



Strengthening Resilience:
Promoting Positive Mental Health Among Indigenous Youth



Mountain Plains (HHS Region 8)

MHTTC

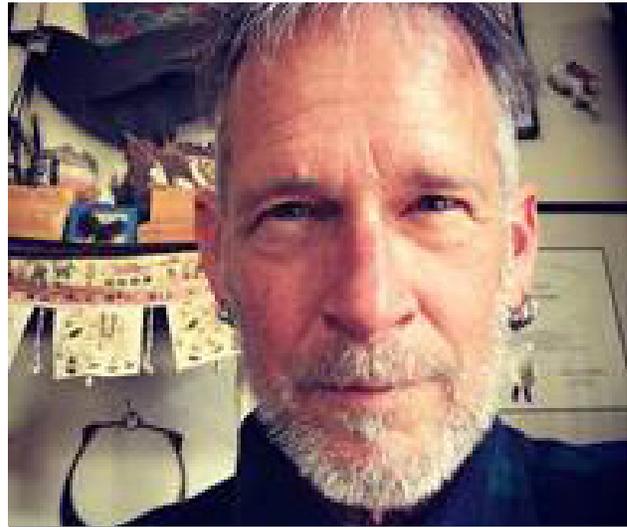
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

COVER ART

Mark Lewis Wagner's artistic piece of TURTLE ISLAND is magnificent in translating the oral creation stories into a breathtaking image. Indigenous and First Nations people call the continent of North America, Turtle Island. It is culturally connected to many oral creation stories about how Mother Earth regenerated following the great flood. Although there are variations within the stories, a common belief is that the Turtle is now holding the continent of North America on its back. "The turtle is a marker for identity, culture, autonomy and a deeply held respect for the environment."ⁱ

Through the connections made on this project with Mark and his nonprofit Drawing on Earth, it is the authors' hope to work with Mark and Drawing on Earth to create a youth and community creative arts storytelling project. Storytelling and the arts are a glue for the soul to sustain our cultural heritage and to continue the tradition of passing stories down for generations to learn, cherish, and live from.

i. Robinson, A., (2018). Turtle Island. The Canadian Encyclopedia. Retrieved from www.thecanadianencyclopedia.ca/en/article/turtle-island



Mark Lewis Wagner Cover Page Artist

Mark Lewis Wagner is an artist, educator, and a non-native who has respectfully been involved in ceremony for over 40 years. He has worked as a fine art painter, film maker, author, musician, illustrator, and graphic designer. He worked as a concept artist on DreamKeeper, a Lakota storyteller movie. Clients have been the Smithsonian Institution (Paleo Indian Dept), Pixar/Disney, SpaceX, and more. He has taught art in elementary school, college, graduate school, and state prison. He is currently working on a sci-fi/fantasy graphic novel Graffiti Wars: When Art Saved the World available at marklewiswagner.com.

Wagner is also the founder and creative director of the nonprofit Drawing on Earth whose mission is to connect art and creativity to youth and communities around the world. Their first project set a Guinness World Record for the largest chalk drawing. The artwork was created on a decommissioned military air base, it covered 90,000 sq. ft. (almost 2 football fields), and was created by 6,000 people with most of them being elementary school kids. The artwork was photographed by satellite. Drawing on Earth has worked with approximately 30,000 kids and has drawn on three continents. Learn more about Drawing on Earth at drawingonearth.org.

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PURPOSE AND AUDIENCE

The purpose of this document is to provide tools for k-12 educators, administrators, and mental health treatment providers to better address the learning and behavioral health needs of Indigenous youth in a holistic manner. It is also a resource for faculty working in higher education to prepare future professionals, particularly those planning to work in tribal communities with children and youth. The focus of this document is on the resilience and well-being of Indigenous youth in a historical context. The historical review provides a greater understanding of the role of boarding schools, forced colonization, and assimilation resulting in cultural genocide and their impacts on education.

Strengthening Resilience: Promoting Positive Mental Health Among Indigenous Youth identifies how unmet needs can be addressed through a fictitious case scenario, focusing on resilience and culturally responsive practices. The document also addresses the role of trauma to assist educators and providers to advance a greater understanding of the cultural context of Indigenous youth. Strategies and resources are provided to include the [Seven Teachings](#)¹ and the [Circle of Courage](#)² that can be incorporated into traditional teachings in the k-12 curriculums and adapted in any school. This results in opportunities to teach all youth about the **traditional practices of Indigenous populations**. Finally, a host of resources are provided that are easily accessible to the reader who wishes to learn more about school-based responses that can be effective in working with Indigenous youth. The resources are based on best practices and include increasing cultural awareness of tribal history, language, and culture within the full continuum of educational and behavioral health response.

This document serves as a supplement to the technical assistance efforts provided by Mountain Plains Mental Health Technology Transfer Center (MHTTC) titled **Building Capacity of School Personnel to Promote Mental Health in Native American Children and Youth**. The focus of the training was to build capacity of school teams to promote positive mental health throughout the school day through embedded strategies in response to mental health needs of children and youth.



Mountain Plains (HHS Region 8)

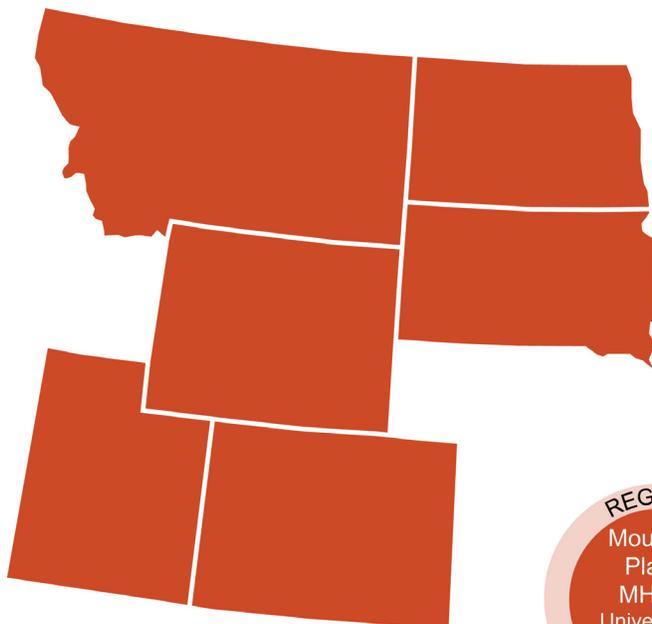
MHTTC

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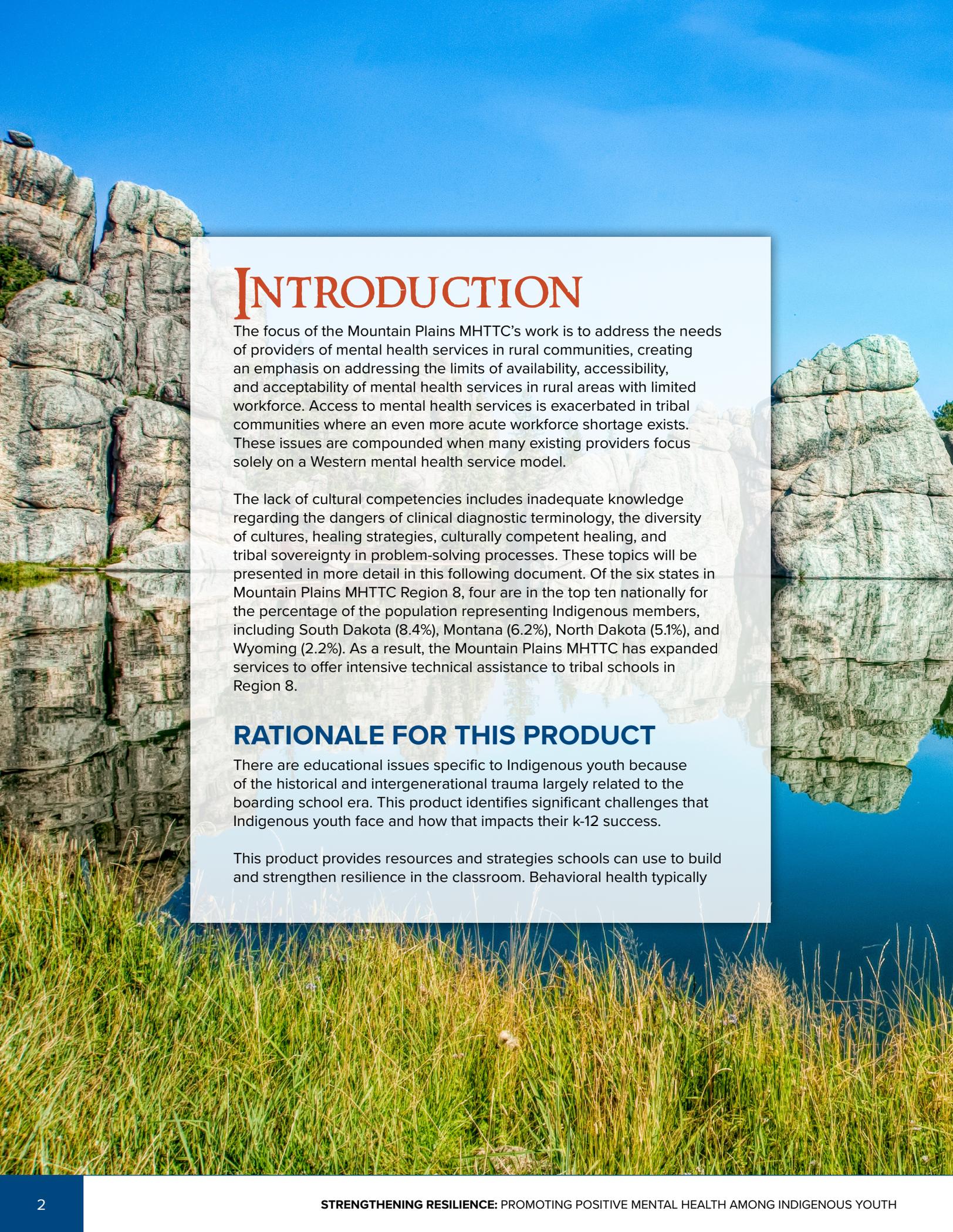


MOUNTAIN PLAINS MENTAL HEALTH TECHNOLOGY TRANSFER CENTER (MHTTC)



The [Mountain Plains MHTTC](#)³ serves Health and Human Services (HHS) Region 8, which includes Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.

The primary focus of the Region 8 MHTTC is to provide training, resources, and technical assistance to individuals serving persons with mental illness, including mental health providers, leaders, and educators. Special attention is given to developing resources for those who serve persons in rural areas, with additional funding specifically to address school mental health.



