

Center for Native Child and Family Resilience:

Environmental Scan

October 2019



Center for
Native Child
and Family Resilience



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A Note About Our Approach

Producing an environmental scan requires balancing at least two, potentially competing, considerations: completeness and compactness. On the one hand, an environmental scan gathers together as much information about the programs in the field as would be relevant to readers (i.e., it aims at completeness). On the other hand, for the material to be *accessible* to readers, a document has to remain a manageable size (i.e., it needs to preserve a level of compactness).

Our strategy for assuring the completeness of the scan while preserving the compactness of its presentation was to dedicate the narrative that describes child welfare programming in American Indian/Alaska Native (AI/AN) populations to examining the models at work in AI/AN child welfare. Many child welfare programs implement the same general model. For example, the following programs implement the Parents as Teachers model: Fairbanks Native Association Tribal Home Visiting Project; Project Chahta Vlla Apela (Helping Choctaw Children); Cama'i Home Visiting Program; Navajo Nation Growing in Beauty Program; Ina Maka Family Program; Yerington Paiute Tribe's Community Maternal Child Home Visiting Program; and Zaagichigazowin Home Visiting Program. (For a more detailed explanation of the distinction between a model and a program, see "Prevention and Intervention Models," pp. 8–9.)

To produce a document that was informative without being encyclopedic, we addressed the models used in AI/AN child welfare. In addition, we maintain an online catalog of programs,



which is more encyclopedic and which continues to grow as we find information about other programs. Because an online platform allows for multiple techniques for searching and representing information, it does not have the compactness concerns of documents—even electronic documents. We invite readers to review this Environmental Scan to understand the models at work in AI/AN child welfare and then to use our online catalog to explore the range of programs.



Introduction

About the Center for Native Child and Family Resilience

Sponsored by the Children’s Bureau, the Center for Native Child and Family Resilience (the Center) is a partnership between JBS International, Inc., the Tribal Law and Policy Institute, and Mathematica Policy Research. The Center honors and develops knowledge of culturally relevant practice models, interventions, and services that contribute substantively to child maltreatment prevention efforts and family resilience.

Many prevention models in Indian Country build resilience by using Tribal cultural values, the transmission of family traditions, and the experiences of Tribal youth. Guided by these values, traditions, and experiences, Tribal community initiatives have shown great promise in developing resilience-based models for child abuse prevention. The experiences of Tribal communities suggest that these approaches are often effective in enhancing family resilience and in reducing the risks of harm to children and adults; yet rarely have these strategies used collaborative, community-based evaluation to demonstrate their effectiveness.

As part of a Children’s Bureau project to raise awareness of Tribally engaged prevention and intervention efforts, the Center supports and enhances resilience-related approaches to Tribal child welfare by developing evidence-based standards of care. The Center embraces the unique opportunity to honor these valiant community efforts that improve Native family resilience and to help empower Tribal communities of care by using culturally engaged,

community-based, evaluation models to demonstrate the effectiveness of these efforts and to disseminate Native solutions to the field.

Purpose of the Environmental Scan

In furthering its mission, the Center is pleased to present this environmental scan of prevention and intervention efforts aimed at improving the quality of care in Indian Country as it pertains to child and family resilience. In an earlier chapter of this work, the Center developed a comprehensive literature review focused on practices that have been used in Tribal communities to confront and solve child maltreatment, with an emphasis on Tribally owned and internally developed practices, practices that have undergone a transformative process of cultural adaptation, and evidence-based practices that show promise for cultural adaptation. Using academic databases and government and institutional websites to identify scholarly resources of information, the literature review uncovered programs and interventions that were developed entirely within a Tribal culture (Tribally Created), were adapted for use in a Tribal setting (Tribally Adapted) and showed some degree of promise for adaptation within a Tribal setting (Promising, Not Tribally Adapted).

The Center was aware that the methodology of the literature review was culturally skewed to privilege findings of a primarily Western orientation. This was intentional, as it was necessary for setting the stage for the environmental scan. Though the literature review successfully took stock of the scholarly literature on models, programs, and interventions, we knew the majority of efforts in Indian Country, particularly those that are Tribally owned



and locally cultivated, would not assume a dominant presence in empirical journal articles or government clearinghouses. The purpose of the environmental scan, therefore, was to pick up where the literature review left off and cast a broader net for capturing the diversity of programming that exists in Indian Country. Through the scan, we will identify the important community-level research and demonstrations of innovative cultural- and practice-based strategies that are improving the lives of Tribal families and children within Indian Country.

For this environmental scan, we identified the important community-level research and innovative demonstrations of cultural and practice-based strategies, including community-based research initiatives that are impacting Tribal families and children within Indian Country. The process was guided by community-based participatory research, as offered in the *Roadmap for Collaborative and Effective Evaluation in Tribal Communities* (Tribal Evaluation Workgroup, 2013), and involved the following high-level steps:

- Developing a semi-structured survey to assess and document community demonstrations, cultural models of care, and practice-based initiatives that impact Tribal family resilience and the reduction of risk of child maltreatment
- Searching for programs that promote child and family resilience by Tribal community service agencies, consisting of Tribal, governmental, and nonprofit entities that work with, and on behalf of, Tribal community members across a range of child welfare, family resiliency, health, and social issues
- Collecting information about these programs in a structured abstract
- Creating a catalog of projects and programs
- Continuing to scan the environment for additional strategies throughout the remainder of the project as information is made available, updating the catalog as appropriate.

Where appropriate and relevant, information about initiatives from outside of the United States (US) were also examined. The catalog of strategies, projects, and programs will remain



in constant development, adding newly identified programs throughout the activities of the Center. Agencies and individuals that comprise the Tribal community of efforts often work in Tribal communities using Tribal traditions, collaboration of efforts, and/or stimulating local innovation of services and prevention interventions. Increasingly, evaluation and education are being encouraged in the interventions and activities in which Tribal communities and families are engaging. We will continue to query these very factors to achieve a broader scope of the program impacts or success of the community-based practice. This was, and will continue to be, the driving purpose of the environmental scan.

Environmental Scan Process

Environmental scans are now a recognized and valuable tool in community program development and decision-making. Environmental scan methods provide evidence for Tribal adaptation, services innovation, and program planning. The diversity of sources and types of data gathered in environmental scans has resulted from effective planning and program implementation in various areas of practice. As a tool to systematize knowledge, these scans can guide health organizations and Tribal community projects, leading to evidence-based solutions for health care and social services (Graham, Evitts, & Thomas-Maclean, 2008, Tribal Public Health Institute Feasibility Project, & Red Star Innovations, 2013). The Tribal environmental scan project team initiated a survey of Tribal communities within their scope and a



targeted Internet search, informed by its vast depth of knowledge in working with Tribal communities over an array of child maltreatment prevention and intervention efforts.

High Level Overview of Indigenous Methodologies/Perspectives Guiding the Environmental Scan

Standard approaches to research generally, and environmental scans more specifically, often have the goal of harvesting gaps, deficits, or weaknesses as the primary objective. Though not an inherently inferior approach, this approach does not acknowledge the existing socio-cultural resources within Indigenous communities, whose strengths and successes must also be carefully examined if there is any hope for bettering the situation of Native children and families.

This scan, therefore, uses a strengths-based lens to provide a powerful starting point for effective and empowering child maltreatment prevention and intervention practice. To operationalize our strengths-based framework, we borrow from the field of organizational management, using the concept of **appreciative inquiry** to guide our strengths-based approach to understanding Indigenous models of prevention and intervention. At its core, appreciative inquiry focuses on what is working within an organization, program, or system, so that its users and beneficiaries are more likely to retain the best of what is already there when considering how to optimize that organization, program, or system. Though not an Indigenous methodology by definition, appreciative inquiry incorporates many aspects of Indigenous epistemologies and worldviews, as the table below shows.

Background and Highlights from the Literature Review

As stated earlier, the previous installment of this work involved a literature review of scholarly and academic resources detailing prevention and intervention efforts in Indian Country.

The first substantial gap in the literature review was the inability to capture the range of cultural protective and resilience factors that are unique to Indian Country, such as issues pertaining to spirituality, land connection, foods, language, and mind-body connection. These concepts are not easily measured and, therefore, often considered “non-scientific” by Western empirical standards. Our environmental scan efforts incorporate and center these concepts from the very start.

Relatedly, another notable gap in the programs and models represented in the literature review was a generally linear orientation or framing of the program logic/theory of change, which limited the focus of intervention on the individual client, the family, or the circumstance. They often did not consider the range of cultural, historical, economic, or political conditions that shape individual client or family outcomes. Lack of accounting for these relational processes severely undermines Indigenous worldviews. Accordingly, the environmental scan captures programs and models that are multi-dimensional in their design and implementation.

Finally, it was rare that information in the scholarly literature provided a complete picture and traced the story of the intervention from creation and/or adaptation, through implementation and evaluation, and finally on to sustainability. Regardless of the category (e.g., Tribally Created or Adapted), we were often

DEFICITS/PROBLEM-FOCUSED APPROACHES	STRENGTHS-BASED/APPRECIATIVE-INQUIRY APPROACHES
<ul style="list-style-type: none"> » Begins with a critique of failure » Shuts down meaningful conversations » Is preoccupied with reaching supremacy in one perspective » Weakens morale » Focuses on causes of problems 	<ul style="list-style-type: none"> » Begins with celebration of success » Invites conversations about what really matters » Encourages multiple viewpoints » Strengthens resilience » Looks at what is working well



left feeling that the story was incomplete and wondering what happened to the intervention. Specifically, some of the following questions came to mind:

- What was the process used to adapt the intervention? What were the lessons learned and how could that process be replicated?
- Has the intervention ever been evaluated? If so, what were the results? If not, why?
- What would it take to evaluate the intervention?
- Was the intervention continued? Why or why not?
- If an intervention was sustained, what efforts made that possible (e.g., community support, monetary support etc.)?

Environmental Scan Workgroup

Essential to our work is the Environmental Scan Workgroup, a team of experts representing a wide array of experience with and knowledge of Tribal communities. The Workgroup members include:

Workgroup Leader:

Gary Neumann. Training and Technical Assistance (TTA) Director, Native American Center for Excellence; Salish/Pend Orielle

Workgroup Members:

McClellan (Mac) Hall. Founder, National Indian Youth Leadership Project; Cherokee, with roots in Oklahoma

Sandy White Hawk. Founder and Director of First Nations Repatriation Institute (formerly First Nations Orphan Association); Sicangu Lokota

Cheryl Miller. Community Services Division Director, Port Gamble S’Klallam Tribe; Assiniboine Sioux

Seprieono Locario. Director of TTA for the Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal TTA Center; Navajo/Sicilian

The Environmental Scan Workgroup’s central contributions to the process have focused on two areas:

1. Identifying culturally and community-based practice efforts by forging linkages with important, regionally developed networks of community practice and support; drawing on their professional experiences with agencies that have implemented known strategies of intervention and prevention; and contacting community resource people and Tribal service entities.
2. Leveraging knowledge and connections to gather information on resilience-promoting efforts in Tribal communities from Workgroup-focused discussion, Tribal community-based experts, SAMHSA Tribal programs entities, Children’s Bureau Regional Offices, National Indian Child Welfare Association (NICWA), and national technical assistance networks for Tribes (e.g., Kaufmann and Associates, Inc. [KAI] and Native Wellness Institute [NWI]).

Once the Workgroup identified a program, the Center solicited basic information about the intervention, continuing efforts, existing data summaries, and published findings from the programs. From these materials and follow-up with the relevant agency or Tribe, the Center developed a structured abstract describing the program’s



basic features; level of adaptation (e.g., Tribally created or Tribally adapted); targeted risk, resilience, and protective factors (including cultural resilience factors); role for the Tribe in the intervention; outcomes; logic model; evaluation or evidence base; benefit to the community; current status; and publicly available documentation or other information. These structured abstracts will serve as the basis for the Center's catalog of programs.¹

Definitions of Major Terms

The environmental scan relies on some terminology to help classify and organize its findings. This section will discuss some of the major terms; readers wanting more information should examine the project's Environmental Scan Codebook (Appendix B).

In the associated literature review, we included a classification based on the "adaptation level" of an intervention or program. The **adaptation level** indicates the extent to which an intervention or program was implemented in or adapted to Tribal culture. The adaptation levels are:

- **Tribal Creation:** The intervention/prevention program, service, policy, etc. was created entirely within Tribal culture and setting.
- **Tribal Adaptation:** The intervention/prevention program, service, policy, etc. was created outside Tribal culture, and it has been adapted (without losing the core components) to be used in a Tribal setting.
- **Promising, Not Adapted:** The intervention/prevention program, service, policy etc. was created outside Tribal culture, it has not been adapted for use in a Tribal community but looks like it could be adapted. (One major source of "promise" is that the non-Tribal model has been used in a Tribal setting, though no changes were made to the model to adapt it to Tribal culture.)



