Photo: Native American Health Center

Navigating Seasons of Change:

Supporting the Mental Health and Well-Being of Families

TRIBAL HOME VISITING

Photo: Native American Health Center

INTRODUCTION

Tribal Home Visiting programs provide dependable, compassionate support to American Indian and Alaska Native (AI/AN) families as they navigate the formative stages of parenting. Home visitors understand that healthy child outcomes depend on strong, positive, and nurturing connections between children and their parents and caregivers. Because of this, they listen carefully to what families need, provide tailored support that helps to strengthen caregiver–child bonds, raise awareness about ways to foster child development, and connect families to other resources in the community. Home visitors also promote the overall well-being of the families, including their emotional wellness. Although they are not mental health specialists, as trusted partners with families, home visitors often hear about the emotional struggles that parents are experiencing.

"Sometimes I get depressed and have anxiety. It's not been easy. My daughter's dad left before she was born. I overthink things and get sad about him leaving. Some days are really hard—it's hard to forget someone who is supposed to love you and they walk out on your life. It made my hospital stay and birth experience so traumatic because I was in the hospital by myself for those five days, just me and my baby. . . .

My nurse home visitor gives me good advice. She tells me that the main thing is to take care of your baby, [and] you have to take care of yourself, too. She says that my mental health is important and that I need to take time for me—like journaling or going for a walk. Whatever feels right to me. Long ago, my thing was journaling, but I was afraid to restart because I worried I would just sob. She encouraged me, and now I am journaling again, and it's really helping. I'm not a talker. It's hard for me to talk with other people about my feelings because I worry, I'm being a bother. So, journaling is a good way to get feelings off my chest."

~ ERICA WEAVER, HOME VISITING PARTICIPANT, WHITE EARTH NATION

Erica is not alone. In recent years, an increase in mental health challenges has been reported across the nation impacting all races, all sexes, and all communities. This is especially challenging for AI/AN individuals. The effects of historical trauma and the shortage of health and mental health services in AI/AN communities, coupled with economic insecurity, reveal the striking disparities Indigenous communities face. Fortunately, Tribal Home Visiting programs can provide hope for these families by showing up as trusted partners as they navigate personal challenges and seasons of change.

Photo: Navajo Nation

Photo: Lake County Tribal Health Consortium, Inc.

Seasons of Change

Native people celebrate the rhythmic cycles of the seasons. It grounds them, gives them hope, and strengthens their resolve. They know that spring will emerge after a long, hard winter. Tides will ebb and flow. The salmon will run again, and the berry bushes will bloom. So too, mental health challenges can be overcome, and hope can blossom as we cycle through seasons of adversity.

The Tribal Home Visiting program was created as part of the Affordable Care Act to offer voluntary, evidence-based home visits to AI/AN pregnant women and families with young children. Since 2012, 7,470 adult caregivers and their children have been enrolled. The program is growing, with 34 new grants awarded in 2023. All grant recipients focus on building trusting relationships with families as they support the well-being of the family unit.

Addressing the growing behavioral health crisis is a top priority for health and human services providers and policymakers in the United States. Attention is being called to the emotional well-being of all populations, as reports of substance use, anxiety, depression, loneliness, and other mental health challenges are more prevalent now than before the COVID-19 pandemic. At the same time, in part as a reckoning with America's discriminatory and exclusionary tendencies toward Native people who suffered genocide, dislocation, and physical and emotional trauma during colonization and westward expansion, leaders in the health and human services fields are prioritizing investment in and support for Native people. The synergy between these two priorities—mental health and Native people—is empowering Tribal Home Visiting programs to do even more of what they already know is best for their people: building caring relationships that can help illuminate pathways to mental health and well-being for enrolled families.

This issue brief describes factors that impact the emotional well-being of families served by the Tribal Home Visiting program and highlights innovative approaches Tribal Home Visiting grant recipients use to provide hope in times of challenge. It draws from interviews with program administrators, home visitors, and families from seven grant recipients[1] as well as experts in the field who help to explain the connections between historical trauma and mental health.

[1] Grant recipients interviewed for this brief include the Choctaw Nation of Oklahoma, Fairbanks Native Association, Great Plains Tribal Leaders Health Board, Inter-Tribal Council of Michigan, Native American Health Center, Southcentral Foundation, and White Earth Nation.

PROTECTIVE FACTORS AND THE COMPOUNDING CHALLENGES THAT ALTER LIVES

AI/AN people rely on protective factors that offer strength during times of adversity. Connection to family, community, and culture are paramount and help to promote resilience. An inherent union with nature and commitment to seeking and incorporating the wisdom of elders and traditional healers further strengthens the connection with generations past and those to come.

Despite these protective factors, AI/AN families face significant challenges that, when combined, threaten the natural balance of Native communities.

Tribal Home Visiting program administrators and home visitors alike report that families are facing unprecedented challenges that compromise their emotional well-being and have the potential to negatively impact their children, too. When caregivers are screened for depression, stress, and other challenges, the results reveal an undercurrent of trauma and pain. This affects the way caregivers care for their young children.

Photo: Native American Health Center

"Our home visitors find that there is a lot of depression and addiction right now—those are the two that are the most prevalent. Trauma plays a big role in this. When their trauma has been too great, they don't want to live or do anything. But for those that are connected to their culture, they do ceremonies, they dance, they attend Powwows, and they live their life in a good way; they have inner strength that helps them overcome challenges."

~ TERRI RATTLER, PROJECT MANAGER, GREAT PLAINS TRIBAL LEADERS HEALTH BOARD

"Mental health challenges are very prevalent right now and seem to be tied to trauma in childhood. Out of the 16 families I work with, at least eight are getting mental health treatment. It's sad to see so much mental illness. That's why I watch and pay close attention. I reassure them that I'll do whatever I can to help them with all avenues of their life, from raising a child to finding mental health services in the community."

~ CINDY KEITH, HOME VISITOR, CHOCTAW NATION OF OKLAHOMA

"We have a few parents that have scored to where they need [a] referral for depression and parental stressors, but most of the parents recognized it themselves and asked for support. There are a few others that don't yet want to admit that they have a mental health challenge and are holding back. Stigma factors into this. They have to be willing to accept help—we can't force it on them or preach, because it just won't work that way."