INTRODUCTION

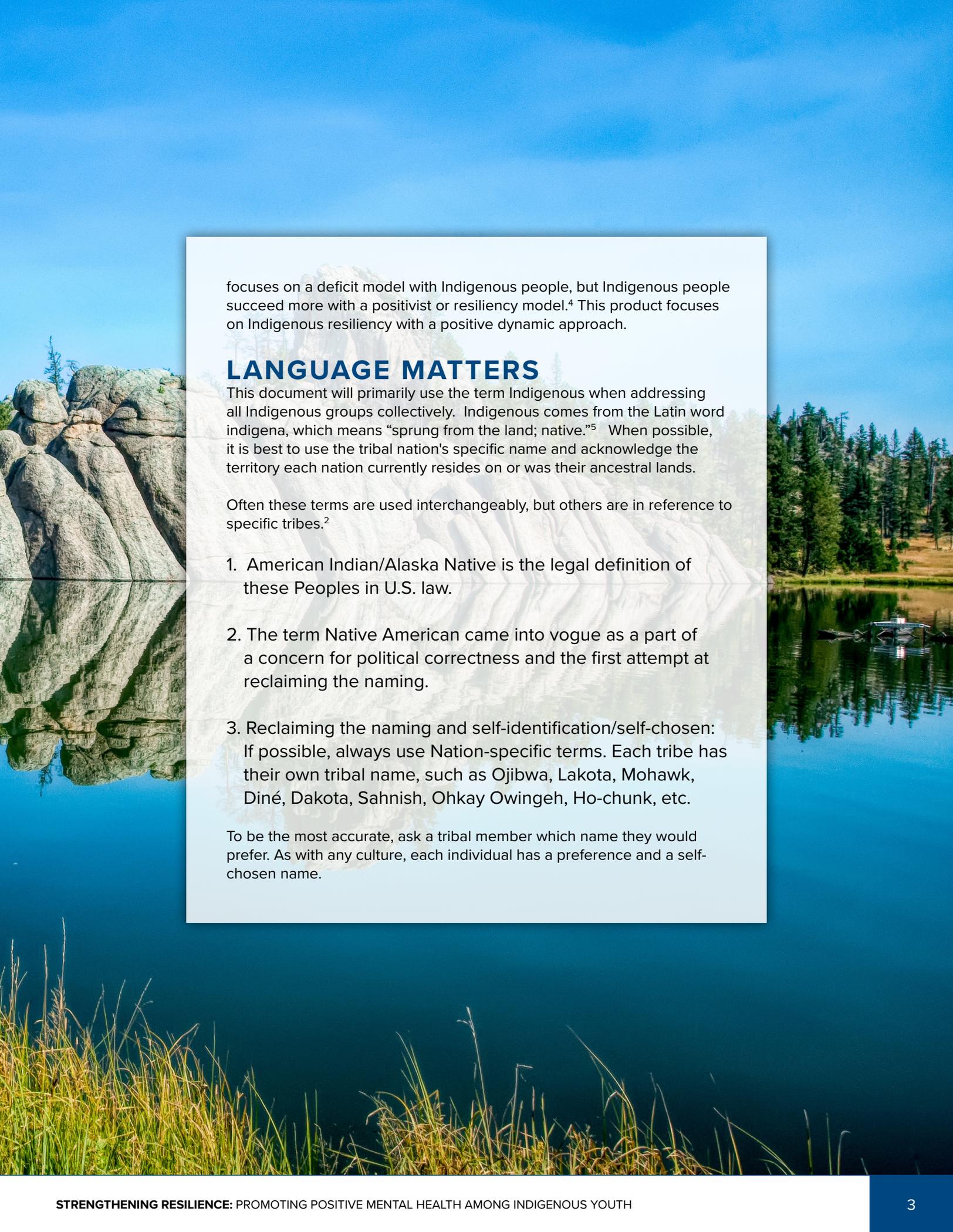
The focus of the Mountain Plains MHTTC's work is to address the needs of providers of mental health services in rural communities, creating an emphasis on addressing the limits of availability, accessibility, and acceptability of mental health services in rural areas with limited workforce. Access to mental health services is exacerbated in tribal communities where an even more acute workforce shortage exists. These issues are compounded when many existing providers focus solely on a Western mental health service model.

The lack of cultural competencies includes inadequate knowledge regarding the dangers of clinical diagnostic terminology, the diversity of cultures, healing strategies, culturally competent healing, and tribal sovereignty in problem-solving processes. These topics will be presented in more detail in this following document. Of the six states in Mountain Plains MHTTC Region 8, four are in the top ten nationally for the percentage of the population representing Indigenous members, including South Dakota (8.4%), Montana (6.2%), North Dakota (5.1%), and Wyoming (2.2%). As a result, the Mountain Plains MHTTC has expanded services to offer intensive technical assistance to tribal schools in Region 8.

RATIONALE FOR THIS PRODUCT

There are educational issues specific to Indigenous youth because of the historical and intergenerational trauma largely related to the boarding school era. This product identifies significant challenges that Indigenous youth face and how that impacts their k-12 success.

This product provides resources and strategies schools can use to build and strengthen resilience in the classroom. Behavioral health typically



focuses on a deficit model with Indigenous people, but Indigenous people succeed more with a positivist or resiliency model.⁴ This product focuses on Indigenous resiliency with a positive dynamic approach.

LANGUAGE MATTERS

This document will primarily use the term Indigenous when addressing all Indigenous groups collectively. Indigenous comes from the Latin word *indigena*, which means “sprung from the land; native.”⁵ When possible, it is best to use the tribal nation's specific name and acknowledge the territory each nation currently resides on or was their ancestral lands.

Often these terms are used interchangeably, but others are in reference to specific tribes.²

1. American Indian/Alaska Native is the legal definition of these Peoples in U.S. law.
2. The term Native American came into vogue as a part of a concern for political correctness and the first attempt at reclaiming the naming.
3. Reclaiming the naming and self-identification/self-chosen: If possible, always use Nation-specific terms. Each tribe has their own tribal name, such as Ojibwa, Lakota, Mohawk, Diné, Dakota, Sahnish, Ohkay Owingeh, Ho-chunk, etc.

To be the most accurate, ask a tribal member which name they would prefer. As with any culture, each individual has a preference and a self-chosen name.

INDIGENOUS MENTAL HEALTH

NUMBERS DO NOT LIE

Native Americans represent less than 2% of the U.S. population, but they make up 8% of those who are homeless.⁶ According to mental health statistics, it is estimated that up to 70% of this population will suffer a mental health disorder during their lifetime.⁷

A mental health disorder occurs when there are disturbances in thinking, emotion, and/or behavior. These become an issue when they cause significant distress and interfere with the individual's daily life.⁸ The cumulative emotional trauma, spanning generations of Indigenous peoples, continues to affect mental health and wellness among families and tribes. As a result, special considerations must be accounted for when working with this population.⁹ This has resulted in high rates of poverty and self-destruction, which have contributed to the high rates of mental health and substance use disorders.¹⁰ In reference to Indigenous Americans, the following statistics are startling:

- Adolescent Indigenous females, ages 15-19, have a death rate that is three times higher than non-Hispanic white females in the same age groups.¹¹
- The overall death rate from suicide is about 20% higher for Indigenous Americans as compared to the non-Hispanic white population.¹¹
- In 2017, suicide was the second leading cause of death of Indigenous Americans between the ages of 10 and 34.¹²
- Violent deaths, unintentional injuries, homicide, and suicide account for 75% of all mortality in the second decade of life for American Indian/Alaska Natives.¹¹
- "...suicide rates were up 63% between 1999 and 2017 across all ages but increased 139% for Native Americans."¹¹

AGE-ADJUSTED DEATH RATES FOR SUICIDE, BY SEX, RACE, AND HISPANIC ORIGIN, 2017¹³

	American Indian/Alaska Native	Non-Hispanic White
Male	33.8	28.2
Female	11.0	7.9
Total	22.1	17.8

Source: CDC, 2019. National Vital Statistics Report. Vol. 68, No. 09. Table 10.

BARRIERS TO CARE FOR INDIGENOUS PERSONS

ACCESS

There is significant concern around not only general access to mental health services, but also the absence of access to providers who are Indigenous and can adequately address the cultural aspects of mental health.¹⁴

RATIONING FUNDING

Congress funds Indian Health Services (IHS) to provide healthcare services for Indigenous populations, but there is a long-standing history of underfunding this program. In 2016, the IHS budget was \$4.8 billion dollars to serve 3.7 million American Indians and Alaska Natives, or \$1,297/person compared to an estimated \$6,973 per inmate in the federal prison system.¹⁵⁻¹⁶ The result is rationing of care targeting only the most urgent needs of the population.

STIGMA

“Stigma and lack of awareness of what is culturally appropriate mental health care, by mental health providers, creates barriers to treatment seeking and using services by Native American individuals with mental illness.”¹⁷

STAFFING

A primary care provider (PCP) is a healthcare practitioner who supports the patient through diagnosis and treatment including disease prevention, education of patients, counseling, and health maintenance. A PCP can include, but is not limited to, a family practice physician, psychiatrist, pediatrician, physician assistant, and nurse practitioner. The Government Accountability Office reports that IHS has a 25% provider vacancy rate.¹⁸ Bemidji, Minnesota, and Billings, Montana, saw vacancy rates near 46%.^{15,18} The shortage occurs across all clinician types, such as physicians, psychiatrists, psychologists, nurses, nurse practitioners, certified registered nurse anesthetists, social workers, and pharmacists.

CULTURAL EVIDENCE-BASED PRACTICES (EBPs)

Many providers implement EBPs to provide appropriate care. However, EBPs clearly outline that mental health prevention interventions are more acceptable when they are community driven and culturally grounded. Historically, EBPs implemented throughout mental health services have not been culturally appropriate for Indigenous persons.¹⁹



Dr. LaVonne Fox (center) enjoying time with young family members at the Headwater of the Mississippi River in Minnesota located at Itasca State Park. The name Mississippi is from the Anishinabe people (Ojibwe Indians). The Dakota and the Ojibwe lived in the area that is now Minnesota.



HELLO MY RELATIONS,

My name is LaVonne (Poitra) Fox, and I am a faculty member at the Turtle Mountain Community College, located on the Turtle Mountain Reservation. I am an enrolled member of the Turtle Mountain Band of Chippewa Indians located in the Turtle Mountain area of North Dakota. I want to acknowledge that I reside on the traditional broad territory of the Ojibwe (Anishinaabe, Chippewa), Métis, Assiniboine, Yanktonai, and Očeti Šakówin (Dakota). The territory expanded into areas now known as Canada, North Dakota, and Minnesota.

