Chapter 3

AMERICAN INDIAN AND ALASKA NATIVE GRANDFAMILIES: THE IMPACT ON CHILD DEVELOPMENT

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Traditionally, grandparents and other family members have assumed integral roles in raising children within American Indian/Alaska Native communities. The existence of an extensive support system assisted parents in passing on to their children the knowledge of customs, culture, and language essential to community survival and well-being. An increasing number of children are now being raised in "grandfamilies," a type of family constellation where grandparents take on the role of sole or primary caregiver for their grandchildren under eighteen years of age.

Assuming primary care of grandchildren is a major undertaking for grandparents who have already raised their own children. This chapter examines the challenges and opportunities experienced by American Indian/Alaska Native grandfamilies. We discuss the financial and legal challenges for grandparents, who often live on fixed incomes. We review how traditional child-rearing practices often differ from what grandparents are able to provide today because of disruption in parenting practices as a result of historical trauma. We discuss the strengths of American Indian/Alaska Native grandparents to build a more positive future for their grandchildren. Finally, we conclude with recommendations for how educational and social services institutions can support American Indian/Alaska Native grandfamilies in culturally appropriate ways.

AMERICAN INDIAN/ALASKA NATIVE GRANDFAMILY SYSTEMS

In the United States, the number of grandparent-headed households is on the rise across all racial and ethnic groups (U.S. Census Bureau, ACS, 2006–2008). Approximately 2.5 million grandparents are estimated to be responsible, without any parent present, for their own grandchildren under the age of eighteen. About two-thirds of these grandparents are ages thirty to fifty, with one-third being sixty and older. Approximately 19% of all grandparent caregivers report incomes below the poverty level.

American Indian/Alaska Native grandparents represented approximately 48,000 of the total number of grandparents raising their grandchildren in the 2006–2008 American Community Survey. However, it should be noted that this number is estimated to be lower than actual figures, as many American Indian/Alaska Native grandparents are informal caregivers "who provide care for their grandchildren without benefits of legal adoption, foster care, or legal guardianship" and are therefore reluctant to report their status (Mooradian et al., 2006, 83). As a group, American Indian/Alaska Native grandparents who were included in the 2000 Census report experienced higher poverty rates (32%), more physical limitations (34%), and more crowded living conditions compared with White grandparent caregivers (Fuller-Thomson & Minkler, 2005; Mutchler et al., 2007).

Although specific reasons for grandchild placement with grandparents are not known, some of the factors that may thrust grandparents into a custodial role include: unemployment of the parents, divorce, child maltreatment, teen pregnancy, incarceration, disability, death of a parent, parental mental disorder, child's health issues, absent parent, or substance abuse (Casper & Bryson, 1998; Cross & Day, 2008; Fuller-Thomson & Minkler, 2005; Hayslip & Kaminski, 2005).

Formal and Informal Child Care Placements

American Indian/Alaska Native grandparents, similar to other grandparents in U.S. mainstream society, have several legal options in ensuring that their caregiving does not impede their grandchildren's access to medical care, financial support, and education. These options include power of attorney, foster care parent certification, guardianship, and adoption (Day & Cross, 2004). Although these options may provide stability and support for caregiving, American Indian/Alaska Native grandparents are sometimes reluctant to seek legal recourse for several reasons, including expectations that the biological parents will return to care for the children, and historical fear of a legal system in which outcomes in child care matters

are not favorable to family preservation. In particular, the foster care system continues to present challenges for American Indian/Alaska Native grandparents. For example, Day and Cross (2004) note that grandparents seeking information about becoming foster parents are often informed that: (a) the children will become wards of the state in order to receive benefits, and (b) there is no guarantee that this will result in a kinship placement with the grandparents. Consequently many American Indian grandparents decide to support their grandchildren informally, often on fixed and low-to-moderate incomes (Day & Cross, 2004).

Informal placements present significant barriers for grandparents. The lack of a legal relationship through a power of attorney, adoption, legal custody, or guardianship can impede their ability to obtain medical care, health insurance, and other supportive services, including financial assistance, for grandchildren (Butts, 2005). In such cases, grandparents without insurance often rely on hospital emergency rooms to provide medical care needs for their grandchildren, rather than scheduling appointments with pediatricians or family practice physicians who require insurance and copayments (Crumbley & Little, 1997). For American Indian/Alaska Native grandfamilies, access to health services may be further complicated because of lengthy travel distances to health care facilities, lack of reliable transportation, extensive waiting periods before appointments are available (U.S. Government Accountability Office, 2005), and unwillingness to access services.

CULTURAL AND TRADITIONAL CHILD REARING PRACTICES

Traditionally, American Indian/Alaska Native children were raised and disciplined not only by their parents but also extended family members and kin, which included grandparents, aunts, uncles, and other members of their tribal nation. There was interdependence among this extended network, which involved the sharing of resources, opinions, and attempts to come to unanimous agreements concerning child care and child rearing (Officer, 1963). Discipline was often in the form of teachings and lessons that were learned by the telling of stories with a moral outcome. Another method employed by the elders of the tribal community was to instruct the children individually to sit by themselves to think of ways to make amends for wrongful and hurtful actions. Also, role modeling of appropriate behaviors by adults and older children was a means to educate children for roles that were integral and necessary for the survival of their tribal nations (Day, 2007).

