ENGAGING NATIVE WELLNESS
Healing Communities of Care

Curriculum Workbook
A collaboration between the Native American Health Center
Art Martinez, PhD. (Chumash) Clinical Psychologist
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Introduction

The purpose of this curriculum is to explore ways of understanding the cultural and historic experiences of Native American or American Indian mental health clients, families, and communities of care. The adverse and systemic historical and psychological experiences that Native American families have shared serve as a critical context within which mental health or substance abuse treatment may be focused. Yet a great strength of culture exists within the Native system of care, and the resilience is based upon principles of wellness and community.

"Successful engagement with Native Communities needs to be sincere and robust. This may mean going to the Native agency/Rancheria to gather feedback and build a relationship to facilitate future engagement. In Alameda county several focus groups were held for the general public to identify mental health needs. No Native Americans attended the general focus groups but several Native Americans attended the focus group held at Native American Health Center with the targeted outreach to elicit Native feedback. This feedback eventually influenced the later RFP to spend PEI funds."

This extra mile needs to be taken to get past the distrust barrier that many Native Americans have from past federal/state policies intended to harm Native Americans. Some counties claimed they did outreach to Native communities but when investigated the outreach was one inquiry with no follow up. In one county a Native person went to every planning meeting after the MHSA was passed. The agendas were fixed with no space to learn any particulars from specific populations. Even though this Native person made comments to advocate for the mental health needs of Native Americans his comments were not reflected in the minutes of the meetings and consequently had no influence in later MHSA spending. Outreach to Native communities need to be more than a check off that outreach was made.

The outreach needs to be genuine and robust.

-Janet King, Native American Health Center

Native American mental health services, whomever the provider, may be seen as collaborative efforts of community that exist or are formed as a mechanism of community psychological intervention. This curriculum will focus on outlining those common historical risks that many Native American families and individuals face, in addition to the resilience of culture, community, and tribal identification that serves to frame the survivance of the Native people of North America. Native American mental health can be described as a partnership of many traditions within the Native community. These commonly involve care providers, cultural liaisons, and natural helpers.

Sometimes, natural helpers are referred to as traditional helpers, including healers, medicine people, and other carriers of specific medicines. The Native wellness community exists in many settings such as tribal and urban health clinics, Native recovery ceremonies and ceremonial gatherings of Native people. Thus a dynamic and vibrant community of healing and community of wellness support exist as important allies to the therapeutic process. Joining a client with such communities of care is an important part of mental health and wellness reformation for an individual or for a family of the Native community.
Curriculum

Section 1  Native American Cultural Considerations
Section 2  History of Traumatic Experiences and Genocide
Section 3  Continuing Shared Experiences of Violence
Section 4  Treatment Considerations in Addressing Intergenerational Trauma Response
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Section 6  Learning Models of Conceptual Change
Knowledge of the use of traditional foods, traditional medicines and traditional ceremonial healers is the process through which tribal communities reclaim the rights to their knowledge and empower their communities to believe in their own teachings. This knowledge helps restructure community strength in indigenous epistemology, which promotes community connectivity and supports mentorship through sharing knowledge of these practices.

Native Vision (2011)
Understanding and acknowledging the current conditions of historical and continuing stress upon Native American cultures and families is critical to the foundation of services provision to Native peoples. Therein is the strength of resilience and cultural survivance inherent for every client, every family, and every community. These strengths typically lie in two major areas of resilience.

(1) Cultural resilience and community traditions of care focus to bring about the resilient and caring heart of a community that engages an individual or family in increased expectations of themselves, increased connection with a time-honored culture of care, and increased cultural resilience and cultural wellness.

(2) Historical strengths carried by an individual or family served as strength of survivance from hundreds of years of cultural assault as well as attempts to eliminate families and communities from their rightful place and cultural dignity.

Honoring the client and family for their cultural resilience and cultural strength is also an important strength-based intervention to motivate expectations of self, familial expectations of one's rightful place within the history of one's people, and community expectations to survive as a vibrant resource for cultural wellness. This joining of efforts imparts strength of a home community, culture, and tribal nation building as a continual effort of expression of one's traditions of community support.

It is important to understand the hope and courage in order to regain the inner strength of culturally formed wellness and recovery. This strength comes from a very resilient part of the individual and family whereby the two collaborate to effect survivance within their community. Many times in the treatment of Native American families, therapists have questioned the goals or the concepts of cultural health. Given an individualistic model of care or a framework of mental health provision centered on the nuclear family, it is very easy to lose concepts such as community, culture, wellness, and extended family. Hope and courage, which may be necessary for individual and family care, will likely be generated from a confluence of cultural experiences, community services, and therapeutic approaches on many levels.

The development of hope and courage in cultural survivance, wellness proliferation, and the idea that life can return to a purpose-driven engagement in cultural wellness practices is significant in the treatment of the Native American families or individuals. Healing communities of care become an important concept in this assistance. Healing communities of care provide circles of safety within cultural experiences that tap into the unconscious strength of an individual or family to find a rightful place in a life of cultural congruence, of which psychotherapy is necessarily a part, not an adjunct or exteriority. Such a conceptual framework of therapy, sobriety, case management, and other allied services is important to the reformation of wellness and recovery. Important considerations of care will involve encouragement, development, and joining existing circles of safety and cultural participation. Particularly, circles of cultural healing, cultural wellness, and linkage to natural helpers are important collaterals in the treatment of Native American clients.

Building community resources for recovery and wellness may also be an important factor in the provision of community psychological services for the Native family and community. Such services are important as a wellness management, recovery efforts, and cultural/spiritual strength. Throughout California, these concepts are certainly
proving their utility in the care of chronic disturbances as suggested by best practice models of the MHSA wellness and care efforts. More specifically these best practices and practice models are suggested in the Native Visions study of community best practice. These are important considerations of congruence within the individual and family’s experiences of care, culture, and rightful place in culture.

Protecting the community from violence and cultural exploitation is also critical. Such communities of care are vulnerable and may suffer from marginalization by the larger community or dominant society. This is evident in the many waves of historical trauma that will be articulated within this document. As an example, in the past Native community ceremonies such as dances and other important community rituals have been disrupted by police, broken up, and denied, sometimes with the arrests of participants. This disruption of cultural practices was condoned by law and policy until the American Indian Religious Freedom Act was passed in 1978. Yet these insults upon cultural practices continue today.

Engaging a Native community of care will likely involve selected collaboration within the larger community of Native resources. Therapeutic considerations will likely involve the engagement of natural helpers, traditional helpers, and traditional healers. The distinction between these three resources is important inasmuch as natural helpers can be easily accessed throughout the Native community. Natural helpers can come from any part of the community experience, including close friends, extended family, and care providers within the community.

Traditional helpers are distinctive in that they often speak from a place of tradition or cultural experience that offers teachings along with caregiving, teachings which are specific to or a part of the community experience. Traditional helpers oftentimes include respected family members, leaders of extended families, and care providers who are not necessarily related by tribe or by culture. Traditional helpers are often Native Americans who speak from their own cultural reference, which resonates within the individual based on his or her ability to bridge cultural experience, history, and reconnection.

