# Native Education Collaborative

Making Native Education Our Shared Priority

## Behavioral Health

CCNETWORK National Center

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## Introduction

The National Center assembled a panel of experts in the field of American Indian and Alaska Native education from a broad constituency base to help determine current needs and interests in the field. Interviews conducted with the panel produced the following primary thematic categories:


Native culture and language


College and career readiness and access


Tribal consultation and sovereignty


Physical and behavioral health


Teachers and leaders


Promising programs and practices

The National Center's American Indian and Alaska Native Education Project developed a brief for each category to positively affect the learning lives of Native children and youth. These briefs are meant to enhance the effectiveness of state education agencies' work on Native education. Though tribal communities are very diverse, for the purposes of these briefs, the terms *American Indian and Alaska Native, Native, indigenous,* and *tribal* are used to refer to Native communities.

To create school environments with physical and behavioral health supports that enhance the well-being of Native students, state education agencies (SEAs) can assist and encourage local education agencies (LEAs) in the implementation of appropriate policies, practices, and programs that attend to students' physical, mental, and social-emotional development and well-being. This approach includes instruction and support for all students in health habits; targeted interventions to help students with chronic and acute health needs; and support for the families of Native students to ensure their access to appropriate health services. To offset gaps in health for Native youth, SEAs can play a major role in supporting and encouraging the use of early detection and prevention efforts in local schools. Culturally appropriate and responsive strategies to improve health and well-being are available, and SEAs can work with tribes and LEAs to increase awareness and high-quality implementation.

## Physical Health

Collaboration between LEAs, tribes, Indian Health Service (IHS), and other local/state health services is central to effective access of Native students and families to healthcare, and SEAs can assist in fostering these connections and collaborations.

SEAs can contribute to the collaboration of families, tribes, and schools consistent with cultural values and practices regarding health by facilitating the education of school personnel on Native cultural health practices and convening school, tribal, and family members, locally, around this subject.

## Indian Health Service

The Indian Health Service (IHS) "is an operating division of the Department of Health and Human Services (HHS) that provides comprehensive clinical and public health services to over 2.6 million Native Americans through a network of hospitals and clinics across 37 states" (report of Presidential Task Force, July 23, 2020). More information is available in the IHS fact sheets.

## The Native Experience in the Pandemic

The COVID-19 pandemic that began in 2020 was devastating to many Native communities and brought to light the vulnerabilities of these communities, often remote from medical facilities that are also limited in their capacity. A study by the Centers for Disease Control and Prevention (CDC), early in the pandemic (released in August 2020), reported that "in 23 selected states, the cumulative incidence of laboratory-confirmed COVID-19 cases among American Indians/Alaska Natives (AI/AN) was 3.5 times that of non-Hispanic whites" (Hatcher, et al.).

## Combating Underlying Health Conditions

According to the National Center for Chronic Disease Prevention and Health Promotion, "Across the life span, American Indians and Alaska Natives have higher rates of disease, injury, and premature death than other racial and ethnic groups in the United States." The Center attributes some of the vulnerability in adverse health in the Native population to conditions of poverty, discrimination, poor housing, and unemployment.

The Center points to its own programs that address Native health issues, including the Good Health and Wellness in Indian Country (GHWIC) program. From 2014 to 2019, the GHWIC devoted $15.6 million per year for projects with 23 tribes and tribal organizations across the country. Twelve tribes focused on "community-chosen and culturally adapted strategies designed to reduce commercial tobacco use and exposure, improve nutrition and physical activity, increase health literacy, and strengthen team-based health care and links between community programs and clinical services."

The CDC's Healthy Tribes initiative supports Tribal Practices for Wellness in Indian Country (TPWIC), which "encourages and supports tribal practices that build resiliency and connections to community, family, and culture. Over time, these can reduce risk factors for chronic disease and promote wellness among AI/AN." The program's strategies bring together essential contributors to the overall health and well-being of Native people:

- **Health Promotion:** Increased traditional physical activity, traditional foods, and overall healthy living practices
- **Cultural Practices:** Increased knowledge and sharing of tribal history and cultural practices

## Promoting Positive Health Habits

SEAs' role in promoting positive health habits in Native youth includes recognizing local activities that are successful and sharing them with other local school communities and tribes. SEAs may convene groups of school and tribal leaders to share their efforts to promote positive health habits. SEAs may

also collect and report data regarding positive health habits promoted by schools, including data that is specific to Native youth.

