Indigenous Wellness Research Institute
University of Washington School of Social Work

EVIDENCE-BASED TRIBAL CHILD WELFARE PREVENTION PROGRAMS IN WASHINGTON STATE

A SYSTEMATIC REVIEW

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ABSTRACT

This report provides a systematic review of what exists in the literature on four tribal child welfare prevention programs.

These programs were identified by the WA Department of Child, Youth and Family Services as promising practices that have been implemented by tribal nations across the state.

TABLE OF CONTENTS

INTRODUCTION

In the over 40 years that the Indian Child Welfare Act has been in effect, American Indian/Alaskan Native (AI/AN) children continue to be removed from their homes at an alarming rate and are overrepresented across the United States' foster care system. To ensure the future of tribal communities, it is imperative that AI/AN children grow up connected to culture and their identity. One method to ensure stability of tribal families and communities is to increase efforts in the implementation of culturally relevant child abuse and neglect prevention programs.

The Washington Department of Children Youth and Families conducted a survey across all 29 of the federally recognized tribes located in the State of Washington to better understand what promising/evidence-based child abuse and neglect prevention program interventions they were utilizing to support tribal members who are living in their reservation communities.

Results of this survey identified four Tribal programs for review: Positive Indian Parenting, Family Spirit, Healing of the Canoe (Canoe Journey), and Family Circle (Talking Circle or Healing Circle). This report provides a compilation of what is currently known about these four identified programs based on a systematic review of the literature and interviews that were conducted with program purveyors. Criteria utilized in this review to assess each program were informed by the Title IV-E Prevention Services Clearinghouse, established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS).

FOUR TRIBAL PROGRAMS:

1. POSITIVE INDIAN PARENTING
2. FAMILY SPIRIT
3. HEALING OF THE CANOE *(CANOE JOURNEY)*
4. FAMILY CIRCLE *(TALKING OR HEALING CIRCLE)*

PROGRAM MODEL DESCRIPTIONS

This systematic literature review began with a review of available curricula to gain an understanding of each of the four program models. To fill in gaps not identified in the curricula review, the research team conducted interviews with purveyors of each of the program models.

Highlights of each of models are depicted in Table 1 and Figure 1 on the next page.

POSITIVE INDIAN PARENTING

National Indian Child Welfare Association
info@nicwa.org, (503)222-4044

NICWA
National Indian Child Welfare Association
Protecting Our Children • Preserving Our Culture

Program Description

Western parenting programs often fail to address the unique challenges faced by American Indian and Alaska Native parents, children, and families, and they neglect the rich tribal traditions and knowledge passed down from generation to generation. Positive Indian Parenting is designed to meet the needs of both Native and non-Native parents, relatives, caregivers, foster parents, and others who strive to be more positive in their approach to parenting. Positive Indian Parenting is implemented within a tribe and/or community serving American Indian and Alaska Native people. Participants may enroll voluntarily or be mandated to participate. The Positive Indian Parent training for facilitators is intended for tribal child welfare workers and other personnel who work with AI/AN children and families.

Positive Indian Parenting offers participants a structured exploration of traditional American Indian and Alaska Native values concerning parenting and helps participants apply those values in a modern setting. The training workshop for facilitators aims to prepare tribal child welfare personnel to successfully implement the Positive Indian Parenting curriculum in their tribes. Facilitators of Positive Indian Parenting must be trained and certified by the National Indian Child Welfare Association. Interested facilitators are required to participate in a three-day workshop that focuses on how to successfully adapt and implement the Positive Indian Parenting curriculum. Those who complete the workshop are then qualified to deliver the curriculum directly to clients, or to train child welfare personnel within their tribe to facilitate. During the workshop, a lead trainer helps facilitators to think about how to adapt the Positive Indian Parenting curriculum to their tribe's culture and needs. Positive Indian Parenting is designed to be offered in a group setting or to individual families through in-home delivery.

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Each workshop lesson includes themes and points of view from different tribes. The facilitators can then add their tribe's unique traditions and practices into the Positive Indian Parenting curriculum template, and tailor the program to the common parenting concerns in their community although there are key curriculum components that must be kept consistent across different sites (see fidelity checklist on p. 8). Additionally, child development information is woven throughout the curriculum to ensure that parents develop clear and appropriate expectations for their children's developmental milestones. Facilitators can modify or supplement the curriculum for local adaptation as needed. For example, facilitators might invite guest speakers such as elders, who might discuss the traditions that influenced how they were parented. Facilitators may also invite support persons to comfort parents in case the discussion brings up painful experiences or memories. Facilitators are responsible for checking in with parents individually about their emotional well-being following each session. Additionally, when clients are mandated to the program, staff provide regular compliance reports to the court or child welfare agency that describe the parent's attendance and participation.

The National Indian Child Welfare Association sets some general guidelines for facilitators. Facilitators may be: case workers, social workers, elders, victim advocates, or substance abuse counselors, as well as others. Lead trainers must be American Indian and Alaska Native. Non-Native facilitators must co-facilitate with a Native facilitator. Ideally, each session should have two facilitators when delivered in the group setting. When delivered in the in-home setting, one facilitator can provide the training.

Program Design

Positive Indian Parenting draws on the strengths of traditional Indian child-rearing practices using storytelling, cradleboards or other traditional methods of wrapping babies, harmony, lessons of nature, behavior management, and the use of praise. It also addresses the historic impact of boarding schools, intergenerational trauma and grief, and forced assimilation of parenting; it empowers Indian families to reclaim their right to their heritage to be positive parents. Positive Indian Parenting is strengths-based, conveying the message that our ancestors' wisdom is a birthright for AI/AN parents. The curriculum examines how many AI/AN families were deprived of the right to learn traditional practices, invites participants to reclaim values that may have been lost by earlier generations, and validates existing traditional knowledge and values. Positive Indian Parenting is an 8-10 week parent training class for Indian parents, caregivers, and non-Native foster parents of Indian children. The program is curriculum-based and includes eight modules, delivered by trained facilitators.

1. Orientation/Traditional Parenting
2. Lessons of the Storyteller
3. Lessons of the Cradleboard
4. Harmony in Child Rearing
5. Traditional Behavior Management
6. Lessons of Mother Nature
7. Praise in Traditional Parenting
8. Choices in Parenting/Graduation

The program uses experiential learning techniques. Each session starts with a brief lecture, followed by an interactive exercise and a discussion. It is recommended that sessions be delivered weekly for 2-3 hours each either in the group setting or to individual families through in-home delivery.

Positive Indian Parenting may be delivered separately to target audiences with specific needs, such as: fathers, mothers, teen parents, grandparents, and parents with substance abuse issues. Clients may voluntarily self-refer to the Positive Indian Parenting program, or they may be required to participate by a court or by a child welfare agency. Some tribes provide incentives, such as gift cards, culturally appropriate items (crafting items, traditional medicines), or a graduation ceremony, to clients who voluntarily decide to complete the program. (Bureau of Justice Assistance & National American Indian Court Judges Association, n.d.)

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Positive Indian Parenting Program Fidelity Checklist

A publication of the National Indian Child Welfare Association

PURPOSE:

This checklist is a tool for Positive Indian Parent (PIP) trainers and program evaluators to ensure that PIP is being delivered as the curriculum developers intended. PIP is unique in that it was designed with standard content to be covered in all communities but allows for parts of the curriculum to be tailored to each local community's culture and context. This fidelity checklist helps trainers and evaluators to ensure that PIP training delivered in an in-home/one-on-one format as well as in group settings includes all of the elements it is designed to include.

This checklist could be used by a trainer to prepare for training and as a self-monitoring tool immediately after each session. It could also be used by an observer/rater, as part of an evaluation effort, who would watch the training being delivered and note whether or not the key elements were included.

BEFORE SESSIONS:

1. Complete an introductory home visit.
2. Find out what ages the child(ren) are in the home.
3. Find out what specific parenting issues the caregivers in the home are facing.
4. Make clear your role in the community and that you are serving as a parenting trainer for the PIP sessions.
5. State that you are a mandatory reporter and explain what that means.

FORMAT ITEMS to check for all sessions, should occur in this order:

1. Start by preparing the learning space in a culturally appropriate way for that tribe or region. For in-home instruction, this means entering the home respectfully following local protocols for greeting, entering, seating, etc. and asking the family how they would like to begin "in a good way."
2. Print and give participants the suggested agenda for each session.
3. Include warm up when noted below under specific sessions when that is critical for fidelity.
4. Ask parents what parenting techniques they tried from the last lesson and how that went.
5. Give the brief lecture, talk, or (for in-home) read aloud.
6. Facilitate the discussion and/or exercise.
7. Give brief lecture, talk, or (for in-home) read aloud.

FAMILY SPIRIT

Johns Hopkins Center for American Indian Health
Nicole Neault, familyspirit@jhu.edu

Program Description

Family Spirit envisions a future where every community, regardless of socioeconomic status, will have access to an evidence-based, culturally-competent early childhood home-visiting model that employs local paraprofessionals to promote optimal health and well-being for parents and young children in their communities.

Family Spirit is a unique, evidence-based home-visiting model with a reputation for success: dependability with flexibility.

Family Spirit addresses intergenerational behavioral health problems, applies local cultural assets, and overcomes deficits in the professional healthcare workforce in low-resource communities. It is the only evidence-based home-visiting program ever designed for, by, and with American Indian families. It is used in over 100 tribal communities across 16 states, and it is also used in several other low-income urban environments in Chicago and St. Louis.

While there has been a growth in the number of maternal, infant, and early childhood home-visiting programs in the US, the Family Spirit model goes above and beyond in several areas:

- It leverages cultural assets and an indigenous understanding of health;
- Encourages the use of paraprofessionals to deliver the program; and
- Addresses behavioral health disparities, emerging globally as an urgent priority.

Family Spirit's culturally-tailored intervention is delivered by community-based paraprofessionals as the core strategy to support young parents from pregnancy to 3 years post-partum. It is a behaviorally-focused intervention, responsive to parents' and children's needs. (Johns Hopkins Bloomberg School of Public Health, n.d.-b)

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Program Design

The Family Spirit conceptual framework is based on G.R. Patterson's model that posits parenting as the critical link between parents' personal characteristics and environmental context and children's individual risks and ultimate outcomes.[1] Thus, the Family Spirit Program is designed to promote mothers' effective parenting while assisting mothers in developing coping and problem-solving skills to overcome individual and environmental stressors.

Key components of the intervention include one-on-one home-based parent training to help mothers: 1) provide consistent, responsive care and monitoring and avoid coercive parenting; 2) avoid drug use, which could interfere with effective parenting; and 3) attain coping and life skills to overcome personal and environmental stressors. In addition, interventionists are trained to establish a strong, consistent interpersonal bond to facilitate mothers' progress toward goals.

Conceptual Framework: The Family Spirit Program is designed to impact short, intermediate and long-term maternal and child behavioral and emotional outcomes. It hypothesizes that effective, competent parenting and coping and problem-solving skills are the pathway for reducing long-term maternal and child emotional and behavior problems. See Figure 1. Family Spirit Conceptual Model.

This model is supported by a large body of research demonstrating that ineffective parenting practices in early childhood lead to: 1) child behavior problems, academic under-achievement, and peer problems in middle childhood and 2) maladaptive peer group formation, conduct problems, and drug use in adolescence. [2][3][4]
Parenting knowledge and parental self-efficacy in the earliest phases of parenting are short-term outcomes that become mediators of intermediate and long-term maternal and child behavior outcomes. (Johns Hopkins University & Center for American Indian Health, 2015).