Native healers certainly bring a medicine of powerful reconciliation through ceremony and time honored tradition. Traditional helpers often serve as community case managers or counselors to assist the individual or family in developing traditional self-care skills and habits which serve to instill the practice of wellness. Traditional helpers and traditional healers are an important point of collaboration. Such collaborations assist in the unconscious or spiritual reformation of individuals or families, and many times the focus of therapy may be to build internal strength to address risk factors that might serve as barriers to engagement with traditional helpers or traditional healers. Informal experiences with traditional helpers and traditional healers serve as opportunities for a naturalistic reaching out for help of the individual or the family to the valuable resources around them. Such an engagement can be an important milestone of care or accomplishment of therapy, just as a behavioral goal or therapeutic outcome might be. Therapeutic considerations serve a process of psychological reformation and the joining of a spiritual or unconscious partnership. Such efforts bring together the healing experiences of culture and solidify the sustaining connection to community. Such efforts may serve to elicit the individual or family’s ability to engage in their culturally inherent strengths within their family and within their larger community of care.
The core principles for alleviating the mental health disparities of Native Americans in California must directly correlate to the root causes of the disparities: Respect sovereign rights of tribes and let urban American Indian health organizations govern themselves; Support rights for self-determination; Value Native American cultural practices as stand-alone practices; Incorporate the use of Native American specific research and evaluation methods unique to each community.

Native Vision (2011)
The experience of Native peoples in California following the theme of Native peoples throughout the nation, is a long history of attempts to eliminate a culture and people from their lands and their traditional ways. History confirms the experiences of modern-day Native peoples as survivors of various waves of genocidal actions. Native cultures, families, and communities seek to preserve a vibrant culture though threatened by the dominant society (Castillo, 1998). In the United States, Native peoples have been forced to suffer specific attempts to eliminate, subdue, or exterminate cultural ways that had existed since the time of origin. These waves of effort to eliminate Native peoples and Native cultures from the United States were as evident and in many ways more piercing within the experience of California Natives. As compared to other parts of the country, Native peoples in California similarly experienced many waves of assault upon families and communities through hostile acts, random killings, and specific attacks upon the community with the intent to eliminate the culture or tribe. Several waves of attacks upon the tribes and culture have been perpetrated throughout the modern Native experience. The first wave of encounters between cultures was mainly violent, hostile, and targeted at the elimination of Native food sources.

Further waves of encounters between European/American society and Native peoples became increasingly violent, including efforts to exterminate, inflict disease, and restrict access to tribal lands, food, and other resources. This became more prevalent after the Civil War era within the United States. The attention of the federal government levied upon Native people after the Civil War returned to an endorsement of violent extermination through acts of aggression upon a relatively unarmed people. In California, this was preceded by bounties that were put upon the heads of the Native people there. These bounties continued throughout and well after the Gold Rush era. Very recently, elders could be found within Native communities in California who recalled experiences with their own elders relating times of being hunted and having to seek refuge as entire villages fled from the onslaught of violence against their communities. Throughout the Gold Rush era, this took an increasingly violent turn. The Native Californian population reached its nadir in 1900 at less than 20,000, the low point of a horrifying demographic decline due to disease, malnourishment, and violence. Less than half lived on reservations — most found work in California cities or in migratory agriculture. (Paddison, 2013)

Generational traumatic experiences set the stage for identification with aggressor dynamics, which impact one’s ability to see oneself, one’s family, and one’s community as viable resources for health and well-being. It is the unraveling of this false or risk enhancing impression that may be vital to the reformation of culturally defined wellness and quality of life.

An understanding of the experience of Native Americans in California and throughout the nation would be erroneous without considering the cultural effect of historic trauma, which most Natives of North America have experienced. A long history of genocidal acts, cultural suppression, and oppression of tribal traditions has had devastating effects on the mental health of Native Americans. Social and familial foundations based upon culture have deteriorated in the course of various waves of assaults and insults upon culture. California tribes have existed for many thousands of years without a significant history of war or conflict (Castillo, 1998). This history is formed with strong cultural boundaries of respect and honor that governed issues of conflict or family. There are currently 109 federally recognized Indian tribes in California and 78 entities petitioning for recognition. Tribes in California currently have nearly 100 separate reservations or Rancherias. There are also a number of individual Indian trust allotments. These
lands constitute “Indian Country”, and a different jurisdictional applies in Indian Country (© 2014 Judicial Council of California / Administrative Office of the Courts) The Californian Native population is also dominated by out-of-state Natives who migrated to California in the 1960s and 70s due to efforts by the government to relocate Natives away from their tribal lands and cultural foundations. Historically, most California tribal communities lived in small, self-sufficient, self-governing tribal villages, which were very diverse from one tribe to another in their language, cultural practices, and spiritual heritage (Castillo, 1998).

It is the experience of most Native people today that the legacies of cultural genocide and cultural assault have served as decays of strength that deserve attention. The cultural resilience that Native people once enjoyed as a function of balance of family, community, and health is slowly being regained (MacMillan, et al.; 1996). Cultural survivance and familial strength are oftentimes seen as significant foundations for the building of health, recovery, and resilience.

Considerations of Genocide

International conventions on genocide list the risks of genocide as high when a group of people identified by nation, race, ethnic group, or religion undergoes assaults or attacks upon the culture or nationality from an outside group (United Nations, New York, July 2010). Overt risks or acts of genocide include the killing of group members. Yet these risks are considered to be vastly increased when the effects of bodily or mental harm to the group deliberately inflict conditions of life calculated to bring about the physical destruction or diminishment of the group. The imposition of measures intended to prevent births within the group, forcibly transferring children from one group to another group, and the forcible relocation of a group of people, as in the experience of Native peoples throughout California, are further indicators. Whether from out of state or within state, Native peoples’ shared experiences remain within the account of family, community, and nation heritage.

The 1948 Convention on the Prevention and Punishment of the Crime of Genocide (article 2) defines genocide as “any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group … ”, including:

(a) Killing members of the group;
(b) Causing serious bodily or mental harm to members of the group;
(c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
(d) Imposing measures intended to prevent births within the group;
(e) Forcibly transferring children of the group to another group.

International resolutions have defined these risks to include the failure to address the record of discrimination and human rights violations committed by one group against another. Genocidal risks also include suppressive relationships intended to dominate by power and economic relationships that include hostile perceptions of the targeted group. Furthermore, conflicts over land, security, and expressions of group identity, such as language, religion, and culture, are critical in resolving the oppression and continued victimization of one group by another through past and present patterns of discrimination. Such acts must be addressed, including serious discriminatory practices such as compulsory identification of members of a particular group, imposition of taxes, or the ability to tax within the groups own governance. The permission of social activities such as these excludes one group from another in their pursuit of happiness, relationships with their children, cultural pursuits, and the recognition of jurisdictions of one group by another.

Secondarily, significant disparities which must also be addressed to diminish the risk of genocide are indicated by socioeconomic factors, which previously may have shown a deliberate exclusion of Native peoples from economic resources, ability to control commerce, and ability to control the group’s own social and political lives. Such overt discriminatory practices include a history of genocidal acts by serious or massive human rights violations against a particular group. A Major factor of genocide risk is the denial by the perpetrator group that the issues of the impacted group are valid. As a major consideration, references to past human rights violations against the possible perpetrator group might have been justified through the logic of convenience or denial, which is prevalent within the perpetrator group. This denial of considerations for continuing acts of oppression have commonly been the experience of many Native Americans.

