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Culturally Responsive Practice in Indian Child Welfare

by

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MSW Clinical Research Paper

Presented to the Faculty of the

School of Social Work

St. Catherine University and University of St. Thomas

St. Paul, Minnesota

in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

The Indian Child Welfare Act of 1978 (ICWA) is an important piece of legislation that governs the removal of Native American children from their families. Although many practitioners from child welfare, law, the juvenile justice system, and tribal governments may be familiar with the act, it is unclear whether there is enough support and training around culturally responsive services (National Indian Child Welfare Association, 2015). Providing a historical context as to why ICWA is important for all Child Welfare workers will strengthen professionals' cultural competency in direct practice and improve systematic interventions (Lucerro & Bussey, 2012; Lawrence, Zuckerman, Smith, & Liu, 2012). This study explores culturally responsive practice through a lens of historical trauma specifically with Native Americans. This research attempts to bridge Western research and Indigenous research methodologies in order to engage in a meaningful dialogue about the complexities of child welfare practice with Native American children and families. Two Native American elders practicing in the child welfare system were interviewed in order to better understand what Indian child welfare workers need to know in order to provide culturally responsive services? The findings that emerged from this study suggest that one may need to de-colonize the dominant belief system to be culturally humble and meet Native Americans where they truly are. The findings of the study further previous research suggesting that social workers need to be provided specialized training regarding the unique history of Native Americans and the impact of historical trauma on the loss of cultural identity.

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Introduction

The Indian Child Welfare Act of 1978 (ICWA) is an important piece of legislation because it is a federal law that governs jurisdiction over the removal of Native American children from their families. The act essentially directs out-of-home placement of Native American children enrolled in federally recognized tribes to be kept with Native American families (Tebben, 2006). A federally recognized tribe is a Native American or Alaska Native tribal entity that is documented as having government to government relations with the United States and has the ability to self-govern, which is known as tribal sovereignty (Bureau of Indian Affairs, 2016). Under the U.S. Department of the Interior, the Bureau of Indian Affairs (BIA) was created to “enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes, and Alaska Natives” (Bureau of Indian Affairs, 2016). Enrollment criteria in a federally recognized tribe varies from tribe to tribe and is typically determined by blood quantum. Often blood quantum is determined by tracing ancestry back through relatives and censuses kept by tribal governments (Bureau of Indian Affairs, 2016).

Although many practitioners from child welfare, law, the juvenile justice system, and tribal governments may be familiar with the act, it is unclear whether or not there is enough support and training around culturally responsive services to further their cultural competencies in working with Native American youth and their families. Often components of the act turn into a checklist of activities, such as identifying tribal membership and selecting tribal placements over non-tribal placements, but the greater meaning of the act is often lost in practice (National Indian Child Welfare Association, 2015). Access to Native American history is especially important in understanding the role of trauma as it impacts youth and families. Providing an

historical context as to why ICWA is important for all Child Welfare workers will strengthen professionals' cultural competency in direct practice and improve systematic interventions (Lucerro & Bussey, 2012; Lawrence, Zuckerman, Smith, & Liu, 2012). Furthermore, it will underscore the need for trauma-informed practice within the Indian Child Welfare system. Previous research indicates that the incorporation of culture serves as a better practice for Native American families involved in the Child Welfare system (Simard, 2009).

In the United States, there has been a long history of discrimination and oppression against Native American populations (Deloria & Salisbury, 2002). ICWA, a federal law, takes Native Americans into consideration in all realms of social policy when children are at risk of being removed from their homes. Prior to this act, there was no special consideration (or funding) for the welfare of Native children (Deloria & Salisbury, 2002). The intention of ICWA is to restore and preserve Native people's heritage, citizenship, and sovereignty by ensuring the well-being of Native children. This legislation began as an effort to heal a history of trauma and oppression (Deloria & Salisbury, 2002).

The United States has 565 federally-recognized tribes in 35 states (Aspen Institute, 2015). According to the 2010 Census, an estimated 5.2 million individuals or 1.7 % of the United States' population self-identify as "American Indian or Alaska Native" (AI/AN) (United States Census Bureau, 2012). Federal services for Native Americans include programs such as the Indian Health Service (IHS), which carries out the federal government's trust responsibility to provide federal health care to Native Americans and the Bureau of Indian Education (BIE) which provides education funding to Native Americans (Aspen Institute, 2015). The IHS is an agency within the Department of Health and Human Services that provides healthcare to approximately

2.2 million Native Americans and direct descendants across the United States (Indian Health Service, 2015).

According to the IHS, Native Americans have historically experienced an overall lower health status when compared to the general American population (Indian Health Service, 2015). Disparities are prevalent within the Native American population when compared to the general public regarding issues such as lower life expectancy, mental health, chemical dependency, diabetes, and this population is disproportionately effected by poverty (Indian Health Service, 2015). Native Americans continuously die at higher rates than other Americans in many categories such as chronic liver disease, diabetes, assault/homicide, suicide, and chronic respiratory diseases (Indian Health Service, 2015). Approximately 75% of the leading causes of death for Native Americans ages 12-20 are related to violence including intentional injuries, homicide, and suicides (Aspen Institute, 2015). These issues impact the quality of life for Native American family systems and thus Native Americans are also experiencing high rates of disparities within the Child Welfare system. These disparities are directly linked to systemic issues of race, class, and oppression.

According to the Aspen Institute (2015) about 2% of U.S. Children are Native American but Native American children represent 8.4% of the children in foster care. Despite federal efforts to provide healthcare and mental health services to Native Americans there remain major disparities in the child welfare system impacting children of color (Lawrence, Zuckerman, Smith, & Liu, 2012). This directly relates to the overall well being of the child and family and has significant implications for family preservation.

Examining the implementation of ICWA is important when looking at the overall quality of life for Native Americans in the United States. ICWA federally mandates State and County

courts to notify tribes in an involuntary placement proceeding when a case involves a minor child (Public Law 95-608, 1978). This law is critical when analyzing the long-term effects of preserving and improving the quality of life for Native American people in the United States (Tebben, 2006). ICWA directs state and county governments to notify tribes and provide “active efforts” when trying to reunify Native families (Public Law 95-608, 1978). Without the federal law, many tribes would not be notified if an enrolled child was at risk of out-of-home placement.

Even with ICWA in place, Native American children remain at high risk of out-of-home placement due to our disparities in both the child welfare and healthcare system (Aspen Institute, 2015). At a local and national level, our Child Welfare system struggles with how to provide culturally sensitive practice to Native American children and families that truly aims to keep families together. The removal of Native children from their families and tribal land poses significant risk for losing touch with their tribal land, cultural heritage, and citizenship. This is an important piece of legislation that differs for Native Americans versus other cultural groups. As long as there are high removal rates of Native American children, it is crucial that child welfare professionals are trained to understand the greater intent of the act and not treat it as a checklist of how to handle Native American children and families. ICWA was developed to address cultural needs of Native children and families on a holistic level.

Purpose of Study

The purpose of this qualitative research study is to explore the field of Indian Child Welfare and contribute to the research regarding culturally responsive practice when working with Native American children and families. This study explores culturally responsive practice through a lens of historical trauma specifically with Native Americans. Previous research suggests it is important to understand various laws, practice models, caregiving, and history as it

relates to the unique experience of Native Americans in the United States. This research attempts to bridge Western research methodologies with Indigenous research methodologies in order to engage in a meaningful dialogue about the complex nature of child welfare practice with Native American children and families. The heart of this research was to create a bridge between Native American ways of understanding the needs of Native American children and families and Western Indian Child Welfare practices. Two Native American child welfare professionals were interviewed in order to address the overarching research question: What do Indian child welfare workers need to know in order to provide culturally responsive services?

Definition of Terms

For the purpose of this study, it is essential to define the central ideas and concepts of the research study. These ideas and concepts are defined below for the intention of the study.

