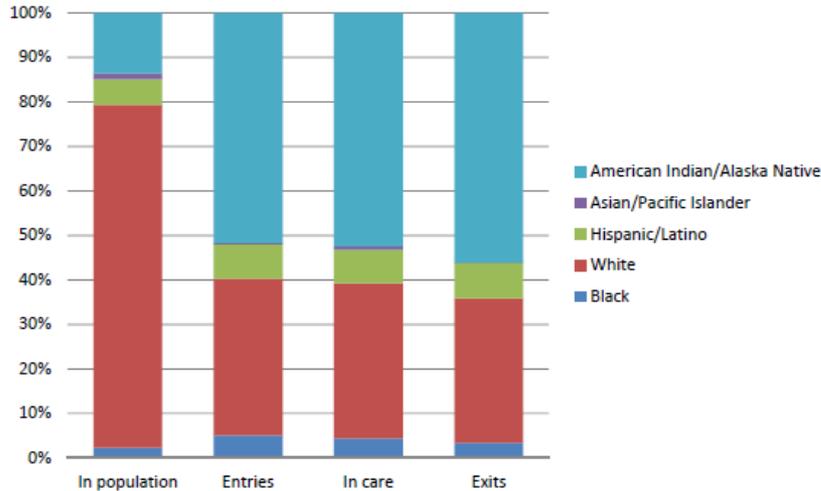
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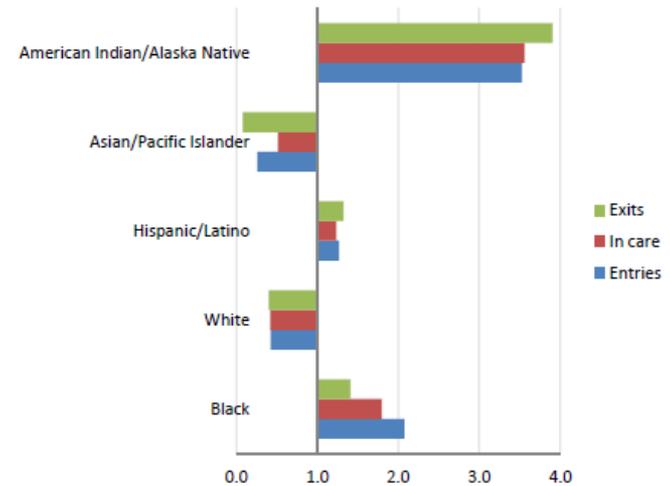
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Race/Ethnicity Profile
South Dakota

Race/Ethnicity of Children in Out-of-Home Care, 2013



Racial Disproportionality Index, 2013



Race/ethnicity breakdowns				
	Population	Entries	In care	Exits
African American/Black (a)	2.2%	4.5%	3.9%	3.1%
Caucasian/White (b)	73.8%	31.3%	30.9%	29.5%
Hispanic/Latino (c)	5.4%	6.9%	6.7%	7.2%
Asian/Pacific Islander (d)	1.3%	0.3%	0.6%	0.1%
American Indian/Alaska Native (e)	13.1%	46.0%	46.4%	51.0%
More than one race	4.2%	10.3%	11.4%	8.2%
Missing	0.0%	0.6%	0.0%	0.9%
Total	100%	100%	100%	100%

Racial Disproportionality Index			
	Entries	In care	Exits
African American/Black (a)	2.1	1.8	1.4
Caucasian/White (b)	0.4	0.4	0.4
Hispanic/Latino (c)	1.3	1.2	1.3
Asian/Pacific Islander (d)	0.3	0.5	0.1
American Indian/Alaska Native (e)	3.5	3.6	3.9

Disproportionality is the level at which groups of children are present in the child welfare system at higher or lower percentages or rates than in the general population. An index of 1.0 reflects no disproportionality. An index of greater than 1.0 reflects overrepresentation. An index of less than 1.0 reflects underrepresentation.

Source: Out-of-home care data from the Adoption and Foster Care Analysis and Reporting System, 2013 and 2013 population estimates from Census.gov.

(a) Children identified by the child welfare system as African American, non-Hispanic, and with only one race category. (b) Children identified by the child welfare system as White, non-Hispanic, and with only one race category. (c) Children identified by the child welfare system as having Hispanic origins; not a racial category. (d) Children identified by the child welfare system as Asian, which includes Hawaiian and Pacific Islander, non-Hispanic and with only one race category. (e) Children identified by the child welfare system as Native American, non-Hispanic, and with only one race category.



American Indian/Alaska Native
**BEHAVIORAL HEALTH
BRIEFING BOOK**

NCTSN

The National
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9/23/2015





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American Indian and Alaska Natives Communities Mental Health Facts

National Alliance on Mental Illness

- *Cultural differences exist in seeking mental health services and in reporting distress.*
 - An historical distrust of the outside population exists among many American Indian communities. Individuals tend to have negative opinions of non-Indian health service providers, and traditional healing is used by a majority of Native Americans.¹
 - Compared to the general population, AI/AN individuals tend to underutilize mental health services, have higher therapy dropout rates, are less likely to respond to treatment.¹
 - A study of adult American Indians of a Northwest Coast Tribe demonstrated little differentiation between physical and emotional distress.²
 - The words “depressed” and “anxious” are absent from some American Indian and Alaska Native languages. Different expression of illness, such as *ghost sickness* and *heartbreak syndrome*, do not correspond to DSM diagnoses.²
- *Living in a stressful environment has potentially negative mental health consequences.*
 - Approximately 26% of AI/AN live in poverty, as compared to 13% of the general population and 10% of white Americans.³
 - In the Northern Plains study, 61% of the children had experienced a traumatic event.²
 - The American Indian and Alaska Native population reports higher rates of frequent distress than the general population.²
- *High prevalence of substance abuse and alcohol dependence is tied to a high risk for concurrent mental health problems.*
 - Alcohol abuse is a problem for a substantial portion of the American Indian adult population, but widely varies among different tribes.²
 - The Great Smoky Mountain study found that though prevalence of psychotic disorders is similar among American Indian and Caucasian American youth in the same geographic area, there are significantly higher rates of substance abuse in American Indian children.²
 - A study of Alaska Natives in a community mental health center found substance abuse was the reason for 85% of men and 65% of women to seek mental health care.²
 - In a study of Northern Plains youth, of those diagnosed with any depressive disorder 60% also had substance disorders.²

- *The prevalence of suicide is a strong indication of the necessity of mental health services in the AI/AN community.*
 - Alaska Native males have had one of the highest documented suicide rates in the world.
 - Suicide rates are particularly high among Native American males ages 15-24, who account for 64% of all suicides by AI/AN individuals.²
 - A study of Eskimo children in Nome, Alaska found previous suicide attempts to be one of the most common problems for those seeking mental health care.²
- *Mental health services are available for the AI/AN community, but are in need of improvement.*
 - The Indian Health Service funds 34 urban Indian health organizations, which operate at 41 sites located in cities throughout the United States offering a variety of care including mental health services and alcohol and drug abuse prevention. Approximately 605,000 American Indians and Alaska Natives are eligible to utilize this program.⁴ However, only 1 in 5 American Indians reported access to this care in 2000.²

Country Child Trauma

Poverty and American Indian and Alaska Natives

- Native Americans have a higher poverty and unemployment rate when compared with the national average, but the rates are comparable to those of blacks and Hispanics. About one-in-four American Indians and Alaska Natives were living in poverty in 2012. Among those who identify as American Indian or Alaska Native as their only race, the poverty rate was 29.1% in 2012.