The genocidal acts of oppression impact an entire group. The risk of genocide is increased when factors indicate
that the targeted individuals of the group have been so affected as to substantially impact the group as a whole. As can be inferred by these definitions, Native peoples have experienced many of these effects of oppression and what could be termed as genocidal acts throughout history with American society. The first of these acts of cultural and social repression came with the advent of the missionary era. During those times, the establishment of missions by first-contact settlers imposed a system by which Native peoples were forcibly converted to the religious and cultural practices of the dominant society. This vivid trauma history served to define California by the building of large missions and large land holding developments. The study of this history is compulsory in grammar school curriculums celebrating the subservient relationship that Native people had to the missionary governance (Castillo, 1998). Along with the systems that impacted Native people historically, the continuing experience of oppression and assaults upon Native cultures are honored today within California. There are identifiable waves of impacts that these planned attacks upon culture have had on the experiences of the Native peoples of California.

These include the following waves of assaults on tribes and nations:

- The missionary period
- Hunting of Native people for bounty
- Military attacks on Native communities
- Boarding school era, removal from Native culture
- Removal of Native children
- Elimination of Native rights to protect Native communities
- Thefts of Native sacred lands and cultural ways

It is useful for most providers of services to Native people within California to have an understanding of the psychological and cultural impacts of these waves of oppression and suppression of culture in efforts of service and treatment formulation.

The Missionary Period

The first of many impacts on Natives in California was experienced in the establishment of missions. Missions sought to grasp and dominate the very heart of the Native belief system by imposing Christianity that forwarded cultural conflict and the exploitation of Native people. This intrusion specifically sought to exploit Native lands and other Native resources, including children. The missionary era, while brutal in and of itself, focused upon changing and dominating the hearts of a people in an effort to “save” Natives from indigenous cultural ways and practices (Castillo, 1998). The impact of these traumatic experiences served to rob many families of the very homeostasis, safety, and security that were landmarks of the culture and sentinel in the ability to maintain a sense of wellness and safety. As cited “The first 50 years of the American Period was a horrible time for the Native Californians, given the sheer magnitude of what happened during that half century: scalping of men, women and children; incarceration in jails with the only way out being enforced indenture to whites for unspecified lengths of time; the kidnapping & sale of Indian children; the massacres of entire Indian villages; the military roundup of Indians and their enforced exile on military reservations where even the most basic of living amenities were lacking; their complete legal disenfranchisement. The outcome of all this was that during the first two decades of the American occupation, the native population of California plummeted by 90 percent - in short, a California version of the WWII Holocaust” (Smith, 1999). The onslaught of violence upon Native people was an extreme effort to convince a people that belief in Native ways was an act of immorality to be greeted with violence and death. This wave of exploitation sought to deprive people of and eliminate the Native belief in the Creator, the natural blessings of tribal lands, and Native peoples’ rights to exist in their own lands.

This period may be described as a time when Native people were forcibly compelled to deny, abandon, or diminish...
their Native cultural beliefs and practices in favor of Christian mission practices and to serve the mission’s purposes. The precolonial wealth of Native culture in California was greeted with forcible imposition of European cultural/religious beliefs. This experience served to weaken Native connection to Native practices and the formal processes of culture. Certainly, a strong sense of cultural resilience and spiritual connectedness to the land allowed for an inclusion of cultural traditions into new systems of belief. In many areas, this religious and spiritual imposition was tolerated. The impact of Christianity forced many Native communities throughout California to augment Christianity to their cultural ways as opposed to further diminishing Native cultural and spiritual practices. Certainly, the mission era was fraught with an economic system of subservient labor, rape, beatings, and murder. Many Native people managed to survive these conditions either through escape to more isolated areas that would not be affected by the missions or by continuing their practices and familial connections while under the watchful eye of the missionary governance.

The Bounty on Native Peoples

Hunting Native people for bounty was a common practice within California into the late 1800s and the turn of the century. “The (State Of California) government paid about $1.1 Million in 1852 to militias to hunt down and kill Native Americans. In 1857 the California legislature allocated another $410,000 for the same purposes. In 1856 the state of California paid 25 cents for each Native American scalp. In 1860 the bounty was increased to $5” (Perez, 2006). By this time in history, many California tribes had been displaced from their ancestral homes and denied access to critical food and medical resources through such devices as fences and the fictional property rights of whites. Native fishing resources were commonly choked with mining and logging debris. Animals were hunted or driven from their old territories. Irrigation lowered water tables, and many Native plants withered and died. The rich swamps, once prime resources of food and game, were drained to become farm land. Cattle and pigs ate the game related foods, acorns, and foods vital to the Native people’s subsistence. Subsequently, Native peoples starved to death by the hundreds.

Added to this was the wholesale slaughter of the Native peoples across the state. Anglos, hungry for Native land and resources, justified the murder of the Native peoples by extolling the manifest destiny of the white race. Native people then experienced the organized effort to eliminate their culture and political structure, one which might interfere with the exploitation of the land and the assertions of the non-Native governance. This was often done with the placing of bounties on the heads of Native men, women, and children. These actions were initiated by state and county jurisdictions to clear the land of Native influence and Native rights to the landholdings. “Formation of the state government proved to be an official instrument of the oppressive mentality of the miner’s militia. In Governor McDougall first address to the legislature he promised, ‘a war of extermination will continue to be waged between the races until the Indian race becomes extinct’ Despite guarantees in the Treaty of Guadalupe Hidalgo, Indians were denied state citizenship, voting rights and more important still, the right to testify in court. These acts effectively removed all legal redress for native peoples and left them to the mercy of anyone who chose to sexual assault, kidnap even murder them” (Castillo, 1998). One must ask oneself why these government entities chose to use a system of bounty upon Natives as opposed to military force. Two simple factors seem to dominate this history. The first was the readily available population of armed and unemployed whites or non-Natives who had a vested interest in the exploitation of the land for gold and other purposes. In essence, this population of immigrants to California had migrated across the country, in many cases specifically to exploit the land and its resources. The suffering of such an arduous trip was consistent with the goal of clearing the land of Native people in order to assert long-awaited benefits. Second, and just as important in its impact upon the bounty era, military forces were not readily available for a number of reasons. Impactful in that reasoning was that the United States was in the midst of a civil conflict, military forces were spread thin, and chains of command were stretched across the country. This dynamic left a lack of clear lines of authority among the military, militias, and local armed groups. All of these factors and others afforded a profitable condition for the hundreds hunting Native people for bounty. Thousands of Native people were killed and slaughtered by these paramilitary groups. These actions served to put entire villages and tribes in flight from possible attack at any given time. “The handiwork of these well-armed death squads combined with the widespread random killing of Indians by individual miners resulted in the death of 100,000 Indians in the first two years of the gold rush. A staggering loss of two thirds of the population. Nothing in American Indian history is even remotely comparable to this massive orgy of theft and mass murder. Stunned survivors now perhaps numbering fewer than 70,000 teetered near the brink of total annihilation” (Castillo, 1998). This carnage also caused the disruption of ceremonial practices that might have brought about some level of healing among Native peoples. Further, when families and communities could no longer run from the oppressive conditions and exposure to diseases, Natives sought to blend into the larger community of towns and townships that had sprung up. Many times this led to slave conditions or what were called “apprenticeships” into white civilization.
This dynamic affected a condition of hiding in plain sight and denying linkage with the Native culture. Many Native people could survive through a process of becoming unseen within communities and towns that no longer saw them as a threat or as a viable group of people who could assert rights over their lands and cultural practices.

