Practice Brief 17

Evidence-Supported, Culturally Responsive Mental Health Care for Native Children and Families in the CAC Setting

NCA Accreditation Standards this brief addresses:
Standard 6: Mental Health

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National Children's Alliance (NCA) Accreditation Standard 6 requires that Child Advocacy Centers (CACs) connect children and families to licensed mental health providers who have been trained in the delivery of trauma-focused, evidence-supported clinical treatments. CACs can either offer these services onsite or through linkage agreements with external providers. Not all mental health providers have been trained in the delivery of treatments meeting this standard, however. In this Practice Brief, we will explain what it means to meet the standard as well as an overview of considerations for implementing these kinds of treatment models with Native American children and families.

Trauma-Focused, Evidence-Supported Treatments

NCA considers trauma-focused, evidence-supported treatments as those that research studies have shown to be effective at reducing the impact of trauma and the risk of future abuse and other negative outcomes. Many of the trauma-focused treatments with significant empirical support share a common basis in behavioral or cognitive behavioral theories that teach clients to replace maladaptive skills (responses to trauma that increase the risk of negative outcomes) with adaptive skills (responses to trauma that support positive outcomes). Trauma-focused treatments also typically include components involving not only the child but also non-offending caregiver(s). Therapy sessions follow a set structure to achieve specific goals, and the therapist plays an active role in ensuring that the treatment is delivered with fidelity to the model while being responsive to the needs of the individual child and family. The therapist should expect to assess symptoms before and

after the course of treatment and to monitor symptoms throughout.

The following evidence-supported treatments have been approved by NCA for children and families who are being served by accredited CACs:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  Originally developed to treat children who have experienced sexual abuse, TF-CBT has been extensively studied and found effective at treating a diverse range of traumas among young people of different cultures and developmental levels. TF-CBT is designed for delivery in 8-25 sessions with the child/adolescent and caregiver.

- Alternative for Families: A Cognitive Behavioral Therapy (AF-CBT)
  AF-CBT focuses on reducing and preventing the effects of child physical abuse, child or family aggression, and hostile family environments by teaching caregivers and children skills to enhance self-control, promote positive relationships, and reduce violent behavior. AF-CBT is designed for delivery in 18 sessions representing three phases of treatment.

- Parent-Child Interaction Therapy (PCIT)
  PCIT is a parent training treatment for young children with emotional and behavioral disorders that focuses on improving the parent-child relationship and changing parent-child interaction patterns. Parents and children attend sessions together and practice relationship enhancement and discipline skills until they demonstrate mastery of the skills.

- Child and Family Traumatic Stress Intervention (CFTSI)
  CFTSI is a brief (5-8 session) early intervention that has been shown to reduce traumatic stress reactions and the onset of post-traumatic stress disorder (PTSD). CFTSI is implemented with children and caregivers within 30-45 days following a traumatic event or the disclosure of physical or sexual abuse.

- Eye Movement Desensitization and Reprocessing (EMDR)
  EMDR is a psychotherapy treatment involving the reprocessing of traumatic memories by recalling these memories while engaging in external actions such as lateral eye movements, hand-tapping, and audio stimulation. Studies have shown improvement in PTSD symptoms after as few as three 90-minute EMDR sessions.

Mainstream Evidence-Supported Interventions and Native American Cultures

As outlined by NCA Standard 6, Essential Component C, mental health care offered through CACs must not only show evidence of effectiveness, but it must also be culturally informed and culturally responsive. While some of the treatment models described above have shown effectiveness across cultures, none were developed specifically for Indigenous populations or specific Tribal cultures. Accordingly, depending on local

conditions and family preferences, these models may fail to meet NCA criteria relating to cultural dimensions of care if they are delivered without modifications.

Native populations and specific Tribal communities often report dissatisfaction with treatment models developed for non-Native cultures. Some common shortcomings of mainstream models include a failure to conceptualize individual traumas as intimately linked to the multiple historical traumas experienced collectively in Tribal communities over time, a conception of resilience that does not account for the role of Tribal cultural traditions in healing and wellbeing, differences between mainstream and Tribal conceptions of mental health and mental illness, and an approach to the therapeutic relationship that may conflict with Tribal cultural norms regarding relationships and trust building.