# Behavioral Health

There is a pressing opportunity to increase and improve behavioral healthcare services for Native youth. This brief describes several approaches to address the health needs of Native communities, including culturally responsive behavioral health supports, circles of care, and wrap-around services.

## Behavioral Health Program Opportunities for Native Youth

Effective health programs demonstrate how integrated, trauma-informed/healing-centered, and culturally relevant approaches are already proving successful in countering risk factors and addressing health outcomes for Native youth. According to the sources collected for this brief, an integrative, holistic approach must be implemented to effectively address the needs of Native youth. The following approaches are considered critical underpinnings in implementing an integrative care approach for Native youth.

**Cultural and historical grounding** is necessary to ensure that approaches for Native youth build in conditions that consider and address historical trauma; adverse childhood experiences; recent trauma; poverty; racism; and other social, psychological, or developmental concerns or context. Integrated care approaches must be built and formed with the community itself and incorporate worldview, traditional practices and other cultural ways of knowing and being.

**Trauma-informed or healing centered approaches** recognize signs and symptoms of trauma among youth, families, or communities and use the assets and resiliency factors among families and the community. Care is taken to provide safety, security, and control within the service delivery setting. These efforts may consider current, past, intergenerational, and historical trauma and should focus on overall well-being and healing.

Donovan et al. (2015) state that "AI/AN communities today demonstrate resilience, strength, and endurance despite centuries of postcolonial efforts to eradicate and assimilate them." Resilience is closely intertwined with trauma, and defined as "the capacity for adapting successfully and functioning competently, despite experiencing chronic stress or adversity following exposure to prolonged or severe trauma" (Cicchetti and Valentino, 2006, p. 165). Historically, Native communities share a history of genocide, assimilation, and oppression. Sweeping epidemics, war, involuntary relocations, and industrial boarding schools devastated Native communities and greatly compromised their traditional livelihoods.

**Evidence-based interventions** (EBIs) are behavioral health programs or practices that can be part of an integrated care service strategy if the EBI is a cultural fit with the cultural values, beliefs, and lifestyle of Native youth. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry for Evidence-based Programs and Practices (NREPP) has a list of EBIs. Some EBIs have been successfully implemented as part of the local tribal integrated care approach, including suicide

prevention strategies such as Question, Persuade, Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and SafeTALK (Tell, Ask, Listen, and Keep Safe).

**Practice-based and culture-based interventions** are often the foundation of integrated care approaches in Native communities. They create opportunities for interventions to incorporate traditional or culture-based methods or can be significantly adapted to varied communities and cultures and include high levels of community and stakeholder involvement. These field-driven practice approaches provide alternatives to the rigorous requirements of evidence-based practices while retaining evaluation criteria.

Despite the need for behavioral health services, Native communities face long-standing issues related to state/federal services and programs, capacity and other human resource staffing issues. These challenges are further complicated by limited healthcare resources, community distrust in the medical system because of past systemic failures, and required travel distances to obtain services due to their often rural and isolated locations. These barriers prevent Native youth from accessing clinically, socially, and culturally appropriate care (Cross, Earle, Echo-Hawk Solie, and Manness, 2000).

## Cultural Behavioral Health Supports for Native Youth

BigFoot and Schmidt state that behavioral healthcare support must show significant cultural integrity in the development and dissemination of treatments (BigFoot and Schmidt, 2010, p. 849). Wexler (2010) notes that the Euro-American framework common among behavioral health services can subordinate Native practices. For example, she notes that, "the reliance on rationality, realism, and objectivity in the framing of social and health issues is in itself a cultural phenomenon" (p. 160). BigFoot and Schmidt (2010) add, for minority populations, for instance, "cultural beliefs and norms regarding such issues as sexuality, gender roles, parenting practices, and intimate and social relationships are likely to factor significantly in the therapeutic process."