<http://www.pewresearch.org/fact-tank/2014/06/13/1-in-4-native-americans-and-alaska-natives-are-living-in-poverty/>

American Indian/Alaskan Native Economics and Poverty

- 29.9% of all families live below poverty line vs 18.8% for general population
- 48% of single female head of household live below poverty level vs 41% for general population of single female head of household
- 15.9% unemployment overall with 22.8% on reservation

Reasons for out of home placement—Child Maltreatment

- Increase in maltreatment
 - Increase in poverty
 - Lindsey (1991) & Pelton (1989)
 - Parental income is best predictor of child removal & placement
 - Majority of children in care from single-parent, low-income households

Ruth McRoy, PhD:

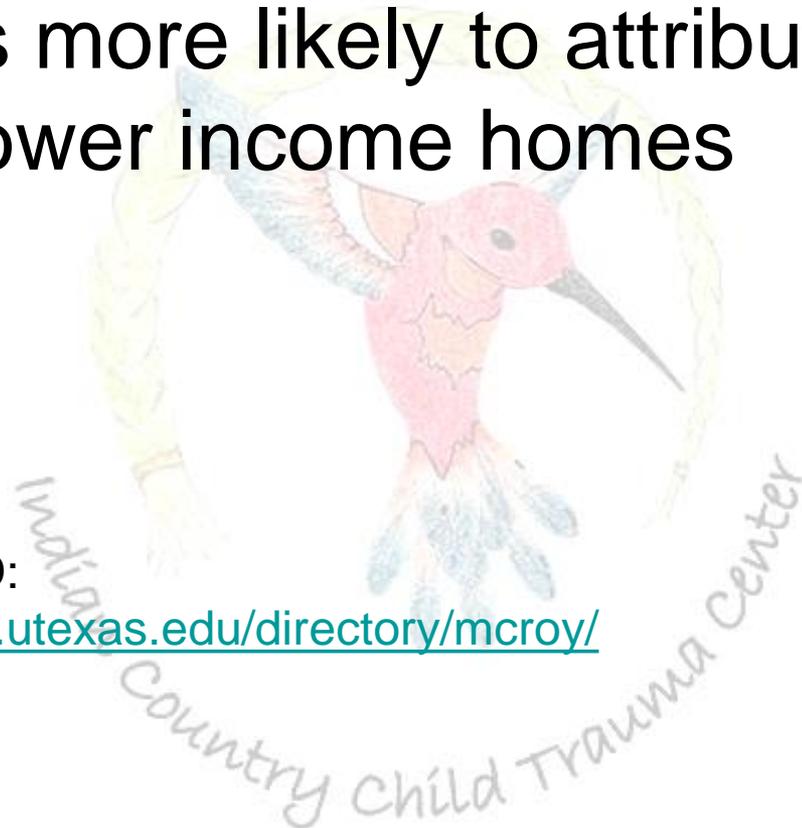
<https://socialwork.utexas.edu/directory/mcroy/>

Differential Attribution & Labeling Bias

- Physicians more likely to attribute injury to abuse in lower income homes

Ruth McRoy, PhD:

<https://socialwork.utexas.edu/directory/mcroy/>



Correlates of Out-of-Home Placement

- Poverty
 - Rates of child poverty rising
 - Impact of welfare reform
- Substance abuse
- Homelessness
- Aids
- Teen parenthood
- Violence
- Racism

Ruth McRoy, PhD: <https://socialwork.utexas.edu/directory/mcroy/>

Child in poverty is

- 26 times more likely to drop out of school
- 160 times more likely to give birth as a teen
- 18 times more likely to be killed by gunfire
- 60 times more likely to suffer reportable abuse or neglect
- 46 times more likely to be placed in foster care

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Substance Abuse

- Parental substance abuse
 - 42% of children who were victims of abuse & neglect
 - In 77% alcohol was the problem substance
 - In 23% cocaine was the problem substance
- Alcohol and drug related cases more likely to result in foster care placements than other cases (DHHS, 1999)
 - Black women more likely to be reported for prenatal substance abuse
 - more likely to have children removed

Ruth McRoy, PhD: <https://socialwork.utexas.edu/directory/mcroy/>

Impact of Other Systems on Child Welfare

- Economic system
- Criminal justice system
- Legal System
- Welfare System

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Intersections

- Reasons for disproportionality
 - Person- or community-centered
 - Agency-centered
 - Societal

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Person- or Community-Centered

- Child, Family, and Community
 - Location or residence
 - Poverty/uninsured/lack of resources
 - Lack of knowledge to access services/legal rights
 - Community or individual mistrust
 - Visibility hypothesis—visibility might propel into foster care or lack protections
- Jenkins, Diamond, Garland, et.al

