Tribal Best Practices

A Toolkit with Best Practices, Research, and Resources Developed by the National Indian Child Welfare Association
The National Indian Child Welfare Association (NICWA) is a private nonprofit, membership-based organization dedicated to the well-being of American Indian and Alaska Native children and families. Headquartered in Portland, Oregon, NICWA serves tribes, individuals, and private organizations throughout the United States and Canada by serving as the most comprehensive source of information on American Indian child welfare and acting as the only national Native organization focused on building tribal capacity to prevent child abuse and neglect.

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The National Indian Child Welfare Association is dedicated to the well-being of American Indian and Alaska Native children and families.

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Family Engagement

Tribal Best Practices for Family Engagement Toolkit

The Tribal Best Practices for Family Engagement Toolkit is created to inform and enrich the family advocate’s capacity when engaging Indian families in Systems of Care (SOC). The content is developed by Indian people for Indian people, however many of the concepts and ideas included can be adapted to serve any community seeking to enhance family engagement. This document outlines a basic family engagement framework for how families could be involved at all levels of the SOC structure that can be helpful when a grantee is envisioning, conceptualizing and implementing family engagement within its SOC. While every SOC community will have a tailored approach to family engagement, this document offers strategies, ideas, and tools for family advocates to support Indian Families within any SOC framework.

Includes:

• Traditional family engagement
• Overview and addressing historical and intergenerational trauma
• Integration of the Relational Worldview Model
• Engagement strategies and family advocate outreach techniques
• Roles Family Advocates/Supervisors play in family engagement
• Identifying and overcoming family engagement barriers

• Strategies for overcoming specific barriers
• How families can make an impact
• Culturally based trainings and curriculum for staff
• Reclaiming traditional ways conclusion
• Acknowledgments
• Appendix – Systems of Care resources and links

Traditional Family Engagement

Traditionally, families were essential to the survival, well-being and the livelihood of tribal communities. Families served many roles in the community such as decision makers, protectors, teachers, hunters, gatherers, keepers of customary practices, and caregivers of elders and children. They watched over the community to ensure everyone was taken care of and safe. Families led vital community functions such as voting processes, ceremonial practices, and war parties. Tribal families maintained balance and harmony in community relying on strong values in cooperation, interdependence, and looking beyond one’s self. Families have always been integral in how a tribal community functions, which speaks to the importance of family engagement in a system of care. Family engagement in most tribal communities happens naturally through culturally motivated events, customs, or practices. In a systems of care, family engagement should follow a similar approach that builds on a community’s strengths and resources. To honor traditional family engagement we begin with a story to demonstrate the richness of tribal culture as well as the challenges to maintain cultural traditions.
History’s Impact on Tribal Families

We are all related. We are related to the plants, the animals, the winged ones and the ones that crawl on the earth. Elders tell us we are all related because within all creation is water and spirit. Some tribes believe rock is our grandfather for he is the oldest living being on earth that has seen the most and watches over us like a grandfather would its grandchild. The earth is our mother as she provides food, water, and shelter. The sky is our father always providing water, light, and air needed to survive. These tribal teachings are universally known in Indian Country and taught to children at a young age.

Indigenous cultures believe all things in this world are connected therefore, if something happens to one thing it will eventually affect all things. When North American Tribes came into contact with Europeans, tribal communities began to experience a disruption of indigenous livelihood and practice. Tribal Nations experienced significant loss of life after enduring forced colonization and hundreds of years of war. U.S. federal policies focused on assimilation, relocation, and termination further fractured tribal communities (Thornton, 1987; Stannard, 1992).

• In the 1880’s federal boarding schools served as an assimilation tactic used to rid the Indian child of their culture. Indian children became disconnected from their heritage after being forced to attend boarding schools where they grew up without their family’s nurturing, teachings, and cultural knowledge (Thompason, 2013).
• The 1890 Dawes Act displaced tribes to isolated reservations seen as a form of imprisonment where tribal members were not allowed to hunt, gather, or maintain traditional ties to sacred land spaces (Richotte, 2009).
• In the 1954 Termination Act over 100 tribes had their federal recognition status taken away or terminated by the U.S. government with the goal that tribes would further embrace assimilation into the mainstream (Lewis, 2009).