In addition to these direct methods of child-rearing practices, children were included in the cultural ways of listening in to conversations by adults and/or with elders that focused on the concerns of the tribal community (Hilger, 1992), and they were able to contribute to the discussion if they thought they had something to add. Children engaged in assisting the adults and elders as they prepared for religious and spiritual ceremonies and social gatherings. All of the children were expected to participate as their age and knowledge allowed. Children did the same tasks fathers and mothers did, but on a smaller scale. Such tasks included making nets, tanning hides, fishing, hunting, making baskets, quill work, and others. (Hilger, 1992). Hence, prior to the Termination Era of 1890–1960, children were rooted in the culture, language, religion, and ceremonies of their tribal nations through extended family relationships, providing them with "firm social ties, a sense of interdependence and belonging to the culture" (Weaver, 1999). Because of these connections, American Indian/Alaska Native children thrived in kinship care.

IMPACT OF HISTORICAL TRAUMA

Today, American Indian communities live with a legacy of cultural trauma as a result of centuries of U.S. policies and practices intentionally designed to disassemble tribal nations. Brave Heart put forth the definition of historical trauma as "the cumulative psychological and emotional wounding across generations, including one's own life span, and comes from massive group traumatic events and experiences" (2005, p. 1). Historical trauma began for American Indian/Alaska Native populations with the European colonization over several decades and in numerous ways, including: loss of lives from military action; forced relocation of tribal nations (Weaver, 1998); loss of familiar environments needed to sustain life and loss of homeland; incarceration of Indian prisoners of war; and disease processes, such as small pox, tuberculosis, and influenza (Child, 1998; Child & Lomawaima, 2000). Trauma continued during the Termination Era, with the banning of traditional religious and cultural American Indian/Alaska Native practices. This prohibition ended only thirty-two years ago, with the passage of the 1978 Religious Freedom Act.

During the Termination Era, the U.S. Bureau of Indian Affairs (BIA) attempted to "civilize" American Indians by the formal implementation of an off-reservation boarding school system. The BIA system used militaristic methods to "civilize" and "assimilate" American Indian youth through mainstream education. The number of BIA boarding schools increased significantly from twenty-five to five hundred schools during the

Termination Era and through the mid-1980s (Child, 1998). The purpose was to extinguish the existence of American Indians as a unique people; a purpose that was not achieved, but one that did create significant trauma from which American Indians have not fully recovered.

In a 2005 study, more than 240 American Indian grandparents discussed at length their own experiences and shared stories of their parents, aunts, uncles, and siblings who had attended Michigan boarding schools (Cross, 2005). For many participants, days were filled with numerous tasks and little time to think. Children had no privacy and were encouraged to report on each other by administrators and teachers. Students were taught that the Indian way of life was savage and inferior to the non-Indian way, and that they were being civilized or raised up to a better way of life. Students were explicitly told they were dirty, stupid, and backward. They were given many rules, choices were limited, and to disobey meant severe punishment. Those who assimilated quickly were called "good Indians" and those who did not were called "bad Indians." Traumatic experiences occurred in a number of these boarding schools through repetitive physical, psychological, and sexual abuse; withholding of food or rules on how food was to be consumed; limited or no contact with family; dehumanization by loss of tribal cultures; and experiences of hopelessness, confusion, and abandonment by lack of protection from parents.

In addition to the numerous descendants of parents, grandparents, and great-grandparents, thousands of American Indians alive today have had the lived experience of the U.S. BIA boarding school system. In fact, Weaver notes that "most Native Americans have been affected, either directly or indirectly, by a legacy of boarding schools that broke apart families and forbade the speaking of American Indian languages, practicing of traditions and spirituality" (1998, 205). Children who attended boarding schools were denied the safety and security of being raised by their families and communities. Instead of learning traditional customs and practices, they were exposed to negative behaviors and disciplinary practices. The combined impact had lasting consequences for children's sense of well-being and self-concept. Boarding school experiences may not be the only factor for the subsequent development of negative behaviors and disorders, but they are likely to have had a significant impact.

As a consequence of the boarding school policy and system, and the dissolution of tribes, clans, bands, and extended families, traditional child-rearing practices were negatively altered for many families. Brave Heart describes the impact of historical trauma or historical trauma response as "the echoing through generations by symptoms of survivor guilt, anger, depression, self-destructive behaviors and a number of other disorders" (2005, p. 1). Additional

self-destructive behaviors, such as domestic violence and substance use, have also been noted as a result of historical trauma (Weaver, 1999). The impact of historical trauma response is insidious, affecting subsequent generations unless there are counterbalances in children's lives.

Further, Cross (2005) notes that these experiences have also impacted American Indian/Alaska Native attitudes and behaviors toward accessing social services or other governmental services. As a result, even though some of the grandparents felt they were best able to provide the safest care for their grandchildren, they were unwilling to access social services, with others accessing only tribal nation services and a few relying on their own resources. This reluctance based on mistrust presents challenges for addressing the socioemotional and educational needs of grandchildren.