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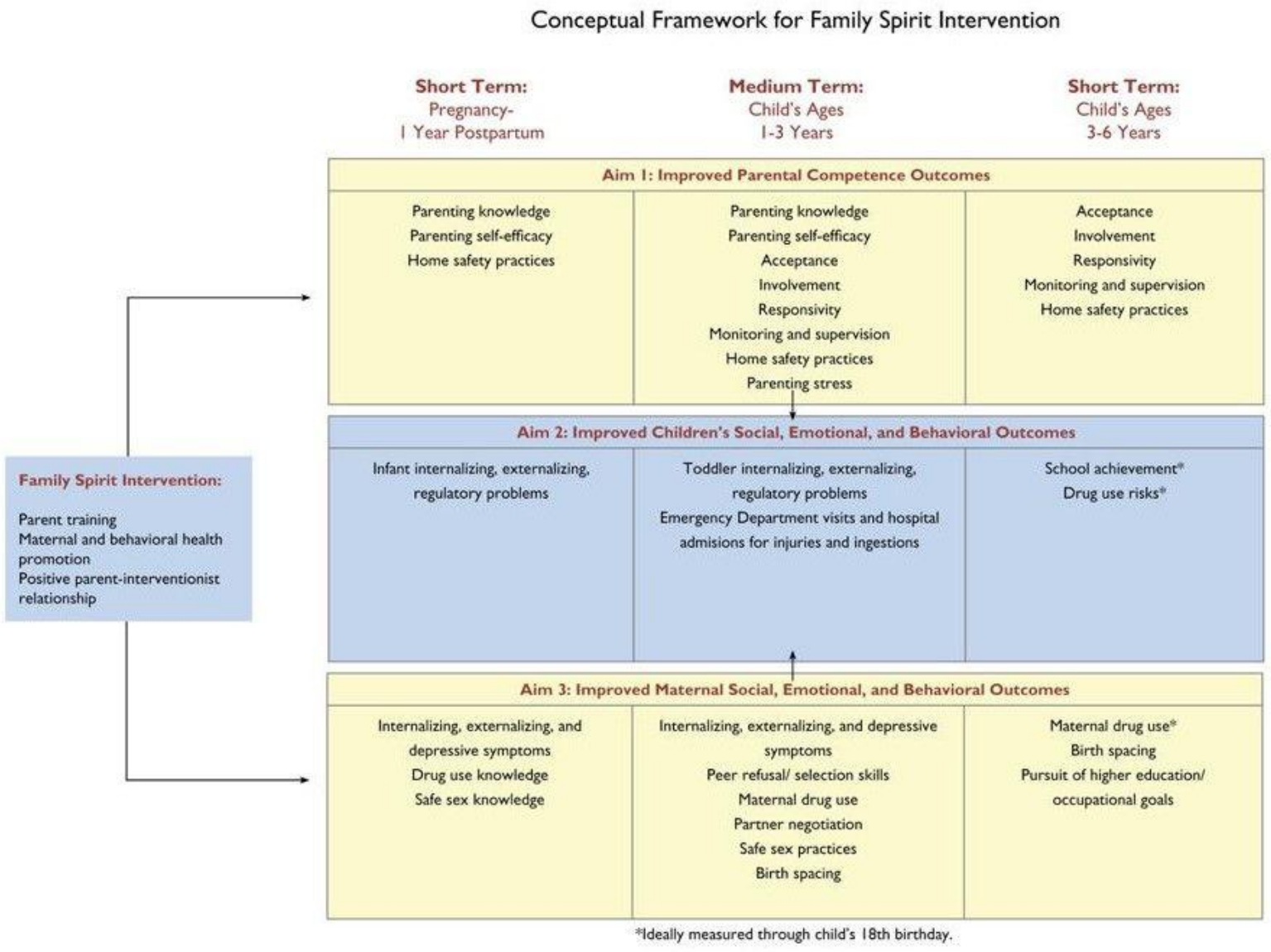
[1] Patterson GR, DeBaryshe BD, Ramsey E. A developmental perspective on antisocial behavior. American Psychologist. 1989; 44:329-335.
[2] Vanderheyden A, Witt JC. Proven practices for reducing aggressive and noncompliant behaviors exhibited by young children at home and at school. J La State Med Soc. 2000; 152:485-496.
[3] Pettit GS, Laird RD, Dodge KA, Bates JE, Criss MM. Antecedents and behavior-problem outcomes of parental monitoring and psychological control in early adolescence. Child Dev. 2001; 72:583-598.
[4] Frick PJ, O'Brien BS, Wootton JM, McBurnett K. Psychopathy and conduct problems in children. J Abnorm Psychol. 1994; 103:700-707.

Figure 1. Family Spirit Conceptual Model



HEALING OF THE CANOE

"Canoe Journey"

Suquamish Tribe, Port Gamble S'Klallam Tribe (PGST) and
the University of Washington Alcohol and Drug Abuse Institute (ADAI)
info@healingofthecanoe.com

Program Description

The Healing of the Canoe (HOC) Project is a collaborative project between the Suquamish Tribe, the Port Gamble S'Klallam (PGST) and the University of Washington Alcohol and Drug Abuse Institute (ADAI). Throughout the project, the research team used the Community-Based/Tribally-Based Participatory Research (CBPR/TPR) model to work in partnership to plan, implement and evaluate culturally grounded interventions to reduce health disparities and promote health with both Native American tribes. Suquamish and Port Gamble S'Klallam both identified the prevention of youth substance abuse and the need for a sense of cultural belonging and cultural revitalization among youth as primary issues of community concern. Both tribes also identified their Elders, youth and traditional culture and teachings as their greatest resources. The Suquamish Cultural Co-op and Tribal Council provided guidance and oversight for HOC in Suquamish, and the Port Gamble S'Klallam Chi-e-chee Committee and Tribal Council provided guidance and oversight in PGST.

Through our needs and resources assessment in each community we learned from the communities that in order to effectively address and prevent substance abuse it would be necessary to strengthen youth connection to tribal traditions, culture and values. The Healing of the Canoe partnership has sought to address these issues through a community based, culturally grounded prevention and intervention life skills curriculum for youth that builds on the strengths and resources in the community. The curriculum uses the Canoe Journey as a metaphor, providing youth the skills needed to navigate their journey through life without being pulled off course by alcohol or drugs – with tribal culture, tradition and values as compass to guide them, and anchor to ground them.

The project has evolved in three phases, each of which required a separate competitive grant application and each with a specific focus. Phase I was three years and focused on partnership development, needs and resources assessment, and initial intervention development. Phase II was five years and consisted of intervention refinement, feasibility testing, implementation, and evaluation. Phase III was originally planned to last three years, but we were able to continue for an extra year. This final phase was focused on dissemination of the intervention to other tribal communities and organizations. Through all of the phases, HOC was guided by the Community Advisory Boards and Tribal Councils to insure that the work was culturally appropriate and that sovereignty was respected in the research process. (Healing of the Canoe Training Center, 2020)

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Program Design

The curriculum was developed as part of the Healing of the Canoe Project, a collaboration between the Suquamish Tribe, the Port Gamble S'Klallam Tribe, and the Alcohol and Drug Abuse Institute, University of Washington. In both the Suquamish and Port Gamble S'Klallam communities, community adaptation committees made up of community members, youth, and Elders worked for a number of months to incorporate each Tribe's specific values, teachings, stories, and practices into the curriculum.

This process resulted in two curricula based on the metaphor of the canoe journey ("Holding Up Our Youth" in Suquamish and "Navigating Life the S'Klallam Way" in Port Gamble S'Klallam). The two curricula are different as they each represent the culture and traditions of two different Tribes. In both communities, traditional stories were collected from Elders and other community members as a way to convey and reinforce session information through the stories, messages, and values. Elders and tribal leaders volunteered to share their experiences and perspective by talking to the youth about various topics. Topics included drug and alcohol use, Tribal spirituality, and cultural values. These guest speakers provided an opportunity for youth participants to meet with potential mentors and learn about resources. The youth also participated in culturally-related activities such as food gathering and preparation, traditional introductions, traditional storytelling, and gift preparation (including beading, weaving, cedar collection, carving, etc.). Participants were also involved in a number of other activities such as visiting tribal chambers and helping with the annual Canoe Journey hosting.

The generic curriculum template has removed and replaced all Tribal specific information with placeholders, and is intended to be used in a way that best fits each community or organization. We encourage each community/organization to fully adapt this curriculum to their culture and traditions. Some communities or organizations may not identify with the Canoe Journey as a metaphor for life. Any metaphor that can be used to represent a life journey or experience is valuable, such as coming-of-age ceremonies or preparing for a whale hunt.

While the curriculum is currently focused on preventing substance abuse and suicide, the focus could also be shifted depending on what the community finds to be most important. It could be used along-side mental health treatment, chemical dependency treatment, or to help with job readiness skills. Sections about alcohol and drug abuse could be replaced with information about other topics or concerns. (Healthy Native Youth, 2017)

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FAMILY CIRCLE

"Talking/Healing Circle"

Program Description

The Traditional Talking Circle is the most significant ceremony to the Native people even though it is conducted in an informal setting. The participants sit in a circle and pass a talking stick or an eagle feather from one to the other, always to the left. The holder of the (sacred) object is the one allowed to speak. All other participants must give their full attention to the speaker and not interrupt.

The talking circle is of special importance to our people. As is symbolized by the circle, it is a coming together of people. Unity can be felt within the circle, and this support enables one to speak without fear of criticism or ridicule. The oneness with the others in the circle heals us and gives us peace. This forum allows much more than just the exchange of ideas.

The Traditional Talking Circle is a way of bringing people of all ages together in a quite, respectful manner for the purposes of teaching, listening, learning, and sharing. It can be a very powerful means of bringing some degree of healing to the mind, the heard, the body, and the spirit.

The circle leader begins by passing around sweet grass, cedar, or sage so that the participants may “smudge” themselves (optional in the classroom). Our ancestors believe that theses sacred herbs have a purifying effect upon our total being. “Smudging” is therefore the act of cleansing your mind, body, and spirit.

The Traditionalist opens the Circle with prayer and proceeds to talk to the people without interruption. All participants are expected to listen respectfully until the speaker is finished. All who sit within the Circle will have the opportunity to express themselves if they choose to or they may simply listen. All speakers around the Circle will be given the same respect and allowed to speak from their hearts without interruption.

Family Circle is sometimes known as Talking Circle or Healing Circle. This name change does not always indicate an adaptation to a model, but rather could be a mere title change made to focus on the utilization purpose of the model.

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Program Design

Main Idea: Talking circles are useful when the topic under consideration has no right or wrong answer, or when people need to share feelings. During circle time, people are free to respond however they want as long as they follow specific guidelines.

Learning Objectives:
- Students will learn guidelines on how to run a proper talking, healing, and sharing circle.
- Encourage students to practice using the talking, healing, and sharing circles to create a safe environment for people to share their point of view with others.

Activities:
1. Review as a class the History of the Traditional Talking Circle with the students.
2. Review with the students Guidelines to Talking, Healing, and Sharing Circles.
3. As a class have a Talking Circle, see the Teacher-Run Talking Circle sheet.
4. After you have completed the class Talking Circle and students have learned the proper guidelines to running a talking, healing, and sharing circles divide students into groups of 6. (if you have a small class have a class circle)
5. Tell students to talk about anything that they wish or you can give them a topic. Not everyone has to discuss the same thing.
6. Review with students Guiding Thoughts for Our Journey & Building Your New Canoe, before you have them begin their circle.
7. Make sure students are following the guidelines when in their circle.

Assessment: Formative: Group Participation
(Ennis & Nishnawbe Aski Nation, 2013)

Talking circles help encourage students to practice using the talking, healing, and sharing circles to create a safe environment for people to share their point of view with others.

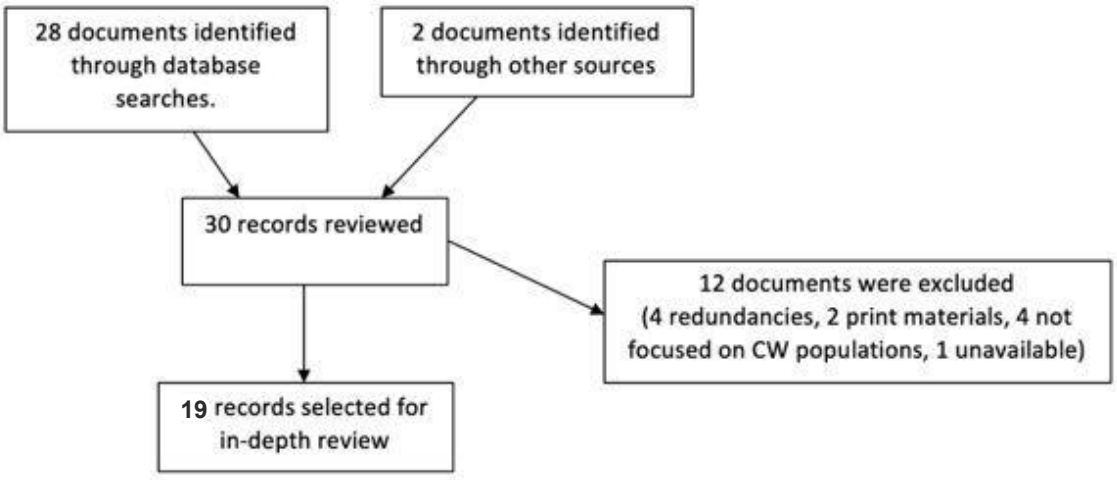
METHODS

Search Strategy & Selection of Studies

A broad systematic review was completed by two researchers. We searched for and retrieved published studies, including peer reviewed journal articles, books, and conference proceedings, dated between 1990 and 2020, through web-based searches on University of Washington Libraries, Google Scholar, Google, and when needed/where possible, personal interviews with known professional associates who may have developed or worked with specific tribal programs. Key search terms/phrases for the web-based searches included: "positive Indian parenting" program, positive Indian parenting, PIP, NICWA PIP, NICWA Positive Indian Parenting, "family spirit" program, family spirit program, family spirit, "canoe journey," canoe journey, "canoe journey" training manual, family circle program, "family circle" program, family talking circle, "family talking circle" program, "talking circle," talking circle training manual. Studies were included if the sample met the inclusion criteria of being tested with AIAN populations. Studies were excluded if the report was redundant with other studies, inaccessible, or if after initial review, the study was determined not to meet the inclusion criteria.

Following a comprehensive search, 30 documents were identified as potentially relevant and 19 documents were selected for in-depth review. Of these documents, 10 were original research studies, four (4) were conference proceedings or newspaper articles, two (2) were peer program reviews/summaries, and three (3) were program handbooks or curricula manuals. Figure 1 depicts the selection process.

Figure 1: Flow Diagram for Study Inclusion



Sample Description

The 29 resources reviewed were published between 1990 and 2020. Sample sizes included in these studies ranged between 23 AIAN participants (Donovan et al., 2015) and a larger sample of 322 young Native American mothers and their children (Haroz et al., 2019). Articles reviewed have been depicted in Table 2 by model (Family Spirit, Talking Circle, Canoe Journey, Positive Indian Parenting) , author, year, type of study (i.e. quantitative or qualitative) method utilized (i.e. random control trial, quasi-experimental, etc.), source of material reviewed (i.e. peer reviewed publication, newsletter, conference proceeding, etc.), and summary.