Each event led to what Dr. Maria Yellow Horse Brave Heart defines as historical and intergenerational trauma.

Historical and Intergenerational Trauma in Indian Country

Historical and intergenerational trauma is one of the most critical factors contributing to the creation of the barriers we see today when engaging families. Dr. Maria Yellow Horse Brave Heart defines historical and intergenerational trauma as the “cumulative emotional and psychological wounding across generations, including one’s lifespan, which emanates from massive group trauma” (Brave Heart, 1999a, b, 1998, 1995). To this day the wounding of tribal people through colonization,
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assimilation, and termination is still healing especially those who survived federal boarding schools.

Indian children who grew up in the boarding schools were severely mistreated and abused by school staff, which created post-traumatic stress disorder, depression, self-hatred, anxiety, or survivor guilt in the children. Children were punished for cultural practices such as speaking their language or practicing their ceremonies. **Away from their parents, boarding school children did not develop proper parenting skills, knowledge of nurturing practices, or customary parental knowledge.** Without a full cultural upbringing combined with trauma Indian children were more at risk of abusing substances and experiencing high rates of mental health issues post boarding school. **Other indicators of historical and intergenerational trauma include:**

- Loss of cultural identity
- Substance abuse
- Abuse (physical, mental, emotional, and sexual)
- Mental illness
- Health disparities (malnutrition)
- Suicide and suicide attempts
- Absence of parenting knowledge and skill

(Source: Bachman, Berlin, Indian Health Service, and Freire were quoted by Maria Yellow Horse Brave Heart, Ph.D. and Lemyra M. DeBruyn, Ph.D.)

As boarding school children became adults they transitioned into the mainstream world confused about their cultural identity and where they fit in the world. **As struggling adults they turned to unhealthy coping mechanisms and behaviors that were not part of tribal practice or custom. These coping mechanisms were eventually passed on to the next generation.** Few Indian children were able to restore their tribal identity or find healing after their culture was taken from them.

**Where Do Families Go From Here?**

Awareness of historical and intergenerational trauma and its impact is essential to begin understanding major barriers tribal families and communities face. As family advocates you play a critical role in helping families break down these barriers and find healing or balance. **Given the implications of historical and intergenerational trauma it is important when first engaging families in Indian Country to:**
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- Educate yourself about historical and intergenerational trauma and its effects
- Understand that historical and intergenerational trauma has impacted each tribe differently
- Start with the approach of what happened as opposed to what's wrong
- Give space for families to tell their story but not making it a requirement
- Reflect and pay attention to your own bias, remain non-judgmental, and be self-aware of your actions to not offend families who are still working through their trauma

Tribal communities have endured a range of traumatic events that have given rise to the social, economic, cultural, and spiritual challenges seen today. The next section discusses a culturally responsive tool to help assess imbalances and restore balance to family engagement.

Integration of the Relational Worldview Model

The National Indian Child Welfare Association (NICWA) developed the Relational Worldview Model (RWV) as a tribal resource and tool for the child welfare field. Rooted in tribal teachings and belief, the RWV model contains four quadrants of context, mind, spirit, and body (see picture below). Each quadrant is in a constant state of flux emphasizing the importance of interdependency and relationship in order to reach balance and harmony. Health is restored when balance is presented and there is harmony amongst the quadrants.

The RWV model can be used for:
- Assessing imbalances of an individual, family, community, or organization
- Restoring balance or harmony back into an individual, family or organization
- Case planning, family crisis planning tool
- Goal setting

*Innate positive are the spiritual forces such as guardian angels, ancestors
*Innate negative are the forces that make you do bad
*Learned positive are cultural practices such as smudging, drumming, or prayer
*Learned negative are the witchcraft or cultural practices that do or cause harm, negative energy, or negative unhealthy behaviors
Finding balance and harmony in a complex and ever changing world is not an easy task nor is it something you do one time and you’re done. Maintaining balance and harmony must be consistently worked on. While each quadrant is separate they may have overlapping content items. Remember change is the only consistent thing we can count on when attending to each quadrant. As each quadrant changes so must the work we do to protect ourselves from falling out of balance and harmony.