~ MARY WILLEY, PROGRAM DIRECTOR, FAIRBANKS NATIVE ASSOCIATION

"We see more behavioral and language issues with the children. This increased with COVID as we saw some parents concerned about going into social situations with their children . . . and that led to a lack of exposure to and practice with developing language and social skills. We also see where some parents' depression became more severe during COVID, and it had an impact on how they were parenting their children—now they are having to overcome these problems."

~ AMANDA BAHROU, CO-DIVISION DIRECTOR, INTER-TRIBAL COUNCIL OF MICHIGAN, INC.

There are many environmental factors that contribute to the mental health challenges of enrolled families.

Historical Trauma

Dr. Maria Yellow Horse Brave Heart defines historical trauma as "the cumulative emotional and psychological wounding over one's lifetime and from generation to generation."[2] This wounding alters the DNA of genes such that the traumas that AI/AN ancestors endured because of colonization, assimilation policies, boarding schools, forced sterilization, and more leave a unique epigenetic signature on genes. Past generations often addressed the impact of trauma through continuous engagement with ceremony, prayer, relationships, and language.

[2] Please see https://www.acf.hhs.gov/trauma-toolkit/trauma-concept#:~:text=From%20her%20work%20with%20tribal,.%E2%80%9D%20Similarly%2C%20African%20Americans%20experienced.

Dr. Dolores Subia BigFoot explains, "When this too was taken away, there was a big void that needed filling." She advocates returning to an honor-based society where AI/AN families incorporate more ceremony into their lives: Water and food offerings, prayers, tobacco, ribbons, and gift giving are all things that provide anchors that are many generations strong. Dr. Marilyn Zimmerman adds, "Let's acknowledge our trauma, but remind ourselves how we can restore or heal ourselves, and our nation too."[3]

Adverse Childhood Experiences (ACEs)

Research in the 1990s called attention to the fact that adverse events in childhood—such as physical and emotional abuse, neglect, household violence, and growing up in a family with mental health or substance abuse challenges—can alter development and lead to poor outcomes later in life. The more adverse the experiences are, the more toxic the stress, which can manifest in biological changes that can lead to higher rates of heart disease, diabetes, and other chronic physical health conditions and disease. Higher numbers of ACEs are also associated with behavioral health challenges later in life, including increased rates of depression, substance misuse, and suicide. Dr. BigFoot reminds us that although national data on AI/AN children is sparse, evidence suggests that AI/AN youths experience high rates of ACE indicators.[4]

Photo: Indigenous Home Visiting Meeting 2023

Indigenous Home Visiting Meeting 2023

In June 2023, the federal government held a meeting open to all AI/AN home visiting programs that serve young children and their families. This was the first time that programs across Tribal Maternal, Infant, and Early Childhood Home Visiting, Head Start, and other home visiting initiatives came together to engage in shared learning. Dr. Dolores Subia BigFoot and Dr. Marilyn Zimmerman presented together on "Cultural Strengthening for Healthy Family Development." During their presentation, they spoke about historical trauma and resilience in Indigenous families and key elements of trauma-informed programs and communities.

[3] Marilyn Zimmerman and Dolores Subia BigFoot, "Cultural Strengthening for Healthy Family Development." Paper presented at the 2023 Indigenous Home Visiting Meeting, Arlington, VA, 2023, June 6–8).

[4] Giano Z, Camplain RL, Camplain C, Pro G, Haberstroh S, Baldwin JA, Wheeler DL, Hubach RD. Adverse Childhood Events in American Indian/Alaska Native Populations. Am J Prev Med. 2021 Feb;60(2):213-221. doi: 10.1016/j.amepre.2020.08.020. Epub 2020 Nov 20. Adverse Childhood Events in American Indian/Alaska Native Populations - PMC (nih.gov)

An Epidemic of Loneliness and Isolation

A groundbreaking 2023 report by U.S. Surgeon General Vivek Murthy calls attention to findings that half of all adults are experiencing loneliness. That was before the COVID-19 pandemic, which limited connection with others and exacerbated loneliness and isolation. The Surgeon General notes, "Loneliness is far more than just a bad feeling—it harms both individual and societal health. It is associated with greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death. The mortality impact of being socially disconnected is similar to that caused by smoking up to 15 cigarettes a day."[5]

The COVID-19 Pandemic

The COVID-19 pandemic disproportionately affected AI/AN people. The Centers for Disease Control and Prevention reports that from 2019 to 2021 the life expectancy of AI/AN declined by 6.6 years, with AI/AN individuals now expected to live until just 65.2. Deaths from COVID-19 contribute to nearly three-fourths of this decline.[6] Home visitors report that nearly every family they served was touched by death during COVID-19, and the inability to honor their losses in traditional ways was unsettling. According to Willey, "We weren't able to put our family members to rest. Our routines were disrupted, and we couldn't come together to engage in cultural practices that are so important to us."

In addition to too many lives lost during COVID-19, Tribal Home Visiting program administrators note an increase in domestic violence and substance misuse. Further, AI/AN families struggled with basic needs, especially food, housing, and child care. Temporary assistance from the federal government was helpful, but most of that assistance has now ended, and the unmet basic needs of families persist.

[5] Office of the U.S. Surgeon General, Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, 2023. (Washington, DC: U.S. Department of Health and Human Services, 2023). https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

[6] Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021 (Washington, DC: Centers for Disease Control and Prevention, National Center for Health Statistics, 2022). https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm#:~:text=The%20report%20shows%20non%2DHispanic,total%20U.S.%20population%20in%201944

Limited Access to Health Care and Health Insurance

The Indian Health Service (IHS) provides health services to approximately 2.6 million AI/AN people from federally recognized tribes in 37 states. IHS funds 41 urban Indian health organizations that serve some of the 70 percent of AI/AN people who live in urban areas. Even with these programs, 14.9 percent of AI/AN people have no health coverage.[7] Further, IHS is funded through an annual federal appropriation that does not guarantee sufficient funds to cover need. There is a significant difference in per capita spending for health care between IHS and other national health expenditures: The IHS expenditure per capita was $4,078 in fiscal year 2019 versus $9,726 for national health expenditures in calendar year 2017.[8] Tribal Home Visiting grant recipients report that access to mental health care is especially limited, despite real need.