A second categorization addressed itself to the role of the Tribe in the intervention or program. We identified four **Tribal Levels of Engagement** (All quotes in this section come from McLeroy et al., 2003. pp. 529-33.):

1. **Tribal Community as Setting:** "As [the] setting, the community is primarily defined geographically and is the location in which interventions are implemented. Such interventions may be citywide, using mass media or other approaches, or may take place within Tribal community institutions, such as neighborhoods, schools, churches, work sites, voluntary agencies, or other organizations. These community-based interventions may also engage community input through advisory committees or community coalitions that assist in tailoring interventions to specific target groups or in adapting programs to community characteristics" (p. 530).
2. **Tribal Community as Target:** The "goal of interventions and programs that treat the Tribal community as the target is creating healthy community environments through broad systemic changes in public policy and community-wide institutions and services. In this model, family health status characteristics of the community are the targets of interventions, and community changes. Several significant public health initiatives have adopted this model. For example, community indicators projects use data as a catalytic tool to go beyond using family behaviors. Strategies are tied to selected risks, and success is defined as improvement in the risks over time" (p. 530).
3. **Tribal Community as Resource:** "This model is commonly applied in community-based health promotion because of the widely endorsed belief that a high degree of community ownership and cultural participation is essential for sustained success in population-level health outcomes. These programs are aimed at marshaling a community's internal resources or assets, often across community sectors, to strategically focus their attention on a selected set of priority

¹ The catalog can be found on the Center's website (<https://cncfr.jbsinternational.com>).

health-related strategies. Whether a categorical health issue is predetermined or whether the community selects its own priorities, these kinds of interventions involve external resources and some degree of people external to the community that aim to achieve health outcomes by working through a wide array of community institutions and resources” (p. 530).

- 4. Tribal Community as Agent:** The “emphasis in this model is on respecting and reinforcing the cultural or organic adaptive, supportive, and developmental capacities of families” (p. 530). Community resources are provided through cultural institutions, including Elders, helpers, families, informal cultural manners, neighborhoods, schools, the workplace, agencies, and political structures. These naturally occurring units of solution meet the needs of many, if not most, community members without the benefit of direct professional intervention. The goal of community-based programs in this model is to carefully work with these culturally occurring solutions. “This necessitates a careful engagement of cultural ways and processes, in advance, of any intervention. It also requires an insider’s understanding of the culture and community to identify and work with these naturally occurring solutions to address family problems. This approach may include strengthening community through including informal cultural networks, ties between individuals and the organizations that serve them. The model also necessitates addressing issues of common concern for the community, many or most of which are not directly health issues” (p. 530).

A final classification addresses the **focus areas** of the programs, indicating which of the four areas on which programs concentrated their skills enhancement, resilience-building, and change efforts: **family, child, community, or Tribe**. Some strategies focused on children and families directly, some did so at the community level, and others focused on the Tribal nation or cultural norms to do so.

Sources and Limitations

There were three major sources of material for the environmental scan. We began by gathering material discovered by a variety

of IT-based search methods, including searches of databases and of Internet search engines. Beyond that, we targeted a number of likely sources of information, including archives of NICWA conference materials and other known online resources.

We uncovered the remainder of the material by relying on the Center team members’ expertise and interpersonal communication. As noted above, the environmental scan depended on the expertise and efforts of the Environmental Scan Workgroup to help identify programs and interventions to include. In addition, the Center staff and Workgroup members sought information from practitioners and leaders in agencies, Tribal governance, and Children’s Bureau partners in the Regional Offices.

Every inquiry has some limitations, as does this one. There are two kinds of limitations, each worth discussing on its own. First, there were a number of structural limitations that manifested during this environmental scan. One way to grasp the structural limitations is by asking the question, “With the methods we used, what programs were we not going to find?” The answer includes some interesting parallels to the limitation of the literature review, which could mostly find information about programs that had sufficient ties with (or could generate from) academic institutions to appear in the scholarly literature. In the case of the environmental scan, there remains a level of participation in institutional networks required to gain the visibility necessary to make it into the summary of the scan. That is, programs that were low profile because they produced little or no documentation (or online presence), and did not make connections with other agencies, were unlikely to make it into an environmental scan structured as this one is.

The fact that a program with those features did not make it into this scan does not indicate anything about its efficacy. Overcoming this structural limitation requires significant resources to track down these “out-of-network” programs, and this environmental scan was never intended to be encyclopedic. Rather, the central idea of the scan was to provide a snapshot of programs that improve child and family resilience that had not turned up in the literature review. This snapshot, in turn, serves as the basis



for the online catalog of resilience-promoting programs. While the environmental scan is a fixed document, we will update the catalog's content as additional programs and interventions come to the attention of the Center.

In addition, we found a few practical limitations as the environmental scan unfolded. The practical limitations mostly center around the main theme of time. The complexity of the linkage of information proved to be an ongoing challenge. For example, many government agency websites have portals to information exchanges on other websites that, in turn, may provide a link to the end program being researched. This need to dig deep to find information took time. Additionally, when attempting to contact and speak with program representatives, their availability to meet and discuss a certain program or model was limited or nonexistent for multiple reasons (e.g., busy schedules, discontinuation of program/faulty contact information, contact person no longer with the program etc.), resulting in a slow rate of, or incomplete, information gathering.

Overview of Prevention and Intervention Models

Definition of Native Child and Family Resilience

In our literature review, we found that there were two broad categories of risk and protective factors that influence Native child and family resilience. The first category was the well-established risk and protective factors that apply across cultures. Examples of such risk factors include parental substance abuse, history of child abuse and neglect, and neighborhood violence. Protective factors in this class include, but are not limited to, strong parent/child relationship, access to health and social services, and high level of parental education.

The second category of risk and protective factors that influence Native child and family resilience address the unique challenges and strengths of American Indian/Alaska Native (AI/AN) populations. Among AI/AN youth, one of the major societal risk

factors of health inequities (including child maltreatment) is the history of oppression, domination, and marginalization experienced by Indigenous persons as a result of colonization. The associated protective factors included traditional AI/AN spirituality and healing practices, cultural connectedness, and bicultural skills.

Understanding this second category of risk and protective factors requires understanding "intergenerational" and "historical" trauma, which describes the trauma inflicted on groups sharing an ethnic or national background (see generally: Burnette & Figley, 2016; Evans-Campbell, 2014). Under the umbrella of intergenerational and historical trauma are several well-established and commonly cited risk factors for child maltreatment among AI/AN populations, including perceived discrimination (Whitbeck, Hoyt, McMorris, Chen, & Stubben, 2001), parental/familial financial strain (Whitbeck, Walls, Johnson, Morrisseau, & McDougall, 2009), parental mental health and substance abuse problems (Cheadle & Whitbeck, 2011), familial adverse childhood events, and chronic illness and unintentional injuries (Felitti et al., 1998).

If intergenerational and historical trauma are the primary risk factors of child maltreatment in Indian Country, protective factors for this population must encapsulate the ways in which AI/AN people approach and respond to adversity in healthy ways. In particular, cultural continuity is often situated as an overarching framework for examining Native resilience, wellness, and well-being. Identification with, participation in, and understanding of one's culture, especially among AI/AN populations, is believed to provide a buffering effect against the vast majority of social ills facing Native communities today, particularly child maltreatment (Baldwin, Brown, Wayment, Nez, & Brelsford, 2011; Barney, 2001; Garrett et al., 2011; Stumblingbear-Riddle & Romans, 2012). Spirituality and connectedness are particularly important for AI/AN youth (Hill, 2009), as are the institutions of community and family, especially extended family (Gone & Trimble, 2012). There is growing evidence that Native youth who are culturally and spiritually engaged are more resilient than their peers (Rieckmann, Wadsworth, & Deyhle, 2004;



Yoder, Whitbeck, Hoyt, & LaFromboise, 2006). Research has also found that Indigenous caregivers find traditional ceremonies (e.g., sweat lodges or prayers) more effective than standard health treatment protocols (Walls, Johnson, Whitbeck, & Hoyt, 2006). The integration of traditional healing practices into prevention and treatment for Native children and youth is, therefore, essential. According to Bassett, Tsosie, and Nannauck (2012), “Indigenous means of treatment through culture may include any or all of the following: language, traditional foods, ceremonies, traditional values, spiritual beliefs, history, stories, songs, traditional plants, and canoe journeys” (p. 25).

In our literature review, we reached several key conclusions about programs and models that help bolster AI/AN child and family resilience:

- **Culture matters:** Many of the Tribally created models addressed a specific Tribal community rather than provide more generic inter-Tribal solutions. Tribal community members also played a key role in the design and implementation of these interventions, often advising or facilitating the programs.
- **Mixed modalities enhance learning:** Many of the Tribally created models used mixed modalities, combining experiential learning with curriculum-based learning. The interventions were innovative in their use of ceremony, ceremonial leaders, and storytelling tradition.

- **Community healing is wellness enhancement:** The AI/AN community and its culture are sources for and sites of wellness enhancement.
- **Youth interventions and bicultural skills enhancement improve resilience:** Improving youth aptitude with AI/AN cultures and mainstream Western culture bolsters youth resilience.

Prevention and Intervention Models

As we delved into the scan itself, it quickly became clear that keeping our analysis organized and accessible to the reader required more than simply presenting the full catalog of programs that we found. To manage the information and make it more useful, we made two methodological decisions. First, we would not include programs or models that appeared in our literature review materials (i.e., the narrative, table of interventions, and annotated bibliography). Second, we organized our findings around models rather than programs, with the latter being implementations of the former. Paradigmatically, the Ina Maka Family Program is an implementation of the Parents as Teachers (PAT) model.

However, things were not quite so simple. We also found programs that were implementations of their own model (e.g., Project LAUNCH). We further refined our notion of “model” to apply to such programs. Programs implement or embody a model when they are “replicable”; that is, when they (a) have some articulated (or easily articulable) theoretical approach that (b) informs the assessment options (or tools) they use. The theoretical approach helps define the model (and makes it more than just a series of activities), ensure fidelity to the model, and frame the measure of the success or failure of any implementation of the model (i.e., a program). Both (a) and (b) must be present for a program to also count as a model.

One contrast between “mere” programs and programs that embody models can be found in drawing out a distinction between programs that are repeatable and those that are *replicable*. Any



set of concrete steps may be repeatable, for example, a recipe for bread (e.g., dissolve yeast in warm water, add flour, knead, and bake) or the initial steps one gets when calling tech support (e.g., clear your web browser's cache, and restart the program). However, for something to be a model (in our sense), it needs to be more than repeatable; it must have, built-in, an understanding of the program's purpose, how it works, and its conditions for success, etc.

We found 10 models of the kind described in the first paragraph above: PAT, Peacemaking Circle, Parent-Child Assistance Program (PCAP), National Child Welfare Workforce Institute (NCWWI) Leadership Model, Qungasvik Toolbox/Model, Successful Transitions for Adult Readiness (STAR), Families and Schools Together (FAST), Positive Indian Parenting (PIP), Strengthening Families Program (SFP), and Project Venture. In addition, we found several more programs that embodied their own model: The MOCKINGBIRD FAMILY™ Model (MFM), Project LAUNCH, Gathering of Native Americans (GONA)/Gathering of Alaska Natives (GOAN), American Indian Life Skills (AILS), Leading the Next Generations Healthy Relationships, and *Wakanyeya Ta Wiconi Ki Awayang Kuwapi* (Rosebud Sioux Tribe's Defending Childhood Initiative program).

In the remainder of this section, our discussion will focus on models, touching on the details of any programs as necessary to offer a fuller sense of the child and family resilience efforts.

American Indian Life Skills (AILS)

The AILS Development curriculum, also known as the Zuni Life Skills Development curriculum, is a school-based, culturally sensitive, suicide-prevention program for AI adolescents. Tailored to Indigenous norms and values, the curriculum is designed to reduce behavioral and cognitive factors associated with suicidal thinking and behavior, including self-esteem, stress, communication and problem-solving skills, pessimism, and anger reactivity. AILS draws heavily from social cognitive theory, which attributes

suicide to direct learning or modeling influences (such as peer suicidal behavior), in conjunction with environmental influences and individual characteristics that mediate decisions related to suicidal behavior. The AILS program theory of change predicts that life skills training programs should lessen the impact of these influences by developing social cognitive skills of youth.

Employing a skills-based approach, AILS is unique in its execution, in that after increasing participant awareness and knowledge of suicide, it then teaches students specific methods to help a peer turn away from suicidal thinking and find appropriate recourse from a help giver. The curriculum includes anywhere from 28 to 56 lesson plans, covering topics such as building self-esteem, identifying emotions and stress, increasing communication and problem-solving skills, recognizing and eliminating self-destructive behavior, learning about suicide, role-playing around suicide prevention, and setting personal and community goals. Lessons are interactive and incorporate situations and experiences relevant to Indigenous adolescent life, such as dating, rejection, divorce, separation, unemployment, and problems with health and the law. Most of the lessons include brief, scripted scenarios that provide a chance for students apply the information they have learned in meaningful, culturally-relevant ways.

Lessons may be delivered by teachers working with community resource leaders and representatives of local social service agencies. This team-teaching approach is intended to ensure that the lessons have a high degree of cultural and linguistic relevance, even if the teachers are not AI/AN or of the same Tribe as the students.

Evaluations of AILS programming has demonstrated significant reductions of hopelessness and suicidal ideation, with one longitudinal study of mental health status among students at Sequoyah High School in Tahelqua, Oklahoma, reporting no deaths by suicide since AILS was implemented in the early 1990s (Institute of Medicine, 2002).



Defending Childhood Initiative

To address children's exposure to violence, the US Department of Justice (DOJ) launched the Defending Childhood Initiative. This national initiative aims to: (1) prevent children's exposure to violence, (2) mitigate the negative impact of such exposure when it does occur, and (3) develop knowledge and spread awareness about children's exposure to violence.

A major component of the Defending Childhood Initiative is the Defending Childhood Demonstration Program. With this program, the DOJ's Office of Juvenile Justice and Delinquency Prevention (OJJDP) and Office of Violence Against Women (OVW) provided funding to eight sites² to implement prevention programs, case management, and treatment/healing interventions for children who had been exposed to violence; community awareness and education campaigns; and professional training designed to improve local practice.

