



**Center for
Native Child
and Family Resilience**

Resilience-Informed Care Facilitation Guide



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About This Guide

This guide complements the Resilience-Informed Care Training (RICT), which offers Indigenous communities a flexible framework for developing their own unique resilience narrative grounded in traditional knowledge, cultural practices, and ceremonies that have provided healing and promoted wellness—and continue to do so. Child- and family-serving Tribal programs then have an opportunity to integrate the community-generated resilience narrative into policy and practice. This guide was designed to provide Tribal Councils, Tribal child welfare leadership, and community partners with essential information about resilience-informed care, including possible implementation and evaluation processes. Resilience-informed care was developed with Tribal child welfare programs in mind, and while the training content reflects this origin, other Tribal programs can champion this work.

A note to the audience: The material in this implementation guide and the RICT centers Indigenous approaches to the issues of trauma and resilience without being “pan-Indian” resources. By design, the RICT is community-driven and reliant on local traditional knowledge and cultural practices. This orientation has a few consequences for potential audiences: (a) Those working with these Indigenous approaches for the first time may need to allot extra time to sit with and explore many of the ideas, as they will likely differ from your views and approaches. (b) Implementing resilience-informed care, regardless of one’s background, might require moral, intellectual, spiritual, and practical growth for all involved, which can make this work more time-intensive than other program development methods. (c) If you are not a member of the community (in the relevant sense) implementing its resilience narrative, it is critical that the community invites your participation and that you honor the invitation by remembering your role in helping the community develop its approach to resilience.¹

The Story of Resilience-Informed Care

Together, the Center for Native Child and Family Resilience (CNCFR) and a group of experts, including Indigenous educators, social workers, an Indigenous lawyer, elders, and Tribal child welfare administrators, conducted a comprehensive review of the trauma-informed care literature and programs. After reviewing these materials, the group identified strengths and gaps and outlined their findings. During these discussions, the group recognized the research’s extensive focus on trauma as well the multitude of trauma-informed programs and practices already available. The team began a conversation around the limitations of the trauma-informed care paradigm, guided by questions such as:

- If much of the trauma in Indigenous communities is caused by *ongoing oppression*, why does trauma-informed care treat trauma like it occurred *one time in the past*?
- If much of the trauma our communities face is *collective trauma*, why are so many trauma-informed resources focused on the *individual*?

As a result of these conversations, the workgroup decided to shift the focus away from trauma and instead center and build upon the *resilience* present within each Tribal community, choosing a new paradigm: resilience-informed care. This change in orientation better suits the diverse needs of

¹ Information about Indigenous Ways of Knowing and the Center’s Lessons Learned can be found on the CNCFR website at <https://cncfr.jbsinternational.com/>.



Indigenous communities while allowing for larger structural solutions informed by the intergenerational wisdom and collective strength of Tribal Nations. Where trauma-informed care asks, “What happened to you?”, resilience-informed care asks, “What is strong within you and your community?” Subsequently, the group developed a training about resilience-informed care that promotes and centers the healing and wellness of individuals, families, and communities. Resilience-informed care encourages a community to envision and build their own resilience-oriented Tribal child welfare program.

A note about program applicability: While resilience-Informed care began its development oriented toward Tribal child welfare programs, other Tribal programs may be equally appropriate for adopting the model.

A Shift to Resilience-Informed Care

Trauma-informed care is an important paradigm for child welfare, but, on its own, is not enough to address the unique and ongoing traumas inflicted by settler colonialism. Trauma-informed care was not created with Indigenous communities in mind. Important components of Indigenous life, like sovereignty, resistance to settler colonialism, the role of community, the role of land, intergenerational knowledge transmission, spirituality, and the ongoing occupation of Indigenous land, are not well accommodated by trauma-informed care. While there are specifically Indigenous theorizations of trauma, mainstream trauma-informed care paradigms prove difficult to adapt to address racism, historical trauma, multigenerational trauma, intergenerational trauma, and blood memory. Resilience-informed care is a paradigm that seeks to center the ancestral resilience of Indigenous communities rather than center settler-colonially imposed trauma theories and Western conceptions of health. Resilience-informed care is not necessarily a replacement for trauma-informed care; rather, it is a complementary, Indigenous-led intervention for Tribal child welfare practice in Indian Country.

When most people think of the word “resilience,” they probably associate the concept with words like endurance, strength, or fortitude. The RICT certainly draws from these associations, but the form of resilience it highlights has specific meanings for Indigenous communities. Indigenous communities often talk about having existed since “time immemorial,” or since before even our ancestors can remember. The “resilience” in “resilience-informed care” is meant to communicate the resilience of our communities since a time before we remember. Many Indigenous communities also often reference the Seven Generations teachings, in which one considers not only their own generation in decision-making but also the insights and impacts of those ancestors seven generations prior to one’s own and those descendants seven generations into the future (Loew, 2014; Robbins, Harrist, and Stare, 2021). This Indigenous concept of resilience is also tied to the land, which Indigenous peoples value as a sacred teacher existing long before settler colonialism-imposed reservations, borders, and property laws onto our homelands. Indigenous people continue to have a relationship with the land and beliefs about the reciprocal connections between past and future generations of Indigenous peoples. To learn more about the rationale for centering resilience, review the Introduction to Resilience-Informed Care (Appendix A).