REFERENCE TYPE and METHODS UTILIZED

TABLE 2: Reference Type and Methods Utilized in Study*

For quantitative methods: RCT-Random Control Trial; QED-Quasi-experimental design; Comp.-Comparison Group; Inter.- Intervention

(APA Citation) *Program Name*	Quant-Method	Qual	Conference Proceeding	Newspaper Article	Review/ Summary	Handbook/ Manual	Sample Size	Significant Results
(Barlow et al., 2013) *Family Spirit*	X – RCT Comp.						322	At 12 months postpartum, mothers in the intervention group had higher parenting knowledge, improved parenting self-efficacy, and better home safety attitudes compared with those in the control group. Children of mothers in the intervention group had fewer externalizing symptoms (adjusted mean difference=–0.09, 95% CI=–0.16 to –0.01, p=0.03; effect size=–0.19) at 12 months postpartum. Children in the intervention group had fewer externalizing and dysregulation problems than those in the control group, with effect sizes of 20.26 and 20.21, respectively. Significantly fewer intervention children compared with control children scored in the clinically "at risk" range (≥ 10th percentile) for externalizing (odds ratio=2.15, 95% CI=1.01 to 4.61, p=0.05) and internalizing (odds ratio=1.91, 95% CI=1.02 to 3.60, p=0.04) problems at 12 months post- partum. Within the externalizing domain, the activity/impulsivity subscale was the most improved subscale for the intervention group infants compared with the control infants (adjusted mean difference=–0.10, 95% CI=–0.20 to –0.01, p=0.04). Decreased negative emotionality was the most improved subscale in the dysregulation domain (adjusted mean difference=–0.09, 95% CI=–0.17 to –0.01, p=0.05). Although the competence domain as a whole was not significantly improved, infants in the intervention group had significantly higher scores on the compliance subscale than did those in the control group (adjusted mean difference=0.10, 95% CI=0.01 to 0.19, p=0.02). At 12 months postpartum, mothers in the intervention group had fewer externalizing behaviors.
(Barlow et al., 2006) *Family Spirit*	X – RCT Comp.						53	Mothers in the intervention compared with the control group had significantly higher parent knowledge scores at 2 months (adjusted mean difference [AMD], 14.9 [95% confidence interval (CI), 7.5 to 22.4]) and 6 months post-partum (AMD, 15.3 [95% CI, 5.9 to 24.7]). Intervention group mothers scored significantly higher on maternal involvement scales at 2 months post-partum (AMD, 1.5 [95% CI, −0.02 to 3.02]), and scores approached significance at 6 months post-partum (AMD, 1.1 [95% CI, −0.06 to 2.2]). There were no within- or between-group changes in family conflict or cohesion scores from baseline to postintervention. Regarding psychological and behavioral risk scores, social support, self-esteem, and locus of control, there were no within- or between-group differences from baseline to postintervention. Mothers in the intervention experienced a larger drop in depressive symptoms at both 2 months and 6 months post-partum (AMD, at 2 months post-partum, −3.1 [95% CI, −8.8 to +2.5] and at 6 months post-partum, −6.1 [95% CI, −13.0 to +0.85]); however, the CIs do include zero.

(APA Citation) *Program Name*	Quant-Method	Qual	Conference Proceeding	Newspaper Article	Review/ Summary	Handbook/ Manual	Sample Size	Significant Results
(Bohanon, 2005) *Talking Circle*					X		N/A	The areas of concern for the quality of care for Indigenous Peoples pertaining to service delivery involve not only cultural competency, but also going a step further with cultural appropriateness. Using the Talking Circle as a means to incorporate the group process in addressing issues by involving a culturally appropriate approach can help ensure the possibility of successful outcomes. This perspective establishes trust and creates an open discussion geared specifically to commonalties that agree with the culture.
(Donovan et al., 2015) *Canoe Journey*	X – QED, Inter.						23	The results of the Friedman's test indicated that there was an overall difference across time for the measures of hope/optimism/self-efficacy (X2 = 6.50, p = 0.020) and substance use (X2 7.43, p = 0.012). Post hoc analyses indicated that the level of hope/optimism/self-efficacy increased significantly from the beginning to the end of the school year (p = 0.021) and remained significantly higher at the 4-month follow-up compared to the beginning of the school year (p = 0.023). Substance use reduced significantly from the beginning to the end of the school year (p = 0.021); however, although it was still 26% lower at the 4-month follow up than at the beginning of school, it was no longer significantly different (p = 0.051). Workshop participants consistently demonstrated higher levels of hope/optimism/ self-efficacy across comparisons. In at least one of the cohort analyses, participation in the curricula also was associated with higher levels of cultural identity and practices, knowledge of alcohol and drugs, and lower levels of substance use than for those youth who had not yet participated.
(Ennis & Nishnawbe Aski Nation, 2013) *Talking Circle*						X	N/A	N/A
(Fleischhacker et al., 2011) *Talking Circle*					X		N/A	The Talking Circle approach enabled a rich discussion gleaned from all participants and allowed for each participant to smoothly build on or contrast earlier contributions. Hosting modified Talking Circles with 7 tribes laid the groundwork for a community-academia partnership to improve access to healthy eating within 7 North Carolina state- recognized tribes. The Talking Circle set the tone for the importance of integrating culturally appropriate strategies and tribally led initiatives in efforts to improve access to healthy, affordable foods within their North Carolina tribal communities.
(Garrett et al., 2001) *Talking Circle*					X		N/A	N/A

(APA Citation) *Program Name*	Quant-Method	Qual	Conference Proceeding	Newspaper Article	Review/ Summary	Handbook/ Manual	Sample Size	Significant Results
(Gonzalez, 2016) *Canoe Journey*			X				N/A	Journey created a place for a community of people who were previously ashamed of their Native American identity and lack of cultural knowledge. It is a place where they can come together and be Native American around each other, to help relearn traditions and put them into practice. The is the first outcome of Journey. Journey functions as a pilgrimage without a religious affiliation because it is an annual, journey that aims to bring a change in Native American's lives, following an ancestral path, which goes to special, culturally significant destinations there were before denied to them through the Termination Act. Because of the treatment of Native Americans have experienced in the United States, the history of pain, culture loss, and animosity has created generations of trauma and the loss of identity and cultural practices.
(Gonzalez, 2016) cont'd *Canoe Journey*			X				N/A	In my study, I found that Native Americans use Journey to fill a void, to recreate a culture that was lost to them, but most importantly they use Journey as a venue to identify and process past trauma and identity loss.
(Haroz et al., 2019) *Family Spirit*	X – RCT[5]						322	Children of mothers who reported a past history of either alcohol or marijuana (n= 215) improved more on dysregulation (b= − 0.18, p = 0.026), internalizing (b= − 0.20, p = 0.004), and externalizing behaviors (b= − 0.29, p = 0.002) than children of mothers without this history (n= 46). There were no statistically significant differences in these ITSEA scores by mother's substance use histories at the 12-month time point (baseline for ITSEA measure), indicating that the impact on child outcomes was not due to differences in children's initial scores on the measure. Family Spirit had medium to high effects across child outcomes for children born to mothers with substance use histories. Overall, Family Spirit increased parenting knowledge. However, these effects were stronger for mothers with a high school degree compared to mothers without a high school degree (b= 1.30, p = 0.050). High home mobility moderated the impact of Family Spirit on parent self- efficacy (PLOC), with mothers who reported living in more than one home in the year prior to baseline having higher PLOC scores (worse parent self-efficacy) compared to mothers who lived in stable housing (b= 4.26, p = 0.031).

[5] Secondary data analysis

(APA Citation) *Program Name*	Quant-Method	Qual	Conference Proceeding	Newspaper Article	Review/ Summary	Handbook/ Manual	Sample Size	Significant Results
(Haroz et al., 2019) cont'd *Family Spirit*	X – RCT						322	Home mobility also moderated the impact of Family Spirit on children's dysregulation behaviors (b= 0.11, p =0.035), with children in unstable homes benefitting less from Family Spirit. Children of mothers with previous children improved more on active/impulsive behaviors compared to children of first-time mothers after adjusting for baseline covariates (b= − 0.23, p =0.009).
(Hawkins & La Marr, 2012) *Canoe Journey*					X		120	Preliminary results indicated a decrease in past month substance use for alcohol, marijuana, and other drugs between the baseline and follow-up assessment periods. Youth reported significantly fewer alcohol-related problems at baseline and there was a trend towards increased confidence to resist the urge to drink in multiple contexts (Marlatt et al., 2003). In 2005, Canoe Journey – Life's Journey was one of eight programs recognized by SAMHSA as an innovative and promising program at their Best Practices in Substance Abuse Treatment for American Indians and Alaska Natives Forum (La Marr & Hawkins, 2005). Canoe Journey – Life's Journey includes strategies from several evidence- based prevention and treatment practices, including life skills training, cognitive behavioral therapy, motivational enhancement therapy, and relapse prevention. Perhaps most importantly, though, it was developed locally by and for Native American communities. The Canoe Journey – Life Journey curriculum was not meant to be a static learning tool. Any community who decides to use it is encouraged to use the original curriculum as a framework to create a program that reflects the traditional values of their own community.
(Johns Hopkins Center for American Indian Health, 2015)						X	N/A	N/A

(APA Citation) *Program Name*	Quant-Method	Qual	Conference Proceeding	Newspaper Article	Review/ Summary	Handbook/ Manual	Sample Size	Significant Results
Family Spirit (Kelley & Lowe, 2018) *Talking Circle*	X – QED, Inter.						100	Youth who participated in the KCTC-O intervention condition demonstrated a larger increase in Cherokee self-reliance than youth who participated in the SE control condition from baseline (pre-intervention) to post-intervention. At immediate post-intervention youth from the KCTC-O intervention condition demonstrated a significant decrease in perceived stress scores (M=14.92, SD=5.428) as compared to youth of the SE condition (M=20.60, SD=2.157) with a mean difference of (MD=5.980). Immediate post-intervention results revealed that youth among the KCTC-O intervention condition demonstrated better improvements in obesity knowledge behavior mean scores (M=28.10, SD=4.696) as compared to the youth of the SE condition (M=19.80, SD=2.162) resulting in a mean difference of (MD= −8.120). Results for the CSR-Questionnaire and the PSS demonstrated significant improvements from baseline (pre-intervention) to post-intervention for the KCTC-O intervention condition participants as compared to the SE control condition participants. The results are consistent with the findings from previous studies that demonstrated strong sense of family, community, and holding true to one's cultural traditions and values can serve as a protective factor and buffer against stress and other health risks (Neblett, Rivas-Drake, & Umaña, 2012; Stratford & Murphy, 2015).
(Kirmayer et al., 2003) *Talking Circle*		X					N/A	Mental health promotion programs orientated toward empowerment aim to restore positive youth mental health and a strong sense of cultural identity by giving youth an active role in designing and implementing programs that meet their needs. Health promotion, with its emphasis on empowerment, may represent a contemporary re-articulation of traditional egalitarian practices that recognized the central role of youth in the health and vitality of the community.
(Lowe et al., 2012) *Talking Circle*	X – QED, Comp.						92	The results revealed that the Substance Problem Scale (SPS) score of the Cherokee Talking Circle (CTC) group was the lowest at postintervention. Although it bounced up slightly at 6-month follow-up, it declined back to the postintervention level after 12 months. The General Life Problem Index (GLPI) difference between the CTC and Standard Education (SE) groups became significant at immediate postintervention ($t = -2.23$, $p < .05$), 6-month follow-up ($t = -6.11$, $p < .001$), and 12-month follow-up ($t = -8.93$, $p < .001$). Thus, the results indicate that the GLPI difference between the two groups kept increasing even after the intervention was stopped. The difference in Internal Behavior Scale (IBS) between the two groups became significant at 6-month follow-up ($t = -2.49$, $p < .05$) and 12-month ($t = -3.36$, $p < .01$; see Figure 3). The results indicated that the IBS difference between the two groups became more dramatic after the intervention. CTC group had lower GAIN-Q scores and higher CSR scores than the SE group at postintervention, and the differences were sustainable overtime and even grew larger over time.

(APA Citation) *Program Name*	Quant-Method	Qual	Conference Proceeding	Newspaper Article	Review/ Summary	Handbook/ Manual	Sample Size	Significant Results
(Lowe et al., 2012) cont'd *Talking Circle*	X – QED, Inter.						92	The largest significant differences between the CTC and SE intervention groups for all of the four major QAIN-Q scales occurred at the 12-month postintervention follow-up. The results of this study provide evidence that a culture-based intervention was significantly more effective for the reduction of substance use and general well- being than a nonculture-based intervention for Native American early adolescents. At 12- month follow-up, the difference in Total System Severity Scale (TSSS) between the CTC and SE groups was even more significant ($t = -6.54$, $p < .001$) and the magnitude increased. These results suggested that as time went by, the TSSS difference between the two groups increased. The results demonstrate that the CTC group's self-reliance score greatly increased after the intervention and remained at the similar level after 6 months and 12 months. The SE group's self-reliance score slightly increased after the intervention, it dropped back to the baseline level after 6 months and further declined after 12 months.
(Mehl-Madrona & Mainguy, 2014) *Talking Circle*	X – QED, Inter.						415	The Native American concept of the talking circle and its use is similar in some ways to 12-step programs, including AA. Morgan-Lopez et al. (2013) found greater reductions in alcohol use over time for women who followed-up with a 12-step group compared with women who didn't after the completion of an intervention program (Seeking Safety). One-third of the people came for 4 or more sessions, which is remarkable in this population. Historically, community mental health centers have reported that more than 40% of their clients attend only one or two outpatient visits when referred (Deane FP, 1991; Fiester AR, Rudestam KE, 1975; Pekarik G, 1983; Ogrodniczuk JS, 2005). Of the respondents, 21.6% reported taking prescription medication for their main symptom; the majority of which included analgesic and anti-inflammatory drugs for musculoskeletal complaints, headaches, and migraines. Other medications commonly reported by participants included antidepressants, antihistamines, anti-anxiety agents, sleep-promoting agents, and narcotic pain medications. The paired- samples t-test procedure of SPSS, version 18 (IBM) was used to test the hypothesis that statistically significant improvement occurred in symptoms, activities of daily living, and overall well-being during the time that participants attended the talking circles. Both the participant's primary symptom and his or her secondary symptom showed a statistically significant decrease in severity from the beginning of participation in the talking circle to the end of the fourth visit. The extent to which symptoms interfered with daily life was also statistically significant, decreasing from baseline through the fourth visit. Ratings of overall well-being also statistically significantly improved (lower ratings equal better well-being). Effect sizes ranged from 0.75 to 1.19, indicating that participating in the talking circle had a robust effect.