Health and Behavioral Health Disparities

The Department of Health and Human Services Secretary's Advisory Committee on Infant and Maternal Mortality issued a report to Secretary Xavier Becerra in December 2022 titled "Making Amends: Recommended Strategies and Actions to Improve the Health and Safety of American Indian and Alaska Native Mothers and Infants."[9] The report summed up disparities as follows:

"Unfortunately, the federal government has fallen short of this [trust] responsibility to AI/ANs, and they have failed to provide adequate assistance to support American Indian infrastructure, self-governance, housing, education, health, or economic development needs, which in turn has gravely impacted AI/AN people. The results of this are manifested in a myriad of negative outcomes:

- AI/AN maternal mortality rates ranging from 2 to 4.5 times the rate of non-Hispanic White women, with regional rates elevated to 7 times the rate of non-Hispanic White women, and an estimated 93 percent of AI/AN maternal deaths being preventable
- Consistently high infant mortality rates
- High rates of substance use
- Inadequate prenatal care
- Increased risk for preterm birth and low birth weights
- Mental health complications
- Comorbidities (e.g., hypertension and diabetes)

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[7] Native and Indigenous Communities and Mental Health (Alexandria, VA: Mental Health America, 2024). https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health.

[8] Indian Health Service, IHS Profile (Washington, DC: U.S. Department of Health and Human Services, 2020). https://www.ihs.gov/newsroom/factsheets/ihsprofile/.

[9] Advisory Committee on Infant and Maternal Mortality, Making Amends: Recommended Strategies and Actions to Improve the Health and Safety of AI/AN Mothers and Infants (Washington, DC: U.S. Department of Health and Human Services, 2022). https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/infant-mortality/birth-outcomes-AI-AN-mothers-infants.pdf.

- Exposure to excessive community violence including a long-standing and ongoing epidemic of Missing and Murdered Indigenous Women and Girls (MMIWG), and evidence demonstrating AI/AN people are disproportionately killed by police than other races, with AI/AN police related deaths likely undercounted or miscategorized
- Perpetuation of the stereotype that the inequities AI/AN communities face are the result of their own shortcomings, rather than the result of system-based root causes including racism, data erasure, and funding inadequacies for AI/AN people." [Footnote citations in the original text have been omitted here.]

For many families served by Tribal Home Visiting programs, it has been a near-perfect storm as they experience many or all these challenges at once. This leads to high levels of stress, anxiety, and depression, impacting caregivers' approach to care for themselves and their children. Community health worker Leona Iyarpeya of the Great Plains Tribal Leaders Health Board notes, "I talk with my families to help them understand that if we are not okay, how are we okay to take care of our little ones?"

Photo: Native American Health Center

Barriers To Accessing Mental Health Services

The American Psychiatric Association reports the following key barriers to accessing mental health treatment for AI/AN individuals:[10]

- Economic barriers (cost, lack of insurance)
- Lack of awareness about mental health and available services
- Stigma associated with mental illness
- Lack of culturally sensitive mental health services
- Mistrust of healthcare providers
- Lack of appropriate intervention strategies (including integration of mental health and primary health care services)
- Lack of available mental health services

[10] American Psychiatric Association, Mental Health Disparities: American Indians and Alaska Natives (Arlington, VA: American Psychiatric Association, 2017). https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf.

NAVIGATING SEASONS OF CHANGE

Among the supports offered, home visitors often help families navigate through seasons of personal change to find their path to wellness. With training on active listening and motivational interviewing combined with reflective supervision, home visitors know how to build relationships with families and how to walk alongside families on their journey. For example, home visitors work diligently to:

Build trusting relationships

"Sometimes the moms are scared and feel vulnerable. It's important to just be kind, loving, and accept them for who they are and how they present. They are protecting some part of [themselves]. Spend time building rapport so that they can be more at ease and forthcoming."

~ KIMBERLY WOOD, BEHAVIORAL HEALTH CONSULTANT, SOUTHCENTRAL FOUNDATION

Listen with care and respect

"When parents know that we will always show up and be there for them, you can see hope."

~ BARBARA MOFFITT, PROGRAM COORDINATOR, CHOCTAW NATION OF OKLAHOMA

Follow the lead of families

"Health care as a whole tends to be about dictating to families what needs to happen. Home visiting is about building relationships and helping people find their voice. We support our customers so that they can be in the driver's seat and have control over where they want their health care to go."

~ JODI SIDES, CLINICAL NURSE SUPERVISOR, SOUTHCENTRAL FOUNDATION

Ask thoughtful questions

"Our home visitors are so skilled with doing this in a gentle way and collecting information that the family is ready to share. It takes years to develop these skills."

~ AMANDA BAHROU, PROGRAM DIRECTOR, INTER-TRIBAL COUNCIL OF MICHIGAN, INC

Normalize conversations about mental health

"It helps that we have been integrating behavioral health in pediatric and primary care for many years. So, we are really trying to normalize both conversations about mental health and connection to behavioral health consultants."

~ PAM FINCH, CLINICAL NURSE SUPERVISOR, SOUTHCENTRAL FOUNDATION

Continued...

Think deeply about how the pieces fit together.

"I use multiple screeners—Parental Stress Index (PSI4), Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) [see table on page 19]– to really understand what might be happening with a family and how I can best support them. Sometimes what looks like a child delay might not be a developmental challenge in the little one but, instead, might be something that the parent is struggling with that is causing an interruption in parenting."

~ LEONA IYARPEYA, COMMUNITY HEALTH WORKER, GREAT PLAINS TRIBAL LEADERS HEALTH BOARD

Offer a starting point for support and guide families to higher levels of care as needed