**Family Engagement RWV Example:** A family is going through a substance abusing issue where the mother is abusing methamphetamine and the father is out of the picture. The family consists of two youth and a mother. The child’s school has sent a referral to your Systems of Care based on the kids missing too much school (chronic absenteeism). The example below is how a family advocate can utilize the RWV as a tool to help restore balance and harmony in the family.

What you’ll find in each quadrant are action steps a family advocate and the parent/caregiver(s) can take to assist in restoring balance and harmony in the household.

**Context (Social, Environment)**
- Assess the safety needs of the youth and mother
- Identify with mom who are safe family members who can help the family if a crisis occurs
- Get more information from the school concerning the youth’s absences
- Gather some information on mom's involvement with the school noting any irregular behavior

**Mind/Communication**
- Establishing contact with mom is priority – begin building rapport and relationship
- Assessing and noting the behavioral health needs of mom e.g., depression, anxiety, or trauma.
- Establish transparency and boundaries with mom - let her know what resources and support the advocate can provide and that the family advocate is a mandatory reporter

**Body/Health and Wellness**
- Schedule an appointment with mom to discuss how the team might work together to address the needs of the family
- Ask mom if there are basic needs that the team or SOC can help with.

**Spirituality/Tribal Customs and Practices**
- The family advocate will approach the mother through the lens of knowing that the mother may be suffering historical/intergenerational trauma – so that the family advocate begins by asking “what happened to you?”
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• The advocate begins work with the mother to find her motivation to stop using methamphetamine.
• Identify elders / spiritual leader to guide or offer cultural support

The above actions are ideas on how family advocates can use the RWV to holistically assess and respond to the family’s situation.

Engagement Strategies

Engaging with families can be challenging especially when situations come up that are beyond a family advocate’s control. Building trusting relationships and mutual respect are the best ingredients for a strong engagement foundation. Below are some foundational approaches to effectively engaging families.

When building relationships with families:
• Focus on building trust is a key component to a working relationship
• Be flexible – Each family is different and requires unique and a specific kind of support, response, and attention
• Remain non-judgmental – Whether or not you agree with a family’s decision or how they live, staying neutral is important
• Keeping expectations realistic on the family outcomes – working with families is a challenge so remain realistic about outcomes
• Celebrate little victories – every success whether small or large celebrate all things positive.
• Highlight and draw from a family’s strengths and resources – too often providers focus on deficiencies as opposed to what the family does well

When working with families:
• Provide social media outlets for families and youth to receive information about community activities. (e.g., flyers, calendars of events, Facebook page with updates of events and programs)
• Create peer to peer support opportunities for both youth and families – if there are youth/families that may have overcome common struggles in your community and are now thriving, motivate them to become mentors or peer support specialists to support future clients.
• Offer space for families and youth to share their experiences, strengths and hopes for their lives and community (e.g. open mic nights, community events).
• Take a holistic approach to family engagement by using any and all resources in the community and thinking outside the box (e.g. families can receive additional mental health support through equine therapy, Gathering Of Native Americans (GONA), Ceremonial and traditional teachings, activities etc.).
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- Identify resources or creative methods to ensure food is provided at family engagement events (e.g., fundraising, partner with the service provider team, create partnerships with food pantries, food co-op, or grocery stores).
- Use the time the children would be in childcare to meet with the child for mental health a appointment. Have activities that are both therapeutic and fun for kids that are in child-care.
  (Source: Interviews with Shannon Cross Bear, Barbara Friesen, Dee Bigfoot, 2016)

Outreach Techniques

Having consistent contact with families is important even if the interaction is just to call to check in for a brief moment to say hello or that you are thinking of them. Brief check-ins makes a world of difference for families who may be seeking support. Here are more ideas of how to stay in touch with families.

- Meeting with families can be done at the office, library, park or even a client’s home. Get creative!
- Tabling or marketing at events where families hang out (e.g. tribal fair, community events).
- Offer a personal touch by hand written letters and sending personal messages to specific families about upcoming events or programming.
- Social media such as Facebook or Twitter is great for posting updates on events and programming.
- Going door to door to outreach with families may take some dedicated effort and time but it is still a valuable outreach technique.
- Building partnerships with other social serving agencies is a great way to learn about other resources for clients. Agencies such as the Women Infants Children office, the local schools, Indian child welfare agencies, community serving agencies like the recreation center, treatment centers, Temporary Assistance for Needy Families office, Indian Health Services, civic offices, tribal council, food pantries, or shelters.