After the Civil War, US military forces began to turn their attention to what was termed at the time the “Indian problem.” The United States needed to perpetuate its military-based industry and economy. For Native people, the continuing carnage came in the form of military attacks upon villages and communities. In the eyes of the military, the most opportune times to attack Native villages and communities were during times when those villages were less armed and less likely to resist. Those conditions consistently arose during times when the resources of the tribe were stretched and the warriors of the tribe were not present due to other conflicts. Attacks were predominantly made upon tribal villages, which were highly populated at the time by women, children, and elders. The continued military actions fed a legacy of hunting of Native people for bounty that continued to have devastating effects upon the psychological suppression of culture, family, and the cohesion of the community or tribe. (Perez, 2006)

The Boarding School Era

The boarding school era came on the heels of this era of military action against Native peoples. Removal of children served as the next wave of violence. Such practices originated from the military efforts to remove Native children from their cultures to boarding schools, which were initially military-run schools of discipline. The military-born solutions would allow for the oppression and assimilation of Native Americans without the use of military force. Boarding schools were federal institutions intended to “to kill the Indian, save the man” (Churchill, 2004) and still exist at some level today. This was a coordinated effort to remove Native children from their families or communities and further place them in non-Native boarding schools run by the military or missionaries. In such schools, children were beaten and otherwise coerced away from the practices of their culture. Brutal punishments were enforced for speaking Native languages or the wearing of dress that might indicate any type of cultural connection. Initially, children forcibly taken to boarding schools were forced to cut their hair, punished for speaking their language, and beaten for attempts to run away or otherwise resist the forced assimilation. Children were taken to these schools at a very young age, sometimes at the ages of four and under. Later, it came to light that such schools provided safe havens for sexual pedophiles. Within the history of Californian Native peoples, as well as the histories of many other tribes, vivid stories exist of children who were taken forcibly from their villages and towns. Many of these children attempted to run away to their homes, disappeared, or were known to have been murdered at the schools. One cannot calculate the devastating effects of 100 years of boarding school experiences on Native people. We do know that this experience deeply affected the family structure in a purposeful attempt to diminish or eliminate the ability of Native families and communities to exist as a culture. With amazing resilience, Native people found strength of culture, family, and tribal identification to guide a process of survivance and resilience against the onslaught.

At the beginning of the twentieth century, attacks continued on Native peoples. In California, the failure of the United States to honor the 18 treaties negotiated in 1852 but never ratified and the lack of a land base sufficient for the survival of Native Americans as a people came to needed attention. The treaty problem was defectively addressed in 1906 when Congress initiated a series of acts to provide lands for homeless Natives in California. By 1930, 36 reservations had been set aside scattered throughout 16 northern counties. However, despite the fact that there were lands held by the government that contained millions of acres excellent for agriculture, grazing, and timber, very little of this prime land was made available to the Native peoples. Most of the reservations were created from existing village sites or “Rancherias.” These land parcels, ranging in size from less than five acres to a few hundred acres, were set aside, generally on land undesired by whites. In southern California, no lands were set aside for homeless Natives. Instead, existing communities were enlarged or their water systems upgraded. A critical issue for many Californian Natives was how to get the federal government to fulfill the provisions of the unratified treaties of 1851–1852. These issues continue today.

Part and parcel of the boarding school era, the experience of Native families became the wholesale removal of children, which was continued and impactful in the mid-to-late twentieth century. This pattern of removal continues today as part of a local government-encouraged effort to continue the efforts of boarding schools. The effect of
these placements was the removal of Indian children from their families and their placement in non-Native homes. At its peak, as many as one in three Native children had been removed from their families, with 85% of these children being placed in non-Native homes. Congress found this removal of children to be occurring at an alarming rate and later found it a practice that robs the tribes of their most precious resource, their children. After many decades of protest, Congress passed the Indian Child Welfare Act of 1978, which claimed to protect Native peoples from the often unwarranted removal of children from their families and end the placement of such children in non-Native homes. While the Indian Child Welfare Act was applauded at the time, many states effectively ignored the provision by continuing the removal of Native children at alarming rates. While welcomed, the act did not detract from the shattering impact that the removals had already had upon families and communities through lack of safety, security, and stability. While this devastating interference with Native families has become somewhat less impactful since the passage of the Indian Child Welfare Act, the patterns of removal continue. The efforts to enforce provisions of the Indian Child Welfare Act have increasingly become an important agenda of many tribal governments and tribal advocates. Federal and state governments have not sought to enforce compliance with the Indian Child welfare Act outside of assertions by parents and tribes in the foreign state court system. (Children's Legal Rights Journal, 2011). Currently tribes and families fervently assert their rights to their own children within courts, often to no avail. In the experience of Native families and tribes, there does not appear to be consistent positive effects of social service agencies in removing Indian children from their homes.

Current experiences of Native families may be based upon a shared traumatic experience and history. Intergenerational waves of trauma exist throughout Native history with European settlers. Any of these traumatic incidents could have been devastating to the culture and people. These onslaughts jeopardized Native culture and Native communities’ rights to exist. Understanding these waves of impacts that Native people have experienced as a shared traumatic experience is critical to one's ability to assist in the recovery of this important homeostasis of culture, family, and community. To that end, one must likely develop a sense of the history of Native peoples and of the specific tribe from which a client or family originates. Knowledge of an intergenerational trauma history can be gained through an understanding of the waves of violence and cultural assaults that have dominated the recent experiences of Native cultures, tribes, and communities in the United States. Though these waves of impacts were a threat to cultural integrity in most tribes, specific tribes and communities were essentially eliminated. Onslaughts upon Native culture, cultural conflict, and efforts to eliminate the cultures of Native people have taken a great toll. This certainly affects the experience of individuals and families in their attempts to access the very resilience that cultural strengths evoke. While many Natives succeed in relinking with the resilience of culture, many find the journey to accessing this strength very difficult. The isolation of culture that tribal experiences have forced and the lack of connection that some Native people struggle to bridge serve to cause lack of access to communities of care for many at-risk Native families.

