# Trauma-Informed Practice with American Indian/Alaska Native Populations


Trauma-responsive systems of care for American Indian/Alaska Native populations should also include recommendations first made by Lucero and Bussey (2015) to consider how communities and groups conceptualize trauma and to examine how cultural values and norms influence symptom presentation. Tribal communities benefit when they are included in the development of trauma-responsive systems. When communities that have experienced historical trauma do not participate in decision-making, there is heightened risk of retraumatization. Many researchers and practitioners involved in tribal trauma work also encourage use of non-Western treatment modalities.


<table>
<thead>
<tr>
<th>WHAT IS THIS RESOURCE?</th>
<th>This paper describes how to develop a trauma-informed lens for working with American Indian/Alaska Native individuals, families, and communities using the Substance Abuse and Mental Health Services Administration (SAMHSA) Concept of Trauma.</th>
</tr>
</thead>
</table>
| WHAT ARE THE CRITICAL FINDINGS? | **PRACTICE CULTURAL HUMILITY:** By practicing cultural humility, we acknowledge that our ability to be competent in a culture different from our own is limited.  
**WHAT IS TRAUMA INFORMED PRACTICE?** Realizing the impact of trauma; Recognizing signs and symptoms; Responding with integrated knowledge; and Resisting retraumatization. Trauma informed practices prioritize service delivery: safety; peer support; collaboration and mutuality, empowerment; voice and choice; and cultural, historical, and gender sensitivity. |
| CREATE A TRAUMA-RESPONSIVE SYSTEM BY EXAMINING: | 1. **Governance and Leadership:** Honor tribal self-determination and collaborate with tribal and community leaders  
2. **Policy:** Evaluate in relation to the Indian Child Welfare Act (ICWA), tribal codes, and cultural practices  
3. **Physical Environment:** Provide space for traditional healing practices  
4. **Engagement and Involvement:** Incorporate tribal languages and traditional healing practices  
5. **Cross Sector Collaboration:** Share best practices and engage community partners  
6. **Screening, Assessment, and Treatment Services:** Get feedback from tribal community members  
7. **Training and Workforce Development:** Train employees in historical and cultural issues and recruit from the population being served  
8. **Progress Monitoring and Quality Assurance:** Create community feedback loops that establish what and how data is collected and share progress  
9. **Financing:** Consider funding inequalities and ensure services continue when funding ends  
10. **Evaluation:** Give tribes ownership of successful implementation activities and information dissemination |
| WHAT ARE THE IMPLICATIONS FOR OUR WORK? | Trauma-responsive systems of care for American Indian/Alaska Native populations should also include recommendations first made by Lucero and Bussey (2015) to consider how communities and groups conceptualize trauma and to examine how cultural values and norms influence symptom presentation. Tribal communities benefit when they are included in the development of trauma-responsive systems. When communities that have experienced historical trauma do not participate in decision-making, there is heightened risk of retraumatization. Many researchers and practitioners involved in tribal trauma work also encourage use of non-Western treatment modalities. Lucero, N. M., & Bussey, M. C. (2015). Practice informed approaches to addressing substance abuse and trauma exposure in child welfare involved urban Native families. *Child Welfare 94*(4), 97-117. |