The Roles within Engaging Families

“She efforts are not considered a stand-alone characteristic of the system of care, but are woven throughout the fabric of system of care process and structures” (Pires, 27).

It takes a village to raise a well-rounded child. It takes a team to wrap-around a family when they are in need of essential care. Below are roles a family advocate and their supports can play throughout systems of care.

See next page for roles in engaging families.
### Family Advocate Roles

<table>
<thead>
<tr>
<th>Invest time with families &amp; connect them to resources in the community</th>
<th>Identify tribal protocols to support family engagement</th>
<th>Draft policies on how to engage and work with families</th>
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<tbody>
<tr>
<td>Identify spiritual people, elders, &amp; ceremonial places for families to access</td>
<td>Train families as peer/recovery supports</td>
<td>Help families identify how they can work with tribal council</td>
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<tr>
<td>Identify family and youth champions to help engage families</td>
<td>Develop a family crisis planning model (e.g. RWV)</td>
<td>Provide parenting training including life skill development</td>
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### Supervisor Roles

<table>
<thead>
<tr>
<th>Develop workplace crisis plan for both staff &amp; families</th>
<th>Create a welcoming space for families and youth</th>
<th>Help families identify how they can work with tribal council</th>
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<tbody>
<tr>
<td>Create family engagement policies and procedures with families to integrate family voice and choice</td>
<td>Create staff and family welcoming protocols and policies</td>
<td>Host weekly check-ins with staff on capacity and resource building</td>
</tr>
<tr>
<td>Identify key stakeholders and potential partners for capacity building</td>
<td>Create a list of all tribal resources for families</td>
<td>Provide professional development trainings for staff</td>
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Barriers to Engaging Families

“AI/AN adults experience mental health disorders at rates higher than any other population (Urban Indian Health Institute, 2012)”

Historical and intergenerational trauma has created some of the major barriers our tribal families experience such as historical mistrust between service providers and government agencies. Helping families identify and address barriers such as trauma and historical mistrust is a critical part in working as a family advocate. Understanding these barriers from the family advocate and client’s perspective can build a stronger partnership. Below are some common barriers to engaging families.

- **Historical mistrust of service providers**: is based on a past maltreatment from government institutions, social serving organizations and religious sects. These tarnished relationships drive Native family’s reluctance in trusting non-native people and organizations. This mistrust coupled with experiencing mental health issues often leads to tribal clients missing health appointments or not taking their medication as prescribed. Without medical support tribal clients turn to self-medication to find relief.

- **Parenting skill**: historical and intergenerational trauma interrupted the passing down of traditional parenting skills and nurturing practices. As a result many tribal generations are unequipped to properly parent and pass down tribal parenting practices.

- **Not being an enrolled member of a tribe**: Strict tribal enrollment criteria such as the use of blood quantum are an obstacle for tribal people who have blood quantum less than required. This leaves tribal people without access to services such as Indian Health Service (IHS), mental health support, and other resources tribal members receive from being enrolled. Non-enrolled members often feel left out and unvalued by their tribe and don’t receive the support from their tribal community.

- **Personal biases and opinions**: When service providers make decision based on personal bias, discomfort or opinion it creates a barrier to delivering effective services and disengages families.

- **Bigotry**: Intolerance jeopardizes the working relationship between family advocate and client.

- **Stereotypes**: When service providers rely on stereotypes or generalizations such as thinking all Indians have the same spiritual or religious belief, language, culture, and experience this can cost the respect and working relationship you are building with a client.
• **The balance of living in two worlds – contemporary vs. traditional:** This complex and multi-layered barrier is often difficult to understand for those who do not have to live between two cultures. An example is how tribal people must embrace American values of an individualistic society while still remaining true to their tribal communalist society. A tribal person trying to balance these two value systems creates stress, burden, anxiety, and fear which all can be a barrier to relationship building.

• **Issues of child custody:** Native families are four times more likely to have their children removed and placed in foster care than their white counterparts (Cross 2006). Dealing with issues of custody is an immensely stressful, challenging, and traumatic event that can inhibit families from engaging with service providers.