The Defending Childhood Initiative had a robust outcome evaluation system, inclusive of multiple methodologies to capture complex data at individual, family, and community levels. These included:

- **Community Survey:** The community survey was designed to examine the reach and effectiveness of the community awareness activities and aimed to collect self-reported exposure to violence for both children and adults.
- **Professional Knowledge and Practices Survey:** The survey aimed to measure the impact of professional training activities across demonstration sites.
- **Indicators of Community Violence:** Data on exposure to violence in homes, schools, and communities were collected through official records at each site and include violent incidents in the schools, reports of child abuse and neglect, and arrests for violent crimes.

One Defending Childhood Initiative program was implemented by the Rosebud Sioux Tribe: Wakanyeja Ta Wiconi Ki Awayang Kuwapi. The program emphasizes Lakol Wicohan (Lakota way of life) in all of its programming and approaches. Key outcomes reported by the program included (Swaner, 2015):

- Connecting families to strengths-based, culturally appropriate services
- Empowering children and families to address violence exposure
- Revising Tribal code to include stronger protections for children
- Connecting children to Lakol Wicohan
- Increasing awareness about children's exposure to violence

Gathering of Native Americans (GONA)/ Gathering of Alaska Natives (GOAN)

The GONA/GOAN curriculum is intended to provide culturally tailored substance abuse prevention training in AI/AN communities. Community healing from historical and cultural trauma is a central theme of the GONA approach and, therefore, incorporates healing at the levels of self, family, and community. The "curriculum focuses not only on alcohol and substance abuse, but also addresses the many underlying issues that may lead to individuals, families, and communities becoming at risk for addictions and self-destructive behaviors," particularly the roles historical trauma and cultural destabilization play in this problem (National Criminal Justice Reference Service, n.d.). The four themes of the curriculum reflect the four levels of life's teachings. These include:

1. **Belonging:** a time when infants and children learn who they are, where they belong, and a sense of protection

² The eight Defending Childhood Demonstration Program sites were Boston, MA; Chippewa Cree Tribe, Rocky Boy's Reservation, MT; Cuyahoga County, OH; Grand Forks, ND; Multnomah County, OR; Portland, ME; Rosebud Sioux Tribe, SD; and Shelby County, TN.



2. **Mastery:** a time when adolescents and young adults learn to understand their gifts, their vision, where they come from, and how to master their talents
3. **Interdependence:** a time for adulthood, responsibility to others, and an understanding of interconnectedness with all things
4. **Generosity:** a time when, as elders, families and communities can give back through sharing of wisdom, teachings, culture, rituals, stories, and song

Since it was developed in 1992, “GONA/GOAN has been recognized as an effective, culture-based invention” (U.S. Department of Health and Human Services (DHHS), SAMHSA, 2016). In particular, SAMHSA recognized GONA/GOAN as an intervention that helps communities establish safe and supportive environments where youth can learn how to thrive, grow up in balance, and pave the way for healthy futures.

Families and Schools Together (FAST)

The FAST model is designed to improve academic and behavioral outcomes for at-risk children by targeting the child’s whole family for the intervention. Built on evidence-based practices and rigorously tested, FAST:

- Empowers parents to become more effective family leaders
- Builds positive connections and social capital between families and schools
- Creates a supportive community engaged in fostering children’s well-being and education

A number of characteristics make FAST unique among prevention and early intervention programs and parenting skills courses, including:

- **Family-to-Family Interaction:** FAST brings families together in dynamic groups to systematically build relationships that get parents involved in school and active in their community.

- **Learning by Doing, Not Lecture:** Every FAST session integrates child psychiatry and psychology, play and family therapy, family stress theory, self-help group dynamics, and parent empowerment to give families many opportunities to learn and practice healthy new behaviors.
- **Parent Empowerment:** FAST team members are acutely mindful of the necessity of respecting and supporting parents as leaders of their families.
- **Cultural Adaptation.** FAST teams reflect the local culture, ethnicity, language, gender balance, and social class of the families served.
- **Pre- and Post-Survey assessment:** Detailed surveys of FAST parents and the teachers of FAST children are conducted before and after each 8-week FAST cycle to assess program effectiveness and to identify opportunities for improvement.

Since 1988, FAST has celebrated numerous positive outcomes for children across different cultures, languages, and socio-economic situations, including better parent/child relationships, more positive relationships with peers, fewer emotional symptoms, better school conduct, and decreased family conflict, to name a few (Kratochwill, McDonald, Levin, Bear-Tibbetts, & Demaray, 2004).

FAST was implemented at 3 AI Nations schools in Wisconsin, where the model was adapted to express Tribal values while maintaining FAST’s core components. Compared to non-FAST participants, FAST students demonstrated (Kratochwill et al., 2004):

- Significant decreases in aggressive behavior
- Significant improvement in withdrawing behaviors
- Significant improvement in academic performance



Strengthening Families Program (SFP)

Originally developed in the 1980s, SFP is an evidence-based family skills training program that aims to improve parenting skills and family relationships; reduce problem behaviors, delinquency, and alcohol and drug abuse in children; and improve social competencies and school performance.

Evaluation of SFP (Strengthening Families Program, n.d.-b) has been evaluated many times by independent researchers in randomized control trials or health services research with very positive results in reducing substance abuse and delinquency risk factors by improving family relationships. Hence, SFP is rated at the top of the list by international and national review groups, including the prestigious World Health Organization; Cochrane Collaboration Reviews in Oxford; United Nations Office of Drugs and Crime in Vienna; White House; National Institute on Drug Abuse, sponsor of the original SFP research; and OJJDP. SFP is now being tested for the prevention of child abuse as an evidence-based program in Administration for Children and Families (ACF) grants to several states and Tribes. (Strengthening Families Program, n.d.-a).

Outcomes include increased family strengths and resilience and reduced risk factors for problem behaviors in high-risk children, including behavioral, emotional, academic, and social problems. SFP builds on protective factors by improving family relationships, parenting skills, and youths' social and life skills. SFP is culturally sensitive rather than culturally specific. It has been successfully adapted for African American, Asian/Pacific Islander, Hispanic, and AI families, and translated into Spanish, Portuguese, Russian, Dutch, Swedish, Norwegian, German, Austrian, Slovenian, Italian, French, Thai, and Chinese. A cultural adaptation protocol has been developed and published.

Leading the Next Generations Healthy Relationships (Healthy Relationships)

The Leading the Next Generations Healthy Relationships Curriculum, created by NWI using funding from the Administration

for Native Americans (ANA), aims to help people in creating and strengthening healthier relationships with partners, families, and communities. The curriculum, which relies on a bicultural orientation combining the teachings of Native ancestors with contemporary realities, has a target population that includes couples who are married, cohabitating, or in a relationship, as well as single individuals who desire healthy relationships.

NWI's 3-day certification training is "intended for Head Start, Indian Child Welfare, Temporary Assistance for Needy Families, domestic violence, fatherhood, healthy marriage, social, and education services; Tribal health and youth Programs; and others interested in providing healthy relationship education in their communities" (NWI, 2008). The Healthy Relationships curriculum is organized into eight chapters:

- 1. Introduction:** Healthy relationships and Native wellness
- 2. Historical Trauma, Healing, & Wellness:** Growing beyond multi-generational impacts of historical trauma
- 3. Healthy Gender Roles:** Recognizing the strengths in gender differences
- 4. Healthy Conflict Resolution:** Practicing healthy ways to resolve conflict in relationships
- 5. Healthy Communication:** Improving current communication skills
- 6. Creating Healthy Relationships:** Bringing two people closer together as a couple
- 7. Healthy Sexuality:** Discovering healthy intimacy
- 8. Living in Balance:** Creating the relationship you want

NWI's curriculum "has been rigorously reviewed and field tested by Native trainers, elders, service providers and communities" (California Rural Indian Health Board, Inc., 2010, p. 1). In addition, the ANA has deemed it a "best practice" after a 3-year evaluation project (NWI Institute, 2015).



MOCKINGBIRD FAMILY™ Model (MFM)

The MFM is an innovative foster care delivery model that ensures that children in foster care get the same level of care and resources as children from intact families. Through its comprehensive approach, MFM creates an extended family community designed to support, develop, and retain quality foster families that can meet the challenging and complex needs of children and youth experiencing foster care, thereby reducing the number of children entering the foster care system.

The MFM structure comprises a cohort of 6–10 licensed foster and/or kinship families (known as Satellite Families) and the 6–18 children, ages birth to 21 years, for whom they are caring (known as a Constellation). This Constellation structure is implemented by a public or private child welfare agency (Host Agency) that provides case management services to children in care and licensing supervision to participating foster parents. Each Constellation is supported by an experienced licensed support caregiver (Hub Home Parent), whose role is to provide support to children and families, including respite care, peer mentoring, and coaching; convene monthly support group meetings; and host social activities to facilitate the development of a sense of community among children and caregivers.

MFM requires replicating sites to be a family support, foster parent licensing, or child placement/adoptive agency. Replicating sites must also have similar organizational mission and goals

as MFM (e.g., supporting child/youth health, safety, social development, and well-being; supporting families to prevent out-of-home placement; and/or restructuring and optimizing foster care delivery, including preventing child/youth placement disruptions, connecting siblings, supporting caregiver retention, and supporting connections to cultural identity). MFM's primary outcomes are centered around the following areas:

- **Child Safety:** Children are free from abuse and neglect.
- **Permanency Support:** There are more opportunities for birth family connections.
- **Placement Stability:** Children have stable home placements.
- **Sibling Connections:** Sibling relationships remain intact by same-home placement.
- **Culturally Relevant Care:** Children learn about their own and/or another cultural identity.
- **Strong Community Connections:** Children make meaningful contribution to their community.
- **Caregiver Satisfaction and Retention:** Caregiver attrition decreases.
- **Systems Change:** Standards of foster care are prioritized and elevated.

In 2009, an outcome evaluation was conducted to assess MFM. Key highlights of the evaluation include (The Mockingbird Society, 2010):

- There were 0 child protective services referrals for MFM caregivers.
- 83% of MFM children experienced 0 placement changes.
- 94% of MFM children were placed in the same home as their siblings.
- 73% of MFM children shared a cultural identity with at least 1 of their caregivers.
- 91% of MFM children participated in community activities.
- 88% of MFM caregivers were retained.



Native American Fatherhood and Families Association (NAFFA)

NAFFA was founded in 2002 and develops programs designed to strengthen Native American families. It currently has three curricula, which are designed to keep families together and to promote the development of healthy children: Fatherhood Is Sacred[®], Motherhood Is Sacred[™], Linking Generations by Strengthening Relationships[®], and Addressing Family Violence & Abuse. NAFFA believes that fathers are the solution to many problems and, as a result, must take the lead in keeping families together (Native American Fatherhood and Families Association, 2016).

Both programs embrace culture in an effort to inspire and motivate participants to help their children lead successful lives. Methods include encouraging, assisting, and teaching parents to live life with hope, gratitude, and understanding. NAFFA believes this is the best way to change attitudes and behavior and that in order to help make positive changes, you must love the people whom you serve.

Fatherhood Is Sacred[®], Motherhood Is Sacred[™] allows participants to develop a deeper understanding of fatherhood, steeped in Native American values and beliefs, and focuses on involving men in strengthening families. Linking Generations by Strengthening Relationships builds upon the foundation presented in Fatherhood Is Sacred[®], Motherhood Is Sacred[™]. It is designed to help families, including fathers and mothers, increase their ability to build strong, healthy relationships. Participants indicated that the program had positive effects, both in terms of how the program connected them to their values as well as how the program improved parent/child relationships by improving parenting skills (Goodrow, 2015).

NCWWI Leadership Model - Tribal Coaching Leadership Academy for Middle Managers Model (LAMM)

The Tribal Coaching LAMM curriculum focuses on applying NCWWI leadership skills to Tribal child welfare to “prepare

middle managers to lead meaningful change in their Tribal agencies’ change initiatives, particularly with respect to their ability to serve vulnerable children, youth, and families” (National Child Welfare Workforce Institute, 2013, p. 9). In addition, the curriculum helps participants understand the NCWWI Leadership Framework from an Indigenous perspective.

Tribal Coaching LAMM uses a facilitated coaching format, which “creates the opportunity to go more deeply into the process of leading change by identifying aspects of Native American history and the sphere of influence that contributes to leadership in Tribal child welfare” (California Evidence-Based Clearinghouse, 2017). Multiple coaching modalities are used, including one-on-one, small group, and peer-to-peer coaching, and there is a large group discussion component.

The goals of Tribal Coaching LAMM are:

- Apply NCWWI leadership skills in Tribal child welfare agencies and settings
- Implement Tribal child welfare agencies’ change initiatives through resources and support from small-group and peer coaching
- Develop partnerships internally and externally for implementing sustainable systems change
- Identify aspects of Native American history and spheres of influence that contribute to leadership in Tribal child welfare
- Identify strengths and challenges as leaders of change
- Understand the NCWWI Leadership Framework model from an Indigenous perspective
- Develop a plan of action for implementing Tribal child welfare agencies’ change initiatives

Currently, there are no published, peer-reviewed research studies for Tribal Coaching LAMM.

