

Overview of IECMHC within Tribal Communities

Within tribal communities, the rearing of children has traditionally involved multiple family and community members. In their chapter titled “American Indian and Alaska Native Grandfamilies: The Impact on Child Development,”¹ Cross, Day, and Farrell (2011) discuss traditional child-rearing as in part consisting of rich connections, especially between children and elders:

Children were included in the cultural ways of listening in to conversations by adults and/or with elders that focused on the concerns of the tribal community (Hilger, 1992). . . and they were able to contribute to the discussion if they thought they had something to add. Children engaged in assisting the adults and elders as they prepared for religious and spiritual ceremonies and social gatherings. All of the children were expected to participate as their age and knowledge allowed. Children did the same tasks fathers and mothers did, but on a smaller scale. Such tasks included making nets, tanning hides, fishing, hunting, making baskets, quill work, and others. (p. 46)

Through observation, imitation, and participation in daily activities, children gained the skills and competencies to be full participants within the tribal community.

Hence, . . . children were embedded in the culture, language, religion, and ceremonies of their tribal nations through extended family relationships, providing them with ‘firm social ties, a sense of interdependence and belonging to the culture’ (Weaver, 1999). Because of these connections, American Indian/Alaska Native children thrived in kinship care (Cross et al., 2011, p. 46).

This emphasis on the tradition of ensuring the connection of tribal children to their culture and families continues despite the documented traumas experienced by tribal communities and present-day social-cultural forces that continue to threaten their heritage, language and ways of being.

Infant and Early Childhood Mental Health Consultation (IECMHC) mirrors the traditional way of child-rearing, with the child at the center of a circle of family, extended family, early care providers and/or home visitors, and an IECMH consultant. IECMH consultants bring specialized training in understanding the behavioral language of young children, and contribute their knowledge of child development to the discussion. For example, infants and young children lack the words to express when they feel overwhelmed, but children who are defiant, too quiet, “naughty,” or overly clingy are telling us, through their behaviors, that they need our help. IECMH consultants regularly join with the child’s family and caregivers to seek to understand the child’s needs and to co-create supports and interventions.

The collaborative and culturally respectful nature of IECMHC can make it particularly well suited for tribal programs in a variety of settings. Consultants usually meet with families and caregivers in an early care childhood setting, such as Head Start, Early Head Start, childcare, or a home visiting program. Through a comprehensive and holistic approach, the physical, behavioral, emotional, social, and spiritual elements of

development are explored, as well as the overall environment. In effect, the team asks, “What is a day like in the life of this child? What is working well, and with whom? Where do any challenges lie? And how can we, together, craft solutions?” Participants of the IECMHC process learn from one another through a reciprocal exchange of knowledge, all in the service of assisting the child and family.

At times the solutions lie in effecting change at the family, staff, program, or system of care levels. Perhaps the classroom schedule is revised, staff training needs are identified, or the tribal community health center and early care center develop an efficient means of sharing developmental screening information (with parent permission). Some tribal programs have consultants onsite weekly to observe in classrooms, meet with teachers or home visitors, and participate in management team meetings. Other programs have less frequent onsite visits but develop a regular schedule of telephone consultation.

The Unique Resilience of Tribal Communities

The past still resonates within tribal communities and a program may find it helpful to provide an IECMH consultant with information on the tribe’s own unique history, challenges, and cultural resilience. In many tribal communities, the well-established generational teaching of healthy parenting practices was interrupted by historical trauma. Historical trauma in Indian Country (as defined by Maria Yellow Horse Brave Heart and others) refers to the devastating consequences of colonization and subsequent adverse governmental policies against tribal populations—the relocation of tribes, the forced loss of culture and language, the boarding school era (which broke the generational transmission of healthy parenting practices, as children were forcibly removed from their families and experienced high rates of abuse), and other atrocities—that continue to echo within and impact tribal communities today.² Communities collectively heal through recognition of the past and the ongoing resilient strength of family, belonging, culture, language, sovereignty, and the wisdom of the ancestors.

Implementation of IECMHC is designed to meet the specific needs of the community being served. With the focus on a child’s environment and not on “fixing” a child, the IECMHC model may fit well with many tribal values and traditional practices already in place. Consider what community-specific information is important for an IECMH consultant partnering with your community to be aware of.

Possible First Steps

How IECMHC will be introduced to the program or community is an important consideration. Historically, new interventions and/or “systems” have not always treated tribal families kindly or with respect, and there may be some well-justified caution around bringing in a new process, particularly one with a focus on young children. Depending on the structure of your community (e.g., urban Indian Center, rural reservation), it may be beneficial to identify where to begin first with the engagement process—with the elders? the Tribal Council or the Governing Board? the Head Start Parent Board? the Home Visiting Program Advisory Council? The formation of a small work group to engage the community in discussion, elicit and address concerns, and provide information on the overall structure, goals, and benefits of IECMHC may be a helpful starting point.

Determining whether IECMHC is a good intervention for your tribal community will require careful consideration of many factors, including a comprehensive review of the current system, the needs in the community, and how the intervention can be sustained over time.

The IECMHC Model: Questions to Consider

- ◆ How does the IECMHC model fit with the traditional values and culture of the community?
- ◆ The IECHMC model uses master’s-level consultants with specialized training to provide the service. How will you locate an IECMH consultant?
- ◆ IECMH consultants should be versed in the history and present-day dynamics of the community they partner with. Who is able to provide this information?
- ◆ If you have Tribal Head Start/Early Head Start, Child Care and Development Fund, or Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs in your community, how are IECMH consultants currently being used?