As one can see, this continuing onslaught and attack upon the Native family diminishes the ability of families to ensure safety within Native familial settings and communities. These traumatic removals, which include efforts to diminish the family, have significant psychological repercussions on the lives of Native families today. Importantly, the adverse effects of the continuing removal of Native children from their homes by non-Native service providers and child welfare services lessen safety and reparation efforts. The removal of Native children continues to be a problem for Native families, and their ability to regain a sense of safety and security should not be negated. The congressional findings of the Indian Child Welfare Act state “that an alarmingly high percentage of Indian families are broken up by the removal often unwarranted by nontribal public and private agencies that an alarming rate. The high percentages of Indian children are placed in homes and institutions which are non-Native” (Indian Child Welfare Act of 19781 (ICWA). The fact that approximately 25% to 35% of Native children are removed from their homes in the United States is the result of the failure to recognize the essential tribal relationships of Native people and their culture. Cultural and social standards prevailing in Indian communities and families are often conditions of community life, which tribes must defend in court as not precluding the rights to their own children.

The Seizure of Indian Lands and Cultural Ways

Fundamentally, one must further consider the familial and cultural impacts of the seizure of Indian lands and cultural ways. The foundation of culture for most Native people focuses upon the relationship with a land of origin or the land upon which the ancestors are buried. This is a critical consideration in the psychological dynamic of cultural and spiritual expression. This might be described as a psychological connection to Native tribal homelands, place in history, and connection to cultural community. Furthermore, an important foundation of wellness and purposefulness for Native people relies upon a firm sense of place in family history, community, and tribal/spiritual connectedness. The resilience of Native families and communities has been fundamental in reassertion of culture. The reassertion of family safety and the rekindling of wellness within Native nations may rely upon a sense of purposeful
connection to culture, place, nation, family, and community. Hence, wellness may be empowered by a sense of purposeful connection to family, community, and cultural spirituality. These culturally founded community psychological approaches might allow for the recovery and reparation of historical and intergenerational trauma shared by Native peoples. More recently, the exploitation of Indian cultural practices has further perpetrated a purposeful assault upon the very essence of these health practices and the coopting of culture.

In consideration of the continuing acts of violence toward Native people, most prevalent and impactful are hate crimes. Hate crimes cause quite an impact upon Native families because Natives are the more likely to be victimized by hate crimes than other groups with the United States (Perry, BJS, 2004). According to reports available from the Bureau of Justice Statistics, Native men and women during recent times have been victimized by hate crimes at a rate of 52.3 per thousand. This was twice as high as the rate reported by Hispanics (27.9 per 1,000) and Whites (26.5) and one and one-half times that of African-Americans (34.1) according to the Bureau of Justice Statistics. Native Americans were six more times likely to be a victim than Asian-Americans, the report stated. During that same reporting period, Native people were half again as likely as African Americans to be victims of these types of crimes. During that same period, Native Americans were six times more likely to be victims of a hate crime than were Asian Americans.

Between the years 1993 and 2000, the annual victimization rate among Native Americans over the age of 12 was 105 per thousand. This translates to a rate of approximately one in 10 Native Americans being a victim of hate crimes. With such a prevalence of crimes against Native Americans, it is hard to imagine that very many Native American families have avoided the threat of safety that such attacks invoke. When adjusted total population figures under the age of 12, Native Americans were victimized by hate crimes between 1993 and 1998 at a rate of 119 per thousand. Research depicts clearly that, while rates of victimization decreased in the years following 1998, this decrease did not continue over subsequent years. The rates of hate crime experiences began to increase in 1999 to annual rates of 124 per thousand Native Americans. This increase continued while the experiences of hate crimes and other violent acts toward other populations decreased over those reporting periods. Over time, Native Americans and Alaskan Native peoples have not seen the kind of decreases experienced by the rest of the nation. For example, violent crimes against Hispanics fell 56% during the same time, and there was an increase of such experiences by Native families and communities following 2008.

In 2000, investigators found that almost half the rapes reported by American Indian women were committed by intimate partners. Similarly, American Indian and Native Alaskan people were twice as likely as others to become victims of violent crimes, twice as likely as any other group. Victimization of American Indian and Native Alaskan children occurs at double the rate of other populations.

Recently the rights of Native women to be protected from violent assaults became a divisive issue of cultural conflict. The Violence against Women Act of 2012 for the first time provided tribal courts with prosecutorial jurisdiction over non-Native perpetrators of violence against women on tribal lands. Until that time, tribal jurisdictions, which include reservations and tribal entities who maintain a tribal court and tribal prosecutorial functions, did not have the right to prosecute non-Native perpetrators of violence against women or children. With the passage of this act, tribes for the first time gained the right to prosecute non-Natives who commit acts of violence toward women on reservations. Conversely, the ability of tribal entities to prosecute non-Native perpetrators of violence against children continues to remain undefined and likely outside the jurisdiction of tribal governments. There are many other issues of violence and criminal prosecution of non-Natives for which tribal governments continue to have no authority to prosecute. While this jurisdictional limit is not generally known, it is well-known within the subgroup of violent predators and perpetrators. Testimony leading to the passage of (113th Congress, 2013–2015) Violence Against Women Reauthorization Act of 2013 related many cases in which perpetrators of violence against Native women would drive to the boundaries of the reservation, where they perceived themselves safe from prosecution, to commit acts of violence. The Violence Against Women Reauthorization Act of 2013, or “VAWA 2013.” VAWA 2013 recognizes tribes’ inherent power to exercise “special domestic violence criminal jurisdiction” (SDVCJ) over certain defendants, regardless of their Indian or non-Indian status, who commit acts of domestic violence or dating violence or violate certain protection orders in Indian country. Although tribes can issue and enforce civil protection orders now, generally tribes cannot criminally prosecute non-Indian abusers until at least March 7, 2015. (Pub. L. No. 113-4, 127 Stat. 54 March 7, 2013). Tribal governments continue to lack the authority to prosecute non-Natives for other crimes committed on the reservation. Other prosecutorial efforts in these cases are dependent upon the likelihood of federal agents responding in a timely manner. The Major Crimes Act (U.S. Statutes at Large, 23:385) is a law passed by the United States Congress in 1885. It places 7 major crimes under federal jurisdiction if they are committed by a Native American against another Native American in Native territory.
The crimes which now fell under federal jurisdiction were:

Murder
Manslaughter
Rape
Assault with intent to commit murder
Arson
Burglary
Larceny

The act was passed in response to the Supreme Court of the United States’ affirmation of tribal sovereignty in their ruling in Ex parte Crow Dog (109 U.S. 556 (1883)). Prior to the recent Violence against Women Act, tribal governments could prosecute all crimes committed by Indians within Indian country, but could not prosecute crimes committed by non-Indians (Mother Jones Magazine). As can be seen, Native families and communities remain extremely vulnerable to victimizations through violence and oppressive acts within their own lands and communities. The experience of Native peoples is one of a general lack of safety and security within the family in the face of such an onslaught of societal and governmental acts.

Because there have been multiple waves of violence and cultural assault upon Native peoples, these cultural assaults have dominated the shared experience of Native peoples for hundreds of years. These shared experiences are compounded through the passing of complex traumatic responses down through generations. Individual trauma experiences and responses regenerate the effects of the trauma into problems such as the inability to provide a sense of safety and security for the family. Hence, familial loss of safety then affects the next generation, which is more vulnerable to traumatic experiences due to the lack of internalized safety and security. These dynamics foster a lack of experience of self in society as deserving of and entitled to safety and security. This often sets the stage for victimization of the new generation, which historically has led to further exploitation of Native people in the United States.
CONTINUING SHARED EXPERIENCES OF VIOLENCE

The combined issues of Native American specific historical trauma, suicide, substance abuse, violence, and mental illness play out in an intertwined web of misery and disparity within the California mental health system.