1. *Native American*- Refers to any person who is enrolled in or a direct descendent of a federally recognized tribe. This term is interchangeable with “Indian,” “Alaska Native,” “American Indian,” or “Indigenous” (Minnesota Tribal/State Indian Child Welfare Agreement, 2007).
2. *Tribe*- Refers to an “Indian Tribe” as defined under ICWA, which means “any Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary because of their status as Indians, including any Alaska Native village...” Often a *tribe* can refer to a piece of land such as a reservation (Public Law 95-608, 1978).
3. *Indian Child Welfare*- Refers to the unique system of Child Welfare that Native American children are a part of due to the Indian Child Welfare Act of 1978, which is a federal law. Eligibility is defined under ICWA as an “Indian Child” who is either

enrolled, eligible for enrollment, or a first-generation descendent of a parent that is enrolled in a federally recognized tribe. Compliance with ICWA is important at both the county and state level (Public Law 95-608, 1978).

4. *Out-of-home placement*- Refers to when a Native American child is removed involuntarily from “its parent or Indian Custodian for temporary placement in a foster home or institution or home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated” (Public Law 95-608, 1978).
5. *Active efforts*- is “to provide services to the family to prevent removal of an Indian child from his or her parent or Indian custodian...[and to] reunify an Indian child with his or her parent or Indian custodian after removal” (National Indian Child Welfare Association, 2015, p. 1). Additionally, *active efforts* are more intensive than state and county’s “reasonable efforts” in a non-Indian Child Welfare case. These federal guidelines take precedent whether or not the child’s tribe is involved in the child welfare case (National Indian Child Welfare Association, 2015).

Research in the field of child welfare includes a variety of studies regarding the importance of cultural competency in the child welfare workforce; however, the literature also suggests further research is needed (Cross & Day, 2008). Previous studies have identified various key themes which will be discussed in this literature review, including the historical importance of the Indian Child Welfare Act of 1978, trauma-informed practice, caregiving in Native American families (Cross & Day, 2008), and building cultural competency through trainings and models (Lucerro & Bussey, 2012).

Cultural Competence and Cultural Humility in Child Welfare

At the heart of this study is desire to encourage the development of cultural competence and cultural humility among Child Welfare workers serving Native American children and families. Within the social work profession, providing services that are both culturally competent and culturally humble, abides by the National Association of Social Work Code of ethics (2008). Research suggest it is not possible for social workers to know all aspects of culture, but it is important for social workers to understand that diversity exists within the Native American population as a whole (Weaver, 1999).

Most recently, professionals have begun to use the term “cultural humility” as a term that expands upon earlier conceptions of cultural competence (Ortega & Coulborn, 2011). Cultural humility liberates child welfare workers from asserting the notion of cultural expertise about other people’s culture. Ortega & Coulborn (2011) suggest three main concepts, multiculturalism, intersectionality, and cultural humility, should be included in trainings for child welfare workers in their statement:

A cultural humility perspective draws attention to the fact that an appreciation of culture is beyond what can be accomplished by cultural competence alone. It is a call to recognize the uniqueness of each individual involved in delivering child welfare services. It defines a place for the children and families, themselves, to become an integral part of the service delivery process with recognition of their unique and individual definitions of self and place in society. It is, furthermore, a call for workers to lend expertise about culture to the clients who are in the best position to define for themselves the meaning of their culture and cultural experiences (p. 43).

Research has shown that in working with Native American clients, it is important for social workers to have a general sense of history, culture and contemporary realities of their

clients. In Weaver's study (1999), three key themes emerged from the data as commonly identified in the literature as necessary for culturally competent social work practice, which included knowledge, skills, and values. Weaver's (1999) findings also suggested that social workers need to be well skilled in patience, listening, and tolerance of silence. Other important findings included the need for social workers to be aware of his or her own biases, display humility, be respectful, value social justice, and be able to decolonize his or her own thought processes. This study builds on cultural competency in the field of social work (Weaver, 1999). It recognizes the need for more research in the area of cultural competency when working with Native American children and families. This study found the need for focusing on providing a historical context of Native American history, highlighting the policies that impact Indian Child Welfare, importance of a trauma informed approach, and defining cultural norms that will help in providing culturally responsive services within the Indian Child Welfare system.

Literature Review

Historical Context

Research suggests the importance of understanding the history and trauma of Native Americans and how it is still relevant to modern day practice. The disparities of Native American children in the child welfare system are directly linked to federal policy of assimilating Native Americans to western culture (Lucero & Bussey, 2012).

Native Americans in the United States of America. For each tribe of Native Americans, history varies, but there are common historical eras for Native Americans in the United States (Weaver, 2013). Weaver states a common historical era is the reservation era during the 1800s, when many Native American groups or tribes were moved to land allocated by

the federal government (2013). The majority of reservation land allocated may or may not be a part of the traditional territories of Native people who were placed there (Weaver, 2013) and thus this displacement contributes to the unique struggle of Native American losing their roots and rights to their Native lands.

Once Native Americans were forced to move to reservation land, the federal government increased widespread policies for assimilation under the motto “Kill the Indian, Save the Man” (Adams, 1995). This motto embodied the belief that if Native American children were in a “civilized” educational system away from their family of origin and communities, they might be socialized into the dominant American value and social system (Weaver, 2013). This time period is commonly referred to as the “Boarding School era” as many Native American children were removed from their Native family of origin and forced to attend government boarding schools. This educational system emphasized vocational skills and Christian beliefs (Weaver, 2013) while severing ties to Native culture, traditions, and language.

Between 1953 and 1964, the federal government terminated recognition of more than 100 tribes’ sovereignty (Adams, 1995). In 1956, the Indian Relocation Act came into law, which moved Native American people from reservations to cities across the United States with promises of training and job placement services that proved to be inadequate (Lakota Peoples Law Project, 2015). The federal government did not take into account the loss of social systems that Native Americans experienced when leaving their traditional communities (Weaver, 2013). Weaver (2013) argues that contemporary issues faced by Native Americans are “intimately intertwined with the history of colonization and current federal policies that perpetuate dependency and undermine self-determination” (p. 5).

Disparities in the Child Welfare System. Before 1978, 25% of all Native children were removed from their Native homes and placed into non-Native homes. This threatened the survival of Native people, their language, their heritage, and sovereign status. Placing Native children into non-Native homes was a direct way to assimilate Native Americans to the dominant culture as an effort to fade out their ways of life and become “civilized” (Adams, 1995). Preserving the culture of Native Americans was the main purpose for ICWA (Lucero & Bussey, 2012) as the United States had oppressive policies throughout history that included boarding schools to sever children’s ties to their families, displacement through the Indian Adoption Project, and general discrimination towards Native Americans (Lucero & Bussey, 2012). This history is unique to Native American struggle (Yellow Horse Brave Heart, 1998) and therefore needs to be addressed in the context of child welfare and preservation of family through culture.

Indian Child Welfare Act (ICWA)

The Indian Child Welfare Act of 1978 is a federal law that mandates State and County courts to notify tribes in an involuntary placement proceeding when a case involves a minor child (Public Law 95-608, 1978).

Previous research has discussed the importance of this law as it covers federal statutes that discuss certain proceedings such as foster care placement, pre-adoption placement, termination of parental rights, and adoptive placements of Native American children (Tebben, 2006). ICWA grants jurisdiction to a tribe when a child lives on the reservation. ICWA grants concurrent jurisdiction for cases. This occurs when a state opens a case with a child enrolled in a tribe that lives off the reservation. This policy allows tribes to be informed of the child’s case as well as have concurrent jurisdiction with State or County court and social services with a child that lives off the reservation.