My colleagues are Sarah Nielsen, Thomasine Heitkamp, and Shawnda Schroeder. They currently reside on the same ancestral territory toward the community of Grand Forks, North Dakota. Although they are not Indigenous, they have dedicated their professional careers to identifying, promoting, and developing best practices in school and rural mental health settings. As a team, our goal is to provide you with a resource that reflects a holistic view of social inequities, trauma, and application of best practices for mental health care of Indigenous youth.



TERRITORY ACKNOWLEDGEMENT STATEMENT

“TERRITORY ACKNOWLEDGEMENT IS A WAY THAT PEOPLE INSERT AN AWARENESS OF INDIGENOUS PRESENCE AND LAND RIGHTS IN EVERYDAY LIFE. IT IS OFTEN DONE AT THE BEGINNING OF CEREMONIES, LECTURES, OR ANY PUBLIC EVENT. IT CAN BE A SUBTLE WAY TO RECOGNIZE THE HISTORY OF COLONIALISM AND A NEED FOR CHANGE IN SETTLER COLONIAL SOCIETIES.”²⁰ FOR FURTHER LEARNING, CHECK OUT NATIVE LAND.²¹

THE UNIVERSITY OF NORTH DAKOTA, WHERE THREE OF THE AUTHORS ARE EMPLOYED, HAS ADOPTED THE FOLLOWING LAND ACKNOWLEDGEMENT STATEMENT: TODAY, THE UNIVERSITY OF NORTH DAKOTA RESTS ON THE ANCESTRAL LANDS OF THE PEMBINA AND RED LAKE BANDS OF OJIBWE AND THE DAKOTA OYATE – PRESENTLY EXISTING AS COMPOSITE PARTS OF THE RED LAKE, TURTLE MOUNTAIN, WHITE EARTH BANDS, AND THE DAKOTA TRIBES OF MINNESOTA AND NORTH DAKOTA. WE ACKNOWLEDGE THE PEOPLE WHO RESIDED HERE FOR GENERATIONS AND RECOGNIZE THAT THE SPIRIT OF THE OJIBWE AND OYATE PEOPLE PERMEATES THIS LAND. AS A UNIVERSITY COMMUNITY, WE WILL CONTINUE TO BUILD UPON OUR RELATIONS WITH THE FIRST NATIONS OF THE STATE OF NORTH DAKOTA – THE MANDAN, HIDATSA, AND ARIKARA NATION, SISSETON-WAHPETON OYATE NATION, SPIRIT LAKE NATION, STANDING ROCK SIOUX TRIBE, AND TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS.²²

CASE SCENARIO



CARLI

AGE: 14.
GENDER: FEMALE.
HAS FOUR SIBLINGS.

The case of Carli was written by the authors to illustrate the challenges of access to appropriate mental health services in tribal schools. It is a fictitious case and not based on a particular child, but it is a composite of issues Indigenous youth may face.

» Carli is a 14-year-old Indigenous female residing on a reservation with a total population of 300 people. During the course of the last two years, Carli and her siblings have attended a Native American boarding school that is located more than 300 miles from their home. This is the same boarding school where her mother and father met.

» Carli has experienced psychological and physical abuse, including bullying by classmates. Recently, peers passed a note that Carli tried to hook up with many boys. She has been in physical altercations with several girls. She had a recent suicide attempt by cutting her wrist in the dormitory at the boarding school. Following that incident, Carli and her siblings returned to her home community to reside with their parents. They will not be returning to the boarding school.

HISTORICAL CONTEXT

To meet the mental health needs of today's Indigenous youth, including Carli, it is imperative to understand the historical and traumatic impact of the forced removal of tribes from their ancestral lands and altering their traditional way of life.

COLONIZATION AND GENOCIDE

In his statement on genocide, Dr. Martin Luther King was referring to the Doctrine of Discovery, one of the first of two national policies "written to wipe out its Indigenous population."²³

DOCTRINE OF DISCOVERY

On May 4, 1493, Pope Alexander VI issued a Papal Bull Inter Caetera, which played a central role in the colonization of the New World. The Doctrine of Discovery stated:

- If those who lived on the land were not Christians, then Christians had the right to take that land and,
- They should then convert the non-Christians into Christians.

MANIFEST DESTINY

Manifest Destiny is the continuation of the Doctrine of Discovery. Just like the Doctrine of Discovery, it was based on the belief that, "God had given the United States a mission to expand their territory throughout North America."²⁴ Manifest Destiny takes the Doctrine of Discovery one step further to rationalize what was done to Indigenous people.²⁴ It supports:

- A belief in the righteousness and superiority of Christian morals and values in the institutions of the U.S.
- A belief in the responsibility of the U.S. to spread these beliefs for the benefit of the world and to fulfill God's wishes.
- The faith that God has blessed the country to succeed and every success confirms that blessing.

CARLI

To begin to understand Carli and her family, and to offer support, it is important to understand the negative impact of the boarding school experience. These schools were developed to strip Indigenous youth like Carli from their family, culture, language, and spirituality. Carli is impacted by this experience, which must be a consideration when holistically addressing her mental health.

THE SCAR OF RACIAL HATRED

*"Our nation was born in genocide when it embraced the doctrine that the original American, the Indian, was an inferior race. Even before there were large numbers of Negroes on our shore, the scar of racial hatred had already disfigured colonial society. From the sixteenth century forward, blood flowed in battles over racial supremacy. We are perhaps the only nation that tried as a matter of national policy to wipe out its Indigenous population. Moreover, we elevated that tragic experience into a noble crusade. Indeed, even today we have not permitted ourselves to reject or feel remorse for this shameful episode. Our literature, our films, our drama, our folklore all exalt it. Our children are still taught to respect the violence which reduced a red-skinned people of an earlier culture into a few fragmented groups herded into impoverished reservations."*²

-Dr. Martin Luther King

BOARDING SCHOOLS

“The history of the American Indian boarding school era is one of the United States’ best-kept secrets.”²⁶

Indigenous peoples have been enduring physical, emotional, social, and spiritual genocide for years.²⁵ Boarding schools are just one strategy used by the U.S. government to colonize this population. As a government, the U.S. used colonization because it realized that it could not gain strength merely through physical control, but also needed to gain strength through mental control. The mental control was executed primarily through the educational process (implementation of boarding schools).

In 1879, the U.S. Federal Government began the removal of Indigenous children from their parents and reservations and placed them in boarding schools. The primary goal of the boarding schools was to remove all outward signs of tribal life. Hair, a proud symbol of Indigenous culture, was cut. Children were punished for speaking their native languages, they were banned from engaging in cultural or traditional practices, they were required

to wear mandatory uniforms, and white names were given, including surnames.²⁷

They were taught that their culture and traditions were evil and sinful and that they should be ashamed of being Indigenous. The children were taught that there were no Indigenous heroes and that their spiritual beliefs were evil. Countless children were frequently neglected and even abused physically, sexually, and psychologically.²⁸ The outcome of boarding school practices had a profound impact on Indigenous practices. Many traditional Indians came out of the boarding schools as broken children. They did not know who they were and what part they would or could play in society at-large or in their own reservation societies.²⁹ Another negative consequence of boarding schools was that children were not given an opportunity to learn how to parent from their parents. Many children never returned home, and their fates have yet to be accounted for by the U.S. government.





INDIAN CHILD WELFARE ACT (ICWA)

This act was in response to the large number of Indigenous children that were separated from their parents, extended families, and communities by state social service/welfare and private adoption agencies. The National Indian Child Welfare Association (NICWA) report that of the 25-35% of Indigenous children who were removed from their homes, 85% were placed outside of their families and communities, even when fit and willing relatives were available.”³²

- [Learn more about the National Indian Child Welfare Association](#)³³
- [View the video, How the U.S. stole thousands of Native American Children](#)³⁴.

CULTURAL GENOCIDE THROUGH EDUCATION

Colonization and the use of boarding schools resulted in decreased self-confidence and a sense of inferiority among Indigenous populations. While these educational experiences stripped students’ understanding of their own heritage and taught students that their traditional ways were inferior, they also had other practical implications. For example, they removed children from their family structure where individuals learn about the family unit, gain experience on how to parent, learn about cultural identity, and have a sense of their role in the collective community that is essential in the Indigenous culture.

This process of cultural genocide was incorporated through ‘laws’ and practices via religious organizations. Social service and adoption agency

practices, until the passage of the Indian Child Welfare Act of 1978, resulted in cultural genocide with the placement of children in non-Indian foster and adoptive homes with no regard for cultural practices. The outcome is over 100 years of devastation and trauma that was forced on children, families, and communities in the blatant disregard for their culture.³⁰

“As years of indigenous activism led the U.S. to begin phasing out the schools, the government found a new way to assimilate Native Americans: adoption. Native children were funneled into the child welfare system. And programs like the little-known government ‘Indian Adoption Project’ intentionally placed them with white adoptive families.”³¹ This practice resulted in the 1978 Federal Law, the Indian Child Welfare Act (ICWA).



CARLI'S HOME LIFE

Carli's mom is employed as part of the custodial staff at the school Carli now attends. Her hours are reduced during the summer when the school is out of session. Carli's dad is unemployed and receives Social Security Disability benefits because of his struggle with post-traumatic stress disorder (PTSD) since returning from military service overseas following an honorable discharge. He self-medicates with alcohol and struggles to maintain sobriety with frequent return to use. His physical and emotional well-being is a constant worry for this family. Additionally, both of Carli's parents have been diagnosed with Type 2 diabetes.

Obtaining adequate physical and mental healthcare is a challenge in this remote tribal community. An IHS clinic is located 30 miles from their home, but it does not provide mental health care. To obtain the in-person mental health services the family requires, they must travel more than 80 miles one way.

Like many on the reservation, because there are few high-paying jobs and chronic health problems, Carli's family lives in poverty. To save money, Carli's family lives with her maternal grandmother. It is commonplace for two and three families to reside in one home because there is not enough housing available in tribal communities.

POVERTY AND EDUCATION

Indigenous children struggle to access paths to opportunity. The Annie E. Casey Foundation's report titled *Race for Results*³⁶ found that American Indian children are least likely to graduate high school on time, be connected to school or work, and earn a higher education degree compared to other races. Indigenous youth experience high rates of poverty, with more than half living in poverty stricken neighborhoods and 62% living in low-income households.

For more information on tribal demographics including poverty, housing, education, and jobs, visit the *My Tribal Area Tool*³⁷ provided by the American Community Survey through the U.S. Department of Commerce Economics and Statistics Administration. This tool provides specific demographic information for all tribal areas throughout the U.S.

American Indians serve in the armed forces at higher rates than any other demographic.

