

American Indian and Alaska Native Children

Honoring Children—Mending the Circle

DOLORES SUBIA BIGFOOT
SUSAN R. SCHMIDT

OVERVIEW AND DESCRIPTION OF POPULATION

Commonly referred to as the Great Turtle Island, what is now known as the United States of America includes more than 650 federally recognized tribes and native villages, with the majority of American Indians and Alaska Natives living in the western states and in nonreservation areas (Bureau of Indian Affairs, 2008). Indian Country is legally defined to include American Indian reservations, select American Indian communities, Alaska Native villages, rancheros, and all American Indian allotments (BigFoot & Braden, 1999). Many extend this definition to include all Indigenous people served through tribal or Native organizations or service systems, including those living in rural or off-reservation sites, in urban areas surrounding or adjacent to reservation lands, and in communities with a substantial American Indian/Alaska Native population within the continental United States (BigFoot & Schmidt, 2009).

Historical events and federal policies have dramatically affected the lives of American Indians and Alaska Natives. The military action, missionary efforts, the Federal Indian Boarding School Movement, the Dawes Act, the Indian Self-Determination and Education Assistance Act, and the

Indian Child Welfare Act forever changed the economic, physical, and social lives of American Indian/Alaska Native people (BigFoot, 2000; Manson, 2004). Policies of the federal government forced once self-reliant and self-sufficient Tribes/Indigenous people toward removal, relocation, isolation, and in some cases termination and extinction, resulting in social, economic, and spiritual deprivations. Over the past 200 years, American Indian and Alaska Native people have suffered from a lack of education, unemployment and economic disadvantage, family disorganization, and personal despair (Manson, 2004). Approximately 26% of American Indian/Alaska Native live in poverty compared with 13% of the general population and 10% of European Americans (National Child Abuse and Neglect Data System [NCANDS], 2002). Single-parent American Indian/Alaska Native families have the highest poverty rates in the country.

Violence is an all too common occurrence in Indian Country. The yearly average rate of violent crimes among American Indians and Alaska Natives is 124 per 1,000, almost more than 2½ times greater than the national rate (Bureau of Justice, 2004). American Indian/Alaska Native women report more domestic violence than men or women of any other race (Centers for Disease Control and Prevention [CDC], 2004). One study found that American Indian/Alaska Native women were twice as likely to be physically or sexually abused by a partner as non-American Indian/Alaska Native women (CDC, 2004). The incidences of repeated exposure to family violence can create a reverberating effect with American Indian/Alaska Native children and youth, since they are at higher risk for subsequent victimization.

American Indian/Alaska Native children are victims of child abuse and neglect more frequently than other children. In 2002 (NCANDS, 2002), the American Indian/Alaska Native population was found to be the only group to experience an increase in the rate of abuse or neglect of children younger than 15. When comparing the rates of one substantiated report of child abuse or neglect for every 30 American Indian/Alaska Native children age 14 or younger (Perry, 2004) with the national rate of 12.3 per 1,000 (NCANDS, 2002), it is easy to understand that American Indian/Alaska Native children are at an increased vulnerability to trauma exposure. American Indian and Alaska Native children are also at heightened risk for experiencing other forms of trauma, including the premature loss of loved ones. This population leads the nation in death by alcohol-related motor vehicle accidents, chronic liver disease, and cirrhosis. They also lead the nation in deaths resulting from diabetes-related complications.

Given the multiple risks present in American Indian/Alaska Native communities, it is not surprising that the prevalence of posttraumatic stress disorder (PTSD) is substantially higher among American Indian/Alaska Native persons than in the general community (22% vs. 8%; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). It is likely that higher rates of exposure

to traumatic events coupled with the overarching cultural, historical, and intergenerational traumas make this population more vulnerable to PTSD and negative long-term health outcomes. The rates of depression among American Indian/Alaska Native children range from 10 to 30% (Satcher, 1999) while the level of substance abuse can be even higher, with illicit drug use highest among American Indian/Alaska Native youth, at a rate of 9.9%. Substance use may also be a signal for other mental health needs, as American Indian youth in treatment for substance abuse often have significant untreated psychiatric comorbidity (Novins, Beals, Shore, & Manson, 1996). In addition, children of substance-abusing parents are at increased risk for harm or injury as a result of car accidents, behavioral problems, parental neglect, suicide, and personal substance abusive behaviors.

Suicide has been a continuous concern for American Indian/Alaska Native children and youth. In their survey of American Indian/Alaska Native adolescents ($n = 13,000$), Blum, Harmon, Harris, Bergeisen, and Resnick (1992) reported that 22% of females and 12% of males indicated that they attempted suicide at some point. This rate is higher than that for other age ranges and ethnic groups. Among adults, American Indian/Alaska Native men are four times more likely and American Indian/Alaska Native women three times more likely to attempt suicide than their counterparts of other racial groups (CDC, 2004). The suicide rate is particularly high among young American Indian/Alaska Native males ages 15–24. Accounting for 64% of all suicides among the American Indian/Alaska Native population, the suicide rate among this age group is two to three times higher than the general U.S. rate (Kettle & Bixler, 1991; May, 1990; Mock, Grossman, Mulder, Stewart, & Koepsell, 1996).

