An Intensive Case Management Approach with Urban Native Families Experiencing Trauma and Substance Abuse

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Today’s Session

- Native people in the urban context
- Challenges & strengths of child welfare-involved Native families
- Linking substance use and trauma
- Culturally-responsive and trauma-informed intensive case management approach
Setting the Context

- Terminology
- Who are “Urban Indians”?
- Native families and child welfare
  - ICW and ICWA
  - Who provides child welfare services to Native children?
Setting the Context

Common challenges of urban Native families involved in the child welfare system

- Poverty
- Substance abuse (intra-familial/multi-generational)
- Untreated trauma and mental health issues (adults & children)
- Adult relational instability & domestic violence
- Housing instability
Setting the Context

Common challenges of urban Native families involved in the child welfare system

- History of genocidal policies aimed at destroying Native family ties
- On-going discrimination
- Difficulty maintaining cultural ties (not all families and not solely due to urban location)
Setting the Context

Strengths in Urban Native families

- Aware of culture as a stabilizing and healing force
- Committed to helping children know about culture
- Despite facing challenges, have dreams & aspirations for their children
  - Exhibit perseverance
  - Willing to engage with providers who are culturally-aware and respectful
Setting the Context

Service delivery challenges

- Access to services that consider and respect culture (esp. substance abuse & mental health)
- Cultural differences in help-seeking
- Differences in level of cultural identity and cultural connectedness
- Service providers lack experience working w/urban Native people
  - Lack of cultural responsiveness in CPS & community-based agencies
Trends in Current Alcohol Use, by Ethnicity

AI/AN  Asian Am  Black  Hispanic  White

2013  2012
Trends in Illicit Drug Use, by Ethnicity

- All/AN
- Asian Am
- Black
- Hispanic
- White
- Multiracial

Year: 2012, 2013
Trauma Exposure

- American Indians experience a per capita rate of violence twice that of the U.S. resident population.

- Nearly 1/3 of all American Indian victims of violence are between the ages of 18 and 24—This group experienced the highest per capita rate of violence of any racial group considered by age—about 1 violent crime for every 4 persons of this age.

- Among American Indians age 25 to 34, the rate of violent crime victimizations is more than 2½ times the rate for all persons the same age.

- The rate of violent crime experienced by American Indian women is nearly 50% more than that reported by Black males.

- At least 70% of the violent victimizations experienced by American Indians are committed by persons not of the same race—a substantially higher rate of interracial violence than experienced by white or black victims.

*U.S. Bureau of Justice Statistics*
Trauma Exposure

According to the Indian Country Child Trauma Center:

- 20.1/1000 Native children are victims of violence, compared to 4.4 Asian/Pacific Islander; 10.6 White; 12.6 Hispanic; 25.2 African American children

- Within the family context, child physical & sexual abuse are significantly less than among White children (NCANSDS data), while neglect rates are higher

http://www.icctc.org/index.asp
Historical & Cultural Trauma

- Historical Trauma may be many decades old
  - Broken treaties, Trail of Tears, Wounded Knee, The Long Walk, Boarding Schools
- More recent Cultural Traumas
  - Boarding Schools, Relocation, Indian Adoption Project, mismanagement of trust funds, environmental exploitation
- Contemporary traumatization becomes more complicated due to historical, cultural, & intergenerational trauma — creating an increased trauma load
Trauma Exposure

Trauma screening of caregivers at Denver Indian Family Resource Center

- Utilized a 7-item trauma screening tool completed by client and caseworker
- 87% of the clients experienced at least one of the seven traumas
  - 80% experienced at least 2
  - 57% experienced at least 3
  - 33% at least 4
  - 20% at least 5
  - 7% experienced 6 of the traumas
Trauma Experiences Questionnaire
Items (in order of prevalence)

Have you ever:

1. Been in a situation where you feared that you, a loved one, and/or friend might be killed or seriously injured?

2. Seen a loved one, friend, or community member be seriously injured or killed, or commit suicide?

3. As a child, were you ever sexually molested?

4. Experienced a serious physical assault or been attacked with a weapon?

5. Been seriously injured in an accident in a car, at work, or somewhere else?

6. Experienced a natural disaster (earthquake, flood) or man-made disaster (building collapse, fire) where you felt you, or someone with you, was in danger of death or injury?