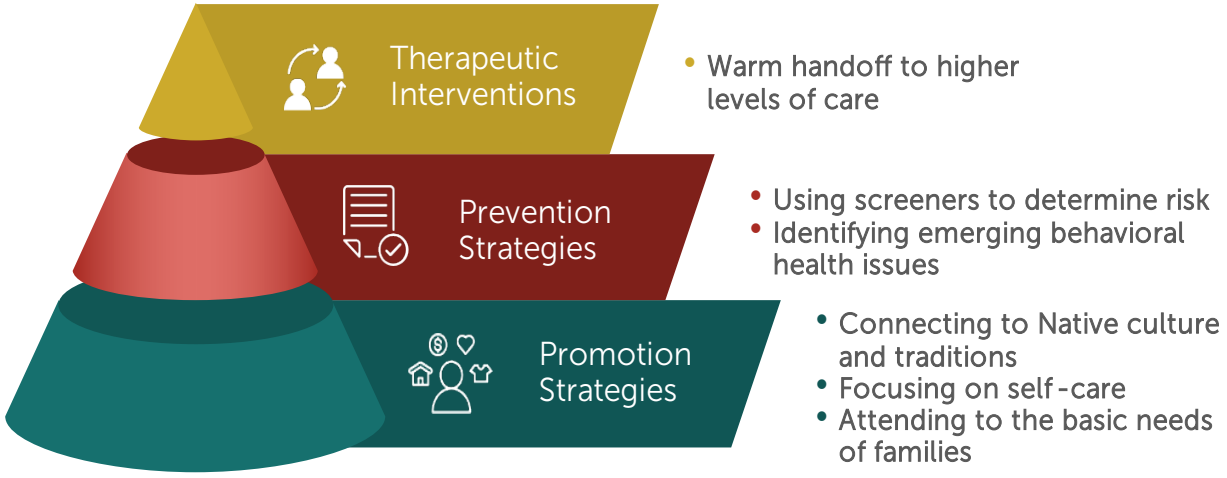
"We were concerned about a mom. We noticed that she was disengaged, distant, and exhibited generalized anger. Cynthia, our home visitor, found that the mom scored very high on a depression screen and was worried about her safety. She told the mom that she was concerned and should call or text at any time, day, or night. Cynthia was on high alert and did all she could to build trust with the mom so that she would open up to share and accept help. In time, Cynthia learned that both parents had past traumas. She was able to first connect the mom with mental health supports through a community action agency, attending the first appointment with her to provide support—a warm handoff. The mom is now attending weekly therapy. Cynthia was also able to help the mom and dad move into their own home. Now the mom is smiling and engaged, talking about getting her GED, and regularly calling or texting Cynthia with updates."

~ BARBARA MOFFITT, PROGRAM COORDINATOR, CHOCTAW NATION OF OKLAHOMA

Photo: Lake County Tribal Health Consortium, Inc.

INNOVATIVE APPROACHES FOR SUPPORTING MENTAL HEALTH AND WELL-BEING

Tribal Home Visiting programs have developed a continuum of innovative approaches for supporting the mental health and emotional well-being of enrolled families. Although they are not mental health providers, home visitors engage in many activities supporting families and play an important role in promoting mental health and helping to prevent mental health challenges from worsening. From connecting families with their culture and traditional healers to reinforcing the importance of self-care and addressing basic needs, programs are supporting families in staying socially connected, healthy, and well. As they identify families with more need or in crisis, program staff are connecting families to other resources in the community and ensuring a warm handoff so that families can confidently engage with formal mental health treatment services.



Promotion Strategies

Home visiting program staff recognize that for the home visiting lessons to take hold, they need to continuously support families in meeting basic needs, including physical, emotional, and spiritual needs. For some AI/AN people, this is about encouraging connection to their culture and traditions, tapping into the wisdom and experiences of generations past to help shape how they show up today. When external challenges disrupt internal balance, reminders and strategies to focus on self-care can help to re-establish calm and promote emotional wellness. And when families' basic needs are not met—especially when they are struggling to access safe housing and food—home visiting program staff may need to assist families in securing such resources.

"The Lakota community helps to connect people to Mother Earth for support. We help people to talk about and gain awareness of what is in you, where you came from, and how that shows up in who you are today. It provides a source of strength for our families.

~ TERRI RATTLER, PROJECT MANAGER, GREAT PLAINS TRIBAL LEADERS HEALTH BOARD

Connecting to Native Cultures and Traditions

Tribal Home Visiting programs recognize that connecting to culture and traditions is a protective factor for Native families. Examples of this include the following:

- The Fairbanks Native Association home visiting program serves families from more than 15 different cultures. They embrace this diversity and seek opportunities to expose families to the myriad cultures represented in the community. One way of doing this is through a set of "culture kits" that the team develops and shares with families. Kits include books, activities, and tactile items such as moccasins or beaver fur. The team thinks intentionally about how to tie the kits to the home visiting curriculum or specific aspects of children's development. They have been well received, and now other programs in the community are offering the kits as well. Willey reflects, "Anytime we can tie culture into what we are doing in home visiting, it is wellness. It helps us to promote wellness in the family."
- Several grant recipients create opportunities for families to connect with traditional healers. For example, Southcentral Foundation has a Traditional Healing Clinic where they refer parents for support. The outpatient clinic is overseen by tribal doctors and offers traditional talking circles as well as traditional physical modalities (e.g., healing touch and healing hands) and counseling that can be paired with healing touch. In addition, there is a traditional healing garden with plants native to Alaska. The Inter-Tribal Council of Michigan contracts with a cultural advisor who teaches the families and home visitors about traditions and Native practices such as cradleboards. In addition, traditional healers are available in most communities, and families can participate in naming ceremonies for babies and other traditional practices. Often, the traditional healers are co-located with the home visiting program, easing access for families to make connections with the healers.

Traditional Healer Uncle MarTan Supports Families

MarTan Martinez is a traditional healer who is available to work with the families enrolled in the Native American Health Center home visiting program. Home visitor Paul Millar shares that Uncle MarTan serves about 75 percent of the enrolled families.

Uncle MarTan notes, "What I do is not clinical. It is not something you do with a degree. My knowledge comes from my elders and lessons from my experiences in life. I help people understand the traditional way . . . to understand the spirit in their soul . . . where they came from. I teach them to give themselves back to their traditional ancestor. To cleanse their spirit and soul of the ugliness that life has taught them. That ugliness is not who they are, it's something they have learned from society. I brush them and give them medicine. Not only does this help the person that I see, but they go home to their family and share my teachings. I give them the medicine so that they can bring their cultural traditions back to their family. And I teach them how to bless their family members who are having a hard time."

In addition to Uncle MarTan, the Community Wellness Department recently hired Veronica Shawnego, a cultural health associate. Shawnego assists in all culture-related programming through the Center, such as planning gatherings and powwows, and she also serves as a point of reference for the staff and community to help reconnect them with their cultural identity.

