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## **RESOURCE GUIDE:**

**WORKING WITH URBAN AMERICAN INDIAN FAMILIES WITH  
CHILD PROTECTION AND SUBSTANCE ABUSE CHALLENGES**

**DENVER INDIAN FAMILY RESOURCE CENTER  
ROCKY MOUNTAIN QUALITY IMPROVEMENT CENTER PROJECT**



### **ABOUT RMQIC**

The **Rocky Mountain Quality Improvement Center** (Grant # 90-CA-1699), one of six Quality Improvement Centers funded by the Children's Bureau of the US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, addressed the significant need in this region for strengthening families at the front end of Child Protection Services (CPS) that are struggling with child maltreatment and substance abuse. Through a competitive proposal process, RMQIC chose to fund four programs, which operated during 2003 – 2005. Two Colorado programs were community based; of these one (The Recovering Together Program, Cortez, Colorado) developed an intervention based on gender-specific treatment and skill-building for women with their children, while the other (The Denver Family Resource Center) served urban American Indians. The Idaho Department of Health and Welfare (in the PreTreatment Program) served parents or caregivers who had been referred to CPS and were waiting for substance abuse treatment, and the Ada County Family Violence Court implemented a collaborative approach by the courts and CPS in Ada County, Idaho, in which families reported to a central court to receive a consistent, accurate, and coordinated court response through the Supreme Court. All four programs provided intensive case management and either provided or brokered substance abuse treatment services to their client families. This present publication forms part of an array of materials designed to disseminate findings and recommendations from each of the four programs.

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### **DISCLAIMER**

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## INTRODUCTION

This Resource Guide was developed to assist child welfare workers, supervisors, administrators, and other professionals who work with urban American Indian families involved in the child welfare system. (The term *American Indian* is inclusive of Alaska Natives, Aleuts, and Eskimos.) Strategies and interventions outlined here specifically are aimed at providing



services to American Indian families that have both child protection and substance abuse concerns. This Resource Guide provides professionals with practical information that has been found to be effective with this segment of the Indian Child Welfare (ICW) population. The information, however, also can be helpful in working with all American Indian families. This information is based on the practice experience of the Denver Indian Family Resource Center (DIFRC), an urban ICW agency established in 2000 as a resource for American Indian families involved with child welfare systems in the seven-county metropolitan Denver area.

DIFRC provides case management and culturally responsive services in family reunification, preservation, and support. It also provides Indian Child Welfare Act (ICWA) advocacy and

links cases to other culturally appropriate services and service providers. Since its inception, DIFRC has actively developed collaborative working agreements and partnerships with county public child welfare departments in its service area. DIFRC staff and county child protective services (CPS) caseworkers work jointly on ICW cases in their respective departments.

In 2003, DIFRC, in conjunction with the American Humane Association's Rocky Mountain Quality Improvement Center (RMQIC), initiated a three and one-half-year project to implement and evaluate the effectiveness of a set of interventions focused on the segment of ICW families that are affected by drug and alcohol abuse. The approach incorporated direct services to participants and collaborative efforts with public child welfare systems to increase child safety, improve family reunification rates, and create systemic changes in the way public child welfare works with American Indian children and families. The RMQIC grant project built on DIFRC's ongoing ICW efforts by adding more intensive case management services for parents and caregivers with substance abuse issues. In addition, it offered clients a pre-treatment support group to increase the readiness of family members with substance abuse issues to enter an appropriate level of treatment. The project also supported strengthening collaborative working relationships with public child welfare, especially through the use of team decision making meetings (TDMs).

Working with urban American Indian families that are involved in the child welfare system and have substance

*In 2003, DIFRC, in conjunction with the American Humane Association's Rocky Mountain Quality Improvement Center initiated a three and one-half-year project to implement and evaluate the effectiveness of a set of interventions focused on ICW families that are affected by drug and alcohol abuse.*

abuse issues can be extremely challenging. In the experience of DIFRC, these families are among the most vulnerable and multi-problematic seen in public child welfare systems. For example, they may struggle with intra-familial substance use, often spanning several generations, high levels of unresolved grief, undiagnosed or untreated mental illness or mental health issues, and extreme poverty.

Few educational and on-the-job training programs in the child welfare and human services arenas provide workers with adequate understanding of American Indians' cultures and value systems and the historical and contemporary context of their lives. However, this understanding is a critical piece of working effectively with American Indians and this guide aims to fill this gap.

The first section of this guide highlights historical and contextual factors relevant to working with American Indian families and outlines suggestions for engaging successfully with them. The second section offers specific system-level approaches and direct family interventions to support successful child welfare case outcomes in families where substance abuse is present. Within this second section, additional suggestions for effective engagement and connection strategies are explored. The section also reviews some of the highlighted skills and how they can be used by workers as they create or join a team approach for working with American Indian families involved with the public child welfare system.

In the appendix of this guide, two family scenarios based on composites

of families served by DIFRC are presented. These scenarios help workers visualize how family characteristics and problems of daily living outlined in this guide can come together to create complex challenges. The scenarios also can be used to practice identifying cultural factors in cases involving American Indian families. As can be quickly seen, adequately addressing the combination of issues faced by families in these scenarios requires creativity, flexibility, and a team approach. It is hoped that this Resource Guide helps workers become more effective when working with families such as these so that services to keep families intact and support them in healing can be provided.

### **UNDERSTANDING URBAN AMERICAN INDIAN FAMILIES IN THE CHILD WELFARE SYSTEM**

#### **Urban American Indian families with child protection and substance abuse issues**

Like other families, American Indian families come into contact with the child welfare system for a variety of reasons. This Resource Guide focuses on the segment of American Indian families with child protection issues in which a parent or caregiver also has a problem with drug and/or alcohol use. It has been well documented nationally (Earle, 2000) and supported by the experience of DIFRC that American Indian families, like other cultural and ethnic groups, often are referred to CPS based on neglect, rather than physical abuse allegations. Neglect charges often involve parent or caregiver substance abuse. Approximately one-half of referrals



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from public child welfare departments to DIFRC involve families with dependency and neglect cases in which parent or caregiver substance abuse is an issue.

These families present a similar set of characteristics, which together result in their being vulnerable to family breakdown and permanent out-of-home placement of children. The severity of



*An essential first step to working with American Indian families is to develop a better understanding of American Indian historical experiences as well as the contemporary context of urban American Indian life.*

problems faced by parents or caregivers, in particular include untreated mental health problems and trauma, is extremely high. Many of the urban American Indian families with child protection and substance abuse issues seen by DIFRC are considered among the most severely troubled in the child welfare systems in the Denver-metro area. For example, the following factors were found in families served by DIFRC through its RMQIC project. Often several, or even all, these factors were present in a single family.

- Severe and often chronic substance use
- Intra-familial substance use, often spanning several generations
- High levels of unresolved grief, loss, and trauma, including historical and contemporary trauma
- Undiagnosed or untreated mental illness (especially bipolar disorder, post-traumatic stress disorder, and depression)

- High rates of domestic violence and/or intra-familial violence
- Extreme poverty resulting in an inability to meet basic financial requirements of daily living (e.g., housing, food, transportation, medical care) and inability of clients to pay for substance abuse and mental health treatment

Unlike other American Indian families that become involved in the child welfare system with non-substance abuse-related issues, most of the families in the RMQIC DIFRC's caseload generally had little or no outside support from extended family, friends, tribal connections, or other community connections. However, with active effort on the part of workers, it was possible to rebuild these relationships. The extent to which these parents and caregivers were cut off from support systems, especially given that Native cultures place a high value on mutual support and family involvement, is striking. It was found, in some cases, that the cut-off was initiated by parents or caregivers to reduce pressure from kin to stop drinking or using drugs. At other times, extended family members became so emotionally and financially drained from attempts to assist parents and care for children that they severed ties with them. Severely disrupted interpersonal relationships resulted in most parents or caregivers lacking the positive support system vital to maintaining sobriety and successfully reunifying with children. On a positive note, however, when some parents or caregivers sought treatment and worked toward sobriety, they were able to reconnect with their families and repair damaged relationships.

An essential first step to becoming effective with American Indian families is to develop a better understanding of American Indian historical experiences as well as the contemporary context of urban American Indian life. This step allows workers to more effectively address families' multiple problems. No one resource guide provides a comprehensive discussion of all elements essential to the provision of culturally responsive services. However, understanding the historical experience of American Indians and the information in the following sections provide a strong foundation.

The sub-sections that follow the historical experience provide critical information to help workers become familiar with factors relevant to urban American Indian life. Understanding contextual factors allows workers to better comprehend the life circumstances with which families must deal, more accurately assess strengths and challenges of families from a culturally appropriate standpoint, and help develop child welfare interventions that are both culturally sensitive and realistically achievable.

### **History of American Indians and the child welfare system**

American Indian families have a history of difficult and unfortunate interactions with child welfare systems. A survey by the Association on American Indian Affairs found that by the 1970s, 25% to 35% of all American Indian children born in the 20th century had been separated from their families and adopted by non-Indian families (Fischler, 1980; Mannes,

1995). More than 25 years after the passage of ICWA, American Indian children remain overrepresented in the child welfare system, especially in out-of-home, non-kinship foster placements. High rates of removals of American Indian children have continued in many U.S. communities despite the requirements of the ICWA (Bussey & Lucero, 2005).