SPECIAL APPLICATIONS OF TF-CBT ARE NEEDED FOR AMERICAN INDIAN/ ALASKA NATIVE YOUTH

Historically, government and social service organization use of non- or poorly suited mental health treatments with diverse populations has led to widespread distrust and reluctance among such populations to seek mental health services. Service providers, and even families themselves, may discount or fail to recognize American Indian/Alaska Native traditional practices that are instrumental to healing and well-being. Although mainstream and traditional American Indian/Alaska Native approaches may differ considerably (e.g., a support group compared with a traditional sweat ceremony), common principles of connection are embraced by both approaches. Traditional American Indian/Alaska Native healing practices such as sweat ceremonies may lack scientific evidence for their efficacy; however, their incorporation

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has been reported to improve client engagement and retention among both American Indian/Alaska Native adults and adolescents.

In 2003, as part of the National Child Traumatic Stress Initiative, the University of Oklahoma Health Sciences Center, Center on Child Abuse and Neglect, established the Indian Country Child Trauma Center (ICCTC) to develop trauma-focused treatments and outreach materials specifically designed for American Indian/Alaska Native children and their families. ICCTC identifies existing evidence-based treatments that share common elements with American Indian/Alaska Native cultural beliefs and practices. Its goal is to design culturally relevant approaches that respect shared and tribal-specific teachings, practices, and understandings while recognizing the substantial individual variability in cultural affiliation among American Indian/Alaska Native people. The interventions developed by ICCTC are designed to be useful for rural and/or isolated tribal communities where licensed professionals may be few.

Based on a review of research-supported child trauma treatments, trauma-focused cognitive-behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) was selected to serve as the foundation for the cultural enhancement Honoring Children—Mending the Circle (HC-MC). Originally described as a cultural “adaptation,” we have shifted to the term cultural “enhancement” to emphasize that we are not presenting a new model, but rather broadening the focus of TF-CBT to encompass the foundational framework of Indigenous teachings that TF-CBT complements. The presentation of TF-CBT within an American Indian/Alaska Native well-being framework enhances healing through the blending of science and Indigenous culture understandings and practices. What makes cultural enhancement successful is the translation not just of language but of core principles and treatment concepts so that they become meaningful to the culturally targeted group while still maintaining fidelity. Much has been written regarding the complementarity of cognitive-behavioral theory (CBT) and American Indian/Alaska Native traditional teachings. The core construct in CBT—the connection between one’s thoughts, feelings, and behaviors—is Old Wisdom evident throughout Indigenous teachings and traditions (LaFromboise, Trimble, & Mohatt, 1990). Moreover, TF-CBT is consistent with American Indian/Alaska Native traditional beliefs such as the centrality of family, the importance of attending to and listening to children, education through recounting experiences (e.g., storytelling, ceremony), and the importance of identifying and expressing emotions. The HC-MC adaptation seeks to honor what makes American Indians and Alaska Natives culturally unique through respecting the healing beliefs, practices, and traditions within their families, communities, and tribes and villages.

Partners in the HC-MC development process included stakeholders (tribal leadership, consumers, and traditional, ceremonial, warrior societ-

ies, helpers, and healers), programs (e.g., schools, tribal colleges, behavior health agencies), TF-CBT providers, and the TF-CBT developers, who provided ongoing consultation. There was consensus on traditional American Indian/Alaska Native concepts to be incorporated into the enhancement as they are common to most, if not all, tribal communities: extended family and relational connections, practices, and behaviors regarding respect, beliefs regarding the concept of the Circle, and the interconnectedness between spirituality and healing. Indigenous knowledge, or Old Wisdom, is also a foundational aspect of the cultural enhancement as generations of Indigenous people intuitively relied on teachings and behavioral principles prior to the labeling and description of such concepts through the written word (BigFoot, 2008).

The framework for HC-MC is the circle. For many Indigenous people, the Circle is a sacred symbol that has long been used to understand the world. The symbolism of the Circle is Old Wisdom transmitted in oral stories, carved into rock formations, sculpted in wood or clay, woven into reed baskets, and painted in colored sand. The most widely recognized American Indian/Alaska Native symbolic circle is the Medicine Wheel. The constructions of the Medicine Wheel and its teachings have been documented since 7000 B.C.E. (<http://solar-center.stanford.edu/AO/>). Other symbolic circles include the Sacred Hoop, Sacred Circle, children as the center, and cycle of life. The circle or hoop typically includes colors, directions, animals, symbols, teachings, developmental levels, dynamic movement, and connections or relational links between and among each element while providing Indigenous wisdom about life (BigFoot, 2008). The concept of the circle is incorporated into American Indian/Alaska Native lifestyles through practices, teachings, and ceremonies such as at the beginning of the grand entry for pow wows, the physical placement of participants during sweat lodge, the shape of the drum, ceremonial structures such as medicine lodges and many kivas, and dwellings such as grass or reed shelters and wattle or daubs.