Ruth McRoy, PhD: <https://socialwork.utexas.edu/directory/mcroy/>

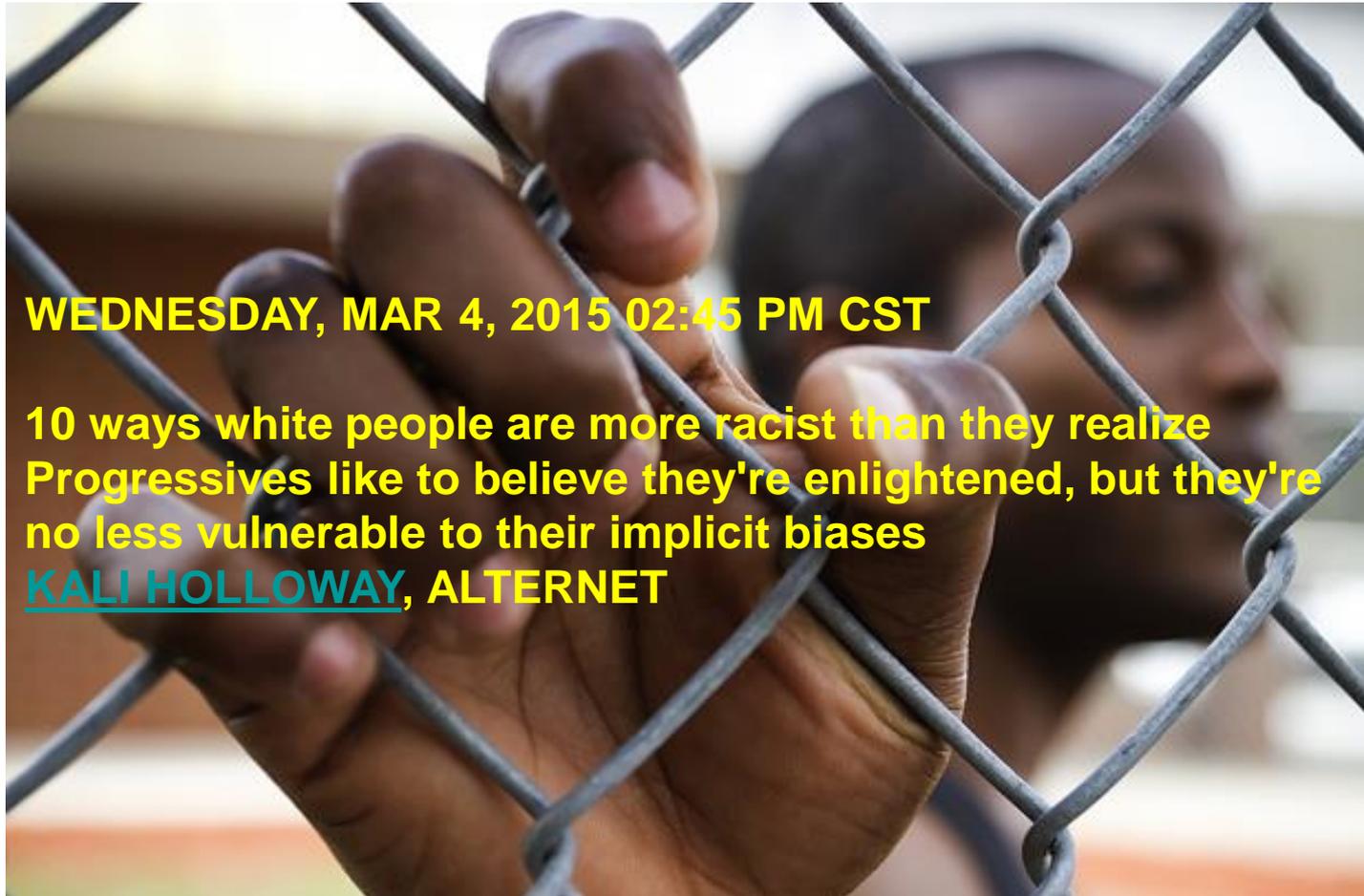
Agency-Centered

- Lack of culturally responsive services
- Lack of Minority staff
- Lack of accessible locations
- Failure to reach population
- Decision making
- Myths/stereotypes about ethnic minority families

Ruth McRoy, PhD: <https://socialwork.utexas.edu/directory/mcroy/>



Racism



WEDNESDAY, MAR 4, 2015 02:45 PM CST

**10 ways white people are more racist than they realize
Progressives like to believe they're enlightened, but they're
no less vulnerable to their implicit biases**

KALI HOLLOWAY, ALTERNET

Other Factors

TUE SEP 02, 2014 AT 10:05 PM PDT

70% of Americans Biased Against Black People (Harvard Study You Can Do, Ramifications). Discuss!

by [jplannerFollow](#)

-
-

• [23 Comments / 23 New](#)

The fascinating Implicit Associations tests pick up knee-jerk, subconscious biases. Harvard has ongoing online research using these tests, which thousands of people have taken. Anyone can participate through an easy process. You can investigate your own biases as well as support their very important research into these issues. My own result for the racial bias (and age bias) tests I took a few months ago were surprising to me, even though I thought I knew where I stood in my biases. Here is the link to the test: <https://implicit.harvard.edu/...>

Changes Result From

- Legislation
- Court cases—class action suits/civil rights
- Media attention to institutional discrimination
- Governmental reports
- Mandated changes in training for judges, workers, other staff

Ruth McRoy, PhD: <https://socialwork.utexas.edu/directory/mcroy/>

Challenge

- Acknowledge intersystemic disparities
- Child protection or Compliance with ICWA
 - Promoting children's welfare
- Limited infrastructure for tribes
- Limited ability for tribes to equally have diverse and viable economic/taxation/ income generating enterprises
- Unfunded federal mandates
- Challenges to tribal sovereign
- Tribal-State Consultation

The ACE Study

Kaiser Permanente
Department of Preventative Medicine

- 58,000 annual medical, psychological and bio-social member evaluations
- 18,000 volunteers studied (average age = 55)
- 8 categories of adverse childhood experiences:
 - Abuse
 - Physical, Emotional, Sexual
 - Household (Family) Dysfunction
 - Someone in prison
 - Mother treated violently
 - Alcoholic or drug abuser
 - One birth parent lost for any reason
 - Someone chronically depressed, mentally ill or suicidal

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Traumatic Stress Network



American Indian/Alaskan Native Economics and Poverty

- 10.53% of the WIC participants
- 1.2% of TANF participants
- 3.2% of SNAP participants
- 56% live with adult children, grandchildren and share child care responsibilities

Deaths and Related Injuries

- Leading causes of death AI/NA:
 - age 1-4 -- accidents/homicide
 - age 4-15 -- accidents/homicide
 - age 15-24 -- accidents/suicide/homicide
 - age 25-44 -- accidents/chronic liver disease and cirrhosis/suicide/homicide

Incarcerated American Indian Youth

- AI Youth comprise 0.9% of the national youth population (Coalition for Juvenile Justice, 2004)
- In 1994, 60% of incarcerated young offenders under federal jurisdiction were AI (Coalition for Juvenile Justice, 2004)