Group memories of widespread loss of children and other historical traumas remain strong in tribal groups and American Indian communities (Brave Heart, 1999; Horejsi, Craig & Pablo, 1992). The forced removal of Indian children to boarding schools continued well into the 20<sup>th</sup> century and the involuntary adoption of Indian children to non-Indian families still was widespread in the late 1970s. Thus, these experiences may remain fresh in the memories of many contemporary American Indian families. Research shows that group experiences of child removals result in many contemporary families being unable to trust and engage with their child welfare workers in ways necessary to successfully reunify with their children (Halverson, Puig & Byers, 2002). Years of oppression have damaged many American Indian parents' capacities to trust and accept help from CPS workers, and other parents become so frightened and intimidated that they flee in terror and seemingly abandon their children (Horejsi, Craig & Pablo, 1992). This mistrust and fear is exacerbated by the child welfare system's ignorance of American Indian cultural values and practices, the imposition of dominant culture norms as the standard of child well-being, and the lack of knowledge of resources and

strengths of American Indian communities (Cross, 1986).

### **Contextual factors affecting urban American Indian families**

#### ***Residential patterns***

It is common in urban settings to find a large number of tribal groups within the American Indian population. Often an American Indian population will consist of individuals from one or two tribal groups that form the majority with individuals from many different tribal groups represented overall. American Indians have come to urban areas in increasing numbers over the last 40 to 50 years. According to the 2000 U.S. Census, nearly 65% of all American Indians lived in urban areas. In most major urban areas there is a mix of American Indian families that have lived in the city for several generations, have moved to the city during the current generation, and have just arrived from reservations. Still other American Indians maintain residency in both the city and on their reservations.

Large numbers of Native people were moved to many major U.S. cities during the Federal Relocation programs of the 1950s and 1960s. The failed Federal Relocation policy was designed to assimilate Native people into mainstream society. Frequently, individuals from particular tribal groups were sent to the same relocation city. For example, many individuals from the Lakota tribe were relocated to Denver. As a result, individuals of Lakota tribal heritage make up the majority of Denver's Native population. In urban areas that were part of the Federal Relocation program,

families with multi-generational ties to the community now can be found.

Tribal communities within urban areas also are a result of an urban areas' proximity to Indian reservations. Many Native people elect to relocate for work or educational opportunities, or to join family members who relocated previously. For example, in Albuquerque and Denver, there are



large Navajo populations in which families that recently came to the area are found alongside families that have lived in the city for one or more generations. Close proximity also provides a sense that the urban area is a place one can go to get away, as seen in the scenario of Darlene, presented in the Appendix. At DIFRC, it is not uncommon to find individuals “fleeing” their reservations and coming to Denver to get away from domestic violence and the expectations of family members, or to attempt to start a new life.

In addition, some families move continually back and forth between their tribal communities and the urban setting. In some cases, for example, families come to the city to work for a period of time and return to their reservations for tribal ceremonies or gatherings. When these are concluded, they return again to the city to work. Other families return to their reservations for family or community

responsibilities, stay for a period, and then return to the city. This pattern is viewed as problematic by many child welfare workers. However, families and children adapt readily and it is a functional way for families to maintain the economic well-being of families while preserving connections to extended family and tribal communities.

A first step for workers when working with American Indian families is to learn about the history and demographics of the Native people in their particular communities. Workers will want to educate themselves by finding answers to questions such as:

- What is the population of American Indians in the community?
- What tribal groups are represented in the American Indian population?
- How did American Indian people come to live in the urban area? Was this area a relocation site? Is it close to a reservation or other tribal community? Is there an industry or employer that has drawn people here?
- What are the mobility patterns of American Indians in the community? Are there families that have lived here for several generations? What part of the American Indian population moved to the community recently? Do families move back and forth between their community and their tribal communities?
- Is the American Indian population concentrated in a particular neighborhood or area or are families living across a large geographic area?
- What is the visibility of American Indians in the community? Are non-American Indians aware of the



presence of Native people in the community? Is the greater community aware of the issues Native people face in the community?

- Where do Native people go for services and where do they meet socially? Does the community have an Indian Center or agencies that specifically serve Native people?

Answers to these and other questions about the American Indian population in an area can be found through agencies that serve Native people (such as a local Indian Center), local government agencies, the Indian Health Service that is part of the U.S. Public Health Service, Census data, or publications by local historical societies. By becoming more aware of the lifestyles and residential patterns of American Indians in their communities, workers can formulate more culturally sensitive and appropriate assessments of families in their systems.

### ***Cultural identification and connectedness***

A second aspect of understanding American Indian families in the urban setting is to be aware of differences in cultural identification and connectedness. The following overview is necessarily brief although issues of cultural identity and tribal membership are among the most complicated and controversial matters currently facing Native people and tribal nations today.

### **Who is Indian?**

A number of standards for determining who is American Indian exist—from federal definitions that require tribal

membership to self-identification. The ICWA has a specific legal definition of American Indian children: “any unmarried person who is under age 18 and is either (a) a member of an Indian tribe or (b) eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe” (Public Law 95-608, 1978). Confusion can ensue as to whether a family is “Indian” when children do not meet this legal definition, family members are not tribally enrolled, family members are of mixed-heritage, or families comprise Indian and non-Indian members.

*Determination of blood quantum has become very complicated because over generations individuals have intermarried with individuals from other tribes and races.*

It is important for workers to understand that they may work with families that are culturally and ethnically Indian yet whose children do not meet the ICWA definition of Indian children and thus their cases are not ICWA cases. The lack of a court finding that a case is an ICWA case does not mean a family is not culturally Indian. In the child welfare system, some Indian families have ICWA cases and others do not. In either instance, it is imperative that workers talk in depth with family members and develop an understanding of families’ identification with and involvement in their Native culture.

### **Tribal affiliation and tribal enrollment**

In the United States, the more than 500 federally recognized Indian tribes have the right to determine their own criteria for tribal membership or “tribal enrollment.” Only tribes themselves can provide a definitive determination as to whether a person is eligible for enrollment. Standards for membership vary considerably; however, most tribes begin the determination of enrollment

eligibility by considering individuals’ “blood quantum,” a calculation of the degree of lineage (not literally “blood”) from a tribe. Tribes that use blood quantum set a minimum level for membership eligibility—for example, one-quarter. If individuals can document that level of tribal heritage, they meet the blood quantum requirement and can be enrolled. Determination of blood quantum has become very complicated because over generations individuals have intermarried with individuals from other tribes and races. Tribes keep detailed genealogical records to help determine blood quantum and enrollment eligibility.

Approximately 80% of all American Indians are of mixed race (Intermarriage with Non-Indians, 2005) and American Indians intermarry with other ethnic groups at very high rates (Sandefur & Liebler, 1997; Thornton, 1997). Many parents and children in the current generation are mixed-blood Native people. Workers are cautioned that American Indian parents and children cannot be identified simply by “phenotype” or physical appearance. It is important for workers to ask family members whether children have Indian heritage. Mixed-blood children may or may not be eligible for tribal enrollment.

Many mixed-blood families retain very strong connections to their Indian cultures while others have more tentative links. Because of differences among tribes in enrollment eligibility, mixed-blood individuals with little connection to their tribes still may be eligible for enrollment, while individuals of higher blood quantum that have retained more tribal

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connections may not be eligible. These situations may be confusing to workers who are unfamiliar with tribal sovereignty and decision-making. In all cases it is vitally important—and required by the ICWA—that workers contact tribes to determine whether children are enrolled or may be eligible for enrollment and any corresponding tribal benefits.

Several tribes do not set a minimum blood quantum for tribal membership but instead base enrollment eligibility on whether individuals can trace “lineal descent” from an enrolled tribal member. In addition to blood quantum or lineal descent requirements, tribes can set other requirements such as parental residency or having been born on the reservation. It is not uncommon to find individuals who have tribal heritage from three or more tribes or who have Indian heritage as well as heritage of other racial groups. Individuals with multiple tribal heritages can be a member of only one tribe. In such instances, individuals enroll with the tribe for which they meet all enrollment criteria. If individuals meet the enrollment criteria of more than one tribe, they may choose the tribe in which to enroll.

The impact of the many historical processes that took place in the United States beginning in the early 1800s and continuing into the 20th century have made it impossible for many of today’s Indian people to produce the documentation required for tribal enrollment. The widespread adoption of Indian children by white families resulted in many individuals lacking knowledge of their precise tribal backgrounds or biological families. In other instances, American Indians

decided to pass as non-American Indians to avoid discrimination and overt racial prejudice. This resulted over generations in an eventual loss of knowledge of the specifics of families’ tribal heritage. Other families purposely avoided government census takers or were unavailable when original enrollment commissioners visited their tribal areas and were never officially recognized as “Indian.” Descendants of these families have no way to now have their tribal heritages officially acknowledged. In addition, the federally recognized status of a number of tribes was terminated by the United States government during the mid-20<sup>th</sup> century, which thereby severed the “Indian” status of their members.

Some American Indian families now fear government interference and control, and individuals who are eligible for tribal membership thus have chosen not to complete formal tribal enrollment processes. Whatever the circumstances that have led to American Indians not being enrolled, it is important for workers to know that lack of tribal enrollment, in and of itself, does not mean families or individuals are not culturally Indian. Particularly in urban areas, many families and individuals who are not tribally enrolled continue to exhibit a lifestyle, value system, and worldview that are consistent with their tribal culture.

