Cross Cultural Skills & Tools for Serving Tribal Families

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Presentation Topics

- "Theory" & AI/AN "Knowledge Base"
- Common Issues working with tribal families
- Assessing the needs –vs- problems
- Assessment tools (organizational, administrative, service
- Common Ground (Western/Tribal)
- Cultural variables which effect TX
- Commonalities & Differences of the approaches
- Building Collaborative Partnerships & Networks



Cultural Competence Definitions

- <u>"Culturally Competent Systems</u> implement specific policies, structures, planning processes, attitudes and skills in order to ensure that organizations are respectful and inclusive of cultural differences and utilize community resources in order to meet the needs of diverse groups."
- <u>"Culturally Competent Practitioners</u> possess the capacity, attitudes and skills to understand and respect the influences of culture on human behavior, social interaction, preferences, and concepts of health and illness, while delivering appropriate care as defined by cultural expectations"

Cross, Bazron, Dennis, Isaacs: 198

"Digging Deeper" Culture-based Assessment & Treatment

<u>Cultural/Spiritual Level</u> (PBI)
Family Community Level (PBI)
Individual Level (EBI's used)

Individual Client Level The "norms"!

- Use of western based individual assessment instruments – primarily deficit based vs strength based
- Treatment rarely includes family or community (environmental conditions & "push back" effect)
- Spirituality & culture are not inherent in "standards of care" (e.g. avoid)
- Availability & use of culture based healing often deemed ineffectual (or contrary to western theory)



Theory Where it comes from...

- Curiosity of Theory Builders
- Social scientists "solving" social problems
- In the past 20 years, from agencies, policy makers, and governments wanting to know what works "Best Practices."

Western Theory

Impact of Theoretical Orientation

- Frames how you view the "client" (e.g., rational "thinking" & behavior, authentic)
- Theory is grounded in Western values
- Frames Treatment: <u>what to do with the</u> <u>"client</u>"

The "Knowledge Base"

- "Examining" the "Noble Savage" (DEFICIT model continues today)
- Historically, "Sensationalism" and curiosity guided research
- Witch craft / traditional healing methods examined

Western Theory (continued)

Impact of Theoretical Orientation

- Bound in the dominant language
- Historically attempts to steer clear of spirituality/religion
- Focus is largely on the individual

The "Knowledge Base"

- Patterns in research initiatives (e.g., social, political concerns such as inhalant use, suicide, alcohol ect..)
- Research continues to focus on "RISK FACTORS" (e.g. deficits)!

Historical Trauma

 Traumatic events are widespread, generate high levels of collective distress & mourning in contemporary communities and are usually perpetrated by outsiders with destructive intent

(Evans-Campbell, T. 2008)

Three Types of Microaggressions (Sue et., al, 2007)

- Microinsult
- Microinvalidations
- Microassult

Contemporary Trauma

- Overt & covert contemporary violence experienced daily in communities.
- <u>Microaggression</u>: "events involving discrimination, racism, and daily hassles that targeted at racial & ethnic groups". (increased distress & negative health outcomes)

Group Tasks! 10 minutes

- Choose a recorder
- Choose a reporter
- Identify a list of examples
- Reporter shares list with the rest of the group!

Microaggressions

- May be clear & recognizable,
- May be subtle & hard to describe
- Power lies in their invisibility to perpetrator & often victim!
- Leaves victim to interpret if incident was intentional or due to ignorance and he/she must make a decision on whether or not to address it!

A closer look Western & Traditional approaches

<u>Western</u>

- Reputation based on degrees/specialty
- Weekly commitment
 (9– 5pm; week days)
- Time limited via DX
- Expectation for the client to do the work – "Talk"
- > Diagnosis driven
- Often the sole service provider

Traditional

- Humble, similar beliefs valued
- Client seeks help as
- needed (24/7)

 Listens, occasionally talks
- Naturally Strength Based -
- "Re-frames"Reconnects client to his/her
- natural support systems
- Multiple healers

Decolonizing Practice Competencies

Evans-Campbell, T., & Walters, K. L. (2006)

See Handout!