The HC-MC circle bears similarities to the Medicine Wheel, but is conceptualized within this model as a model of well-being. The HC-MC circle is based on tribal teachings, but remains flexible to accommodate individuals of diverse cultures and spiritual and religious beliefs. It is an elaboration on the CBT core construct of the cognitive triangle—that our thoughts, feelings, and behaviors are interconnected. Core HC-MC constructs are based on American Indian/Alaska Native worldviews: (1) all things are interconnected, (2) all things have a spiritual nature, and (3) existence is dynamic. HC-MC defines well-being as balance and harmony both within and between one's spiritual, relational, emotional, mental, and physical dimensions. Figure 11.1 depicts the HC-MC circle, which is composed of the five well-being dimensions.

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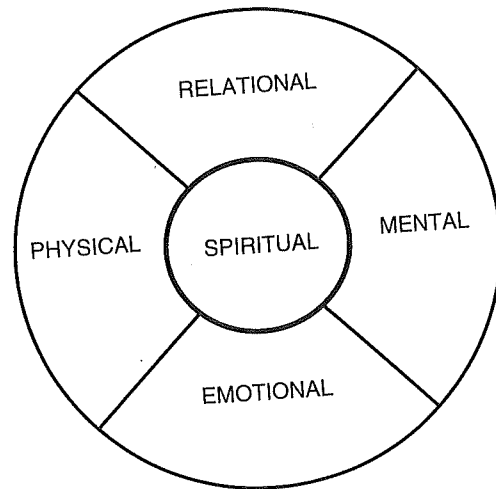


FIGURE 11.1. HC-MC well-being model. Copyright 2008 by Dolores Subia Big-Foot and Susan R. Schmidt. Reprinted by permission.

Spirituality serves as the core of the HC-MC circle. Central to wellness and healing is the American Indian/Alaska Native belief that all things—human and earth—have a spiritual nature. Spirituality has played and continues to play an important role in the individual and collective well-being of American Indians. American Indian/Alaska Native helpers and healers have been taught words, prayers, practices, rituals, and ceremonies that help connect the physical world with the spiritual to bring about wellness, balance, and harmony. The spiritual dimension is interwoven with the physical, mental, emotional, and relational well-being dimensions.

HC-MC defines personal imbalance as disharmony in one or more of the circle dimensions. Imbalance may manifest in such ways as spiritual disconnection, unhealthy behaviors, emotional instability, distorted beliefs, and poor relationships. Trauma exposure is one pathway with the potential to cause such imbalance. As a result, the goal of the healing process is to restore one's personal balance within the five dimensions, thus reestablishing personal well-being.

UNIQUE ASSESSMENT STRATEGIES FOR AMERICAN INDIAN/ALASKA NATIVE YOUTH

When and to what degree to blend HC-MC elements into the TF-CBT treatment model is dependent on the individual youth's and family's level of

American Indian/Alaska Native affiliation. Collaboration and exploration with the family to learn about each member's level of American Indian/Alaska Native cultural affiliation is necessary to determine the extent to which the incorporation of HC-MC enhancements into the treatment process will be beneficial. It is critical to recognize that cultural affiliation is an individual developmental process. Although some family members may possess a strong American Indian/Alaska Native identity, others may identify more strongly with different aspects of their personal identity such as their religious affiliation, professional role, or other racial or ethnic affiliation. Exploration of client cultural identity at both the individual and the familial level is critical not only during the initial assessment and early stages of therapy, but also throughout the therapeutic process as cultural affiliation is dynamic and multidimensional.

The American Indian/Alaska Native affiliation model, as depicted in Figure 11.2, is designed to assist therapists in understanding the level of affiliation that a particular American Indian or Native Alaskan has with their Indigenous culture. The chart illustrates the range of affiliation for American Indian/Alaska Native people: (1) individuals who have strong ties to their American Indian/Alaska Native culture, (2) individuals with limited ties to their American Indian/Alaska Native culture but a desire to

<p>(1) High/Strong Cultural Affiliation—AI/AN</p> <ul style="list-style-type: none"> • Identity as AI/AN is secure • Highly desirous to maintain high/strong affiliation • May have other cultural heritage(s) that are not assumed 	<p>(2) Limited or No Affiliation—Insecure</p> <ul style="list-style-type: none"> • Identity as AI/AN is insecure • Highly desirous to acquire high/strong affiliation • May have other cultural heritage(s) that are not assumed or are not valued • Affiliation marginal
<p>(3) Limited or No Affiliation—Secure</p> <ul style="list-style-type: none"> • Identity as non-AI/AN is secure • Limited or no interest in affiliation with AI/AN or other cultural base • May or may not be expressive about limited interest in own AI/AN background/heritage • May or may not identify with other heritage(s) • Has found value in other aspects of self-identity 	<p>(4) High/Strong Cultural Affiliation—Other</p> <ul style="list-style-type: none"> • Identity as non-AI/AN is secure • Has a high/strong affiliation with selected or elected heritage(s) • Highly values maintaining high/strong affiliations with selected or elected heritage(s)

FIGURE 11.2. American Indian/Alaska Native affiliation model. Copyright 2009 by Dolores Subia BigFoot. Reprinted by permission.