Child welfare workers frequently encounter families that state they have Native heritage but do not know from which tribe. Upon assessment, it may be learned that these families have not retained connections to their tribal culture for a number of generations and

will not be in need of culturally specific services. If determining their tribal affiliation appears to be important to them, families should be encouraged to engage in further genealogical research. Some individuals may request help contacting tribes to inquire about enrollment eligibility. (In this case, workers also must provide notification to the tribes, as required by the ICWA.)

### Levels of cultural connectedness

Providing culturally responsive services requires that workers be sensitive to the differences between Indian people in their level of identification with, and connectedness to, Native culture. This can be achieved only by taking time to listen to family members and understanding the ways families embrace Native values and are involved in tribal practices—mindful that even within families or extended families, individuals vary in their level of identification and connectedness. There is not a right or wrong level of cultural identification. All individuals and families are in a process of negotiating their unique level of connectedness to their tribal culture and assessing their knowledge of, and comfort with, Native ways. It also is important to note that a level of identification and connectedness may change over time and thus ongoing assessment of individuals' and families' involvement in Native culture should be a continuous process.

American Indian families in urban areas can incorporate both Native and non-Native practices, sometimes in unique combinations. For example, a Navajo family that has just come to the city may be comfortable with their child receiving medical care for a heart

condition from a non-Indian physician but may feel the child must be taken to the reservation for ceremonies with a traditional healer. Other Indian families may be unfamiliar with traditional practices. They may appear very comfortable with “white” ways, while beneath the surface they hold fast to traditional values. Still other Indian families may be in a process of reconnecting to Native culture and will look for assistance and support in learning more about their tribes and traditions. Consultations with agencies serving Indian people can help workers better understand these families. These agencies also can help workers identify behavior patterns, attitudes, and values often seen in particular tribal groups.

To increase competence, child welfare workers serving American Indian families should:

- Develop an understanding of the diversity among American Indians. Although grouped together as American Indians, Native people in the U.S. make up more than 500 different sovereign nations, each with its own unique history and culture. Even individuals from the same tribe may interpret and live quite differently.
- Not discount families' Native heritage because of physical appearance, lack of ties to a reservation, or inability to talk in detail about their culture and tribe. Even individuals who seem unsure of their tribal background may upon further investigation meet requirements for tribal membership. Social and historical forces have left Native people with varying degrees of connection to, and knowledge of,



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their tribal cultures and traditions. Involvement in a child welfare case may provide families with tentative ties to Native culture the chance to strengthen those ties and benefit from culturally based healing practices.

- Encourage families to complete tribal enrollments for children who are eligible. If parents are unsure about children's enrollment eligibility, workers should help them contact enrollment offices to begin the process. Many tribes, although not the majority, have educational and financial benefits from gaming and other tribal enterprises that may be available to children now or in the future.
- Become comfortable exploring families' cultural backgrounds. They should ask questions with respect and a genuine desire to know the experience of families and be willing to go slowly, learning a little more about families at every meeting. Some American Indians may not be used to discussing their culture with non-Indians and others may be unsure of what to reveal. Workers should be honest about unfamiliarity with Native people and allow families to teach about their experience of being Native, accepting that the answers are the families' reality and not be personally offended by their answers or anger toward the dominant culture.

### ***Family composition***

The traditional definition of "family" in most Native cultures includes not only parents and children, but also grandparents, aunts, uncles, and other extended family members, as well as

non-kin or "customary" relatives.

Children are considered not property of the parents, but important members of these large kinship groups.

Responsibility for child rearing and childcare falls to various members of the family, and extended family members often have important roles. Children are considered sacred and to be afforded great respect.

Today, many urban American Indian families continue to exhibit traditional attitudes toward family composition, kinship roles, and the place of children. Child welfare workers should be prepared to work with not only parents but also grandparents, other extended family members, and customary relatives. It is common for Indian families to present as kin individuals who cannot be linked directly to children through a blood relationship. Family members, however, see little difference between these "customary relatives" and blood relatives and may be dismayed at attempts to exclude them from the lives of children.

Indian families also may refer to relatives in terms that are inconsistent with those used by the dominant culture. For example, in some tribal groups, the term "grandma" instead of "great aunt" is used to express a child's grandmother's sister. This explains the frustration of one child welfare worker who exclaimed, "Mom is just trying to manipulate me. There is no way that child can have eight grandmas." Indeed, the child did have eight grandmas when considered the "Indian way." In other tribes, first cousins are referred to as "brother" or "sister," which may create confusion in determining nuclear family composition.

In documenting family relationships, workers can use genograms in much the same way as they would for non-Indian families. A creative symbol can be developed to indicate a customary relative to individuals or families with notes indicating families' terms for their relationship. For example, the Lakota people have a ceremony known as "Hunka" through which individuals or families can create a kinship

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relationship with a non-kin. A woman might choose a ceremony in which she takes her best friend as a sister. On a genogram for this family, a line would extend from the symbol representing the child's mother to the special symbol representing the customary relative with the wording "Hunka sister." A second line would extend from the customary relative to the child with the wording "Auntie" to indicate the individual's relationship to the child.

Extended family members and customary relatives can be a tremendous support to Indian children, and kinship placements are consistent with the requirements of the ICWA. In alignment with Native values regarding children and kinship relationships, it is not uncommon to have extended family members who have had little contact with children come forward as a kinship placement.

Urban American Indian families, in many cases, also continue the tradition of extended family involvement in child care and child-rearing regardless of where they reside. It is not uncommon for Indian children to live with grandparents, uncles, or customary relatives for extended periods of time. At times this is done to support parents who are struggling with a difficult life situation, while at other times it is done so that children strengthen their relationship with the extended family member or receive cultural or language instruction. Because of the close ties among family members, having children live with one or more extended family members is not considered to be a disruption in children's lives but a natural learning process or a response to unexpected circumstances.

Workers should consider these points about family composition when developing and implementing child welfare family service plans for Indian children and families:

- Extended family members should be incorporated into child welfare interventions. Commonly, extended family members have provided a considerable amount of informal services prior to parents or caregivers being referred to a child welfare department. Many times extended family members have become emotionally exhausted and have expended their limited resources attempting to keep children from becoming involved with the child welfare system. With support and assistance these relatives can again play a major role in caring for children whose parents or caregivers

may be struggling with substance use.

- It is common in urban American Indian households to find adult extended family members and their children or several generations of family members living together in an interdependent and cooperative arrangement. The composition of households can vary as family members travel back and forth from their reservations to the city or as households take in family members who may need temporary shelter or support. In other instances, family members may occupy several units of the same apartment complex or rent houses within close proximity to one another. Members then come and go within the system of family living units. The flexibility and flow within some Native households can be misinterpreted as unstable and disruptive to children. However, household composition often, instead, reflects an urban adaptation of the Native values of mutual support, generosity, and connectivity.
- Roles in child-rearing and childcare should be carefully assessed. It should not be assumed that multiple caregivers are detrimental. From a tribal perspective, multiple caregivers increase children's feelings of connectedness (Winterfeld and Hunt, 2004), and pilot research in indigenous communities shows that Native infants and children are capable of forming attachments to multiple caregivers without detrimental effects (Brownlee, Miller, Jourdain & Neckoway, 2002). The quality of care giving, not the number of caregivers, should be

assessed when determining child well-being.

- The role of non-kin or "customary" relatives in the lives of Indian children should be recognized and respected. These individuals may have played a considerable role in children's lives and should be considered if out-of-home placement becomes necessary.
- When looking for out-of-home placement for children, extended family members who have not had the opportunity to know the children or parents should not be discounted. Strongly held values regarding kinship often lead distant kin to take responsibility for relative children, thereby strengthening children's ties to family and culture.
- Increasing numbers of urban American Indian children are bi-racial, multi-racial, and bi-cultural. Many urban American Indian families comprise members who are both Indian and non-Indian. Although the ICWA seeks to keep children connected to their tribal cultures, it does not restrict the placement of bi-racial American Indian children with non-Indian family members.

### Engaging American Indian Families

Child welfare workers must be aware that even in urban American Indian families and in families whose connections to Indian culture appear to be tentative, deeply ingrained cultural factors may influence how families engage in child welfare services. As highlighted, a deep distrust of the child

*In Urban American Indian families and with families whose connections to Indian culture appear to be tentative, deeply engrained cultural factors may never the less influence how families engage in child welfare services.*

welfare system, based upon experiences unique to Indian people, continues to run through Indian communities. In addition, cultural factors such as the following require that child welfare workers be flexible and creative in designing and implementing family service plans:

- Native cultures are relationship-based. Native groups customarily place a high value on maintaining relationships and often engage in behaviors to avoid conflict. Many Native people are uncomfortable and unfamiliar with power-based relationships such as those between child welfare workers and clients. In Native cultures, esteem and position are gained as a result of one's respectful conduct toward others, and authority-based power is seen as very foreign. It is common to see Native clients resist or retreat from workers who use their position or power in an attempt to bring about compliance or change. Taking time to develop a genuine and caring relationship with families enhances engagement and facilitates a trusting relationship. The section "Engaging American Indian families" offers further suggestions that workers may find helpful in this regard.
- One of the most common frustrations American Indian families involved in the child welfare system report is feeling as if they have not been "heard" by their child welfare workers. In exploring this feeling with families, it often is expressed that there are aspects of families' experience of being Native that they feel workers do not understand or are not taking into account. Native

families often are keenly aware of workers' lack of genuine knowledge of Native culture. This can result in anxiety about being stereotyped or having their cultural experiences discounted.