An important point that Tebben (2006) covers is the “Full Faith & Credit” doctrine that is granted to tribal authorities when making decisions over child proceedings, including permanent adoption and foster care licensing. This doctrine allows each tribe to practice sovereignty as a nation to determine its own set of statutes and laws regarding permanent adoption, foster care licensing, tribal court, and placement of Native children. ICWA clearly states that a Native child is to be placed with an extended family member or with other members of the child’s tribe or other Native families. In foster care or pre-adoptive placement, the child shall be placed in the least restrictive setting, which most resembles their family. In passing ICWA, United States Congress stated:

It is the policy of this Nation to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by establishment of minimum federal standard for the removal of Indian children from their families and the placement of such children in foster or adoptive homes, which will reflect the unique values of Indian culture, and by providing for assistance to Indian tribes in the operations of child and family service programs (Public Law 95-608, 1978).

Research shows ICWA is important as it breaks down the federal act to understand why it is imperative that State and County courts, social services, and tribal governments abide by the Act when placing a Native American child (Tebben, 2006).

As discussed in Lawrence et al. (2012)’s study, there is an over-representation of children of color in the Child Welfare system compared to the general population. This research found promoting cultural competence training in the field of Child Welfare is one way to alleviate this (Lawrence et al., 2012). In their study, a sample of surveys from 162 Child Welfare workers who attended a cultural competency training were analyzed through a mixed-methods analysis. Of the

162 total attendees 151 consented to complete the instrument tool of pre and post surveys to evaluate key cultural competence concepts, attitudes to applying family-centered practice in a culturally competent manner, and applying concepts to practice (Lawrence et al., 2012). Results of this study include three areas that relate to the importance of cultural competence in child welfare which include knowledge, attitudes, and application to practice. A significant result included increased knowledge about the Indian Child Welfare Act of 1978, which the training provided general information on. In this study, Child Welfare practitioners increased their knowledge about the Indian Child Welfare Act, which is important for all practitioners because it is a federal law.

Minnesota Indian Family Preservation Act (MIFPA). For the purpose of this study, it is important to highlight Minnesota state law that pertains to ICWA. In Minnesota, there are 11 tribes that are federally recognized and granted tribal sovereignty. Of the 11 federally recognized tribes, seven are Ojibwe and four are Dakota. As sovereign nations, tribal governments have the right to hold elections, determine their own citizenship (enrollment or blood quantum), and to consult directly with the United States. government regarding policy and legislation (Minnesota Department of Human Resources, 2015).

As ICWA is a federal law and the majority of Child Welfare cases remain in State and County court, it is crucial for States to create policies and laws that support ICWA on a State and County level. In the state of Minnesota, the Minnesota Indian Family Preservation Act (MIFPA) was created in 1985 to strengthen parts of ICWA. MIFPA confirms the State's interest in supporting the preservation of Native American identity in children. This State law also recognizes tribes in cases involving minor tribal children (Minnesota Department of Human Services, 2015).

According to the MIFPA, a county is required to provide: foster care maintenance payments, social services that are ordered by a tribal court in conjunction with the placement of a Native American child, and the financial responsibility for a child under tribal court jurisdiction when the county has first contact with the child (Minnesota Department of Human Services, 2015; Minnesota Indian Family Preservation Act, 1985).

Minnesota Tribal/State Indian Child Welfare Agreement (TSA). The Minnesota Tribal/State Indian Child Welfare Agreement (TSA) was created in 1998. The TSA was amended in 2007 to provide policies and procedures for addressing barriers to implementation of services to Native families, maximizing participation of tribal governments, and clarifying foster placement and non-Native adoptions (Minnesota Department of Human Services, 2015). The TSA was initiated by a small group of Native American women who wanted to address how Native American children would be cared for under ICWA and MIFPA. The TSA provides a framework for how to best care for Native American children when placed in the Minnesota State child protection system (Campbell, 2010). This set specific guidelines for the State of Minnesota. As Campbell notes, (2010) the TSA created “valuable safeguards to aid in the cultural considerations” of Native American children when in out-of-home placement (p. 47). The TSA specifies that placement preference for Native American children is first with extended family, second, with a tribal licensed foster home, third, a Native American home licensed by a non-Native agency, and fourth, a placement in a tribally approved institution (Minnesota Tribal/State Indian Child Welfare Agreement, 2007).

Understanding how federal, State, and County law influences out-of-home placement for Native American children in the Child Welfare system is crucial to providing culturally

responsive practice and to ultimately be “culturally competent” as outlined in the NASW’s Code of Ethics (2008).

Trauma Informed Practice

Research conducted by Lucero & Bussey in 2012 evaluated a collaborative and Trauma-Informed Practice Model for Urban Indian Child Welfare from a community-based organization, Denver Indian Family Resource Center (DIFRC). This model developed by DIFRC implements direct practice and systemic interventions with Native American families who are at risk for out-of-home placement or in out-of-home placement in an urban setting. The model is influenced by the trauma-informed approach with the understanding that Native Americans also have high levels of lifetime trauma in their present lives such as domestic violence and lack of basic needs which can contribute to their overall behavior and experience (Lucero & Bussey, 2012).

The DIFRC model focuses on intensive case management for direct practice interventions. For systemic interventions, the model focuses on collaborative advocacy efforts with State and County Child Protective Services (CPS) and tribal child protective services. This model is DIFRC’s Family Preservation Model (DIFRC FPM) which focused on two projects areas, parental substance abuse and links to out-of-home placement and TANF eligible families who were working toward self-sufficiency.

The evaluation sample included 49 families (referred to as RMQIC families) with a total of 106 children utilizing DIFRC’s FPM with direct case management services for chemical dependency. Evaluation in this research study included assessment of family functioning, direct measure of child safety and permanency, and client and staff interviews. Demographic results from this study included RMQIC parents who ranged in age from 20-53 with an average of 35 years, and families had 1-6 children with an average of 2 children per family (Lucero & Bussey,

2012). There were high rates of substance abuse and high rates of domestic violence (67% in their current relationship and 85% across all relationships) as noted in Lucero & Bussey's research (2012). This study used a t-test to compare pre and post survey scores which measured a modified Caregiver Capabilities subscale of the North Carolina Family Assessment Scale (NCFAS) developed by Kirk & Reed-Ashcraft in 1996 (Lucero & Bussey, 2012). This subscale incorporated adaptations to fit Native Americans thus the researchers named it NCFAS American Indian version (NCFAS-AI). Scores from the NCFAS-AI pre and post included significant positive change ($p < .10$) in Family Safety for these families. There were positive trends in Child Safety as there were no re-reports during program services or within six months for any of the 49 families served by the RMQIC funded project (Lucero & Bussey, 2012). Results in child permanency evaluation pre involvement with case management services included 39% of the RMQIC families that started with children in non-kinship out-of-home care. In the post survey evaluation that percentage dropped to 19%, which shows a reduction in out-of-home placements. Research suggests both macro and micro level interventions are needed to preserve Native American family units as well as having a trauma-informed approach to better empathize and advocate (Lucero & Bussey, 2012).

In a qualitative study conducted by Maria Yellow Horse Brave Heart (1999), trauma-informed practice is illustrated through focusing on an experimental curriculum intervention which was delivered to a group of ten Lakota parents and two Lakota parent facilitators on a Lakota reservation. The curriculum emphasized traditional Lakota protective factors for alcohol and other substance abuse prevention. Findings of the study revealed parents experienced the curriculum as effective, specifically its focus on historical trauma and the reconnection with traditional Lakota practice. Participants reported a perception of change in parenting skills and

emergent themes supported the intervention curriculum for historical trauma. Limitations of the study include no measurement for behavioral change in parental skills. It was found further research is needed to measure behavior change (Yellow Horse Brave Heart, 1999).

Research suggests building cultural competency among child welfare workers is an important practice (Lawrence et al., 2012). Research also suggests that use of a model such as the DIFRC's FPM, which implements direct and systemic interventions (Luccero & Bussey, 2012) used in conjunction with a curriculum that is culturally based (Yellow Horse Brave Heart, 1999) can improve and preserve Native American families. Research also suggests, it is important to understand common practice in caregiving for Native American families.