Parents as Teachers (PAT)

PAT is an evidence-based model for comprehensive home visiting, parent education programs that has four primary goals (Parents as Teachers, 2018):

1. Increase parent knowledge of early childhood development and improve parent practices
2. Provide early detection of developmental delays and health issues
3. Prevent child abuse and neglect
4. Increase children's school readiness and success

The PAT model also has four components: personal visits, group connections, resources network, and child screening. In addition, it has a list of 20 "essential requirements" that affiliates must meet to acquire and maintain their PAT affiliate status. These requirements define fidelity to the PAT model, and affiliates must annually report the data addressing them on an "Affiliate Performance Report." Examples of the essential requirements include:

- Affiliates provide at least 2 years of services to families with children between prenatal and kindergarten entry.
- Families with one or fewer stressors receive at least 12 personal visits annually, and families with two or more stressors receive at least 24 personal visits annually.
- Affiliates deliver at least 12 group connections across the program year.
- Child developmental screening takes place for all children within 90 days of enrollment or birth, and then at least annually thereafter. Developmental domains that require screening include language, cognitive, social-emotional, and motor development.

PAT was the most-implemented model in our environmental scan, with at least seven programs implementing it:

1. Fairbanks Native Association Tribal Home Visiting Project PAT

2. Project Chahta Vlla Apela (Helping Choctaw Children), which combined PAT with the Positive Indian Parenting (PIP) program to supplement PAT-mandated monthly group connections
3. The Cama'i Home Visiting Program
4. Navajo Nation Growing in Beauty Program, which includes Native language and customs, as well as Native connections
5. Ina Maka Family Program, which added a variety of cultural adaptations, including using Native books and materials, hiring Kias or Elders/grandmas, and supplementing PAT with PIP
6. Yerington Paiute Tribe's Community Maternal Child Home Visiting Program
7. Zaagichigaazowin Home Visiting Program, which uses cultural teachings and activities "to increase participation of fathers and extended family members in all aspects of service delivery, and to increase preconception/adolescent knowledge and health related to sexuality and healthy lifestyles" (U. S. DHHS, ACF, n.d.-b).

Parents in Tribal communities report that PAT has helped them with parenting by increasing the quantity and improving the quality of the time they spend with their children, expanding their understanding of their child's development, and improving their health literacy (Parents as Teachers National Center, Inc., 2017).

Parent-Child Assistance Program (PCAP)

PCAP describes itself as an "evidence-based home visitation case-management model for mothers who abuse alcohol or drugs during pregnancy" that helps "mothers build healthy families and prevent future births of children exposed prenatally to alcohol and drugs" (Parent-Child Assistance Program (PCAP), 2018). Arising in 1991 from the completion of a mid-1980s study of prenatal cocaine exposure, PCAP was established to



work with substance-abusing, pregnant-and-parenting mothers to (PCAP, 2018; California Evidence-Based Clearinghouse for Child Welfare, 2018):

- Obtain alcohol and drug treatment and stay in recovery
- Link to community resources that will help them build and maintain healthy and independent family lives
- Prevent the births of future alcohol- and drug-affected children
- Assure that their “children are in safe, stable home environments and receiving appropriate health care”

PCAP specifies a number of core components, including a 3-year, home visitation model; standards for training and supervising case managers; frequency and type of contact/activities for case managers and client families; types of assistance offered families; and use of PCAP protocols. PCAP’s approach has case managers working closely with two constituencies, clients and community service providers (University of Washington, Fetal Alcohol & Drug Unity, Alcohol & Drug Abuse Institute, n.d.).

PCAP’s website offers a range of data collection forms to assist with administering and evaluating PCAP, including materials for client intake, periodic updates, events occurring during the program, and client exit.³ The PCAP website also includes materials about PCAP training, the PCAP manual and protocols, and guides for starting a PCAP site.

One PCAP implementation, *Gouk-Gumu Xalpelema* (All People Coming Together): Strengthening the Core, describes its goals as helping to empower native families “to strengthen their mental, physical, social, and spiritual wellness and increase connections to their culture and community so that family members are safer, healthier, happier, and more resilient” (U.S. DHHS, ACF, n.d.-a).

Peacemaking Circle

The Peacemaking Circle (Tribal Access to Justice Innovation, n.d.-a) is a restorative justice process that brings together individuals who wish to engage in conflict resolution, healing, support, decision-making, or other activities in which open and honest communication, relationship development, and community building are core, desired outcomes. It represents a significant departure from Western modes of justice delivery by abandoning the “win-lose” positioning of the victim and offender in favor of an approach that lifts barriers between people, opening fresh possibilities for connection, collaboration, and mutual understanding.

As with the restorative processes of mediation and conferencing, Peacemaking Circles provide a space for an encounter between the victim and the offender, but it moves beyond that to involve the community in the decision-making process. Depending on the model being used, the community participants may range from justice system personnel to anyone in the community concerned about the crime. Everyone present, the victim, victim’s family, offender, offender’s family, and community representatives are given a voice in the proceedings. Participants typically speak as they pass a “talking piece” around the circle. The process is value driven. Primarily, it is designed to bring healing and understanding to the victim and the offender. Reinforcing this goal of healing is the empowerment of the community to be involved in deciding what is to be done in the particular case and to address underlying problems that may have led to the crime. In reaching these goals, the circle process builds on the values of respect, honesty, listening, truth, sharing, and others.

³ See <https://depts.washington.edu/pcapuw/evaluation/evaluation-forms> for the forms collection.



Participation in the Circle is voluntary. The victim must agree to attend without any form of coercion. The offender accepts his or her guilt in the matter and agrees to be referred to the circle. Especially for Native communities, it is important for the offender to have deep roots in the community. Each circle is led by a “keeper,” who directs the movement of the talking piece. Only the person holding the object is allowed to speak, ensuring that each person has an opportunity to be heard. Peacemaking Circles have been developed most extensively in the Yukon Territory, Saskatchewan, and Manitoba. They are also occasionally used in other Canadian communities and in the US, where Navajo peacemaking courts have also used circles. The initial US use of circles in mainstream criminal justice was in 1996 in Minnesota. The process is now used throughout North America and in other parts of the world for both juvenile and adult offenders and in a wide variety of offenses and settings.

Peacemaking Circles have been developed most extensively in the Yukon Territory. One implementation, the Kake Peacemaking Circle, has been incorporated into the Village of Kake drug court proceedings. A 2001 study indicated that of the 80 individuals referred to the peacemaking circle, only 2 returned to the criminal justice system (Tribal Access to Justice Innovation, n.d.-a).

Positive Indian Parenting (PIP)

Created by NICWA in 1986, PIP is “designed to meet the needs of both Native and non-Native parents, relatives, caregivers, foster parents, and others who strive to be more positive in their approach to parenting” (Tribal Access to Justice Innovation, n.d.-b). Implemented within a Tribe and/or community serving AI/AN people, PIP can accommodate participants who enroll voluntarily, as well as those whose participation is mandated. Tribal child welfare workers and other personnel who work with AI/AN children and families may attend the PIP facilitator training.

PIP is an 8-week class designed to provide a brief, practical, culturally specific training program for Native American parents (as well as non-Native American foster parents of Native American

children) to explore the values and attitudes expressed in traditional Native American, child-rearing practices and then to apply those values to modern skills in parenting. Class topics include:

- **Session 1:** Welcome and Orientation/Traditional Parenting
- **Session 2:** Lessons of the Storyteller
- **Session 3:** Lessons of the Cradleboard
- **Session 4:** Harmony in Child Rearing
- **Session 5:** Traditional Behavior Management
- **Session 6:** Lessons of Mother Nature
- **Session 7:** Praise in Traditional Parenting
- **Session 8:** Choices in Parenting/Graduation

Formal evaluation efforts of PIP have been somewhat limited, due to the infeasibility of conducting randomized control trials. However, there are some other indications of PIP’s usefulness. In addition to participant satisfaction and assessment of the achievement of learning objectives, “effectiveness is evidenced by widespread use, acceptability, approval by Elders, low dropout rates of participants, and many testimonials from trainers and parents alike” (Cross, Friesen, & Maher, 2007, p. 12). Moreover, the program has been deemed an effective practice by the First Nations Behavioral Health Association (Cross, Friesen, & Maher, 2007).

Project LAUNCH

Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) promotes “the wellness of young children, ages birth to 8, by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development.” (National Center for Healthy Safe Children, 2018). A partnership created in 2008 among SAMHSA, ACF, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention, Project LAUNCH relies on five prevention and promotion strategies, including the use of a range of child-serving settings for screening and assessment, integrating behavioral



health services into primary care, providing mental health consultations in early care, using enhanced home visitation that focuses on social and emotional well-being, and providing training that strengthens families and parental skills (Project LAUNCH, 2015).

The Project LAUNCH [website](#) includes numerous resources for practitioners regarding each of the core strategies, including planning and assessment tools. The Confederated Salish and Kootenai Tribes Project LAUNCH implementation adapts Project LAUNCH to the Tribal context, seeking to attain the following goals (Department of Human Resources Development and Tribal Social Services, 2016):

- Increase Tribal and non-Tribal agency collaboration in the early childhood system of care on the Flathead Indian Reservation
- Improve professional, parent, and community member understanding of the dynamics of behavioral health in relationship to child development and the role they can have in assisting

the children in their life find higher levels of happiness, good health, and social-emotional well-being

- Create and offer a menu of mental health consultation options for early childhood services, reservation schools, child-care centers, and community-based programs to help learn best practices and successful strategies for interacting with children and families that support their emotional wellness and social and emotional development
- Promote positive communication, healthy lifestyle choices, personal success, and cultural involvement to support strong family relationships, improved quality of life, and overall resiliency
- Build a high-quality, cross-community network of support for parents by expanding and enhancing home visiting services
- Act as a catalyst for change with Flathead Reservation programs serving families with children ages 0-8 years that establishes a cohesive, functional, and meaningful core set of assessment and screening tools to effectively serve families and to better inform providers with clear baseline and outcome data

Project Venture

Project Venture is the evidence-based flagship program of the National Indian Youth Leadership Project. Geared toward 5th–8th grade Native American youth, Project Venture provides a drug abuse prevention program that addresses noncognitive skills, such as group cohesiveness, youth confidence, and motivation and is implemented both in and outside the school context.

This program uses a positive youth development approach, with a unique, culturally based, group-development process that centers on strengths, positive behaviors, and healthy lifestyles as the core focus areas for Native youth. It incorporates actively engaging youth in developing life skills, while reinforcing traditional Indigenous values regarding family, community, service, and appreciation for the land and natural environment. Illustrative activities include culturally grounded group development, service



learning, and outdoor adventure activities, all of which are offered through a strengths-based, experiential-learning process that is aligned with Indigenous cultural and traditions. In addition, Project Venture promotes several strengths-based, cultural resilience factors, including cultural and family connectedness, self-efficacy, traditional foods, and spirituality/ceremonies.

To foster a positive climate, Project Venture's foundation is built on six core values that guide youth in all that they do:

1. Be here, and be present.
2. Be safe.
3. Speak your truth.
4. Care for self and others.
5. Set goals.
6. Let go, and move on.

Project Venture is currently working with Indigenous youth in sites throughout the US and Canada. The 2002 National High-Risk Youth Study (which evaluated 48 SAMHSA-funded prevention programs) identified it as "one of the top four programs for all young people" (The Atlantic Philanthropies, 2009). Project Venture is also recognized by the National Registry of Effective Programs and Practices and SAMHSA's Center for Substance Abuse Prevention (CSAP).

Qungasvik Toolbox/Model

Qungasvik ("toolbox" in Central Alaska Yup'ik) is a Yup'ik strengths-based approach to suicide and alcohol abuse prevention. It entails a collection of activities and curriculum modules that function as cultural scripts for creating experiences in Yup'ik communities that develop cultural resilience and other protective factors. Built on a foundation of community participatory engagement, *Qungasvik* engages Elders, parents, other adults, and youth in delivery of a set of culturally centered activities that protect the young person from suicide and alcohol misuse. *Qungasvik* has two primary outcomes:

- In the short term, protective strengths in the community,

family, and individual youth are developed and nurtured using Yup'ik cultural teachings and practices.

- Over the longer term, through these protective cultural experiences, reasons for life and for sobriety become inculcated at the levels of youth, family, and community.

In *Qungasvik*, each community selects teachings for the youth, their families, and their communities. Each community must then adapt the teachings in its own way, being reflective of the local cultural practices, as well as other important considerations, such as the season of the year and what the local land gives and provides in its offerings. In this way, the model is tailored to fit the priorities, strengths, and constraints of each community. Therefore, much of the model's sustainability potential is contingent on enhancing the local capacity of community members to implement the model.

Successful Transitions for Adult Readiness (STAR)

Tribal STAR, which grew out of the original STAR program in 2003, is a technical assistance and training program that offers training services to child welfare social workers, court personnel, attorneys, judges, Tribes, Indian services agencies, and Indian Child Welfare Act (ICWA) advocates. It also hosts educational forums and has a community advisory group and judicial advisory board.

The original STAR program model (Allen, 2003) had six objectives:

1. Develop a competency-based training curriculum that reflects the wisdom learned from research, best practice, foster youth experience, and evaluation
2. Create trainings delivered by multidisciplinary training teams to multidisciplinary audiences
3. Ensure that minorities, particularly the Native American community, will be included as trainees, trainers, and advisors
4. Disseminate the curriculum widely throughout California and beyond

5. Develop or strengthen collaborative relationships with partner agencies
6. Integrate the curriculum into a statewide plan to create a distance-learning training option

Over the history of the project, approximately 8,000 Tribal and non-Tribal professionals have received Tribal STAR training, which covers the youth development philosophy, methods for collaboration, effective ways to work with rural populations, effective ways to work with Tribal rural foster youth and their communities, ICWA, and the John H. Chafee Foster Care Independence Act (Drumbeats, 2018).