- Workers who do not have experience working with Native families should be upfront about this and indicate that they hope to learn more about the culture through their relationship with families, mindful that all families hold their own set of values and beliefs. All families have their own experience with their Native culture and workers need to be open to listening to what is distinctive, as well as what is common, to each American Indian family. Unfortunately, there are families that attempt to use cultural differences as a way to manipulate; however, these are the minority. When in doubt, it can be helpful to have a resource, such as an agency that serves American Indians, to turn to clarify or check information.
- American Indian families may frame problems and their resolution differently from those of families from other cultures. In many Native cultures, great emphasis is placed on being in balance spiritually, emotionally, and physically or being in harmony with one's environment (including other people). In the belief systems of some Native people, problems arise when one becomes out of balance, while for others, difficult life situations can result from outside forces, of which people may or may not be consciously aware. Taking steps to regain balance or participating in a ceremony to

intervene with negative forces are ways to address problems. Thus, workers should be open to incorporating traditional approaches into service plans.

- It was common for participants in the DIFRC RMQIC project to relate that they would be better able to address their substance abuse concerns in treatment once they successfully addressed other pressing life concerns, such as an impending court case, child's health problem, or financial pressure. The dominant culture view may see this as denial or not being ready to address one's substance use. From a cultural viewpoint, however, it is consistent with the belief that regaining well-being begins with putting one's life back in order or harmony. A culturally responsive intervention is to help clients address the pressing issues while taking steps toward regaining balance through decreasing substance use.
- Many urban Indian families that become involved in the child welfare system struggle with extreme poverty and cultural isolation, as well as the effects of racism and discrimination that are faced by other people of color in the United States. Combined with the challenges of substance abuse, these cultural and contextual factors can leave families feeling overwhelmed. As one client related, "It takes a lot more energy to be Indian." She meant that cultural differences and a lack of resources left her with little physical or emotional energy to participate in the additional services expected of her by the child welfare caseworker.

- It is a challenge to workers to maintain a balance between the legal requirements of a case and their corresponding time frames, and addressing the parents or caregivers' clinical needs. In working with American Indian families, it is imperative that workers give adequate consideration to the cultural and circumstantial aspects with which parents are dealing and design interventions that can realistically be addressed by parents. It is better to go slow in the beginning than to have individuals become overwhelmed and give up completely.

### **Working successfully with families with child protection and substance abuse issues**

Child welfare services in cases involving American Indian children and families can be enhanced when staff at all levels of CPS are committed to working collaboratively with extended family members, community-based agencies and other professionals that serve Indian families, and tribes. Working successfully with American Indian families requires both system-level and direct practice interventions.

### **System-level approaches**

#### ***Early identification of American Indian children***

The identification of American Indian children entering CPS systems is a critical early step in effective ICW and family preservation work. However, identification of these children and families continues to be problematic. Often families' Indian status is not ascertained until well into the case and after many important opportunities to

*The identification of American Indian children entering CPS systems is a critical early step in effective ICW and family preservation work.*

implement culturally responsive services have passed. Frequently, families are unable to produce written documentation of their Native heritage immediately following first contact with a CPS worker. Because of this, their Indian status receives no further consideration. In other instances, workers determine children's Indian status solely on physical characteristics and thus do not inquire about Native heritage if children do not "look" Indian.

Workers and supervisors should inquire about American Indian heritage in all families coming into contact with CPS. It is best to do this during not only the initial investigation but also the assessment phase of the case. If families answer in the affirmative, workers must engage their department's procedures for tribal notification under the ICWA. In addition, as workers formulate case plans and recommendations they should talk with families about their connections to Native culture and practices, as outlined in this Resource Guide.

CPS departments can benefit greatly from protocols for early identification of American Indian children. In Colorado, for example, formalized protocols for identifying Indian children at the departmental level were made mandatory by state statute. Child welfare and court personnel are required to ask at first contact about children's Indian status and to continue to ask until the ICWA status of cases has been ruled upon definitively. Several CPS departments have developed further system-specific protocols that include:

- Referral of families with Native heritage to community-based partner agencies that serve American Indian families;
- Commitment to including extended family members in case planning and services; and
- Development of culturally appropriate family service plans.

Also included in some departments' protocols are periodic case reviews to ascertain whether American Indian families have had contact with community-based partner agencies and whether children in non-Indian out-of-home placements are involved in programs and services that can help them maintain their connection to Indian culture.

The experience of DIFRC, in partnership with CPS departments in the metro-Denver area, shows that early identification has made a huge impact on decreasing the number of Indian children who "fall through the cracks" and thus fail to benefit from the ICWA and culturally appropriate services. The number of family placements and reunifications with parents or caregivers increased greatly once departments began to identify families at a very early stage. In Denver County, for example, out-of-home non-kinship placements of American Indian children decreased by 76.8% in the two-year period FY 2003 to FY 2005 (Denver Indian Family Resource Center, March 2005). Early identification allowed extended family members to be contacted almost immediately, and parents or caregivers were able to receive referrals to

culturally appropriate assessments at the beginning of their cases.

### ***Training of child welfare staff***

Most child welfare training programs offer little content on the ICWA and even less on skills for working with American Indian families. CPS systems can enhance their staff's abilities by providing training to all workers (including administrators and supervisors) on the ICWA and on providing culturally responsive services. ICWA training should not only include the department's protocols for handling ICWA cases, but also help workers understand the history of the law to protect Indian children and the "active efforts" requirement that prevents the breakup of Indian families.

Culturally responsive services training should concentrate on knowledge, attitude, and skills to help workers better address values differences and situations where the potential for cross-cultural misunderstandings may exist. This training should include basic information on American Indian cultures, worldviews, values, histories, and experiences with the child welfare system. It also should provide workers with practical skills in assessment and problem formulation, engagement with American Indian families, development of culturally appropriate case plans, and working collaboratively with extended family members. Increased awareness of Indian culture is essential in supporting departmental efforts at early identification, referrals to community-based agencies, and the provision of culturally appropriate services.

Some CPS departments have developed specialized ICWA units or have designated specific public child welfare workers to handle ICWA cases. They have found these approaches to be beneficial given the paperwork, interaction, and coordination required to ensure proper handling of cases. The approach is adjusted depending on location. If, for example, the frequency of ICWA cases is few, having case workers assigned a new ICWA case once or twice can result in a huge learning curve. If there is a high number of ICWA cases, it might warrant a specific specialist or a unit to focus on such cases. These workers then have the opportunity to build strong ongoing working relationships with members of various tribes plus develop proficiency with regard to the process and paperwork.

### ***Commitment to kinship placements and supporting extended family systems***

Kinship placements are the first preference under the ICWA and are simply good child welfare practice. Often in American Indian families, extensive kinship networks play a role in raising children from birth and children feel comfortable, safe, and natural in these relatives' homes. When out-of-home placement is necessary for Indian children, CPS departments should immediately determine whether members of the extended family system have been involved in the children's lives or would be willing to become involved. Connecting children or placing them with extended family should be considered except in extraordinary circumstances.

As noted, in many American Indian families with substance abuse and child

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protection issues, extended family systems have been highly involved in protecting children from the effects of parents or caregivers' substance use prior to the individuals' involvement with the child welfare system. At times, it is at the point where the emotional or financial resources of the family system have exhausted that extended family members turn to CPS or a community-based agency for help. In other instances, when relatives are no longer present, inappropriate behavior of the parents or caregivers themselves attracts the attention of CPS.

Whatever the scenario that creates CPS involvement, supporting the extended family system that has cared for the children is essential to providing stability. A commitment to systemic flexibility and creativity allows a department to support the needs of extended family systems, renew their energy and resources, and help parents or caregivers address their substance abuse issues. Children then can benefit by remaining connected to a familiar and nurturing group of kin who can again provide safety and nurturance.

Child welfare workers should know that relatives are willing to ensure child safety, even when placed in the position to deny or limit access of parents to their children. As with any relatives, it is important to let them know how emotionally difficult this can be.

### ***Commitment to maintaining children's cultural connections***

Placement with extended family is the most appropriate way of maintaining children's cultural connections. However, this is not possible in every

child welfare case involving American Indian families. As mentioned, some American Indian parents or caregivers with substance abuse issues experience familial cut-offs and extremely disrupted relationships with usual support systems. Extended family members may be unwilling to become further involved with parents or caregivers unless they exhibit an extended period of sobriety. In these situations non-relative out-of-home placement of children may be necessary until healing can occur. However, even if relatives may not be a placement option, other forms of connections and diligent searches for other relatives should be explored.

When American Indian children must be placed in non-Indian foster care, it is important that CPS departments set a standard to keep children connected to Native culture. Non-Indian foster parents and other caregivers should be provided information and training on children's culture and tribal practices. Foster parents also should be given referrals to programs serving American Indian children and contact information for individuals in the children's tribe who could help children grow culturally. Individual and formal agreements, or "cultural contracts," can be created to outline ways non-Indian foster parents are expected to help children interact with their tribe, extended family members, and other Native people.