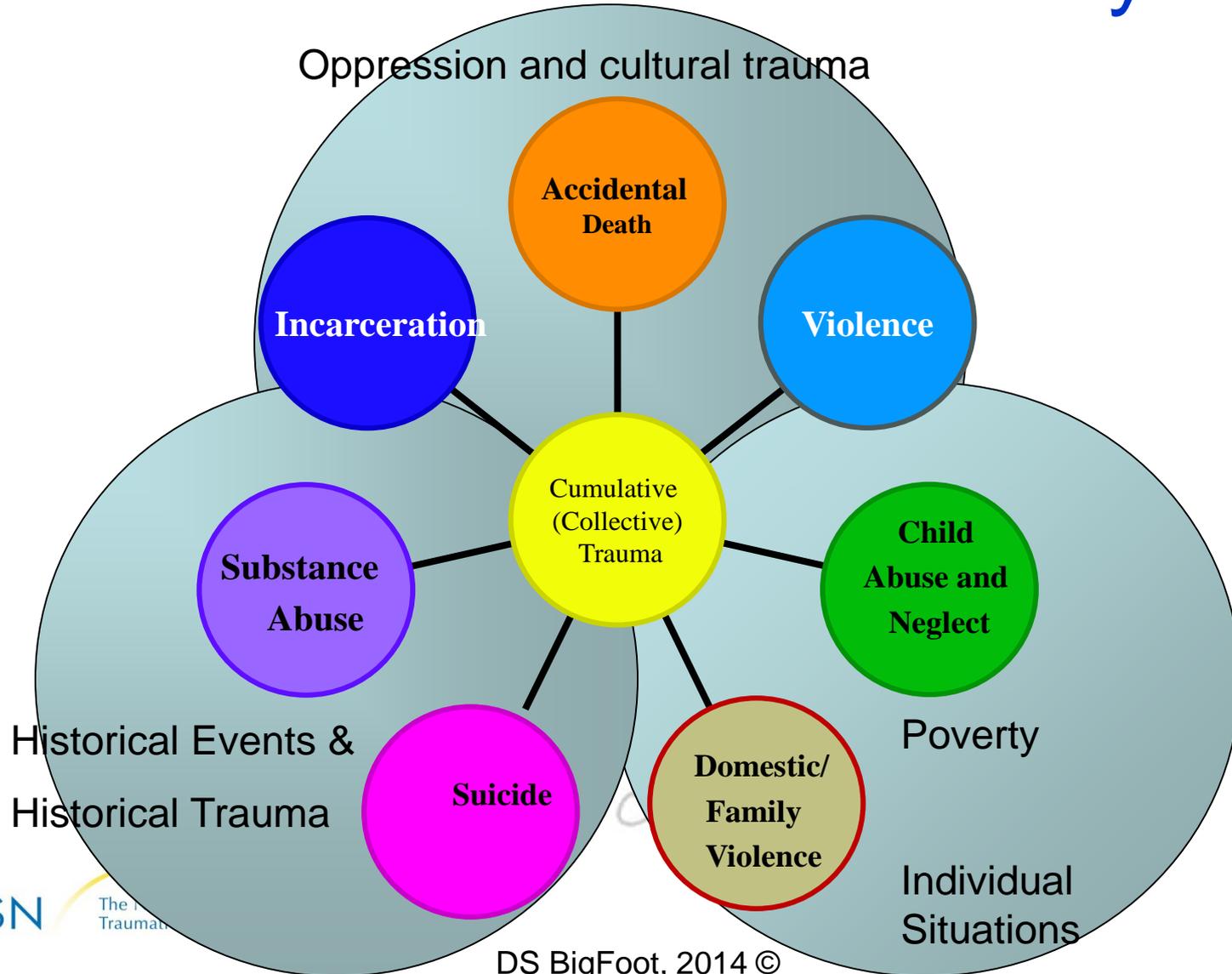
Child Maltreatment and Trauma

- American Indian and Alaska Native families had the highest re-referral rates for sexual abuse, physical abuse, and neglect relative to other ethnic categories (Stevens et al., 2005)
- AI/AN children make up less than 1% of the total child populations, but represent 2% of the children in foster care
- One substantiated report of child abuse or neglect occurs for every 30 AI/AN children

Suicide in Indian Country

- AI/AN between ages 15-24 have highest rates than other age range or ethnic group
- Males age 15-24 account for 64% of all AI/AN suicides (CDC, 2004)
- American Indian youth, 12 and over have higher risk of committing suicide than being murdered (US DHHS, 1999)
- 50-60% of those suicides used a firearm

Trauma in Indian Country



Vulnerability of American Indian and Alaska Native Children and Youth (ACE Comparison)

- Physical abuse status. American Indian and Alaska Native children are over represented in the foster care system due to child maltreatment (Hill 2006).
- Emotional abuse (higher rates of disruptive behavior and substance use disorders than other same age children and youth, Beals 1997)
- Sexual abuse (Rates of sexual victimization)
- Alcohol and/or drug abuser in household (National statistics reveal that 13% of AI/AN adults are drug dependent, compared to 9 for nonAI/AN, SAMHSA 2009)

Vulnerability of American Indian and Alaska Native Children and Youth (ACE Comparison)

- Incarcerated household member (American Indian and Alaska Native adults have a 38% higher incarceration rate than other groups (Smith 2008), this does not address the number of incarcerated American Indian and Alaska Native juveniles in state and federal custody and the number of American Indian and Alaska Native adults on probation, parole, or under the custody of law enforcement in other legal status retention).

Vulnerability of American Indian and Alaska Native Children and Youth (ACE Comparison)

- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal (American Indians and Alaska Natives have the highest rate of suicide for all groups; in addition, they lead the nation in death due to injuries and homicides. It is understandable that this is correlated with high levels of depression, anxiety, and Post Traumatic Stress Disorder (Center for Disease Control, 2004; National Center for Health Statistics 2007)

Vulnerability of American Indian and Alaska Native Children and Youth (ACE Comparison)

- Mother is treated violently (American Indian and Alaska Native women experience the highest rate of violent assaults and other levels of violence with a rate that is 50% higher than Black males, BJS, 2003)
- One or no parents (53% living with one parent, National Kids COUNT program 2009)

Vulnerability of American Indian and Alaska Native Children and Youth (ACE Comparison)

- Emotional or physical neglect (According to the National Indian Child Welfare Association, American Indian and Alaska Native children have the highest rate of neglect for all populations, Earle & Cross, 2001)

Indian Country Child Trauma Center

Physical Impacts

- Avoidance
- Hyperarousal
- Hypervigilance
- Sleep Difficulties
- Poor Coping
 - Risk-Taking
 - Substance Abuse
 - Self-Injury

Emotional Impacts

- Fear
- Sadness
- Anger
- Anxiety
- Shame
- Emotional Dysregulation
- Numbing/Emotional Disconnect

Relational Impacts

- Isolation
- Trouble developing/
maintaining healthy
interpersonal
relationships
- Violence/Aggression
- Bullying
- Sexualized Behaviors

Common Diagnoses

- PTSD
- Depressive disorders
- Other anxiety disorders
- Comorbidity is common
 - Oppositional Defiant Disorder

Complex PTSD:

- Affective dysregulation
- Interpersonal difficulties
- Self-esteem issues
- Self-injurious behaviors

Complex PTSD

- Affective dysregulation
- Interpersonal difficulties
- Self-esteem issues
- Self-injurious behaviors

Individual Resiliency

Better decision making

Screening

Life Skill Training

Relaxation Skills

Coping Skills

Communication/Expressive

Language

Friendship Skills



Family Resiliency

- Supportive
- Daily rituals/engagement
- Communication
- Patience
- Meals
- Morning Greetings
- Praying together
- Laughter
- Supervision/monitoring
- Checking in
- Conflict Resolution

Community Resiliency

- Resources
- Identified Helpers/Healers/Providers
- Screening
- Risk Assessment
- Trauma Informed
- First Responders
- Safe Places
- Schools
- Churches
- Bullying Prevention

Tribe Resiliency

- Cultural Identity
- Structured Activities
- Language
- Role Modeling
- Resources
- Cultural Teachings
- Ceremony
- Images
- Harmony, Balance, Respect

Prevention/Intervention

- Training
- Screening – Risk Assessment
- Skill Building
- Surveillance/data collection
- Intervention
- Postvention
- Community mobilization

Why Focus American Indian and Alaska Native Cultures?

- Indigenous cultures of America
- Over 650 Federally Recognized Tribes
- Many State Recognized Tribes
- Other Indigenous Nations seeking tribal status
- American Indian people are culturally diverse, and many aspects of world view differ from majority culture
- There have been significant concerns raised about how well current Evidence Based Treatments (EBTs) fit American Indian culture, but these concerns are rarely put to the test

Three Main Themes for Direct Services

- Effectiveness. EBTs, even unadapted EBTs, often do not have major inherent cultural relevancy problems. In fact, they may have inherent advantages compared to usual care
 - Example from SafeCare trial with American Indian Parents
- Adaptation. Cross-mapping elements between EBTs and traditional cultural practices is possible without doing violence to either
 - Example from Honoring Children/TF-CBT development
- Dissemination and Implementation. Cultural adaptations may be important for adoption, training and implementation, system penetration, acceptance, meaningfulness, and client engagement
 - Example from Project Making Medicine dissemination/implementation

Full Trial and American Indian Subpopulation Study

Full Trial Population

- N = 2,175
- 91% female
- 3 children, 76% preschool age child
- 82% below poverty line
- Average of 5 prior child welfare reports (90% for neglect)
- 40% with physical abuse history, 41% with sexual abuse history, 22% with history of being removed from their home as a child