Mental Health Needs

The incidence of mental health issues poses additional challenges to grandparents assuming the role of primary caregiver. Mental health has been cited as "the largest unmet health need for Indian people today" (Faircloth, 2006, p. 5). American Indian/Alaska Native children, regardless of location (e.g., rural, urban, suburban), tend to be disproportionately affected by mental health problems and developmental disabilities (Kerivan-Marks & Garcia-Coll, 2007). Grandparents may not anticipate caring for grandchildren with emotional and behavioral problems. However, for families of various racial and ethnic groups, children in the custody of grandparents are "at greater risk of mental health problems than children in general" (Smith & Palmieri, 2007, p. 1303). Although are conflicting data regarding the incidence of mental disorders among American Indian/Alaska Native children, there is some evidence to suggest that they are more susceptible than their peers to depression, abuse, and neglect factors that are thought to be correlated to behavioral problems, psychiatric symptoms, and risk-taking behavior, such as substance abuse, relationship problems, and suicidal ideations (Faircloth, 2006; Sarche & Spicer, 2008). American Indian children in grandfamilies are particularly vulnerable, often living with physical and mental health needs most often related to the circumstances of the parents who are no longer raising them. These may include problems identified at birth such as drug addiction, low birth weight, fetal alcohol spectrum disorder (FASD), fetal alcohol effect (FAE), and other physical and emotional disabilities. Problems after birth may include attention deficit hyperactivity disorder (ADHD), adjustment and attachment disorders (AAD), learning disabilities (LD), and other mental health disorders (Bissel & Allen, 2001).

American Indian/Alaska Native youth also experience higher rates of mental health disorders relative to their peers (BigFoot et al., 2008). Conduct and oppositional defiant disorder (CODD), anxiety disorders, and separation anxiety were the most common diagnoses, occurring at similar rates for American Indian/Alaska Native and White youth. Substance abuse disorders were significantly more likely to occur among American Indian/Alaska Native youth, with 18.3% of American Indian/Alaska Native youth meeting criteria for either abuse or dependence within the last six months. Disruptive behavior disorders, anxiety disorders, mood disorders, and other substance abuse disorders were diagnosed in 13.8%, 5.5%, 4.6%, and 3.9% of children, respectively (Beals et al., 1997). In comparison, rates of ADHD, substance abuse and dependence, and CODD were elevated relative to published rates for non-Native youth. And most devastating is that "the suicide rate is three to six times higher among AI/AN children than among their non-Native peers, and indeed represents one of the greatest health disparities faced by young AI/ANs" (Sarche & Spicer, 2008, p. 129).

Educational Issues

The lack of available and timely mental health treatment for young American Indian/Alaska Native children has, in part, resulted in their overrepresentation in the enrollment of special education programs and services in public schools. Nationally, American Indian/Alaska Native students have the highest dropout rate from public schools, and the lowest academic achievement levels and school attendance. These factors, combined with low participation rates in post-secondary education, have had a major impact on the academic success of the population (Banks-Joseph & McCubbin, 2006; Hunt & Harrington, 2010).

Additional barriers to education may also be faced by grandparents caring for their grandchildren informally, as schools may refuse to allow a grandparent caregiver to enroll the child in school without proof of a legal change of custody. Without this transfer of legal custody, a grandparent is not entitled to receive school records or attend any educational planning meetings (Day & Cross, 2004). Often such difficulties mean that children may lose a number of days in school while paperwork is completed. For some children, this delay may result in them entering school noticeably behind their peers. Many struggle to catch up throughout their entire academic careers. Identifying difficulties early, in the zero-to-five-year age range, and providing grandfamilies with the proper assessments and interventions can make a difference in a child's earliest years and the years thereafter (Klee et al., 2010).

IMPACT OF GRANDPARENT CAREGIVING

Grandparent caregiving has significant advantages to other child care arrangements. It keeps children both safe and immersed in their heritage (Mooradian et al., 2006). By living with grandparents, children are able to maintain connections to their family members, traditions, and cultural identity. Kinship caregiving also enables sibling groups to remain intact. Children in kinship care, to a greater extent than foster children not in kinship care, are able to maintain relationships with other family members and birth parents, if legally possible. Cross (2005) found that of thirty-one American Indian grandparents interviewed, twenty-one of the children had a visit from at least one parent and other family members; five had visits from only family members; three had visits only from parents; and two children had no visits. If these children had been placed in non-kin homes, the number of parent and family visits likely would have declined. Children placed with kin by the child welfare system are also less likely to experience multiple placements and are more likely to stay within the same community and school system over a period of years. As a consequence, children in kinship care are usually familiar with their caregivers and therefore less traumatized by moving into the grandparents' homes, and they often express feeling loved (Butts, 2005).

Placement within the family also appears to help guard against mental health problems, as children grow older. For example, children with "strong connections and ties with parents, families, communities, and traditional Native cultures positively predicted school performance, school retention rates, and emotional well-being" (as cited in Banks-Joseph & McCubbin, 2006, p. 134).

Challenges

Although there are significant benefits to grandparent caregiving, coping with inadequate support systems, uncertainty about the future, difficult relationships with grandchildren's parents, and stigma may increase grandparent stress (Smith & Palmieri, 2007). American Indian/Alaska Native grandparents may suffer embarrassment or stigma about their need to care for their grandchildren because of their adult child's behavior. Grandparents living in small communities may also feel the additional weight of an all-knowing social environment, as other community members become aware of family difficulties.