(APA Citation) *Program Name*	Quant-Method	Qual	Conference Proceeding	Newspaper Article	Review/ Summary	Handbook/ Manual	Sample Size	Significant Results
(Momper et al., 2011) *Talking Circle*		X					49	Talking circles can be a viable data collection method in rural Indian communities, as they enable a return to traditional tribal group communication, empower tribal participants, and lead to discussions of factors that facilitate or impede recovery. A key finding is that tribal participants' reports of an increase in levels of use of OxyContin are consistent with the GAO's reports that OxyContin misuse is occurring in rural, poor areas of the United States (GAO, 2003; U.S. Census Bureau, 2000b). Tribal participants' reports of depression as a reason for using OxyContin are consistent with empirical studies of opioid users with mental health problems who report higher rates of opioid analgesic dependence symptoms (Martin, Ghandour, & Chilcoat, 2007). Contrary to the previous reports on OxyContin in the general population in which OxyContin increased in younger males, on this reservation, the primary users seem to be women aged 19–38 years (Bender, 2007; SAMHSA, 2006).
(Mullany et al., 2012) *Family Spirit*					X		N/A	If found to be effective, the Family Spirit intervention has the potential to decrease behavioral disparities for both generations especially as teen mothers transition to adulthood and children transition from early childhood home environments to school settings. Demonstrating the utility of American Indian para-professionals in reservation settings—where there is a paucity of health care professionals and Native home visitors match cultural preferences—could impact national health care policy and prevention approaches in high-need/low-resource populations.
(Novins, 2009) *Family Spirit*					X		N/A	The Family Spirit intervention thus represents a promising new preventive intervention for American Indian communities that was designed to meet their specific needs and draw on readily available human resources paraprofessionals. American Indian communities are then often bypassed in our nation's push for high-quality mental health research. Given this, the importance of the work by Walkup et al. goes well beyond their published results. Family Spirit was designed to assure its feasibility and sustainability in the two participating reservation communities by using community members (paraprofessionals) rather than clinicians. Perhaps most tellingly, an active comparison condition (breast-feeding and nutrition education) was chosen, as the authors tell us, consistent with a community-based participatory research (CBPR) perspective as it assured all participants meaningful and appropriate services (Walkup et al., 2009).

(APA Citation) *Program Name*	Quant-Method	Qual	Conference Proceeding	Newspaper Article	Review/ Summary	Handbook/ Manual	Sample Size	Significant Results
(Paul, 2019) *Canoe Journey*				X			N/A	Canoes have held a special place in the lives of the Coast Salish peoples for thousands of years. As the primary means of travel between coastal destinations, the canoe was a vehicle of welcome, war, fishing, trade and cultural exchange. As they expanded what Oliver began, Heidlbaugh and Red Eagle strove to create a world where indigenous youth could grow up immersed in traditions. They believed it would take seven generations for the tribal journeys to make an impact on that scale. "We know that people are feeling that hunger the way we felt that hunger — to be not just someone who's brown and called a Native American or American Indian, but actually someone who was and is still practicing who they were," said Red Eagle.
(Sahota, MD, PhD et al., 2020) *Positive Indian Parenting*					X		N/A	N/A
(Schaefer, 2008) *Talking Circle*						X	N/A	N/A
(The Intertribal Canoe Society & American Friends Services Committee, 2011) *Canoe Journey*						X	N/A	N/A
(Walkup et al., 2009) *Family Spirit*	X – RCT Comp.						167	Adjusting for potential confounders and for multiple comparisons, treatment mothers' mean increase in parenting knowledge at 6 and 12 months was 13.5 ($p < .0001$) and 13.9 ($p < .0001$) points higher, respectively, than mothers in the control group. Family Spirit mothers reported their infants' behavioral development as significantly better on several dimensions measured by the ITSEA (Table 3) including lower activity and impulsivity ($\beta = -.27$, $p < .01$), lower peer aggression ($\beta = -.23$, $p < .01$), lower overall externalizing behaviors ($\beta = -.17$, $p < .05$), and less separation distress ($\beta = -.17$, $p < .05$). Older treatment group mothers (i.e., 18-22 years) experienced significant increases in parenting knowledge at all three time points 2 months ($\beta = 4.71$, $p < .01$); 6 months ($\beta = 16.28$, $p < .001$); and 12 months ($\beta = 14.62$, $p < .001$) and significantly less parenting stress at 2 months postpartum ($\beta = -10.39$, $p < .05$).
(Walkup et al., 2009) cont'd *Family Spirit*	X – RCT Comp.						167	Older treatment mothers had significantly fewer depressive symptoms at 6 months postpartum ($\beta = -4.14$, $p < .05$). Similarly, among more educated mothers (i.e., completed high school or equivalent) regardless of age, treatment mothers reported significantly fewer depressive symptoms ($\beta = -6.60$, $p < .05$) and less parenting stress ($\beta = -19.55$, $p < .001$) at 2-months postpartum.

*Additional results from the article analysis are available in the Appendix of this report

STUDY ELIGIBILITY CRITERIA

As described in the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, the following items are descriptions of study eligibility criteria (Wilson et al., 2019):

- Date of Publication: Studies must be published or prepared in or after 1995
- Source of Publication: Studies must be available to the public and published in peer-reviewed journals or in reports prepared or commissioned by federal, state, or local government agencies or departments, research institutes, research firms, foundations or other funding entities or similar organizations.
- Language of Publication: Studies must be available in English.
- Study Design: Studies must use a randomized or quasi-experimental group design with at least one intervention condition and at least one comparison condition.
- Target Outcomes: Studies must measure and report program or service impacts on at least one eligible target outcome. Eligible outcomes for Mental Health, Substance Abuse Prevention and Treatment, and In-Home Parent Skill-Based Programs are (a) Child Safety, (b) Child Permanency, (c) Child Well-being and (d) Adult Well-being. Eligible outcomes for Kinship Navigator Programs are all of the above and (e) Access to Services, (f) Referral to Services and (g) Satisfaction with Programs and Services.
- Program Adaptations: Programs or services may not be substantially modified or adapted from the manual or version of the program or service selected for review.

STUDY ELIGIBILITY ANALYSIS

Table 3: Study Eligibility Analysis

TABLE 3: Study Eligibility Analysis

Article Title	Date of Publication	Source of Publication	Language of Publication	Study Design	Target Outcomes	Program Adaptations
Family Spirit[6]						
Effect of a Paraprofessional Home-Visiting Intervention on American Indian Teen Mothers' and Infants' Behavioral Risks: A Randomized Controlled Trial	2013	American Journal of Psychiatry	English	RCT - Comparison	Child Safety; Child Well-being; Adult Well-being	Original Program
Home-Visiting Intervention to Improve Child Care Among American Indian Adolescent Mothers A Randomized Trial	2006	Archives of Pediatrics & Adolescent Medicine	English	RCT - Comparison	Child Safety; Child Well-being; Adult Well-being	Original Program
Randomized Controlled Trial of a Paraprofessional-Delivered In-Home Intervention for Young Reservation-Based American Indian Mothers	2009	Journal of the American Academy of Child & Adolescent Psychiatry	English	RCT – Comparison	Child Safety; Child Well-being; Adult Well-being	Original Program
Talking Circle[7]						
A Culture-Based Talking Circle Intervention for Native American Youth at Risk for Obesity	2018	Journal of Community Health Nursing	English	QED - Comparison	Child Well-being	
Community Partnership to Affect Substance Abuse among Native American Adolescents	2012	The American Journal of Drug and Alcohol Abuse	English	QED - Intervention	Child Well-being	
Introducing Healing Circles and Talking Circles into Primary Care	2014	The Permanente Journal	English	QED - Intervention	Adult Well-Being	
Substance Use & Misuse OxyContin Misuse on a Reservation: Qualitative Reports by American Indians in Talking Circles	2011	Substance Use & Misuse	English	Intervention	Child Well-being; Adult Well-being	
Canoe Journey						
Healing of the canoe: Preliminary results of a culturally grounded intervention to prevent substance abuse and promote tribal identity for native youth in two pacific Northwest Tribe	2015	American Indian and Alaska Native Mental Health Research	English	Comparison	Child Well-being	Original Program
Positive Indian Parenting						
No articles were identified	NA	NA	NA	NA	NA	NA

[6] Secondary data analysis articles were excluded from this analysis.
[7] Articles reviewed for 'Talking Circle' programs did not specify if the researchers utilized models that provided handbooks/manuals; therefore it cannot be determined if they have used an original program or an adaptation.

RESULTS

Positive Indian Parenting

During their 2020 Protecting our Children annual conference, the National Indian Child Welfare Association (NICWA) held a virtual conference presentation titled, "Evaluating Culturally Based Programs: Positive Indian Parenting" (Sahota, et al., 2020). The presentation provided an overview of Positive Indian Parenting (PIP) program and how NICWA has begun to evaluate the program in partnership with Child Trends and the Cowlitz Tribe, with the financial and TA support of the Doris Duke Charitable Foundation, and Casey Family Programs.

The PIP program is designed to be tailored to specific communities while maintaining key elements across all sites. NICWA has created a fidelity checklist of their curriculum for trainers and for data collection/evaluation. They surveyed communities currently using PIP to determine how they were delivering program services. Cowlitz Tribe in Washington State is implementing the PIP in-home model throughout the state. The in-home model is currently being evaluated to examine outcomes in child and parent well-being in a pilot study using a randomized control trial waitlist design.

The PIP intervention has no accessible quantitative evidence that could be used to determine whether it is a promising, supported, or a well-supported practice. However, there is a manual and training sessions that can be purchased for staff providing the services (NICWA, n.d.) as well as a fidelity checklist freely available (see fidelity checklist on p. 8), and with future work on a formalized evaluation upcoming, the researchers recommend following NICWAs progress over the next year to gain Clearinghouse approval.

Family Spirit

The Family Spirit program is the only model of the reviewed program models that included studies that utilized a Random Control Trial comparison model of evaluation. Of the three articles that met the study criteria, all three were written in English and published between the years of 2006 (Barlow et al., 2006) and 2013 (Barlow et al., 2013). All three studies utilized the original family spirit program design and met the target outcomes of child safety, child well-being, and adult well-being.

The Johns Hopkins Bloomberg School of Public Health has created a full implementation guide and curriculum box that encourage fidelity to the model. They further provide information on their website about additional evaluation ratings on the program, "Family Spirit is listed on the Nation Registry of Evidence-based Programs and Practices (NREPP), a searchable online database of evidence-based mental health and substance abuse interventions. Family Spirit received a perfect rating (4.0 out of 4.0) for 'Readiness for Dissemination' (Johns Hopkins Bloomberg School of Public Health, n.d.-a)." Family Spirit has also been identified and received a scientific evidence rating by the California Evidence Based Clearinghouse at the 3- promising research level (CEBC, 2019).

Healing of the Canoe/Canoe Journey

There was a single article identified that met the study criteria for the Canoe Journey program. This article was written in English and published in 2015 (Donovan et al., 2015). A comparison design was applied and it addressed one prevention services clearinghouse target outcome- child well-being. This study is an analysis of the original program model; the curriculum is available online at the Healthy Native Youth website (Healthy Native Youth, 2017). Trainings are being offered by the Healing of the Canoe Training Center (https://link.zixcentral.com/u/64014bd3/KmV_RlrT6hGLmNhx5F7kRg?u=https%3A%2F%2Fhealingofthecanoe.org%2F) for tribes interested in replicating the model, including the HOC team coming to tribal communities and/or tribal organizations to provide onsite trainings. There are no replication studies that have been developed to determine if other tribes who implement the model will experience similar results.

Family Circle (Healing Circle/Talking Circle)

Of the four articles that met the study criteria, all four were written in English within the last nine years, the oldest being published in 2011 (Momper et al., 2011), the newest published in 2018 (Kelley & Lowe, 2018). All four met at least one target outcome identified by the Prevention Services Clearinghouse, with one study meeting both child well-being and adult (caregiver) well-being (Momper et al., 2011). Three studies utilized a quasi-experimental design, two with intervention conditions (Lowe et al., 2012; Mehl-Madrona & Mainguy, 2014). The fourth study gathered qualitative data with an intervention condition (Fleischhacker et al., 2011).