Outline of Training

The training offers a flexible framework for implementing resilience-informed care in Tribal communities. It consists of four self-paced online modules, with each module requiring 45–90 minutes to complete. Although it is possible to complete them in a single sitting, participants are encouraged to complete the modules over a period not exceeding 1 month. This approach allows time for reflection and productive



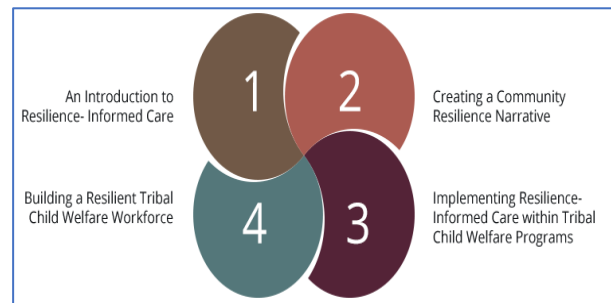
discussions about the content’s relevance for the community and Tribal child welfare program. Each module includes suggested activities and prompts encouraging viewers to pause and reflect. Some readers may find it useful to repeat some modules to fully understand the content and application.

Access to the training is not restricted; however, it is most relevant for individuals in Tribal child welfare leadership positions, community dialogue facilitators, and those in a position to champion and sustain the work over time. Community members participating in the community dialogue would not be expected to complete the online training, but may find it helpful.

Each module addresses different elements of resilience-informed care:

- Module 1 focuses on emerging approaches that center resilience and culture to promote wellness and healing. Participants are introduced to the resilience-informed care framework.
- Module 2 is dedicated to preparing for and facilitating community dialogues aimed at generating a resilience-driven narrative.
- Module 3 centers on implementing the resilience narrative generated by the community into policy and practice across Tribal programming serving children and families.
- Module 4 recognizes that those in helping positions often bear the hurt of others. It offers strategies to encourage and sustain a resilient workforce.

Modules in Resilience-Informed Care Training



For detailed descriptions of each module and their corresponding objectives, please refer to Appendix B.

Tailoring the Training to the Community

A strength-based, community-driven approach forms the core of resilience-informed care. The training’s developers recognized that all involved—the organization, the community, and the individuals—possess unique histories and strengths. Because every community is different, some adaptation is encouraged to reflect local culture, strengths, resources, and needs. Within the resilience-informed care framework, the community dialogue is the vehicle for identifying paths towards healing and wellness by centering local culture and resilience. It is the community that envisions and defines their story of collective resilience and establishes outcomes they seek for the Tribe and people.

Communities and Tribal child welfare programs are encouraged to think of the strengths and resources already available and then work through the modules with an eye toward understanding how the modules’ examples are relevant to *and* differ from their own community. That is, the examples in the training highlight key insights, but they might not be directly applicable to every agency’s or staff member’s situation. For example, a Tribal child welfare program with 35 staff has different resources to work with than an organization of 3 staff. There are many ways to accomplish the goal of flourishing, resilient Indigenous children and families. Participants should not ask, “How can we reproduce the example?”—rather, they should ask, “What resources do we have available to do something that would make a good example for our community?” The framework should be used as a schema for building the resilience the community envisions using the existing strengths and resources of the community.



Project Leadership and Considerations for Teaming

Resilience-informed care is a product of many different perspectives: a diverse group of Indigenous leaders conceptualized the model; representatives from diverse Indigenous organizations reviewed the framework; and Tribal child welfare programs have provided productive feedback about the online modules.

Several key considerations emerged from this process:

- The shift toward centering Indigenous resilience resonates with many Tribal communities.
- Hosting community dialogues and implementing program changes that respond to the resilience narrative requires a sustained focus and commitment over time. Implementing resilience-informed care is likely a multi-year process.
- Communities are strongly encouraged to consider developing a team of project champions or an advisory committee that will encourage and support the work for its duration. This team may:
 - Review the training and consider what content is relevant to the community.
 - Engage community partners to encourage participation and buy-in. This may include Tribal Council, leadership from key Tribal departments, cultural preservation and language programs, storytellers, and elders.
 - Select facilitator(s) and support coordination of the community dialogues.
 - Support policy and practice reviews, development, redesign, and implementation of policy and practice changes that align with the resilience narrative.
 - Ensure that measures and methods for data collection are established to share the story of change and impact.
 - Serve as community advocates and cheerleaders for success.

Establishing Readiness

Tribal child welfare programs and social service programs have a significant responsibility to the community, providing crisis response to emergent needs of children and families and offering ongoing support to ensure the safety and well-being of the most vulnerable children and families. With respect for the capacity of the workforce and the necessity of community engagement for successful implementation, it is crucial that project leadership make several determinations regarding the community's readiness to implement resilience-informed care. Although there is not a validated tool for assessing readiness specific to resilience-informed care, ensuring that there is adequate support is important. The following questions can help when considering readiness issues:

1. Is resilience-informed care in harmony with the values held by the community?
2. Is the community likely to come together and contribute to the community dialogues?
3. Does the Tribal child welfare program have sufficient capacity to commit to and engage with the process?
4. Is there leadership support and investment in changing to a resilience model?

Beyond these high-level questions, the prompts below can help project leadership explore community and Tribal child welfare program readiness with Tribal leaders, community members, and professionals in Tribal child welfare and social services.



Considerations for Community Readiness:

- Does the Tribe operate a child welfare or social service program? (If yes, follow all prompts; if no, consider whether there is another program that could champion the work.)
- Does the Tribe have a mechanism for communicating with the community about resilience-informed care and soliciting a vision for implementation?
- Is sharing stories of resilience something elders, Tribal Council, and community members would support and participate in?
- Is there anyone from the community well positioned to facilitate the community dialogue such that it produces a resilience narrative?
- Is there sufficient support from key child- and family-serving programs for the Tribal child welfare program to engage in this change process?
- How will resilience-informed care impact initiatives the community is already engaging in?

Considerations for Tribal Child Welfare Program (or an Alternative Program) Readiness:

- Does the message of resilience-informed care resonate with the mission and values of the program?
- Does the program have written policies and procedures in place?
- Does the program currently collect and record data about children and families involved, and the services provided?
- Is the degree of stability in the workforce conducive to implementing policy and practice change?
- Within the program, are there staff willing to champion this work?
- Will implementing resilience-informed care negatively impact already existing initiatives or program improvement plans the program is engaged in?
- Are most staff willing to implement resilience-informed care (i.e., by facilitating a community dialogue, helping with implementation, and building a resilient workforce)?