Tribal STAR was evaluated through consumer satisfaction surveys, process evaluation, and implementation outcome evaluations. The evaluation findings included (Drumbeats, 2018):

- Participants reported a high degree of satisfaction with the training.
- Participants, for the most part, were able to demonstrate an increased knowledge of factors pertaining to independent living skills (ILS) practice.
- Participants perceived the training increased their competence for ILS practice.
- Trainees continued to report gains from their participation in the training 6 months after the conclusion of training

Risk and Protective Factors

Definitions and Examples

The Center’s focus on child and family resilience concentrates on improving child welfare outcomes by addressing the individual,

familial, and social/environmental characteristics that impact the likelihood of child maltreatment and other negative outcomes. These characteristics that “precede and are associated with a higher likelihood of negative outcomes” are *risk* factors; those that reduce the “likelihood of negative outcomes or that reduce a risk factor’s” negative effects are *protective* factors (U.S. DHHS, SAMHSA, 2018). The table below offers examples of risk and protective factors at each of the ecological levels.

In our literature review, we hewed closely to a standard set of risk and protective factors. However, one of the central conclusions from that work was that the protective factors enhanced by Tribal programs were not well represented by that list. While the standard protective factors embody a level of abstraction proper for Western-style, social science practices, they were also sufficiently generic and inadequate for capturing myriad protective factors, including:

- Historical Trauma Resilience
- Cultural Identity
- Native Language
- Traditional Healing Practices
- Kinship/Elders/Community connection
- Spiritual Practice/Knowledge/Ceremony
- Spiritual Values

We expanded the Environmental Scan Codebook (Appendix B) to capture these cultural and spiritual resilience factors better.

In the next sections, we will examine the most frequent risk, protective, and cultural and spiritual resilience factors in the models we discussed earlier, as well as some additional models. For our

ECOLOGICAL LEVEL	RISK FACTOR	PROTECTIVE FACTOR
Individual or Child	Child disability	Self-regulation skills
Family or Parental	Family conflict or violence	Parental resilience
Social or Environmental	Lack of access to social support	Positive social connection and support



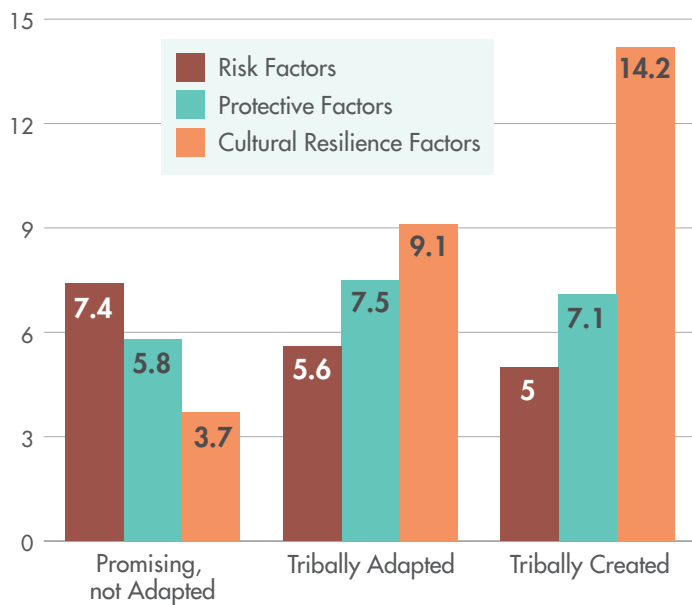
preliminary work, we looked at what the top five (or more, in the event of a tie) factors were overall, as well as broken out by models that have multiple programs (NCWWI Leadership Model, PAT, PCAP, Peacemaking Circle, Qungasvik Toolbox/Model, and STAR) and programs that embody their own models (AILS, Finding Your Path, GONA/GOAN, Minority Youth and Family Initiative for AI/AN Children [MYFI], MFM, Native American Fatherhood and Families Association, and Project LAUNCH).

Knowledge of Risks and Resilience in Program Development

As stated earlier, a key distinguishing feature of this environmental scan is a critical examination of cultural and spiritual resilience in prevention and intervention models. During the first installment of this work (the literature review), we only had a vague notion of how cultural wellness and spirituality were infused into Indigenous prevention and intervention models and programs; our understanding was limited to how these efforts target various risk and protective factors. During the environmental scan process, we paid particular attention to cultural resilience as a separate domain from risk and protective factors. For each model, program, or demonstration examined (n=58), we documented how many risk, protective, and cultural resilience factors the effort targeted through its programming. The chart below displays the breakdown of these factors by level of Tribal adaptation.

This demonstrates several remarkable findings. There is a clear relationship between the level of Tribal adaptation and the prevention/intervention target. Programs that were categorized as Promising, Not Adapted targeted more risk factors on average compared to those that were either Tribally Adapted or Tribally Created. The fact that reliance on targeting risks/deficits decreases as level of Tribal ownership or involvement increases illustrates the importance of strengths-based approaches to Indigenous prevention and intervention efforts.

There is also a remarkable pattern in the average number of cultural resilience factors that manifest in programming at each level of Tribal adaptation, demonstrating a completely opposite pattern from risk factors. Tribally Created models and programs target significantly more cultural resilience factors than Tribally Adapted and Promising, Not Adapted ones. Tribally Created programs do not completely abandon the use of risk and protective factors (just as Promising, Not adapted and Tribally Adapted do not completely ignore cultural resilience factors), but this does show that the engagement of cultural resilience factors demonstrates a relationship to increased Tribal agency and uplifting of Indigenous ways of knowing.



Risk Factors

The top risk factors addressed by our models (with frequency) were:

OVERALL	GENERAL MODELS	PROGRAMS AS MODELS
<ol style="list-style-type: none"> 1. Substance abuse (21) 2. Low self-esteem (18) 2. Social isolation (18) 2. Mental health problems (18) 3. Exposure to conflict or violence (family or otherwise) (17) 4. Exposure to stress (15) 5. Child temperament or behavior (14) 6. Child disability (13) 	<ol style="list-style-type: none"> 1. Child disability (9) 1. Exposure to conflict or violence (family or otherwise) (9) 2. Lack of access to prenatal support/ lack of social or parental pregnancy support (8) 2. Substance abuse (8) 2. Social isolation (8) 2. Low self-esteem (8) 3. Parental temperament (7) 	<ol style="list-style-type: none"> 1. Substance abuse (13) 2. Mental health problems (12) 3. Social isolation (10) 3. Low self-esteem (10) 3. Exposure to stress (10) 4. Child temperament or behavior (8) 4. Exposure to conflict or violence (8) 5. Child perceived as problem by parents (6)

Protective Factors

The top protective factors addressed by our models (with frequency) were:

OVERALL	GENERAL MODELS	PROGRAMS AS MODELS
<ol style="list-style-type: none"> 1. Social and emotional competence (27) 2. Relational skills (22) 3. Involvement in positive activities (20) 4. Problem-solving skills (19) 5. Positive social connection and support (17) 6. Positive school environment (16) 7. Self-regulation skills (15) 7. Self-efficacy (15) 	<ol style="list-style-type: none"> 1. Social and emotional competence (14) 2. Positive school environment (12) 2. Relational skills (12) 2. Knowledge of parenting and child development (12) 3. Strong parent/child relationship (10) 3. Involvement in positive activities (10) 4. Positive social connection and support (9) 	<ol style="list-style-type: none"> 1. Social and emotional competence (13) 2. Problem-solving skills (11) 3. Relational skills (10) 3. Involvement in positive activities (10) 4. Self-efficacy (8) 4. Self-regulation skills (8) 4. Positive social connection and support (8) 4. Community support when faced with challenges (8)

Cultural and Spiritual Resilience Factors

The top protective factors addressed by our models (with frequency) were:

OVERALL	GENERAL MODELS	PROGRAMS AS MODELS
1. Cultural identity/sense of belonging to cultural group (30)	1. Cultural identity/sense of belonging to cultural group (17)	1. Cultural identity/sense of belonging to cultural group (13)
2. Increasing coping (24)	2. Expressing Native identity (13)	2. Ethnic pride/self-esteem (12)
3. Ethnic pride/self-esteem (23)	2. Increasing coping skills (13)	3. Increasing coping skills (11)
4. Expressing Native identity (22)	3. Connecting with cultural resources (12)	3. Hope/looking forward/optimism (11)
5. Connecting with cultural resources (22)	4. Personal capacities (11)	4. Support (family, friends, community)/interdependence (10)
6. Hope/looking forward/optimism (21)	4. Ethnic pride/self-esteem (11)	4. Spiritual values/well-being (10)
7. Support (family, friends, community)/interdependence (20)		4. Cultural teachings (10)
7. Personal capacities (20)		4. Connecting with cultural resources (10)

Strengths and Challenges Faced by Models

The table below displays some preliminary findings about the strengths of and challenges faced by each model as they pertain to implementation.

MODEL	STRENGTHS	CHALLENGES
American Indian Life Skills (AILS)	<ul style="list-style-type: none"> » Program materials are developmentally appropriate, culturally sensitive, and engaging for an adolescent audience. » A variety of training resources are available to ensure effective program implementation. » Tools for assessing program outcomes, training effectiveness, and intervention fidelity are provided to support quality assurance. 	<ul style="list-style-type: none"> » No materials are offered to help engage or inform parents. » Fidelity to the intervention is assessed using an observational measure, but no information is available about how reliability is ensured. » No specific training-of-trainers module is noted for differing community settings.
Defending Childhood Initiative	<ul style="list-style-type: none"> » The initiative emphasized Lakota way of life in all materials, including prevention programs, case management and treatment/healing interventions for children who had been exposed to violence, as well as community awareness and education campaigns. » Professional training is designed to improve local practice. 	<ul style="list-style-type: none"> » Original funding was provided by DOJ's OJJDP and OWW. » The initiative funded a robust outcome evaluation that included community survey, professional knowledge and practice survey, and indicators of community violence, which might be hard to replicate without extra funding.



MODEL	STRENGTHS	CHALLENGES
Families and Schools Together (FAST)	<ul style="list-style-type: none"> » The program is a single, positive prevention/early intervention that builds stronger relationships in families and among the existing social structures of schools and communities » The training of the FAST teams may be delivered onsite. » Training includes launch consulting and issue support provided by a Certified FAST® Trainer. 	<ul style="list-style-type: none"> » Training is only provided to multi-agency teams with parent partners; no individuals can be trained. » Training requires local implementation with whole families and active on-site supervision. » Team supervision of the multi-family group implementation can be difficult to navigate. » Supervision involves direct observation.
Family Strengthening Programs (FSP)-AI version	<ul style="list-style-type: none"> » FSP is culturally adapted and tested with urban and rural families with elementary-school-aged children. » Separate training manuals have been developed for AI families. » Programs are offered to court-ordered parents with children in protective services. » AI version contains the same basic content as the original FSP but has culturally appropriate pictures and language with some specific information regarding AI families and communities. 	<ul style="list-style-type: none"> » Hiring and training of workers and retention may be problematic. » Recruiting families to participate and remain in the program is challenging. » FSP has efficacy possibly limited to parents without drug or alcohol abuse issues.
Gathering of Native Americans (GONA)/ Gathering of Alaska Natives (GOAN)	<ul style="list-style-type: none"> » The curriculum and facilitators' guide include the following components: <ul style="list-style-type: none"> ▪ An introduction and brief history of the development ▪ A pre-planning section to provide the planning committee with the necessary information to successfully organize and hold a GONA/GOAN in its community ▪ A comprehensive training of each of the four major themes of a GONA/GOAN 	<ul style="list-style-type: none"> » Facilitators may lack an opportunity for long-term involvement with the community. » The process may rarely address treatment-specific issues for participants, which are met with care but may lack longer-term care. » Without vigilant mobilization and mentoring of the community planning and care process, the positive cultural and community effects may extinguish over time.



MODEL	STRENGTHS	CHALLENGES
MOCKINGBIRD FAMILY™ Model (MFM)	<ul style="list-style-type: none"> » MFP teaches positive foster family supports, such as child safety, placement stability, sibling connections, culturally relevant care, caregiver retention, and child welfare system education. » The program encompasses family services, child supports, case management, and foster family peer support. 	<ul style="list-style-type: none"> » While the program promotes the need for a focal case manager, it is likely that many more care supports will be indicated for needy families. » Worker notes and documentation are vital to inform services management and document outcomes. » Problems occur for transitional care youth when files are no longer easily accessible through child welfare services (CWS). » Having pertinent information once youth have aged out is difficult. » Loss of ability to follow through impedes ongoing care.
Leading the Next Generation	<ul style="list-style-type: none"> » Strengths of culturally based curriculum, trained trainers, and achieved implementation objectives are cited. » Evaluators observed fidelity to curricula content at the trainings they attended. » Individual interviews confirmed that the training of trainers did equip them to conduct local workshops and that the materials were seen as highly useful and valuable. » Participants found they were able to put the training they received to work immediately 	<ul style="list-style-type: none"> » Time spent away from response and case specific duties was an issue. » Identification of participant communities takes longer than scheduled. This meant the curriculum itself takes longer to finalize than projected. » Participant communities were not ready to formally implement the curriculum once trained. The issue of community readiness is a major one.
Native American Fatherhood and Families Association	<ul style="list-style-type: none"> » Curriculum provides individuals the knowledge and skills to implement and assist fathers, mothers, and families to fully realize their potential. » Curriculum offers participants the opportunity to gain a deeper understanding of the importance of responsible fatherhood as reflected in Native American values and beliefs. 	<ul style="list-style-type: none"> » Success of the program may lie in the ability of the parents to continue as a support and learning community. » Paraprofessional workers or volunteer educators may have problems providing consistency in weekly meetings.
Parent-Child Assistance Program (PCAP)	<ul style="list-style-type: none"> » PCAP focuses on assisting mothers in obtaining treatment and staying in recovery, as well as assuring that children are in safe, stable homes and receiving appropriate health care. » Outcomes suggest sources of cost savings. » Case managers provide regular home visitation and connect previously disengaged mothers. 	<ul style="list-style-type: none"> » Outcomes are not based on a randomized controlled trial. » Rarely do positive child and maternal outcomes have a relationship to investment of time and resources.