Wexler (2010) stresses the importance of evaluating tacit cultural commitments within professional behavioral health practices and interventions, as they can "shape the ways in which mental health and associated services are conceived, rendered and evaluated" (p. 160).

> Culturally responsive programming should be based on the sensibilities, social organization and current channels of influence in the participating communities. (Wexler, 2010, p. 165).

Notably, Wexler warns that "ignoring the cultural factors that shape professional interactions can create service systems that are, at best, contrived and ineffectual and, at the other extreme, imperialistic" (p. 161). BigFoot and Schmidt (2010) add that, historically, the use of poorly adapted mental health treatments within minority populations have now "led to widespread distrust and reluctance in such populations to seek mental health services" (p. 849).

This outcome points to an opportunity within the Seven Generations outlook for current generations to strengthen future generational outcomes. Wildcat (2009) relays the notion of Seven Generations, based on Native scholar Vine Deloria's description:

> "At all times and in every place, each of us is a unique expression of the seventh generation of our families and, more broadly, our people. In our lives, each of us constitutes the seventh generation in the sense that our actions ought to represent what we have learned from three previous generations: parents, grandparents, and great-grandparents, and simultaneously we must be mindful of how our present actions will influence the lives of three future generations: our children, grandchildren, and great-grandchildren." (p. 122)

This unique position between the past and future three generations provides a double involvement in history, meaning that "we are simultaneously shaped by history and shapers of the future history" (p. 122). The seven generations outlook shows how traumatic experiences of the past generations shaped the present-day disparities and how current generations have the power to shape future outcomes through culturally responsive behavioral healthcare support.


## Integrating Traditional Practices into Behavioral Healthcare

Prior to colonization, tribes held vast knowledge of plants and their medicinal uses, performed ceremonies, and shared traditional teachings, all of which supported wellness within the individual. SAMHSA notes a growing interest from Native youth in relearning and participating in these traditional practices. "AI/AN youth are blending traditional and modern best practices across the spectrum of behavioral healthcare services as they grow increasingly engaged in efforts to incorporate traditional practices—such as healing circles, sweat lodges, and ceremonies—into community programs" (SAMHSA, 2015). SAMHSA (2015) states that "bringing the healing power of traditional practices into modern services is at the heart of AI/ANs efforts in behavioral health." In parallel, Donovan et al.'s 2015 study of

culturally grounded interventions in the Pacific Northwest supports the integration of traditional practices into behavioral health:

> "Community-derived, culturally grounded prevention curricula represent promising practices. Integrating evidence-based components of positive youth development and tribal-specific culture, traditions, and values, the curricula have the potential of reducing substance use; increasing hope, optimism, and self-efficacy; and facilitating cultural identity" (Donovan et al., 2015)

As culturally integrated behavioral health supports have shown promise in supporting the holistic development of Native youth today, and Native youth have grown increasingly interested in re-learning and returning to traditional ways of being, thinking, and relating to the world, culturally integrated behavioral health supports offer healing to Native communities while also validating traditional values and culture.

## Tribal Best Practices

While cultural integration of behavioral healthcare programming has proven successful within Native communities, Kelley, Witzel, and Fatupaito (2019) explain that there is very little supporting literature for these best practices, as most are not published. The authors add that "there is limited information about how TBPs [tribal best practices] are used to prevent substance use in American Indian youth" and "ongoing differences in how funding agencies and programs define and support TBPs have led to inconsistencies, challenges, and confusion about what actually constitutes a TBP." To address this issue, Kelley, Witzel, and Fatupaito (2019) collaborated with three Northern Plains tribal prevention programs to document each community's TBPs.

**Assessment criteria for tribal best practices** (Kelley, Witzel, and Fatupaito, 2019):

- activities performed,
- recruitment methods,
- target population,
- risk factors addressed,
- protective factors addressed,
- desired outcomes,
- traditional values, and
- tribal/community approval.

The authors note that this assessment aimed to meet funding agency demands for evaluation. However, communities have used these TBPs to address substance use and build resilience among Native youth for thousands of years, though they had not been documented before. "Empirical evidence was not the goal of these TBPs; tribes know these practices work" (Kelley, Witzel, and Fatupaito, 2019).