There are more robust and validated readiness assessments for communities interested in resilience-informed care, but their compatibility with local interest and feasibility for relevant programs varies. Communities may consider using the Community Readiness Assessment² developed by the National Center for Community Readiness at Colorado State University, which can guide community change efforts that are effective, grounded in culture, and reflect community specific strategies.

Determining Facilitators

Resilience-informed care relies heavily on the unique resilience narrative generated by the community during community dialogues. The facilitators of community dialogues have the opportunity and responsibility to support the creation of productive narratives, which will ultimately guide implementation across child- and family-serving Tribal programs. Therefore, determining who will facilitate a community dialogue requires thoughtful consideration. Review the essential facilitator skills and tasks relevant to community dialogues in Appendix C and an example agenda for a community dialogue in Appendix D.

² Information about the Community Readiness Model can be found on the Tri-Ethnic Center for Prevention Research website at <https://tec.colostate.edu/communityreadiness/>.



Selecting Facilitators

A community-driven resilience narrative is built from stories about the past, present, and future. It is deeply personal to the Tribe and community. Thus, it is vital that the facilitators understand that **these stories are sacred and that they honor those contributing to the dialogue as well as the ancestors from whom much resilience is derived.** It is recommended that the facilitator be a Tribal member from the community, possessing a connection to and knowledge of the history and the ability to bring people together to share story with one another. It's important to acknowledge that participants will likely have been impacted by the traumas of colonization and intergenerational trauma. Facilitators may *also* have been impacted by the traumas of colonization and

intergenerational trauma; however, **it is important that they have achieved a level of healing that enables them to be present and support others during these difficult conversations.** Ideally, any facilitator you choose has cultural skills, is comfortable setting a safe cultural space, and can use cultural healing techniques if such a need emerges. However, holding up the process until you find an ideal facilitator is unnecessary because properly coordinated co-facilitation, or having more than one facilitator, can provide numerous advantages.

Key Takeaways

- It is vital that the facilitators understand that these stories are sacred and that they honor those contributing to the dialogue as well as the ancestors from whom much resilience is derived.
- It is important that facilitators have achieved a level of healing that enables them to be present and support others during these difficult conversations.

Consider Co-Facilitation

When possible, consider co-facilitation. Often, the skills of one person complement those of another, creating a space that meets the needs of all participants during this transformative process. For example, one facilitator may have the power to convene the community and create a culturally safe environment that promotes the sharing of story by providing support, while the other facilitator may be skilled at capturing themes throughout the dialogue, noticing more nuanced reactions of participants, and ensuring progress towards a resilience narrative that will guide Tribal child welfare programming. It will be important for co-facilitators to work together in preparation for the community dialogue. During this preparation, co-facilitators are encouraged to share their understanding of the purpose of the community dialogue and their hopes for the process as well as agree upon each facilitator's specific roles and responsibilities. Examples of co-facilitation pairings include:

- An elder and the director of social services. Tribal elders are important since they often are the keepers of the Tribe's stories, customs, and traditions and would know about the historical trauma the Tribe had experienced and what Tribal members and the Tribe did to alleviate or lesson behavioral/physical health conditions manifested by the traumatic experience. The director of social services understands the service array and how to access services within that array.
- Staff from the cultural preservation department and the child welfare director. Staff from the Tribe's cultural preservation office would also know the Tribe's stories, customs, and traditions and would know the cultural resilience factors that come into play to alleviate traumatic experiences. Like the director of social services, the child welfare director would also know the service array and how to access services within that array.



- A member of Tribal Council and veteran social worker from the community. A Tribal Council member would know the history of the Tribe and the historical trauma that impacted the Tribe. A veteran social worker would understand the service array, how to access services, how to build relationships, and how to create a safe environment that allows the free flow of information among participants.

Building Community Support

While the Tribal organizations implementing resilience-informed care are primarily responsible for its implementation, robust community participation is a driver of positive impact—and will take time.

An impactful resilience narrative depends on community members coming together, their willingness to share stories of resilience from the past and present, and their hope for the resilience of future generations. These contributions enable Tribal programs to fully embrace the teachings, language, ceremonies, and cultural practices that, when woven into practice, will nurture strong families, a strong community, and a strong Tribe.

Gaining buy-in from the community is a significant and essential task for maximizing the impact of resilience-informed care, requiring transparent, ongoing, and consistent conversations as well as an openness to feedback about the process and approach. Active engagement from community partners, such as those listed below, will enhance implementation and ensure that the outcomes reflect the Tribe’s values and vision for its people. Appendix E contains a quick facts sheet, offering easily digestible information about the framework, including how the community and agency partners can support the work.

When an organization determines which community partners to engage, it should use collaborative processes that respond to community needs and align with the organization’s focus. Community partners often include:

Members of Tribal Council	Youth	Behavioral and Primary Health Care Professionals
Elders	Parents and Grandparents	Tribal Courts
The Tribe’s Historians and Culture Keepers	People With Prior System Involvement	Schools
Established Community Members	Youth Programs	Law Enforcement

Project leaders are encouraged to follow local protocols to gain permission to engage in resilience-informed care, coordinate community dialogues, and extend invitations to participate. For example, project leaders should get approval from a Tribal review board or Tribal Council in accord with local protocols.

Resilience-Informed Care Into Practice

Once a community resilience narrative has been established, the Tribal child welfare program will assess the program’s policies and case practices for alignment with the community’s vision. The benefit of



implementing a resilience-informed approach in programs is not limited or defined but will instead be driven by what the community aims to achieve. This may include:

- The organization will have a stable and skilled Tribal child welfare workforce that is grounded in the Tribe’s values, teachings, and culture.
- Children will receive services within the community that are rooted in the Tribe’s healing and wellness practices.
- Families feel safe asking for help.