Focusing on Self-Care

"Taking care of yourself so you can care for your littles" is a common message shared by home visitors interviewed for this brief. Self-care took on a new meaning during the COVID-19 pandemic, when normal routines were upended, parents were juggling work from home and caring for their children, and connection to family and peers was limited. Some programs offered virtual yoga classes or walking groups; others put together wellness kits. The Inter-Tribal Council of Michigan used this as a time to double down on the section of the Family Spirit Curriculum that addresses parental stress. The home visiting program of the Great Plains Tribal Leaders Health Board collaborated with families to develop a self-care calendar.

Photo: Indigenous Home Visiting Meeting 2023

A Self-Care Calendar Prompts Families to Engage in Wellness Activities

"We were inspired to develop the self-care calendar because we were seeing high scores on the Parent Stress Index, and we wanted to be proactive in preventing parenting stress. I believed families could benefit from caring for oneself and being more self-aware and that this could fit with the Mothers and Babies curriculum we were implementing.

We talked with parents in the program to hear from them what they thought about self-care and the types of self-care activities that would be helpful. We built a calendar based on their suggestions that included simple, uplifting, and positive activities that were easy to do. Three families tried out the calendar for one month and then they completed a questionnaire to provide feedback. Each family completed 16–30 activities from the calendar. One family said, 'The calendar helped me be less stressed and to think about myself a little more.' The families were surprised by the number of activities they could do. An important finding was that the self-care activities they enjoyed the most didn't cost money.

We wanted to revise the calendar and incorporate activities that would resonate with men, so we reached out to some fathers for their thoughts, and the Tribal Chairman kicked in ideas too. The fathers added suggestions like going to sweat, playing softball, and hunting. So we created a revised monthly calendar that blends together suggestions that would be appealing to mothers and fathers, and we printed it on a wipe-off magnetic pad that they could attach to their refrigerators.

The majority are using the calendar, and in most homes, they have it on their refrigerator. Posting it there provides a helpful reminder to take a moment for self-care."

~ LEONA IYARPEYA, COMMUNITY HEALTH WORKER, GREAT PLAINS TRIBAL LEADERS HEALTH BOARD

Attending to the Basic Needs of Families to Support Well-Being

Home visiting program administrators report that staff are spending more time than ever before connecting families to resources in the community that meet basic needs. "We are not only telling them about resources available, but our nurses are actually transporting families to get applications from WIC [the Women, Infants, and Children program] or the food bank or housing. And we are connecting them to the Safe Families program so that they can get respite care," Pam Finch, Clinical Nurse Supervisor, Southcentral Foundation.

Two of the Tribal Home Visiting programs interviewed for this brief have developed intentional and comprehensive systems for connecting families to resources for basic needs. Although the intent is the same, the approaches and funding mechanisms are different and worthy of note, as these are innovative approaches that other tribes and communities might want to explore, with tailoring and modifications as appropriate.

Native American Health Center's Case Management Program

The Native American Health Center, Inc., is an urban program serving AI/AN families in the San Francisco Bay Area. Because of gentrification, access to affordable housing is especially challenging for families. That, coupled with high costs for food, child care, and transportation, creates significant financial strain for all but the wealthiest individuals. Recognizing this challenge, the Alameda County Public Health Department created a case management program to assess family needs and assist them with accessing resources. The County funds two case managers who are housed with the Native American Health Center, Inc., and can help families as they navigate accessing services. "While the case management model has been tweaked since the program first started in 2017, we still feel that it's essential. We would not be able to get to providing the home visiting lessons if the families didn't first have their needs met. The case management program supports family 'readiness.' . . . You just can't get to the good stuff until you deal with the basic stuff," said Shamika Dokes-Brown, Program Manager.

When families enroll in the home visiting program, an early assessment determines case management needs. Those with needs are referred to a case manager who works with the family in addition to the home visitor. Relationships are strong between the case manager and the home visitor so that they can be in sync with their support of the family. Sometimes the case manager even attends the home visits. The case manager doesn't have direct access to funds or resources to give to families but instead connects families with organizations that do.

Sandy Alegria Hernandez describes her role as a case manager: "There was a single dad who was part of the program. . I created an intake and did [a] Family Map with him to

understand how things were going and what needs he might have, from housing to health care, child care, and more. The dad had a good job as a welder on the bridge, but because of his work hours, it was hard for him to find consistent child care. I was able to connect him to the child care resource and referral agency and they helped him to find care. At that time, he was also losing his housing. Having a prior eviction on his record didn't help. I connected him with Seasons of Sharing, which helped him with a housing deposit and first-month rent. I also connected him with the Homeless Prenatal Program that provided furniture for his apartment."

White Earth Nation's WECare

Several years ago, the White Earth Nation created WECare, a centralized intake system, in response to the realization that parents of young children were needing to complete similar enrollment forms and were being subjected to similar screens when applying for different services. The thought was to create one system in which all documents could be uploaded, and multiple service providers could then access the information to know how they could support the family individually and collectively.

Today, WECare, funded by the White Earth Nation, includes a basic needs assessment that anyone seeking support can complete in person with a WECare navigator. The assessment includes questions related to housing, food, employment, early childhood services, and spiritual and cultural needs. The navigator enters the data into the RiteTrack system, and referrals are sent to programs for which the individual is seeking support. Within 3 days, those programs then follow up with the individual to complete an additional screening to determine eligibility. If the individual is having difficulty completing the additional paperwork, the WECare navigator can step in and assist with completing the forms. After the individual is matched with programs, all matched programs become part of a WECare team, and together, the individual and the team define goals and strategies to map a plan of action. The plan and related data are regularly updated in RiteTrack to follow services received and outcomes. A notes section enables all service providers to stay in contact and to know which programs are providing what services to the individual.

Bryanna Chilton, Project Director of White Earth Nation, notes that about 75 percent of enrolled families have either used WECare in the past or are currently a part of WECare. "I think they get to services faster. WECare follows up with them to make sure they are getting the help they need. It takes the worry off the other program staff."

Prevention Strategies

In addition to offering the foundational supports described earlier, all Tribal Home Visiting programs are incorporating strategies that support the emotional wellness of their children and families. They are carefully using screeners to identify signs of an underlying challenge or any indication that a more thorough assessment is needed. They are providing basic mental health supports, and they are collaborating with other programs in the community that can provide support to their teams, which in turn enhances their work with the families.