Caregiving

Research conducted by Cross, Day, & Byers in 2010 examined the role of American Indian grandparents as caregivers. This qualitative study was conducted through face-to-face individual interviews with 31 American Indian grandparents who provide sole care of their grandchildren about their thoughts as to why they are providing care (Cross, Day, & Byers, 2010). The population sample included 29 grandmothers and two grandfathers between the ages of 43-86 years old with 20 reported as living off reservation land and 11 who lived on reservation land. This study was conducted through the "World of Lived Experience" approach and conducted internal reliability with qualitative data analysis. Significant results included reasons for providing sole care, benefits, and stressors. Research found reasons for providing sole care amongst this population included examples such as abandonment, incarceration, unemployment, mental health, and chemical dependency (Cross, Day, & Byers, 2010). Another underlying reason identified was a common experience of past traumas related to the boarding school system or foster care. In the research study, it emerged that these past experiences had a

significant impact on these caregivers' present day decision-making process (Cross, Day, & Byers, 2010). Research in this study also found that concern for the child's well-being and fear of losing knowledge related to traditional values and cultural norms for Native American children was another underlying influence (Cross, Day, & Byers, 2010). This study is important to note as it reinforces previously noted research that asserts the importance of cultural competence (Lawrence et al, 2012) and trauma-informed models of practice (Lucero & Bussey, 2012) in preserving Native American families.

While it appears previous research suggests culturally responsive practice is important in Indian Child Welfare, there are also limitations that imply the need for further research. With regard to this previous research concerning cultural competency and humility, there is a lack of empirical research specific to Indian Child Welfare. As more Native Americans enter into the Indian Child Welfare system, it is important that the field of research and the field of social work strive to develop studies that promote evidence-based practice with regard to preserving Native American families. Further, research should consider what type of culturally responsive models are considered "best practice" in Indian Child Welfare. This study aims to contribute to previous research by exploring the question: What do Indian Child Welfare workers need to know in order to provide culturally responsive services?

Conceptual Framework

Research suggests the conceptual framework of *Historical Trauma* (HT) best describes the impact of an oppressive history on Native Americans through numerous studies focusing on Native American history and experience in the United States. HT has been defined by Yellow Horse Brave Heart, Chase, Elkins, & Altschul (2011) as "cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from

massive group trauma” (p. 283). Yellow Horse Brave Heart et al. (2011) further explains HT as a theoretical framework that “frames lifespan trauma in the collective, historical context, which empower Indigenous survivors of both communal and individual trauma by reducing the sense of stigma and isolation” (p. 283). Defining HT as a conceptual framework helps guide this research study to understand the significance of Native culture, traditions, and language when applying therapeutic interventions with Native American youth and their families.

Yellow Horse Brave Heart et al. (2011) further explains the “original intent of HT was to frame current trauma exposure within the context of historical trauma to reduce stigma about emotional distress and responses to individual trauma, as well as highlight intergenerational collective trauma” (p. 284). Yellow Horse Brave Heart’s (1998) research suggest that Native Americans share a collective history of events that are traumatic, but only some develop a “historical trauma response” (HTR). This response includes symptoms of depression, numbness, unresolved grief, and anxiety which can adversely affect parenting practices within Native Americans (Yellow Horse Brave Heart, 1998).

As noted in the introduction, Native Americans as a population have historically experienced overall lower health status when compared to the general American population (Indian Health Service, 2015). This accounts for mental health rates and overall well-being of Native American families living both on and off reservation land. As Child Welfare workers, one must remember the “intergenerational collective trauma” that Yellow Horse Brave Heart et al. (2011) noted when removing a child from their Native family of origin. When looking for ways to reunify children with their Native families, Child Welfare workers should inquire about culturally responsive practices from tribal governments and/or social services. Intergenerational

effects of HT can be alleviated by connecting Native American children and families to their Indigenous culture, language, and beliefs (Yellow Horse Brave Heart, 2003).

Research from Evans-Campbell (2008) builds upon Yellow Horse Brave Heart's research and states HT can be seen as a multilevel framework that impacts individuals, families, and communities. The concept of HT can be defined as "the description of trauma responses among oppressed peoples" and can serve as "a causal explanation for them" (Evans-Campbell, 2008, p. 320). When looking at this conceptual framework in the context of this study, it is important to note the multilevel framework of HT within contemporary research. Evans-Campbell (2008) further explains HT as:

a collective in that many members of a community view the events as acute losses and experience corresponding trauma reactions. It is understood as compounding inasmuch as events occurring at different time periods (often across generations) come to be seen as parts of a single traumatic trajectory. Previous scholars have suggested that the effects of these historically traumatic events are transmitted intergenerationally as descendants continue to identify emotionally with ancestral suffering (p. 320-321).

This definition implies that although certain historical events may have occurred over the course of many years and generations, the impact continues to contribute to contemporary individual, family, and community health, mental health, and identity (Evans-Campbell, 2008).

Further research conducted by Evans-Campbell (2006) highlights the historical cultural factors that influence child maltreatment in Native American families and communities. Often HT can be experienced both historically and contemporarily with "suffering that can accumulate over generations as community members retain the trauma of their ancestors while they continue

to experience current traumatic events and life stressors” (Evans-Campbell, 2006, p. 38). Evans-Campbell (2006) stated that examples “of historically traumatic events include forced attendance at Indian boarding schools, forcibly removing and relocating Indians away from traditional lands, and disproportionately removing Indian children and placing them into non-Indian homes” (p. 38).

When analyzing contemporary issues that influence Native Americans, it is important to note that violence against Native women is a significant public health problem and involves high levels of trauma. Another study by Evans-Campbell, Lindhorst, Huan, & Walters (2006), surveyed 112 Native American women in New York City that revealed three types of interpersonal violence among urban Native American women. The study also notes various behavioral and mental health factors that are associated with this violence. This research found 65% of participants reported having experienced some form of interpersonal violence. This study found, 28% of participants reported they had experienced childhood physical abuse, 48% reported rape, 40% reported being impacted by domestic violence, and 40% reported multiple victimization experiences (Evans-Campbell, Lindhorst, Huan, & Walters, 2006). Due to these high levels of trauma, Native women experience an emotional trauma which can be associated with depression, dysphoria, and help-seeking behaviors. Evans-Campbell, Lindhorst, Huan, & Walters (2006) conclude these high rates of interpersonal violence and trauma have important implications for the public and mental health systems that serve Native American populations.

When thinking of historical trauma and the various contemporary disparities that can impact the overall well-being of Native Americans as a whole, it seems imperative that as a society we provide more culturally responsive interventions and services that can begin to heal past trauma of oppression and genocide.

Methods

Research Design

The purpose of this study was to gain insight into culturally responsive practice within the Indian Child Welfare system through a blended research design. A descriptive qualitative single case study design was chosen as a Western methodology in order to allow participants to answer comprehensively and in-depth based on a specific set of questions identified by the researcher (Baxter & Jack, 2008). An indigenous conversational method was integrated in order to allow for the information to emerge following Native American oral traditions (Kovach, 2010). Although specific questions were set forth for discussion, the researcher embraced an open story-telling approach to guide the interview. A purposeful sample of two participants was used in order to both gather a depth of information, to allow for commonalities and differences to emerge from the stories and to protect the identity of the two participants. The analysis of the interview data, therefore, blends the two stories in a way that reads more like a single case study.

Elders

This study used a purposeful sampling method to recruit participants who are respected Native American professionals working in the field of Indian Child Welfare (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2013). This researcher used culturally grounded principles to recruit professionals in the field of Indian Child Welfare and inquired if they were willing to participate in this study. This researcher contacted participants by phone in order to introduce the study and request participation.