Children also can be linked to Native culture through cultural mentors who may be available locally and can provide guidance and teaching. In situations in which individuals with the same tribal background cannot be located, connecting children with

Native people from other tribes is appropriate. The multi-tribal nature of most urban areas has resulted in American Indians typically interacting with individuals from many different tribes. Native children can benefit from relationships with other Native people, regardless of tribal affiliation.

Agencies serving urban Indian communities frequently have sports, arts, and educational programs that can help youth develop relationships with other Indian young people and adults. Many times these agencies provide programs to help young people strengthen their Native identities and learn about their tribal traditions. In urban areas in close proximity to reservations, tribally based programs may be available that offer similar programs.

The Internet also can be a resource to workers to link Native children and their families to their tribal heritage. Many tribes have websites that offer cultural resources.

### ***Developing collaborative partnerships to benefit American Indian families***

One of the most important steps that a CPS system and individual workers can take is to encourage collaborative partnerships with community-based agencies serving American Indians, American Indian service providers (such as psychologists and therapists), and tribes. These collaborative partnerships benefit Indian families and children by making available specialized and culturally appropriate programs and services. Providing the services to support change in the lives of American Indian parents and caregivers who have child protection

and substance abuse issues requires an intensive level of clinical intervention. Partnerships with community-based agencies can support workers by helping share some of the workload.

Collaborative efforts among CPS, community-based agencies serving Indian families, and tribes should begin by focusing on developing protocols for identifying American Indian families upon first contact with the department. Additional collaborative efforts then might involve identifying procedures for referring families to culturally appropriate service providers. Partnerships can be formed to develop and provide training for workers on the ICWA and providing culturally responsive services.

Additional benefits to CPS departments can come from collaborative working relationships with community-based agencies. These agencies may be able to:

- Act as a bridge between CPS and tribes
- Provide cultural consultation and culturally appropriate service plans
- Suggest to workers ways they can engage in “active efforts to preserve Indian families” as required by the ICWA
- Assist CPS in identifying and supporting kinship placements
- Work together to ensure that children are safe and that cultural connections are initiated and maintained

Recently, attention has been focused on merging CPS and substance abuse treatment systems to serve clients with issues in both. Community-based agencies serving American Indians can play a crucial role in supporting the

*Partnerships can be formed to develop and provide training for workers on the ICWA and providing culturally responsive services.*

integration of child welfare and substance abuse services precisely because of their work with clients connected to both systems. The intermediary position of community-based agencies can, in fact, reduce or eliminate some of the systemic barriers that have traditionally kept the two systems from coming together. A natural linkage can be accomplished through the advocacy efforts of community agencies on behalf of parents or caregivers with both child protection and substance abuse challenges. Depending on the community, the need to create similar integration between child welfare and mental health systems as well as among these three systems (child welfare, mental health, and substance abuse) is worthy of attention.

### **Parent/caregiver interventions**

#### ***Engagement with American Indian parents/ caregivers***

Successfully engaging parents or caregivers is one of the factors most critical to working with this population of child welfare clients. As discussed, communal memories of American Indians' historically negative experiences with the child welfare system likely influence how many families engage with child welfare workers. Other cultural factors, such as norms about how one relates to non-Natives or those in authority, may make engaging even more challenging. Often historical trauma responses or cultural differences are misinterpreted by child welfare workers that parents or caregivers are "unmotivated" or "don't care" about whether they get their children back. Unless workers are aware of the high probability that American Indian parents or caregivers

with substance abuse problems also may have mental health disorders, limitations due to underlying trauma, and mental health problems also may result in parents or caregivers being considered unable to reunite with their children.

It is important to reiterate several points regarding engaging American Indian clients:

- Case interventions should be begun as slowly as possible and a multitude of requirements should not be emphasized in the early part of cases. These parents or caregivers already may be overwhelmed with requirements of daily living, and if mental health problems or trauma exist, overwhelmed feelings may exponentially increase.
- Beginning slowly also gives workers the space to build a relationship with families. Doing so moves workers from being task-driven to being relationship-driven, and thus in congruence with cultural norms. Having established a relationship with families from the beginning can pay dividends in later stages of the case.
- It can be interesting and fun for workers to learn more about Native culture from families. Listening as individuals describe their tribal beliefs and traditions or how they participate in powwow dancing can be fascinating. Workers must, however, be equally eager to hear the other side of what it means to be Native. It may be very difficult to listen to individuals as they relate their frustrations with dominant culture systems and their struggles

with racism, discrimination, and poverty. Workers cannot work effectively with child welfare cases involving American Indians if they are not willing to take the time to listen to the total range of families' experiences of being American Indian.

- Workers should be aware of the aspect of power in the relationship with families. While workers may have the best of intentions and feel very supportive of families, they come across as (or are assumed to be) relying on the authority vested in them by a system historically unfriendly to Indian people. Many American Indian families will look at whether workers are demonstrating respect and understanding of them as human beings. Workers should not try to emphasize their position, power, and authority.
- A team approach should be considered when working with American Indian families. (This is discussed in more detail in the section on the wraparound model.) Working with families who have multiple problems and who come from an unfamiliar cultural background can be mentally and emotionally challenging for workers. Spreading the responsibility for the case among several providers, extended family members, and community supporters can ease work load, leave workers more energy for genuinely engaging with families, and help workers provide better services.
- Hearing information about individuals' or families' traumatic

incidents can leave workers vulnerable to vicarious trauma.

Workers can be seriously stressed by the troubling setbacks that can arise for individuals with serious substance abuse problems (and frequently, serious mental health challenges, too). A team can create an environment of mutual support where members help each other share the weight and responsibility of working with severely troubled families. More on creating and working with cases as a team is presented in this guide.

### **Culturally appropriate mental health and substance abuse assessment/treatment**

American Indian parents or caregivers with substance abuse issues who become involved with the child welfare system should be carefully screened and assessed for mental health problems that underlie their substance use. In the DIFRC RMIQIC project, a majority of project participants were dually diagnosed with substance abuse and mental health issues. The prevalence of mental health problems in this segment of the ICW population was much higher than in the ICW population served by DIFRC who did not have substance abuse issues. Of project participants with diagnosed mental health problems, most had received little, if any, treatment for their conditions. Others reported histories of severe, untreated trauma, and current traumatic experiences (e.g., sexual assault, witnessing others being hurt or killed, domestic violence), including PTSD-like symptoms at intake. Of these participants, few had seen a mental health provider for assessment and treatment.

*Workers should take into consideration and be sensitive to the financial constraints of most American Indian families involved with the child welfare system. These families need support and assistance in paying for mental health and substance abuse treatment.*

The number of Native mental health and substance abuse treatment providers in urban areas can be limited. However, when possible, efforts should be made to refer parents or caregivers to American Indian mental health and substance abuse providers or non-Indian providers who have had success working with Native clients. These professionals will be in the best position to conduct evaluations that are sensitive to culture-specific behaviors. Practitioners well-versed in Native cultures can incorporate cultural beliefs and practices into their services and are likely to be more aware of the contextual situations common to urban American Indians. Community-based agencies that serve Indian people, the state mental health licensing board, local university hospitals and clinics, or Indian Health Services may be able to direct child welfare workers to mental health or substance abuse providers who specialize in working with American Indian clients.

Workers should take into consideration and be sensitive to the financial constraints of most American Indian families involved with the child welfare system. These families need support and assistance in paying for mental health and substance abuse treatment. Realistically, most CPS departments have limited funding for these services. Thus, developing collaborative partnerships with community-based agencies is one way CPS departments that worked with the DIFRC RMQIC program were able to access these types of services for families.

Child welfare workers also should be aware that, even when funding is found for mental health and substance abuse

treatment, parents or caregivers in this segment of the ICW population are often preoccupied with other challenges of daily living. Crises or more immediate concerns often arise in their lives, causing them to miss appointments. By providing intensive case management, as discussed in the section that follows, workers can determine whether parents or caregivers also may need transportation or other types of assistance to access and stay engaged in services.

### ***Intensive case management***

As stated, American Indian families involved with the child welfare system that also have substance abuse challenges may present with multiple problems. Providing services to support change in the lives of these families requires intensive clinical intervention. Identified here are factors that may contribute to the need for more intensive work:

- Severity of substance use
- Intra-familial substance use, often spanning several generations
- High levels of unresolved grief, loss, and trauma, including both historical and contemporary trauma
- Undiagnosed or untreated mental illness
- High rates of domestic violence or intra-familial violence
- Inability of clients to afford substance abuse and mental health treatment services
- Lack of transportation
- Being at the “pre-contemplation” phase in the Stages of Change model—not ready to see that their substance abuse may be problematic.

Factors such as these negatively impact the readiness of these parents or caregivers to address their substance use and participate in substance abuse treatment and family preservation or reunification activities. For example, participants in the DIFRC RMQIC project reported feeling overwhelmed with just obtaining basic needs such as housing, food, transportation, medical care, and financial resources. As a result, they frequently said they had little time and energy to devote to activities associated with their treatment plans, such as making arrangements to enter substance abuse treatment, scheduling appointments with mental health providers, or participating in parenting classes. In addition, parents or caregivers faced with these issues often led lives that were extremely chaotic. Serious problems with interpersonal relationships, involvement with the criminal justice system, and disruptions in family support networks also required concentrated intervention.