Module 3 of the training outlines tools and activities for Tribal child welfare programs to assess what is working. For example, if a recurring theme throughout the resilience narrative is that learning and speaking the language offers healing, a Tribal child welfare program might first assess how language is incorporated into engagement with families and service delivery. Some Tribal child welfare programs refer to people using a phrase/teaching that describes their relationship to one another (e.g., “clients are relatives”). To enhance this practice, the program might examine their onboarding process, reflecting on how this practice is taught and what supports exist for new staff to identify the traditional words/teachings that reflect their culture and relationship with the families being served. This assists in sustainability: building upon what is good, making adjustments when needed, and creating new approaches when necessary. The program will then consider how to embed in policy and programming what has been collectively shared in the resilience narrative to enhance policy and practice.

For community dialogues that expressed sorrow about children living in homes with substance use or youth who don’t know their culture, a Tribal child welfare program might consider implementing resilience-focused practices such as:

- Ceremony-based healing as treatment.
- Facilitating connections between youth and elders.
- Integrating traditional teachings into the school day or treatment model.
- Rehabilitation focused on teaching traditional relationship roles and responsibilities.
- Restorative justice approaches (when harm has been done).

The responsibility of implementing change that aligns a program with the community-driven resilience narrative requires a thoughtfulness that honors those who contributed to the narrative and the courage to do things differently. This takes time, patience, and persistence. Modules 3 and 4 provide Tribal child welfare programs with different approaches to accomplish this goal.

Gathering and Sharing the Story of Impact

The Tribal child welfare program will work to define what it would look like to achieve the community’s collective vision for their children and families within program operations and then implement changes to policy and practice to accomplish these outcomes. This work includes establishing measures that will help the program assess whether the changes it makes have the desired impact and that can be used to inform leadership and the community about the ongoing resilience-informed care efforts and their impact. This information can be collected in various ways to support the program’s understanding of what is working and what requires adjustment.



Although what the program will measure depends on the community’s narrative, some potential measures include:

- Decreases in:
 - The number of youth in care
 - The number of placement changes for youth in care
 - The number of reports made
- Increases in:
 - Family preservation
 - Kinship placements (compared to foster or group care)
 - Voluntary participation in services
 - Satisfaction with services provided
 - Workforce satisfaction and retention

Project Pacing

Resilience-informed care was designed with the understanding that each Tribe is unique in its history, teachings, and cultural and spiritual practices; this includes the pacing of implementation and evaluation. The time it takes for communities to move through the framework will vary based on both program and community capacity. Below is a suggested pace to sustain momentum, allowing for change to be achieved.

Month 1–3	Establish project leadership and complete online training
Month 2–4	Follow local protocols or processes to obtain appropriate permissions from Tribal Council to engage in resilience-informed care
Month 2–6	Engage community partners about the vision for resilience-informed care and seek participation in the community dialogues
Month 4–6	Select and prepare facilitator(s) for the community dialogues
Month 6–9	Host initial community dialogue
Month 6–10	Assess policy and practice for alignment with community-driven resilience narrative
Month 10–12	Identify changes to policy and practice that are responsive to the resilience narrative
Month 10–12	Establish measures to determine impact
Month 12 and beyond	Train staff and supervisors in practice and policy changes Engage and supervise resilience-informed practice as defined by the community
Month 18 and beyond	Evaluate impact and share the story with staff, leadership, and the community
Month 18 and beyond	Refine policy and practice in response to progress towards desired outcomes, continue to measure, evaluate impact, and report back to the community

Time and Resources

As communities consider resilience-informed care, it will be important to establish a budget for the effort. The budget should account for costs associated with planning and hosting community dialogues, implementing the resilience narrative in practice, and sustaining the program over time. Because the training was designed, in part, to be responsive to the varied needs and capacities of Tribal communities, the resources required to implement resilience-informed care will vary by, for example, agency size, leadership, available time, and community.



In addition, communities are in differing states of readiness for implementation. Some communities may already have a deep understanding of the resilience within their Tribe, community, and people, which would allow them to move on quickly to considering how to implement their stories of resilience into policy and practice in child and family-serving programming. Other Tribal programs may recognize the need to prioritize building a resilient workforce before delving into the entirety of this work. And some communities may find themselves needing to start at the beginning and work slowly, together, through all the elements of resilience-informed care and program implementation; these communities will likely require the most resources (including time) to achieve the desired outcomes.

Regardless of the path the community journeys, it is recommended that implementation occurs continuously within two years of initiating the project. This timeframe encourages momentum, helps prevent initiative fatigue, and allows for the sharing of the impact with the community that has invested in the process.

Resource Allocation: From Consideration Through Community Dialogue

Complete Online Training Modules and Built-in Discussions	8 hours/person
Project Leadership Prior to Community Dialogues: <ul style="list-style-type: none"> • Determine readiness • Engage community stakeholders • Select facilitator(s), notetakers, and other identified key roles • Support overall coordination of dialogues, including: location, transportation, childcare, cultural services, and food/refreshments • Communicate with facilitators, staff, leaderships, and community partners 	3–10 hours/week/person
Project Leadership After Community Dialogue: <ul style="list-style-type: none"> • Define roles and responsibilities for each step • Review policy and practice • Suggest policy and practice changes for leadership approval • Guide implementation • Establish and measure outcomes • Collect data • Share the impact story with the community, staff, and leadership 	5–15 hours/week/person



Community Dialogue Facilitators	20–50 hours/facilitator for preparation, coordination, facilitating dialogues, and follow-up (A fee for service will likely apply.)
Hosting Community Dialogue(s)	Advertisements, gathering space, refreshments, office supplies, childcare, transportation, cultural guides
Community Participants	Honorariums

Resource Considerations for Implementation Following Community Dialogues

The resources and costs associated with implementing the community-driven resilience narrative into program operations and practice depend on the change strategies initiated. Below are sample practice changes to illustrate the range of costs associated with implementing the community-generated resilience narrative in practice.