The studies reviewed for eligibility did not specify if specific handbooks or manuals were utilized to guide their practice. Each of article's depicted original studies. Researchers could have created their own design of the Family Circle program, and as such, it is not clear what aspect of the model is original and what aspect of the model may be an adaptation of the model as it was originally developed due to the lack of access to any available program manuals.

DISCUSSION, IMPLICATIONS & CONCLUSIONS

Success in supporting AI/AN families and children involved in or at-risk for involvement in the child welfare system requires a unique approach to assist in meeting the needs of these special populations. Our work here has uncovered that there is a dearth of research available on culturally relevant child abuse and neglect prevention programs that have been implemented in tribal communities across the United States. Only one of the four program models evaluated in the current report has enough evidence available to be supported through federal dollars available under the Family First Prevention Services Act (FFPSA), Family Spirit. It is recommended that the State of Washington work with tribes who are implementing the other three program models to develop studies to track implementation of these models so that they can collect the evidence needed to become eligible for federal support as identified under FFPSA.

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APPENDIX A

Practice: Family Spirit	**Date of Publication (in or after 1990):** 2009	
Study Title: Randomized Controlled Trial of a Paraprofessional-Delivered In-Home Intervention for Young Reservation-Based American Indian Mothers		
Authors: Walkup, John T; Barlow, Allison; Mullany, Britta C; Pan, William; Goklish, Novalene; Hasting, Ranelda; Cowboy, Brandi; Fields, Pauline; Baker, Elena Varipatis; Speakman, Kristen; Ginsburg, Golda; Reid, Raymond		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: "family spirit" program	**Number of Relative Results:** 2230	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: Journal of the American Academy of Child & Adolescent Psychiatry Peer reviewed		
URL: https://www-clinicalkey-com.offcampus.lib.washington.edu/#!/content/playContent/1-s2.0S0890856709600873		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N=167
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): RCT - Comparison Group		
In-Text Citation: Walkup et al., 2009		
APA Citation: Walkup, J. T., Barlow, A., Mullany, B. C., Pan, W., Goklish, N., Hasting, R., Cowboy, B., Fields, P., Baker, E. V., Speakman, K., Ginsburg, G., & Reid, R. (2009). Randomized Controlled Trial of a Paraprofessional-Delivered In-Home Intervention for Young Reservation-Based American Indian Mothers. Journal of the American Academy of Child & Adolescent Psychiatry, 48(6), 591–601. https://www-clinicalkeycom.offcampus.lib.washington.edu/#!/content/playContent/1-s2.0-S0890856709600873		
Abstract/Description: This stufy evaluated the efficacy of a paraprofessional-delivered, home-visiting intervention among young, reservation- based American Indian (AI) mothers on parenting knowledge, involvement, andmaternal and infant outcomes. From 2002 to 2004, expectant AI women aged 12 to 22 years (n = 167) were randomized (1:1) to one of two paraprofessional- delivered, home-visiting interventions: the 25-visit ''Family Spirit'' intervention addressing prenatal and newborn care and maternal life skills (treatment) or a 23-visit breast-feeding/nutrition education intervention (active control). The interventions began during pregnancy and continued to 6 months postpartum. Mothers and children were evaluated at baseline and 2, 6, and 12 months postpartum. Participants were mostly teenaged, first-time, unmarried mothers living in reservation communities. Conclusions: This study supports the efficacy of the paraprofessional-delivered Family Spirit home-visiting intervention for young AI mothers on maternal knowledge and infant behavior outcomes. A longer, larger study is needed to replicate results and evaluate the durability of child behavior outcomes.		
Major Findings: Primary outcomes included changes in mothers' parenting knowledge and involvement. Secondary outcomes included infants' social and emotional behavior; the home environment; and mothers' stress, social support, depression, and substance use. At 6 and 12 months postpartum, treatment mothers compared with control mothers had greater parenting knowledge gains, 13.5 ($p < .0001$) and 13.9 ($p < .0001$) points higher, respectively (100-point scale). At 12 months postpartum, treatment mothers reported their infants to have significantly lower scores on the externalizing domain ($ = j.17, p< .05) and less separation distress in the internalizing domain ($ =j.17, p< .05). No between-group differences were found for maternal involvement, home environment, or mothers' stress, social support, depression, or substance use.		

Practice: Family Spirit	**Date of Publication (in or after 1990):** 2019	
Study Title: Informing Precision Home Visiting: Identifying Meaningful Subgroups of Families Who Benefit Most from Family Spirit		
Authors: Haroz, E E; Ingalls, A; Kee, C; Goklish, N; Neault, N; Begay, M; Barlow, A		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: "family spirit" program	**Number of Relative Results:** 1816	**Source/Search Engine:** UW Libraries Search (date restricted from 1990-present)
Source/Location: Prevention Science Peer reviewed		
URL: https://doi.org/10.1007/s11121-019-01039-9		
Original Article (Y or N): N (secondary data analysis)	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N=322
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): RCT		
In-Text Citation: Haroz et al., 2019		
APA Citation: Haroz, E. E., Ingalls, A., Kee, C., Goklish, N., Neault, N., Begay, M., & Barlow, A. (2019). Informing Precision Home Visiting: Identifying Meaningful Subgroups of Families Who Benefit Most from Family Spirit. Prevention Science, 20, 1244–1254. https://doi.org/10.1007/s11121-019-01039-9		
Abstract/Description: The purpose of this paper is to answer (1) how and to what degree an evidence-based home-visiting model benefits mothers and children with substance use or depression and (2) what baseline characteristics indicate who can benefit most. We completed a secondary data analysis of the most recently completed randomized controlled trial (RCT) of Family Spirit. We examined how baseline differences in mothers' substance use, depression, and demographic characteristics (household mobility, education, parity, and premature birth) moderated mothers' and children's intervention-related outcomes.		
Major Findings: Children of mothers who reported a past history of either alcohol or marijuana (n= 215) improved more on dysregulation (b= – 0.18, p = 0.026), internalizing (b= – 0.20, p = 0.004), and externalizing behaviors (b= – 0.29, p = 0.002) than children of mothers without this history (n= 46). There were no statistically significant differences in these ITSEA scores by mother's substance use histories at the 12-month time point (baseline for ITSEA measure), indicating that the impact on child outcomes was not due to differences in children's initial scores on the measure. Family Spirit had medium to high effects across child outcomes for children born to mothers with substance use histories. Overall, Family Spirit increased parenting knowledge. However, these effects were stronger for mothers with a high school degree compared to mothers without a high school degree (b= 1.30, p = 0.050). High home mobility moderated the impact of Family Spirit on parent self- efficacy (PLOC), with mothers who reported living in more than one home in the year prior to baseline having higher PLOC scores (worse parent self-efficacy) compared to mothers who lived in stable housing (b= 4.26, p = 0.031). Home mobility also moderated the impact of Family Spirit on children's dysregulation behaviors (b= 0.11, p =0.035), with children in unstable homes benefitting less from Family Spirit. Children of mothers with previous children improved more on active/impulsive behaviors compared to children of first-time mothers after adjusting for baseline covariates (b= – 0.23, p =0.009).		

Practice: Family Spirit	**Date of Publication (in or after 1990):** 2006	
Study Title: Home-Visiting Intervention to Improve Child Care Among American Indian Adolescent Mothers A Randomized Trial		
Authors: Barlow, Allison; Varipatis-Baker, Elena; Speakman, Kristen; Ginsburg, Golda; Reid, Raymond; Santosham, Mathuram; Walkup, John; Indian Health		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: "family spirit" program	**Number of Relative Results:**	**Source/Search Engine:** UW Libraries Search (date restricted from 1990-present)
Source/Location: Arch Pediatr Adolesc Med		
URL: www.archpediatrics.comDownloadedfrom		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N=53
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): RCT		
In-Text Citation: Barlow et al., 2006		
APA Citation: Barlow, A., Varipatis-Baker, E., Speakman, K., Ginsburg, G., Reid, R., Santosham, M., Walkup, J., & Indian Health. (2006). Home-Visiting Intervention to Improve Child Care Among American Indian Adolescent Mothers A Randomized Trial. Arch Pediatr Adolesc Med, 160, 1101–1107. www.archpediatrics.comDownloadedfrom		
Abstract/Description: Objective: To assess the impact of a paraprofessional-delivered home-visiting intervention to promote child care knowledge, skills, and involvement among pregnant American Indian adolescents. Design: Randomized controlled trial comparing a family-strengthening intervention with a breastfeeding education program. Setting: One Apache and 3 Navajo communities. Participants: Fifty-three pregnant American Indian adolescents were randomly assigned to intervention (n=28) or control (n = 25) groups. Follow-up data were available for 19 intervention and 22 control participants. Intervention: Paraprofessionals delivered 41 prenatal and infant care lessons in participants' homes from 28 weeks' gestation to 6 months post partum. Main Outcome Measures: Child care knowledge, skills, and involvement. Results: Mothers in the intervention compared with the control group had significantly higher parent knowledge scores at 2 months (adjusted mean difference [AMD], 14.9 [95% confidence interval (CI), 7.5 to 22.4]) and 6 months post partum (AMD, 15.3 [95% CI, 5.9 to 24.7]). Intervention group mothers scored significantly higher on maternal involvement scales at 2 months post partum (AMD, 1.5 [95% CI, −0.02 to 3.02]), and scores approached significance at 6 months post par-tum (AMD, 1.1 [95% CI, −0.06 to 2.2]). No between-group differences were found for child care skills. Conclusions: A paraprofessional-delivered, family-strengthening home-visiting program significantly increased mothers' child care knowledge and involvement. A longer and larger trial is needed to understand the intervention's potential to improve adolescent parent-ing and related child outcomes in American Indian communities. A DOLESCENT CHILDBEARING has been linked to negative parenting patterns and poor health and behavior outcomes for teen mothers and their children. 1,2 Approximately 46% of American Indian women vs 25% of all women in the United States have their first child during adolescence 3 and twice as many have 2 or more births during adolescence. 3 Expectant American Indian mothers, regardless of age, receive inadequate prenatal care. 4 Almost twice as many American Indian women compared with other US women receive no prenatal care (31.2% vs 17.3%). 5 Of those who receive prenatal care, reservation-based teens do not seek prenatal care until late in their second and sometimes not until their third trimester. 6 Compounding the problems associated with teen parenthood, American Indian adolescents have greater health and behavior risks than other US ethnic and racial groups: at least 31% of reservation-based adolescents live in poverty; 37% do not complete high school, and only 2% will obtain a bachelor's degree. 7 American In-dian adolescents compared with other US racial groups also have elevated rates of drug abuse, suicide, domestic violence, and injuries. 3 Although the health and behavior risks for American Indian youth are well documented, protective factors related to child rearing within reservation communities are often not acknowledged. In general , native traditions promote strong extended family networks and cultural practices that reinforce the value of family-centered healing and prevention.		

8-10 Numerous studies support the short-and long-term efficacy of home-visiting programs delivered during pregnancy and early childhood for low-income, at-risk families with poor access to services.
Major Findings: Mothers in the intervention compared with the control group had significantly higher parent knowledge scores at 2 months (adjusted mean difference [AMD], 14.9 [95% confidence interval (CI), 7.5 to 22.4]) and 6 months post-partum (AMD, 15.3 [95% CI, 5.9 to 24.7]). Intervention group mothers scored significantly higher on maternal involvement scales at 2 months post-partum (AMD, 1.5 [95% CI, −0.02 to 3.02]), and scores approached significance at 6 months post-partum (AMD, 1.1 [95% CI, −0.06 to 2.2]). There were no within- or between-group changes in family conflict or cohesion scores from baseline to postintervention. Regarding psychological and behavioral risk scores, social support, self-esteem, and locus of control, there were no within- or between-group differences from baseline to postintervention. Mothers in the intervention experienced a larger drop in depressive symptoms at both 2 months and 6 months post-partum (AMD, at 2 months post-partum, −3.1 [95% CI, −8.8 to +2.5] and at 6 months post-partum, −6.1 [95% CI, −13.0 to +0.85]); however, the CIs do include zero.