strengthen their affiliation, (3) individuals with limited ties to their American Indian/Alaska Native culture and more strongly identify with other aspects of their self-identity, and (4) individuals whose personal identities are strongly tied to other cultural heritages. Individuals and families with a strong American Indian/Alaska Native affiliation may benefit from incorporation of several elements from the HC-MC enhancement into TF-CBT treatment. HC-MC elements may serve to further facilitate the healing process and support the return to well-being through connection to one's American Indian/Alaska Native heritage. For individuals who have strong affiliations with other culture or heritages (e.g., limited or no American Indian/Alaska Native Affiliation—secure; high/strong cultural affiliation—other), the families may prefer to work within the original TF-CBT framework. For American Indian/Alaska Native individuals with limited or no this identity, the incorporation of HC-MC enhancements may be beneficial to the therapeutic process. HC-MC therapists have shared the benefits of the model enhancements with American Indian/Alaska Native youth within this affiliation category who have come from abusive and neglectful home environments. These youth may have developed negative or inaccurate perceptions of American Indian/Alaska Native culture and have had few positive American Indian/Alaska Native role models. Therapists report that the HC-MC enhancement supports opportunities for corrective educational and emotional experiences, leading to a healthier personal identity and the development of positive relationships within the youth's tribe and community. Of key importance regardless of the individual youth's and family's cultural affiliation is their inclusion in determining what level of cultural integration into the treatment model best fits their needs.

ENGAGEMENT STRATEGIES FOR AMERICAN INDIAN/ALASKA NATIVE FAMILIES

Safety and trust are often key issues for traumatized American Indian/Alaska Native individuals entering therapy given the personal violations they may have endured. Intergenerational impacts from historical traumatic experiences may further compound youth's and families' ability and willingness to enter and commit to treatment. Clinicians in Indian Country have not had the luxury to expect that families will be committed to the multisession format of structured treatment approaches. Families who utilize therapeutic services tend to participate in only a few sessions before attendance becomes sporadic or stops. In fairness to families, their therapeutic experiences have often been less than ideal with few options for effective interventions. Most therapeutic encounters have focused on crisis intervention, therapeutic

approaches of long-term duration with limited skill building, and practices without cultural foundations. Recent developments in culturally based interventions have begun to lead to more meaningful understandings of the impact of historical trauma as well as recent or current traumatic events on American Indian/Alaska Native individuals and families (BigFoot, 2010).

The TF-CBT model emphasizes the centrality of the therapeutic relationship in treatment (Cohen, Mannarino, & Deblinger, 2006). The establishment of a safe and effective therapeutic environment is dependent on such factors as therapist genuineness, warmth, empathy, and creativity. As stated by McDonald and Gonzalez (2006), the first session with American Indian/Alaska Native clients is the most significant because it is in this session that the client determines whether or not to trust the therapist and engage in the treatment process. This is especially true for children and families impacted by trauma. It is in the first session that therapists may begin to develop a broader understanding and appreciation of the family system, including their cultural affiliations, values, and experiences. It is important for therapists to convey in the first and subsequent sessions their respect for the family's steps toward healing and to begin joining the family as a helper in their healing process. Given the historical devaluation experienced by American Indian/Alaska Natives, the family should be provided with the opportunity to teach the therapist about their family, family history, and levels of cultural affiliation. Therapists should provide the information necessary to support families in making thoughtful decisions about their treatment experience, not only at the beginning of treatment but throughout the therapeutic relationship.

Opportunities exist throughout the TF-CBT model to incorporate HC-MC enhancements into the treatment process. Families may wish to incorporate such things as tribal-specific songs, names, words, or healing ceremonies into sessions. Tribal stories that incorporate familiar animals, birds, or locations may carry increased meaning for American Indian/Alaska Native children and families. It is important to recognize that the HC-MC enhancement of TF-CBT will likely look different for each individual and family because it is designed to be personalized by the therapist based on the family's needs, experiences, and understandings. Images, stories, and practices familiar and meaningful to individuals from one tribe or geographic area may have little meaning, or possibly an opposite meaning, for those from another. For example, ivory carvings are common to Native Alaskan culture but have no history with tribes in the Southeast. Whereas the Scissor-tailed Flycatcher is a revered bird with tribes in Oklahoma, the Raven has a more prominent place within Northwest Indigenous cultures. Therapists implementing the HC-MC enhancement are encouraged to appreciate and to learn more about the customs, traditions, stories, and symbols relevant to tribes within their geographic area.

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The following section provides a sampling of HC-MC therapeutic considerations and enhancements that may be incorporated into a selection of TF-CBT PRACTICE components.