Grandparents assuming full care also may not be aware of the additional needs of the children in their care related to mental health and education.

Young children who have experienced the trauma of neglect and abuse in "dysfunctional families are likely to present more behavioral and emotional problems," thus increasing stress for caregivers (Leder et al., 2009, p. 344). The increased stress associated with caregiving often leads to the detriment of the grandparents' own physical health (Hayslip & Kaminski, 2005).

Grandparents raising grandchildren with mental and developmental disabilities are themselves at a greater risk for depression, insomnia, hypertension, diabetes, and other chronic health problems (Cross & Day, 2008). Grandparents who are still working may need to stop working, reduce work hours, or make other employer-related sacrifices to allow for the time needed to care for their grandchildren. Decisions like these may place working grandparents at risk, because it lessens their contributions to Social Security and may impact their own economic security (Cross & Day, 2008).

The challenges for American Indian grandparents of providing full custodial care may be reduced somewhat by the presence of extended family members living in the household who can provide assistance with child care. Although this arrangement may cause difficulties, in particular with the mainstream foster care or adoption systems, where all known persons living in the household must be identified, vetted, and have adequate living space for each person, it may provide needed family support to the grandparent (Hayslip & Kaminski, 2005).

Benefits

Conversely, there are benefits for the grandparents associated with raising grandchildren, which include improvements in mental health by keeping their grandchildren out of the child welfare system, and therefore having the added benefit of knowing who is caring for them and how they are being treated. The grandparents do not have to be concerned with a loss of visitation with their grandchildren and can, in fact, encourage contact with the children's extended family members when appropriate. American Indian/Alaska Native grandparents have the opportunity to share cultural beliefs, tribal languages, and social and ceremonial activities with their grandchildren. They can derive personal satisfaction from caregiving, with some stating they "loved their grandchildren and wanted to make sure they were taken care of properly," "to teach them about the Indian culture," and "bringing them up so they know who they are and where they belong," which give them a sense of family and family history (Cross, 2005, p. 12).

POLICY IMPLICATIONS

The Indian Child Welfare Act

The Indian Child Welfare Act (1978) was passed as a response to the wide-scale separation of American Indian children from their families and tribal nations. It is considered the first piece of legislation to acknowledge the importance of kinship relationships (Jones et al., 2008). ICWA has now been a federal law for more than thirty years (Cross et al., 2009). ICWA provides for exclusive tribal court jurisdiction over child welfare and adoption proceedings involving Indian children (Atwood, 2008). The act provides a range of procedural protections for tribes, parents, and Indian custodians, including grandparents who are raising their grandchildren. These protections and rights include a right to notice of court proceedings, a right to intervene in these proceedings, and a right to court-appointed legal counsel. The act requires that for adoptions of Indian children to occur, state courts must give preference to a member of the child's extended family, other members of the child's tribe, or other American Indian/Alaska Native families; a similar set of preferences is mandated for foster care placements. For both foster care and adoptive placements, the majority of children are placed with grandparent(s), who then assume the primary role of caregiving. There are a number of positive results of the act, including greater respect for tribal authority over the placement of Indian children and an expansion of tribal family preservation programs.

Despite the act's implementation, American Indian/Alaska Native children are still removed from their homes in disproportionately higher numbers than non–American Indian/Alaska Native children (Atwood, 2008; Cross, 2006; Cross, Earle & Simmons, 2000). American Indian/Alaska Native children represented about 3% of the total number of children in foster care in United States but only 1.8% of total population under the age of eighteen years. A Government Accountability Office (GAO) study revealed that in five states at least one-quarter of the foster care population was American Indian/Alaska Native. Fortunately, these children are more likely to leave foster care for permanent guardianships than are other population groups. The benefit of permanent guardianship is that it protects the security of the child's placement without jeopardizing the child's tribal identity (GAO, 2005). The persistence of socioeconomic inequality experienced by American Indian/Alaska Native communities and the inadequacy of funding for tribal foster care and family preservation programs inevitably undermine the goals of the ICWA (Atwood, 2008). The act is also in jeopardy because doctrines in place are designed to circumvent the process (Cross, 2006).

Lack of awareness and understanding of ICWA also impacts its effectiveness. The social work role, attitudes, patterns of response, and timeliness are vital to compliance with ICWA. Cross, Day, and Proctor recommend that "professional social workers need to be knowledgeable of ICWA, and cultural competency to make appropriate decisions that have life-altering and lifelong impact on American Indian and Alaskan Native children, their families and ultimately, tribal communities" (2009, p. 3).

Mental Health Parity

Several policies may be utilized to prevent and/or minimize the negative impact of trauma on the development of mental health disorders in the lives of very young American Indian/Alaska Native children (Zero to Three, 2009). First and foremost is the need for the federal government, states, and tribal nations to fully implement the referral requirements under the Child Abuse Prevention and Treatment Act of 2003 (CAPTA) and the Individuals with Disabilities Education Act (IDEA) Part C Reauthorization of 2004 to address developmental delays and disabilities at the earliest points of onset. CAPTA and IDEA both contain provisions that require states to develop their own policies and procedures for referral of a child under the age of three who is involved in a substantiated case of child abuse and/or neglect for services.

