



Center for Native Child and Family Resilience

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 Care 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 Tribal Child Welfare 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, 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?"*

Background: Organization of the Training

The search for resilience-informed practices to infuse into tribal child welfare 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.

Background: Trauma-Informed Care

For use in indigenous communities, TIC tends to be: past-looking, individualistic, apolitical, and not well-suited for accommodating unique critical concepts of Indigenous lifeways like 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, see: Brave Heart 1998, 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.

Background: 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, 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, still persevering today, and 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 not adapted by 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 tribal child welfare programing. Put simply, resilience-informed care serves as a way of promoting cultural, spiritual, and professional humility in tribal child welfare. 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 DM, Ursano RJ (2009). "Posttraumatic Stress Disorder: From Phenomenology to Clinical Practice," *FOCUS: The Journal of Lifelong Learning in Psychiatry* 7, 160–175.

Brave Heart, Maria Yellow Horse (1998). "The Return To The Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response Among the Lakota," *Smith College Studies in Social Work* 68 no. 3, 287-305.

Center for Native Child and Family Resilience. "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. October 2019.

Center for Native Child and Family Resilience. "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. October 2018.

Linklater, Renee (2020). *Decolonizing Trauma Work: Indigenous Stories and Strategies*. Fernwood Press.

Loew, Patty (2014). *Seventh Generation Earth Ethics: Native Voices of Wisconsin*. Wisconsin Historical Society Press.

Martinez, Art (2021). "My Two Aunties: Training," CNCFR.

Ortega, Robert and Kathleen Faller (2011). "Training Child Welfare Workers from an Intersectional Cultural Humility Perspective: A Paradigm Shift," *Child Welfare* 90, No. 5, 27-49.

Robbins, Harrist, and Stare (2021). "Seven Generations Mindset to Address Substance Use Disorders Among Native Americans," *Family Resilience and Recovery from Opioids and Other Addictions*, eds. Julie M. Croff and Jason Beaman. Springer.

Srivastava, Vinita (2021). "'Don't Call Me Resilient': A New Podcast From The Conversation," <https://theconversation.com/dont-call-me-resilient-a-new-podcast-from-the-conversation-149692>