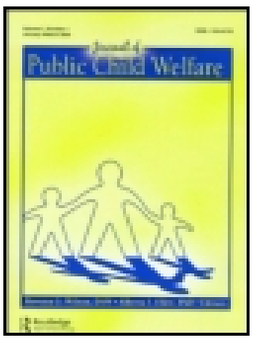

Routledge
Taylor & Francis Group

Journal of Public Child Welfare

ISSN: 1554-8732 (Print) 1554-8740 (Online) Journal homepage: https://www.tandfonline.com/loi/wpcw20

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To cite this article: Maegan Rides At The Door & Ashley Trautman (2019): Considerations for implementing culturally grounded trauma-informed child welfare services: recommendations for working with American Indian/Alaska Native populations, Journal of Public Child Welfare, DOI: 10.1080/15548732.2019.1605014

To link to this article: https://doi.org/10.1080/15548732.2019.1605014

Published online: 24 Apr 2019.

JOURNAL OF PUBLIC CHILD WELFARE
https://doi.org/10.1080/15548732.2019.1605014

Considerations for implementing culturally grounded trauma-informed child welfare services: recommendations for working with American Indian/Alaska Native populations

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ABSTRACT

Cultural humility in trauma informed practice is of paramount importance when working with underserved minority populations. Societal structures and systems of oppression, such as disproportionate representation of American Indian/Alaska Native children in state foster care systems, intergenerational poverty or overrepresentation of people of color in the justice system, are often sources of trauma for marginalized populations. To practice with cultural humility and implement trauma informed practices, systems of care (e.g. child welfare, justice, school, mental health) must attend to structural inequality and tailor treatment accordingly. This paper will describe cultural considerations for systems, organizations and individuals working with American Indian/Alaska Native individuals, families and communities. Recommendations for infusing cultural humility into trauma informed practice will be provided using the ten implementation domains of trauma informed practice as outlined in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Content will include an application of the ten domains with examples specific to service delivery with American/Indian Alaska Native populations.

ARTICLE HISTORY
Received 26 January 2019
Revised 15 February 2019
Accepted 5 April 2019

KEYWORDS
Culture; Trauma; System

Introduction

Systems that interact with vulnerable populations have an obligation to be trauma informed. Whether it is child welfare, justice, school, mental health or primary health care systems, professionals and organizations that provide services to individuals who have experienced trauma must attend to the unique ways in which these experiences impact well-being. Neglecting to do so risks perpetuating trauma and contributing to negative mental health

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outcomes which disproportionately affect at risk and marginalized populations (U.S Department of Health and Human Services, 2001).

To be trauma informed, as defined by the Substance Abuse and Mental Health Services Administration, systems should ground efforts in four key assumptions and six key principals. Specifically, to be trauma informed systems should **realize** the widespread impact of trauma, **recognize** the signs and symptoms of those involved in the system and **respond** by integrating knowledge of trauma into policies, procedures and practices while seeking to actively **resist** re-traumatization (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). In addition, a trauma informed approach adheres to principles that inform service delivery. These include: safety; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues (SAMHSA, 2014).

An important component of a trauma informed approach centers on the cultural needs of individuals. Understanding the cultural context that each individual, family and community operates within is paramount to trauma informed child welfare practice. In this paper, we explore the ways in which this concept may be conceptualized and applied to work with diverse and marginalized populations, specifically the unique experiences of American Indian/Alaska Native individuals and communities. Examples are provided specific to the phenomena of historical trauma along with recommendations for child welfare systems to explore on the journey to becoming trauma informed.

Cultural humility in trauma informed practice

Most mental health professions include cultural humility as an integral component of ethical practice. For example, the National Association of Social Worker's Code of Ethics calls on social workers to "have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups" (National Association of Social Workers [NASW], 2017). Recent dialogue around the terms cultural competence versus cultural humility reflect an important framing for practice with individuals from diverse backgrounds. Namely, we can never assume to be competent in another's culture. Someone's lived experience and cultural identity should be valued for its uniqueness and service providers must recognize the limitations of our knowledge regarding any particular culture different from our own (Tervalon & Murray-Garcia, 1998).

Instead of assuming that a level of cultural competence can be achieved, a trauma informed approach should consistently evaluate the level to which individual child welfare workers and organizations respond to the unique cultural needs of those utilizing services. This includes an understanding of the context in which trauma occurs. Namely, societal structures and systems

of oppression such as the disproportionate representation of people of color in the justice system, intergenerational poverty, and discrimination are often sources of trauma for the diverse and marginalized populations involved in the child welfare system (Carter, 2007; Ortega & Coulborn Faller, 2011). Therefore, to practice with cultural humility and provide trauma-informed care, child welfare professionals must attend to the ways in which these systems of oppression cause the trauma experienced by the clients they serve (Ortega & Coulborn Faller, 2011). Applying concepts of cultural humility should occur at all levels of service delivery and be tailored to reflect the differences within and between diverse populations (NASW, 2015).