Most Early Head Start home-visiting programs and center-based Head Start programs provide mental health consultation to address challenging behaviors, but grandfamilies need to be enrolled in these programs to benefit from the services. Some tribal communities have developed their own culturally grounded early learning programs based on these models, but many tribal nations are without access to evidence-based programs. Successful programs demonstrate respect for American Indian/Alaska Native cultures and traditions and: (1) encourage relationships between children and other significant adults; (2) recognize that intergenerational connections are important to the well-being of children; (3) acknowledge historical context of thoughts, spirituality, emotions, and practices still relevant today; (4) honor a unique worldview; and (5) open pathways that allow American Indian/Alaska Native children to be successful in multiple ways (Early Head Start National Resource Center, 2006). To further develop and expand culturally appropriate family mental health programs, services, and support systems, additional federal funding is needed. Additionally, a culturally sensitive socioemotional screening component could be added to the routine developmental screenings that are already a part of most well-child visits in primary health care settings.

Without health insurance and the care it ensures, a number of American Indian/Alaska Native children suffer needlessly from untreated mental health

problems—conditions that could be eliminated or minimized through early diagnosis and treatment. Without diagnosis and treatment they can become lifelong health problems, making it difficult for children to keep up in school, sustain healthy relationships, and stay hopeful about the future (Bissel & Allen, 2001). Some American Indian children are eligible for Medicaid but have not been enrolled, as their caregivers are unaware that the benefit even exists. All children who are eligible for Medicaid are eligible for the Early and Periodic Screening, Diagnosis, and Treatment Program (also referred to as EPSDT). EPSDT provides children with preventive screening and testing, regular check-ups, and complete follow-up care, including treatment for any medically necessary services identified through EPSDT screens.

The Children's Health Insurance Program (CHIP), enacted by Congress in 1997, covers uninsured children with family incomes up to 200% of the poverty line—too high to qualify for Medicaid but too low to afford the costs of private health insurance. CHIP covers, at minimum, regular check-ups, immunizations, prescription drugs, and hospital care for eligible children (Bissel & Allen, 2001). Special outreach efforts need to be made to increase enrollment of eligible American Indian/Alaska Native grandfamilies in Medicaid and CHIP programs.

The Mental Health Parity and Addiction Equity Act signed into law in 2008 will end health insurance benefits inequity sandwiched between mental health/substance use disorders and medical/surgical benefits for group health plans with more than fifty employees. For most plans, this will mean the effective date begins on January 1, 2010. Although this new legislation provides promise, it is too premature to ascertain the actual impact this policy will have on American Indian/Alaska Native grandfamilies.

Mental health services for Indian children are currently provided in an inconsistent fashion, frequently only in crisis situations and by several different systems, and often inaccessible for most tribal nations. American Indian/Alaska Native programs have only a modest capacity for evaluation and treatment, and few non-Indian programs have strategies for serving American Indian/Alaska Native children appropriately (Manson, 2000; Sarche & Spicer, 2008; U.S. DHHS, 2001).

For American Indian/Alaska Native grandfamilies living with physical and mental disabilities, the National Council on Disability identified the following barriers and challenges:

- Negative attitudes and perceptions of others
- Lack of awareness of programs and supports and uniformity/coordination of services among federal, state, and tribal governments and other private service providers

- Lack of public transportation in rural and remote areas, which also has implications for mobility
- Limited infrastructure among rural communities, access to tribal and federal offices, and housing and other physical structures
- Difficulty navigating the educational system, and the need for personal care assistance (Allen, 2002)

In order to address the mental health needs of tribal communities, tribal nations should be given the opportunity to provide services for their own members through an increase in funding for planning and implementing mental health programs. This would allow the services to be tailored to fit the individual and would provide tribal members with access to community-based, culturally competent programs to treat their children and families (Cross, Earle, Echo-Hawje et al., 2000).

INSIGHT AND RECOMMENDATIONS FOR SERVICE DELIVERY PROVIDERS

Through a statewide qualitative study conducted in the state of Michigan, more than 240 grandparents had the opportunity to share positive and negative experiences with social workers (Cross, 2005). Participants were also asked the question, what should social work students learn in order to be culturally competent to work with American Indian grandfamilies? The most positive responses included assistance with adoptions, hospital discharge planning, foster care training, and home visits. The majority of grandparents reported that when utilizing social services, they were treated respectfully and that most social workers wanted to be helpful.

However, negative experiences occurred in several fields of the profession and were summed up by grandparents as a lack of rapport building resulting in a lack of trust, feelings of being judged, and being talked down to. Participants also indicated that some of the workers were difficult to contact, had high caseloads, had too much paperwork to complete, lacked time to properly address issues, and were experiencing burnout. Six individual participants indicated they had had no contact with social workers, and therefore made no comments. Those who had contact with social workers indicated that they needed to be trained to work with the American Indian communities by engaging in cultural sensitivity training, investing in Native communities, getting to know Native people, understanding the true history, and being aware of body language. Participants also suggested grandparents be invited to come into the classroom to present historical and cultural issues and the needs of grandparents and grandchildren; and be respectful, more empathic, and open

minded to different beliefs. Grandparents also made the following suggestions for service providers: to realize that not all American Indians are alike, to be knowledgeable of the ICWA, to be informed as to the resources and eligibility requirements for state and tribal services, to learn Native traditions and customs, and to take away the class that teaches social workers to be rude.