Native Vision (2011)
Contemporary conditions endure which attest to the continuing assaults and insults to Native culture and families. As can be seen, the history of Native peoples and violence upon them is certainly impactful today in the American Indian experience. In many ways, Native peoples are bonded by a common history of brutality and the purposeful efforts to diminish Native culture. While these impacts are certainly traumatic and brutal, one must not forget an initial treatment in trauma response is to stop the violence or the traumatic experiences and to find a place of safety. Far too often in the treatment Native people one must proceed with treatment while the onslaught of violence and traumatic experiences continues. This presents a unique therapeutic challenge in a wellness community’s ability to establish the relief of safety in an environment that may not be experienced as safe. While continuing threats against Native people are clear and well-documented, Native experiences continue to be marginalized or unacknowledged by the dominant society.

Suicide has become a leading cause of death among Native youth. Suicide rates are also consistently high across age groups. Past reports have cited that suicides accounted for over 30% of deaths for ages 15 to 24 among Native youth (Sorenson, Shen H, Kraus, 1997). During that same time, The CDC examined the frequency of mental distress reported in various populations and reported that Native families and individuals suffer more frequent mental distress than any other group by far. According to this CDC report, 12% of Native people experience severe mental distress as opposed to 8.3% of whites, 9.7% of blacks, 6.1% of Asians, and 10.3% of Hispanics. Cultural differences exist in the seeking of mental health services and in the stigma associated with the acceptance of mental health and substance abuse services. Such stigma is multiplied exponentially by the need to seek care from outside the Native community because this further enforces a concept of cultural disempowerment and diminished self-efficacy. It was generally found (Sorenson, Shen H, Kraus, 1997) within these reports that Native people under-reported mental illness compared to other populations. This further indicates that a historical distrust of outside cultures exists among many Native American communities. Native Americans tend to have negative opinions of benefits of seeing non-Native health service providers. In an effort to address these issues of cultural dissonance, the Indian Health Service in the 1990s began to integrate more practices of traditional healing and health into the mechanisms of health care. Current mental health needs and issues among Native peoples continue to include decreased access to such culturally congruent services.

Compared to the general population, indicators of emotional distress and desperate behaviors continue to be more prevalent within American Indian and Native Alaskan populations. Compared to the general population, American Indian and Native Alaskan individuals tend to underutilize mental health services, have a higher therapy dropout rate, and are generally less responsive to contemporary forms of mental health care. The words depressed and anxious are absent from many American Indian and Native Alaskan languages. A culturally different expression of illness such as ghost sickness or heartbreak syndrome is not well translated into tenants of care in contemporary service, and this may serve to further disempower the traditional or natural systems of community care. It is clear that trauma responses of Native families and individuals translate into positive impacts upon the experience and psychology of culturally defined safety. It is also clear that Native American and Native Alaskan individuals continue to live in poverty at rates of approximately 26% to 30% of the population. This is opposed to the rate of 10% generally enjoyed by the general population. In a study in the Northern Plains, 61% of Native children reported having experienced a traumatic event in their life. This is accentuated by the findings of the Adverse Childhood Experiences Survey (ACES), which found the high degree of impact that childhood experiences can have upon general health, well-being, and mental health resilience. Abuse of alcohol and other substances is a problem of substantial propor-
Substance abuse in general may appear to be reflective of the cited adverse experiences of the tribe or nation. Given historical Native trauma experiences, a high prevalence of substance abuse and alcohol dependence is generally indicative of a high risk for concurrent mental health problems and trauma response. The Smoky Mountains study found that, though the prevalence of psychiatric disorders was similar among Native and white youth in the same general geographic area plagued by shared poverty and history, there were significantly higher rates of substance abuse among Native youth. Further indication of such distress can be found in a study of American Indians and Native Alaskans in community mental health centers, which found that substance abuse was the reason for seeking mental health care for 85% of men and 65% of women (Substance Abuse and Mental Health Services Administration (US); 2001 Aug.)

The prevalence of suicide is a strong indicator of the necessity of mental health services. In Native populations, males have one of the highest documented suicide rates in the world. Suicide rates are particularly higher among Native American males ages 15 to 24, who account for 64% of all the suicides by American Indian and Native Alaskans (Substance Abuse and Mental Health Services Administration (US); 2001 Aug.)

A study of Native children in Nome, Alaska, found previous suicide attempts to be one of the most common problems for those seeking mental health care. The Indian Health Service found that mental health services were somewhat available in most Native American communities but generally underserved the needs of the population and were in need of improvement as a system of care. The Indian Health Service also funds 34 or more urban Indian health organizations in addition to tribally based services. Hopeful considerations of the Affordable Care Act indicate a potential to increase parity in care, to include mental health and substance abuse services. Yet historically, due to issues of stigma and lack of culturally engaged services, only one in five Native Americans report consistent access to and utilization of health-care services.
Mental health workers and consultants should be sensitive and respectful of traditional beliefs and practices, especially when attempts are made to meld Western-healing delivery services with traditional practices.

Native Vision (2011)
Native peoples lived for many thousands of years without jails, prisons, or police. They did not exist in a punitive system of fear or punishment. In fact, social order was founded upon respect and reverence for one another, for one’s place in community, and one’s part in the larger tribal or nation structure. Native people carried ultimate responsibility for their family and their community ways. These tenants of respect for proper conduct reflected upon not only the individual but also upon the family and the community whom they represented. For thousands of generations, the cultural ways and languages were preserved by the very nature of respect and as by tribal tradition. These principles are reflective of a respect for traditions founded upon reverence for the land and enforced by a deep sense of responsibility to one’s elders, family, and community. Therefore, one’s status and community were founded upon an ability to conduct oneself in a manner that was acceptable in reverence and honor of one’s family, community, and nation. In many ways, these traditions live on today not only in the commonly visible expressions of culture but also in the intrinsic processes of family, community, and nation. Yet the fragile, healthy, and long-standing ability of Native people to exist and coexist with one another as families, communities, and partners in a collaborative nation serves as the foundation of resilience. It is this honor to the cultural foundation of dignity that defines the dynamic of the cultural community of care. This can be demonstrated in the provision of services to Native people. A great opportunity for continued health and wellness exists in that very dynamic of re-establishing respected cultural customs that bring honor to all. Furthermore, this honor and cultural regard serves to increase behavioral reflections of Native self-esteem.

Importantly, Native American ways of life and beliefs are inseparable. Traditionally, these ways and beliefs have been governed by an ability to connect with a source of reverence for creation and cultural roles. Hence, Native culture, while very strong and resilient, is very vulnerable to the onslaught of experiences Native peoples have faced in recent times. In the direct provision of health and mental health services, there is commonly a failure of the service to recognize the experiences of American Indians and a disengagement from cultural insights on the social conditions prevailing in the experience of Native communities, patients, and families.