PRACTICE COMPONENT ENHANCEMENTS

Two tools have been designed to assist therapists in the implementation of HC-MC. Figure 11.3 displays a worksheet that may be used to guide therapeutic work within a specific PRACTICE component. The HC-MC component worksheet helps incorporate cultural considerations via tangible reminders to address the relational, emotional, mental, physical, and spiri-

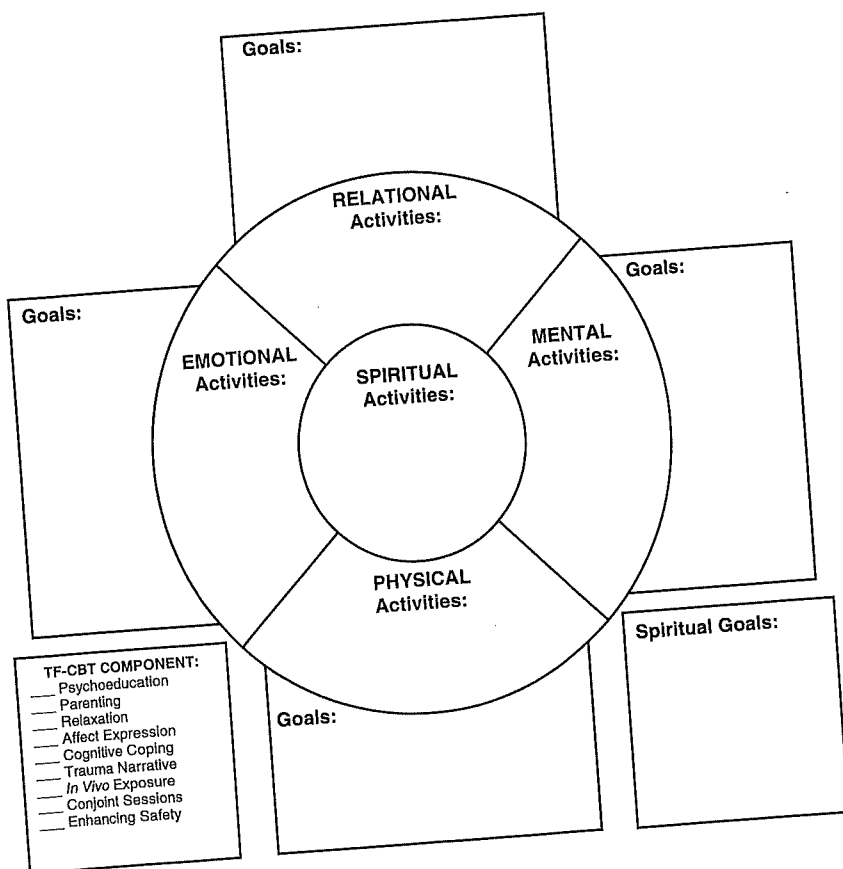


FIGURE 11.3. HC-MC component worksheet. Copyright 2008 by Dolores Subia BigFoot and Susan R. Schmidt. Reprinted by permission.

tual dimensions within each of the PRACTICE components. Some HC-MC therapists have expanded their use of the components worksheet to therapy sessions in order to facilitate psychoeducation about well-being and the impact of trauma on children and families. The worksheet has also been utilized for in-session treatment planning with families. Figure 11.4 depicts a linear representation of this worksheet designed to assist therapists further in treatment plan development and tracking. This worksheet provides an example of a personalized treatment plan specific to the psychoeducation TF-CBT component within the HC-MC well-being model.

The American Indian/Alaska Native healing practices worksheet was developed as a training tool to help therapists conceptualize how such practices fit within the wellness model and within TF-CBT. As shown in Figure 11.5, the form has three areas: (1) the healing practice, (2) the usefulness or purpose of that practice, and (3) the meaningfulness or value/belief surrounding that practice. Examples of three different practices are provided to demonstrate the range of activities, objects, or items that could be used in this manner. The intent is for therapists to conceptualize the family's Indigenous healing practices and identify outcomes from those practices. Feedback from therapists using the worksheet indicates this is effective in identifying activities, objects, or items the family sees as helpful; how the family would like to incorporate these into the therapeutic process; and what the family expects to achieve as a result of the integration of familiar Indigenous practices into treatment.

Psychoeducation

The TF-CBT psychoeducation component provides developmentally appropriate information about common trauma reactions, normalizes the child's and family's response to traumatic events, and introduces the TF-CBT treatment model (Cohen et al., 2006). For American Indian/Alaska Native families, this component is critical to treatment engagement. It is here that the therapist begins to learn about the family and join with them in the healing process. The establishment of a safe, accepting, and culturally responsive therapeutic environment is key to supporting the family's commitment to treatment participation. Depending on youth and caregiver American Indian/Alaska Native affiliation, treatment engagement may be enhanced through the incorporation of culturally specific and developmentally appropriate materials such as factsheets on trauma in American Indian/Alaska Native youth and families; readings on historical trauma when relevant to the family's experience; culturally congruent descriptions of well-being, trauma, and healing (previously described); and the use of familiar analogies and stories to explain the treatment process.

HC-MC therapists have found that the use of culturally based analogies can enhance treatment participation among clients wavering in their

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Goals and considerations specific to this family:

1. Help parents consider the impacts of intergenerational and historical trauma on their family.
2. Provide teen and parents with education on trauma in AI/AN youth and their families.
3. Enhance engagement through explanation of TF-CBT treatment process in culturally relevant terms.
4. Identify family's goals for treatment and the healing process.