Learn more about the [Voice of our Native Veterans](#)³⁵

TRAUMA AND SELF IDENTITY

Carli's experience of trauma is complex and includes acute, chronic, complex, historical, and racial trauma. Her family has experienced historical trauma due to colonization and assimilation practices through their boarding school experiences.

INTERGENERATIONAL OR TRANSGENERATIONAL TRAUMA

Intergenerational trauma is transferred between or across generations, whereas transgenerational trauma is passed through multiple generations. Many use these terms interchangeably.

Trauma can be an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening.³⁸ Trauma has adverse effects. Types of trauma include acute, chronic, complex, historical, and racial. Learn more about types of trauma from the [National Center on Safe Supportive Learning Environments](#).³⁸

As a result of trauma, Carli may experience depression, PTSD, physical complaints, low self-esteem, victim identity, self-destructive behavior, anger, suicidal ideation and behaviors, hypervigilance, fear, and aggression.

To gain a deeper understanding of trauma and complex developmental trauma, the role of boarding schools, and clinical advancements, see [Trauma-Informed Care: A One-on-One with Dr. Tami DeCoteau](#) provided by the Mountain Plains Addiction Technology Transfer Center.⁴²

Developing empathy and understanding for students who have experienced trauma is instrumental in meeting their needs. An excellent resource the trainers have used that educators find helpful is the [Brain Architecture Game](#).⁴³ This resource also includes a number of podcasts regarding the current global pandemic and trauma.

Carli and her family have experienced trauma. Understanding trauma is key to understanding and helping Carli. The behaviors associated with the outcome of trauma generally include:

- Externalizing stress (acting out), or
- Internalizing stress (shutting down).⁴¹



LEARN MORE ABOUT TYPES OF TRAUMA FROM:

- [Understanding historical trauma when responding to an event in Indian Country](#)²⁵
- [Wicasa Was'aka: Restoring the traditional strength of American Indian males](#)³⁹
- [Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives](#)⁴⁰

HISTORICAL TRAUMA

Historical trauma is the cumulative, multi-generational, collective experience of emotional and psychological injury experienced by communities and descendants.²⁵ It can be incurred by any group of people who experience a trauma, for example genocide, enslavement, or ethnic cleansing.

HISTORICAL TRAUMA RESULTS IN:

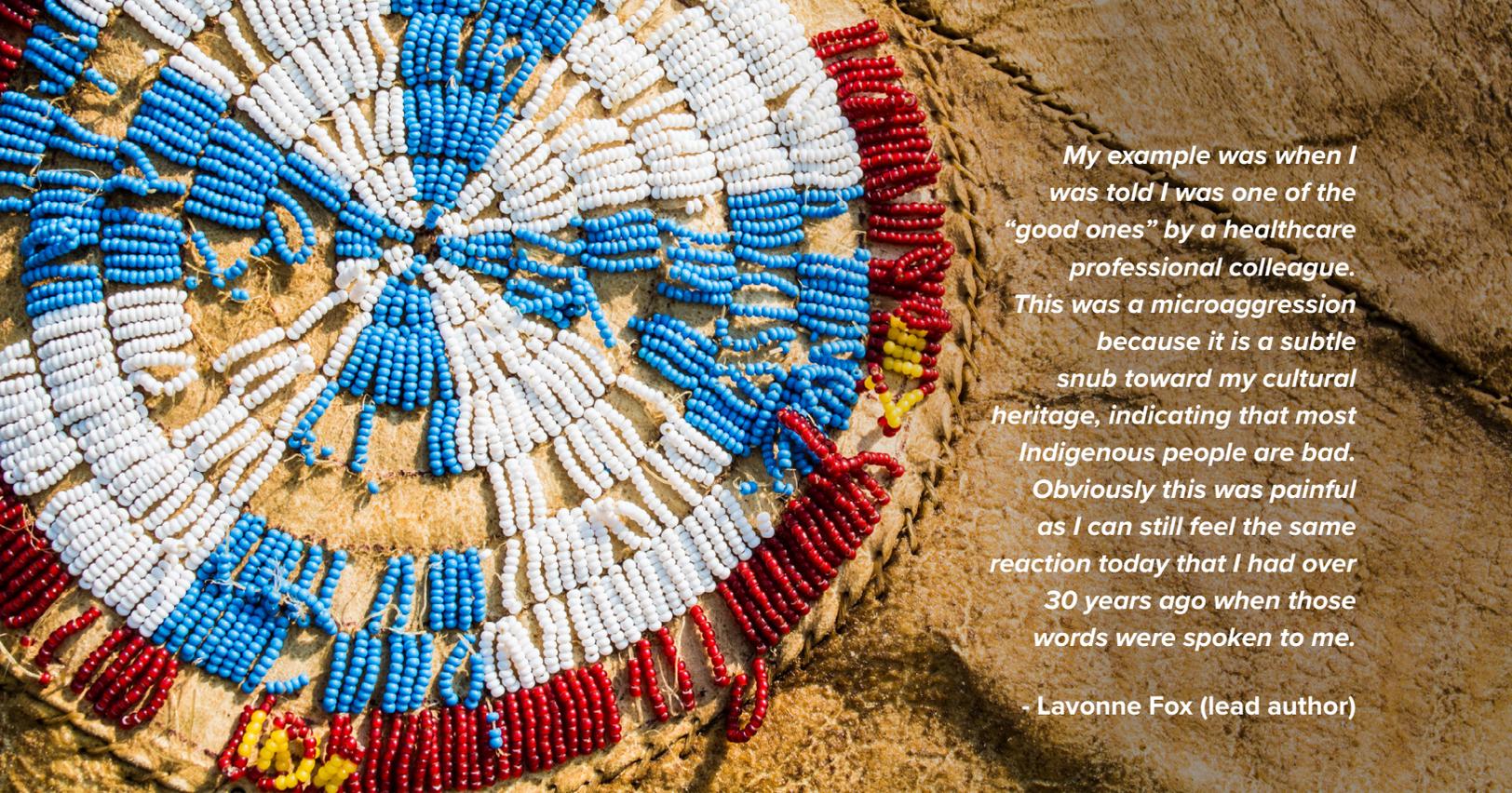
- Loss of land, language, culture, and spiritual ways
- Loss of family and family ties
- Loss of people through early death
- Loss of identity – not fitting in
- Racial trauma
- Loss of self-respect
- Loss of trust

The result of historical trauma and historical loss in Indigenous populations includes the persistent cycle of trauma that destroys family and communities and threatens the vibrancy of entire cultures.

THE CHANGES IN THE TRADITIONAL WAYS OF CHILD REARING, FAMILY STRUCTURE, AND RELATIONSHIPS CONTRIBUTES TO:

- Poor physical health
- Poor emotional health
- Avoiding risks
- Survivor guilt
- Distrustful of others/systems
- Assuming a victim identity
- Self-destructive behavior
- Suicidal ideation
- Hypervigilance
- Being fearful
- Feeling overwhelmed
- Feelings of hopelessness
- Shame
- Feeling anxious
- Difficulty concentrating
- Feelings of isolation
- Feelings of rage
- Feeling unmotivated
- Feeling failure oriented
- Manipulating others
- Rebellious behaviors
- Engaging in reckless behavior
- Demonstrating arrogance
- Perfectionism/overachieving
- Becoming a workaholic
- Cheating to avoid failure
- Disrespectful behaviors
- Becoming co-dependent
- Getting over-involved
- Low self-esteem
- Feeling detached from others
- Rejection of others
- Attention-seeking behaviors
- Craving affection
- The tendency to be antagonistic
- Early death





My example was when I was told I was one of the “good ones” by a healthcare professional colleague. This was a microaggression because it is a subtle snub toward my cultural heritage, indicating that most Indigenous people are bad. Obviously this was painful as I can still feel the same reaction today that I had over 30 years ago when those words were spoken to me.

- Lavonne Fox (lead author)

MICROAGGRESSIONS

Another factor that compounds trauma among Indigenous youth is microaggressions. A stigmatized group may experience microaggressions, which are common verbal, behavioral, and environmental communications with intentional or unintentional intent to transmit hostile, derogatory, or negative messages.⁴⁴ This is due to the assumed superiority of white values.

It is like the slow erosion of beads on a beautiful art piece. Educators must challenge negative bias and microaggressions and recognize them in others and ourselves because of their contributions to trauma.

Carli and her family may experience microaggressions at school and in the community through comments and behaviors such as:⁴⁵⁻⁴⁹

- Referring to a meeting as a “powwow.”
- Setting low expectations in the classroom based on culture.
- Seeing a student’s dialect or way of speaking as an issue.
- Pronouncing a name incorrectly even after they have corrected you.

- Ignoring traditional or cultural days and experiences.
- Describing a child or family as being lazy and undeserving, primitive, prone to alcoholism, and uneducated and unable.
- Believing all students have access to and are proficient in the use of computers and applications for communications about school activities and academic work.
- Making assumptions about students and their backgrounds.
- Not including books that represent their culture.
- Not allowing students to work on projects that explore their own social identities.
- Dismissing claims that race plays a factor in a student’s experiences.

Moreover, the idea that Indigenous culture does not belong as content desired in schools, or it does but only within a stereotypical framework, continues to this day. We see majority white high schools with mockery-laden homecoming traditions and children and youth being sent home for having “distracting” hairstyles. Actions and viewpoints such as these have similar consequences on today’s Indigenous youth as boarding schools had on their ancestors.⁵⁰

ADVERSE CHILDHOOD EXPERIENCE

It is also important to understand Adverse Childhood Experiences (ACEs) and their impact on learning.⁵¹

ACEs are experiences in childhood that are unhappy, unpleasant, and/or hurtful.

They are sometimes referred to as toxic stress or childhood trauma.

ADVERSE CHILDHOOD EXPERIENCES (ACES) ARE CATEGORIZED INTO THREE GROUPS.

ABUSE

- **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
- **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
- **Sexual abuse:** An adult, relative, family friend, or stranger who was at least five years older than you touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, or attempted to have any type of sexual intercourse with you.

NEGLECT

- **Emotional neglect:** Feeling that no one in your family loved you or thought you were important or special, or your family not looking out for each other, feeling close to each other, or supporting each other
- **Physical neglect:** often feeling that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you, or that your parents were too drunk or high to take care of you or take you to the doctor if you needed it.

HOUSEHOLD CHALLENGES

- **Mother is treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for more than a few minutes, or threatened or hurt by a knife or gun by your father (or stepfather) or her boyfriend.
- **Substance use in the household:** A household member has a substance use problem related to alcohol or drugs.
- **Mental illness in the household:** A household member has, or has had, a diagnosis of depression or other mental illness, or attempted/died by suicide.
- **Parental separation or divorce:** Your parents were separated or divorced.
- **Incarcerated household member:** A household member went to prison.