Such recognition is essential in formulating treatment considerations with Native clients and families. An important awareness of history and trauma-informed treatment planning are best practices to ensure appropriate responses of care. In the planning of trauma-responsive care to Native American communities and clients, one must consider a services-formulation model that would address a wide variety of care needs. Treatment planning formulation should consider trauma response indicators that may be seen within the Native individual or family. The following outline lists symptoms or indicators of intergenerational trauma and trauma response considerations with Native families, individual clients, and communities:

**Symptoms and Indicators of Intergenerational Trauma**

- Alcohol abuse
- Drug abuse
- Obsessive thinking or obsessive thoughts
• Compulsive behavior
• Hyper-vigilance or threat response
• Rigid negativity or loss of hope that positive change can be effected
• Generalized anger and anxiety
• Chronic depression
• Diminished self-efficacy

Accordingly, a review of the individual, familial, and tribal trauma experiences of the Native client allows for a more thorough formulation of short- and long-term treatment planning in a trauma-informed manner. This may be accomplished by a listing of risk factors and resilience factors that may be indicative of a constellation of services that are culturally reinforcing. Administration of the ACES items in genogram constellations involving as many generations of history as the client is able to report may allow valuable clinical insight. The following template might illustrate a manner in which such information gathering might inform the treatment process or treatment planning.

Ethnographic investigation or genograms of familial and intergenerational factors may allow knowledge of intergenerational experiences impactful in care. A simple listing of a hypothetic client’s recalled experiences may assist in the formulation of treatment considerations. Such a listing might occur initially or may more likely be revealed through several sessions of establishing cultural rapport, safety, and trust. Such care may allow a more exhaustive listing of familial and intergenerational experiences and empower the therapeutic relationship with valuable concepts of care. The following may serve as an example of such a listing of considerations, though it is not offered as an exhaustive list of risk considerations:

**Risk Considerations**

- Familial historical trauma experiences
- Recalled history of boarding school abuses and experiences
- Knowledge of one’s culture or language
- Lifelong experiences of marginalization and racism
- Poor or misguided interpretation of cultural identity or definition of self
- Sense of disconnectedness from healthy family and community
- References to or reports of adverse childhood experiences
- Childhood experiences and perceptions of an unhealthy family experience

**Familial and Intergenerational Resilience Factors**

- Strong cultural identification
- Cultural and community participation
- Ability to verbalize pride in oneself and one’s culture
- Active positive experiences of Native cultural and social practices
- Participation in traditional or cultural ceremonies
- Feeling supported by one’s family and culture
- Feeling supported and honored within one’s tribe or tribal community

While considering these important concepts in the formation of treatment planning with Native individuals and families, it is important to understand the concepts of cultural wellness as important collaterals to mental health or substance abuse treatment. In this context, wellness may be defined in many ways. Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life: “...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” -The World Health Organization
The Dimensions of Wellness

Wellness is more than being free from illness. Wellness is a dynamic process of change and growth. There are many interrelated dimensions of wellness: physical, emotional, intellectual, spiritual, social, environmental, and occupational. Each dimension is equally vital in the pursuit of optimum health (University of California, Davis, wellness portal, 2014). Such services emphasize the use of outpatient techniques. Treatments focus on lifestyle changes, training in relapse prevention, client education, development of a community of care, and cultural and familial involvement. Akin to recovery services, wellness models seek to build upon a culturally appropriate community of care and treatment approaches to build resilience. A new working definition of recovery from mental disorders and substance use disorders is being announced by the Substance Abuse and Mental Health Services Administration (SAMHSA). Through the Recovery Support Strategic Initiative, SAMHSA has also delineated four major dimensions that support a life in recovery:

**Health**
Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way

**Home**
A stable and safe place to live

**Purpose**
Meaningful daily activities, such as employment, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society

**Community**
Relationships and social networks that provide support, friendship, love, and hope

Recovery models of care serve as a vehicle for rebuilding cultural stability in an effort to promote cultural wellness.

Guiding Principles of Recovery (SAMHSA)

Recovery emerges from hope. The belief that recovery is real provides the essential and motivating message of a better future, that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

**Recovery is person-driven.**
Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).

**Recovery occurs via many pathways.**
Individuals are unique, with distinct needs, strengths, preferences, goals, cultures, and experiences, including traumatic experiences that affect and determine their pathway(s) to recovery.

**Recovery is holistic.**
Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

**Recovery is supported by peers and allies.** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills as well as social learning play an invaluable role in recovery.

**Recovery is supported through relationship and social networks.**
An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

**Recovery is based in and influenced by culture.** Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs, are keys in determining a person's journey and unique pathway to recovery.

**Recovery is supported by addressing trauma.** Services and supports should be trauma-informed to foster physical and emotional safety and trust while promoting choice, empowerment, and collaboration.
Recovery involves individual, family, and community strengths and responsibilities. Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

Recovery is based on respect. Acceptance and appreciation of people affected by mental health and substance use problems—including the protection of their rights and elimination of discrimination—are crucial communal, systemic, and societal roles in achieving recovery (SAMHSA, 2011).

The California State Mental Health Services Division, with the passage of the Mental Health Services Act (MHSA), has directed all counties to develop plans incorporating five essential concepts:

(1) Community collaboration
(2) Cultural competence
(3) Client/family-driven mental health systems for older adults, adults, and transition-age youth and family-driven systems of care for children and youth
(4) Wellness focus, which includes the concepts of recovery and resilience
(5) Integrated service experiences for clients and their families throughout their interactions with the mental health system

The California Department of Mental Health, in assuming and asserting its authority over MHSA implementation, has dictated requirements for service delivery and supports as follows:

**Full Service Partnership (FSP) Funds**
Funds to provide necessary services and supports for services populations

**General System Development Funds:**
funds to improve services and infrastructure

**Outreach and Engagement Funding**
funds for those populations that are currently receiving little or no service (State of California, Department of Mental Health Services, 2005)

These tenants may also serve as guiding considerations and essentials in the treatment planning process for Native clients in engaging and enrolling the assistance of Native wellness community services as a unique opportunity to build and sustain culturally specific and congruent wellness and recovery options.
The role of culture is central to healing and of great significance as a protective factor for many indigenous people. Ceremonies and cultural activities often have the ability to connect to a Native person and help them on their wellness journey. Spiritual leaders and traditional medicine people are integral in restoring balance to improve mental health through traditional practices.

Native Vision (2011)
Along with considerations for the treatment of mental health and wellness formation for the Native American client, it is important to consider the use of critical community-care services or culturally defined full-service partnerships. Such services will likely include Native substance-abuse counseling services, wellness services, community-care brokers or case managers, connections with natural helpers and traditional elders, and peer-supported Native community-wellness engagement. It is important for the treatment team to engage in a process of encouraging wellness on multiple levels, including cultural engagement. This engagement of culture and culturally congruent services allows not only for reparation of past wounds but increases internal resilience, thereby increasing protection from the infliction of new wounds. This is done during the process of engaging individual, family, and community wellness where congruent services specific to Native foundations of strength of culture and resilience. Therein change becomes a process of rebuilding shattered families, rebuilding healthy communities, and preparing the strength of the individual for the culturally defined process of change, sobriety, and reconnection with cultural resilience through community participation and engagement of tradition. Generally, these therapeutic formulations or treatment plans for the individual will involve four key components of remediation.