The sample for this study includes two Indian Child Welfare professionals who are from different tribes and employed through tribal social services in Minnesota. Due to the nature of this case study, participants were chosen because they were elders within the Native American

community, a designation that begins at the age of fifty-five years of age. In Native American communities, elders are seen as a source of wisdom, leadership, and keepers of culture and tradition. Elders often pass on cultural knowledge and tradition orally, through story. In Native culture there is often a higher level of respect for elders because of their experience, age, and wisdom. These participants are also considered professionals who work in the Indian Child Welfare system. Participant demographic data was revealed in this study and is significant to the overall findings of the study.

Demographic data revealed during interviews are stated in this section of the study to provide information regarding participants' background. The first interview focused primarily on participants' childhood experience, which revealed relevant demographic information. Participants were both found to be born on Ojibwe reservations in Minnesota. Primary caregivers for one participant included her biological mother. Another participant's biological parents died when she was ten years of age. She was then placed in Christian foster homes, institutions, and a boarding school. Both participants answered they had siblings.

Human Subject Protection

A Consent form was created that covered: the purpose of study, why the individual was selected, information about the researcher, procedures involved in completing interviews, how the data would be used, the risks and benefits of the study, confidentiality, voluntary nature of study, and contact information of the researcher and course instructor. This was reviewed and approved by the Institutional Review Board (IRB) at St. Catherine University to protect all participants. This researcher also participated in a Collaborative Institution Training Initiative (CITI) that focuses on the protection of human subjects and is used to ensure adequate training to students and researchers in higher education.

Participants met with the researcher in a private space in a tribal government building on a reservation and over the phone. All participants had a choice to stop the interview at any time for any reason. Upon meeting for the first interview, the researcher reviewed the confidentiality form and allowed the participant to review and sign it. The main interview questions related to the participant's personal and professional experience with culturally responsive practice in Indian Child Welfare (see Appendix A).

Confidentiality was assured for every participant. No identifying information has been revealed. A blended analysis of the interviews was used to draw out significant themes from the data about culturally responsive services. Reporting of the data was blended to ensure confidentiality of participants' answers and identity. All transcripts and audio-recordings were password protected on the researcher's computer. All audio-recordings will be destroyed by May 16th, 2016.

Measures

A semi-structured interview was used as the base instrument for this research study. The interview questions were developed after reviewing relevant literature about culturally responsive practice in Indian Child Welfare. The interview consisted of questions focusing on the lifespan of the participant's personal and professional involvement with the Indian Child Welfare system, culturally responsive services, and their own belief of culture and traditions. Further information regarding the questionnaire can be found in Appendix A. Although this interview protocol was formed to provide some structure to the interview, participants were encouraged to diverge from the questions as their stories necessitated.

Procedure

The researcher and participants met two to three times over a period of 6 weeks. Each interview last for approximately 20 to 60 minutes. Participants were given a choice of where to meet. The interviews were conducted in participants' offices in a tribal government building on a reservation as well as over the phone. At the beginning of the first interview, the researcher reviewed the informed consent form and the participant had the opportunity to ask any questions.

This researcher used culturally grounded principles to respect the beliefs and traditions of Native American elders. This researcher offered tobacco to the participants which is traditionally known as "Asema" in the Ojibwe language. This is a form of respect to an elder when asking for sharing of stories, wisdom, and knowledge. After, the researcher and participants participated in another tradition or ceremony known as "smudging" which is burning sage in a shell to clear the environment and maintain a sacred space.

After those practices, the interview began. During the first 60-minute interview, the primary questions consisted of general questions about their childhood and experiences about culture, tradition, and family upbringing. These questions were developed through personal experience and a careful review of previous literature regarding Indian Child Welfare practices.

The second 60-minute interview focused on the participants' professional experience with culturally responsive practices in Indian Child Welfare, barriers with providing culturally responsive practices in Indian Child Welfare, and their thoughts on providing culturally responsive practices in the field.

The third 60-minute interview focused on the participants' professional or personal experience caregiving within Indian Child Welfare. The participants were found to have experience with caregiving because of having children placed in their home through ICWA.

Participants' experience also found to have a perspective from a professional stance of working with caregivers within the Indian Child Welfare system.

Field notes were taken during the face-to-face interviews (Berg, 2007). Field note methods that were used in this study were the "cryptic jottings" method, which was taken while still in the interview setting (Berg, 2007). This included brief statements regarding body language, facial cues, and other notes that are not picked up in the audio recording. The field notes were used during data analysis to reflect upon the content of the interview. To ensure confidentiality, the researcher allowed participants to look over deidentified transcript from their interview before this researcher analyzed data to make sure they felt comfortable with the data.

Data Analysis

A Western grounded theory approach (Bohm, 2004) was used in order to uncover emergent themes and subthemes present in the interviews. Initial themes were induced using open coding where common themes were found using interview transcription & field notes. Axial coding and selective coding were then used in order to examine major themes, subthemes, and the relationship between themes using a coding sheet. The coding sheet helped identify major themes, then subthemes, then inherent properties that fit within each category. After transcription, the researcher analyzed each transcript to identify major themes and then wrote them on the coding sheet. After the researcher analyzed all the transcripts, major concepts that were found to be significant were kept as major themes of the study. In addition to capturing themes in line with a grounded theory approach, the researcher also allowed stories to emerge in a more non-linear fashion, capturing the rich complexities inherent in Native child welfare practice.

Findings

The findings that emerged from this study provide insight into the multidimensional role that culture plays regarding culturally responsive services. Inherent in the design of this study was the Westernized, scholarly perspective of the researcher, which resulted in questions that were not always a direct cultural match to the participants. By allowing the participants to veer from the initial questions using a storytelling approach, the findings reflect more of a non-linear approach that does not fit into a traditional Western research framework.

Participants responded to each question of the study in a storytelling format. Due to historical trauma and programs designed to erase their culture, many Native Americans are struggling to find their cultural identity and traditions following generations of historic trauma. The reality is that Native American culture is not encompassed into one ceremony or tradition. This study found that the fluid nature of Native American culture is not easily encapsulated in a prescriptive, clinical manner.

Six themes that aligned with the conceptual framework of historical trauma were revealed. Due to the nature of the study's design, the interviews focused on the participants' personal and professional experience with the Indian Child Welfare system throughout their life. Participants shared stories of their childhood experience regarding culture and traditions, their professional experience working within the Indian Child Welfare system, the use of culturally responsive services, and their experience with caregiving in Indian Child Welfare system. Findings have been blended into one perspective to protect participants' identities and ensure confidentiality. The six themes explored were: Lost Identity & Colonization, Exposure to Culture Professional Training in Culturally Responsive Practice, Barriers, Caregiving Experience, Cultural Knowledge, Historical Trauma & The Indian Child Welfare System.

Lost Identity & Colonization

When asked the question of *What stories do you remember about your relatives regarding culture and tradition?* Participants recalled experiences of being “Westernized” or colonized. Research suggests these early memories had a substantial impact on participants’ relationship to their traditional culture and identity as a whole. This was a significant theme that was revealed in the data. One participant stated:

I don't recall anything like that because my mom comes from a boarding school era, and she was in boarding school from the time she was a little girl 'til she was sixteen and she graduated and I know it was hard for her...because the only thing that I know is that mom was Christianized from that boarding school, so we were raised to go to confession, you had to be confirmed, you had to go to church on Sunday and we had to go to religious release on Wednesday.

Another participant commented about when she would return to reservation after spending time in a non-Native foster home: “And when I would come back into my reservation, I could never sit because they [fellow tribal members] would say, ‘little white girl,’ even though I was dark as a prune (laughs).” She later went on to say, “You could perceive it many different ways...you could perceive it as how tragic, how ignorant (laughs), or how Westernized you were, or even placing it [blame] on other people.” Due to enduring an oppressive history, participants demonstrated immense resiliency as they hold onto their traditional culture and values while moving on from years of assimilation and genocide.