To understand more about ACEs and historical trauma and their influence on Indigenous populations, check out [Adverse Childhood Experiences: A Conversation with Dr. Donald Warne](#) provided by the Mountain Plains MHTTC.⁵²

PROTECTIVE FACTORS

A “protective factor” is something that decreases the potential harmful effects of trauma and ACEs. Protective factors build in resilience.

Carli experienced both historical trauma and had a high ACEs score because of her boarding school experience, her father’s alcohol use disorder, the lack of mental health resources in her community, and her household poverty. The higher the ACEs score, the increased risk for health problems such as alcohol and substance use disorders, depression, and anxiety.⁵³ The goal is to decrease an individual’s ACEs and risk factors and increase the protective factors that build resilience.

Be cautious and have the children, parents, and communities define culturally what each of the protective factors are for them.⁴

PROTECTIVE FACTORS MAY INCLUDE:

- Building positive social skills
- Building positive self-image
- Presence of positive adults
- Participation in shared activities with family and friends
- Healthy, safe activities such as sports, clubs, and other types of recreation
- Schools that address social and emotional needs as well as academics
- Safe environments
- Parental resilience
- Social connections
- Conflict resolution skills
- Knowledge of parenting and child development
- Concrete support in times of need
- Emotional regulation
- Community support
- Access to mental health services
- Connection to school
- Feeling of control over one’s life
- Trusting relationships
- Tolerance for delayed gratification
- Positive coping skills
- Strong cultural identity and pride





WHAT DOES IT MEAN?

SELF-IDENTITY AND ITS RELATIONSHIP TO MENTAL HEALTH CHALLENGES

Throughout this product, we have learned about the deconstruction of Indigenous culture and identity. The Indigenous identity has been dismantled and stereotyped through forced colonization, assimilation, hatred, and fear, and this impacts how we must serve Indigenous children and youth in our schools. “From the days of boarding schools, education was used to ‘whitewash’ and destroy the identities of Native people, so that they were only referenced as existing in the past. Indigenous identities are not respected.”³⁹ The deconstruction of Indigenous culture/identity has resulted in a number of destructive crises for Indigenous youth today. The most prevalent issue is suicide.

“Research has clearly established a connection between high suicide rates and the culture loss or historical trauma experienced by Indigenous people. In the case of Indigenous youth, images of the ‘noble savage’ or the ‘drunk Indian’ make it hard for them to construct salient identities within the larger society without a strong sense of their group history. Clearly, identifying with one’s heritage, and developing a

strong cultural identity, is extremely important for Indigenous young people. Crafting a strong cultural identity is a particularly important developmental task for Indigenous and other ethnic minority young people who experience discrimination, racism, and prejudice.”⁵⁵

Boarding schools taught many to be distrustful of the educational system. “Our histories with the education system mean many Native adults don’t see the point in supporting their children to perform well, making their kids do well in school. Distrust is one thing, but an even bigger problem is that teachers and staff have no concept of boarding school horrors and thus, wrongly assume lazy students and disinterested parents.”⁵⁰

Schools play a significant role in the identity development of youth who are Indigenous. The development of this identity is crucial to Indigenous positive mental health and well-being. If you want to have a healthy and positive student body, classroom, school, and community, you need to build these protective factors into a positive identity.

HELPING CARLI

SCHOOL RESPONSE

To develop positive self-identity as a student, Indigenous students need to perceive value in schooling. This process requires looking at decolonizing/deconstructing your lessons/curriculum and indigenize the school and the curriculum. Today, decolonization/deconstruction efforts include re-thinking education to support and help Indigenous youth celebrate and embrace their Indigenous identity. Efforts to decolonize the education of Indigenous youth are key to increasing positive mental health and decreasing suicide.⁵⁶ As decolonization/deconstruction begins, it needs to be replaced with Indigenization. Indigenize/Indigenization means there is a shift from the current curriculum, where Indigenous peoples have been excluded, to instead focus on bringing in the culture's strengths. Indigenization includes recognizing cultural contributions, cultural and educational aspirations, ways of being knowing and doing, language, traditions, and an accurate history that allows students to develop a positive identify.

“Mental health is not simply the absence of illness but includes states of well-being that encompass positive dimensions of social and psychological functions.”⁵⁷ The National Congress of American Indians, National Indian Child Welfare Association, National Indian Education Association, and National Indian Health Board document titled [Native Children's Policy Agenda Putting First Kids 1st](#)⁵⁸ underscores the importance of improving the social, emotional, mental, physical, and economic health of children and youth. The themes emphasized are healthy lifestyles, supportive environment, students ready to succeed, and vibrant communities. Underscored is the need for culturally relevant, school-based counseling programs that include crisis response and referral to treatment processes.



The remainder of this product provides models, frameworks, and strategies to build and strengthen Carli's positive identity and resilience. These models are effective for meeting Carli's needs as well as other Indigenous youth.

BUILDING POSITIVE IDENTITY AND INCREASING SCHOOL ENGAGEMENT FOR SUCCESS

When young people have positive concepts of themselves both as Indigenous people and as students, attachment and commitment to school and successful school performance will be more likely outcomes than when there are excessive contradictions or tensions among the various aspects of self.⁵⁹

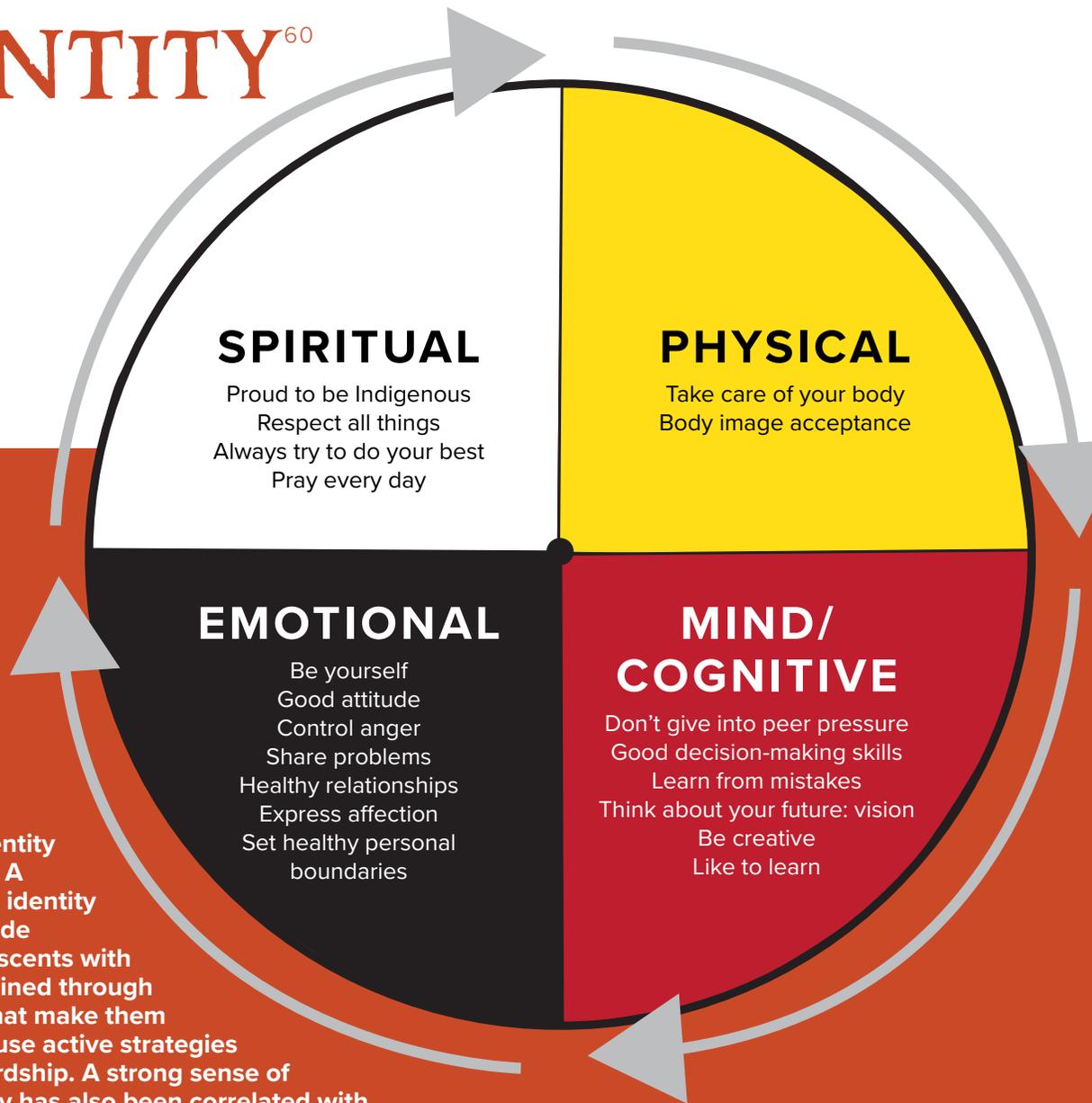
Carli does not have a positive self-identity. Influences that can play an important role in building Carli's resilience so she can form a more positive identity include:

- Family and the wider Indigenous community: values, practices, support.
- Significant people within the school: teachers, principals, parents/caregiver, and peers.
- The school system and activities: curriculum, language, alternative programs, vocational education, and Indigenous cultural activities.⁵⁹

A recommended strategy and resource includes use of Billy Roger's Positive Identity which recognizes the history of holistic living among Indigenous populations. The focus on balance and the spiritual belief that the child is the center of the universe gives strength to this model.⁶⁰



POSITIVE INDIGENOUS IDENTITY⁶⁰



This diagram provides various activities that can strengthen protective factors. These, in turn, contribute to developing a positive Indigenous identity and resilience. A positive ethnic identity seems to provide minority adolescents with self-esteem gained through coping skills that make them more likely to use active strategies to confront hardship. A strong sense of cultural identity has also been correlated with higher levels of psychological health for Indigenous youth. Psychological well-being encourages individuals to more meaningfully engage with larger societal issues.

These, in turn, contribute to developing a positive Indigenous identity and resilience. A positive ethnic identity seems to provide minority adolescents with self-esteem gained through coping skills that make them more likely to use active strategies to confront hardship. A strong sense of cultural identity has also been correlated with higher levels of psychological health for Indigenous youth. Psychological well-being encourages individuals to more meaningfully engage with larger societal issues.