Low or No Cost	Mid-Range Cost	High Cost
Practices driven by a shift in mindset that have potential to impact how staff engage families and how they collaborate with other Tribal agencies.	Practices that require materials, for example, incorporating traditional meals into visitation between parent and children, smudging, or participating in other cleansing practices.	Practices that depend on a shift in resources, for example, creating a unit that provides traditional cultural support to families or new staff positions to focus on prevention efforts.

Conclusion

Resilience-informed care is a paradigm of child welfare work that seeks to center the ancestral resilience of Indigenous communities rather than center settler-colonially imposed traumas and Western conceptions of health. Resilience-informed care is not necessarily a replacement for trauma-informed care; rather, it is a complementary Indigenous-led intervention for Indian Country.

A resilience-informed approach will take time, a commitment to the process, and a passion for seeing the impacts take shape. First and foremost, resilience-informed care seeks to energize communities to infuse already existing knowledge and traditions with transformative potential into their Tribal child welfare programs. Medicine added to water doesn't replace the water; rather, the medicine infuses the water with healing power as it becomes tea. This is the generative and loving spirit with which the training is offered.

Appendices

- A. RIC Introduction
- B. Training Overview
- C. Facilitator Skills and Tasks
- D. Example Community Dialogue Agenda
- E. Resilience-Informed Care Quick Facts for Community Partners

Appendix A

Introduction: Resilience-Informed Care

While trauma-informed care (TIC) can be a valuable tool for many communities, many child welfare prevention models in Indian Country focus on building resilience by using Tribal cultural values, the transmission of family traditions, and the experiences of Tribal youth. Guided by these values, traditions, and experiences, Tribal communities have launched initiatives showing great promise in developing resilience-based models for prevention of child maltreatment. The experiences of Tribal communities suggest that these approaches are often effective in enhancing family resilience and in reducing the risks of harm to children and adults (Center for Native Child and Family Resilience, 2018).

This training introduces the concept of resilience-informed care informed by *Indigenous resilience*. While it is likely the case that the concept of resilience resonates with all Indigenous communities, it is not the case that resilience manifests in exactly the same way in each Indigenous community. This training offers guidance about how communities can develop their own unique resilience narratives and integrate those narratives into their community empowerment processes and Tribal child welfare programming. With special attention to secondary traumatic stress and cultivating sustainability in the Tribal child welfare workplace, this curriculum is designed for Tribal child welfare workers and their allies, as well as anyone committed to empowering the already-existing resilience in each Indigenous community.

In this training, participants will encounter answers to the following framing questions:

- What is resilience-informed care and why is it uniquely suited to the needs of Indigenous communities? (Introduction and Module 1)
- How do communities come together to co-create community resilience narratives? (Module 2 and Module 3)
- How can Tribal child welfare programs, or other interested parties, implement and assess Resilience Informed Care using community-generated priorities and feedback? (Module 3)
- How can Tribal child welfare programs use resilience-informed care to address secondary traumatic stress? What does a resilience-Informed Tribal child welfare (TCW) program look like administratively? (Module 4)

Participants will be given opportunities to share their physical, mental, emotional, and spiritual fluency after the completion of each module's learning objectives.

Cultural resilience is fundamental to remediating risks to children and the healing of intergenerational impacts of trauma. A central component of this resilience-informed care training is its strength-based, community-driven approach. It recognizes that all involved—the organization, the community, and the individual—have unique strengths. It encourages the user to think in terms of the strengths and resources already available and then work through the modules with an eye toward understanding how the examples are relevant to and differ from their own community. That is, the examples are just examples designed to highlight key insights, but the examples might not be directly applicable to every agency's or staff member's situation. For example, a TCW organization with 35 staff has different resources to work with than an organization of 3 staff. The training recognizes and embraces that there are many ways to accomplish the same end: flourishing, resilient Native children and families. Training users should not ask, "How can I reproduce the example?" but rather, "What resources do I have available to do something that would make a good example for my community?" The training should be used as a schema for building the resilience the community envisions using the resources the community has.

Background

Motivations of the Training

In the initial stages of development, a team of subject matter experts was tasked with identifying gap areas relating to trauma-informed care in Tribal child welfare programs. The team – consisting of wellness education specialists, Indigenous educators, social workers, an Indigenous lawyer, elders, and Tribal child and family services administrators – not only identified gaps in Tribal child welfare programs that could be mitigated with trauma-informed practices, but they also began a conversation around *the gaps in the paradigm* of trauma-informed care. The team started asking questions like:

- “If much of the trauma in Indigenous communities is caused by ongoing oppression, why does trauma-informed care treat trauma like it occurred one time in the past?”
- “If much of the trauma our communities face is collective trauma, why are so many trauma-informed resources focused on the individual?”

It was at this point in the development that the team decided to pivot from the paradigm of trauma-informed care to resilience-informed care. The team felt that this characterization better suited the diverse needs of Indigenous communities, while allowing for larger structural solutions that were informed by the intergenerational wisdom and collective strength of our Tribal Nations. Maria Trevizo, a content creator for this training, an elder, and a wellness education specialist, put it perfectly: *Instead of asking “what is wrong with you?” trauma-informed care asks, “what happened to you?” Resilience-informed care, however, asks “what is strong with you and your community?”*

Organization of the Training

The search for resilience-informed practices to infuse into TCW programs was seen as a sacred journey that would be unique to each land and community from which the journey began. It was at this time that a content creator had a dream about a ceremonial journey through the desert in which the participants stop at ancestral hot springs along the way. This idea of a wellness journey with different stops for reflection and the gathering of medicine became the organizing metaphor for the training. Each module in this training is meant to serve as a stopping point on a wellness journey in which the participants are asked to gather insights, internalize teachings, and reflect. Reflection of the mind, body, emotion, and spirit are included in the assessment methods of each module to underscore the importance of balance in a wellness journey.