• **Stigma around mental health and attitudes toward seeking help:** Some tribal families don’t like their children being labeled or associated with any mental health diagnosis in fear of their child being removed from the home, being criticized by their peers and community, or their child being stereotyped.

• **Substance use among AI/AN adults:** Working with a client who’s in their addiction can be a major obstacle in family engagement. Some families tend to always be in crisis mode or surrounded by constant family drama. As a provider you’re constantly putting out fires rather than helping the client progress.

• **Domestic violence:** AI/AN women are more likely than any other racial or ethnic group to experience intimate partner violence (Tjaden & Thonennes, 2000). Women who experience partner violence often isolate and cover up the violence to avoid criticism or legal detainment of their partner. If their partner financially supports the home any time spent in jail is money coming out of the home.

• **Lack of transportation:** Many reservations are located in rural areas far from a majority of service providers. Most rural reservations do not have public transportation so elders and youth must rely on adults for transport.
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• Lack of child care: Tribal families often don’t have the financial resources or transportation to get their kids into childcare. For some families not having childcare makes it difficult to engage with service providers.

Having an understanding of the barriers families endure provides context and insight that can help inform your approach to engaging families. The next section we’ll move into ways to begin breaking down these barriers.

Overcoming Family Engagement Barriers

“Cultural is prevention, culture is intervention, culture is healing” (NICWA, 2012)

Our Indian ancestors knew the importance of persevering and passing down cultural & healing practices, traditional ways of knowing, and language. Storytelling for example is an oral tradition used to teach children the ways of their people, leaving nothing to chance. Integrating tribal practices into everyday life helps overcome barriers we all face. In this section we highlight effective strategies including protective factors that assist advocates in helping families overcome barriers and engage more meaningfully.

Protective factors, reachable goals for families, have always been around when it came to maintaining family safety, keeping youth from unhealthy behaviors, or preserving culture. Protective factors are “conditions or attributes (skills, strengths, resources, supports, or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities” (SAMHSA, 2015). Protective factors benefit families by:

• Serving as preventative measures to support families and children’s mental health
• Supporting the ongoing well-being of children and families
• Strengthen skillsets and natural abilities

Within the framework of protective factors there is a focus on positive relationships and experiences while growing up that protect young people from negative influences and behaviors. Some examples include having:
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• Positive peer groups
• Supportive adults
• School activities
• Family resources
• Spiritual/religious connection
• Connection with tribal elders
• A safe and strong community

(Source: Maria Yellow Horse Brave Heart Ph.D.)

Tribal protective factors have similar purposes of prevention, intervention, and healing. For example, smudging with sweet grass or sage is a coping mechanism to help calm down and restore positivity within one's self. Tribal protective factors keep tribal members connected to community and culture. They also improve relationships with parents/caregivers, relatives, or community members. Below are tribal protective factors advocates can integrate into their work with families.

• Learn and revitalize indigenous language
• Cultural teachings (parenting skills, harvesting practices, hunting, gathering of medicines and food, stewardship etc.)
• Community gatherings (potlatch, seasonal events, tribal fairs)
• Ceremony (Honoring, rites of passage, sweat lodge, tipi meeting, pipe ceremony, harvest, moon, seasons, etc. . . .)
• Smudging
• Talking circle
• Storytelling
• Women’s gatherings
• Celebration of life events (first catch/kill ceremonies)

From the start, everything should be done in collaboration and partnership with families to ensure trust, understanding, and a stronger relationship. Working together to overcome barriers opens up the doors to engaging families fully and effectively.

Strategies for Overcoming Specific Barriers

As mentioned in the previous section, there are some major barriers that keep tribal families from engaging with services. Below we have compiled some suggestions on how to approach some of the specific barriers identified.
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- **Historical mistrust:** By building relationships based on trust, honestly, and partnership historical mistrust can be overcome. Establish yourself as a helper, do what you say you will do, and collaborate with other native run organizations and service providers.

- **Parenting skill:** One of the primary barriers that keep families from strengthening their parenting skills is the ability to meet their basic needs. By supporting families in meeting their basic needs the family advocate can then move forward with addressing parental skill development needs and family goals.