MODEL	STRENGTHS	CHALLENGES
Parents as Teachers (PAT)	<ul style="list-style-type: none"> » Program has evidence to support its effectiveness. » Visitors engage families directly. » Visitors catch possible developmental challenges early. » Visitors connect families with a variety of community resources. » All community parents-to-be and parents with children younger than 5 years old are typically eligible. 	<ul style="list-style-type: none"> » There should be a dedicated focus on cultural adaptations and enhancements. » High staff turnover is a possible risk to the program success. » Programs require diligent documentation of policies and procedures, including cultural adaptation. » Staff with a cultural knowledge and a history with implementation in the community may be difficult to find.
Peacemaking Circles	<ul style="list-style-type: none"> » The model uses traditional and customary values and spirituality of all people, as well as a traditional value of balance to establish a foundation for individual and community and to enhance their peace. » A good foundation for alliances of individuals, systems of care, and communities becomes part of the solution. » Holistic- or value-based approach uses justice as a healing tool in the circle process. » Youth become involved in a process directly affecting them. 	<ul style="list-style-type: none"> » Success is contingent upon the facilitator's ability to conduct Talking Circles approaches. » Issues of confidentiality and privacy are important considerations as threats to the peacemaking process.
Positive Indian Parenting (PIP)	<ul style="list-style-type: none"> » Curriculum has been implemented in Indian Country since 1986. Elements of the curriculum have been utilized for generations. Elders have allowed the use of this curriculum in Tribal communities (urban and rural). » Traditional values are incorporated, such as praise, nurturing, harmony, lessons of nature, attachment, cradle boards, and behavior management. » Oral traditions, storytelling, spiritual nature of child-rearing, and the role of the extended family are included. 	<ul style="list-style-type: none"> » Issues of consistency and fidelity have been ongoing issues with PIP, as there are many strategies utilized by different trainers. » No apparent ongoing registry of programs or participant follow up exists.
Project Venture (PV)	<ul style="list-style-type: none"> » In 2004, SAMSHA CSAP awarded PV model program status based on consistent, outstanding evaluation data over several years. » PV was designed for and tested with early adolescents in grades 5-9 in AI school and community settings in rural and low-socio-economic areas. 	<ul style="list-style-type: none"> » Problems of sustainability and consistent funding continue. » PV has worked hard to establish consistency and fidelity measures, which it lacked early on. » Consistent adherence with the implementation and fidelity of the project is important. » PV has worked hard to maintain consistency with youth and standards of safety in its activities.

MODEL	STRENGTHS	CHALLENGES
<p>Qungasvik Toolbox</p>	<ul style="list-style-type: none"> » Yup'ik theory-driven process guides the implementation of Qungasvik. » It provides promise for the tailoring of the model to other Tribal communities and cultures. » Manual contains "teachings" based on the local specifics of culture and community. 	<ul style="list-style-type: none"> » The model is designed to be implemented by Yup'ik community members, which requires a familiarity, if not fluency, in Yup'ik language and local dialect.
<p>Successful Transitions for Adult Readiness (STAR)</p>	<ul style="list-style-type: none"> » STAR provides training to child welfare workers, court personnel, attorneys, judges, Tribes, Indian services agencies, and ICWA advocates. 	<ul style="list-style-type: none"> » Little is known about the program's current activities. » Specific information about the current programs' impact on child and family outcomes is unclear.
<p>Tribal Coaching Leadership Academy for Middle Managers (LAMM)</p>	<ul style="list-style-type: none"> » LAMM has the unique ability to grow the skills of Tribal and community CWS systems of care. » There is a commitment to implement a course or programmatic change within the Tribal CWS systems of care. » There is the possibility to increase staff retention by allowing individual and professional growth and training. 	<ul style="list-style-type: none"> » Participants within the CWS system of care may face challenges due to roles and standards of care. » There are possible challenges due to lack of Tribal consultation, administrative buy in, or staff retention.



Conclusion

As described in the introduction, the purpose of this environmental scan was to develop a snapshot of the diversity of programming that exists in Indian Country by expanding upon the array of programs, models, and demonstrations of child maltreatment prevention and intervention efforts we found in the literature review. This section has two parts: (1) some overall reflections on what we found in this environmental scan and (2) insights from the scan as they relate to the literature review.

High-Level Findings

The models that we found typically involved one or more of the following seven categories of prevention or intervention strategy:

- 1. Parenting Skills:** Parenting skills programs seek to enhance the innate and learned skills of parents to increase their knowledge base of parenting skills and their conceptual parenting skills. Parenting skills training in Native communities are often linked with cultural models of community and familial care, frequently focusing on the child as a center for the family organization and care giving. *Example models: Positive Indian Parenting, Qungasvik Toolbox*
- 2. Family Life Skills - Education Focused:** Family life skills programs generally focus upon developing family organizational and cultural skills in order to define and increase competence in culturally defined expectations and interdependent relationships in families. They seek to increase family cohesion of togetherness in both care and learning. *Example models: American Indian Life Skills, Leading the Next Generation's Healthy Relationships*
- 3. Home Visitation:** Home visitation programs seek to engage parents and family caregivers in the home in an effort to coach developmental mentoring, increase family functioning, and educate regarding the care and stability of the children and family. They have been widely used in Native communities, in part, due to the acceptance and effectiveness of community health representatives. *Example models: Parent-Child Assistance Program, Parents as Teachers*
- 4. Family and Community Resilience:** Family and community resilience programs and models prepare community members to not only help themselves, but to help others within their wider social network. The important goal is to help to create "trauma-informed" and "resiliency-focused" communities that share a common understanding of the impact of trauma and chronic stress and of how resiliency can be restored or increased using this skills-based approach. *Example models: Gathering of Native Americans/Gathering of Alaska Natives, Peacemaking Circles*
- 5. Social Services/Case Management:** Family case management programs program help otherwise ineligible at-risk families to obtain the health care services and other assistance they may need to have a healthy pregnancy and to promote the child's healthy development. *Example models: MOCKINGBIRD FAMILY™ Model, Tribal Coaching Leadership Academy for Middle Managers*
- 6. Traditional Life Stage:** Cultural resilience and empowerment enacted through traditional, life-stage interventions aim to address and prevent children's exposure to violence by engaging both Tribal programs and community members through robust strategies that incorporate culture as a



resilience factor, as well as empowering participants with culturally engaged life skills and bicultural skills for success.

Example model: Project Venture, Finding your Path

- 7. Behavioral Health and Wellness:** Mental health, substance abuse treatment, and community response systems of cultural engagement are critical to the empowerment of resilient community and families. Many models build on the Native American worldview that understands health and wellness as framed by the notions of connectedness, reciprocity, balance, and completeness. *Example model: Project LAUNCH*

These categories are not exclusive, so models may (and frequently do) appear in several categories. For example, Parents as Teachers is a model that qualifies as both a Family Life Skills – Education Focused and a Home Visitation model.

Approaching the models by their level of Tribal adaptation, we found that Tribally Created models tended to be significantly more oriented toward strengthening cultural resilience factors than they were oriented toward reducing risk factors or improving other protective factors. While it was no surprise to find that Tribally

Created models were more oriented toward strengthening those factors than were models in the Promising, Not Adapted category, Tribally Created models were also noticeably more oriented to that goal than were Tribally Adapted models. Continued investigation into the development of culturally tailored models is likely to yield a wealth of innovation and effective community programming; the Center intends to support these efforts through its ongoing work in building an online resource that describes the projects undertaken in AI/AN communities.

Environmental Scan and Literature Review

Because this environmental scan, by design, was intended to build upon the findings of the literature review, it is not surprising that the findings of the environmental scan are not in contrast to but, rather, in conversation with those of the literature review. In the table below, we present the primary findings reported in the literature review, alongside a series of augmentation findings gleaned from the environmental scan research.

LITERATURE REVIEW PRIMARY FINDING	ENVIRONMENTAL SCAN AUGMENTATION
<p>Culture matters. Many of the Tribally Created models and programs in the literature review addressed a specific Tribal community rather than provide more generic inter-Tribal solutions. Tribal community members also played a key role in the design and implementation of these interventions, often advising or facilitating the programs.</p>	<ul style="list-style-type: none"> » Models and model-embodying programs in this scan are not only culturally informed in their development but are also infused with cultural resilience factors that reflect Tribal values and traditions. » The environmental scan allows us to see that cultural resilience is not just another protective factor, but a domain unto itself. » Cultural resilience is fundamental to remediating risks to children and the healing of intergenerational impacts of trauma. » Models and programs, through employing a cultural-resilience lens, also allow for a strengths-based understanding of prevention in Indian Country. » Illustrative Model: Project Venture promotes several strengths-based, cultural resilience factors, including cultural connectedness, traditional foods, and spirituality and ceremonies.

LITERATURE REVIEW PRIMARY FINDING	ENVIRONMENTAL SCAN AUGMENTATION
<p>Mixed modalities enhance learning. Many of the Tribal Creations used mixed modalities, combining experiential learning with curriculum-based learning. The interventions were innovative in their use of ceremony, ceremonial leaders, and storytelling tradition.</p>	<ul style="list-style-type: none"> » Other ways that programs and models ensured relevance was through the use of interactive lessons and scripted scenarios that are relevant to Indigenous life. » Programs using multiple modalities sometimes used team-teaching approaches to ensure that lessons have a high degree of cultural and linguistic relevance. » Illustrative Program: For the American Indian Life Skills model, lessons may be delivered by teachers working with community resource leaders and representatives of local social service agencies. This team-teaching approach is intended to ensure that the lessons have a high degree of cultural and linguistic relevance, even if the teachers are not AI/AN or of the same Tribe as the students.
<p>Cultural guidance and collaboration of efforts may benefit the development of Tribal models and movements of community wellness. Many Tribal Creations resulted from collaboration with Elders, service providers, academic institutions, and grant providers. These collaborations did not dilute the centrality of Tribal goals or needs.</p>	<ul style="list-style-type: none"> » A common theme in the programs and models described here is that cultural guidance/collaboration not only informs the development of these efforts but is also the linchpin of implementation. Without cultural resilience, collaboration, and cooperation woven into the fabric of the program, the effort appears to deteriorate. » It appears that the development of Tribal adaptation with evidence-based and other promising-practice programs may find great benefit in the culturally specific adaptation of models. The most effective of these efforts appear to be marked by a cultural guidance and by a collaborative and bidirectional learning perspective of developing solutions for Tribal or native communities. » Illustrative Model: Peacemaking Circles use the traditional value of balance to establish a foundation for individual and community and to enhance their peace. This balance is achieved when participants learn to initiate a process that begins to build community support, and the circle establishes a working relationship and partnership with the state court system.
<p>Community healing is wellness enhancement. The AI/AN community and its culture are sources for and sites of wellness enhancement.</p>	<ul style="list-style-type: none"> » Empowering cultural resilience may likely facilitate community mobilization, which is an important component of community healing. » Engaging cultural resilience factors and interventions may increase Tribal agency in developing solutions.





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Appendix A: Environmental Scan Interventions-at-a-Glance¹

MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Parents as Teachers (PAT) is an early childhood, home visiting service delivery model. The goal of the PAT program is to provide parents with child development knowledge and parenting support and provide early detection of developmental delays and health issues.</p>	<ul style="list-style-type: none"> » Substance abuse » Exposure to conflict or violence » Mental health problems » Child perceived as problem by parents » History of child abuse and neglect/corporal punishment 	<ul style="list-style-type: none"> » Strong parent/child relationship » Family functioning » Knowledge of parenting and child development » Positive social connection and support » Positive school environment 	<ul style="list-style-type: none"> » Ethnic pride/self-esteem » Education » Community involvement/participation/contribution » Connecting with cultural resources » Expressing Native identity 	<p>Child; Family</p>	<p>Promising, Not Adapted</p>	<p>Target</p>	<p>With a statistically significant impact reported in a peer reviewed Journal, this model meets the criteria established by the Department of Human Services (HHS) for an evidence-based early childhood home visiting service delivery model for the general population but does not meet the criteria for tribal populations.</p>
<p>Peacemaking Circles is a traditional, nonadversarial form of justice practiced by many different Native American tribes. It brings together the immediate parties to a conflict, along with family, neighbors, community members, and others who wish to support the participants.</p>	<ul style="list-style-type: none"> » Parental temperament » Substance abuse » Conviction of a violent crime » Exposure to conflict or violence » Low self-esteem » Social isolation » Lack of access to prenatal and early parent support 	<ul style="list-style-type: none"> » Self-regulation, relational, and problem-solving skills » Involvement in positive activities » Self-efficacy » Knowledge of parenting and child development » Parental self-esteem » Safe community focus » Community support when faced with challenges 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Personal capacities » Cultural teachings » Support (family, friends, community)/interdependence » Connecting with cultural resources » Community food/good nutrition » Expressing Native identity 	<p>Child; Family; Community</p>	<p>Tribally Adapted</p>	<p>Resource; Agent</p>	<p>Peacemaking continues to evolve and takes many forms as each Tribe or community establishes and develops a program that is true to its cultural beliefs.</p>

¹ See Appendix B for definition of terms used in the table



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Parent-Child Assistance Program (PCAP) is an evidence-based, home visitation, case-management model for mothers who abuse alcohol or drugs during pregnancy. Its goals are to help mothers build healthy families and to prevent future births of children exposed prenatally to alcohol and drugs.</p>	<ul style="list-style-type: none"> » Substance abuse » Exposure to conflict or violence (family or otherwise) 	<ul style="list-style-type: none"> » Social and emotional competence » Self-regulation skills » Relational skills » Strong parent/child relationship » Knowledge of parenting and child development » Access to health and social services 	<ul style="list-style-type: none"> » Hope/looking forward/optimism » Happiness » Increasing coping skills » Personal capacities » Community involvement/participation/contribution » Connecting with cultural resources » Access to services » Cultural community gatherings » Expressing Native identity 	Child; Family	Tribally Adapted	Target	Evaluation of outcomes is in process, and PCAP is hopeful to replicate and demonstrate its successes.
<p>National Child Welfare Workforce Institute Tribal Coaching Leadership Academy Middle Managers (LAMM) Model follows Tribal child welfare managers' participation in the LAMM to lead meaningful change in their Tribal agencies' ability to serve vulnerable children, youth, and families.</p>	<ul style="list-style-type: none"> » Exposure to conflict or violence (family or otherwise) » History of child abuse and neglect use of corporal punishment 	<ul style="list-style-type: none"> » Professional child welfare system development » Problem-solving skills » Self-efficacy » Safe community focus » Building trust and confidence in community » Community support when faced with challenges 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Focus/determination » Hope/looking forward/optimism » Personal capacities » Support interdependence » Community involvement/participation/contribution » Connecting with cultural resources » Access to services 	Tribe	Tribally Adapted	Setting	Currently, there are no published, peer-reviewed research studies for Tribal Coaching LAMM.