Trauma-Informed Care

When used in Indigenous communities, TIC tends to be retrospective, individualistic, apolitical, and not well-suited for accommodating unique critical concepts of Indigenous lifeways (e.g., sovereignty, land) and both historical and contemporary experiences of settler colonialism.

The concept of trauma was introduced in the 1850s and was originally intended to be a tool for diagnosing and treating Civil War soldiers who had lasting debilitating physical and emotional reactions to their experiences at war (Benedeck and Ursano, 2009). Trauma-informed care, an approach to care in fields of human service, was designed as a tool for adjusting organizational cultures to be oriented toward acknowledging and navigating trauma to help prevent inadvertently re-traumatizing individuals. We see in the origins of trauma as a concept and trauma-informed care as a paradigm that Indigenous communities and their unique experiences were not central to the conversation; rather, other important experiences of traumatic stress were the focus.

Later in the history of TIC, specifically Indigenous conceptions of multigenerational and intergenerational trauma were developed. (For more information, see Brave Heart, 1998 and Linklater, 2020). While these are important Indigenous interventions in the discourse around trauma, they do not always mesh well with existing TIC paradigms. While there are specifically Indigenous theorizations of trauma, we have found that mainstream trauma-informed care paradigms prove difficult to adapt toward multigenerational trauma, intergenerational trauma, historical trauma, and blood memory. This is our motivation for centering a paradigm of resilience-informed care, rather than centering trauma.

Why the Shift to Resilience?

When most people think of the word “resilience,” they probably associate the concept with words like endurance, strength, or fortitude. The resilience-informed care training certainly draws from these associations as well, but the form of resilience our team is interested in highlighting also has specific meanings for Indigenous communities. Indigenous communities often talk about themselves as having existed since “time immemorial,” or since before even our ancestors can remember. The “resilience” in “resilience-informed care” is meant to communicate the resilience of our communities since time immemorial. Many Indigenous communities also often reference the Seven Generations teachings, in which one not only considers their own generation in decision-making, but they also consider the insights and impacts of those ancestors seven generations prior to one’s own and those descendants seven generations into the future (Loew, 2014; Robbins, Harrist, and Stare, 2021). The “resilience” in “resilience-informed care” is meant to communicate the resilience of our communities seven generations into the past and seven generations into the future as well. This Indigenous concept of resilience is also tied to the land, which we value as a sacred teacher existing long before settler colonialism-imposed reservations and borders and property laws onto our homelands, and to continuing to live in reciprocal relation with future generations of Indigenous peoples.

While it is likely the case that the concept of resilience resonates with all Indigenous communities, it is not the case that resilience manifests in exactly the same way in each Indigenous community. If you ask Indigenous communities to give examples of what resilience looks like in their spaces, one community might recite their creation story or describe their seed bank and native plant gardens, while another might describe their language revitalization program, their Tribal Environmental Protection Agency, or their current economic enterprises, such as fisheries, casinos, and resorts. Settler colonialism takes many forms across Turtle Island (North America), so resistance to and resilience in the face of settler colonialism looks different in each community as well.

The shift to resilience-informed care is supported by research into the types of programs that exist in Indian Country. An Environmental Scan completed by the Center for Native Child and Family Resilience in 2019 examined the types of risk, protective, and cultural resilience factors addressed by programs. (See examples below). The examined programs fell into three categories: Promising, not adapted to a Tribal community; Tribally developed; and Tribally created. Those programs that were neither adapted nor created by a Tribal community targeted the greatest number of risk factors, followed by protective factors and finally cultural resilience factors. For those programs that were Tribally created, the inverse was true. Tribally created programs targeted the largest number of cultural resilience factors, followed by protective factors and risk factors the least.

Summary of most frequent risk, protective, and cultural resilience factors found in the Environmental Scan

Risk Factors	Protective Factors	Cultural Resilience Factors
<ul style="list-style-type: none"> ● Substance abuse ● Low self-esteem ● Social isolation ● Mental health problems ● Exposure to conflict or violence ● Exposure to stress ● Child temperament or behavior ● Child disability 	<ul style="list-style-type: none"> ● Social and emotional competence ● Relational skills ● Involvement in positive activities ● Problem-solving skills ● Positive social connection and support ● Positive school environment ● Self-regulation skills ● Self-efficacy 	<ul style="list-style-type: none"> ● Cultural identity/Sense of belonging to cultural group ● Increasing coping ● Ethnic pride/Self-esteem ● Expressing Native identity ● Connecting with cultural resources ● Hope/Looking forward/Optimism ● Support/Interdependence ● Personal capacities

This research shows that the engagement of cultural resilience factors demonstrates a relationship to increased Tribal agency and uplifting of Indigenous Ways of Knowing. This training can help communities go through a process that will help emphasize what traditionally has been done to support families, and to emphasize the resilience that already exists within each community to continue to create strong resilient families, communities, and children.

The Specific Relevance of Resilience in Tribal Child Welfare

While it may now be clear that resilience is an important concept for Indigenous communities and carries special meanings in this context, what might not be clear is what this idea of resilience has to do with TCW programming. Put simply, resilience-informed care serves as a way of promoting cultural, spiritual, and professional humility in TCW. The standard definition of cultural humility asks that social workers position themselves as learners and non-experts with respect to a client’s culture (Ortega and Faller 2011). However, Indigenous practitioners like Art Martinez expand on this definition of cultural humility to add spiritual, emotional, and professional humility to the mix when working among Indigenous communities (2021). Social work systems are historically complicit in the attempted destruction of Indigenous life and lifeways. For examples of this complicity, consider the role social workers played in the removal of Indigenous children from their homes in the ‘Sixties Scoop’ or the role contemporary child protective service agencies play in creating and maintaining the school-to-prison pipeline. Unpacking the complicated legacy of care work’s complicity in violence against Indigenous communities requires emotional, spiritual, and professional humility. Resilience-informed care, which asks TCW programs to engage meaningfully with community regarding their own needs and to privilege the unique ancestral strengths of each community, is a tool that works toward fostering cultural, spiritual, and professional humility among TCW programs.