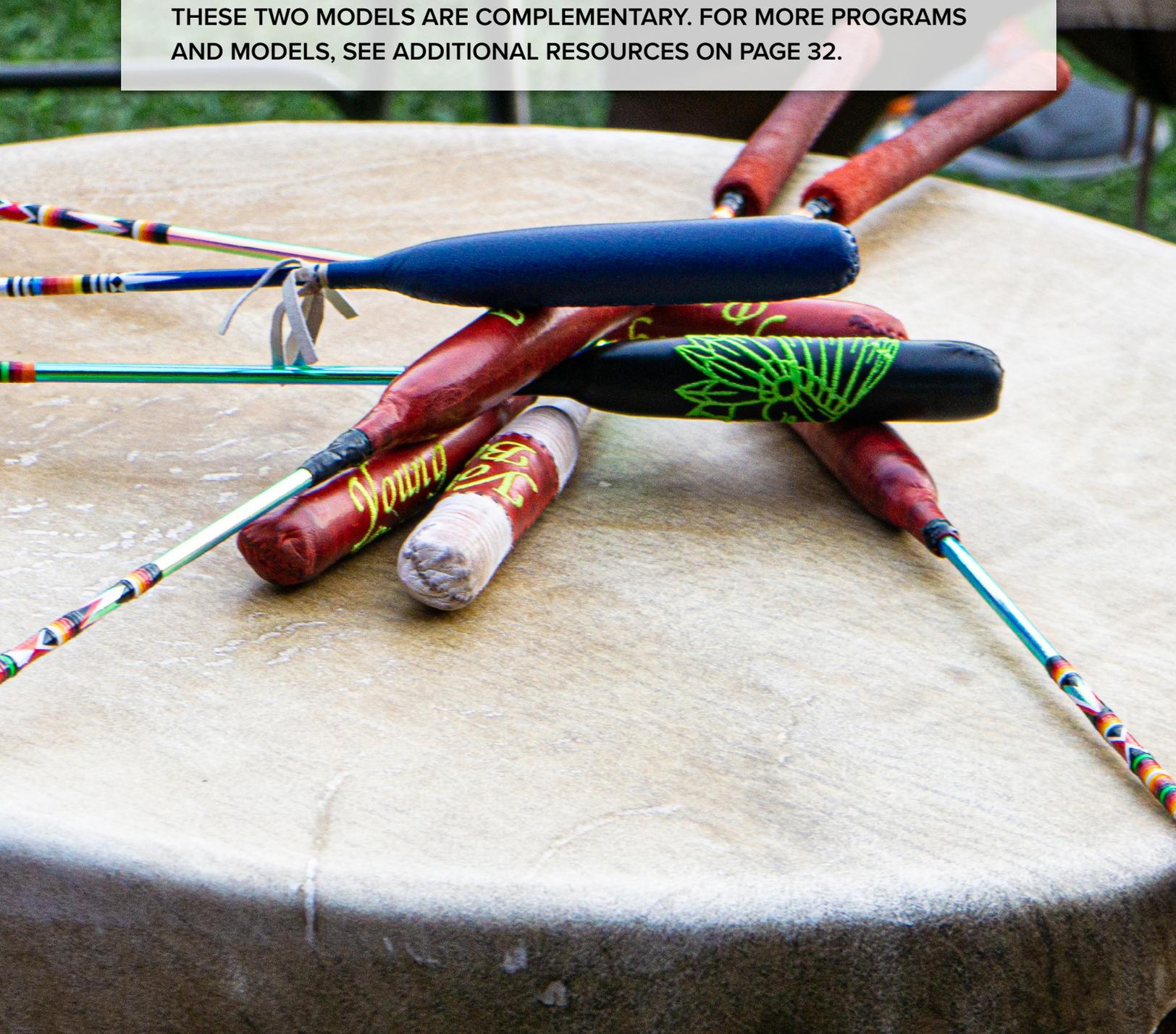
Two excellent resources the trainers have used include:

- [The National American Indian and Alaska Native MHTTC⁶¹](#)
- [Mental Health Evidence-based Practices for American Indian and Alaska Native Schools and Communities⁶²](#)

TWO INDIGENOUS MODELS ARE HIGHLIGHTED IN THIS DOCUMENT FOR IMPLEMENTATION AMONG SCHOOL PERSONNEL. THESE INCLUDE:

1. SEVEN TEACHINGS
2. THE CIRCLE OF COURAGE

THESE TWO MODELS ARE COMPLEMENTARY. FOR MORE PROGRAMS AND MODELS, SEE ADDITIONAL RESOURCES ON PAGE 32.



THE SEVEN TEACHINGS

Image from Turtle Mountain Community College Curriculum Design for the Master of Education Degree⁶³

The Seven Teachings is a set of guiding values and teachings on how we treat others and ourselves. Many other tribes have similar core values and sacred teachings so this can easily be modified to meet the needs of each tribe. You can use it to guide behavior in class and build a curriculum that builds and supports a positive Indigenous identity



Carli is experiencing the host of symptoms described earlier. As a result, a teacher may observe an inability to concentrate and inconsistent academic performance, especially toward the beginning of the week or following long weekends or breaks. Understanding the impact of trauma helps you know and understand your students. “If you’re not addressing the trauma, and the students are distracted, checked out, and falling increasingly behind, even the best curriculum won’t matter.”⁶⁴ With so much pain in the classroom, educators should be mindful that traumatic life experiences could sometimes emerge as behaviors that we might otherwise label as challenging.

APPLYING THE SEVEN TEACHINGS TO YOUR STUDENTS

If using the Seven Teachings, there are strategies a teacher can use to help Carli and other students build resilience, a positive self-image, and confidence and add to their protective factors.

EAGLE [Love]	SABE [Honesty]	BEAVER [Wisdom]	WOLF [Humility]	BEAR [Bravery/Courage]	TURTLE [Truth]	BUFFALO [Respect]
						
Activities that allow them to show compassion through actions and words.	Activities that help them learn to be true to their word.	Activities that help them learn the difference between right and wrong through actions and words.	Activities that get them to think of others before themselves.	Activities that highlight or facilitate bravery when problems or challenges arise.	Activities that facilitate understanding to be true in everything they do.	To honor and listen to others: parents, elders, teachers, classmates, etc.

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SUGGESTED ACTIVITIES

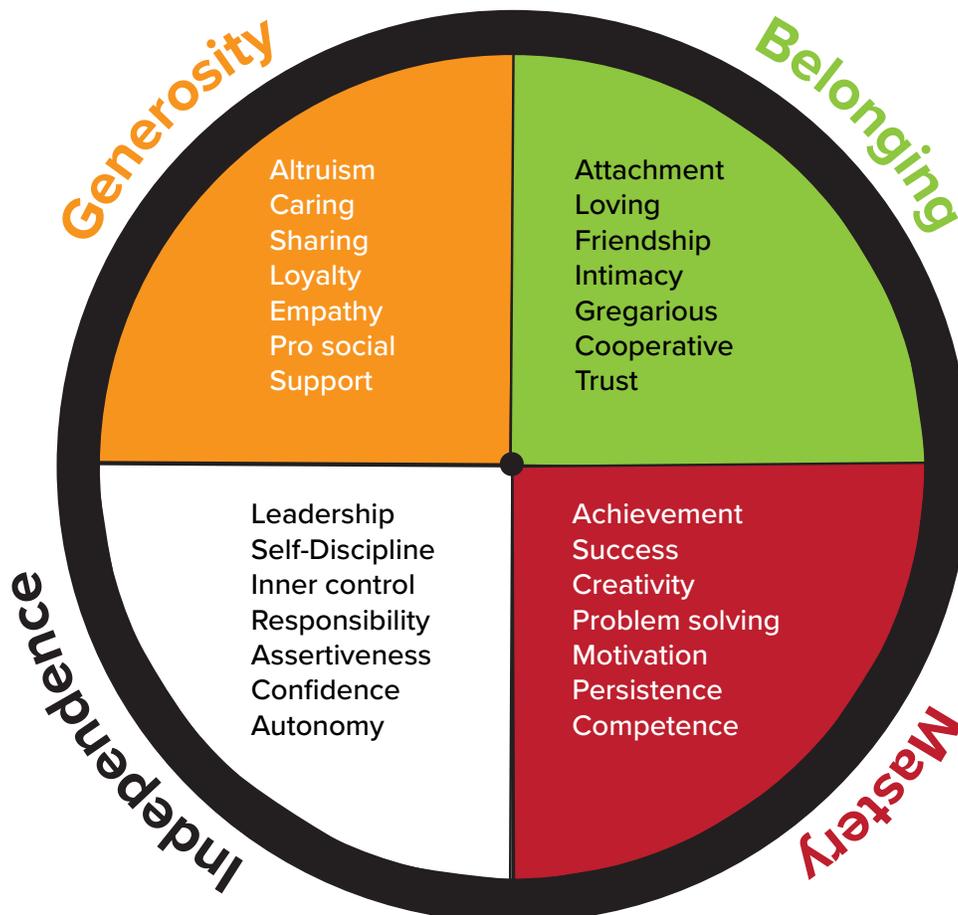
- » Learn about the student and their family.
- » Art: Have the students make a poster for each teaching.
- » Reading: Have the students read about each teaching. There are many resources out there especially with our First Nations relatives.
- » They can write what each teaching looks like in the classroom, on the playground, at home, and in the community.
- » Develop schedules and routines with the students.
- » Use with character education. Use for social skills.
- » Reinforce positive behaviors.
- » Learn about their culture AND learn about your own culture.
- » Develop a schedule of monthly themes for the school year. For example, for one month focus on humility and then each week focus on related values such as empathy, giving, and generosity.
- » Have a space that highlights and celebrates what is happening in the school and in the community and connect it with stories and student actions.
- » Have challenges, such as applying the seven teachings to their classroom, the school, the community, and home. Examples could be helping peers or peer leadership, student council, service learning projects; social justice projects, and engagement in ceremonies.

THE CIRCLE OF COURAGE MODEL[®]

1. Belonging/Attachment
2. Mastery/Achievement
3. Independence/Autonomy
4. Generosity/Altruism

Designed by Brendtro, Brokenleg and VanBrocken, The Circle of Courage Model[®] provides teachers with an evidence-based framework proven to help not only those who struggle but all learners.⁶⁵ “It integrates research on positive youth development with the best of positive thought, professional wisdom, and educational practice.”⁶⁶ There are four dimensions of the model that are intertwined.

THE CIRCLE OF COURAGE



If using the Circle of Courage Model, there are strategies a teacher can use to help Carli and other students build reliance, positive self-images, and confidence and add to their protective factors.