**Four Components of remediation:**

1. Cultural wellness and community building
2. Anger remediation
3. Building internal strength and resilience
4. Cultural empowerment and esteem building

Through this processes of engaging the client’s intrinsic and cultural strength, the individual becomes the focus of a supportive community of change. In addition, clients are empowered by their own confidence to sustain a journey of wellness and recovery. Such personal growth and transformation is guided by an intrinsic sense of cultural reformulation that builds not only resilience but sustainability. Important considerations for treatment will likely include engagement with a cultural community of care and wellness far beyond the individual or family. Strategies of therapy might best be depicted using the medicine wheel model. While this model is cultural in foundation, it is well described in the following template from The Sacred Tree, Reflections on Native Spirituality (Bopp, Bopp, Brown, & Lane, 1989):

**The Medicine Wheel**

The Native-American concept of the medicine wheel symbolically represents a nonlinear model of human development. Each compass direction on the wheel offers lessons and gifts that support the development of a balanced individual. The idea is to remain balanced at the center of the wheel while developing equally the physical, mental, emotional, and spiritual aspects of one’s personality.

The concept of the medicine wheel varies among Native peoples: different groups attribute different gifts to positions on the wheel. But the following offers a generalized overview of some lessons and gifts connected with the development process.
Lessons and gifts from the East
The place of first light, spring, and birth, include the following:
- Warmth of spirit
- Purity, trust, and hope
- Unconditional love
- Courage
- Truthfulness
- Guidance and leadership
- Capacity to remain in the present moment

Lessons and gifts from the South
The place of summer and youth, include the following:
- Generosity, sensitivity, and loyalty
- Heartfelt love
- Testing of the physical body, self-control
- Gifts of music and art
- Capacity to express feelings openly in ways respectful to others

Lessons and gifts from the West
The place of autumn and adulthood, include the following:
- Dreams, prayers, and meditation
- Perseverance when challenged
- Balance between passionate loyalty and spiritual insight
- Use of personal and sacred objects
- Understanding of life’s meaning
- Fasting, ceremony, self-knowledge, and vision

Lessons and gifts from the North
The place of winter and elders, include the following:
- Intellectual wisdom
- Ability to complete tasks that began as a vision
- Detachment from hate, jealousy, desire, anger, and fear
- Ability to see the past, present, and future as interrelated

(Bopp, Bopp, Brown, & Lane, 1989)

Concurrently, the National Association of School Psychologists (NASP) practice model recognizes diversity and development in learning as one of its foundations (NASP, 2010). “Indigenous Conceptual Framework Guiding School Psychology Practice with Indigenous Youth, Families, and Communities” recognizes culture and identity as its core. This core serves as a symbol of the source of energy that feeds the growth of spirituality, of cognitive, academic, social, emotional, behavioral, and physical development of Native American children as well as the practitioner. The eight points of this conceptual model include the key ideas and practices needed to support Native youth:

Sovereignty
As an issue of sovereignty, the US Constitution, treaties, and laws of the United States entitle federal trust obligation to Native education (NIEA Legislative Agenda, 2012). Indigenous communities have the right to revitalize culture and language through self-sufficiency and self-governance.
Language
Language is a culture carrier and thus is critical to identity. Some tribes face extinction of their languages, which endangers their identities. Youth regaining their native languages may learn songs, phrases, prayers, or stories in their original languages. Others may become fully bilingual. NASP understands language revitalization efforts as playing a key role in maintaining Native identity.

Intentionality
To be most effective in Native communities, school psychologists must come with the intention of supporting the development and resilience of Native youth, factors which grow out of identity and culture. Given that intent, school psychologists must practice in a way congruent with the academic, behavioral, and social success of their Native students.

Reciprocity
An effective school psychologist working with Native youth, families, and communities builds genuine reciprocity. This includes partnering with the community and parents as well as understanding and learning the culture by building two-way or reciprocal relationships that facilitate trust and the development of respect (Baez, 2011). For example, in most Native cultures, adults are expected to model rather than demand respect. Thus, in schools, culturally responsive educators will model respect that fosters reciprocal relationships.

Spirituality
It is important that school psychologists understand Native philosophies of interrelatedness and respect for all living things. They must create a sacred space in schools where Native students feel safe to learn and share thoughts and concerns by validating cultural identity and knowledge.

Cognitive-academic skills
It is important to access prior background knowledge of academic and language skills and consider culturally embedded knowledge of thinking and problem-solving skills (Tso, 2010) as well as culturally based content when developing interventions and assessing cognitive skills and academic performance. In assessment practices, conventional measures of verbal ability are likely not to be valid for many or most Native students due to a variety of issues ranging from a lack of proficiency in either English or their Native language and a lack of exposure to the language and concepts being assessed (Dauphinais & King, 1992).

Social-emotional-behavioral needs
School psychologists must affirm resiliency among Native youth and communities and validate traditional models of healing (e.g., the medicine wheel) through spiritual or experiential means. Understand that Native communities are in the process of recovery from historical intergenerational trauma and that environmental and Ecocultural factors need to be considered to avoid pitfalls of misdiagnosis. Psychologist should collaborate with community agencies and use traditional healing practices in interventions.

Physicality
The provision of culturally appropriate prevention and intervention is crucial. School psychologists must address self-destructive behaviors such as cutting, burning, and abuse of alcohol and drugs and recognize the impact of domestic violence on behavior. It is also important to address health issues and support education to address concerns such as obesity and diabetes, reincorporating ancestral foods and Native games into school health and wellness routines. These efforts should culminate in the promotion of a balanced lifestyle that reflects the interrelationships of spiritual, mental, social, and physical wellness.
If you use the metaphor of water, therapy is only one river. History and culture are an ocean.

Community Member
In the treatment and care of Native individuals and families, a constellation of treatment efforts focused around the foundation of cultural resilience-building and trauma-informed care are critical considerations. Strength-based approaches will likely guide efforts to reform wellness from a foundation of cultural strength. Such formulation of strength must inherently revolve around cultural, familial, and community resilience as experienced by the individual. The individual or family may not be aware or engaged in such strengths of culture and community. It is through building upon the foundations of cultural strength that clients often rediscover their inherent resilience. Important trauma-informed processes of care are best formulated around a constellation of services using wellness and community-building collaborative care. Important in these efforts are concepts of reaffirmation of strength within the individual, engagement with a community of care and wellness, and the utilization of culturally congruent care or culturally guided case management. In these efforts of cultural congruence, notions not typically thought of in trauma-informed care prevail. Such concepts include self-efficacy, cultural or strength-based care, language conceptualization, reciprocity of learning, spirituality, cultural connectedness, and social/emotional/behavioral wellness.

It is important that individualized care positively affects strength building in the community and the community of care. In the Native community “the hurt of one is hurt of all, and the honor of one is the honor of all” (Harold Belmont, quote, 2002). Therein the treatment of the individual may serve as a function of community healing and community or cultural reparation. In that sense, the building of strength within the community and tribe truly leads individuals to a journey of wellness, a journey of recovery, and ultimately a journey of community and nation building.
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