Thoughts About Resilience

As mentioned above, “resilience” has many definitions and associations. Resilience-informed care centers a specifically Indigenous conception of resilience that draws from the teachings and experiences of diverse Indigenous communities. One connotation of “resilience” we want to mention as an example of what we do *not* mean by resilience is the form of resilience that can be found in conversations about “grit.” Sometimes, people use resilience as a way to describe people who do not face their trauma, deny

their trauma exists, or to excuse violence that has happened to survivors. For example, when asked about the call to remain resilient in the face of enormous environmental destruction, Tracie Washington said: “Stop calling me resilient.... Because every time you say, ‘Oh, they’re resilient,’ that means you can do something else to me. I am not resilient” (Srivastava, 2021). This form of “resilience” refers to when someone is strong enough to withstand and survive violence, but then this strength is used as an excuse to commit this violence against them again. Resilience-informed care is not inspired by this definition of “resilience.” Resilience-informed care centers the sovereignty and lived-experiences of Indigenous communities and acts as a tool for empowerment.

Conclusion

In sum, this resilience-informed care is a paradigm of child welfare work that seeks to center the ancestral resilience of Indigenous communities rather than center settler-colonially imposed traumas and Western conceptions of health. Resilience-informed care is not necessarily a replacement for trauma-informed care; rather, it is an Indigenous-led intervention in the future of care work in Indian Country.

Trauma-informed care shifted the narrative from “What is wrong with you?” to “What happened to you?” Resilience-informed care seeks again to shift this narrative to one inflected by Indigenous lifeways, resistance, and ancestral teachings. Resilience-informed care asks: “What is *strong* with you?” and, in particular, “What is strong with *your community*?”

Trauma-informed care is an important paradigm for child welfare, but on its own is not enough to address the unique and ongoing traumas inflected by settler colonialism. Trauma-informed care was not created with Indigenous communities in mind. Important components of Indigenous life, like sovereignty, resistance to settler colonialism, the role of community, the role of land, intergenerational knowledge-transmission, spirituality, and the ongoing occupation of Indigenous land are not well accommodated by trauma-informed care. While there are specifically Indigenous theorizations of trauma, mainstream trauma-informed care paradigms prove difficult to adapt toward multigenerational trauma, intergenerational trauma, historical trauma, and blood memory. This is our motivation for centering a paradigm of resilience-informed care rather than centering trauma.

We are first and foremost interested in empowering our communities by infusing already-existing tools, like trauma-informed care, with transformative potential. Medicine added to water doesn’t replace the water, rather, the medicine infuses the water with healing power as it becomes tea. This is the generative and loving spirit with which we offer this training.

Works Cited

Benedek, D. M., & Ursano, R. J. (2009). Posttraumatic stress disorder: From phenomenology to clinical practice. *FOCUS: The Journal of Lifelong Learning in Psychiatry* 7, 160–175.

<https://doi.org/10.1176/foc.7.2.foc160>

Brave Heart, M. Y. H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, 68(3), 288–305.

<https://doi.org/10.1080/00377319809517532>

Center for Native Child and Family Resilience. (2019, October). *Center for Native Child and Family*

Resilience: Environmental Scan. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

https://cncfr.jbsinternational.com/sites/default/files/downloads/CNCFR_Environmental_Scan.pdf

Center for Native Child and Family Resilience. (2018, October). *Center for Native Child and Family Resilience: Literature Review*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

https://cncfr.jbsinternational.com/sites/default/files/downloads/CNCFR_Lit_Review.pdf

Center for Native Child and Family Resilience. (2021). *My Two Aunties*.

<https://cncfr.jbsinternational.com/aunties>

Linklater, R. (2020). *Decolonizing trauma work: Indigenous stories and strategies*. Fernwood Press.

Loew, P. (2014). *Seventh generation earth ethics: Native voices of Wisconsin*. Wisconsin Historical Society Press.

Ortega, R. M., & Faller, K. C. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare, 90*(5), 27–49.

Robbins, R., Harrist, R. S., & Stare, B. (2021). Seven generations mindset to address substance use disorders among Native Americans. In J. M. Croff & J. Beaman (Eds.), *Family Resilience and Recovery from Opioids and Other Addictions* (pp. 129–144). Springer.

https://doi.org/10.1007/978-3-030-56958-7_7

Srivastava, V. (2021). 'Don't call me resilient': Our podcast about race. *The Conversation*.

<https://theconversation.com/dont-call-me-resilient-a-new-podcast-from-the-conversation-149692>

Appendix B Training Overview

Module 1: Resilience-Informed Care

Module 1 opens the door to thinking more critically about trauma-informed care and the goals of community flourishing by centering resilience and wellness. It introduces the concept of resilience-informed care as a paradigm of care in which resilience narratives play a central role in the goals and services care workers provide. This module describes various ways of thinking about resilience and acknowledges that resilience is ultimately community defined.

Learning Objectives for Module 1

- Learn about emerging approaches that center resilience and culture for improved healing and wellness.
- Learn the value and benefits of centering resilience as a mechanism for healing and wellness.
- Learn the value of creating resilience narratives within the context of resilience-informed care for TCW programs.