In working with this population, intensive case management should form the foundation of any family service plans. Such services may need to include referrals, advocacy, and linkages to resources such as housing, food, transportation, medical care, mental health assessments or treatment, child care, education support, and legal services. Also included in family service plans should be regular home visits from the CPS worker, and if needed and available, a case manager or aid. During these visits, serious work must be done to help parents or caregivers engage with workers in a trusting and supportive relationship that can provide consistency and needed structure. Home visits also can

provide time for workers to observe and assist the parents or caregivers with parenting skills.

Intensive case management provided from the CPS system or through a collaborative arrangement with community-based agencies should be thought of as the underpinning of all cases involving American Indian families with child protection and substance abuse challenges. This concentration ensures that parents or caregivers with substance abuse issues are connected to the additional assistance they may desperately need. In the experience of the DIFRC RMQIC project, intensive and individualized case management services, which varied in duration and frequency depending on the needs of each client, was the single most important element that increased the chance that parents or caregivers would enter treatment, achieve sobriety, and reunite with their children.

### ***Wraparound teams and Team Decision Making (TDM) meetings***

Because parents or caregivers in this segment of the ICW population may lack family and other support systems, an active support team similar to that used in the wraparound services model can be a critical element for success. Wraparound teams can recreate support systems that are missing or have never been present in the parents' or caregivers' lives. A team typically consists of parents or caregivers, the CPS caseworker who provides intensive case management (and who plays a critical role in coordinating team efforts), the mental health therapist or substance abuse treatment provider, and a cultural consultant or

ICW advocate. Of course, available friends or family members are invited to be part of the team as their involvement is important.

Teams meet in person on a regular basis throughout the case to assess or re-assess parents' or caregivers' progress, develop or revise strategies and goals, and joint plan aspects related to the case. The frequency of meetings is based on the needs of parents or caregivers and can vary from weekly to monthly, depending on circumstances. Teams also should be available in times of crisis (e.g., unanticipated placement changes of the children) to provide additional support and engage in mutual decision making. Several participants in the DIFRC RMQIC project reported they felt included in case decisions in ways they would not have had the team not existed, and they derived support from the team that they did not receive elsewhere. The team approach improved participants' relationships with their CPS workers and, in some cases, participants came to see the team as working on solutions for them rather than as authorities trying to control their lives.

The presence of an American Indian advocate as a member of the wraparound team is essential and indispensable. This individual serves as the cultural resource person to the group, and many times a trust develops between parents or caregivers and the American Indian advocate around:

- their shared experience of being American Indian;

- the advocate's role in supporting parents' or caregivers' needs with the CPS caseworker;
- the advocate's ability to buffer parents or caregivers from feeling powerless and attacked by the authority of CPS; and
- the advocate's ability to hold parents or caregivers accountable in a culturally congruent way while allowing them to choose the speed at which they engage in healing.

In addition, the inclusion of an American Indian advocate can ease the work of the CPS social worker by reducing conflict with parents or caregivers, providing an individual with whom parents or caregivers can form a truly therapeutic relationship, and making available to the CPS worker culturally appropriate referrals and services providers. CPS departments and community-based agencies interested in serving American Indian families with such an approach are advised to develop protocols and procedures that clearly define roles, responsibilities, and lines of communication, as well as ways to incorporate American Indian advocates into case activities. Interested parties also should understand that protocols may need to evolve over time or based on experience. For example, initial meetings might start as bi-monthly, then become monthly, then by e-mail or telephone calls on an as-needed bases.

Another helpful approach is the use of the TDM meetings, a decision-making process originated in the Annie E. Casey Foundation's "Family to Family" Initiative. TDMs are, as



applied by the DIFRC RMQIC, facilitated meetings typically held within 48 hours after families have been referred to CPS. Child welfare staff, community-based partner agencies, other service providers, and parents or caregivers and other family members are invited to attend TDMs to help identify family needs and mutually develop a safety or placement plan for the children.

In the DIFRC RMQIC project, the public child welfare department's requirement that TDMs be held within 48 hours of case referral resulted in TDMs becoming a vehicle for the early identification of Indian children and families and for referrals to culturally appropriate services at a very early stage. While it is the preference in TDMs to have extended family or supportive friends engaged to participate, this may not always be achieved.

TDMs can provide parents or caregivers, who are often frightened, overwhelmed and confused by the CPS process, with a sense that there are others who are there to help them. In some instances, advocates who are not associated with the CPS system can be helpful in explaining the court process and translating child welfare jargon so that parents or caregivers better understand what is happening. In other instances, parents or caregivers are open to having individuals representing community-based agencies present options for services, whereas fear or anger would cause them to shut out the same information received from a CPS caseworker. DIFRC's experience with TDM led the agency to believe TDMs may help parents or caregivers change their view of CPS from that of "the

authorities" to a team that is working on solutions for them and their families.

For more information on TDM, see *Team decision-making: Involving the family and community in child welfare decisions* (DeMuro & Rideout, 2002).

## CONCLUSION

### **Recommendations for enhancing child welfare responses to urban American Indian families**

The complexity and severity of issues faced by urban American Indian families with substance abuse issues can present a staggering challenge to child welfare workers, who frequently have little, if any, knowledge of American Indian cultural values and practices. Increasing workers' knowledge and skills with this segment of the child welfare population is an important step in providing appropriate services. To support workers in their efforts to help urban American Indian families remain intact or successfully reunify with their children, CPS departments also must commit to implementing system-wide approaches that demonstrate that they value the cultural integrity of these families.

Following is a summary of recommendations for practice with urban American Indian families with child protection and substance abuse concerns that have proven to positively impact case outcomes:

#### ***Training child welfare workers to become more culturally responsive to urban American Indian families***

Workers need additional information and skills in working with urban American Indian families beyond

## Working with Urban American Indian Families

what they may have received in their education and job training. This is an essential step in increasing their effectiveness. Such training should, at a minimum:

- Provide specifics of the ICWA and examples of “active efforts” that are required by the Act.
- Illuminate American Indians’ historical experiences with child welfare systems.
- Develop workers’ recognition of contextual factors that affect contemporary urban American Indian families.
- Help workers understand the diversity among American Indian groups and differences in cultural connectedness.
- Explain cultural definitions of “family” and the importance and roles of extended family members.
- Offer practical skills to improve engagement with families, facilitate trust, and reduce conflict.

### *System-level approaches*

CPS departments can support the efforts of child welfare workers by implementing system-wide approaches that increase reunification rates and successful case outcomes. These approaches include:

- Committing by all levels of CPS administration to creating and sustaining partnerships with community-based agencies that service the American Indian community.
- Developing protocols for the early identification of American Indian families.

- Being committed to kinship placements and supporting extended family systems.
- Setting a standard that children’s cultural connections will be maintained.

### *Parent/caregiver interventions*

American Indian families with child protection and substance abuse issues are among the most difficult families caseworkers will encounter. Cultural differences and multiple needs increase the complexity of these cases. In addition to substance use, mental health problems may make it more difficult for parents or caregivers to meet the requirements of their family service plans. To improve the level of services to families, workers can:

- Begin working cases slowly, taking the time to build relationships with families while avoiding overwhelming already burdened parents or caregivers.
- Listen to families and try to “hear” all sides of their experiences of being Native.
- Develop a relationship with families rather than using power and authority.
- Utilize a team approach to provide multiple perspectives and share the responsibility and stress of working with families with severe problems.
- Refer family members to American Indian mental health and substance abuse providers or other professionals who have experience working with Native people.
- Make intensive case management the foundation of any case involving American Indian families with child protection and substance abuse concerns.



- Aggressively engage members of the extended family system, community supporters, and service providers to build an active support team around parents or caregivers through the use of wraparound services and TDM meetings.

## **APPENDIX**

### **Family scenario 1—Darlene**

Darlene, age 23, had four children: Daughter, age 6, and sons ages 5, 2, and 1. Darlene was reported to CPS when she was found by an apartment manager early one morning intoxicated and unconscious in the laundry room of an apartment complex in which she did not reside. Huddled in a corner beside Darlene was her daughter Corrine, who was trying to get her two youngest siblings to stop crying. Corrine reported that she and the other children had not eaten the previous day, and she cried when relating that she didn't know whom to ask for diapers to change the two youngest children.

As an initial step in the investigation, the CPS worker explored how Darlene and her children came to be homeless. In attempting to develop a relationship with Darlene, the CPS worker asked her to talk about the tribe she was from. Darlene quickly explained that she, her four children, and her younger sister and her sister's boyfriend traveled by bus from their reservation and arrived in the city about a week ago. Darlene reported she was "kicked off the reservation" by family members who bought her a bus ticket, gave her \$200 to "find a place to stay," and told her not to come back. She stated that her mom and dad tried to get her to leave her kids with them but she wouldn't. Her younger sister and the

boyfriend were scared that she was leaving the reservation for the first time and would be all alone so they left with her to help with the children.

When exploring with Darlene where her younger sister and sister's boyfriend were, the CPS worker learned the sister and boyfriend stayed out at night drinking with other homeless people and would reunite with Darlene and the kids each afternoon. Because of their drinking they were of little help to her or her children.

The CPS worker also explored how connected Darlene was to her family and whether she recently had any problems or disagreements with them. The CPS worker found that Darlene did not feel bad about leaving. She reported that her family members and others in the community were always "hassling her" about her drinking and how she took care of her kids and that they would no longer help her financially. Although she had never lived away from her small reservation, she said she was thinking of leaving anyway and that her relatives just helped her make her decision. She reported that her family was overreacting to her drinking, that it was not any worse than anyone else's, and that she could control it when she wanted to.