Behaviors/Actions		Ways Educators Can Facilitate a Positive and Strong Sense
When Dimension Is Challenged	When Dimension Is Positive	
DIMENSION ONE: Belonging/Attachment ⁵¹		
<ul style="list-style-type: none"> • Distrust • Crave acceptance • Antagonistic • Crave affection 	<ul style="list-style-type: none"> • Trust/ cooperation • Inclusion • Warmth • Friendship 	<ul style="list-style-type: none"> • Give positive encouragement: be specific when reinforcing their positive behavior • Arrange desks so people are together • Create a cohesive classroom where each student feels like an individual • Be clear with expectations and task assignments
DIMENSION TWO: Mastery/Achievement ⁵²		
<ul style="list-style-type: none"> • Avoids risks • Fears challenge • Arrogant • Failure oriented • Unmotivated • Workaholic overachiever 	<ul style="list-style-type: none"> • Feels successful • Motivated • Achiever/ problem solver • Creative 	<ul style="list-style-type: none"> • Connect classroom learning with students personal lives • Teach problem-solving skills • Make sure each student experiences success in something • Consider alternative assessment to recognize many facets of learning
DIMENSION THREE: Independence ⁵¹		
<ul style="list-style-type: none"> • Easily misled • Feeling useless or weak • Difficulty with transitions • Powerless • Need constant positives • Not trusting 	<ul style="list-style-type: none"> • Assertive • Confident • Good self-control • Optimistic 	<ul style="list-style-type: none"> • Involve students in participatory decision making • Model decision making and assist students in developing their own process • Develop routines and structure with the students • Give choices for activities to recognize multiple intelligence development • Help students develop internal controls – an inner self-discipline for student empowerment • Give the student control where possible
DIMENSION FOUR: Generosity ⁵¹		
<ul style="list-style-type: none"> • Disrespectful • Bitterness, resentment • Vengeful • Meanness, nastiness 	<ul style="list-style-type: none"> • Empathy • Kindness • Forgiving • Respectful 	<ul style="list-style-type: none"> • Foster cooperative interpersonal relationships • Have students make their own circle of courage, identifying strengths in each area • Reading Buddies: Develop a program where they read with someone younger • Have elders come and be a “grandparent” in the classroom

HOW TEACHERS CAN USE THE MODELS

REGARDLESS OF WHICH MODEL EDUCATORS UTILIZE, THERE ARE SOME TIPS THAT ARE CONSISTENT.

- Don't misinterpret; seek to understand.
- Keep promises and appointments.
- Get to know your students well.
- Help students create a system to keep them organized.
- Don't embarrass the student.
- Keep your mood stable and consistent. If you are having a difficult day, share a little so they don't think you are mad at them.
- Don't require all students to read from the front or out loud to everyone.
- Get to know the community.
- Help them learn to set realistic goals.
- Do not display poor work as an example.
- Learn what the family's ideas, experiences, and values are regarding education.
- Keep in mind the historic and intergenerational/transgenerational connection to boarding schools.
- Do not post grades publicly.
- Avoid inconsistencies.
- Engage with the family/parents and share successes as well as concerns.
- Do not judge.

In a materialistic, fast-paced culture, many children have broken circles, and the fault line usually starts with damaged relationships. Having no bonds to significant adults, they chase counterfeit belonging through gangs, cults, and promiscuous relationships. Some are so alienated that they have abandoned the pursuit of human attachment. Guarded, lonely, and distrustful, they live in despair or strike out in rage. Families, schools, and youth organizations are being challenged to form new "tribes" for all of our children so there will be no "psychological orphans."

- Martin Brokenleg ⁶⁷



CASE SCENARIO WRAP-UP

The school counselor met with Carli and completed the Columbia Lighthouse Project screening.⁶⁸ This is a simple screening tool about suicidal thoughts and behaviors. If you recall, Carli was experiencing depression, PTSD, physical complaints, low self-esteem, anger, suicidal ideation, hypervigilance, fear, and aggression. A teacher observed Carli's inability to concentrate and inconsistent academic performance, especially toward the beginning of the week or following long weekends or breaks. The teacher noted behavioral and discipline problems as well.

The school counselor worked with Carli's family to make connections with IHS to set up access to mental health services using telehealth, including access to both a psychiatrist and a mental health counselor. The school ensured that she had access to a computer and strong internet broadband service in a private location. The counselor and Carli developed a plan that incorporated aspects from the Seven Teachings and the Circle of Courage. Carli states she enjoys her counseling sessions and feels she is starting to understand herself more.

The school team worked with Carli and her family to develop a 504 plan. Carli will benefit from a 504 plan to help decrease obstacles and risk factors that may interfere with her ability to learn. This

was critical to ensure collaboration and carryover between the school and home.

After three months, the counselor reports that Carli has begun to develop a more positive identity. Carli has taken an active role within a community-based group that is working to develop positive images of Indigenous adults, adolescents, and children. She is also helping to develop a schedule of monthly themes that highlights one of the Seven Teachings for the school year. She still struggles at times but is now able to focus on her schoolwork. Her behaviors have moved to working cooperatively with others and developing positive and healthy interpersonal relationships. She is showing increased trust and a stronger, positive view of herself.

Carli's father has also started therapy through telehealth. As Carli was engaged in her activities to strengthen cultural identity, she involved her family. This outcome supports the research that a positive correlation exists between Indigenous veterans with PTSD and engagement in Indigenous ceremonies and prayers. Carli's ongoing treatment plan includes adjusting her 504 to include additional activities where she is engaged in building and maintaining a positive image, identity, and outlook. She has agreed to continue with her counseling and psychiatry appointments.

WHAT IS THE DIFFERENCE BETWEEN AN INDIVIDUALIZED EDUCATION PLAN AND A 504 PLAN?

The primary difference is that a student who has an Individualized Education Plan (IEP) is identified as having one of thirteen categories of disabilities under the Individuals with Disabilities Education Act (IDEA) that affects the student's educational performance and requires specialized instruction. It is a blueprint for the child's special education experience at school.

A student receiving services through a 504 plan under the Rehabilitation Act of 1973 may have any disability that interferes with their ability to learn. For more information, see the U.S. Department of Education.⁶⁹ This is a blueprint for how the school will provide support and remove barriers for a student with a disability.

Both plans address accommodations and modifications to the school environment and classroom materials, adaptive technology, and related services. These plans allow students to learn alongside their peers.



FINAL OUTCOME FOR THE SCHOOL

The school began to shift focus with their curriculum to Indigenize where they are able to.⁵⁹

1. The school added the tradition of smudging at the beginning of each day.
2. They began to work on a school and community campaign to promote positive images of Indigenous adults, adolescents, and children.
3. They began to identify and promote local Indigenous people from a range of employment, education, cultural, and leisure contexts to use as role models for Indigenous students. They began to include these role models in school activities.
4. The school developed homework centers, staffed by personnel, students, elders and parents, who could contribute after school as well.
5. They began to evaluate where and how the school and classroom curriculums focused on Indigenous cultures in the areas of:
 - Strengths.
 - Contributions.
 - Cultural and educational aspirations.
 - Ways of being, knowing, and doing.
 - Language.
 - Traditions.
 - Accurate history.

NOTE: ALWAYS check in with the community and elders to get permission to add smudging to the school day. Determine if elders are willing to teach and oversee this process with a prayer.

SMUDGING

Smudging is a tradition among many Indigenous nations. It involves the burning of one of the four sacred medicines used in ceremonies. These are tobacco, sage, cedar and sweet grass. The most common used are sweet grass, sage, and cedar.

There is a smudging protocol and guidelines for school divisions provided by the Indigenous Inclusion Directorate: Manitoba Education and Training.⁷⁰

THE RESOURCE SHARES THE FOLLOWING RATIONALE FOR SMUDGING:

- » We smudge to clear the air around us.
- » We smudge to clean our minds so that we will have good thoughts of others.
- » We smudge our eyes so that we will only see good things in others.
- » We smudge our ears so that we will only listen to good things about others.
- » We smudge our mouths so that we will only speak well of others.
- » We smudge our whole being so that we will portray only the good part of our self through our actions.
- » We smudge to remind us to stop, slow down and be mindful.
- » We smudge to connect and focus on the event or task.
- » We smudge to let go of negative feelings and thoughts and things that keep us from being balanced.
- » Smudging is always voluntary.

6. The school personnel took more of a leadership role in planning how services could be better integrated into the community. These connections have resulted in increased parent and elder involvement. This was aided by:

- Holding more joint meetings in the community.
- Participating in community celebrations and activities when invited.
- Welcoming community participation in planning activities at the school.
- Exploring more flexible approaches to curriculum delivery and school organization.

7. A teacher training and mentoring program was developed to:

- Support new teachers in learning and understanding about Indigenizing the classroom and school curriculum.
- Ensure the teachers and personnel are accurately informed on Indigenous history

and impact on current issues both on a local level and more broadly as well.

- Understand the importance of and use of Indigenous language in their classrooms where appropriate.
- Hire teachers who want to be there.

8. The school and Tribal Council began collaborating to submit an application to begin a Boys and Girls Club of American Native Services chapter in their community.⁷¹ The Boys and Girls Club is the largest agency serving Native youth in the U.S. and a critical resource for youth. It provides out-of-school programming that creates opportunities for Indigenous youth to advance academically and in their understanding of culture. These programs have had considerable success on various reservations. [Learn more about the Boys and Girls Clubs of America Native Services](#)⁷² or learn more about [how to start a Chapter in your community](#).⁷³



ACTION ITEMS

FOR SCHOOLS SERVING INDIGENOUS STUDENTS

1. ADDRESS TEACHER SHORTAGES

Enhancing access to teachers who understand the culture, language, and history and have a long-term commitment to the community is underscored in the literature. Effective strategies exist to recruit homegrown teachers in collaboration with tribal colleges. Efforts to encourage partnerships between tribal colleges and four-year universities have [models of success and strategies in place for replication](#).⁷⁴ Additionally, efforts to enhance retention of Native students in four-year state and private universities off reservations should exist.

2. ADDRESS INADEQUATE PHYSICAL STRUCTURES IN SCHOOLS

Indigenous children attending both public and Bureau of Indian Education Schools (8%) must overcome inadequate physical structures, including asbestos, radon, and mold problems and electrical and plumbing problems. Safe facilities improve academic success.⁷⁵ The need exists to address limited access to broadband technology in tribal communities, highlighted during this global pandemic. Safe and secure transportation must be in place for children living in remote areas to arrive at schools.