Please see the [Models Section](#) of the IECMHC Toolbox for more information.

Existing Systems and Infrastructure: Questions to Consider

- ◆ What is the current need for IECMHC to support early childhood services in the community?
- ◆ What early childhood services are currently in place?
- ◆ Do providers and community members know what IECMHC is and what its intent and benefits are?
 - Would initial education be required for providers and the community at large?
 - Who are the decision-makers who need to know more about this model?
- ◆ How have you involved the Tribal Council or the Governing Board? Elders and community leaders?
 - Who will be the individuals to spearhead this effort?
- ◆ Where is the leadership and governance for this program?
- ◆ If appropriate, how is this connected to state- or community-led efforts?
- ◆ How is this connected to other early childhood efforts (Project LAUNCH, Circle of Care, etc.)?

Please see the [Systems and Policy Section](#) of the IECMHCToolbox for more information.



Funding and Sustainability: Questions to Consider

- ◆ How will services be funded?
 - Grant funds
 - Contracts with other agencies (e.g., state programs)
 - Indian Health Services
 - Tribal Head Start/Early Head Start, Child Care and Development Fund, or T-MIECHV funds
 - School district or Bureau of Indian Affairs
 - Private funders
 - Other?
- ◆ Will services be sustained over the long term?
 - Are there existing tribal resources that could pay for the service?
 - Are there state funds available?
 - Is there potential for accessing federal or foundation resources?

Please see the [Financing Section](#) of the IECMHC Toolbox for more information.

Workforce Development and Competencies: Questions to Consider

- ◆ How are current and potential IECMH consultants being supported and trained?
- ◆ Is reflective supervision available to support the IECMH consultant?
- ◆ Are there competencies or processes that are appropriate for working within the community?
 - What does the consultant need to know about the tribe's or community's history?
 - Some environments include multiple tribes. What additional factors need to be considered in these settings?
 - How should elders or cultural leaders be engaged?

- Is there a protocol or process for referral to traditional practitioners? Is this considered appropriate?
- Who is able to serve as a cultural mentor to the IECMH consultant, if needed?

Please see the [Competencies](#) and [Workforce Development Sections](#) of the IECMHCToolbox for more information.

Research and Evaluation: Questions to Consider

Indigenous peoples have always engaged in evaluation activities to determine the best times and ways to hunt and gather foods and to care for their communities. Subsequent to colonialism, there began a long and troubled history of evaluation and research within Indian Country, the ramifications of which echo still today. As tribes reclaim the evaluation process to ensure protection of tribal sovereignty, data, and indigenous models of health and wellness, the knowledge base is expanded and strengthened.

Some evaluation-related questions to consider include the following:

- ◆ Is the tribe interested in collecting information on the ways that IECMHC is supporting families and programs?
- ◆ Have issues related to potential ownership concerns around data or results been addressed?
- ◆ Can effective outreach for community engagement in data collection be set up?
- ◆ Are resources available to support data collection and evaluation?
- ◆ Who will oversee the design, data collection, and analysis processes?
- ◆ Does the tribe or tribal program have policies in place to ensure the confidentiality of collected information?
- ◆ How will the evaluation be funded?

Two excellent resources are the Administration for Children and Families' *Community-Based Roadmap for Collaborative and Effective Evaluation in Tribal Communities*³ and *Creating a New Narrative: Collaborative and Effective Evaluation in Tribal Communities*, a video from the Children's Bureau's Child Welfare Evaluation Tribal Workgroup, which highlights the difficult history of evaluation and research in tribal communities and explores a new approach to culturally responsive and scientifically rigorous evaluation.⁴

Please see the [Research and Evaluation Section](#) of the IECMHCToolbox for more information.

Conclusion

IECMHC is currently used in a variety of tribal settings nationwide, with programs adapting the model in a way that works for their program and their community. In one program, an IECMH consultant may meet with home visiting staff to discuss child development concerns or to reflect with home visitors on how the work can impact staff feelings and emotions, leading to a rich discussion of self-care strategies for staff. In another program, the IECMH consultant may participate in the development of policies and procedures with a particular eye toward the support of children's social and emotional development, or may co-develop, with teachers and family, strategies to support a child struggling in a toddler classroom. In yet other settings, referral pathways to culturally based resources, such as traditional dance or cradleboard-making, are strengthened. The flexibility of the IECMHC model, its strength-based approach, and the ability to provide support at the child, family, provider, program, and system-of-care levels make it a well-suited partner for programs that support the children and families of tribal communities.

References

¹ Cross, S., Day, A., & Farrell, P. (2011). American Indian and Alaska Native Grandfamilies: The Impact on Child Development. In *Social Work Faculty Publications*. Paper 28. Retrieved from http://digitalcommons.wayne.edu/soc_work_pubs/28

² Yellow Horse Brave Heart, M. (n.d.). Healing from Historical Trauma and Grief. *American Indians and Alaska Natives in Health Careers* [Website]. Retrieved from <http://aianhealthcareers.org/page7/page58/page95/page95.html>

³ Tribal Evaluation Workgroup. (2013, September). *A Roadmap for Collaborative and Effective Evaluation in Tribal Communities*. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/tribal_roadmap.pdf

⁴ Children's Bureau. (2014). *Creating a New Narrative: Collaborative and Effective Evaluation in Tribal Communities*. Retrieved from <https://www.youtube.com/watch?v=ravPMAkAsi8>