Activity	Member(s) Involved		Domain(s) Involved				
	Child	Care-giver	Relational	Mental	Physical	Emotional	Spiritual
Review "What is trauma? A guide for parents" (Indian Country Child Trauma Center, n.d.)	√	√	√	√	√	√	√
Review intake assessment findings and discuss in context of current and intergeneration family trauma.	√	√	√	√	√	√	√
Use analogy of beading to describe TF-CBT model to family.	√	√	√	√			
Explore youth's and parents' American Indian affiliation and explore external helpers, healers, and activities the family may include in the healing process.	√	√	√				

FIGURE 11.4. HC-MC component treatment plan. Copyright 2011 by Dolores Subia BigFoot and Susan R. Schmidt. Reprinted by permission.

commitment to the comprehensive TF-CBT protocol. The following two analogies may be adapted specific to clients' understanding and developmental level to provide education on the TF-CBT model structure and process. Therapists may find similar protocols, ceremonies, or relevant activities that emphasize the importance of structure, patience, consistency, and commitment to the TF-CBT therapeutic process.

Activity/Object/Item	Use/Purpose	Meaningfulness/Value/Belief
Singing a good-bye song after a family member has passed away	<ul style="list-style-type: none"> • To help family members say good-bye to the deceased family member • To recognize that the family member's spirit is on a new journey 	<ul style="list-style-type: none"> • Gives permission for the spirit to journey onward • To acknowledge that this is a transition period for everyone • To give permission to mourn • To provide a supportive structure for mourning • Serves as a reminder of the loved one when sung again in the future

FIGURE 11.5. American Indian/Alaska Native healing practices worksheet. Copyright 2009 by Dolores Subia BigFoot and Susan R. Schmidt. Reprinted by permission.

Grand Entry Procession

Since 1889, the Arlee Celebration (www.arleepowwow.com) has been held on the Flathead Reservation in Arlee, Montana, and is one of many spectacular pow wows held across Indian Country, especially during the summer months. A pow wow is a social and spiritual gathering of American Indian people that primarily involves music, dancing, and various customs depending on the location, tribal affiliation, and purpose. One common feature of all pow wow events is the beginning "grand entry" procession, consisting of a strict protocol of drummers, singers, and warriors (active, retired, or former military) who start the event. Dancers (e.g., traditional, fancy, straight, grass, chicken, buckskin, cloth) follow a strict line of placement depending on dancer type. Following pow wow protocol is expected and considered respectful to self and others. This protocol, which has been built around hundreds of years of tradition, addresses order, structure, pacing, and meaning. Whether it is the acknowledgment given to elders as they start a procession, the feast dinner to celebrate the first laughter of a baby, the chief song sung at the beginning of an event, or the single folded dollar laid at the feet of a dancer, protocol instructs Indigenous people in ways to respectfully honor each other.

Protocol is not new to American Indians or Alaska Natives; it provides instruction in how to conduct specific activities in order to achieve consistent good outcomes. Values reinforced through protocol include respectfulness, acknowledgment, order, purpose, expectations, and beginnings and endings. It brings an understanding of knowing what to expect next and that there is purpose to each activity. Similarly, there is a structured protocol within TF-CBT that is designed to support children and families in achieving good treatment outcomes and moving beyond their traumatic experiences.

Beading

Beadwork is a common but highly personalized skill among many American Indian and Alaska Native artists, with exquisite variety in design and application. However, certain features remain the same. Specific items are necessary for beading such as a needle, thread, backing, colored beads, cutting implements, wax, chosen design, required measurements, and buckskin or similar material for shape and form. The creativity and beauty of the beadwork are at the heart and hands of the gifted artist; however, the structure, form, and function come from the common elements that the artist uses to bring forth the exquisite piece. The TF-CBT therapeutic process is similar to beading in that the TF-CBT core components create the basic structure; the therapist and client then work together to add complementary features to make treatment most meaningful to the client.

Parenting

The TF-CBT model aims to increase parents' confidence and ability as caretakers of their children. Historical concepts of parenting may be utilized to introduce specific parenting skills. The following stories offer examples of how the HC-MC therapist may utilize descriptions of Indigenous practices and beliefs to introduce parenting concepts emphasized within the TF-CBT model:

THE IMPORTANCE OF ATTACHMENT AND RECOGNIZING CHILDREN'S POTENTIAL

Upon discovering that she was pregnant, an American Indian woman would actively engage in song and conversation with the unborn child to touch with words and intent. This was to ensure that the infant knew it was welcome, respected, and loved. This new life was viewed as being eager to learn and a willing seeker of those traits that would help in knowing and understanding self and others. The caregiver's responsibility was to nurture and expand the positive nature of the child, to touch the child with honor and respect. Because a child was considered a gift from the Creator, the caretakers had the responsibility to return to the Creator an individual who respected him- or herself and others.

THE IMPORTANCE OF ATTACHMENT AND POSITIVE ROLE MODELING

Within the family, children, parents, and grandparents were secure in their relationships with each other. Children respected their parents, but just as important was the parents' respect for children. Children knew they were the center of existence for all family members. They were honored by celebrations and feasts

given by relatives that left no doubt as to their worth and value. Today some children continue to be honored by birthday celebrations, graduation dinners, first tribal dance, school or athletic achievement ceremonies, or other kinds of acknowledgment of accomplishment.