- **Challenge of non-enrolled members:** If you think your client is eligible for tribal membership we suggest helping them through the process of enrollment. If a client discovers they are ineligible for enrollment support them in outreaching to resources beyond the tribe (e.g. city, non-profits, county, or state). Tribal enrollment status does not define who you are. What matters is your connection to culture.

- **Living in two worlds:** As a service provider remain transparent and understand others have cultural ways that are different and unique. Be aware of your own cultural ways and let others be who they are.

- **Issues of child custody:** Identify extended family as a means of natural support and resource for kids. As a provider establish yourself as a helper and let families know you can provide them with their basic needs (e.g. childcare, food, shelter) Also, create relationships with spiritual helpers in the community to use as a cultural resource.

- **Unaddressed mental health issues:** Build relationships with tribal social serving agencies to connect clients with tribally specific providers. Ensure the services are comfortable and aligned with the client’s preferences.

- **Lack of transportation:** Offering families multiple options for meeting places and times will be helpful. Being flexible shows your support and builds rapport.

- **Lack of childcare:** Ask the family how you can best support their childcare needs. Maybe you can meet at the family’s house, the park, or the mall. Create partnerships with childcare providers or create a structure where families can take turns providing childcare. If available, System of Care employees can possibly serve as child-care providers during work hours.
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- **Substance use among AI/AN adults:** Connect families with substance use treatment programs and resources. Provide alternative activities to drug and alcohol use such as physical and cultural activities. Networking and collaborating with alcohol and drug treatment centers will help build partnerships.

- **Domestic violence:** Connect families to domestic violence resources and supports. Provide supports and educational opportunities for abusers. Continue to support the family to ensure stability remains.

- **Stress around relationship and daily life:** Have regular check-ins to build trust and resilience. Provide education on healthy relationships and ways to communicate in a healthy way with relatives and loved ones.

- **Stigma around mental health and attitudes toward seeking help:** Host family nights, talk about breaking down stigmas of mental health. Use peer to peer relationships as an opportunity to connect with families about seeking mental health help or assistance. Normalize mental health challenges and treatment when interacting with families. Let families know there are several options to treat mental health issues (cognitive behavioral therapy, group therapy, GONA, equine Therapy, sweatlodge ceremony).

**How Families Can Make an Impact**

Youth and families are the building blocks of systems of care making their involvement at every level of system building a pivotal act. Below are the levels where families can participate and make meaningful change.

<table>
<thead>
<tr>
<th>Policy Level</th>
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<tbody>
<tr>
<td><strong>Families can:</strong></td>
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<tr>
<td>• Participate on governance bodies</td>
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<tr>
<td>• Drafting legislation</td>
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<tr>
<td>• Participate on system design workgroup</td>
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<tr>
<td>• Serve on system advisory boards or councils</td>
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<tr>
<th>Management Level</th>
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<td><strong>Families can:</strong></td>
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<tr>
<td>• Be involved in developing and implanting quality improvement processes</td>
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<tr>
<td>• Help in assessing and strengthening system performance</td>
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<tr>
<td>• Assist in recruitment and selection of personnel</td>
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<tr>
<td>• Help frame requests for proposals</td>
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<tr>
<td>• Lead training activities</td>
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<tr>
<td>• Be administrators</td>
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<th>Service Delivery Level</th>
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<tr>
<td><strong>Families can:</strong></td>
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<tr>
<td>• Be members on their own child’s team</td>
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<tr>
<td>• Function as family support workers, peer support, recovery peer support, and system navigators for other families.</td>
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Family partnerships are a fundamental practice requiring providers to shift their attitude and behavior toward families by raising their level of knowledge, skill, and ability. One way to increase working capacity among tribal staff and family advocates are to attend culturally based trainings.

Culturally Based Trainings and Curriculum

Culturally based trainings cover a wide variety of topics such as exploring the attitudes and values of cultural worldviews, offer guidance on how families can address trauma, and teach how cultural practices are forms of resilience. Cultural trainings provide:

- Insight to service providers on how to honor a family’s culture, family’s values, and traditional ways of being.
- Culturally responsive guidance on how to work effectively with tribal families, tribal communities and with social service agencies on and off the reservation.