In addition to conducting interviews and focus groups with grandparents, Cross (2005), with the assistance of graduate students, developed ten fact sheets that were distributed to all tribal elders programs, tribal and state social service programs, elders who assisted in organizing the interview sessions, and professors in several schools of social work. The topics of the fact sheets for the grandparents raising grandchildren included: reasons why grandparents parent, legal options, development of support groups, grandparent maltreatment, neglect or exploitation, respite care, how to say "no," ADHD and anger control, bullying prevention, selecting a tutor, and intergenerational activities (Cross, 2005).

The grandparents shared positive feedback in response to the information in the fact sheets. The information was presented in several of the researched communities after the study was completed. Again, the response was positive from American Indian/Alaska Native community members. Cross and the graduate students further presented the information at national, regional, and state professional conferences. As a presenter at an American Indian Grandparents Raising Grandchildren conference, Cross had the opportunity to share the results of the study and conduct one of the intergenerational activities, which was enjoyed by all of the participants. The particular activity was to have the grandparent write a story about their grandchildren in a prepared booklet and draw a relevant cover page. At first, participants displayed some apprehension, but once under way the activity was a wonderful experience for all. The grandparents were able to share with one another the importance of their drawings on the cover and the essence of their stories. Some wrote stories about activities or events and experiences with their grandchild, the passing of a grandmother, the importance of culture, and how proud they are of their grandchildren.

RECOMMENDATIONS FOR WORKING WITH AMERICAN INDIAN/ALASKA NATIVE GRANDFAMILIES

Working with American Indian/Alaska Native grandparents who are providing sole care for their grandchildren may be challenging because of the historical traumas the population has experienced, differences in cultures and worldview, and a need for understanding their experiences

with professionals in the social, educational, and health and human services delivery system. The grandparents who were interviewed shared a number of training needs and recommendations for professionals working with American Indian communities, both on and off reservation land (Cross, 2005).

- The grandparents shared interest in grandparent support groups in their communities, so they do not feel isolated, and they would have the opportunity to understand how their peers are coping with issues and concerns they are experiencing with their grandchildren. Professionals may provide assistance in developing support groups focused on the issues and concern for the children. Support groups can help to alleviate the loneliness that may exist and result in helpful suggestions for the grandparents to explore.
- Negative experiences reported by grandparents with the service delivery systems of social, education, and health need to be addressed to improve access and use. The grandparents felt that when they sought services they were being "judged," "talked down to," and that the professional had "all the power." Their recommendations included professionals learning the true history of American Indian people, gaining experience working in the communities, engaging in cultural sensitivity training, and receiving training on the Indian Child Welfare Act (ICWA).
- The grandparents suggested professionals learn about services that are sponsored and available through the tribal nations. Service delivery varies from one tribal nation to another. However, a number of the tribal nations with a source of economic development have the financial ability to provide social, educational, health, and behavioral health services. Professionals who are knowledgeable of the services offered by the state, county, and tribal nations can best serve to meet the needs of the grandfamilies with collaboration efforts.
- The grandparents had specific concerns in regard to parenting their grandchildren, for example, how to say "no" without guilt, understanding ADHD and controlling anger, how to protect the children from being bullied, how to select a tutor, and ways to interact with the grandchildren to bridge the generation gap. The grandparents need access to information that is culturally relevant and that meets their needs. One-time informational workshops, group discussions, and fact sheets or brochures on these topics may benefit the grandparents and ease their concerns.
- The grandparents had an awareness of how difficult it was for those who provide services; they understood the workers had heavy caseloads, too much paperwork to complete, and several levels of bureaucracy, which they had to manage to provide assistance for them. This understanding and positive regard for the professionals is a plus point for working with American Indian grandfamilies, for clearly they are aware of the workers' situations and what they need to improve the lives of their grandchildren and themselves.

CONCLUSION

American Indian/Alaska Native grandparents raising their grandchildren are experiencing challenges similar to other ethnic populations who provide kinship care. However, there are important considerations that are unique to this population, which include the need for knowledge of the laws that directly impact the population, such as the Indian Child Welfare Act and Indian Education Act. Service providers must also become knowledgeable about the number of programs and services offered by tribal nations and urban American Indian centers that are inclusive of cultural teachings grounded in the rich traditions of the 564 tribal nations in the United States. Programs that are designed to address negative impacts of historical trauma are of enormous value to all tribal members, including grandparents who are raising grandchildren. American Indian/Alaska Native and non-Native service providers need to be aware that working with tribal nations may involve "working with medicine men, pastors, elders, priests, teachers, or other individuals with specialized knowledge" (Hodge et al., 2009, p. 217).

Various forms of historical trauma continue to be significant factors in the lives of both the grandparents and grandchildren, especially as to how decisions are made to access social services. It is essential that service providers understand and approach issues of care within American Indian/Alaska Native historical contexts. With that grounding, they will be better able to assist American Indian grandparents and their grandchildren with tribal and non-tribal services that are available to address their needs within the context of their culture, which is essential (Cross, 2007).