Responding to history, context and culture in trauma informed care

In developing trauma responsive systems of care, it is important to recognize that trauma may be conceptualized differently, cultural norms may influence symptom presentation, and healing from trauma may mean engaging in non-western treatment modalities. Due to structural inequality, the definition of trauma has been defined by a western perspective, therefore, it is important to consider how the population being served conceptualizes trauma. For example, what is considered a traumatic event may be expanded to include experiencing multiple losses in a short amount of time (Center for Substance Abuse Treatment, 2014). In addition, for racial minorities, it is important to consider that acts of oppression and discrimination may be experienced as traumatic and result in trauma symptoms (Carter, 2007).

It is also critical to consider that symptoms of trauma may present differently depending on what may be culturally acceptable or unacceptable (Alarcon, 2009). For instance, hypervigilance may not be easily observed in someone if it is a cultural norm not to openly express strong emotions. As the trauma field focuses on the development and implementation of trauma screening and assessment instruments, it is very important to include culturally grounded training for those who will be tasked with screening and assessing for trauma (Cohen, Deblinger, Mannarino, & de Arellano, 2001; Ko et al., 2008).

Finally, systems implementing a trauma informed approach must recognize that experiences of trauma are both contemporary and historical. Historical trauma is a fairly recent concept and has been defined by Maria Yellow Horse Braveheart as the cumulative emotional and psychological wounding due to massive group trauma (Yellow Horse Braveheart, 2003). Historical trauma is differentiated from systemic or structural racism in that historical trauma refers to past events with genocidal or ethnocidal intent, yet the effects have persisted across generations (Walters et al., 2011). Skeptics continue to want research or "evidence" to prove its existence. However, in recent years historical trauma has become generally validated as a true phenomenon. It is important to note that while some individuals may be

skeptical of its existence, many communities have largely accepted historical trauma as a phenomenon because it strongly resonates with their experience (Hartmann & Gone, 2014).

Developing trauma informed systems of care that appropriately address historical trauma rests heavily on the ability of child welfare professionals to change perspective and develop a trauma lens. If child welfare workers do not obtain the ability to use a trauma lens, they risk misinterpreting their clients which could result in re-traumatization. The trauma lens considers whether a child and their family has experienced trauma. A common phrase to demonstrate this shift in perspective is changing the question from "what is wrong with you?" to "what has happened to you?" (Substance Abuse and Mental Health Services Administration, 2014). In taking into account historical trauma, this means reframing the questioning from "what is wrong with this community?" to "what has happened to this community?" The answer to that question points to historical trauma as an etiological factor (Walters et al., 2011). As child welfare systems work with tribal communities, it is important to consider that these systems have perpetrated historical trauma and need to repair these relationships by thinking about it's overall connection and reputation in the community. While addressing historical trauma it is also important to consider that resiliency is also multi-generational (Denham, 2008). For child welfare workers, this means considering questions such as, "What strengths have generationally been passed down?" and helping families develop a strengths based narrative to build upon.

While many systems of care are becoming knowledgeable about historical trauma some may have difficulty understanding how it impacts service delivery. Examples of this may include but are not limited to mistrust between service providers and tribal communities and the inability for service providers to learn cultural knowledge due to the history of exploitation of cultural knowledge and healing practices. The result is service provision largely developed from a Western perspective that may be ineffectual with diverse clients (Issacs, Nahme Huang, Hernandez & Echo-Hawk, 2005).

To adequately respond to the ways in which historical trauma impacts individuals and communities, child welfare systems might consider expanding upon the Adverse Childhood Experiences (ACEs) pyramid as a way to reconceptualize service delivery. As the original ACE study found, increased ACEs (e.g. physical, sexual and emotional abuse, neglect, witnessing intimate partner violence and parental separation or divorce, etc..) are strongly related to increased risk factors for disease and negative health and social outcomes later in life (Felitti et al., 1998). The ACEs pyramid is a visual representation of this relationship between ACEs and the negative impact to certain developmental tasks. Subsequent research and reflection about the ACEs study has illuminated the need to expand our understanding of trauma beyond

individual experiences to include the ways in which we come "into this world in structures and conditions already established" (RYSE Center, 2015).