Common Ground ... Western & Traditional Providers

- Each has YEARS of training
- Each has a sincere desire to comfort & help
- Each desires to be perceived as trust worthy, approachable and a resource!

Understanding Culture as a Variable

- Language
- Values
- ➤ World View
- Concept of "healing" & "wellness"
- Connectedness to Culture

Tribal Values (continued)

CONCEPTION OF CHANGE

- All of creation is engaged in the process of constant change.
- Individuals are continually "<u>EVOLVING</u>".
- It generally follows observable <u>patterns or cycles</u>.
- Example: "Non-Intervention", "She'll come around"

Two pan-traditional tribal values

WHOLENESS

- All things are interrelated.
- Everything is a part of the whole, which is greater than the sum of it's parts.

Example: Story telling, setting the context!

Culture Specific Client/Family Assessment Instruments:

- Northern Plains Biculturalism Inventory (24 items) (Allen, J. & French, C., 1996)
- Cultural Assessment Form (19 items)
- (Yukon Kuskokwim Health Corporation, 2001)
- > <u>White Earth Assessment Tool (6 items)</u>
- > Omaha Assessment Tool (19 items) John Penn, MSW
- > American Indian Family Attitude Survey (15 items) (Unknown Author)

Organizational Cultural Competence

- Western based treatment philosophy & EBI's (bound by organizational funding)
- Instrument selection (both evaluation & client assessment) based on speed, versatility, cost (price & time)
- <u>Outcome data</u> rarely examined, rather success is measured by completed TX plans
- Environment: standard issue vs client comfort
- <u>Services</u>: 50 min sessions, cross-cultural, distant from client home/community, gender, linear vs circular

Assessing Organizational Cultural Competency

- <u>Cultural Competence Self-Assessment Questionnaire</u> [Service Provider & Administrative Versions; Mason, J. L. (1995). Research & Training Center on Family Support and Children's Mental Health, Regional Research Institute for Human Services, Portland State University]
- <u>Revised Client Rated Cultural Competence Inventory</u> [Service Provider & Client-rated Versions; Scholle et al, 2001]
- <u>Cultural Competence Self-Assessment Instrument</u> [Child Welfare League of America Washington DC]
- Caregiver Spiritual Life Scale & Child Spiritual Life Scale [Adapted [From The Religiousness Scale by Strayhorn, J. M., Weidman, C. S., & Larson, D. (1990) which in itself was adapted from The Religious Life Scale by Kauffman, J.H. (1979)]

Assessing Organizational Cultural Competency

- Organizational Self-Study on Cultural Competence.
 [Administrative, service provider & consumer versions (1991)
 Cross, T; The Northwest Indian Child Welfare Association, Inc. 503- 222-4040]
- <u>Promoting Cultural Diversity & Cultural Competency (2004)</u> Self-[Assessment Checklist for Personnel [Tawara D. Goode – Georgetown University Center for Child & Human Development. Adapted from "Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings (1989)]</u>
- <u>Multicultural Counseling Competencies: A Self Exam.</u> [Adapted from [S.T. Gladding, P. Pedersen and D. Stone, "Multicultural Counseling Competencies: A Self Examination," ACES Spectrum Newsletter, Winter (1997), Vol. 58, No.2.]

Collaborative Treatment Networks

- Show Respect
- > Acknowledge Strengths & Progress
- > Assist "connectedness" to culture
- Empower
- Identify Natural Support Networks
- > Work at "re-framing" to reduce stigma
- Identify strengths of child & family

"NITP"

(NAMBHA, 2004

Natural Indigenous Traditional Practices!

We want evidence for NITP!

Goal

• The unique goal of tribal behavioral health services is to preserve the essence of cultural strengths while strengthening the tribal person's ability to respond to changing external factors.

Tribal Communities #1 Enemy

Evidence-based Practice

 Virtually no "evidence" exists which demonstrates any X theory is effective in working with AI/AN clients!