For a week, Darlene and her children slept in the apartment complex laundry room and awakened early each morning to wander the streets. Darlene was told by other homeless people where to find food and she occasionally stumbled to a soup kitchen or was given food by other Indians she encountered on the street.

Darlene spent the day before she was found by the apartment manager drinking with her sister, the boyfriend, and a group of homeless Indians they met in a park. The children played all day in the park under the supervision of six-year-old Corrine who then helped guide her mom and siblings back to the laundry room after it got dark. When the social worker asked Darlene why she had not tried to find a place at one of the three homeless shelters within blocks of the laundry room, Darlene appeared confused about what a shelter was. When the worker referred to specific buildings, Darlene reported she did not know how to talk to the white people working there and that she was afraid of the people who hung around outside, except the other Indians.

The CPS worker provided Darlene with motel vouchers until other types of shelter could be explored. As a temporary measure, Darlene's children were placed in emergency foster care with a non-Indian foster parent who had cared previously for American Indian children. Physical examinations revealed that the five-year-old boy had severe asthma; the two-year-old was delayed in several important developmental milestones; and the baby had a congenital, although not life threatening, heart condition requiring monitoring and follow-up care. Corrine had a difficult time allowing the foster mother to care for the younger children and continually referred to herself as the children's "mother."

The CPS worker felt that a person with more knowledge about American Indian culture could help. She requested the assistance of an Indian Child Welfare (ICW) advocate who

worked at the local Indian Center. The ICW advocate told the CPS worker she would explore key issues with Darlene, such as her knowledge of urban services and the kinds of support she might need to find housing and care for her children.

The CPS worker let Darlene know that an ICW advocate, who was also Indian, would like to meet her. Darlene agreed to meet at the CPS department, and the CPS worker introduced her to the ICW advocate and left them to explore what help Darlene felt she needed. The ICW advocate learned that Darlene had lived her entire life on her isolated reservation and had traveled only a handful of times to the small border town about 30 miles from her home. She had no concept of how people lived in a large city and had no idea where to find food, shelter, or assistance.

After spending several hours with Darlene, the ICW advocate began to suspect that Darlene might have some impaired cognitive functioning such as a developmental delay or mental health problem. Darlene was referred immediately to a Native psychologist who assessed her and determined that her IQ was in the low-normal range and identified dissociative-like symptoms consistent with a form of schizophrenia. It was recommended that Darlene undergo further assessment and that attempts be made to locate others who could provide physical and mental health history as it related to fetal alcohol exposure and trauma.

Following her department's protocols for ICWA compliance, the CPS worker sent written notice to the tribe within

*Because of CPS workers' knowledge of community resources, they play an important role, interfacing with other agencies to find effective solutions for American Indian families.*

the timeframe required by law that Darlene's children had been placed in the custody of the department. She also personally contacted the tribe's ICWA worker to inquire whether tribal social services was aware of any of the children's relatives living in the city or had suggestions for their placement. The tribal ICWA worker informed the CPS worker that the children's father lived on the reservation but had a severe alcohol problem, as did most of his extended family. The tribal ICWA worker related that the tribe did not have any available tribal foster homes. The tribe also did not have mental health services that Darlene needed available.

The tribal ICWA worker recommended that the children be returned to Darlene's family members with whom they had been living before coming to the city. She also was able to direct the CPS caseworker to a paternal aunt and uncle of Darlene's children who lived in the city. When contacted by the CPS worker, the aunt and uncle reported that they did not "really know" Darlene and the children and did not have room in their small apartment for four children. They were willing, however, to participate in a TDM meeting to explore the best placement for the children.

Darlene was adamant that she did not want any involvement of extended family or to have the children returned to relatives on the reservation. The ICW advocate helped the worker understand that, although Darlene appeared to be cut off from relatives on the reservation, these family members probably still felt connected to Darlene and the children and were concerned about their well-being. She emphasized

that the cut-off likely was the result of family members feeling discouraged or losing hope that they could help Darlene change. With support and a sense that Darlene was getting the assistance she needed, it was possible that extended family members would again be resources for Darlene and her children.

The CPS worker called the children's maternal grandmother who lived on the reservation. The grandmother told the CPS worker that she and the people there did all they could to help but that she felt Darlene "didn't want their help." She indicated that the family had washed their hands of Darlene unless she could get sober and stay that way. A discussion with the tribe's ICWA worker confirmed that the family and the community really did not want Darlene back. "She raised heck around here for a long time and now they finally have some peace and quiet," said the tribal ICWA worker.

Darlene's mother reported to the CPS caseworker that she and relatives were worried about the kids and would be willing to have them returned to them. However, she confided to the ICWA advocate that she felt Darlene had to learn to be responsible for her children and that maybe this experience would be a wakeup call. She began to cry when telling the advocate that she was terrified "social services" would take the kids for good but she could not face Darlene's drinking and violence, which she felt would intrude upon her again if the children were placed back on the reservation. In their collaborative work, the CPS worker and ICW advocate discussed the stress Darlene had placed on her family and the conflict that relatives were struggling with by being

*The CPS worker and ICW advocate discussed the stress Darlene had placed on her family and the conflict that relatives were struggling with by being asked to take the children.*

asked to take the children. While both workers felt the children would be well cared for by extended family members on the reservation, they decided that supportive services had to be put in place before the children could be returned to relatives, which would also require collaboration with the tribal ICWA worker.

Because Darlene's case had many complicated elements, during the third week of the case the CPS worker scheduled a special TDM to bring together everyone working with Darlene and her family. The purpose was to review the status of the multiple elements of the case, assess the continuing needs of the family, and plan with Darlene how she and her children could best utilize the help available to them. During the meeting, the CPS worker intended to have the team look at whether it was possible for the children to be transitioned from foster care to a relative placement. While TDMs are normally held during the first 48 to 72 hours after a case opens, the complexity of Darlene's case led the CPS worker to postpone the TDM. During this time, the CPS worker coordinated with the tribal ICWA worker and the local ICW advocate, and the three attempted to better understand Darlene's situation and look at ways each might assist the family. The placement of Darlene's four children in emergency foster care was regarded as a temporary measure while this intensive assessment took place.

In addition to the CPS worker and the ICW advocate, the psychologist who conducted Darlene's mental health assessment and a substance abuse treatment coordinator from the local

Indian Center attended the TDM to help Darlene understand the services available to her. The foster mother was present to help the group understand how the children were doing and to give attendees a picture of the struggles they were going through. The children's aunt and uncle who lived in the area also attended despite having told the CPS worker when she invited them to the meeting that they were not sure whether Darlene wanted them there. At the meeting they said that, while they did not have room to care for the children, they did feel that the children should know they had family members in the city who cared about them.

The tribal ICWA worker attended the meeting by telephone. In her office were one of Darlene's aunts and a cousin. Much to everyone's surprise, Darlene's mother, father, and grandfather showed up at the CPS office in the city to attend the meeting. They had driven non-stop during the night to get there. Despite her initial insistence on not having any family involvement, Darlene had a tearful reunion with her family members and indicated she had missed them.

After much discussion and many tears on the part of Darlene and her family members, Darlene agreed that she needed "a lot of help from everyone." The Native psychologist and ICW advocate agreed to help Darlene enter a dual diagnoses program that was in partnership with the local Indian Center where she could get help with her mental health and substance abuse problems. The ICW advocate let Darlene know she would continue to work with Darlene even while she was in treatment. The children's aunt and

*Together, CPS and tribal ICWA workers find solutions that address the health concerns of children.*

uncle in the city told Darlene that they wanted to support her in being successful and they offered to let her call them when she “needed to talk.”

Darlene verbalized to everyone that she really loved her children and, even though she was going to miss them terribly while she went to treatment, it would be best for them to return to the reservation with her mother and father. The CPS worker and tribal ICWA worker agreed to begin the paperwork that afternoon that would transfer custody of the children to the tribe, and the tribal ICWA worker indicated that the tribe would immediately draft a motion giving temporary legal custody of the children to Darlene’s mother and father. The ICWA worker also informed attendees that the tribe was aware of the children’s health concerns and that they had been receiving care at the Indian Health Services clinic on the reservation before Darlene left with them.



The foster mother let everyone know that the children were playing at the CPS child care center and that Darlene’s family members would be able to go there after the meeting to visit them. The family members thanked the foster mother for watching their grandchildren and helping Darlene through this difficult time. The foster mother indicated that, while the grandparents were visiting the children, she would go to a store and purchase diapers, food, and other items the children needed during the long trip home since the family had not expected to be taking the children with them.

To address a final concern, family members asked if someone at the meeting could help them locate

Darlene’s younger sister and the sister’s boyfriend, who had not been heard from since Darlene was first contacted by CPS. The Indian Center ICW advocate offered to drive family members to the areas where homeless Indians congregate and help them inquire at shelters where the couple might have been staying. The family agreed that Darlene’s father and uncle would go with the ICW advocate to look for the sister while the others visited the children.