Developed by the RYSE Center, an expanded ACE pyramid reflects the experiences of marginalization and oppression that contribute to someone's historical and contemporary trauma (RYSE Center, 2015). Institutional racism, for example, manifests itself in a variety of ways including mass incarceration, poverty and overrepresentation of children of color in the child welfare system. These social conditions contribute to ongoing trauma for individuals, families and communities. As noted above, child welfare professionals and human serving systems that do not consider ways of responding to these systemic realities, therefore, are not fully trauma informed. To adequately address the needs of marginalized populations, two layers are added to the bottom of the ACE pyramid: social conditions/local context and generational embodiment/historical trauma (RYSE Center, 2015).

The expanded ACE framework serves as a reminder of the significant ways clients served by the child welfare system are impacted by societal structures and underlying mechanisms of oppression. Child welfare systems must recognize the influence of historical events or conditions (e.g. policies of assimilation, forced relocation, loss of homelands, mass incarceration) inflicted upon entire communities and the resulting trauma which may be passed down through generations (Substance Abuse and Mental Health Services Administration, 2014). In addition, the expanded framework illustrates how intimately linked historical trauma is to current social conditions and environmental stressors such as poverty or high rates of community violence. Accounting for these unique environmental realities broadens the definition on what workers may consider as trauma and can therefore help in creating a holistic treatment approach that accounts for these significant life events and societal conditions (RYSE Center, 2015).

To ground these concepts into practice, the following section will explore how child welfare systems may apply a trauma informed lens to service delivery with America Indian/Alaska Native individuals. Recommendations for practice with corresponding examples are provided.

Trauma informed service delivery with American Indian/Alaska native populations

Beginning with the bottom of the expanded ACE pyramid, child welfare systems should assess the extent to which current service delivery effectively responds to the experience of historical trauma in American Indian/Alaska Native populations and any resulting contemporary impacts to the social conditions clients live in. Specifically, organizations should consider whether practices realize historical trauma, how services respond to disrupted development, coping and distress as uniquely experienced by AI/AN individuals, and whether interventions and organizational policies/procedures adequately resist re-traumatization

by actively evaluating the extent to which services perpetuate institutional racism (SAMHSA, 2014).

Recommendations

In practice, realizing, recognizing, responding and resisting re-traumatization while considering cultural and historical factors for AI/ANs may be aided by building on SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach and adapting implementation domains specifically to the AI/AN population accordingly. The implementation domains reflect the multiple levels of an organization where change to promote a trauma-informed approach may occur. These domains include: governance and leadership; policy; physical environment; engagement and involvement; cross sector collaboration; screening, assessment, treatment services; training and workforce development; progress monitoring and quality assurance; financing; and evaluation (SAMHSA, 2014). Some examples in each domain are provided below.

Domain 1: governance and leadership

- Honor tribal self-determination and unique governmental structures. Child welfare agencies might consider familiarizing staff with the basic tenets of tribal government structures especially those relative to the tribal communities they most often work with.
- Consult with tribal leadership about formalizing communication to maintain consistency across tribal leadership changes. This might include building relationships with several key community stakeholders to ensure communication and information sharing is not disrupted in the event of leadership turnover. It will be important to, in collaboration with tribal partners, develop parameters about what can and cannot be shared with various stakeholders to ensure confidentiality and coordination of services.
- Child welfare workers should consult and collaborate with not only tribal government leaders, but community leaders, such as elders.

Domain 2: policy

- Consider how policies and procedures of the child welfare agency conflict with or compliment tribal codes and/or tribal culture and values.
- Evaluate the extent to which child welfare practices align with the Indian Child Welfare Act (ICWA) and assess internal policies or practices that conflict with ICWA compliance.
- Evaluate child welfare policies relative to treatment plans to ensure adequate flexibility is allowed in the adaptation of practices to support culturally sensitive interventions.
- Ensure policies allow for and encourage the use of traditional practices and community engagement as a component of treatment.

Domain 3: physical environment

- Explore whether the physical location of the child welfare agency presents some cultural significance to the tribal community.
- Consistent with spirit of the ICWA, child welfare professionals should explore ways to collaborate with tribal communities to explore opportunities that honor cultural identity and promote a sense of belonging for children and their families.
- Collaborate with tribal communities to develop strategies to provide spaces in agencies for clients and staff to practice and honor traditional healing practices. For example, dedicate certain rooms to the practice of smudging.

Domain 4: engagement and involvement

- Discuss ways to ensure the incorporation of tribal language. Child welfare professional might consider partnering with local tribal members to consult on ways to ensure children and families involved in the child welfare system are exposed to their tribal language, should they choose. In addition, all agency materials, forms, and assessments can be in tribal languages.

An important component of system change efforts that prioritize culturally sensitive, trauma informed models should include, and be led by, consumers and impacted communities. As reflected in SAMHSA's Concept of Trauma framework, significant engagement and involvement from groups with lived experience should be included in all areas of organizational functioning (e.g. program design, implementation, service delivery, quality assurance workforce development and evaluation) (SAMHSA, 2014).