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Qungasvik Toolbox's prevention approach is, at its heart, a community-driven process. The process engages Elders, parents, other adults, and youth in delivery of a set of culturally centered activities that protect the young person from suicide and alcohol misuse.</p>	<ul style="list-style-type: none"> » Child temperament or behavior » Child disability » Exposure to stress » Parental temperament » Substance abuse » Low self-esteem » Social isolation » Mental health problems » Child perceived as problem by parents 	<ul style="list-style-type: none"> » Social and emotional competence » Self-regulation, relational skills, and problem-solving skills » Involvement in positive activities » Self-efficacy » Parental resilience » Concrete support for parents » Access to health and social services » Safe community focus » Building of trust and confidence in community » Community support when faced with challenges 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Focus/determination » Hope/looking forward/optimism » Increasing coping skills » Historical trauma resilience » Native language » Cultural teachings » Support interdependence » Connection to land, access to cultural sites » Community involvement/participation/contribution » Kinship/Elders/community connection/ties » Life cycle events/traditional activities/practices » Traditional foods/subsistence » Healthy lifestyles/activities/physical health/fitness » Cultural community gatherings » Spiritual values/well-being » Spiritual practice/knowledge/ceremony » Expressing Native identity 	<p>Child; Family; Community</p>	<p>Tribally Created</p>	<p>Agent</p>	<p>At the time that the Qungasvik prevention approach was being developed by Yup'ik communities, no existing tools or measures existed to assess the outcomes that Yup'ik communities had identified as most desired for their youth. Communities wanted to achieve two primary outcomes for youth. They wanted to 1) develop protective strengths in the community, family, and individual youth using Yup'ik cultural teachings and practices and 2) over the longer term, through these protective cultural experiences, inculcate reasons for life and for sobriety at the levels of youth, family, and community.</p>



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Native American Fatherhood and Families Association's curricula models, Fatherhood Is Sacred®, Motherhood Is Sacred™, work to reconnect not only Native families but all families, starting with the father.</p>	<ul style="list-style-type: none"> » Parenting issues regarding the father 	<ul style="list-style-type: none"> » Family cohesion » Family functioning » Access to health and social services 	<ul style="list-style-type: none"> » Kinship/Elders/ community connection/ ties » Life cycle events/ traditional activities/ practices » Healthy lifestyles/ activities/ physical health/fitness » Cultural community gatherings » Spiritual values/ well-being » Spiritual practice/ knowledge/ceremony » Expressing Native identity 	Family	Tribally Created	Agent	Lack of comprehensive data for a program evaluation has limited the effectiveness of this program to impact more communities; The program has been introduced to 180 Tribes.
<p>Successful Transitions for Adult Readiness (STAR)'s goal is to ensure culture, community, and resources for Indian children in child welfare and to promote compliance with the Indian Child Welfare Act. Tribal STAR is a technical assistance and training program.</p>	<ul style="list-style-type: none"> » Other Tribal youth in foster care transitioning into adulthood » Foster youth connection to Tribe and culture 	<ul style="list-style-type: none"> » Support for youth in foster care transitioning to adulthood 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group 	Child; Community	Tribally adapted		No available reports of outcomes are available at this time.



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Project Venture (PV) program of the National Indian Youth Leadership Project had PV Elders to help translate program’s dream and offer wisdom and advice that has guided its development.</p>	<ul style="list-style-type: none"> » Child temperament or behavior » Exposure to stress » Substance abuse » Exposure to conflict or violence (family or otherwise) » Low self-esteem » Social isolation » Mental health problems » Child perceived as problem by parents 	<ul style="list-style-type: none"> » Social and emotional competence » Self-regulation, relational, and problem-solving skills » Involvement in positive activities » Self-efficacy » Positive social connection and support » Building of trust and confidence in community 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Focus/determination » Hope/looking forward/optimism/happiness » Increased coping skills and personal capacities » Cultural teachings » Support/interdependence » Connection to land, access to cultural sites » Life cycle events/traditional activities/practices » Connecting with cultural resources » Healthy lifestyles/activities/physical health/fitness » Cultural community gatherings » Spiritual values/well-being » Spirit » Expressing Native identity » Balance 	Child	Tribally Created	Resource; Agent	In 2004, The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention awarded PV Model Program Status based on consistent outstanding evaluation data over several years.



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Positive Indian Parenting (PIP) program connects traditional Indian values to parenting. It is a brief, practical, culturally specific training program for Native American parents to explore the values and attitudes expressed in traditional Native American child-treating practices and then to apply those values to modern skills in parenting.</p>	<ul style="list-style-type: none"> » Exposure to stress » Low self-esteem » Social isolation » Lack of access to prenatal support/ lack of social or parental pregnancy support 	<ul style="list-style-type: none"> » Social and emotional competence » Relational skills » Problem-solving skills » Involvement in positive activities » Family cohesion » Family functioning » Knowledge of parenting and child development » Parental resilience » Positive social connection and support 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Hope/looking forward/optimism » Increasing coping skills » Personal capacities » Native language » Cultural teachings » Family commitment, safe and healthy relationships » Life cycle events/traditional activities/practices » Connecting with cultural resources » Spiritual values/well-being » Spiritual practice/knowledge/ceremony » Expressing Native identity 	<p>Child; Family</p>	<p>Tribally Created</p>	<p>Resource; Agent</p>	<p>PIP was designed to prepare Indian child welfare personnel to train Native American parents using a culturally specific approach.</p> <p>Participants receive instruction in how to conduct parent training, as well as instruction in parenting ways. The content of the materials draws on the strengths of historic Indian child-rearing patterns and blends old parenting values with modern skills. Storytelling, cradleboards, harmony, lessons of nature, behavior management, and the use of praise are discussed. Learning-model-based evidence is sparse.</p>



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Wakanyeja Ta Wiconi Ki Awayang Kuwapi - Rosebud Sioux Tribe's Defending Childhood Initiative (RST DCI)</p> <p>The initiative's goal is to prevent children's exposure to violence, reduce its negative impact, and increase public awareness of such by implementing an approach based in Lakota values and managed by culturally competent and trauma-informed service providers.</p>	<ul style="list-style-type: none"> » Exposure to stress » Parental temperament » Substance abuse » Exposure to conflict or violence (family or otherwise) » Low self-esteem » Social isolation » Housing stress » Mental health problems » History of child abuse and neglect/ use of corporal punishment 	<ul style="list-style-type: none"> » Social and emotional competence » Relational skills » Problem-solving skills » Involvement in positive activities » Strong parent/child relationship » Family cohesion » Self-efficacy » Family functioning » Positive social connection and support » Access to health and social services » Safe community focus » Build trust and confidence in community » Community support when faced with challenges » Positive school environment 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Focus/determination » Hope/looking forward/optimism » Increasing coping skills » Personal capacities » Education » Historical trauma resilience » Cultural teachings » Support (family, friends, community)/interdependence » Connection to land, access to cultural sites » Community involvement/participation/contribution » Family commitment, safe and healthy relationships » Kinship/Elders/ community connection/ ties » Life cycle events/ traditional activities/ practices » Access to services » Traditional healing practices » Cultural community gatherings » Spiritual values/well-being » <i>Wairua</i> (spirit) » Spiritual practice/ knowledge/ceremony 	<p>Child; Family</p>	<p>Tribally Adapted</p>	<p>Setting</p>	<p>RST-DCI was able to realize important accomplishments, including bringing a much-needed advocacy program to the reservation and providing victims with assistance and raising community awareness about children's exposure to violence on the Rosebud. Throughout this work, the RST-DCI staff have infused a culture-based approach and brought back a focus on Lakota spirituality and tradition, reflecting the strengths of their culture as a protective factor.</p>



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Families and Schools Together (FAST) was designed to improve academic and behavioral outcomes for at-risk children by targeting the child’s whole family for the intervention.</p>	<ul style="list-style-type: none"> » Child temperament or behavior » Child disability » Exposure to stress » Lack of access to prenatal support/ lack of social or parental pregnancy support » Child perceived as problem by parents 	<ul style="list-style-type: none"> » Social and emotional competence » Attachment to parent(s) » Self-regulation skills » Relational skills » Strong parent/child relationship » Family cohesion » Knowledge of parenting and child development » Positive social connection and support » Positive school environment 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Education » Community involvement/participation/contribution » Expressing Native identity 	Child; Family	Tribally Adapted	Resource	Since 1988, FAST has transformed families and improved the lives of children across cultures, languages, and socio-economic classes in 20 countries around the world. Parent-led sessions consistently produce statistically significant improvements in children’s behavior, emotional well-being, and academic performance.
<p>American Indian Family Strengthening Program (FSP) was developed as cultural modifications of the original SFP were made. The program follows the basic format of SFP but added culturally specific elements that matched the objectives of the sessions.</p>	<ul style="list-style-type: none"> » Child temperament or behavior » Parental temperament » Substance abuse » Exposure to conflict or violence (family or otherwise) » Low self-esteem » Social isolation » Mental health problems » Child perceived as problem by parents » History of child abuse and neglect/ use of corporal punishment 	<ul style="list-style-type: none"> » Social and emotional competence » Attachment to parent(s) » Self-regulation skills » Relational skills » Problem-solving skills » Involvement in positive activities » Strong parent/child relationship » Family cohesion » Family functioning » Parental self-esteem » Positive school environment 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Hope/looking forward/optimism » Increasing coping skills » Cultural teachings » Support (family, friends, community)/interdependence » Family commitment, safe and healthy relationships » Connecting with cultural resources » Access to services » Healthy lifestyles/activities/physical health/fitness » Spiritual values/well-being 	Child; Family	Tribally Adapted	Resource	The multi-method and multi-informant assessment strategy used for the process and outcome evaluation is well supported. Rating for each session documents any changes that the leaders made in the sessions, their satisfaction with the session, how well the families understood the material, and any suggestions for improvement.



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>MOCKINGBIRD FAMILY™ Model (MFM) is an innovative, foster care delivery model that creates an extended family community designed to support, develop, and retain quality foster families that can meet the challenging and complex needs of children and youth experiencing foster care. Foster families are valued and retained; youth thrive, and communities strengthen their support around children and families that keep them connected.</p>	<ul style="list-style-type: none"> » Child temperament or behavior » Child disability » Exposure to stress » Conviction of a violent crime » Physical health problems » Lack of access to prenatal support/lack of social or parental pregnancy support » Mental health problems » Child perceived as problem by parents » History of child abuse and neglect/corporal punishment 	<ul style="list-style-type: none"> » Attachment to parent(s) » Concrete support for parents » Positive social connection and support 	<ul style="list-style-type: none"> » Focus/determination » Hope/looking forward/optimism » Increasing coping skills » Support (family, friends, community)/interdependence » Access to services » Healthy lifestyles/activities/physical health/fitness 	<p>Child; Family</p>	<p>Promising, Not Adapted</p>	<p>Setting</p>	<p>The outcomes of MFM can be found in the 2009 MFM Outcome Evaluation (The Mockingbird Society, 2010). Key highlights include:</p> <ul style="list-style-type: none"> » There were 0 child protective services referrals for MFM caregivers. » 83% of MFM children experienced 0 placement changes. » 94% of MFM children were placed in the same home as their siblings. » 73% of MFM children shared a cultural identity with at least 1 of their caregivers. » 91% of MFM children participated in community activities. » 88% of MFM caregivers were retained.