Practice: Family Spirit	**Date of Publication (in or after 1990):** 2013	
Study Title: Effect of a Paraprofessional Home-Visiting Intervention on American Indian Teen Mothers' and Infants' Behavioral Risks: A Randomized Controlled Trial		
Authors: Barlow, Allison; Mullany, Britta; Neault, Nicole; Compton, Scott; Carter, Alice; Hastings, Ranelda; Billy, Trudy; Coho-Mescal, Valerie; Lorenzo, Sherilynn; Walkup, John T.		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: family spirit project	**Number of Relative Results:**	**Source/Search Engine:** UW Libraries Search (date restricted from 1990-present)
Source/Location: American Journal of Psychiatry		
URL: http://psychiatryonline.org/doi/abs/10.1176/appi.ajp.2012.12010121		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N=322
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): RCT		
In-Text Citation: Barlow, et al., 2013		
APA Citation: Barlow, A., Mullany, B., Neault, N., Compton, S., Carter, A., Hastings, R., Billy, T., Coho-Mescal, V., Lorenzo, S., & Walkup, J. T. (2013). Effect of a Paraprofessional Home-Visiting Intervention on American Indian Teen Mothers' and Infants' Behavioral Risks: A Randomized Controlled Trial. American Journal of Psychiatry, 170(1), 83–93. https://doi.org/10.1176/appi.ajp.2012.12010121		
Abstract/Description: Objective: The authors sought to examine the effectiveness of Family Spirit, a paraprofessional-delivered, home-visiting pregnancy and early childhood intervention, in improving American Indian teen mothers' parenting outcomes and mothers' and children's emotional and behavioral functioning 12 months postpartum. Method: Pregnant American Indian teens (N=322) from four southwestern tribal reservation communities were randomly assigned in equal numbers to the Family Spirit intervention plus optimized standard care or to optimized standard care alone. Parent and child emotional and behavioral outcome data were collected at baseline and at 2, 6, and 12 months postpartum using self-reports, interviews, and observational measures. Results: At 12 months postpartum, mothers in the intervention group had significantly greater parenting knowledge, parenting self-efficacy, and home safety attitudes and fewer externalizing behaviors, and their children had fewer externalizing problems. In a subsample of mothers with any lifetime substance use at baseline (N=285; 88.5%), children in the intervention group had fewer externalizing and dysregulation problems than those in the standard care group, and fewer scored in the clinically "at risk" range (≥10th percentile) for externalizing and internalizing problems. No between-group differences were observed for outcomes measured by the Home Observation for Measurement of the Environment scale. Conclusions: Outcomes 12 months postpartum suggest that the Family Spirit intervention improves parenting and infant outcomes that predict lower lifetime behavioral and drug use risk for participating teen mothers and children.		
Major Findings: At 12 months postpartum, mothers in the intervention group had higher parenting knowledge, improved parenting self-efficacy, and better home safety attitudes compared with those in the control group. Children of mothers in the intervention group had fewer externalizing symptoms (adjusted mean difference=–0.09, 95% CI=–0.16 to –0.01, p=0.03; effect size=–0.19) at 12 months postpartum. Children in the intervention group had fewer externalizing and dysregulation problems than those in the control group, with effect sizes of 20.26 and 20.21, respectively. Significantly fewer intervention children compared with control children scored in the clinically "at risk" range (⍰ 10th percentile) for externalizing (odds ratio=2.15, 95% CI=1.01 to 4.61, p=0.05) and internalizing (odds ratio=1.91, 95% CI=1.02 to 3.60, p=0.04) problems at 12 months post- partum.		

Within the externalizing domain, the activity/impulsivity subscale was the most improved subscale for the intervention group infants compared with the control infants (adjusted mean difference=–0.10, 95% CI=–0.20 to –0.01, p=0.04).
Decreased negative emotionality was the most improved subscale in the dysregulation domain (adjusted mean difference=–0.09, 95% CI=–0.17 to –0.01, p=0.05).
Although the competence domain as a whole was not significantly improved, infants in the intervention group had significantly higher scores on the compliance subscale than did those in the control group (adjusted mean difference=0.10, 95% CI=0.01 to 0.19, p=0.02).
At 12 months postpartum, mothers in the intervention group had fewer externalizing behaviors.

Practice: Family Spirit	**Date of Publication (in or after 1990):** 2009	
Study Title: Participatory Research Brings Knowledge and Hope to American Indian Communities		
Authors: Novins, Douglas K		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Secondary review		
Search Category: family spirit project	**Number of Relative Results:**	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: Journal of the American Academy of Child & Adolescent Psychiatry		
URL: https://www.jhsph.edu/research/affiliated-programs/family-spirit/_docs/proven-results/publications/7_-_Novins_DK._2009.pdf		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Novins, 2009		
APA Citation: Novins, D. K. (2009). Participatory Research Brings Knowledge and Hope to American Indian Communities. Journal of the American Academy of Child & Adolescent Psychiatry, 48(6), 585–586. https://doi.org/10.1097/CHI.0b013e3181a1f575		
Abstract/Description: Summary of the Family Spirit design. This month, Walkup et al. deliver on the promise they made in their August 2008 editorial in the Journal to use "creativity and cost-efficiency" to address the mental health needs of American Indian children and their families. They have accomplished this by publishing a randomized, clinical trial of an in-home intervention for young (mostly teenage) American Indian mothers. This 25-session intervention (Family Spirit) was delivered to 81 women by paraprofessionals recruited from the two participating reservation communities. The intervention included lessons on prenatal health, parenting, family planning, substance abuse prevention, and coping skills. Family Spirit was compared with a 23-session breast-feeding and nutrition program that was delivered to 86 women. This intervention was also home based. The authors followed the mothers and their children for 1 year postpartum, although attrition was substantial - approximately 50% at 1 year. Nonetheless, the use of generalized linear mixed models allowed the authors to make optimal use of these valuable data, and their results suggest Family Spirit had a significant impact on parental knowledge and infant behavioral outcomes at 12 months.		
Major Findings: The Family Spirit intervention thus represents a promising new preventive intervention for American Indian communities that was designed to meet their specific needs and draw on readily available human resources paraprofessionals. American Indian communities are then often bypassed in our nation's push for high-quality mental health research. Given this, the importance of the work by Walkup et al. goes well beyond their published results. Family Spirit was designed to assure its feasibility and sustainability in the two participating reservation communities by using community members (paraprofessionals) rather than clinicians. Perhaps most tellingly, an active comparison condition (breast-feeding and nutrition education) was chosen, as the authors tell us, consistent with a community-based participatory research (CBPR) perspective as it assured all participants meaningful and appropriate services (Walkup et al., 2009).		

Practice: Family Spirit	**Date of Publication (in or after 1990):** 2012	
Study Title: The Family Spirit Trial for American Indian Teen Mothers and Their Children: CBPR Rationale, Design, Methods and Baseline Characteristics		
Authors: Mullany, Britta; Barlow, Allison; Neault, Nicole; Billy, Trudy; Jones, Tanya; Tortice, Iralene; Lorenzo, Sherilynn; Powers, Julia; Lake, Kristin; Reid, Raymond; Walkup, John		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Secondary review		
Search Category: family spirit project	**Number of Relative Results:**	**Source/Search Engine:** UW Libraries Search (date restricted from 1990-present)
Source/Location: Prevention Science		
URL: https://link-springer-com.offcampus.lib.washington.edu/article/10.1007/s11121-012-0277-2		
Original Article (Y or N): N	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N=322
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): RCT		
In-Text Citation: Mullany et al., 2012		
APA Citation: Mullany, B., Barlow, A., Neault, N., Billy, T., Jones, T., Tortice, I., Lorenzo, S., Powers, J., Lake, K., Reid, R., & Walkup, J. (2012). The Family Spirit Trial for American Indian Teen Mothers and Their Children: CBPR Rationale, Design, Methods and Baseline Characteristics. Prevention Science, 13(5), 504–518. https://doi.org/10.1007/s11121-012-0277-2		
Abstract/Description: The purpose of this paper is to describe the rationale , design, methods and baseline results of the Family Spirit trial. The goal of the trial is to evaluate the impact of the paraprofessional-delivered "Family Spirit" home-visiting intervention to reduce health and behavioral risks for American Indian teen mothers and their children. A community based participatory research (CBPR) process shaped the design of the current randomized controlled trial of the Family Spirit intervention. Between 2006 and 2008, 322 pregnant teens were randomized to receive the Family Spirit intervention plus Optimized Standard Care, or Optimized Standard Care alone. The Family Spirit intervention is a 43-session home-visiting curriculum administered by American Indian paraprofession-als to teen mothers from 28 weeks gestation until the baby's third birthday. A mixed methods assessment administered at nine intervals measures intervention impact on parental competence , mother's and children's social, emotional and behav-ioral risks for drug use, and maladaptive functioning. Participants are young (mean age018.1 years), predominantly primiparous, unmarried, and challenged by poverty, residential instability and low educational attainment. Lifetime and pregnancy drug use were ~2-4 times higher and ~5-6 times higher, respectively, than US All Races. Baseline characteristics were evenly distributed between groups, except for higher lifetime cigarette use and depressive symptoms among intervention mothers. If study aims are achieved, the public health field will have new evidence supporting multi-generational prevention of behavioral health disparities affecting young American Indian families and the utility of indigenous paraprofessional interventionists in under-resourced communities.		
Major Findings: If found to be effective, the Family Spirit intervention has the potential to decrease behavioral disparities for both generations especially as teen mothers transition to adulthood and children transition from early childhood home environments to school settings. Demonstrating the utility of American Indian para- professionals in reservation settings—where there is a paucity of health care professionals and Native home visitors match cultural preferences—could impact national health care policy and prevention approaches in high-need/low-resource populations.		

Practice: Family Spirit	**Date of Publication (in or after 1990):** 2015	
Study Title: Family Spirit		
Authors: John Hopkins Center for American Indian Health		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Handbook/Manual		
Search Category: "family spirit" manual	**Number of Relative Results:**	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: John Hopkins Center for American Indian Health		
URL: http://homvee.acf.hhs.gov/Review-Process/4/DHHS-Criteria/19/6		
Original Article (Y or N): N	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: John Hopkins Center for American Indian Health, 2015		
APA Citation: John Hopkins Center for American Indian Health. (2015). Family Spirit. http://homvee.acf.hhs.gov/Review-Process/4/DHHS-Criteria/19/6		
Abstract/Description: Manual/Handbook - Native American communities and families face significant health disparities. High rates of teenage pregnancy and substance abuse and low rates of education and employment have spurred members of some communities to develop a programme for their youngest and most vulnerable members. Family Spirit, just such an initiative, was initiated in 1995 following a year of planning to understand the community's needs. Family Spirit is an evidence-based and culturally tailored home-visiting intervention delivered by paraprofessionals (trained aides who are not licensed professionals) as a core strategy to support young mothers. Initially, the programme was targeted towards parents aged 12-22 years, but now includes mothers of all ages. Through this programme, mothers are given 63 lessons from pregnancy to three years post-partum to learn the knowledge and skills needed for the optimal physical, cognitive, social-emotional and language development, as well as self-help. This in-home parent training and support programme has been designed, implemented, and rigorously evaluated by the Johns Hopkins Center for American Indian Health (JHCAIH) in partnership with Navajo, White Mountain Apache and San Carlos Apache tribal communities.		
Major Findings: N/A		

Practice: Canoe Journey	**Date of Publication (in or after 1990):** 2015	
Study Title: Healing of the canoe: Preliminary results of a culturally grounded intervention to prevent substance abuse and promote tribal identity for native youth in two pacific Northwest Tribe		
Authors: Donovan, Dennis M.; Thomas, Lisa Rey; Sigo, Robin Little Wing; Price, Laura; Lonczak, Heather; Lawrence, Nigel; Ahvakana, Katie; Austin, Lisette; Lawrence, Albie; Price, Joseph; Purser, Abby; Bagley, Lenora		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: "canoe journey" program	**Number of Relative Results:** 651	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: American Indian and Alaska Native Mental Health Research		
URL: www.ucdenver.edu/caianh		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N=23
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): QED - Comparison		
In-Text Citation: Donovan et al., 2015		
APA Citation: Donovan, D. M., Thomas, L. R., Sigo, R. L. W., Price, L., Lonczak, H., Lawrence, N., Ahvakana, K., Austin, L., Lawrence, A., Price, J., Purser, A., & Bagley, L. (2015). Healing of the canoe: Preliminary results of a culturally grounded intervention to prevent substance abuse and promote tribal identity for native youth in two pacific Northwest Tribe. American Indian and Alaska Native Mental Health Research, 22(1), 42–76. https://doi.org/10.5820/aian.2201.2015.42		
Abstract/Description: Using Community-based and Tribal Participatory Research (CBPR/TPR) approaches, an academic-tribal partnership between the University of Washington Alcohol and Drug Abuse Institute and the Suquamish and Port Gamble S'Klallam Tribes developed a culturally grounded social skills intervention to promote increased cultural belonging and prevent substance abuse among tribal youth. Participation in the intervention, which used the Canoe Journey as a metaphor for life, was associated with increased hope, optimism, and self-efficacy and with reduced substance use, as well as with higher levels of cultural identity and knowledge about alcohol and drugs among high school-age tribal youth. These results provide preliminary support for the intervention curricula in promoting positive youth development, an optimistic future orientation, and the reduction of substance use among Native youth.		
Major Findings: The results of the Friedman's test indicated that there was an overall difference across time for the measures of hope/optimism/self-efficacy (X2 = 6.50, p = 0.020) and substance use (X2 7.43, p = 0.012). Post hoc analyses indicated that the level of hope/optimism/self-efficacy increased significantly from the beginning to the end of the school year (p = 0.021) and remained significantly higher at the 4-month follow-up compared to the beginning of the school year (p = 0.023). Substance use reduced significantly from the beginning to the end of the school year (p = 0.021); however, although it was still 26% lower at the 4-month follow up than at the beginning of school, it was no longer significantly different (p = 0.051). Workshop participants consistently demonstrated higher levels of hope/optimism/ self-efficacy across comparisons. In at least one of the cohort analyses, participation in the curricula also was associated with higher levels of cultural identity and practices, knowledge of alcohol and drugs, and lower levels of substance use than for those youth who had not yet participated.		