BEHAVIOR MANAGEMENT

Understanding and shaping human and animal behavior is old American Indian/Alaska Native wisdom. There is a rich legacy of Indigenous people training birds of prey, domesticating dogs, and in the past 500 years becoming skilled horsemen. In the 1800s, many tribes became known for their exceptional skill in warfare because their horses were highly responsive to subtle commands and expert maneuvering. Teaching, instructing, shaping, modeling, coaching, training, tutoring, and rewarding are ways common to American Indian/Alaska Native people.

Relaxation

The relaxation TF-CBT component assists the youth in learning skills to reduce physiological manifestations of stress and PTSD. This often incorporates the teaching of deep breathing and progressive muscle relaxation as methods for stress reduction. In the HC-MC model, the therapist can reinforce the cultural application of relaxation by incorporating familiar soothing traditional images and activities. These may have the added benefit of reinforcing the youth's spiritual and relational connectedness.

Diaphragmatic breathing may be taught through pairing inhalations and exhalations with relaxing images such as the sway of windswept grasses or the movement of a woman's shawl during a ceremonial dance. Youth who engage in singing, chanting, or playing traditional instruments such as the flute or drum may learn to pace their breath to the beat and intensity of the music. Progressive muscle relaxation may be taught through such imagery such as the tensing and relaxing of a bowstring to explain the difference between relaxed and tense muscles. Muscle relaxation may also be supported through the reinforcement of activities that are naturally relaxing, such as canoeing, hiking, horseback riding, or other sports in which the youth participates.

The therapist may inquire as to the spiritual practices that the youth and family engage in that facilitate relaxation. This not only supports the family's own sense of spirituality and their engagement in naturally relaxing practices, but also reinforces the family's connectedness with one another and with other helpers and healers in their community. When considering the emotional and mental components to relaxation, the therapist may assist the child in understanding how one's thoughts and feelings can support

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physical relaxation. For example, with the trauma-exposed child, intrusive thoughts may create anxiety and an inability to relax. Common reactions to trauma include physical sensations of rapid heartbeat and breathing that result in distress or discomfort. Relevant traditional instructions during ceremonial or related activities such as the Sweat Lodge may include such words as "Know that this is a safe place for you. Leave bad or scared thoughts outside. Close your eyes and breathe in. Feel how you are sitting and think about who is sitting next to you." This instruction encourages the relaxation response through altering one's thoughts and emotions.

Affective Modulation

Historically, Indigenous cultures have highly valued emotional understanding and expression. Traditionally, direct verbal emotional expression is less favored over such creative forms as song, dance, and artistic symbolic representations. However, the emotional devastation of intergenerational trauma within many American Indian/Alaska Native cultural groups has led to high rates of depression, anxiety, and suicidal ideation among younger generations. Many youth have had poor role models for healthy emotion management, instead seeing older generations use harmful methods of coping such as drug and alcohol abuse.

For the HC-MC therapist, it is important to assess youth's family's norms, beliefs, and practices regarding emotional expression. American Indian/Alaska Native youth may be supported in the development of healthy emotional expression skills through a variety of traditional activities, such as the sharing of stories incorporating animals/elements/colors/directions; the development of physical emotional representations such as beading, painting, drawing, masks, totems, or shields; learning the words for feelings in their Native language; singing or playing traditional musical instruments; and dancing.

Cognitive Coping

Historically, Indigenous people have understood and recognized the interplay among thoughts, feelings, and behaviors. Certain ceremonial instructions guide participants to direct thoughts toward better behavior, decision making, coping, and the future. Counsel may be given to remind individuals that someone offered prayer for them, that they are thought of, that good things are wished for them, and that what they do is important to others. Additionally, how they treat themselves is as important as how they treat others.

As with previous components, the use of Indigenous stories can support skill development. Stories involving the coyote or trickster teach problem

solving and decision making. Tribal creation stories have been retold for generations to help bring understanding and a way to manage life when life circumstances are overwhelming. Every tribe has a creation story that tells of their origin and what behaviors led them forward. Many tribal websites have posted their creation stories to share the wisdom of their history and important tribal teachings. In 2003, Cheyenne historian John L. Sipe wrote of the discovery of the Lost Cheyenne:

This Cheyenne creation story describes a mighty migration that forced the Cheyenne to separate when a water monster broke the ice over which they were traveling. A portion of the Tribe was isolated from the main body when the ice broke and they never reconnected, leaving them to decide how to survive on their own and manage their new circumstances. It is told that they confronted many adversities before eventually settling in the far north country, where they built structures to house their families, tended the land, hunted game, and fished the many streams.

What can be learned from this and other creation stories is that when circumstances change and adversities occur, one must develop new understandings, make thoughtful decisions, and change behaviors to overcome these challenges.

Trauma Narrative; Conjoint Sessions

The trauma narrative is a key healing element of TF-CBT involving a structured and repetitive retelling of the traumatic event in gradually increasing detail in order to reduce the child's distress related to the memory. Within Indigenous cultures, stories are transmitted from generation to generation in order to remember and learn from the past, to carry wisdom forward, and to offer resolutions for present and future life difficulties. Indigenous stories capture understandings, explanations, solutions, acceptance, and compassion. The essence of a story is borne from the thoughts, feelings, and actions of the storyteller. Wisdom imparted through the story may reveal the pathway toward well-being. The act of storytelling may be as important as the end result because it is sometimes the process of the journey where one gains insight and wisdom.