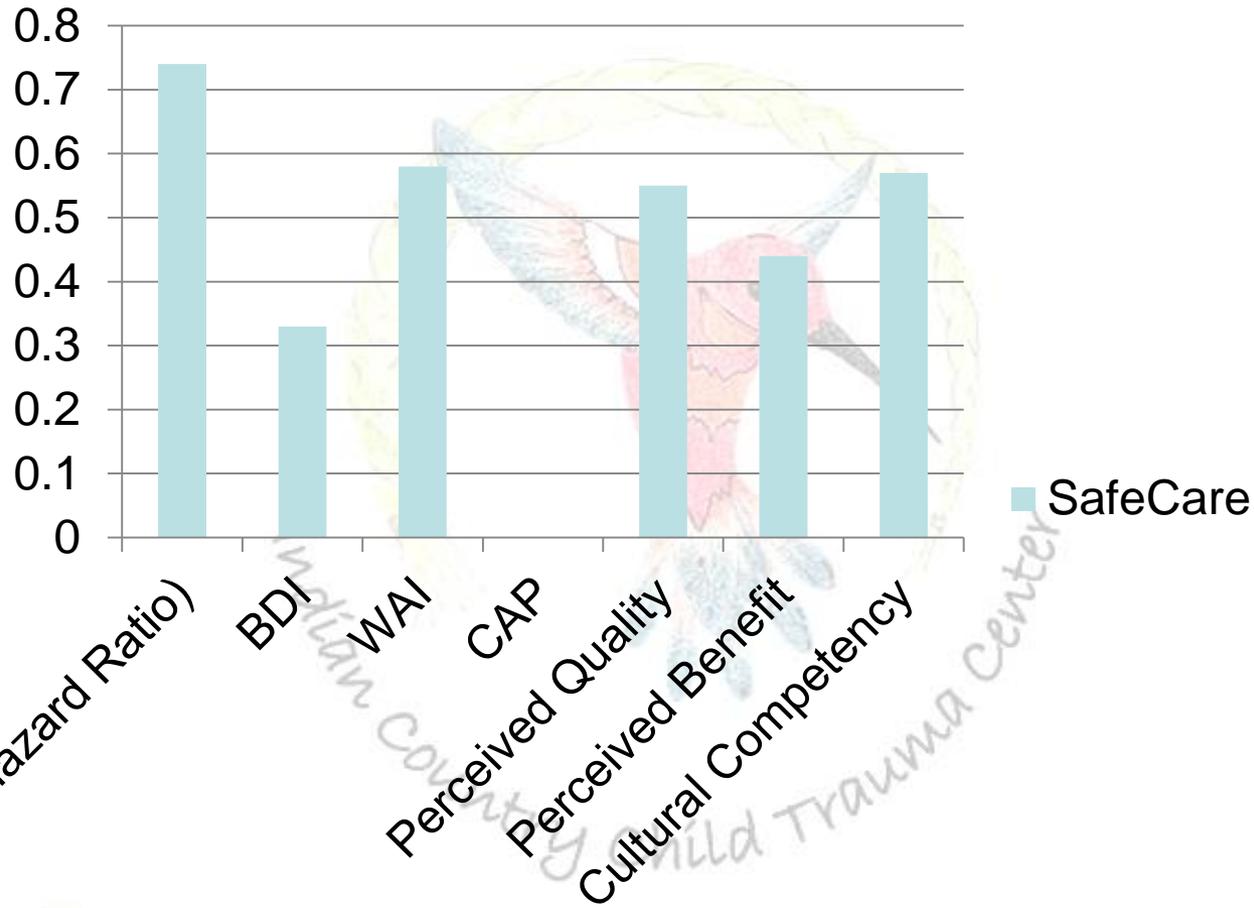
American Indian Subpopulation

- N = 354
- 94% female
- 3 children, 78% preschool age child
- 80% below poverty line
- Average of 3 prior child welfare referrals (93% for neglect)
- 43% with physical abuse history, 41% with sexual abuse history, 26% with history of being removed from their home as a child

American Indian Subpopulation Strategy

- SafeCare condition—unadapted, unmodified
- Usual Care condition—identical service program, except did not incorporate SafeCare materials and content
- Six-year child welfare recidivism outcomes
 - Adjusted using time-series projections within agencies
 - Adjusted for county level reporting tendencies
- Comparisons on constructs related to cultural relevance
 - Client report of cultural respect, working alliance, service satisfaction, and proximal psychometric outcomes (depression, child abuse potential)
- Covariate control and propensity stratification applied to manage imbalances

Effect Sizes (in favor of SafeCare vs. Usual Home Based Services)



Main Themes—EFFECTIVENESS

- Effectiveness
- The unmodified EBT yielded child welfare recidivism reductions identical in size to those found among predominantly majority culture parents
- The EBT is perceived by AI parents as more engaging and more culturally competent
- This replicates similar findings about cross-cultural use of EBTs outside child welfare or child neglect populations

Developing the Honoring Children-Mending the Circle (HC-MC) Model

- A manualized model that crosswalks elements of traditional healing with Trauma-Focused CBT (TF-CBT) for treating children with traumatic stress related problems
- Stakeholders in the Development Process
 - Cultural Teachers
 - Ceremonial/Traditional Helpers and Healers
 - Behavioral Health Providers
 - Community Members
 - Consumers and Family Members
 - TF-CBT Experts

Crosswalk Mapping Between Honoring Children-Mending the Circle and TF-CBT

TF-CBT

- Trauma Narrative →
- Protocol and Structure →
- PsychoEducation →
- Cognitive Triangle →
- Parent Education →

HC-MC

- Story Telling
- Ceremony
- Traditional Teachings
- Circle. Medicine Wheel
- Relational Focus