Participants were greatly impacted by the Boarding School Era, and their exposure to traditional culture was hindered because they were taught to ignore their traditions and forget

their original identity. Participants note that losing their connection to Native American culture was emotionally difficult. One participant stated:

I know it's all good stuff and not to say anything is better than one, I just knew that my identity wasn't the same as a Western identity, and I had to know who I was. So then I learned that coming when I met my Father, he was the one that told me a lot of different things, but didn't explain a whole lot, 'cause he said 'You'll find out, I can't tell you, but you'll find out throughout your life.' He didn't give me everything all at once, like he gave me, my bird ... when my bird passed away and because I was pregnant, you know in my 20s, he said 'You can't hold to that', and I was just devastated, 'Why not?' He said, 'You'll know one day,' he said, 'I'm not going to talk about it with you'

The participant went on to comment on how the difficulty of that experience impacted her: “[It was] very hard for me, because I was very Christian about it, and I thought it was kind of confusing because Mom would've said ‘You better go’, and Dad was over here saying ‘You can't.’”

Exposure to Culture

When asked the questions of *What cultural experiences, traditions, or stories do you recall from your childhood?* and *Was your family considered “traditional” culturally?* both participants stated their family was traditional. One participant answered, “At that point, I think everybody was considered traditional and cultural.” Three main ceremonial practices were found to be common amongst participants: Offering of Tobacco, The Drum, and Prayer.

Before the participants answered these questions, is it important to note they spoke of the historical importance of the enactment of the American Indian Religious Freedom Act that

was signed by President Carter in 1978, which granted Native Americans the right to believe, express, and practice their Native traditional beliefs, ceremonies, and rituals in public and private. Before this act, Native Americans were not allowed to publicly practice their religious beliefs as one participant noted, “Back then, when I was growing up, we didn't have a lot of cultural Powwows or anything like that because we weren't through the Religious Freedom Act yet...Everything was kept kind of quiet.”

Offering of Tobacco. Participants recalled being taught the significance of tobacco. As one participant stated, “Grandpa still placed tobacco and said prayers and had the old way of the medicine but it wasn't exposed to everybody at the time” (referring to before the enactment of the American Indian Religious Freedom Act).

The Drum. Participants noted the cultural ceremony of the drum during their childhood. One participant stated, “I remember us going to an assembly of ceremonies there [on the reservation]. I remember the big drum ceremony. [Back] then they had kerosene lamps and wood stoves.” Participants also noted hearing about stories of secret drum ceremonies at night due to the American Indian Religious Freedom Act not being passed yet. The quotation below explains this subtheme:

Well, everybody kind of did their own thing quietly...I remember stories from other community members that said, ‘Remember when we used to go out and bring the drum out and they used to go park cars and point them all in a circle towards each other so we could sing songs and dance like that?’ It wasn't allowed, and it was done at night.

Prayer. Participants remembered the importance of prayer in their native language of Ojibwe. One participant commented about the traditional regalia worn during prayer ceremony:

My grandfather said his prayers, he didn't believe in modern medicine, his name was [spirit name], he did have his pipe, and he did have a headdress ... and I know that because in his hard times, he hawked it to somebody, and they still have it.

Professional Training in Culturally Responsive Practice

The second interview focused on participants' professional experience with culturally responsive practices within the field of Indian Child Welfare. The main question asked of participants was: *When you first started working with Native American families, what kind of trainings did you receive regarding culture and traditions?* Both participants answered that there were no specific trainings or information provided regarding culture before working within the field of Indian Child Welfare.

Experience. The major subtheme of this interview emerged as participants noted the importance of their personal experience as Native Americans. Participants specifically referred to their experience living in Native American communities both on and off the reservation as the most informative work within the Indian Child Welfare system. One participant noted, "They never trained me...I was of course, you know, being born on a reservation and all that stuff, you didn't need to be trained, you know what I am saying?" Another participant answered, "Yeah it wasn't really a training, it was just kind of like innate knowledge." Participants went on to note specific knowledge that is important to know when working with Native American people, such as the cultural nuances of eye contact. One participant explains the dichotomy of how the western world perceives eye contact and how traditionally Native American people view eye contact:

I remember one issue that I felt has always been an issue is looking somebody in the eye, because Western World tells you 'Look me in the eye.' Traditionally we're not taught to do that, that's very disrespectful, and I always think about that, I can see that happening today still.

When asked a follow up question about *What specific piece of knowledge is most important when working with Native American families?* one participant stated:

Knowing those traumas that they've [Native Americans] gone through...I would also remind them that Indian people have actually gone through whole lot of trauma and to be mindful of the culture that they have.

Cultural Values & Identity. Another subtheme that emerged was the importance of the values within the Ojibwe culture, specifically the seven grandfather teachings that are also known as values. The seven values are honesty, humility, truth, wisdom, love, respect, and bravery. One participant stated, "You're always raised around the values." Cultural values were passed down to participants by relatives and spiritual teachers who stated the values are a way of life for Native American, playing a vital role in Native identity. One participant explains:

My mom always said "Respect, respect", but then later on I learned that we are born into the world with one of those values, and this was from a teacher from [tribe] and he said that value will be dominant throughout your life, you'll notice it, and I thought about it ... you know when I looked at the medicine wheel and figured out where my East was, he hit the nail right on the head; meaning I was born this time of the year and one of my things that I came into this world with was with honesty. And so that made sense to me when I think back about it, it was how I was raised and things like that ... I could never sit

there and watch something happen and say "This is not right!" I mean, I was so much like that. My brothers and sisters would try to hide things from me saying I was a tattle-tale.

Another participant stated:

I think deep down inside it's innate in all of us. Its there, you know, and if you teach it and its more than likely helps people heal...It'll help them find themselves. They're in a longer loss. There's a pride in who they are and you have to develop that pride as an Indian person, you know? That's, I think the main thing, you know. Just take a look at yourself. You know, when I was in foster homes...I was trying to adopt a culture that wasn't mine...And when it wasn't yours and you don't know...You don't feel like you fit. Really overwhelming in that culture.

Barriers

Two main barriers were discussed: Implementation of cultural practices within a Western society or system and the role of historical trauma on chemical dependency.

Implementation. When asked the question *What do you think are the biggest barriers to providing culturally responsive services*, participants noted one of the biggest barriers is the incorporation of Native culture into a Western society or system. One participant stated:

When I think about it, there's no room for implementation...If I know what I know today and I was a [county] social worker and I understood that I needed to have that sweat at a certain time or I needed to know that ceremony needs to happen when you become a man, you would come into puberty, you'd have to go through ceremony.... if I knew that back then and I was a [county] social worker, I would want that to happen, because it gives you not only identity, but it prepares you for the world.

This participant quote further explains the challenging aspects of implementing Native culture into a Western court system:

When we go to court, we still have this judge that sits and makes the judgment onto somebody or says something. We don't as a group help each other to look at everything and help that individual to move forward...it's hard to put the values and culture onto everything into a court setting because of the hierarchy in the court.

Participants specifically noted that Native Americans view culture as a way of life. One participant explained: "People don't understand that; they think that it's separate, and the other thing is, when you practice a way of life, it's not just one component/a spiritual component. It totally encompasses your life."

Historical Trauma & Chemical Dependency. Due to historical trauma and a cycle of chemical dependency, participants noted that some Native American people have never been taught about elements of their culture that would otherwise be essential to the identity and perspective as a Native American person. One participant explains:

The teachings that we have, you know you have to teach those to people because they've never been taught. They've never. This lady is thirty-eight years old. She's never been taught. Or she has been taught but because of her addiction she just, you know ... She just sort of walked away.

One does not only need to be taught about culture. There is also a need to experience the ceremonies and traditions in order to heal trauma and the cycle of chemical dependency. As one participant stated:

I think that when people want to implement cultures, they should always share the story or offer sage, or tobacco, or um, any little part of culture that you can give to someone is always a start, because today, people are at so many different levels...my teacher told me, he said, 'People know what a sweat is, but they have not experienced' he said, 'That it is like a linear knowledge, it's flat,' he said, 'they have no understanding of it, but they know of it. So understand,' he said, 'it's kind of like surface knowledge, you don't know unless you've had that experience.'