## Circles of Care and Wrap-Around Services for Native Youth

Circles of Care and wrap-around services present opportunities for Native communities to build culturally based services that reflect an authentic community voice and provide needed organized systems of care for Native children. These services work well within Native communities, as Native worldviews and ways of being have always functioned like systems of care. Traditional worldviews are relational, viewing life in terms of harmonious cycles, seasons, and relationships. Native people knew that everything was connected, including each individual's physical, mental, emotional, social, and spiritual health.

Two care philosophies that center on collaboration are Circles of Care and wrap-around services. These philosophies can support children with behavioral health and other serious emotional disturbances.

### Circles of Care

Circles of Care are organizational philosophies that involve collaboration across agencies, families, and youth to improve access and expand the array of coordinated, community-based, culturally and linguistically competent services and supports. In these systems, professionals work alongside families and community members to formulate the best care strategies for their children.

### Wrap-around Services

Wrap-around services include a definable planning process designed to help the youth thrive within their own family and community while avoiding out-of-home placement for the youth. The planning process involves a community care team that consists of the youth, their natural support system, and formal supports. Walker et al. (2004) suggests that the wrap-around planning process should include four phases: engagement, initial plan development, plan implementation, and transitioning, as laid out in Table 1.

Table 1. Planning process for wrap-around service

| Planning process for wrap-around services (Walker et al., 2004): | |
|---|---|
| **Phase** | **Description** |
| **Phase One: Engagement** | This phase typically lasts 1 to 2 weeks and is characterized by staff meetings with the child's family to explain the wrap-around process, hear the family's story, explore the family's cultural preferences and strengths, and identify additional informal supports. |
| **Phase Two: Initial Plan Development** | In this phase, the family invites relatives, friends, spiritual community members, other community members, probation officers, school teachers, and other supportive people from the child's life to form a wrap-around team and initiate the formation of a family plan of care. This team then works to identify the child and family's strengths, challenges, and values and other influential people within |

| Planning process for wrap-around services (Walker et al., 2004): | |
|---|---|
| **Phase** | **Description** |
| | their lives. The team then collaboratively produces a family vision, develops goals to actualize the vision, and establishes action steps and services to accomplish their goals. |
| **Phase Three: Plan Implementation** | During this phase, the team develops and asses the implementation plan for the family plan of care. Family meetings focus on reviewing accomplishments, assessing whether the plan of care has worked, adjusting action steps for goals not being met, and assigning new tasks to team members to reach the family's vision. |
| **Phase Four: Transitioning** | During the final phase, plans are made to purposefully transition from formal wrap-around services to informal and natural support from the child, family, and family's community. Successful transition requires a plan for the family to cope with stressors that will occur after the formal wrap-around process has ended. |

Stroul and Freidman (1986) developed a framework for a system of care, shown in Table 2, that includes core values and guiding principles for implementing services. It was originally designed for children with emotional disturbances, but it is applicable to other populations, as well.

Table 2. System of care framework

| **System of care framework** (Stroul and Freidman, 1986): | |
|---|---|
| **System element** | **Implementation recommendations** |
| **Core values** | • **Child and family –** The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.<br>• **Community –** The system of care should be community based, with the focus of services, management, and decision-making responsibilities resting at the community level.<br>• **Cultural competence –** The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve. |

| **System of care framework** (Stroul and Freidman, 1986): | |
|---|---|
| **System element** | **Implementation recommendations** |
| **Guiding principles** | • **Comprehensive services –** Children should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.<br>• **Individualized services –** Children should receive individualized services in accordance with the unique needs and potentials of each child that are guided by an individualized service plan.<br>• **Appropriate environments –** Children should receive services within the least restrictive, most normative environment that is clinically appropriate.<br>• **Families –** The families and surrogate families of children should be full participants in all aspects of the planning and delivery of services.<br>• **Linked services –** Children should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.<br>• **Case management –** Children should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.<br>• **Early identification and intervention –** Early identification and intervention for children should be promoted by the system of care to enhance the likelihood of positive outcomes. |

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