Referencing a curriculum that is culturally responsive enhances skills and knowledge for the caseworker, family, and community at large. Providing opportunities for families to be validated, to feel a part of the process, and to view their family and community in a positive way is essential for spiritual, emotional well-being, socialization, and physical growth (Coffey, 2008).

- **Trauma Informed Care training** provides a profound understanding of trauma on the brain, on behavior, and how it plays out in the workplace and community. The training explores how communities can build their capacity to serve clients who may have been through a traumatic event.
  - [http://www.nativewellness.com/events.html#TraumaInformed](http://www.nativewellness.com/events.html#TraumaInformed)

- **Positive Indian Parenting training/curriculum** of trainers contains materials that draw on the strengths of historic Indian child-rearing patterns and blends old parenting values with modern skills. The use of cultural metaphors such as storytelling, cradleboards, harmony, and lessons of nature are used to communicate the curriculum’s lessons.
  - [https://www.nicwa.org/training-institutes/](https://www.nicwa.org/training-institutes/)

- **Indian Child Welfare Act (ICWA)** is a federal law that seeks to keep American Indian children with American Indian/Alaska Native families. Congress passed ICWA in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies.

- **Tribal In-home Services** is a set of strengths based, family-centered services designed
to keep families together. These services help families improve their functionality at home and strengthen family values.

- **Historical and Intergenerational Trauma training** examines the concept of historical trauma and its effects on present-day Indian communities. The training explains how certain historical events have caused generations to pass down unresolved trauma and intergenerational grief. The training also examines the resiliency and strengths of Indian people and communities.
  - [http://www.nativeinstitute.org/trainings/historicaltrauma.htm](http://www.nativeinstitute.org/trainings/historicaltrauma.htm)

- **Wraparound** is an intervention model comprised of a team of individuals from various service agencies who work together in building an effective treatment plan for the client. The principles of wraparound reflect community-based services, individualization, strengths-based approach, culturally competent, partnership with the family, team driven, use of natural supports, and measurable outcomes. These principles correlate with Native American value systems, making wraparound a culturally appropriate model to work with Native American children and families.
  - [http://www.nativeinstitute.org/trainings/wraparound.htm](http://www.nativeinstitute.org/trainings/wraparound.htm)

- **Healthy Relationships training** teaches about the concepts of a healthy relationship and Native wellness. The training is intended for Head Start, ICW, TANF, Domestic violence, Fatherhood, Healthy Marriage, Social and Education Services, Tribal Health, Youth Programs, and others interested in providing healthy relationship education in their communities.
  - [http://www.nativewellness.com/healthy-relationships.html](http://www.nativewellness.com/healthy-relationships.html)

- **Gathering of Native Americans (GONA) curriculum** is an effective healing and tribal community planning model for addressing impacts of historical and intergenerational trauma. Impacts include substance abuse, suicide, meth and other drug use, violence, poverty and more.
  - [http://www.nativewellness.com/events.html#GONATOF1](http://www.nativewellness.com/events.html#GONATOF1)
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- Fatherhood and Motherhood is Sacred curriculum is a culturally responsive curriculum assisting fathers, mothers, and families to fully realize their potential as caregivers.
  - https://www.nativeamericanfathers.org/

Reclaiming Traditional Ways of Knowing

Like many traditional stories in Indian Country, an elder once said, “our ancestors always knew when to move winter camp to spring camp based on the morning air, when the maple sap flowed from the trees, and when bear came out to hunt. Our ancestors observed and recorded these seasonal changes through pictographs on cliff faces and inscription on birch bark to be used as maps and to share information (Shannon Cross Bear).”

Through close observation our ancestors learned from the natural world on how to live in harmony and balance. Working within family advocacy and engagement is challenging, but if we reflect back to our ancestors’ practices, we learn connecting with nature restores balance and harmony within our mental, physical and spiritual selves. A part of this restoration process is ceremony, which ICWA supporter Sandy White Hawk describes as “Everything we are as Indian people is based in ceremonial practices.” Ceremonies from rites of passage to healing illness have sustained our ancestors since time immemorial. These natural gifts and practices were given to us by our Creator to find healing, grow resiliency, and thrive in today’s world.