7. As an adult, been sexually assaulted or forced to have sex against your will?
Linking Substance Abuse & Trauma

- There is a strong causal link between trauma and the use of substances
- Childhood trauma has been shown to change the brain
- These changes make it more likely the person will seek dissociation or numbing with substances
  - Bruce Perry’s work on the brain, Robert Anda’s work with Kaiser’s ACE study, Gabor Mate’s work with homeless & addicted Native women in Vancouver
Linking Substance Abuse & Trauma

- Adult trauma has also been shown to lead to higher use of alcohol, tobacco, and drugs
  - particularly sexual assault, military combat, and some disasters (9/11 and Hurricane Katrina)

- While some trauma treatments have been designed for “pure” PTSD, with no co-occurring disorders, others such as Seeking Safety, are created specifically for clients with dual trauma/substance abuse problems
What Works with Trauma and Substance Abuse?

- Intensive Case Management
- Culturally-responsive approach
- Trauma-informed approach with cultural elements

Let’s look closer at each of these elements . . .
Intensive Case Management Approach

Why an intensive approach?

- Severity & chronicity of substance use
- Intra-familial/intergenerational substance use
- High levels of unresolved grief, loss & trauma
- Undiagnosed and/or untreated mental illness
- Economic vulnerability & lack of material resources
- Multiple barriers to accessing & engaging in services
- Clients feeling “overwhelmed”
Defining an Intensive Case Management Approach

- Client-centered
- Interactional and relational
- Integrated
- Needs-driven
- Individualized for each family member
- Collaborative
  - Incorporates natural supports
  - Persistent
Defining an Intensive Case Management Approach

- Assumes high level of service needs that may include coordinating referrals for mental health, domestic violence, substance abuse, and medical assessments
- Based on the strength perspective — family and cultural strengths
- Proactive—workers are highly involved with service delivery
  - High frequency and intensity of contacts: 2-4 contacts per week—office, home, phone, and other locations
Defining an Intensive Case Management Approach

- Agency ability to address transportation and child care needs
- Supportive working relationship to enhance motivation
- Family involvement in case planning
Incorporating a Culturally-Responsive Approach

- Understand the cultural values and worldview shared by many tribes, and especially any tribe(s) located in the agency’s service area.
- Be aware of the impacts of historical events and contemporary issues on Native individuals, families, communities, and tribes.
- Hear each individual’s or family’s experience of being Native and accept differences in expression of identity and cultural connectedness.
Incorporating a Culturally-Responsive Approach

- Incorporate a relational approach that acknowledges the family’s current context and respects its vision for its future.

- Ask about—and be willing to include as services those traditional healing and cultural practices identified and defined by each families as necessary to achieving health and well-being.
Adding a Trauma-Informed Approach

- Screen for trauma exposure and refer those indicated for additional trauma assessment by a mental health provider

- Train case managers and other providers to recognize trauma symptoms and listen to client communication for cues that suggest possible trauma exposure
Adding a Trauma-Informed Approach

- Provide seamless referrals to trauma treatment by behavioral health specialists experienced in working with Native clients
- Provide a consistent service environment
  - Client safety
  - Worker trustworthiness
  - Interactions between case managers and clients based upon mutuality rather than authority and legalities
Adding a Trauma-Informed Approach

Native American Motivational Interviewing: Weaving Native American and Western Practices
A Manual for Counselors in Native American Communities

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Nadine Tafoya and Associates
Native American Substance Abuse Prevention Programs
Technical Assistance and Program Evaluation


DIFRC case managers trained in Motivational Interviewing found it to be very helpful
Evaluating this Approach

- At DIFRC, data has been gathered at intake and at case closure to assess change
- NCFAS-AI (caseworker rated)
  - environment, caregiver capabilities, family interactions, family safety, & child well-being
- American Indian Family Survey-AIFS (family rated)
  - environment, child-rearing practice, caregiver relationships, spirituality, & cultural identity
Evaluating this Approach

Evaluation of Intensive Case Management found that it led to:

- Significant positive change or positive trends in caregiver capabilities, family safety, child and family well-being, environment, family functioning, & self-sufficiency

- Strengthening of urban American Indian children’s connections to their cultures & extended family networks

- Follow-up family interviews indicated that things continued to go well for clients & their children after completing services
Questions & Answers
Contact Information

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