Practice: Canoe Journey	**Date of Publication (in or after 1990):** 2012	
Study Title: Pulling for Native communities: Alan Marlatt and the Journeys of the Circle		
Authors: Hawkins, Elizabeth H.; La Marr, C. June		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Secondary review		
Search Category: "canoe journey" program	**Number of Relative Results:** 651	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: Addiction Research and Theory		
URL: https://doi.org/10.3109/16066359.2012.657282		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Hawkins & La Marr, 2012		
APA Citation: Hawkins, E. H., & La Marr, C. J. (2012). Pulling for Native communities: Alan Marlatt and the Journeys of the Circle. Addiction Research and Theory, 20(3), 236–242. https://doi.org/10.3109/16066359.2012.657282		
Abstract/Description: Alan Marlatt was an innovator and a champion of substance abuse prevention and treatment in Native American communities. He was the principal investigator of a National Institutes of Alcohol Abuse and Alcoholism funded study called the Journeys of the Circle project. Journeys of the Circle was a collaboration between the University of Washington and the Seattle Indian Health Board and resulted in the Canoe Journey Life's Journey prevention curriculum for Native adolescents. The purpose of Canoe Journey Life's Journey is to learn life skills using cultural beliefs and practices. The curriculum uses the metaphor of going on a Canoe Journey to teach communication, problem solving, decision-making, and coping skills. It is widely recognized as a promising practice and has been implemented in numerous tribal communities in the United States and Canada. Alan's impact on Native communities extends far beyond Canoe Journey Life's Journey. Relapse prevention is an integral part of most treatment programs and harm reduction strategies are becoming increasingly more common in Native communities. Alan's passing is a profound loss but his teachings will continue.		
Major Findings: Preliminary results indicated a decrease in past month substance use for alcohol, marijuana, and other drugs between the baseline and follow-up assessment periods. Youth reported significantly fewer alcohol-related problems at baseline and there was a trend towards increased confidence to resist the urge to drink in multiple contexts (Marlatt et al., 2003). In 2005, Canoe Journey – Life's Journey was one of eight programs recognized by SAMHSA as an innovative and promising program at their Best Practices in Substance Abuse Treatment for American Indians and Alaska Natives Forum (La Marr & Hawkins, 2005). Canoe Journey – Life's Journey includes strategies from several evidence- based prevention and treatment practices, including life skills training, cognitive behavioral therapy, motivational enhancement therapy, and relapse prevention. Perhaps most importantly, though, it was developed locally by and for Native American communities. The Canoe Journey – Life Journey curriculum was not meant to be a static learning tool. Any community who decides to use it is encouraged to use the original curriculum as a framework to create a program that reflects the traditional values of their own community.		

Practice: Canoe Journey	**Date of Publication (in or after 1990):** 2016	
Study Title: The Role of Healing within a Pacific Northwest Native American Canoe Pilgrimage		
Authors: Gonzalez, Gabriela		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Conference proceeding		
Search Category: "canoe journey" program	**Number of Relative Results:** 651	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: Linfield College Student Symposium: A Celebration of Scholarship and Creative Achievement		
URL: https://digitalcommons.linfield.edu/symposium/2016/all/51		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Gonzalez, 2016		
APA Citation: Gonzalez, G. (2016, May 6). The Role of Healing within a Pacific Northwest Native American Canoe Pilgrimage. Linfield College Student Symposium: A Celebration of Scholarship and Creative Achievement. https://digitalcommons.linfield.edu/symposium/2016/all/51		
Abstract/Description: Building on Jill Dubisch's identification of pilgrimages as a means of expression and resolution of a community's history of suffering (2005) this study examines Native American Canoe Journey as a venue in which Pacific Northwest Native Americans use community as a source of healing for both individuals and their communities. While reexamining the concept of pilgrimage, this study also emphasizes the role of pilgrimage in cultural revitalization. As Dubisch added the idea that pilgrimages can be healing for the individuals undertaking them, this study similarly finds that pilgrimages can add 'community healing' to a revitalization movement when a community shares a great loss.		
Major Findings: Journey created a place for a community of people who were previously ashamed of their Native American identity and lack of cultural knowledge. It is a place where they can come together and be Native American around each other, to help relearn traditions and put them into practice. The is the first outcome of Journey. Journey functions as a pilgrimage without a religious affiliation because it is an annual, journey that aims to bring a change in Native American's lives, following an ancestral path, which goes to special, culturally significant destinations there were before denied to them through the Termination Act. Because of the treatment of Native Americans have experienced in the United States, the history of pain, culture loss, and animosity has created generations of trauma and the loss of identity and cultural practices. In my study, I found that Native Americans use Journey to fill a void, to recreate a culture that was lost to them, but most importantly they use Journey as a venue to identify and process past trauma and identity loss.		

Practice: Canoe Journey	**Date of Publication (in or after 1990):** 2019	
Study Title: 30 years after the Paddle to Seattle, Tribal Canoe Journeys represent healing and revival		
Authors: Paul, Crystal		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Newspaper article		
Search Category: "canoe journey" program	**Number of Relative Results:** 651	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: The Seattle Times		
URL: https://www.seattletimes.com/life/30-years-after-the-paddle-to-seattle-tribal-canoe-journeys-represent-healing-and-revival/		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Paul, 2019		
APA Citation: Paul, C. (2019). 30 years after the Paddle to Seattle, Tribal Canoe Journeys represent healing and revival. The Seattle Times. https://www.seattletimes.com/life/30-years-after-the-paddle-to-seattle-tribal-canoe-journeys-represent-healing-and-revival/		
Abstract/Description: Newspaper article covering the 2019 canoe journey with Lummi Nation. Includes an overview of the origins of the canoe journey, how the canoe journey helps to heal trauma, and the social/political impact of the jorney for Native communities.		
Major Findings: Canoes have held a special place in the lives of the Coast Salish peoples for thousands of years. As the primary means of travel between coastal destinations, the canoe was a vehicle of welcome, war, fishing, trade and cultural exchange. As they expanded what Oliver began, Heidlbaugh and Red Eagle strove to create a world where indigenous youth could grow up immersed in traditions. They believed it would take seven generations for the tribal journeys to make an impact on that scale. "We know that people are feeling that hunger the way we felt that hunger — to be not just someone who's brown and called a Native American or American Indian, but actually someone who was and is still practicing who they were," said Red Eagle.		

Practice: Canoe Journey	**Date of Publication (in or after 1990):** 2017	
Study Title: Healing of the Canoe		
Authors: Healthy Native Youth		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Handbook/Manual		
Search Category: "canoe journey" manual	**Number of Relative Results:** 68100	**Source/Search Engine:** google
Source/Location: Healthy Native Youth Website		
URL: https://www.healthynativeyouth.org/curricula/healing-of-the-canoe/		
Original Article (Y or N): N	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Healthy Natibe Youth, 2017		
APA Citation: Healthy Native Youth. (2017). Healing of the Canoe. https://www.healthynativeyouth.org/curricula/healing-of-the-canoe		
Abstract/Description: Manual/Handbook - The Healing of the Canoe (HOC) Project is a collaborative research project between the Suquamish Tribe, the Port Gamble S'Klallam Tribe, and the University of Washington Alcohol and Drug Abuse Institute (ADAI). Now in the final phase of the project, the Healing of the Canoe team is focusing on dissemination of the life skills curriculum that was developed by each tribal community to promote a sense of cultural belonging and prevent substance abuse among tribal youth. The HOC Training Center and HOC team are now holding trainings to train other tribal members and service providers in how to adapt and implement the Healing of the Canoe curriculum in their communities. This training manual has been put together as a reference tool and guide for successful adaptation and implementation of the Healing of the Canoe curriculum. We expect that each community or agency will find its own way of augmenting and adapting what we have laid out here so that it best fits its community and needs. We humbly offer this manual as a way of sharing what we have learned over the last 8 years of our project and in working with our tribal youth.		
Major Findings: N/A		

Practice: Canoe Journey	**Date of Publication (in or after 1990):** 2011	
Study Title: TRIBAL JOURNEYS HANDBOOK and Study Guide		
Authors: The Intertribal Canoe Society; American Friends Services Committee		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Handbook/Manual		
Search Category: "canoe journey" manual	**Number of Relative Results:** 68100	**Source/Search Engine:** google
Source/Location: The Intertribal Canoe Society American Friends Services Committee		
URL: www.CanoeWay.org		
Original Article (Y or N): N	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: The Intertribal Canoe Society & American Friends Service Committee, 2011		
APA Citation: The Intertribal Canoe Society, & American Friends Services Committee. (2011). TRIBAL JOURNEYS HANDBOOK and Study Guide. American Friends Service Committee. www.CanoeWay.org		
Abstract/Description: Manual/Handbook - The first project was The Full Circle Canoe Journey. It would take us full circle from the bottom of Hood Canal to Suquamish the first year, 1995 and from Jefferson Head to Squaxin Island in 1996. We completed the circle by closing the gap between Hood Canal and Squaxin Island with a ceremony. One of the canoes was taken out of the waters of Puget Sound and "portaged" to the waters of Hood Canal. On the Full Circle Journey we worked with families and youth from several native communities. Our objective was to take the canoe, and it rules and protocols, and begin to work with these communities to restore traditional practices and culture to these communities. We wanted to build native pride and structure a knowledge base upon which to build a working culture.		
Major Findings: N/A		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2011	
Study Title: Engaging tribal leaders in an American Indian healthy eating project through modified talking circles		
Authors: Fleischhacker, Sheila; Vu, Maihan; Ries, Amy; McPhail, Ashley		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Secondary review		
Search Category: "talking circle" program	**Number of Relative Results:** 448	**Source/Search Engine:** UW Libraries Search (date restricted from 1990-present)
Source/Location: Family and Community Health		
URL: https://doi.org/10.1097/FCH.0b013e31821960bb		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Fleischhacker et al., 2011		
APA Citation: Fleischhacker, S., Vu, M., Ries, A., & McPhail, A. (2011). Engaging tribal leaders in an American Indian healthy eating project through modified talking circles. Family and Community Health, 34(3), 202–210. https://doi.org/10.1097/FCH.0b013e31821960bb		
Abstract/Description: Frequently used in the American Indian (AI) community and proven to be a valuable tool in health research, a Talking Circle is a method used by a group to discuss a topic in an egalitarian and nonconfrontational manner. Using community-based participatory research, a modified Talking Circle format was developed for engaging tribal leaders in an American Indian Healthy Eating Project in North Carolina. The culturally informed formative research approach enabled us to garner project support from 7 tribes, as well as insights on developing planning and policy strategies to improve access to healthy eating within each of the participating communities.		
Major Findings: The Talking Circle approach enabled a rich discussion gleaned from all participants and allowed for each participant to smoothly build on or contrast earlier contributions. Hosting modified Talking Circles with 7 tribes laid the groundwork for a community-academia partnership to improve access to healthy eating within 7 North Carolina state- recognized tribes. The Talking Circle set the tone for the importance of integrating culturally appropriate strategies and tribally led initiatives in efforts to improve access to healthy, affordable foods within their North Carolina tribal communities.		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2012	
Study Title: Community Partnership to Affect Substance Abuse among Native American Adolescents		
Authors: Lowe, John; Liang, Huigang; Riggs, Cheryl; Henson, Jim; Lynn, Christine E; Tribal Elder		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: "talking circle" program	**Number of Relative Results:** 448	**Source/Search Engine:** UW Libraries Search (date restricted from 1990-present)
Source/Location: The American Journal of Drug and Alcohol Abuse		
URL: https://www.tandfonline.com/action/journalInformation?journalCode=iada20		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N=92, N=87
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): QED - Comparison		
In-Text Citation: Lowe et al., 2012		
APA Citation: Lowe, J., Liang, H., Riggs, C., Henson, J., Lynn, C. E., & Tribal Elder. (2012). Community Partnership to Affect Substance Abuse among Native American Adolescents. The American Journal of Drug and Alcohol Abuse, 38(5), 450–455. https://doi.org/10.3109/00952990.2012.694534		
Abstract/Description: Background: Substance abuse is one of the nation's primary health concerns. Native American youth experience higher rates of substance abuse than other youth. There is little empirical evidence that exists concerning the use of culturally-based interventions among Native American adolescents. Objectives: This study used a community-based participatory research approach to develop and evaluate an innovative school-based cultural intervention targeting substance abuse among a Native American adolescent population. Methods: A two-condition quasi-experimental study design was used to compare the Cherokee Talking Circle (CTC) culturally-based intervention condition (n=92) with the Be A Winner Standard Education (SE) condition (n=87). Data were collected at pre-intervention, immediate post-intervention, and 90-day post-intervention using the Cherokee Self-Reliance Questionnaire, Global Assessment of Individual Needs-Quick, and Written Stories of Stress measures. Results: Significant improvements were found among all measurement outcomes for the CTC culturally-based intervention. Conclusions: The data provide evidence that a Native American adolescent culturally-based intervention was significantly more effective for the reduction of substance abuse and related problems than a noncultural-based intervention. Scientific Significance: This study suggests that cultural considerations may enhance the degree to which specific interventions address substance abuse problems among Native American adolescents.		
Major Findings: The results revealed that the Substance Problem Scale (SPS) score of the Cherokee Talking Circle (CTC) group was the lowest at postintervention. Although it bounced up slightly at 6-month follow-up, it declined back to the postintervention level after 12 months. The General Life Problem Index (GLPI) difference between the CTC and Standard Education (SE) groups became significant at immediate postintervention ($t = -2.23$, $p < .05$), 6-month follow-up ($t = -6.11$, $p < .001$), and 12-month follow-up ($t = -8.93$, $p < .001$). Thus, the results indicate that the GLPI difference between the two groups kept increasing even after the intervention was stopped. The difference in Internal Behavior Scale (IBS) between the two groups became significant at 6-month follow-up ($t = -2.49$, $p < .05$) and 12-month ($t = -3.36$, $p < .01$; see Figure 3). The results indicated that the IBS difference between the two groups became more dramatic after the intervention. CTC group had lower GAIN-Q scores and higher CSR scores than the SE group at postintervention, and the differences were sustainable overtime and even grew larger over time.		