Cultural adaptations. There is an urgent need for trauma-focused and other mental health interventions designed specifically for Native American populations and specific Tribal communities. One approach to increasing the availability of such interventions is conducting cultural adaptations of existing mainstream treatments.

Cultural adaptation may take a variety of forms. Some adaptations may be intended as pan-Tribal, or appropriate for individuals and families of a variety of different Tribal affiliations, while others may be specific to an individual Tribe. Pan-Tribal interventions must often, however, be further adapted by local providers, given the extreme cultural diversity among the hundreds of Tribes across the U.S.

Cultural adaptations can also be categorized according to the depth of the changes they encompass. Adaptations generally address either surface structures or deep structures of treatment models. Adaptation of surface structures includes changes such as replacing mainstream cultural symbols and language with Tribal symbols and language. Adaptation of deep structures might involve replacing mainstream scientific and clinical foundations of a treatment model with Indigenous ways of knowing, being, and healing.

Cultural adaptations that meet NCA Accreditation Standards. For Native children who have experienced trauma, the most widely used cultural adaptation of clinical treatment is **Honoring Children, Mending the Circle (HC-MC)**. HC-MC is a cultural adaptation of TF-CBT for American Indian and Alaska Native (AI/AN) children, blending traditional cultural teachings with cognitive behavioral methods. The HC-MC developers note that TF-CBT principles align with many AI/AN teachings and beliefs, including the conception of healing as focused on family and caregiver relationships; the focus on telling stories about one's experiences; and the interconnection of emotions, beliefs, and behaviors. As such, HC-MC preserves the core components of TF-CBT. The developers of HC-MC have also conducted a cultural adaptation of PCIT called **Honoring Children, Making Relatives,** incorporating parenting practices from traditional Tribal cultures.

Conducting surface-structure cultural adaptations to meet local needs. Whether utilizing off-the-shelf mainstream treatment models or pan-Tribal cultural adaptations such as those described above,

CACs and their designated mental health providers should consider engaging in their own surface-structure adaptations to ensure that treatment models are culturally responsive to their local Tribal populations. This might involve soliciting input from Tribal cultural knowledge keepers, healers, elders, and other community members regarding appropriate changes to treatment language, symbols, images, activities, and other components of the treatment models chosen for implementation.

Inclusion of cultural practices or traditional healers in referral networks. In meeting Standard 6, Essential Component C's mandate that mental health care be culturally responsive, CACs should consider developing referral networks and processes that are inclusive of traditional healers, cultural knowledge keepers, and elders. Some Indigenous children and families may find cultural interventions to be a key part of the healing process. The protocols governing referral to healers and other cultural representatives vary from Tribe to Tribe and community to community. Significant outreach and relationship building may be necessary before a CAC will be able to incorporate these resources successfully into its referral networks or service offerings.

Local cultural leaders and healers can help craft treatment plans for children and families that supplement evidence-supported mental health treatment with Tribal practices, cultural activities, and ceremonies whose efficacy at promoting resilience and wellness have been shown to be effective for millennia.

One possibility for integrating cultural supports and ensuring culturally responsive services more broadly into CAC operations may be the inclusion of cultural representatives on the MDT. NCA Accreditation Standard 1: Multidisciplinary Team allows for the inclusion of additional MDT members beyond the required categories of representatives.

Conclusion

While the work of developing culturally relevant trauma treatments for Native nations, families, and individuals remains ongoing and requires large-scale investments of time, money, and energy, Tribal MDTs and CACs can work with their local partners to ensure that their treatment offerings are evidence-supported and culturally responsive. NCARC is committed to supporting MDTs and CACs as they address barriers to their work in this area. Please reach out to us if you would like to request training or technical assistance on any of these topics, connect with other Tribal stakeholders who have navigated these issues in their communities, or share your own stories of how you have met these needs in your community.

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