For some American Indian/Alaska Native individuals, certain intergenerational beliefs may contribute to hesitancy to participate in the trauma narrative process, and these will subsequently need to be addressed before narrative work can begin. Some families believe that to discuss trauma invites it to recur or that talking about a deceased loved one may hinder his or her journey to the next world. With such families, it may be beneficial to support the family in seeking guidance from their spiritual leader

regarding their participation in the trauma narrative component. For some, such beliefs may not be spiritually or culturally based but instead developed as a result of the family's intergenerational history of trauma. Cognitive processing techniques may help these families move forward into narrative work. Indigenous stories may also help reduce avoidance. The following story serves as an example:

Millions of buffalo once roamed the Great Plains. As was common then, and still common today, tumultuous thunderstorms covered the landscape from early spring into the summer months. We are familiar today with those raging, darkening storms that typically form in the West and move toward the East, especially those that grow quite menacing with tornadoes, strong forceful winds, pounding hail, and/or icy rain. Out in open prairie, the buffalo were intensely aware of approaching storms. How do you think they responded as a storm approached? Did the millions of buffalo run into the menacing storm force or did they run away from it? When watching buffalo out on the plains, the people saw that the buffalo ran into the storm. The buffalo instinctively knew that beyond the storm was calm, brightness, sunshine, and peaceful grazing.

The following story also incorporates animal imagery to introduce the trauma narrative:

When animals get hurt, their natural instinct is to clean their wounds to promote healing. This is their way of taking care of themselves. The bear may find it painful to remove debris from an injury. But he does this knowing that this is necessary for his body to become well. Healing must take place for the bear to be able to use his body to gather food and to protect himself. The bear must tend to the hurt until it is healed. Then he is ready to return to his path on the circle. (BigFoot & Schmidt, 2008)

When beginning trauma narrative work, the HC-MC therapist collaborates with the youth and family to determine in what format the narrative will be developed and with whom and how it will be shared. Protocols may be involved when inviting certain helpers or healers to participate. Families may also wish to coordinate healing ceremonies or practices with narrative completion. As some American Indian/Alaska Native children may be less comfortable with writing or telling their story, alternate methods grounded in American Indian/Alaska Native cultural practices may include such activities as creating a journey stick, totem, song, carving, beading, mask, pottery, or traditional dance. Some families select to develop a family "narrative" after the child's individual narrative completion, such as the creation of a family totem or journey stick.

Families who have experienced intergenerational trauma may wish at this point in treatment to honor loved ones who did not have the opportunity to heal from their traumatic experiences. The therapist may work with the family to determine how they would like to address their family's trauma history. It will be important for the therapist to work with the caregivers to consider the needs of their child when determining the child's level of participation in such an endeavor. The therapist may support the family in seeking out helpers and healers within their community or tribe to symbolically and ceremonially help their ancestors to complete their healing journey.

SUMMARY

This chapter has provided an overview of HC-MC and an introduction to the methods utilized in the cultural enhancement. The HC-MC cultural enhancement does not change the basic tenets of TF-CBT; rather, the TF-CBT foundation is observed from a worldview that honors the teachings and practices that have been part of American Indian and Alaska Native understandings for untold generations. This model is designed to assist the therapist and family in recognizing and understanding how traditional cultural practices have value and application within TF-CBT.

The rich cultural teachings and practices of American Indians and Alaska Natives are much broader than presented here. Caution should be exercised when considering how to culturally enhance or modify any EBP not originally developed for this population. In fact, there may be great skepticism that cultural adaptation of any EBP is simply another strategy of oppression by the dominant culture. There is the need to understand how oppressive legacies are embedded (e.g., policies, institutions, and social systems) and perpetuated (e.g., practices, belief systems, and behaviors) today in the form of institutional and structural or systemic racism as well as its individual manifestations (www.overcomingracism.org).

The cultural enhancement of TF-CBT is mindful of the family's cultural context while maintaining the integrity of the original EBP through grounding in Old Wisdom. That is to say that the underlying premises of TF-CBT are consistent with core dimensions of American Indian/Alaska Native traditional teachings and beliefs about healing. The concept of the circle stress the importance of family; attending to and listening to children; telling about experiences (e.g., through storytelling or ceremony); the interrelationships among emotions, beliefs, and behaviors; the importance of emotional identification and expression; and movement toward self-healing and well-being.

The Indigenous people of today—and of the past—present a broad cultural picture. There is much diversity in the traditional concepts and tribal beliefs of American Indians and Alaska Natives. It is important not to assume that all tribal and native people have similar traditions. Especially critical is the respect for the process of healing and well-being that each child and family is capable of achieving through the thoughtful blending of cultural traditions and practices and scientifically based interventions. Through our work at the ICCTC, we seek to respect the unique traditions seen across American Indian and Alaska Native people while honoring the collective values, practices, and wisdom that provide them with support and strength.

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