Participants explained the necessity for culturally responsive practices specifically with healing historical trauma and chemical dependency. One participant states:

We're trying to explain, for Native people, certain things are what I say are more therapeutic and there is a need for therapeutic environments in our style...it's hard for me to explain but not to say that anyone's better or anything like that, but we need to connect with who we are because we're still struggling with the lost identity.

Caregiving Experience

The third and final interview focused on participants' personal and professional experience with caregiving in the Indian Child Welfare system. The first question asked of participants was *What experiences do you have as a caregiver? OR with families who are caregivers?* Answers ranged from having experience as a foster parent to working directly in a group home for Native American children on reservation. One participant stated:

I worked in the Native American group home, and I worked with them from ages eight to eighteen and all the residents in there, both female and male had all kinds of challenges with them, mental disabilities, ADHD, FAS, FAE, those kind of disabilities. And as a

caregiver, I know that if I show them respect and love, that they would give that back, and they did. There were people that came in there that were so authoritative that got spit on, got hit, and I wasn't like that with them, I sat and I talked with them, I'd laugh and joke with them and I'd even take them home because no one would be there for them. I can't imagine what it would be like if my mom and dad didn't even come see me on a holiday.

Another participant commented on the difficulty of having her grandchildren placed in her home as a temporary guardianship and the fact that she works within the Child Protection system. She shared her struggle with working in the same system: "I wish they would have allowed me to be a foster parent but I couldn't be a foster grandparent because it was a conflict of interest."

Cultural Traditions in Caregiving. When asked the question *How have culturally responsive services been used with children and caregivers?* participants shared what they thought to be culturally important ideas for children and caregivers within the Indian Child Welfare system to practice.

For me it's like when you believe in tobacco ... this is very strong, like you believe that this is medicine, this is medicine. When you believe that, and you have a belief in that, that's significant to helping you in your life, and I know it, I know it does work. And the more people know how significant that is, the more they'll need it, the better their life will be. That's one of the things we taught kids when we were caregivers... 'What is that tobacco about?', you know it's not just about smoking, it's not even necessarily this kind of commercial tobacco.

This participant empathized the importance that this is not just a traditional practice but this is a core belief of how to live your life. Participants spoke about how teaching culture provided hope for children, because it connected them to their identity as a Native person, even if they were not being raised by their biological parents or family. One participant recalls working in a day treatment program:

Do you know? Those kids come back so respectful with you. So we'd sit in a circle, we'd smudge, we'd talk about values. Oh! And then we had kids that would never miss that Wednesday...Even when they were suspended from school, they still came to that group because they were learning about who they were.

Participant further explained her reasoning on why it was important for her to teach children culture:

I volunteered four years because that's what my commitment was, and I volunteered because I know it's important because we weren't given our culture growing up. It wasn't until like mid 70s when the Religious Freedom Act came, then we could know who we are, we could listen to Powwow music and have sweats on your land.

She then went on to explain the first time she was able to listen to cultural music publicly:

Yeah, and so I remember that time, and I was a teenager myself so it was real significant to be able to listen to Powwow music... I remember I was thinking, looking around when I first heard it on a cassette, I looked around to see if anybody was looking at us...I was a young teen then, you know, it was like "oh my gosh", and I had a friend that was a guy, and he had long black hair, and he'd put his little Powwow music on a cassette and he

cranked it up and I was like (gasp), looked around and made sure that no one was staring at us (laughs).

Cultural Knowledge, Historical Trauma & The Indian Child Welfare System

When asked the question *What cultural knowledge do you think is important for Indian Child Welfare professionals to know or be aware of when working with children and families?*

participants responded:

I think they should understand all of it, because if you understand all of it, you can promote it better, and I think about that all the time. But I know we can do it, because there was a time when we ... when I worked with people coming out of prison, and we would gather up once a week...we would sit and we'd smoke the pipe, talk about the pipe, and we'd give cultural teachings. We'd sing songs, and then we'd have a talking piece and we'd say whatever was on our minds, so we'd pass it around: talking piece for this person, that person. People would share maybe days of sobriety, or grief or whatever they felt comfortable and they always told us after, 'This feels so much better than going to AA... it feels like I belong here.' So, to me, that was significant, you know, just in that statement itself, 'cause I feel good, I feel like I don't want to miss coming here.

Participants noted the significance of culture in healing lost identity. Participant explains:

But that's where I think the culture was significant in what we do because the people are the ones that said "it feels like I belong, and I want to remember this because my identity was lost." We think about lost identity. One of my teachers told me when you quit practicing ceremony, other things move in. That's where your drugs and your alcohol

come in...it really makes sense to me; when you quit practicing ceremony, other things move in.

Participants also noted the importance of funding culturally responsive programs. One participant recalls the lack of funding:

Of course we couldn't continue that [culturally responsive practice] because so many people wanted to support it and promise stuff saying 'we'll fund you we'll fund you,' and that never happens so it comes to a point when you just can't continue without some kind of funding or support.

Discussion

The findings of this study support previous research regarding the importance of expanding trainings on the importance of culture and traditions in Indian Child Welfare. Data in this study supported the need for further emphasis on providing trainings in Native American history and the connection of historical trauma to lost identity. These themes emerged as important for participants when asked of how to better provide culturally responsive practice as professionals within the Indian Child Welfare system. On and off reservation there needs to be a broader understanding of what Native Americans have gone through historically.

Findings Supported by the Literature

As stated in the literature review, Weaver's study (1999) revealed the importance of social workers to have a general sense of history, culture, and contemporary realities of Native American clients in order to provide culturally competent services. If social workers were more aware of the oppressive history Native Americans have faced, perhaps professionals would understand that Native culture was lost through years of genocide and the colonization of the

Boarding School era. This history has caused generations of historical trauma and has negatively contributed to the overall well-being of Native American family systems. As social workers in the field of Child Welfare, one must be able to emphasize with the unique struggle of Native Americans in order to provide a more holistic practice.

Ortega & Coulborn's (2011) research on cultural humility as a paradigm shift states it is imperative to understand that each family has their own understanding of culture, and it is not a uniform definition amongst individuals or tribal groups. There is a need for cultural humility trainings to break down barriers and bias that can cause ruptures in the working relationship between Child Welfare workers and Native American families due to Child Welfare workers not understanding the unique nature of Native American cultures. At the core of culturally humility, one must recognize that the client is the expert of their own culture. Professional may need to humble their own dominant belief system of culture to better work with Native American families.

Lawrence et al. suggest research shows promoting cultural competence training in the field of Child Welfare is one way to alleviate the over-representation of children of color in the Child Welfare system (2012). Research from this study supports the needs for more generalized trainings on significant historical events, historical trauma, and ICWA. Trainings on general knowledge pertaining to Native American history, historical trauma, and ICWA could increase more empathetic practice in delivery of direct case management services to children and families involved in the Indian Child Welfare system which participants noted to be important.

The findings supported the need for teaching common cultural practices to recipients of the Indian Child Welfare system, such as children and parents. Participants noted the

significance of teaching common ceremonial practices, such as the offering of tobacco, the drum, and importance of prayer.

Further research that shares the voices of Native American people is needed and the findings of this study support that. The emerging themes from this study show that historical trauma is still impacting Native American family systems and has contributed to an overall “lost identity. One of the most significant aspects of the interviews was how participants kept referring to “lost identity” and how that impacts the way Native American people heal. As Yellow Horse Brave Heart et al. (2011) emphasized a massive group trauma can span across generations which has clearly impacted the quality of life for Native Americans both on and off reservations. There was an implication that in order to fully heal, one must realize the impact that historical trauma has had on Native American people and how that impact has severed Native Americans from their culture and traditional way of life. Lucero & Bussey’s (2012) research confirm the importance of a trauma informed practice when working with Native American families. This case study reiterated that importance. Due to the unique history of Native Americans in the United States, there needs to be special consideration in all areas of politics and social policy. As Yellow Horse Brave Heart (1999) suggest historical trauma has intergenerational impact which are still affecting Native Americans today. Historical trauma needs to be addressed by the same system that created the oppressive policies that have impacted generations and will continue to impact future generations of Native American people. The findings of this study support the notion that historical trauma is still present in Native American communities, which has a great impact on the Indian Child Welfare. Participants stated historical trauma is directly linked to lost identities amongst Native Americans.