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>The goal of Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is to promote the wellness of young children, ages birth to 8, by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The project infuses mental health-informed practices into primary care, early care and education, home visiting, and family settings.</p>	<ul style="list-style-type: none"> » Pregnancy or birth complications » Child temperament or behavior » Child disability » Exposure to stress » Physical health problems » Lack of access to prenatal support/ lack of social or parental pregnancy support » Mental health problems 	<ul style="list-style-type: none"> » Social and emotional competence; Relational skills » Problem-solving skills » Strong parent/child relationship » Access to health and social services 	<ul style="list-style-type: none"> » Hope/looking forward/ optimism » Increasing coping skills » Education 	Child	Promising, Not adapted	Setting	<p>The outcome data for Project LAUNCH suggest that the providers, parents, and children who are part of the LAUNCH initiative are on positive trajectories, even though the fact that the local evaluation studies do not include comparison groups. The analyses generated findings that suggested that these indices were related to the size of the observed effects, which suggests that future analyses of outcomes could provide guidance about the most effective strategies for promoting LAUNCH goals.</p>



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Gathering of Native Americans/ Gathering of Alaskan Natives (GONA/GOAN) is a culture-based, community planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports AI/AN tribes. The GONA approach reflects AI/AN cultural values, traditions, and spiritual practices.</p>	<ul style="list-style-type: none"> » Exposure to stress » Parental temperament » Substance abuse » Exposure to conflict or violence (family or otherwise) » Low self-esteem » Social isolation » Mental health problems » Child perceived as problem by parents 	<ul style="list-style-type: none"> » Social and emotional competence » Relational skills » Problem-solving skills » Involvement in positive activities » Self-efficacy » Positive social connection and support » Safe community focus » Build trust and confidence in community » Community support when faced with challenges 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Focus/determination » Hope/looking forward/optimism/happiness » Increasing coping skills » Cultural teachings » Support (family, friends, community)/interdependence » Community involvement/participation/contribution » Kinship/Elders/community connection/ties » Cultural community gatherings » Expressing Native identity 	Community; Tribe	Tribally Created	Resource; Agent	Recognized by SAMHSA as an effective culture-based intervention, GONA and GOAN help communities establish a safe and supportive environment where youth can learn how to thrive, grow up in balance, and pave the way for healthy futures.
<p>American Indian Life Skills (AILS) is a universal, school-based, culturally grounded, life-skills training program that aims to reduce high rates of AI/AN adolescent suicidal behaviors by reducing suicide risk and by improving protective factors.</p>	<ul style="list-style-type: none"> » Child disability » Exposure to stress » Substance abuse » Low self-esteem » Social isolation » Mental health problems 	<ul style="list-style-type: none"> » Social and emotional competence » Self-regulation skills » Relational skills » Problem-solving skills » Self-efficacy » Positive school environment 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Increasing coping skills » Personal capacities » Historical trauma resilience » Family commitment, safe and healthy relationships » Connecting with cultural resources » Expressing Native identity 	Child	Tribally adapted	Target	This program is promising for reducing depression and depressive symptoms. The review of the program yielded sufficient evidence of a favorable effect.



MODEL NAME AND DESCRIPTION	RISK FACTORS	PROTECTIVE FACTORS	CULTURAL RESILIENCE FACTORS (with cultural adaptation)	FOCUS AREA	TRIBAL ADAPTATION LEVEL	TRIBAL ROLE	REPORTED OUTCOMES
<p>Leading the Next Generation-NWI's Healthy Relationship Program is intended for Head Start, Indian Child Welfare, Temporary Assistance for Needy Children, domestic violence, fatherhood, healthy marriage, social and education services, Tribal health, youth programs, and others interested in providing healthy relationship education in their communities.</p>	<ul style="list-style-type: none"> » Exposure to stress » Parental temperament » Substance abuse » Exposure to conflict or violence (family or otherwise) » Low self-esteem » Social isolation » Mental health problems 	<ul style="list-style-type: none"> » Social and emotional competence » Self-regulation skills » Relational skills » Problem-solving skills » Involvement in positive activities » Family cohesion » Self-efficacy » Family functioning » Parental resilience » Positive social connection and support 	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Hope/looking forward/optimism/happiness » Increasing coping skills » Personal capacities » Historical trauma resilience » Cultural teachings » Community involvement/participation/contribution » Family commitment, safe and healthy relationships » Healthy lifestyles/activities/physical health/fitness » Spiritual values/well-being » Spiritual practice/knowledge/ceremony » Expressing Native identity 	Family	Tribally Created	Resource; Agent	Native Wellness Institute (NWI) staff estimate that over the course of the project, NWI provided more than 500 hours of healthy relationship education in various settings, ranging from conference presentations to full-length curriculum-specific training. Overall program evaluation indicates significant satisfaction and acceptance of the model by communities and providers.



Appendix B: Environmental Scan Codebook

Ecological Level/Risk Factors

ECOLOGICAL LEVEL	ASSOCIATED RISK FACTORS	
Individual Child-Level Factors	<ul style="list-style-type: none"> » Low birth weight » Pregnancy or birth complications » Child temperament or behavior » Child disability 	
Family/Parental Factors	<ul style="list-style-type: none"> » Substance abuse » Conviction of a violent crime (in a non-tribal court) » Exposure to conflict or violence (family or otherwise) » Mental health problems » Child perceived as problem by parents 	<ul style="list-style-type: none"> » Parental temperament » Physical health problems » Low self-esteem; social isolation » History of child abuse and neglect/use of corporal punishment » Other
Social/Environmental Factors	<ul style="list-style-type: none"> » Housing stress » Exposure to stress 	<ul style="list-style-type: none"> » Lack of access to prenatal support/lack of social or prenatal pregnancy care

Ecological Level/Protective / Resilience Factors

ECOLOGICAL LEVEL	ASSOCIATED PROTECTIVE/RESILIENCE FACTORS
Individual Child-Level Factors	<ul style="list-style-type: none"> » Social and emotional competence » Attachment to parent/s » Self-regulation skills » Relational skills » Problem-solving skills » Involvement in positive activities
Family/Parental Factors	<ul style="list-style-type: none"> » Strong parent/child relationship » Parental self-esteem » Family cohesion » Level of parental education » Self-efficacy » Family functioning » Knowledge of parenting and child development » Parental resilience » Concrete support for parents



Community-Level Social/Environmental Factors	<ul style="list-style-type: none"> » Positive social connection and support » Employment » Adequate housing » Access to health and social services » Safe community focus » Build trust and confidence in community » Community support when faced with challenges » Positive school environment
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Cultural Resilience Factors

ECOLOGICAL LEVEL	ASSOCIATED CULTURAL RESILIENCE FACTORS
Culturally Congruent Terms Promotion of Individual and Child Factors Related to the Mind	<ul style="list-style-type: none"> » Cultural identity/sense of belonging to cultural group » Ethnic pride/self-esteem » Focus/determination » Hope/looking forward/optimism » Happiness » <i>Increasing</i> coping skills » Personal capacities » Education » Historical trauma resilience » Native language » Cultural teachings
Culturally Congruent Terms Promotion of Native Family Engagement	<ul style="list-style-type: none"> » Support (family, friends, community)/interdependence » Connection to land, access to cultural sites » Community involvement/participation/contribution » Family commitment, safe and healthy relationships » Kinship/Elders/community connection/ties » Life cycle events/traditional activities/practices » Connecting with cultural resources
Culturally Congruent Terms Promoting Community as Body of Resilience	<ul style="list-style-type: none"> » Community food/good nutrition » Traditional foods subsistence » Housing/stable consistent pattern of residence/domicile » Access to services » Healthy lifestyles/activities/physical health/fitness » Traditional healing practices » Cultural community gatherings
Culturally Congruent Terms Promotion of Spiritual/Cultural Resilience	<ul style="list-style-type: none"> » Spiritual values/well-being » <i>Wairua</i> (spirit) » Spiritual practice/knowledge/ceremony » Expressing Native identity » Balance » Ancestry/(family genealogy)



Focus Areas:

- **Child:** Strategies focus on children as the target of skills enhancement, resilience building, and change.
- **Family:** Strategies focus on family as the target of skills enhancement, resilience building, and change.
- **Community:** Strategies focus on the community as the target of skills enhancement, resilience building, and change (likely Primary or secondary efforts).
- **Tribe:** Strategies primarily focus on Tribal nation or cultural norms as the target of skills enhancement, resilience building, and change

Tribal Adaptation Level

- **Tribal Creation:** The intervention/prevention program, service, policy, etc., was created entirely within Tribal culture and setting.
- **Tribal Adaptation:** The intervention/prevention program, service, policy, etc., was created outside Tribal culture, and it has been adapted (without losing the core components) to be used in a Tribal setting.
- **Promising, Not Adapted:** The intervention/prevention program, service, policy, etc., was created **outside** Tribal culture; it has not been adapted for use in a Tribal community but looks like it could be.

Tribal Level of Engagement

All quotes in this section come from McLeroy, K. R., Norton, B. L., Kegler, M. C., Burdine, J. N., & Sumaya, C. V. (2003). Community-based interventions. *American journal of public health*, 93(4), 529-33.)

Tribal Community as Setting: “As [the] setting, the community is primarily defined geographically and is the location in which interventions are implemented. Such interventions may be citywide, using mass media or other approaches, or may take place within Tribal community institutions, such as neighborhoods, schools,

churches, work sites, voluntary agencies, or other organizations. These community-based interventions may also engage community input through advisory committees or community coalitions that assist in tailoring interventions to specific target groups or in adapting programs to community characteristics” (p. 530).

Tribal Community as Target: The “goal of interventions and programs that treat the Tribal community as the target is creating healthy community environments through broad systemic changes in public policy and community-wide institutions and services. In this model, family health status characteristics of the community are the targets of interventions, and community changes. Several significant public health initiatives have adopted this model. For example, community indicators projects use data as a catalytic tool to go beyond using family behaviors. Strategies are tied to selected risks, and success is defined as improvement in the risks over time” (p. 530).

Tribal Community as Resource: “This model is commonly applied in community-based health promotion because of the widely endorsed belief that a high degree of community ownership and cultural participation is essential for sustained success in population-level health outcomes. These programs are aimed at marshaling a community’s internal resources or assets, often across community sectors, to strategically focus their attention on a selected set of priority health-related strategies. Whether a categorical health issue is predetermined or whether the community selects its own priorities, these kinds of interventions involve external resources and some degree of people external to the community that aim to achieve health outcomes by working through a wide array of community institutions and resources” (p. 530).

Tribal Community as Agent: The “emphasis in this model is on respecting and reinforcing the cultural or organic adaptive, supportive, and developmental capacities of families” (p. 530). Community resources are provided through cultural institutions, including Elders, helpers, families, informal cultural manners, neighborhoods, schools, the workplace, agencies, and political structures. These naturally occurring units of solution meet the needs



of many, if not most, community members without the benefit of direct professional intervention. The goal of community-based programs in this model is to carefully work with these culturally occurring solutions. “This necessitates a careful engagement of cultural ways and processes, in advance, of any intervention. It also requires an insider’s understanding of the culture and community to identify and work with these naturally occurring solutions to address family problems. This approach may include strengthening community through including informal cultural networks, ties between individuals and the organizations that serve them. The model also necessitates addressing issues of common concern for the community, many or most of which are not directly health issues” (p. 530).

Intervention Type

All quotes in this section come from Child Welfare Information Gateway. (2013). Framework for prevention of child maltreatment. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. (Retrieved from: <https://www.child-welfare.gov/topics/preventing/overview/framework>)

Primary—Assumes that there are no identified or alleged risk of family violence or child endangerment: this might include such interventions as public health campaigns, perinatal health screens, student education programs and family education programs. In this series of interventions family resiliency is increased by a variety of impact areas which serve to increase the practice of healthy cultural family relationships.

“Primary prevention activities can be directed at the general population and attempt to stop the occurrence of maltreatment. All members of the community have access to and may benefit from services directed at the general population. Primary prevention activities with a universal focus seek to raise the awareness of the public, service providers, and decision-makers about the scope and problems associated with child maltreatment. Universal approaches to primary prevention might include:

- Public service announcements that encourage positive parenting;

- Parent education programs and support groups that focus on child development and age-appropriate expectations and the roles and responsibilities of parenting;
- Family support and family strengthening programs that enhance the ability of families to access existing services, resources and support interactions among family members; and
- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect.”

Secondary—Approaches that focus on the responses of identified risk of family violence, such as police crisis response to child endangerment, child protection services pre-hospital care, abuse of substances by the parents, substantial prenatal risk. In this series of interventions family resiliency is increased by a variety of impact areas which serve to contraindicate or mediate risks to children as well as increase the practice of healthy cultural family relationships.

“Secondary prevention activities with a high-risk focus are offered to populations that may have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may direct services to communities or neighborhoods that have a high incidence of any or all of these risk factors. Approaches to prevention programs that focus on high-risk populations might include:

- Parent education programs located, for example, in high schools that focus on teen parents, or within substance abuse treatment programs for mothers and families with young children;
- Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting;
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes;



- Respite care for families that have children with special needs; and
- Family resource centers that offer information and referral services to families living in low-income neighborhoods.”

Tertiary—Approaches that focus on long-term care in the wake of family violence, such as rehabilitation and reunification, treatment programs, counselling, that attempt to lessen trauma or reduce long-term disability associated with violence. In this series of interventions family resiliency is increased by a variety of impact areas which serve to specifically mediate risks to children treatment or empowerment of healing family practices as well as increase the practice of healthy cultural family relationships.

“Tertiary prevention activities focus on families where maltreatment has already occurred (indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. These prevention programs may include services such as:

- Intensive family preservation services with trained mental health counselors that are available to families 24 hours per day for a short period of time (e.g., 6-8 weeks);
- Parent mentor programs with stable, non-abusive families acting as “role models” and providing support to families in crisis;
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes; and
- Mental health services for children and families affected by maltreatment to improve family communication and functioning.”

“Distinctions between primary, secondary, and tertiary prevention, while perhaps useful for some purposes, do not necessarily reflect the way prevention-related services are actually organized and provided on the ground. Rather than sorting prevention initiatives into mutually exclusive categories, prevention is increasingly recognized as a continuum.”

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