Example of a HC-MC Family Component Worksheet Using Circle

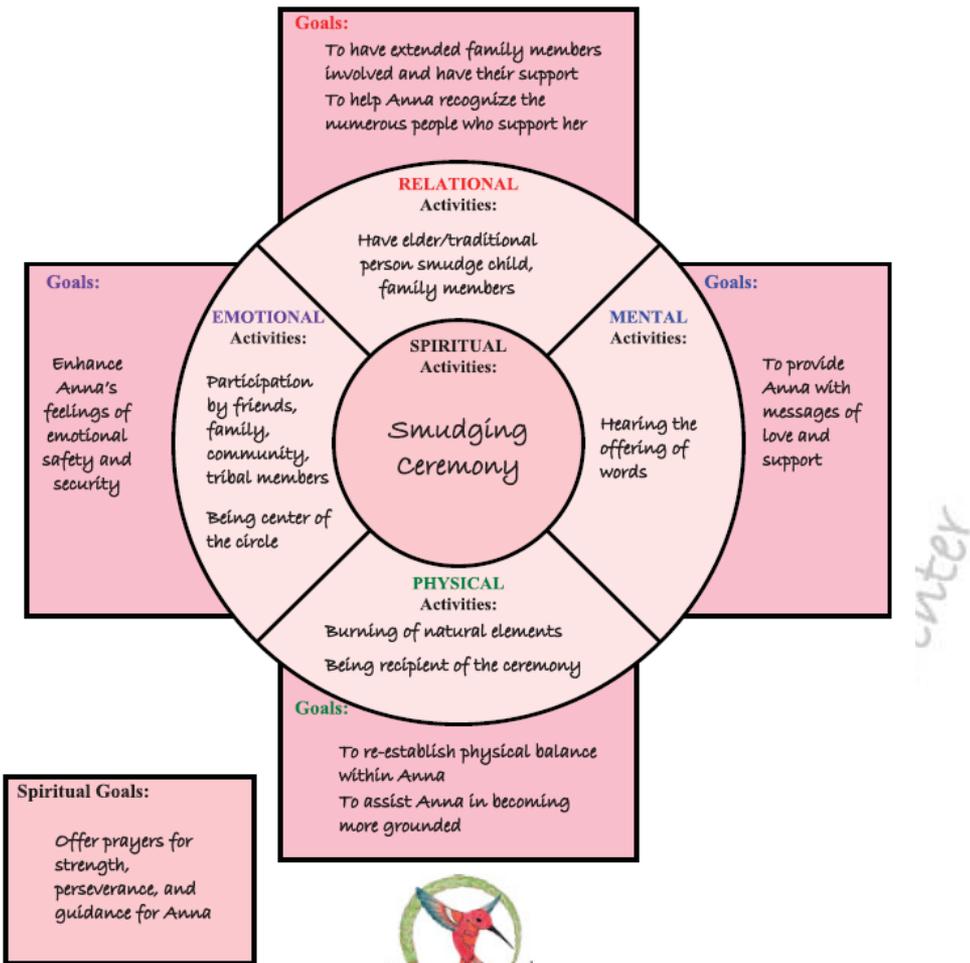


Figure 1. Honoring Children, Mending the Circle: Component worksheet is illustrated.

Example of a HC-MC Crosswalk with Psycho-Ed for Exposure Using Traditional Teachings

Millions of buffalo once roamed the Great Plains. As is common then, and still common today, tumultuous thunderstorms covered the landscape from early spring into the hot summer months. We are familiar with those raging, darkening storms. Out in the open plains, what did the buffalo do? Did they huddle together (freeze)? Did they run away from the storm (flight)? Or did they turn toward the storm and run into it (fight)?

By facing the storm, they find themselves quickly passing through it. We have a choice in life with all the storms that we encounter: we can spend our time and energy running from our trials, or we can be like the buffalo, facing life's trials, and passing quickly through them.

Main themes--ADAPTATION

- Adaptation Lessons learned with AI cultural adaptations of EBTs (TF-CBT, PCIT) suggests
 - There are core commonalities between the elements of American Indian healing traditions and the fundamental elements of many EBTs
 - Bidirectional mapping between EBTs and traditional healing concepts is feasible
 - The resulting adapted models may look and feel very different, but beneath the surface there are shared fundamentals

Scope of Dissemination and Implementation



Main Themes —DISSEMINATION AND IMPLEMENTATION

- Implementation Lessons learned with cultural adaptations suggest that adaptation facilitates uptake and buy-in at the case, provider, agency and community levels and creates a better sense that the model “fits” and is welcomed into the context
- Cultural competency/integrity is not only (or even mostly) a characteristic of treatment models. It is also a characteristic of individual providers, agencies, training approaches, implementation strategies, quality control strategies, service delivery systems and the broader community context

When a Child May Benefit From Therapy

Seek help for a child if you notice the following:

- Fear and anxiety about what happened
- Deliberately hurting themselves or other people
- Refusal to go to school
- Other changes in mood or behavior that concern you
- Significantly increased physical complaints (e.g. stomachaches, headaches)
- Reports from teachers about an increase in disruptive behaviors, dropping grades or zoning out in class

Treatment of Trauma with American Indian Children

Culturally Adapted Evidenced Based Treatments



Trauma is a part of the circle of life. There is a long history of trauma in American Indian and Alaska Native families, communities, and Nations.

Trauma is like a roadblock or burden in our path. Healing is the way to make the roadblock or burden more manageable or to make it go away completely.

Healing means that the circle is whole again. One must know how to change one's thinking, feelings, and beliefs about a traumatic experience in order to regain balance or harmony. Knowing you are part of the Circle allows you to connect with others and understanding the circle helps you recognize you are not alone.



Honoring Children Series

Mending the Circle

Trauma Focused Cognitive Behavior Therapy

Making Relatives

Parent Child Interaction Therapy



Indian Country Child Trauma Center



Honoring Children in the Circle Way

There is the eternal belief among the Indigenous Peoples of this Great Turtle Island that each walks a sacred path occupied by both spirit and reasoning. That there is a purpose for the journey from the First World into the Second World and into the Third World followed by a Fourth World. That there is order and structure to the beginning of human beings, and a need for understanding where we come from, why we are here, and where we are going. We also recognize that we do not walk this path alone and that we have many relatives who walk with us. Families are an essential feature of this sacred path.



Indigenous Pathway

Practice Based Evidence

- Identification of Indigenous practices that are Healing
- Identification of Indigenous ways of explaining the world
- Identification of Indigenous ways of explaining how things happen
- Identification of Indigenous ways of explaining when things do not go well

Practices that teach Sacredness

Practice Based Evidence

- Teach that wellness is spiritual, emotional, mental, physical, and relational balance and that these are all interconnected aspects of ourselves
- Help the individual to draw upon traditional healing practices to assist moving forward toward spiritual balance
- Help instill an enthusiasm for life, a sense of hope, and a willingness to meet new challenges
- Increase sense of self-identity, self-worth, self knowledge



Trauma-Focused Cognitive-Behavioral Therapy

A hybrid treatment model that integrates:

- Trauma sensitive interventions
- Cognitive-behavioral principles
- Attachment theory
- Developmental neurobiology
- Family therapy
- Empowerment therapy

NCTSN

The National Child
Trauma and Stress Network

▪ Humanistic therapy



Child Welfare Series • March 2011

Creating Trauma-Informed Systems of Child Welfare

This is the third issue in a series focusing on trauma and child welfare. This issue addresses systems-level changes that can help improve communication and service delivery and ultimately reduce trauma for children. The pool of literature pertaining to trauma-related systems change is limited. However, the National Child Traumatic Stress Network (NCTSN) has identified several Essential Elements of Trauma-Informed Child Welfare Practice (http://www.nctsn.org/nctsn_assets/pdfs/CWT3_SHO_EEs.pdf). They are —

- Maximize the child's sense of safety
- Assist children in reducing overwhelming emotion
- Help children make new meaning of their trauma history and current experiences
- Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships
- Coordinate services with other agencies
- Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services
- Support and promote positive and stable relationships in the life of the child
- Provide support and guidance to the child's family and caregivers
- Manage professional and personal stress

To better understand how child welfare systems are incorporating these elements into their work, representatives from three different geographical areas were interviewed for this issue. Respondents represent different areas of expertise and utilize different lenses from

which they view the child welfare system. Respondents were chosen because of their perspectives about what trauma-informed child welfare looks like as well as their knowledge of specific practices related to assessment, reducing traumatic symptoms, coordination of services, and public policy. This issue illustrates how child welfare systems are changing to better meet the trauma needs of children, with specific attention to policies and practices in Minnesota.