The community is a great resource to co-develop and implement trauma informed service delivery. For example, tribal communities can help decide how the child welfare agency approaches whether and how to incorporate traditional healing approaches and by whom they should be delivered, combining traditional healing with existing trauma treatments, developing a new treatment based on traditional healing principles, or using existing trauma treatments that have been developed outside of the community.

In all of these processes, it will be important for child welfare agencies and professionals to be mindful of the ways in which history impacts relationship building. Namely, as described above, past assimilationist policies by the federal government against tribal communities and contemporary systems of oppression may make American Indian/Alaska Native individuals initially reticent to engage in a collaborative process. In these instances, ongoing, consistent and meaningful

engagement efforts centered in the practice of cultural humility will be important to establish relationships.

Domain 5: cross sector collaboration

- Child welfare workers should be mindful and considerate of how tribal communities may want to expand efforts beyond the agency and improve cross coordination of services. This may assist in improving how child welfare workers are perceived in the community.
- Engage with other organizations that serve similar populations in order to promote the sharing of best practices and prevent duplication of services. For example, if located in an urban area, the child welfare agency may consider partnering with an urban Indian health care facility should one exist in the community.

Domain 6: screening, assessment, and treatment services

- Child welfare professionals should obtain initial and ongoing input from American Indian/Alaska Native families about the types of cultural/spiritual supports desired and ways they would prefer to access these supports.
- Have tribal community members review documents, such as intake packets, assessments, informational brochures, to ensure cultural appropriateness.

When implementing screening, assessment and treatment, child welfare systems might consider the ways in which current tools, instruments and evidence-based practices account for the experience of historical trauma. Child welfare professional might ask whether trauma screening tools employed at the agency include historical trauma and the experience of racism as elements of the screen? Have psychological tests been normed to work with diverse populations including the unique ways in which culture impacts perspective and response to instrument items? Have evidence-based practices been shown effective at working with diverse populations and specifically address the experience of historical trauma? For communities where trauma prevalence is high and resources are limited, reconsider the purpose and function of trauma screening.

Domain 7: training and workforce development

- Implement continuous training for child welfare professionals that addresses historical and cultural issues.
- Recruit, train, and retain staff and volunteers that are representative of the population being served.

- Prioritize efforts to retain staff in order to maintain consistent connections and relationships to the tribal community.

Domain 8: progress monitoring and quality assurance

- Ensure the tribal community is involved in determining what data are being collected about American Indian/Alaska Native clients and what methods and measures are used.
- The child welfare agency may consider ways to assess implementation of the ICWA to determine level of compliance and any areas of the law where additional training would be useful.
- Establish feedback loops to ensure progress is shared with tribal communities.

Domain 9: financing

- Recognize potential structural inequalities of funding access and infrastructure across community services.
- Consider the ways grant funding opportunities align or conflict with the identified needs of tribal communities. For example, child welfare agencies might consider whether grant projects require the implementation of certain practices or treatments that conflict with tribal values or customs.
- Advocate for flexibility in use of funding to promote the use of traditional healing practices.
- Remain mindful of sustainability efforts to ensure there are no gaps in services once funding cycles end.

Domain 10: evaluation

- Ensure the tribal community has some ownership in determining if child welfare implementation activities are successful. For example, a child welfare program who aims to increase parental visitation may count the number of visits a parent is able to make as a way to determine success. A tribal point of view, that is collectivist, may be broader and count not only visits from parents but also those from the family and community. This approach can contribute to psychological safety for a child whose parents might not be consistent as they may look forward to visits from other important people in their life.
- Ensure the tribal community helps determine who owns the information including if and how dissemination can occur.

Conclusion

Though potentially challenging for child welfare systems which are under-resourced and overburdened, implementing culturally sensitive trauma informed change efforts are imperative to ethical practice. Due to historical trauma, who is involved in the decision making about how to develop a trauma resilient system that is also culturally responsive must include members of the population being served. Including tribal communities in decision making is not limited to a specific treatment or intervention being developed, but instead should include community feedback in all areas of system functioning including how success is defined and what measures are being used to track outcomes. If communities are not part of the decision making, we run the risk of re-traumatizing populations that have experienced historical trauma.

The outcome of a trauma-informed system may mean that there is less burden on a single intervention (e.g. therapist-client interaction or evidence based practice) for successful client outcomes. Instead, organizational processes at each level, from program design to policy, are designed to respond to the unique needs of diverse populations. Together these collective efforts ground all aspects of service delivery in core assumptions and principles designed to respond to the trauma related and cultural needs of each individual client.

Notes on contributors

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