3. ENCOURAGE PROMOTION OF CULTURAL AWARENESS

Allow tribes greater control over the educational process. This includes incorporating tribal history, language (native or heritage), and culture into education. Tribes and school districts should support all efforts to ensure tribal histories are accurate, including professional development for teachers. The National Indian Education Association has initiated several efforts to remove barriers to engagement by tribal members in teacher education and have studied the impact. [A report](#) from National Congress of American Indians, the National Indian Child Welfare Association, the National Indian Education Association, and the National Indian Health Board states that “To reach better outcomes, Native educational instruction must be consistent with Tribal beliefs, thoughts, and philosophy and respectful of cultural practices.”⁷⁶

4. ADDRESS AUXILIARY SCHOOL WORKFORCE SHORTAGES

Of critical importance for tribal schools is to enhance the access to counselors and social workers, as well as teachers and administrators, in the schools who have the capacity to provide culturally competent services with an understanding of how culture and beliefs affect behaviors. A trusting relationship enhances resiliency. A useful tool is the [Working with American Indian and Alaska Native Individuals, Couples, and Families: A Toolkit for Stakeholders](#).⁷⁷ There is also the [Helping Traumatized Children: A Brief Overview for Caregivers](#),⁷⁸ which offers brief, hands-on suggestions provided by the Child Trauma Academy to assist parents, caregivers, teachers, and other various professionals working with maltreated and traumatized children.

5. COLLABORATE WITH COMMUNITIES TO ADDRESS SUICIDE

[Preventing Suicide: A Technical Package of Policy, Programs and Practices](#)⁷⁹ provides evidence-based strategies to communities to help them establish activities that have the greatest potential to prevent suicide. These include strengthening economic supports; strengthening access and delivery of suicide care; creating protective environments; promoting connectedness; teaching coping and problem-solving skills; identifying and supporting people at risk; and lessening harms and preventing future risk.

ADDITIONAL RESOURCES

AMERICAN INDIAN LIFE SKILLS DEVELOPMENT⁸⁰

This is a culturally tailored intervention that targets high school students. It is based upon social cognitive theory, which proposes that suicidal behavior is affected through the interaction of modeling influences (peer and community), environmental factors, and individual characteristics. By developing competency in a range of life skills, program participants decrease known risk factors while increasing protective factors.

COPING AND SUPPORT TRAINING (CAST)⁸¹

Provided by the Suicide Prevention Resources Center, CAST is a small group skills training intervention. Twelve one-hour sessions incorporate key concepts, objectives, and skills that are outlined in a standardized implementation guide. Sessions target mood management, drug use control, and school performance by helping youth apply newly acquired skills and gain support from family and other trusted adult leaders. The implementation guide also specifies the motivational preparation and coaching activities required of the CAST leader.

COUNSELORS-CARE PROGRAM⁸²

CARE (Care, Assess, Respond, Empower), also called Counselors CARE (C–CARE), is a brief, school-based assessment and crisis intervention for youth at-risk for suicide. The CARE protocol is designed to empower youth and engage social support by connecting youths at-risk of suicide to a caring person from their personal lives or from the school environment. Parents are contacted and instructed in providing support and understanding during the suicide-risk-assessment process. The goal of CARE is to decrease suicidal behaviors and related risk factors and increase personal and social assets by using a standardized individual prevention approach delivered by trained staff in school.

FOSTERING RESILIENT LEARNERS: STRATEGIES FOR CREATING A TRAUMA-SENSITIVE CLASSROOM⁸³

Grounded in research and the authors' experience

working with trauma-affected students and their teachers, this book will help you cultivate a trauma-sensitive learning environment for students across all content areas, grade levels, and educational settings. The authors—a mental health therapist and a veteran principal—provide proven, reliable strategies to help educators.

ONE SKY CENTER⁸⁴

One Sky Center is a National Resource Center for American Indian and Alaska Native Health, Education, and Research.

RECONNECTING YOUTH (RY)⁸⁵

This is a school-based, selective/indicated prevention program that targets young people in grades 9–12 who show signs of poor school achievement, potential for dropping out of school, and other at-risk behaviors, including suicide-risk behaviors. RY teaches skills to build resiliency with respect to risk factors and to moderate early signs of substance abuse and depression/aggression.

SCHOOL ENVIRONMENT LISTENING SESSIONS: FINAL REPORT⁸⁶

Developed by the U.S. Department of Education, White House Initiative on American Indian and Alaska Native Education, this report underscores the power of sharing positive community practices by examining models for implementing change.

TRAUMA SENSITIVE SCHOOLS TRAINING PACKAGE³⁸

Developed by the National Center on Safe Supportive Learning Environments, this training package offers school and district administrators and staff a framework and roadmap for adopting a trauma-sensitive approach school- or district-wide. The Training Package includes a variety of resources for educating school staff about trauma and trauma-sensitive practices and for providing school leaders with a step-by-step process for implementing a universal, trauma-informed approach.

PROMISING PRACTICES FOR INDIGENOUS YOUTH AND ADDITIONAL MODELS

EEAGALA MODEL⁸⁷

Provides a template for using equine and mental health specialists to provide therapy using a team approach.

HEALING OF THE CANOE TRAINING CENTER⁸⁸

Provides a life-skills curriculum to prevent substance use focused on cultural traditions. It notes positive outcomes

with increased feeling of hope, optimism, and self-efficacy. Learn more about [outcomes from Healing of the Canoe](#).⁸⁹

TO LOVE TO SEE THE GREAT DAY THAT DAWNS: PREVENTING SUICIDE BY AMERICAN INDIAN AND ALASKA NATIVE YOUTH AND YOUNG ADULTS⁹⁰

This manual lays the groundwork for community-

based suicide prevention and mental health promotion plans for American Indian and Alaska Native teens and young adults. It addresses risks, protective factors and awareness, and describes prevention models for action; developed by the Substance Abuse and Mental Health Services Administration.

WHITE BISON PROGRAM⁹¹

Provides a template for cultural training for providers in Wellbriety; it uses a culturally based approach focused on wellness and incorporates Native American healing practices. Learn more about [outcomes from the White Bison Program](#).⁹²

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION RESPONSE

AMERICAN INDIAN AND ALASKA NATIVE CULTURE CARD⁹³

This guide enhances cultural competence when serving American Indian and Alaska Native communities. It covers regional differences, cultural customs, spirituality, communication styles, the role of veterans and older adults, and health disparities.

BEHAVIORAL HEALTH SERVICES FOR AMERICAN INDIANS AND ALASKA NATIVES: TIP 61⁹⁴

Treatment Improvement Protocol (TIP) 61 is a “primer for working with individuals who identify with American Indian and Alaska Native cultures” to provide culturally responsive, engaged, holistic, trauma-informed services. TIP 61 underscores the need for fostering a culturally responsive environment for Indigenous peoples, including culturally responsive policies that are also paramount in our k-12 educational institutions.

MOUNTAIN PLAINS MHTTC: SCHOOL-BASED RESOURCES ON TRAUMA RESPONSIVE PRACTICES⁹⁵

When schools understand the educational impacts of trauma, they can become safer, more supportive environments where students make positive connections with adults and their peers. The resources included on this webpage are free online training packages and opportunities, resources, and tools to equip educators with the skills needed to become trauma responsive.

THE NATIONAL AMERICAN INDIAN AND ALASKA NATIVE MENTAL HEALTH TECHNOLOGY TRANSFER CENTER⁹⁶

The AI AN MHTTC serves mental health treatment providers and organizations serving American Indian and Alaska Natives throughout the U.S. Its focus is on strengthening the capacity of providers to deliver effective evidence-based and experience-based practice that benefit individuals, families, and tribal and urban Indian communities. A wealth of resources are available at this site.

THE OFFICE OF TRIBAL AFFAIRS AND POLICY IN SAMHSA⁹⁷

The focus of the office is to address social and health disparities for American Indian and Alaska native populations. It recognizes the role of historical trauma and the social, policy, and economic implications of poverty that include lack of access to health care, lower educational achievement, lack of housing, and violence on disparities.

SCHOOL MENTAL HEALTH TOOLKIT⁹⁸

This toolkit was developed to help community advocates, schools, and local leaders work together to assess, identify, prioritize, and fund school-based mental health services.

TRAUMA-INFORMED CARE AND PRACTICES: A THREE-PART WEBINAR SERIES FOR SCHOOL PERSONNEL⁹⁹

Dr. Tami DeCoteau, PhD, a national expert on trauma-informed care, offered insight to providers and educators interested in gaining a deeper understanding of trauma, including content on historical trauma and adverse childhood experiences.

- [Session one: Regulatory Strategies⁹⁹](#)
- [Session two: Sensory Strategies¹⁰⁰](#)
- [Session three: Correcting Behaviors¹⁰¹](#)

TRAUMA RESPONSIVE SCHOOLS THEORY OF CHANGE TOOLKIT¹⁰²

The Trauma Responsive Schools Theory of Change Toolkit is designed to guide users to develop a plan and to organize efforts to meet evidence-based practice standards in creating trauma responsive schools. The toolkit integrates knowledge about trauma into policies, procedures, and practices. Throughout, it aims to avoid re-traumatization. The toolkit provides an action-oriented guide for school administrators, staff, and teachers, along with community systems that serve children, youth, and families, to apply the Trauma Responsive Schools Theory of Change.

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Dr. Fox was born and raised on the Turtle Mountain Chippewa reservation. She has considerable experience working with children, youth, and young adults with mental health issues in communities. She was an associate professor at the University of North Dakota in Grand Forks, North Dakota, in the Department of Occupational Therapy, School of Medicine & Health Sciences for 26 years until December 31, 2019. She began a new position at the Turtle Mountain Community College in Belcourt, North Dakota, in January 2020. She is developing a new Master of Education Degree focusing on decolonization and Indigenizing education at all levels in the school and community. She became a technical trainer with the Mountain Plains MHTTC in January 2020 and is the lead on the tribal schools Community of Practice, where she works closely with Dr. Nielsen, Dr. Schroeder, and Thomasine Heitkamp.



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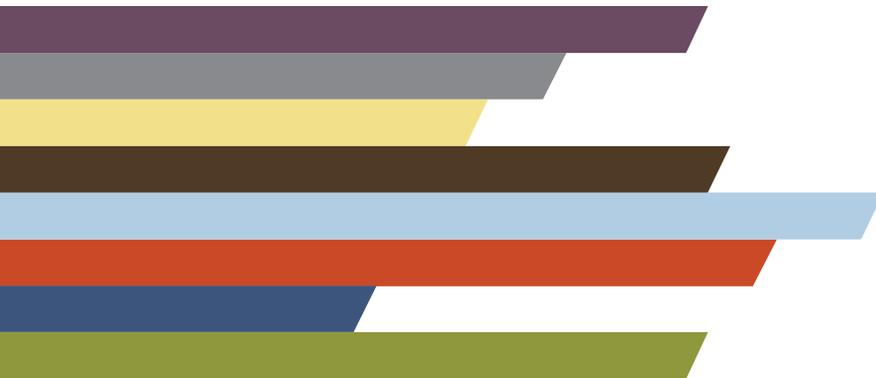
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