



Enhancing Child and Family Resilience in Indian Country

Lessons From the Literature

Background



“We know that Native American wisdom exists within our stories, language, ceremonies, songs, and teachings. We know our Native ways are effective. We know that these ways are different from the Western worldview. We know we are experts in practicing and implementing our traditional ways to enhance the health of our people. We know our ways are unique and specific to Tribal groups. The authenticity of our Native American cultural wisdom is acknowledged and validated by our families, our clans, our communities. This knowledge has been validated for centuries by our ancestors. This knowledge exists within American Indian and Alaska Native communities, it is known by our people, and we will protect this sacred knowledge.”

—“American Indian and Alaska Native Cultural Wisdom Declaration,” *National Tribal Behavioral Health Agenda*

Many prevention models in Indian Country build resilience by using American Indian/Alaska Native (AI/AN) cultural values, the transmission of family traditions, and the experiences of Tribal youth. 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. Although the formal literature on these approaches is limited, the Center for Native Child and Family Resilience’s (CNCFR’s) 2019 review of that literature bears out the relationship between AI/AN culture and child and family resilience.

Overall, we found that:

- **Culture matters:** Many of the Tribally created models addressed a specific Tribal community instead of creating solutions designed for all Tribes.
- **Mixed modalities enhance learning:** Many of the Tribally created models used mixed learning modalities, combining experiential with curriculum-based learning.
- **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 bolsters youth resilience.



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The top 10 protective and risk factors targeted by programs in the literature were:

TOP RISK FACTORS	TOP PROTECTIVE FACTORS
<ul style="list-style-type: none"> • Parental substance abuse • Mental health problems • Family conflict or violence • Exposure to stress • Socio-economic disadvantage • Lack of access to social support • History of child abuse and neglect • Parental temperament • Low self-esteem • Involvement in criminal behavior 	<ul style="list-style-type: none"> • Positive social connection and support • Self-efficacy • Access to health and social services • Social and emotional competence • Knowledge of parenting and child development • Parental self-esteem • Parental resilience • Concrete support from parents • Neighborhood social capital • Family functioning

Models *originating* in Tribal communities typically addressed family and community resilience building, clustered in three areas:

- **Community Healing as Wellness Enhancement:** AI/AN communities and cultures are sources for and sites of wellness enhancement.
- **Tribal Family Life Skills and Resilience:** Enhancing family life skills also enhances individual and family resilience.
- **Youth Interventions and Bicultural Skills Enhancement:** Improving youth aptitude with AI/AN cultures *and* Western culture bolsters youth resilience.

Models originating elsewhere but successfully *adapted* for use with Tribes worked best when:

- **Combining good models and Tribal culture:** Successful programs used *both* effective models *and* community and cultural engagement.
- **Providing culturally engaged resilience skills enhancement:** Treat traditional culture as a strength that buffers against and helps to overcome negative influences.
- **Using contextual services development:** Responsive services require evaluating and understanding the context in which they arise.
- **Treating risk issues:** Direct treatment addresses family risks, including social isolation, family disorganization, parenting stress, and violence (including intimate partner violence).

What was missing from the literature (and showed up in the Environmental Scan):

The protective factors enhanced by Tribally created and Tribally adapted models were not well represented by the child welfare literature's standard accounts of protective factors. While these protective factors serve that literature well, they don't account for the protective factors that come from AI/AN cultures and communities themselves. These communities have, for centuries, provided tools for healthy living that often go unnoticed or unappreciated when examining protective factors through a Western lens, including:

Historical trauma resilience	Traditional healing practices	Spiritual practice/knowledge/ceremony
Cultural identity	Kinship/Elders/community connection	Spiritual values
Native language		

In the **Environmental Scan**, we included the kinds of **cultural resilience factors** listed above (among others) to expand the resources available for understanding the unique contributions of AI/AN communities to child welfare.