Early childhood and K–12 educational settings today can also play an important role in fostering American Indian/Alaska Native children's development in strength-based, culturally competent ways. Tribally run Head Start programs and K–12 schools offer opportunities for the incorporation of culturally specific curriculum and language. In light of the already-described challenges faced by American Indian/Alaska Native children, educational institutions emerge as vehicles for intervention and support of cultural strengths. However, if this is to be realized, educational institutions and programming must include the needs of American Indian/Alaska Native grandfamilies.

At the national level, it is important that all grandfamilies be included as a population in need of assistance. It was not until the 2000 U.S. Census that data were collected on grandfamilies. Although, the data are likely to be an undercount, especially for American Indian/Alaska Native grandfamilies, it is the start of focusing on a population with service needs and of tracking success in addressing those needs.

REFERENCES

Allen, M. (2002) "The well being of our nation: An inter-generational vision of effective mental health services and supports." *National Council on Disability.* Retrieved November 23, 2009, from http://www.dhh.louisiana.gov/offices/publications/pubs-305/well.pdf

Atwood, B. (2008). The voice of the Indian child: Strengthening the Indian child welfare act through children's participation. *Arizona Law Review, 50,* 127–156.

Banks-Joseph, S. R., & McCubbin, L. D. (2006). American Indian and Alaskan Native early childhood family involvement: A review of the literature. In N. L. Thompson, S. Faircloth, & K. Schafft (Eds.), *Proceedings of the Rural Early Childhood Forum on American Indian and Alaska Native Early Learning* (pp. 132–154). Mississippi State: National Center for Rural Early Childhood Learning Initiatives, Mississippi State University, Early Childhood Institute.

Beals, J., Piasecki, J., Nelson, S., Jones, M., Keane, E., Dauphinais, P., Red Shirt, R., Sack, W. H., & Manson, S. M. (1997). Psychiatric disorder among American Indian adolescents: Prevalence in northern plains youth. *Journal of American Academy of Child and Adolescent Psychiatry, 36* (9), 1252–1259.

BigFoot, D. S., Willmon-Haque, S., & Braden, J. (2008). Trauma exposure in American Indian/Alaska Native children. Retrieved on November 29, 2009, from http://www.icctc.org/Resources/Trauma_Ais_Children_Factsheet2.pdf

Bissel, M., & Allen, M. (2001). "Healthy ties: Ensuring health coverage for children raised by grandparents and other relatives." Washington, DC: Children's Defense Fund. Retrieved November 23, 2009, from http://cdf.convio.net/site/DocServer/healthyties_fullreport.pdf?docID=638

Brave Heart, M. Y. H. (2005). *Substance abuse, co-occurring mental health disorders, and the historical trauma response among American Indian/Alaska Natives.* Washington, DC: Bureau of Indian Affairs, DASAP, 1–3. Research Monograph.

Butts, D. M. (2005). Kinship care: Supporting those who raise our children. Annie E Casey Foundation. Elders as Resources: Intergenerational Strategies Series. Retrieved from http://www.aecf.org/upload/PublicationFiles/Kincare.pdf

Casper, L. M., & Bryson, K. R. (1998). Co-resident grandparents and their grandchildren: Grandparents maintained families. *Population Division Working Paper No. 26,* 1–19.

Centers for Medicare and Medicaid. *The Mental Health Parity Act of 2009.* U.S. Department of Health and Human Services. Retrieved November 23, 2009, from http://www.cms.hhs.gov/healthinsreformforconsume/04_thementalhealthparityact.asp

Child, B. J. (1998). *Boarding school seasons: American Indian families. 1900–1940.* Lincoln: University of Nebraska Press.

Child, B. J., & Lomawaima, K. T. (2000). *Away from home: American Indian boarding school experiences 1879–2000.* Edited by M. L. Archuleta. Phoenix, AZ: The Heard Museum.

Cross, S. L. (2005). *American Indian grandparents parenting their grandchildren in Michigan.* Michigan State University, School of Social Work. Research Monograph.

Cross, S. L. (2007). American Indian grandparents and their grandchildren: The impact of alcohol abuse. *NASW* Alcohol, *Tobacco & Other Drug Section Connection, 2,* 7–8.

Cross, S. L. (2006). The Indian family exception doctrine: Still losing children despite the Indian Child Welfare Act. *Child Welfare, 85*(4), 671–690.

Cross, S. L., & Day, A. G. (2008). American Indian grandfamilies: Eight adolescent and grandparent dyads share perceptions on various aspects of the kinship care relationship. *Journal of Ethnic & Cultural Diversity in Social Work, 17*(1), 82–100.

Cross, S. L., Day, A., & Proctor, E. (2009). The Indian Child Welfare Act after 30 years: The social work response. In M. Fletcher, W. Singel, & K. Fort (Eds.), *The Indian Child Welfare Act at 30.* MSU Law School, East Lansing, MI: MSU Press.

Cross, T. L., Earle, K., Echo-Hawke Solie, H., & Mannes, K. (2000). Cultural strengths and challenges in implementing a system of care model in American Indian communities. In *Systems of Care: Promising Practices in Children's Mental Health, 2000 Series, Volume 1.* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Crumbley, J., & Little, R. (1997). *Relatives raising children: An overview of kinship care* (p. 61). Washington, D.C.: Child Welfare League of American.