Module 2: Community Dialogues

Module 2 outlines community dialogues as the foundation for establishing a guided path towards healing by refocusing culture as foundational to wellness. It provides a set of guidelines for facilitators to use in conducting community dialogues to help the community envision and articulate its unique version of community resilience based upon their culture, history, and experiences of resistance to settler colonialism. In addition to assisting a community in collaboratively articulating a picture of community resilience, these community dialogues will also provide communities an opportunity to brainstorm the differences that arise from centering resilience in networks of care instead of centering trauma. Finally, the community-generated picture of resilience articulated in these community dialogues will serve as the center of a community-designed framework for implementing resilience-informed care in TCW programming.

Learning Objectives for Module 2

- Understand the general goals of community resilience dialogues.
- Learn tips for organizing community dialogues.
- Explore examples of community dialogues using both in-person and online formats as well as **reflect** adaptable activities that generate productive discussions around community resilience.

Module 3: Implementation and Outcomes

Module 3 builds upon the community resilience narrative defined through the community dialogue and helps participants specifically on how TCW programs can align their work with the community's values and vision for future generations. This module will enhance the knowledge and understanding of TCW program staff, helping them to develop and define desired impacts and outcomes for implementing resilience-informed care in TCW programs.

Learning Objectives for Module 3

- Recognize key elements of sustainability planning for resilience-informed care in TCW.
- Understand the potential benefits of implementing resilience-informed care in TCW.

- Learn about applying resilience-based, Indigenous philosophies to identify and define specific outcomes within TCW.
- Learn about Indigenous Ways of Knowing (IWOK) as one of many potentials framework to guide implementation of TCW practices aimed at achieving the community's desired effects.

Module 4: Resilient Workforce

This final module will discuss the very real, intense, and often painful experiences of TCW professionals. Daily, these professionals work with children and families who are experiencing significant pain, loss, and grief. The module builds on the idea that to achieve the effects and outcomes sought collectively across the community, resilience must be centered not only for the families being served but also for the professionals supporting them. The module outlines considerations for concrete strategies that communities, organizations, and individuals can implement to support and sustain resilience within the TCW workforce.

Learning Objectives for Module 4

- Learn how to cultivate a resilience-informed culture within TCW programs.
- Learn how resilience-informed care can empower a TCW program to address secondary traumatic stress and vicarious trauma.

Appendix C
Facilitator Skills and Tasks

Facilitator Skills



- Build relationships with and among participants
- Foster safety to encourage participation
- Establish group norms and hold participants accountable
- Support unity with conflict management
- Keep the group focused on building a resilience narrative
- Generate dialogue using suggested prompts and activities
- Summarize key points, seek clarification to encourage collective understanding

Facilitator Tasks



- Determine budget and secure funds
- Identify and invite participants
- Coordinate physical space and transportation logistics
- Ensure refreshments and childcare are available
- Determine overall structure of the community dialogue
- Develop an agenda or plan for the time
- Arrange for opening and closing of each gathering
- Maintain communication and connection between dialogues

Appendix D
Sample Community Dialogue Agenda

<p>Community Dialogue</p> <p>Date & Time:</p> <p>Location:</p> <p>For Transportation Contact:</p> <p>For Child Care Contact:</p>	
Beginning	<ul style="list-style-type: none"> • Welcome and Refreshments • Opening Ceremony • Establishing Group Norms • Setting Intention for the Group
Middle	<ul style="list-style-type: none"> • Build Understanding of Trauma-Informed Care Compared to Resilience-Informed Care • Brainstorm What it Would Look Like to Center Resilience <ul style="list-style-type: none"> – Explore Discussion Prompts to Initiate Dialogue • Engage in a Resilience Narrative Building Activity <ul style="list-style-type: none"> – A Community Strength Tree – Community Prouds and Sorries • Document Resilience Narrative and Vision for the Community
End	<ul style="list-style-type: none"> • Finalize Next Steps • Closing

Appendix E Resilience-Informed Care Quick Facts for Community Partners

Resilience-informed care is a paradigm of Tribal child welfare work that seeks to center the ancestral resilience of Indigenous communities. The training focuses on the healing and wellness of individuals, families, and communities—and encourages the community to build their own vision for a resilience-oriented Tribal child welfare program (TCW).

The Impact: The benefits of implementing a resilience-informed approach in TCW programs are not limited or defined. Emerging approaches that center resilience and culture to facilitate healing and wellness among youth of color and Indigenous populations shed light on what could be with resilience-informed care in Tribal communities.

Though driven by what the community aims to achieve, outcomes may include:

- A stable and skilled TCW workforce grounded in the Tribe’s values, teachings, and culture.
- A community with a shared focus on youth well-being and the collaborative efforts necessary to achieve this.
- Children receiving services within the community, ensuring approaches to healing are grounded in the Tribe’s values and teachings.
- Increased trust between the community and social service agencies.

Core Components of Implementation:

1. Establish a team of community members, social service providers, Tribal leaders, and elders who are committed to centering resilience across the community and within child-serving programs.
2. Co-create a community resilience narrative through community dialogues.
3. Develop outcomes and measures that embed the community resilience narrative into TCW programming.
4. Establish a culture of resilience throughout the TCW workforce.

Need for Community Engagement: While the implementation of resilience-informed care is largely the responsibility of the TCW program, the potential for positive impact is driven by robust participation from the community. A productive resilience narrative depends on community members coming together and a willingness to share past, present, and future stories of resilience. These contributions allow Tribal programs to fully capture the teachings, the language, the ceremonies, and the cultural practices that, when woven into practice, will foster strong families, a strong community, and a strong Tribe.

Call for Support: A resilience-informed approach will take time, a commitment to the process, and a passion for seeing the impacts take shape. From the community, we ask for participation in the community dialogues. From agency and program partners, we seek both participation and active collaboration to ensure the community-driven resilience narrative takes shape within services and program operations. The following are ways to get involved:

- Complete the Resilience-Informed Care Training’s online modules.
- Join project leadership in planning for the upcoming community dialogue.
- Share with others about this work and invite participation in the community dialogues. Attend and contribute to a community dialogues.
- Offer feedback to project leadership about the process and your experience.