Charles Wilson, MSSW, is Executive Director of the Chadwick Center for Children and Families. Lisa Conradi, PsyD is Clinical Psychologist at the Chadwick Center and Project Manager of the NCTSN SAMHSA Grant at the Chadwick Center for Children and Families. Erika Tullberg, MPH, served as the Executive Director of Clinical Systems and Support in New York City, and is currently Administrative Director of the Administration for Children's Services New York University Children's Trauma Institute. Erika and Charles also serve as Co-Chairs of the National Child Traumatic Stress Network (NCTSN) Child Welfare Committee. Erin Sullivan-Sutton, JD, is the Assistant Commissioner of Children and Family Services at the Minnesota Department of Human Services. Christeen Borsheim, MPA, is the Director of the Child Safety and Permanency Division at the Minnesota Department of Human Services.



Effective Approaches

- Policy Development
- Intervention(s)
- Interventionist(s)/Practitioner(s)
- Training/Professional Development
- Administrative Support
- Implementation Strategies/Benchmarks
- Evaluation/Reassessment

Interventions

- Trauma Focused Cognitive Behavior Therapy
- Parent Child Interaction Therapy
- Treatment of Child with Inappropriate Sexual Behavior
- American Indian Live Skills Curriculum
- Motivational Interviewing

In the Circle Way: Teachings of the Spirit

- Know that you are Sacred
- Know that you are Honored
- Know that you are Prayed for
- Know that Others gave offerings in your behalf
- Know that you are Not Alone
- Know that you were Known before you came to this place
- Know that you have Choices
- Know that you have a Name
- Know that many know your Name
- Know that when you reach, you are also reaching toward others

center

Indian Country Child Trauma Center
University of Oklahoma Health Sciences Center
(405) 273-5555
www.icctc.org



NCTSN

The National
Child Traumatization

9/23/2015



96

Our grandparents, elders, and ancient ones have long prayed and offered sacred words to the Creator to watch over all things from the past, the present, and the future.

We are taught to pray for all things because we are all connected. The air we breathe comes from the trees. The food we eat comes from the earth. The rain that cleanses us comes from the sky.

Through sacred words comes healing from the past, strength for the present and hope for the future.



The National Child
Traumatic Stress Network

9/22/2015

BigFoot & Schmidt 2007 ©
Honoring Children, Mending the Circle

(BigFoot, D. S. 2015)



All My Relations

People, animals, and land are all connected. All living things are sacred. "It is a place grown intense and holy. It is a place of immense community and of humbled solitude; we sit together in our aloneness and speak, one at a time, our deepest language of need, hope, loss, and survival. We remember that all things are connected."

Linda Hogan

http://www.cdc.gov/ViolencePrevention/pdf/ASAP_Suicide_Issue3-a.pdf

Protective Factors v Risk Factors In American Indian and Alaska Native Communities

Protective Factors: (belonging)

- sense of connection to others among youth was an important part of suicide prevention activities. (Borowsky et al., 1999; Dexheimer-Pharris et al., 1997),

Risk Factors: (excluding)

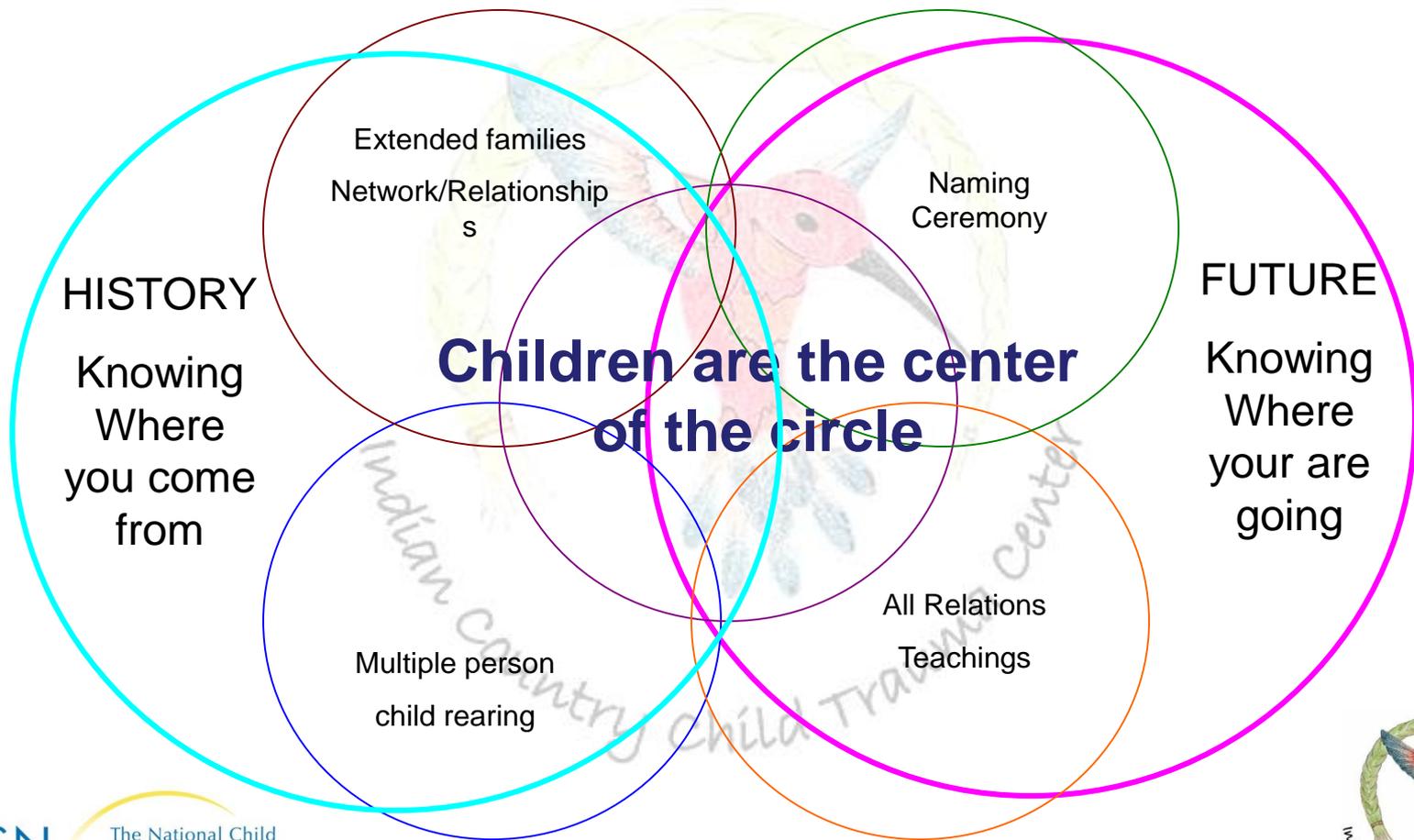
- sense of alienation is a risk factor for suicide among American Indian youth (Walls, Chapple, & Johnson, 2007).
 - coercive parenting,
 - caretaker rejection,
 - negative school attitudes,
 - perceived discrimination,

Sense of connection to others

- Caring and available adults
- Positive peer relationships
- Storytelling

Final Report, GLS Tribal Grantee 2013

Circles + Connectiveness



Cheyenne Creation Story

Every tribe has a creation story that tells of their origin, how they came to be, and what was helpful behaviors that lead them forward. Many tribal websites have posted their creations stories that share the wisdom of their history, the important teachings, or other understandings about life. One creation story of the Cheyenne is the naming that is given to recognize and help that individual be grounded in knowing who they are, where they came from, why they are here, who their relatives are, who was there before them and who will come after them. In other words, a sense of belonging and connectiveness. I beg pardon from the Cheyenne people if my words do not covey all the meaningfulness of naming