Day, A., & Cross, S. (2004, Spring). Legal options for grandparents raising their grandchildren. *NASW Aging Section Connection,* 6–9.

Day, P. A. (2007). Preventing alcohol abuse: Identifying developmental assets in healthy Anishinaabe children. *NASW Alcohol, Tobacco & Other Drugs Section Connection, 2,* 9–11.

Early Head Start National Resource Center @ Zero to Three. (2006). "Honoring cultural traditions: Early Head Start programs in American Indian/Alaskan Native Communities." U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office of Head Start. Technical Assistance Paper, 12. Retrieved November 23, 2009, from http://www.ehsnrc.org/PDFfiles/TA12.pdf

Faircloth, S. C. (2006, Winter). Early childhood education among American Indian/Alaskan Native children with disabilities: Implications for research and practice. *Rural Special Education Quarterly, 25*(1), 25–31.

Fuller-Thomson, E., & Minkler, M. (2005). African American grandparents raising grandchildren. A national profile of demographics and health characteristics. *Health and Social Work, 25*(2), 109–118.

Hayslip, B., & Kaminski, P. L. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist, 45*(2), 262–269.

Hilger, M. I. (1992). *Chippewa child life and its cultural background.* St. Paul: Minnesota Historical Society Press.

Hodge, D. R., Limb, G. E., & Cross, T. L. (2009). Moving from colonization toward balance and harmony: A Native American perspective on wellness. *Social Work, 54*(3), 211–219.

Hunt, B., & Harrington, C. F. (2010). The impending education crisis of American Indians: Higher education at the crossroads. *Indigenous Policy Journal, XXI*(3), 1–13.

Indian Child Welfare Act. (1978). (P.L. 95-6078) 25 U.S.C. 1901 et. seq. (2001), 1-25 U.S.C. §§ 1901 et seq.

Jones, B. J., Tilden, M., & Gaines-Stoner, K. (2008). *The Indian child welfare act handbook: A legal guide to the custody and adoption of Native American children.* Washington, D.C.: American Bar Association.

Kerivan-Marks, A., & Garcia-Coll, C. (2007). Psychological and demographic correlates of early academic skill development among American Indian and Alaskan Native youth: A growth modeling study. *Developmental Psychology, 43*(3). 663–674.

Klee, L., Kronstardt, D., & Zlotnick, C. (2010). Foster care's youngest: A preliminary report. *American Journal of Othopsychiatry, 67*(2), 290–299.

Leder, S., Nicholson Grinstead, L., & Torres, E. (2009). Grandparents raising grandchildren: Stressors, social support, and health outcomes. *Journal of Family Nursing, 13*(3), 333–351.

Manson, S. M. (2000). Mental health services for American Indians and Alaskan Natives: Need, use and barriers to effective care. *Canadian Journal of Psychiatry, 45*, 617–626.

Mental Health Parity and Addiction Equity Act. (2008). Retrieved November 2, 2009, from http://www.govtrack.us/congress/bill.xpd?bill=h110-6983

Mooradian, J. K., Cross, S. L., & Stutzky, G. R. (2006). Across generations: Culture, history, and policy in the social ecology of american indian grandparents parenting their grandchildren. *Journal of Family Social Work, 10*(4), 81–101.

Mutchler, J. E., Baker, L.A., & Lee, A. (2007). Grandparents responsible for grandchildren in Native-American families. *Social Science Quarterly, 88*(4), 990–1010.

Officer, J. E. (1963). Informal power structures within Indian communities. *Journal of American Indian Education, 3*(1), 1–7.

Sarche, M. C., & Spicer, P. (2008). Poverty and health disparities for American Indian and Alaskan Native children. *Annals of the New York Academy of Sciences, 1136*, 126–136.

Smith, G. C., & Palmieri, P. A. (2007). Risk of psychological difficulties among children raised by custodial grandparents. *Psychiatric Services, 58*(10), 1303–1310.

U.S. Census Bureau. 2006–2008 American Community Survey. Retrieved from http://www.census.gov/prod/2003pubs/c2kbr-31.pdf

U.S. Department of Health and Human Services (2001). Mental health: Culture, race, and ethnicity. A supplement to mental health: A report of the surgeon

general. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/TOC.pdf

U.S. Department of Health and Human Services. (2004). "Establishing a research agenda for American Indian and Alaska Native head start programs." U.S. Department of Health and Human Services, Washington, DC. Available online at http://www.acf.hhs.gov/programs/opre/hs/aian/reports/aian/aian_rep.pdf

U.S. Government Accountability Office. (2005). "Indian child welfare act: Existing information on implementation issues could be used to target guidance and assistance to states. Retrieved from http://www.gao.gov/new.items/d05290.pdf

Weaver, H. N. (1998). Indigenous people in a multicultural society: Unique issues for human services. *Social Work, 43*(3), 203–211.

Weaver, H. N. (1999). Indigenous people and the social work profession: Defining culturally competent services. *Social Work, 44*(3), 217–225.

Zero to Three. (2009). "Laying the foundation for early development: Infant and early childhood mental health." Retrieved November 23, 2009, from http://www.zerotothree.org/site/DocServer/SocialEmotionalMarch5.pdf?docID=7891