Using Screeners to Determine Risk

Programs use several screeners that look at child development, depression, stress, anxiety, and parent–child interaction. This can help home visitors and their supervisors identify when a parent or child might need a higher level of care. It can also help the home visitor to simply be aware of what a family may be experiencing. ***It is important to note that none of these tools have been validated with tribal populations, so their use and interpretation should be calibrated with that in mind.*** *The following table presents examples of commonly used screeners.*

Ages and Stages Questionnaire, Third Edition (ASQ-3)	The ASQ-3 is a parent-completed questionnaire that looks at child development across five domains: communication, gross motor, fine motor, problem-solving, and personal adaptive skills.
Ages and Stages Questionnaire: Social-Emotional, Second Edition (ASQ:SE-2)	The ASQ:SE-2 is a set of questionnaires used by parents to help identify social and emotional strengths and challenges of children in the first 5 years of life.
Edinburgh Postnatal Depression Scale (EPDS)	The EPDS is a set of 10 screening questions shared with postpartum women in outpatient or home settings to determine if they have symptoms that are common with women who are experiencing depression and anxiety.
Parent Health Questionnaire–2 (PHQ2)	The PHQ2 is a screen that asks about whether the parents have experienced depressed mood during the previous 2 weeks.
Parental Stress Scale (PSS)	The PSS is an 18-item measure designed to assess levels of stress and feelings about parenthood.

Continued...

Parental Stress Index, Fourth Edition (PSI-4)	The PSI-4 is a 120-item inventory that focuses on three major domains of stress: child characteristics, parent characteristics, and situational/demographic life stress.
General Anxiety Disorder (GAD-7)	The GAD-7 is a seven-item instrument that is used to measure or assess the severity of generalized anxiety disorder.
Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)	The PICCOLO is a checklist of 29 observable developmentally supportive parenting behaviors in four domains (affection, responsiveness, encouragement, and teaching) that shows what parents can do to support their children's development.
Medication Understanding and Use Self-Efficacy Scale (MUSE)	The MUSE is a tool to measure patients' self-efficacy in understanding and using prescription medication. It addresses both learning about medication and adherence to the prescribed regimen.
Hurt, Insult, Threaten, Scream (HITS)	The HITS is a four-item questionnaire that asks respondents how often their partner physically hurt, insulted, threatened with harm, or screamed at them.
Survey of Well-Being of Young Children (SWYC)	The SWYC is a 10- to 17-item tool that covers topics such as family stress, language development, maternal depression, and social–emotional development.

Program administrators interviewed for this brief note that it is very important to provide thorough training for staff on the use of screeners. Chilton shared how their infant and early childhood mental health consultant supports staff in understanding how to use screeners effectively. "She will ask how they are approaching the screener – how do you introduce it; how do you talk about the results. She wants to make sure that the home visitors aren't just reading from the manual but that they know how to have a conversation with the parents. And she walks them through different circumstances that might come up." Terri Rattler, Program Manager, of Great Plains Tribal Leaders Health Board, said, "The staff had a hard time understanding how to score the PSI-4 so we asked for more training. Our consultant was so patient with us. She gave us the training twice and really made sure that we were secure with the tool and could use it with our families."

The Inter-Tribal Council of Michigan Undertakes the Development of a Measure for Stress and Resiliency

The home visiting team at the Inter-Tribal Council of Michigan developed a measure that looks at resilience and stress together through a cultural lens. For Anishinaabe people, stress and resilience are not mutually exclusive concepts and they are not inherently good or bad. The Anishinaabe believe that you are always experiencing both stress and resilience, and the focus needs to be on balance.

The team developed a mixed-methods study design to explore how resilience and caregiver stress are defined, how home visiting helps to promote resilience and decrease stress, and whether those enrolled in home visiting over time feel that their resilience is increasing, and their stress is decreasing.

As part of the design, they incorporated photovoice, a form of research where photos and corresponding stories are used to understand an issue or concern. Home visiting participants were asked to capture photos that showed their journey as a caregiver with "Mino Bimaadiziwin"—a good way of living. Through the photos and stories, the research team gleaned a key finding: "When you are walking a good life, that is resilience, and getting off the path is stress."

With this, they developed and tested a measure of both resilience and stress. The measure asks parents during pregnancy, 12 weeks postpartum, and at 8–12 months where they are in relation to their own path. To measure stress, it asks about the terrain (e.g., muddy, rocky, flat). To measure resilience, it asks about the moon phases lighting their way. From this, they learned that the home visiting program was helpful in building resilience and reducing stress and that the home visiting program provides helpful mental and emotional support as well as practical education and skills. Further, the home visiting program needs to continue to focus on the whole person, understand all the aspects of resilience and stress and how to support families, and use this to have conversations with families and encourage them to reflect on their journey too.

The team plans to further test the measure before it is shared more widely.

Identifying Emerging Behavioral Health Issues

Tribal Home Visiting programs are helping to identify emerging behavioral health issues through enhancements to their curriculum, partnerships with infant and early childhood mental health consultants, and other aligned programs in the community. One example of this is the Mothers and Babies curriculum implemented by the Great Plains Tribal Leaders Health Board. Another example is the behavioral health consultants who are part of the home visiting team at Southcentral Foundation. A new transdiagnostic primary prevention strategy is being developed by Family Spirit.

- The home visiting team at the Great Plains Tribal Leaders Health Board recognized the need for perinatal behavioral health supports in their community. They attended a training and learned about the Mothers and Babies curriculum and then undertook a year-long journey to adapt the curriculum to reflect Lakota culture. Mothers and Babies is an evidence-based preventive intervention that focuses on preventing postpartum depression by encouraging more engagement in pleasant activities, improving social support, and promoting healthier ways of thinking.[11] It is a psychoeducational model based on cognitive–behavioral therapy and attachment theory. The Lakota adaptations to the curriculum include the Seven Sacred Laws of the Lakota—fortitude, humility, generosity, compassion, respect and honor, bravery, and wisdom—and vignettes, images, and activities that resonate with the Lakota culture. With ongoing training and support from the Mothers and Babies team at Northwestern University, the curriculum has been successfully integrated into the home visiting practice at the Great Plains Tribal Leaders Health Board and provides another layer of support to the families beyond their Family Spirit teachings.