Naming Ceremony among the Cheyenne People and Connectiveness

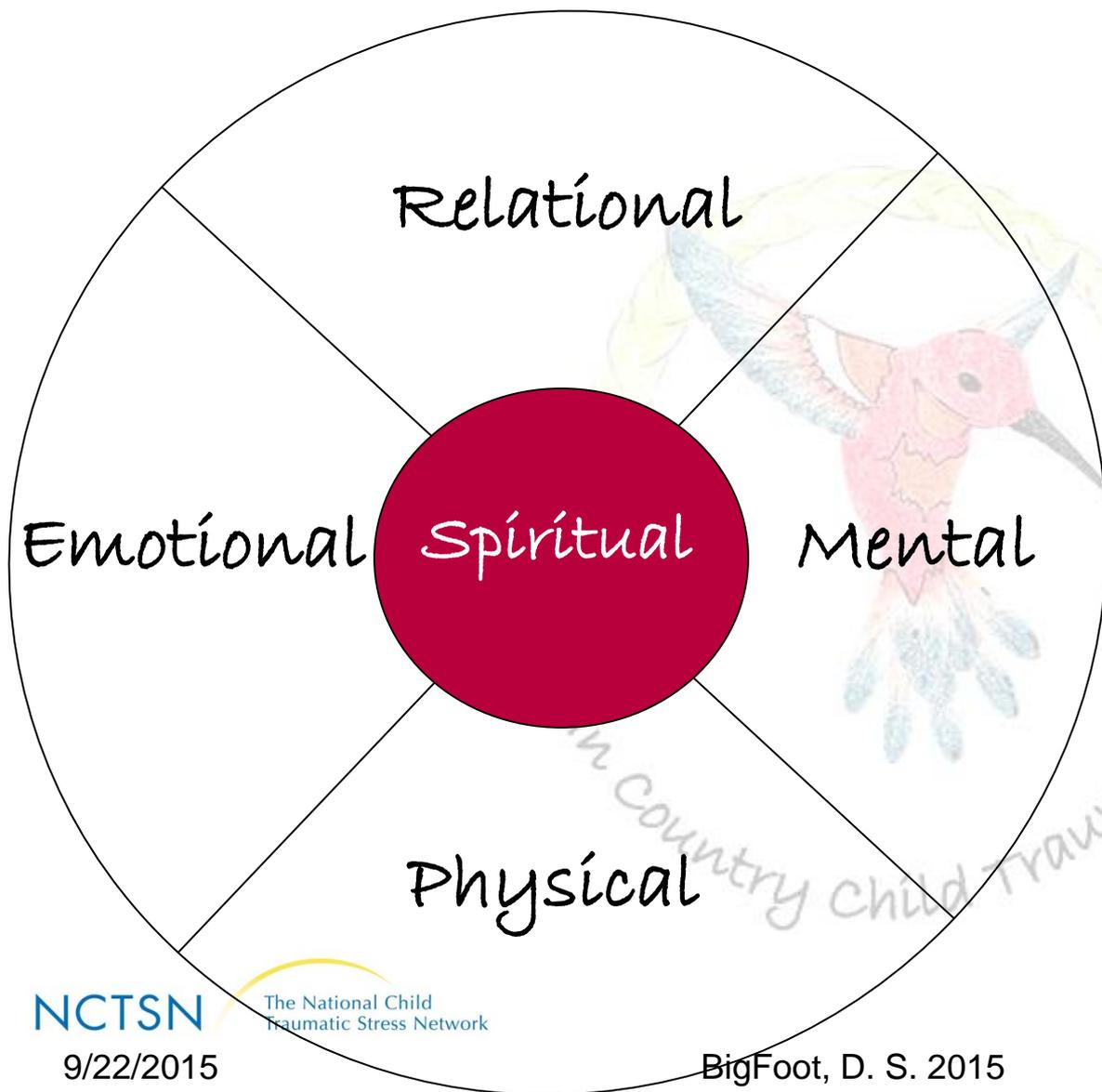
Naming allows a person to participate in a ceremony of belonging, of recognition, of connectiveness, of identity, of history, of gratitude, of grounding, and hopefulness. Giving a name requires knowing where the name came from, who carried the name before, the meaning of the name, where and who gave it, what is the expectation about the name, when and where it will be used whether in daily conversations, in ceremony, or in other sacred ways. Even the place and timing of the name giving can be important in sharing the story of the new identity and new way of viewing the world. It can be the unfolding of a new life, a new creation story for that person. An in each passing day that person can share his story with others, and gain strength in knowing many are there in support of his new life.

Based on the Teachings of Cheyenne Chief John L. Sipe

American Indian and Alaska Native Orientation to Model of Well-Being

Well-being is considered balance in the spiritual, emotional, mental, physical, and relational dimensions of a person. The goal is to achieve and maintain balance.

Model of Well-Being



- Balance
- Harmony
- Respect
- Connectedness
- Wellness

It Starts With Me

As a parent I can...

- **Greet my child each morning by name**
- **Have one family sit-down meal each day**
- **Read to my child each day**
- **Let my child hear me pray each day**



Governor Dayton Issues Executive Order to Strengthen Tribal Relationships with State Government Agencies

Executive Order 13-10 directs state agencies to implement tribal consultation policies

August 08, 2013

MAHNOMEN, MN – Joined by tribal leaders today in Mahnomen, Governor Mark Dayton signed Executive Order 13-10 directing state government agencies to implement new tribal consultation policies aimed at improving relationships and collaboration with Minnesota's eleven Tribal Nations. The Executive Order was written in consultation with tribal leaders, and requires that:

1. Specified state agencies will develop and implement tribal consultation policies;
2. State agencies will consult with Tribes on issues that affect American Indians;
3. Agencies will designate a staff member to be their points-of-contact on tribal issues; and
4. Agencies will provide training for designated staff who work with American Indians.

Executive Order 13-10, in its entirety, reads as follows:

Affirming the Government –to-Government Relationship between the State of Minnesota and the Minnesota Tribal Nations: Providing for Consultation, Coordination, and Cooperation; Rescinding Executive Order 03-05

Benefits

- Creates opportunities to deal with sovereignty and jurisdictional issues in a government-to-government manner
- Establishes agency-tribal relationships
 - Builds bridges and creates trust
 - Promotes partnerships
- Promotes a better understanding and familiarity of tribal governments
- Focus on building capacity and capability of all participating Federally-Recognized Tribes.

Next Steps?



Resources

www.icctc.org

www.oneskycenter.org

<http://www.ccan.ouhsc.edu>

www.ncsby.org

<http://www.nativeaspirations.org/login.cfm>

Action Alliance for Suicide Prevention AI/AN Task Force

<http://actionallianceforsuicideprevention.org/task-force/aian>

AI/AN National Suicide Prevention Strategic Plan

<http://www.ihs.gov/behavioral/documents/AIANNationalSPStrategicPlan.pdf>

NPAIHB Media Campaign including Suicide and Bullying Prevention materials.

http://www.npaihb.org/epicenter/project/mspi_prevention_media_resources/

Print materials targeting veterans including some developed for AI/AN veterans.

<http://www.veteranscrisisline.net/materials/>