As family advocates, our role is to create opportunities for families to connect, reconnect, and strengthen relationships with nature and ceremony. By reclaiming connection to nature and ceremony, families strengthen traditional ties to place and ancestral roots. Integrating traditional practices into family engagement such as hosting welcoming, completion, or potlatch ceremonies can produce a more meaningful experience throughout. Supporting families in reclaiming their traditional ways is a true act of empowerment and an illustration of resiliency which are tools that will help families succeed. Miigwech!
Acknowledgements

The Tribal Best Practices for Family Engagement resource document is a culmination of interviews, research, trainings, and curriculum from organizational leaders, professionals, and advocates, who are influential in their fields and on the topic of family engagement in Indian Country. The purpose of the document is to highlight family engagement best practices and provide an understanding of effective family engagement practice in Indian Country. Interviewees include: Dr. Dee Big Foot Director of the Indian Country Child Trauma Center at the University of Oklahoma Health Sciences Center; Barbara Friesen of Portland State University; Shannon Cross Bear; Malisa Pearson, project coordinator at the Family-Run Executive Director Leadership Association, Dr. Terry Cross, Senior Advisor, curriculum developer and founder of the National Indian Child Welfare Association; Dr. Maria Yellow Horse Brave Heart, Research Associate, Professor, and Director of Native American and Disparities Research, Community Behavioral Health (CBH) at the University of New Mexico School of Medicine and finally, Sandy White Hawk, the Executive Director of the First Nations Repatriation Institute. I thank you all for the tremendous work you have done and for the wisdom and healing your work brings.
Appendix – Systems of Care Online Resources

• White Bison Wellbriety Movement
  http://www.whitebison.org/
• Peer Supports Partner who gets Certification
  http://www.dbsalliance.org/pdfs/training/Peer-Specialist-Training-and-Certification-
  Programs-A-National-Overview%20UT%202013.pdf
• National Wraparound Initiative
  https://nwi.pdx.edu/
• The National Federation of Families for Children’s’ Mental Health
  www.ffcmh.org
• Family-Run Executive Director Leadership Association
  www.fredla.org
• The Comprehensive Community Mental Health Services for Children with Serious Emotional
  Disturbances Program – Report to Congress 2015
  http://www.samhsa.gov/sites/default/files/programs_campaigns/nitt-ta/2015-report-to-
  congress.pdf
• National Federation of Families for Children’s Mental Health – Family Driven Resources
  https://www.ffcmh.org/copy-of-education-resources-4
• The Return to the Sacred Path: Reflections on the Development of Historical Trauma Healing
  – Dr Maria Yellow Horse Brave Heart
  https://www.ihs.gov/telebehavioral/includes/themes/newihstheme/display_objects/
  documents/slides/historicaltrauma/htreturnsacredpath052413.pdf
• Cultural competency and Certified Community Behavioral Health Clinics (CCBHCs).
  https://www.samhsa.gov/section-223/care-coordination/person-family-centered
• National Standards for Culturally and Linguistically Appropriate Services
  https://www.thinkculturalhealth.hhs.gov/clas/standards
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**Guiding Principles of Family-Driven Care**

1. Families and youth, providers and administrators embrace the concept of sharing decision-making and responsibility for outcomes.

2. Families and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their families.

3. All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute decision makers at any time.

4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.

5. Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for families and youth to have choices.

6. Providers take the initiative to change policy and practice from provider-driven to family-driven.

7. Administrators allocate staff, training, support and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families and where family and youth run organizations are funded and sustained.

8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.

9. Communities and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate mental health disparities.

10. Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of the diverse populations are appropriately addressed.

(Source: National Federation of Families for Children’s Mental Health, 2008)
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Sources


Building System of Care: A Primer pg. 56; Strategies for Involving families and Youth in Planning

NICWA works to support the safety, health, and spiritual strength of Native children along the broad continuum of their lives. We promote building tribal capacity to prevent child abuse and neglect through positive systems change at the state, federal, and tribal level.

Our Vision
Every Indian child must have access to community-based, culturally appropriate services that help them grow up safe, healthy, and spiritually strong—free from abuse, neglect, sexual exploitation, and the damaging effects of substance abuse.

Our Mission
NICWA is dedicated to the well-being of American Indian and Alaska Native children and families.

To learn more about NICWA, visit www.nicwa.org.