Photo: Great Plains Tribal Leaders' Health Board

[11] Muñoz, R. F., H. N. Le, C. Ghosh Ippen, M. A. Diaz, G. G. Urizar, J. Soto, T. Mendelson, K. Delucchi, and A. F. Lieberman. (2007). "Prevention of postpartum depression in low-income women: Development of the Mamás y Bebés/Mothers and Babies course." Cognitive and Behavioral Practice 14 no. 1 (2007): 70–83.

- Southcentral Foundation includes 1.5 behavioral health consultants on the home visiting team (funded by Southcentral Foundation Primary Care). Implemented more than 9 years ago, initially as support to the nurse home visitors, the position has now evolved to work directly with some of the families most in need of support. Many are not able to access traditional mental health services in the community because of long waiting lists or because they may be struggling to keep appointments.

Kimberly Wood, one of the behavioral health consultants, describes her work in this way:

> *"Moms first meet with their home visitor. Some might ask for behavioral health support, in which case the nurse home visitors send them my way. But there are other times when the nurses pick up [something] from the screeners—or something that they see in the home—that raises concern. When that happens, the nurses talk with the parents about what I can offer. They may encourage the parent to meet me, but they can't require it. Usually, my first visit is done jointly with the nurse. From there, I meet with the mom weekly, and sometimes biweekly, depending on the need. Like the nurse home visitor, I go to the home and focus first on building relationship. That is scary for some of the moms—many have had experiences with the Office of Children's Services coming in and taking their kids away. I'm asking them to trust me and be vulnerable so that I can help. Over time, I see the shift from moms thinking that their mental health isn't important to a determination to make this work. There are behavioral health consultants in the primary care clinics too, but moms tell me that the visits in primary care are too brief, and they don't always feel heard. . . . In time, I help to transition the moms to the outpatient behavioral health program when they are ready, and definitely when they graduate from the home visiting program."*

In addition to the support of the behavioral health consultants, the Southcentral Foundation Nurse-Family Partnership team participated in the NEAR@Home training so that the nurses could more effectively engage parents in conversations about ACEs. NEAR@Home is grounded in principles of social justice, infant mental health, and trauma-informed care. "We have lots of trauma in the community, even before COVID. There is historical trauma, domestic violence, substance use, and more. It is important for our families to understand that there is generational impact of all of this—that things from the past may put them at higher risk. How do we share this with families, process it, and help them understand that they can be resilient and change their outcomes?" said Finch. The training took place over 6 months, with a mix of large- and small-group sessions.

- Many grant recipients have infant and early childhood mental health consultants as resources for their home visiting team. Infant and early childhood mental health consultation is a prevention-based approach that pairs a mental health consultant with adults who work with young children. In the home visiting context, the consultants primarily support the home visitors who, in turn, support the parent–child dyad. Typically, the consultant provides reflective supervision, training, and case consultation. Sometimes, the consultant will join the team on a home visit.
- Some communities have a federally funded Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) program, which can be a terrific resource and partner. LAUNCH focuses on promoting the wellness of young children by addressing the social, emotional, cognitive, physical, and behavioral aspects of their development. It does this by integrating behavioral health into primary care, screening and assessing children and caregivers, offering family strengthening activities, and providing mental health consultation and enhanced home visits with a focus on social and emotional well-being. Other communities may have adopted Help Me Grow, which is a system-based model that links families to services.

Photo: Indigenous Home Visiting Meeting 2023

Family Spirit

The Family Spirit home visiting model includes two innovations that are both focused on behavioral health needs.

Family Spirit Social Support Visits

The Social Support Visit structure provides an additional resource for home visitors to use when they engage with a family who may be in crisis or too distracted or distressed to engage in the home visiting content. The Social Support Visit structure provides eight steps as a guide to help home visitors to stop, assess what is happening, and "manage the moment." A goal is to help the participant stabilize emotionally before moving into problem solving.

The structure aims to ensure that families are HEARD, HELD, and HELPED –

Heard: The families have an opportunity to verbalize what they are experiencing. The home visitor assesses for safety, using formal tools as needed to determine if the person is at risk of self-harm, or experiencing a significant mental health crisis. If safety is a concern, the home visitor may call a behavioral health hotline, provide transportation to a safe location, or connect to other emergency resources, in line with their organization's policies and local resources. To do this quickly and effectively, the home visitor needs to fully understand the resources available in the community.

Held: The home visitor offers empathy and shares space with the family by offering comfort as appropriate; for example, a blanket, a cold drink of water, a walk or other activity that demonstrates connection, active listening, and compassion.

Helped: Together, the families and home visitor determine practical next steps, whether it is connection to resources in the community or a list of things to do to help resolve the crisis.

Program Manager Shamika Dokes-Brown of the Native American Health Center shares, "I love the Family Spirit Social Support Visit structure because you are helping the family build skills that they will need for a healthy future."

The Family Spirit national office is now looking to offer the 2-day training to any Indigenous community interested in using the approach. Training includes practice scenarios and role play, because this work can be traumatic for the home visitor and increasing their comfort with the approach and the words they will use is believed to be helpful.

Family Spirit Strengths

A clinical trial is underway to test Family Spirit Strengths, a cultural adaptation of portions of the Common Elements Treatment Approach (CETA). CETA is an evidence-based mental health intervention delivered by community-based paraprofessionals in areas where there is a lack of mental health providers. CETA is transdiagnostic, recognizing that many people have co-occurring mental health challenges, so an intervention just focused on one challenge (e.g., depression) is often not responsive to the whole person. Research on CETA shows that, with proper training and supervision, front-line cognitive–behavioral therapy supports can be delivered by well-trained and supported paraprofessionals who have access to a master's-level clinician for consultation.

According to Elizabeth Kushman, Director of Maternal, Infant and Child Health on the Family Spirit national team, "Family Spirit Strengths was 2 years in development. The adaptation focused on weaving in Indigenous knowledge about what it means to be healthy and what pathways to healing look like. For example, CETA uses a triangle to represent corners of thoughts, emotions, and behaviors, while for Family Spirit Strengths, we expanded that to include spirituality as a fourth aspect, framed within a circle representing connection and balance. Culture is also woven into references to extended family and cultural activities, as well as in illustrations and the skills and exercises taught. There are also prompts to support participants in exploring traditional ways of healing and being, and ancestors as a source of strength and resiliency."