Westernized vs. Indigenized Worldviews

Another important aspect of this research was the struggle that was faced in trying to design and execute a study that appropriately bridged two different worlds of knowing. In addition to the study itself, is the larger context of the researcher becoming educated in a clinical social work program that does not have an emphasis on Indigenous research. The researcher is Native American herself, and there were many internal struggles faced throughout in how to bring forth the voice of the needs of Native American children and families in a way that is both true to Native American ways of understanding and also understood by a Western audience.

Reporting the data in a concise clinical matter was challenging as participants did not answer in a linear way. This researcher struggled to find the true voice of participants as they do not fit in any clinical modality. Participants emphasized the importance of how culture was forbidden in their lifetime until the American Indian Religious Freedom Act was enacted, which gave them the freedom to practice their cultural beliefs that were previously kept in secret. The United States historically supported religious freedom, but for Native Americans that freedom took longer than any other racial group.

Due to years of colonization and oppression dominated by Western society, Indigenous ways of life were seen as “uncivilized” and this created a division between worldviews. This is present in our education, social welfare, and political system within the United States. The loss of culture and identity has greatly impacted Indigenous populations and significant healing is needed.

Need for more Native American Social Workers and Educational Models of Social Work

A major implication of this study is that there is the need for more Native American social workers in the child welfare force. Within the field of social work and higher education

there has not been an emphasis on recruitment of Native Americans into the educational programs focusing on social work (Cross, Day, Gogliotti, & Pung, 2013). Due to this, tribal social service programs hire non-Native social workers on reservations. Participants noted the need for more Native American Child Welfare workers as they could bring personal experience regarding culture and traditions to the profession. This could help alleviate unintentional bias towards Native American children and families as a fellow Native American may have already been exposed to cultural traditions, ceremonies, history, and the concept of historical trauma. In addition, educational programs in social work predominantly emphasize a Westernized approach to research that is often used to collect necessary data. This Westernized approach stems from the same system that has historically oppressed generations of Native Americans. Thus when conducting research with a Westernized methodology with Indigenous populations data does not always match the same way Native Americans share important information (Kovach, 2010). In higher education, there needs to be an effort to incorporate more Indigenous methods to alleviate barriers and power dynamics to give Native American populations more of a voice and become an active partner in researching best practice models for Indian Child Welfare.

Strengths and Limitations

When analyzing the strengths and limitations of this study, the sample size is both a strength and limitation as it was purposefully a sample of two participants. This study does not reflect the experiences of all Native American female elders, but it blends together the unique perspectives of Native Americans that have not been widely represented in Western research. This is extremely important to consider as we move forward in developing culturally responsive practices for Native American children and families.

A strength of the study was the willingness of the participants to participate in the study and to share sacred knowledge that is not commonly known or researched in the higher education system. Traditionally, sacred knowledge is often passed down generationally. The willingness of the participants to engage in Western research was profound and greatly valued by the researcher. The researcher is aware that the opportunity to interview Native American elders is limited especially in Western research as there is limited exposure to Native American people due to the disparities of access to higher education for Native Americans in the United States.

A larger and more diverse population sample would be beneficial in further qualitative studies to see what findings emerge. Inclusion of Native American children and Native American parents who are directly involved in either the county or tribal Child Protection system could offer an internal perspective of the Indian Child Welfare system. This may provide a deeper understanding of what impacts the delivery of Culturally Responsive services to clients who are directly affected and what works best for them.

A second limitation is the design of the study. Due to participants' employment in the Indian Child Welfare system, their schedules are extremely busy as they are over worked and face inadequate funding for their work. The study design required participants' time on three separate occasions, which proved to be challenging to coordinate between the researcher's schedule and the participants' schedule. Traveling to the reservation required coordination that was difficult to plan. This is why part of the interviews were conducted over the phone.

The final limitation of the study was the overall purpose of the study, specifically the nature of research in higher education. The researcher's topic of Culturally Responsive Practice conflicted with the findings as participants stated culture is a way of life and not necessarily something that can be taught in a training, study, or book. Participants believe culture is in

everything that Native American do and believe. Thus the emerging themes were challenging to weave together because the questions of the study did not evoke an orderly and neat response.

Implications for Practice

This research suggests important implications for social work practice. These include the need for further emphasis and trainings on core cultural narratives of Native American history and historical trauma, specifically to Indian Child Welfare workers. If the profession of social work acknowledges the uniqueness of Native American struggle perhaps there would be more emphasis on researching best practice models for Indian Child Welfare and Native Americans as a whole. The high rates of disparities for Native Americans make it important for the field of social work to truly abide by the NASW's Code of Ethics (2008) of providing culturally competence to clients and minority populations.

Providing a historical context of Native American history to Indian Child Welfare workers will provide more empathic understanding of the unique struggle of Native Americans on a micro scale. If the profession starts to provide more trainings this might alleviate unintentional bias from non-Native social workers and provide for a better working relationship. At the core of these trainings, it appears to be important to emphasize the decolonization of dominant belief systems so social workers can truly acknowledge their internal and external bias that could impact the delivery of services to recipients of the Indian Child Welfare system. This could allow for more culturally competent practice within the field of social work.

Conclusion

When considering Native Americans in any type of policy, it is clear that Native Americans have a unique history and special considerations need to be made for this population.

Improving the overall quality of life for Native American people is crucial to the preservation of their cultural identity, which can improve disparities. One may need to de-colonize the dominant belief system to be culturally humble and meet Native Americans where they truly are.

The findings of the study further emphasize previous research findings that social workers need to be provided specialized training regarding the unique history of Native Americans and the impact of historical trauma on the loss of cultural identity. Social workers can provide more empathic practice when they have a deeper understanding that Native Americans have overcome an immense amount of trauma and that culture is necessary for modalities of therapeutic healing.

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Appendix A

Qualitative Interview Questions

Interview I:

1. What was your childhood like?
 - Where were you born? (Reservation, rural area, or urban)
 - Who were primary caregivers?
 - Did you have any siblings?
2. What cultural experiences, traditions, or stories do you recall from your childhood?
 - Was your family considered “traditional” culturally?
3. What stories do you remember about your relatives regarding culture and tradition?
4. Is there anything that you would like to tell me that I haven’t asked?

Interview II:

1. When you first started working with Native American families what kind of trainings did you receive regarding culture and traditions? Please describe.
 - What part of that training was most useful?
 - At that time, what did you wish the training would have provided?
 - How did that training specifically prepare you to work with children and families?
 - Looking back, what kind of information or trainings are missing that would help you in your practice?
2. What do you think are the biggest barriers to providing culturally responsive services?
 - How do you think one could alleviate that barrier?
 - How could one best assist in providing more information about cultural responsive child welfare practice?
3. Is there anything that I haven’t asked you that you want to share with me?

Interview III:

1. What experiences do you have as a caregiver? OR with families who are caregivers?
 - Have you been a foster parent/caregiver within the Indian Child Welfare system?
 - How was that experience for you?
2. Have you seen culturally responsive services used within the Indian Child Welfare system?
 - How have culturally responsive services been used with children and caregivers?
3. How do you think Historical Trauma effects the Indian Child Welfare system?
 - How do you think Indian Child Welfare can address Historical Trauma with culture?
4. What cultural knowledge do you think is important for Indian Child Welfare professionals to know or be aware of when working with children and families?
5. Is there anything that I haven’t asked you that you want to share with me?