### Family Scenario 2—Tonya

Tonya, age 30, had three children: a 14-year-old son, 2-year-old daughter, and a newborn daughter born six weeks premature. Tonya became involved with CPS when her newborn baby tested positive for drug exposure at birth. In compliance with ICWA mandates, Tonya was asked if her children have American Indian heritage. She indicated that she and her children were Indian, and she provided the worker with the name of the tribe in which she was enrolled. The CPS worker immediately notified the agency’s legal department, which prepared and sent the proper notification to the tribe.

When asked by the CPS worker to talk a little bit about her Native heritage, Tonya related that her maternal grandmother had moved to the city from the family’s northern plains reservation in the early 1960s and married a non-Indian. Tonya’s father, who was Hispanic and from New Mexico, died when she was six. Tonya said she was tribally enrolled with a 1/4-degree blood quantum but that her children were not eligible for tribal enrollment because their blood

quantum fell below the minimum set by the tribe. This was later confirmed by the tribe in response to the ICWA notification.

Despite her low blood quantum and lack of ties to her family's reservation, Tonya said she identifies herself as American Indian and considers her children also to be Indian. The worker let Tonya know that it was important that she and her children receive services that are culturally appropriate and that she hoped together they could explore what would work best for her. The worker explained that the state child welfare department had a new "Cultural Connections" initiative that gave CPS workers access to American Indian social workers who could advise them on how to best serve Native families. The CPS worker indicated to Tonya that she was trying, despite her lack of experience in working with Native families, to understand more about Native culture and the experiences of Native people. Tonya expressed surprise, and although still distrustful, indicated this was really different from what she had expected to hear from a CPS worker.

The CPS worker asked Tonya to tell her about herself and her children. Tonya started by saying that she got pregnant with her son Jeremy when she was 15, and that his father, who is white, had seen him only twice—once shortly after birth and again, through an unexpected chance encounter, when he was about three. At that time Jeremy's father told Tonya he had another family and wanted nothing to do with her son.

Tonya revealed that Jeremy had numerous maternal extended family

members in the city where the family lived. When Jeremy was younger he often spent extended periods with his maternal grandmother and a maternal aunt and uncle who took him to pow-wows and other activities in the local Indian community. "As he's gotten older he's become less interested in doing things with his family and he says some very negative things about Indians," Tonya shared. She indicated she hoped this was just a stage but, after the CPS worker probed more deeply, Tonya shared that she was very afraid her son hated his Indian side since he had begun to identify with some very violent non-Indian peers. The CPS worker suggested to Tonya to locate someone knowledgeable about American Indian teens who could explore with Tonya more about what was going on with her son.

Tonya went on to reveal that the father of her two-year-old and newborn is an undocumented immigrant from Mexico. She had lived with her two younger children's father for the past two and one-half years. She reported that he was very physically and mentally abusive to her and that he had been arrested twice for domestic violence. She said she was arrested once also for domestic violence against him. She said the father comes and goes from the home, and he occasionally provides some financial assistance. He had threatened on several occasions to take the younger two children to Mexico so that they could be raised by his mother and sisters. Tonya said she fears he will do this and she will never see her daughters again, as she does not know where in Mexico his family lives.

*To break the cycle of violence and abuse, participants must be willing to engage in treatment and therapy to uncover underlying causes and conditions that have led to substance abuse.*

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While discussing her partner's abuse, Tonya disclosed to the worker that she was sexually abused as a child by a neighborhood man and that, as an adult, she was violently raped on two other occasions but that she had never before reported any of this. When the worker asked whether she would be willing to talk to a therapist about these traumatic events and explore how they might be connected to her substance use, Tonya agreed and said she finally may be ready to do this. The worker let Tonya know that she would look into whether there was an American Indian mental health provider in the area with whom Tonya could talk.



Because the worker had gone straight to the hospital after receiving a call from medical personnel, upon returning to her office, she conducted a CPS report review that revealed a clinician's prior report at the substance abuse treatment program that Tonya might have a bipolar disorder. However, neither further mental health assessment nor treatment was provided. After discovering this information, the CPS worker called the state human services "Cultural Connections" program and received the name of an American Indian therapist to whom to refer Tonya.

During the current CPS investigation, Tonya informed the CPS worker that

she was recently convicted of receiving stolen property and was sentenced to several months in the county jail. She was expected to report to jail to begin serving her sentence next week. She stated she hid her pregnancy from her attorney and the judge fearing that "social services would take my kids and then I'd have another charge. But look where I am anyway." The worker suggested that Tonya and her family members participate in a TDM to explore where her children would be placed while she was in jail and what kinds of services she would need once released to regain custody of her children. Tonya agreed that the meeting would be a good idea and the CPS worker began making arrangements.

The TDM was held three days after Tonya's newborn baby was removed by CPS. Tonya, her mother, her mother's sister, a drug and alcohol evaluator, the foster mother, and the worker attended the meeting. While the CPS worker's first choice of placement for the newborn and two-year-old was with Tonya's mother, the maternal grandmother expressed great fear that she would not be able to protect them from being taken by their father, who had in the past threatened to harm members of Tonya's family for "interfering." Because of this, the baby and two-year-old were placed in non-kinship foster care and Jeremy was placed with his grandmother. The CPS worker reminded the group that CPS normally likes to have both parents at a TDM, but that, because of the documented violence of the younger children's father and his threats toward Tonya's family members, it would not be safe to have him present, even if he had wanted to attend.

At the TDM it was revealed that this was Tonya's second child neglect case. Jeremy was removed when he was two due to Tonya's drug use. After she completed a treatment program, he was returned and Tonya had no further involvement with CPS until the birth of her infant daughter. Tonya's mother said that extended family members' efforts at taking care of Tonya's son probably helped her avoid additional CPS reports but that her drug use during the past year and her partner's violent behavior had escalated to such an extent that family members felt helpless to do anything for the younger children.



The CPS workers reminded those present that Tonya had a history of ongoing alcohol and drug use, including marijuana, cocaine, and crack, and that she began smoking methamphetamine while pregnant with her newborn. Tonya was informed by the worker that she must address her substance use if she wanted to reunite with her children. Tonya's mother supported the worker by saying that the family had decided they could not ignore both her and her partner's behavior any longer and that they would not let the children be exposed further to drug use and violence.

The drug and alcohol evaluator explained that several options were available to address Tonya's substance use. The evaluator let Tonya know that she was familiar with an in-patient women's program in a town about 50 miles away and that she knew of many American Indian clients who had successfully completed that program. She explained that, after a period of stabilization, this program allowed women to bring their children to stay

with them at the treatment center. She also told Tonya that she had contacted an Indian Health Services-sponsored program in Phoenix that would have a bed for her if she chose that option.

The foster mother shared that when the children were placed with her on an emergency basis, the CPS worker had encouraged her and the grandmother to form a team that would help the children continue to feel connected to each other. The foster mother told the group that this arrangement had already helped her be a better foster parent. She related that, although it had been just three days, she and Tonya's mother had had a long discussion about raising children and that she was already gaining a new understanding of the way Native people see children as being connected to a large extended family and community network.

Tonya's mother brought up that she was extremely concerned about Jeremy. He had begun to skip school at the beginning of the year, while still at home with his mother, and the school informed CPS that they were considering filing a truancy report. Since placement with his grandmother, his disruptive and uncontrollable behavior had escalated to the point where she believed she would not be able to have him in her home much longer. She was afraid that he was getting involved in gangs and he admitted to smoking marijuana and drinking beer with friends. Over the weekend he did not come home until late Sunday evening, and he hit his grandmother when she confronted him about not coming home. The CPS worker told the group that Tonya, too, had expressed her concerns about Jeremy and that she and Tonya had

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discussed having him assessed by a professional who worked with Native youth. The group agreed that this should be a first step and Tonya's mother asked if it would be possible to get Jeremy a mentor. Everyone agreed that this was a great idea and the CPS worker agreed to ask the professional who would do Jeremy's assessment if he could suggest a cultural mentor.

As a result of the TDM meeting, Tonya, her family, and the support team developed a plan that contained the following action items:

- Tonya's two youngest children would remain in foster care so that they could be safe. Tonya's mother and aunt would continue to team with the foster mother in caring for the children. Tonya's mother would work with an advocate at a domestic violence shelter to learn more about how family members could create an environment where the two girls could be less vulnerable to possible abduction by their father and where family members would feel safe. The children would be returned to Tonya's mother at a time when she and the CPS worker felt that a situation had been created in which the father posed a minimal chance of harm to the newborn and two-year-old.
- Tonya would report to jail to begin serving her sentence the next week. The CPS worker would make arrangements for Tonya to meet with the American Indian mental health

provider for assessment and possibly begin treatment while incarcerated. The substance abuse evaluator and the therapist would help Tonya decide which treatment program to enter upon her release. The substance abuse evaluator would work with the program Tonya selected to coordinate her transfer from jail to treatment.

- The CPS worker would schedule an assessment for Jeremy with the American Indian youth specialist to be held at the grandmother's home and would inquire about locating a cultural mentor for him. The worker also would make school officials aware that family members were taking this step to address Jeremy's truancy and behavioral problems. Family members stated that it was not acceptable for Tonya's mother to live in fear of Jeremy and they agreed to hold him accountable if he threatened or hurt someone again. Tonya's aunt said she would have her husband talk with Jeremy and explain to him that if he physically assaulted anyone again, family members would call the police.
- The group would meet again in two weeks to evaluate progress. At that time they would discuss whether the family would like regularly occurring meetings to provide them with support and to give them a forum to mutually develop ideas and plans.

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