Family Spirit Strengths aims for the middle of the acuity continuum—people who don't have a clear clinical level of need but may be feeling down or anxious, or may have struggled with anxiety or depression in the past and are having a flare-up. "So it's early intervention, harm reduction," said Kushman.

The clinical trial was launched in 2023, and it is expected to take 2 years.

Helping Families Connect to Therapeutic Care

Federal funding for the Tribal Home Visiting program cannot be used for therapeutic interventions. Although home visitors can provide the necessary support that promotes emotional well-being and identifies early challenges, they do not have the training that is required for licensed clinical therapeutic interventions for those diagnosed with a mental health disorder. Infant and early childhood mental health consultants help build home visitor knowledge and skills related to mental health and well-being, but it is outside the consultant's role to provide the 1:1 intensive mental health treatment or therapeutic intervention that some families need.

As such, it is incumbent on home visitors to be familiar with mental health programs and providers in their communities and to provide a warm handoff for higher levels of care when the seasons of change families are experiencing are more involved.

Many grant recipients strategically locate their program alongside other community resources, including mental health providers. "They are already coming up to the fourth floor to see Uncle MarTan, our traditional healer. Behavioral health is on the fourth floor too, a familiar space," said Dokes-Brown.

Grant recipients also work to develop relationships with other providers in the community—programs that provide crisis intervention, respite care, and safety from domestic violence. "We don't just tell our mamas about the services in the community, we help them access the care, too. For example, if a mama is struggling with addiction, Sandy, the case manager, will do the footwork to start the process of connecting her to a detox/recovery program, but then the home visitor might even go with the mama when she checks-in," said Dokes-Brown.

STORMS PERSIST FOR SOME

Although Tribal Home Visiting programs report having success supporting families through personal seasons of change, there are some families that may not be ready for help. Typically, stages of acceptance and change include pre-contemplation, contemplation, action, maintenance, and termination. As such, recognizing the need for and accepting mental health services can take time to process. Willey emphasizes, "You can't fix that which doesn't want to be fixed. If you have a family member in a situation, until they reach out and say they want to get into a more healthy place, you just have to love, let go, and be ready for when they are ready."

"We had a mom who was participating in two of our programs. We didn't realize that there was abuse in the home. And then one day the mom reached out for help. She was beat up badly. We worked for 3 days trying to help set her up to be in a safe place. We talked with her about ACEs, because her kids were at home and saw the abuse. She shared a lot with us that she hadn't shared in the past—our home visitor never would have guessed these things were happening. We were able to set her up with resources. But in the end, she went back into the home. It was hard for us to see the mom go back home. We had to just be there for her, even if we didn't agree with what she was doing. We needed to show compassion and understanding. When she is ready, she will come back and say, 'I'm ready.' We can't give up on her, and she needs to know that."

~ BRYANNA CHILTON, PROJECT DIRECTOR, WHITE EARTH NATION

Programs need to be mindful of the impact of supporting families in crisis on the home visitors, especially when they are trying to support families who may not be accepting of services or when progress is slow. Kushman shared that it can be an uncomfortable space for home visitors to be in, as the traumas they witness can trigger their own pain points as well as compassion fatigue. Reflective supervision, staff self-care, education on secondary traumatic stress, and boundary setting are all very important. (Please review the previous Tribal Home Visiting Brief to learn more about supporting the workforce – Purposefully Investing in the Tribal Home Visiting Workforce.) Bahrou added, "We always try to embed staff wellness into trainings – meditation, mindfulness, rock ceremony, and other wellness activities." And Dokes-Brown shared, "It's vitally important to support our staff. We have lunch together at least once a month, play games, laugh, and reflect on what has been happening in their lives personally and professionally. Home visiting is not for the faint at heart. We need to realize the important role home visitors play with these families and support the staff so that they can be their best for the families."

CONCLUSION

AI/AN families can benefit from a well of strength that is fortified by their connection to ancestors, culture, traditions, and their land. Even with this strength, environmental factors often create disequilibrium and threaten internal balance. Historical trauma, ACEs, the epidemic of loneliness, COVID-19, limited access to health and mental health care, and health disparities cause striking inequities in outcomes for Native people. This affects the way adults care for themselves and their children. "We have to take care of ourselves so we can take care of our littles" is a common message to parents.

As Tribal Home Visiting families navigate personal seasons of change, they know they can lean on their home visitor for support. Home visitors support the development of the protective factors of AI/AN families and honor their inherent strengths. They hold a space of safety and trust. They know just when and how to support families along the continuum of promotion and prevention, and they recognize when to guide families to higher levels of care. This requires a disposition among home visitors that is marked by curiosity, careful listening, understanding, and respect.

The programs interviewed for this brief are supporting the emotional well-being of families by offering **mental health promotion services** (e.g., connection to Native culture and traditions, focus on self-care, attention to basic needs) and **prevention services** (e.g., screening to determine risk, identifying emerging behavioral health issues), and they are helping families connect to **therapeutic interventions** when a higher level of care is needed.

Doing this well—ensuring that AI/AN families enrolled in Tribal Home Visiting are receiving the support they need to navigate seasons of change—requires that programs build in supports for the home visitors, too: reflective supervision, infant and early childhood mental health consultation, and an appreciation for staff well-being. It also requires the positioning of home visiting programming within a larger system of care for the family that includes mental health interventions and other formal treatment systems that are tailored to address specific behavioral health challenges.

When all these things are in place, the storms of winter fade and the signs of spring abound.

> *"I feel like I am making a difference with families' confidence and emotional well-being. From helping a mom with breastfeeding to helping another mom through postpartum depression, it is so rewarding. I just love it."*
>
> ~ JULIE WADENA, HOME VISITING NURSE, WHITE EARTH NATION

> *"One of the biggest things I've seen over and over is when I say, 'You are such a good mom' and she is like, 'Me? Really? I've never heard that before.' It's heartbreaking. The nurses and I point out all the things their babies are learning from the moms. We help them connect and see the incredible role they are playing as protectors and teachers. Sometimes we need to help them process the fact that they didn't get this as a child and that they can change that and choose a healthier life for their baby and them. We can see their confidence soar."*
>
> ~ KIMBERLY WOOD, BEHAVIORAL HEALTH CONSULTANT, SOUTHCENTRAL FOUNDATION

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