The largest significant differences between the CTC and SE intervention groups for all of the four major QAIN-Q scales occurred at the 12-month postintervention follow-up.

The results of this study provides evidence that a culture-based intervention was significantly more effective for the reduction of substance use and general well- being than a nonculture-based intervention for Native American early adolescents.

At 12- month follow-up, the difference in Total System Severity Scale (TSSS) between the CTC and SE groups was even more significant ($t = -6.54$, $p < .001$) and the magnitude increased. These results suggested that as time went by, the TSSS difference between the two groups increased. The results demonstrate that the CTC group's self-reliance score greatly increased after the intervention and remained at the similar level after 6 months and 12 months. The SE group's self-reliance score slightly increased after the intervention, it dropped back to the baseline level after 6 months and further declined after 12 months.

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2018	
Study Title: A Culture-Based Talking Circle Intervention for Native American Youth at Risk for Obesity		
Authors: Kelley, Melessa N; Lowe, John R		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: "talking circle" manual	**Number of Relative Results:** 836	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: Journal of Community Health Nursing		
URL: https://doi.org/10.1080/07370016.2018.1475796		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** N=100
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): QED - Intervention		
In-Text Citation: Kelley & Lowe, 2018		
APA Citation: Kelley, M. N., & Lowe, J. R. (2018). A Culture-Based Talking Circle Intervention for Native American Youth at Risk for Obesity. Journal of Community Health Nursing, 35(3), 102–117. https://doi.org/10.1080/07370016.2018.1475796		
Abstract/Description: This community-based study explored the effectiveness of an after-school cultural-based intervention for Native American youth at risk for obesity. A standard health education after-school program served as the comparison control condition. Cherokee self-reliance (cultural identity), perceived stress, and obesity knowledge and related behaviors were the three outcome measures evaluated at baseline and immediate post-intervention. Findings revealed that participants who completed the cultural-based intervention had better results on the three outcome measures in comparison to the standard health education program.		
Major Findings: Youth who participated in the KCTC-O intervention condition demonstrated a larger increase in Cherokee self-reliance than youth who participated in the SE control condition from baseline (pre-intervention) to post-intervention. At immediate post-intervention youth from the KCTC-O intervention condition demonstrated a significant decrease in perceived stress scores (M=14.92, SD=5.428) as compared to youth of the SE condition (M=20.60, SD=2.157) with a mean difference of (MD=5.980). Immediate post-intervention results revealed that youth among the KCTC-O intervention condition demonstrated better improvements in obesity knowledge behavior mean scores (M=28.10, SD=4.696) as compared to the youth of the SE condition (M=19.80, SD=2.162) resulting in a mean difference of (MD= −8.120). Results for the CSR-Questionnaire and the PSS demonstrated significant improvements from baseline (pre-intervention) to post-intervention for the KCTC-O intervention condition participants as compared to the SE control condition participants. The results are consistent with the findings from previous studies that demonstrated strong sense of family, community, and holding true to one's cultural traditions and values can serve as a protective factor and buffer against stress and other health risks (Neblett, Rivas-Drake, & Umaña, 2012; Stratford & Murphy, 2015).		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2005	
Study Title: The Talking Circle: A Perspective in Culturally Appropriate Group Work with Indigenous Peoples		
Authors: Bohanon, Joseph P		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Secondary review		
Search Category: "talking circle" manual	**Number of Relative Results:** 836	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: 2005 Native American Symposium		
URL:		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Bohanon, 2005		
APA Citation: Bohanon, J. P. (2005). The Talking Circle: A Perspective in Culturally Appropriate Group Work with Indigenous Peoples. 2005 Native American Symposium, 92–97.		
Abstract/Description: Social service programs are currently addressing service delivery, which utilizes a cultural competence or cultural sensitivity approach to the populations they serve. The need to go further than cultural sensitivity is for culturally appropriate intervention strategies that are fully incorporated into the social workers' repertoire. The author will discuss a technique called "The Talking Circle," which has been used in various groups to create a healing pattern that is legitimate to Indigenous Peoples. Based on values of sharing, respect, and honor, the Talking Circle is one way for Indigenous People to communicate about life events. Moreover, it is a way to explore the polarities which exist related to one's heritage, relationships, challenges, stresses, and strengths.		
Major Findings: The areas of concern for the quality of care for Indigenous Peoples pertaining to service delivery involve not only cultural competency, but also going a step further with cultural appropriateness. Using the Talking Circle as a means to incorporate the group process in addressing issues by involving a culturally appropriate approach can help ensure the possibility of successful outcomes. This perspective establishes trust and creates an open discussion geared specifically to commonalties that agree with the culture.		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2013	
Study Title: HISTORY OF THE TRADITIONAL TALKING CIRCLE		
Authors: Ennis, Dan; Nishnawbe Aski Nation		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Handbook/Manual		
Search Category: "talking circle" manual	**Number of Relative Results:** 836	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: Nishnawbe Aski Nation		
URL: http://www.stthomasu.ca/~ahrc/elem6.html		
Original Article (Y or N): N	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Ennis & Nishnawbe Aski Nation, 2013		
APA Citation: Ennis, D., & Nishnawbe Aski Nation. (2013). HISTORY OF THE TRADITIONAL TALKING CIRCLE. In Burton Consulting Services. http://www.stthomasu.ca/~ahrc/elem6.html		
Abstract/Description: Manual/Handbook - Talking circles are useful when the topic under consideration has no right or wrong answer, or when people need to share feelings. During circle time, people are free to respond however they want as long as they follow specific guidelines.		
Major Findings: N/A		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2008	
Study Title: Talking Circles "101" Training Facilitator: Paula Schaefer TALKING CIRCLES GUIDELINES		
Authors: Schaefer, Paula		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Handbook/Manual		
Search Category: "talking circle" manual	**Number of Relative Results:** 836	**Source/Search Engine:** google scholar (date restricted from 1990 - present)
Source/Location: Minnesota Department of Corrections Restorative Justice Initiative		
URL: http://www.rogersparkywat.org/wp-content/uploads/2011/09/Talking_Circle_Guidelines_PSchaefer.pdf		
Original Article (Y or N): N	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Schaefer, 2008		
APA Citation: Schaefer, P. (2008). Talking Circles "101" Training Facilitator: Paula Schaefer TALKING CIRCLES GUIDELINES.		
Abstract/Description: Manual/Handbook - These guidelines and the brief training on the "basics of circles" are not intended to take the place of intensive Circle Keeper training, but rather to allow participants the opportunity to learn more about circle and the how to's and what if's in keeping a circle that facilitates a general conversation between youth and staff, and between youth and youth. By no means should a participant assume that this handout out and/or brief training on the basics of circle adequately prepares them to keep a serious conflict resolution circle, and/or a facilitate a victim/offender dialogue of any kind.		
Major Findings: N/A		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2011	
Study Title: OxyContin Misuse on a Reservation: Qualitative Reports by American Indians in Talking Circles		
Authors: Momper, Sandra L; Delva, Jorge; Reed, Beth Glover		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: Interview	**Number of Relative Results:**	**Source/Search Engine:**
Source/Location: Substance Use & Misuse		
URL: https://www-tandfonline-com.offcampus.lib.washington.edu/doi/full/10.3109/10826084.2011.592430		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** 49
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Momper et al., 2011		
APA Citation: Sandra L. Momper, Jorge Delva & Beth Glover Reed (2011) OxyContin Misuse on a Reservation: Qualitative Reports by American Indians in Talking Circles, Substance Use & Misuse, 46:11, 1372-1379, DOI: 10.3109/10826084.2011.592430		
Abstract/Description: Few studies have addressed OxyContin use among American Indians (AIs) on reservations. Eight focus groups were conducted as "talking circles" (2006 and 2007) with 49 AI adults and youth. An emergent design was utilized in which the initial two circles were planned, but the subsequent six circles evolved from tribal members' input. Participants reported an increase in OxyContin use; negative effects on individuals , families, and the tribe; a lack of treatment options; and a growing problem on other reservations. Results indicate the need to further research prevalence and patterns of use to design interventions to curtail Oxy-Contin abuse on reservations.		
Major Findings: Talking circles can be a viable data collection method in rural Indian communities, as they enable a return to traditional tribal group communication, empower tribal participants, and lead to discussions of factors that facilitate or impede recovery. A key finding is that tribal participants' reports of an increase in levels of use of OxyContin are consistent with the GAO's reports that OxyContin misuse is occurring in rural, poor areas of the United States (GAO, 2003; U.S. Census Bureau, 2000b). Tribal participants' reports of depression as a reason for using OxyContin are consistent with empirical studies of opioid users with mental health problems who report higher rates of opioid analgesic dependence symptoms (Martin, Ghandour, & Chilcoat, 2007). Contrary to the previous reports on OxyContin in the general population in which OxyContin increased in younger males, on this reservation, the primary users seem to be women aged 19–38 years (Bender, 2007; SAMHSA, 2006).		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2001	
Study Title: Inner Circle/Outer Circle: A Group Technique Based on Native American Healing Circles		
Authors: Garrett, Michael Tlanusta; Garrett, J T; Brotherton, Dale		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: Interview	**Number of Relative Results:**	**Source/Search Engine:**
Source/Location: The Journal for Specialists in Group Work		
URL: https://www-tandfonline-com.offcampus.lib.washington.edu/doi/pdf/10.1080/01933920108413775?needAccess=true		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Garrett et al., 2001		
APA Citation: Michael Tlanusta Garrett, J. T. Garrett & Dale Brotherton (2001) Inner Circle/Outer Circle: A Group Technique Based on Native American Healing Circles, The Journal for Specialists in Group Work, 26:1, 17-30, DOI: 10.1080/01933920108413775		
Abstract/Description: The significance of the circle from a Native perspective is discussed as a symbol of and framework for group process. Specific discussion is offered concerning the importance of traditional Native values, symbolism of numbers and spatial directions, concentric circles, medicine, connect versus disconnect, and seeking vision. Innercircle/outer circle, a group technique based on Native, healing ceremonies, is described in terms of both content and process. Adaptations of this group technique are considered, and implications for group practice by both Native and non-Native practitioners are briefly outlined.		
Major Findings: N/A		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2003	
Study Title: Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples		
Authors: Kirmayer, Laurence; Simpson, Cori; Cargo, Margaret		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: Interview	**Number of Relative Results:**	**Source/Search Engine:**
Source/Location: Australasian Psychiatry		
URL: https://journals-sagepub-com.offcampus.lib.washington.edu/doi/pdf/10.1046/j.1038-5282.2003.02010.x		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: Kirmayer et al., 2003		
APA Citation: Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. In Australasian Psychiatry (Vol. 11).		
Abstract/Description: Objective: To identify issues and concepts to guide the development of culturally appropriate mental health promotion strategies with Aboriginal populations and communities in Canada. Methods: We review recent literature examining the links between the history of colonialism and government interventions (including the residential school system, out-adoption, and centralised bureaucratic control) and the mental health of Canadian Aboriginal peoples. Results: There are high rates of social problems, demoralisation, depression , substance abuse, suicide and other mental health problems in many, though not all, Aboriginal communities. Although direct causal links are difficult to demonstrate with quantitative methods, there is clear and compelling evidence that the long history of cultural oppression and marginali-sation has contributed to the high levels of mental health problems found in many communities. There is evidence that strengthening ethnocultural identity , community integration and political empowerment can contribute to improving mental health in this population. Conclusions: The social origins of mental health problems in Aboriginal communities demand social and political solutions. Research on variations in the prevalence of mental health disorders across communities may provide important information about community-level variables to supplement literature that focuses primarily on individual-level factors. Mental health promotion that emphasises youth and community empowerment is likely to have broad effects on mental health and wellbeing in Aboriginal communities.		
Major Findings: Mental health promotion programs orientated toward empowerment aim to restore positive youth mental health and a strong sense of cultural identity by giving youth an active role in designing and implementing programs that meet their needs. Health promotion, with its emphasis on empowerment, may represent a contemporary re-articulation of traditional egalitarian practices that recognised the central role of youth in the health and vitality of the community.		

Practice: Talking Circle	**Date of Publication (in or after 1990):** 2014	
Study Title: Introducing Healing Circles and Talking Circles into Primary Care		
Authors: Mehl-Madrona, Lewis; Mainguy, Barbara		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Peer-reviewed journal		
Search Category: Interview	**Number of Relative Results:**	**Source/Search Engine:**
Source/Location: The Permanente journal		
URL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4022550/pdf/permj18_2p0004.pdf		
Original Article (Y or N): Y	**Copy (Y or N):** Y	**Sample Size (250+ Participants):** 415
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): QED - Comparison		
In-Text Citation: Mehl-Madrona & Mainguy, 2014		
APA Citation: Mehl-Madrona, L., & Mainguy, B. (2014). Introducing Healing Circles and Talking Circles into Primary Care. The Permanente Journal, 18(2), 4–9. https://doi.org/10.7812/TPP/13-104		
Abstract/Description: We report on the incorporation of a North American aboriginal procedure called "the talking circle" into primary care in areas serving this population. Communication is regulated through the passing of a talking piece (an object of special meaning or symbolism to the circle facilitator, who is usually called the circle keeper). Twelve hundred people participated in talking circles in which 415 attended 4 sessions and completed pre- and postquestionnaires. Outcome measures included baseline and end Measure Your Medical Outcome Profile version 2 forms. Participation in at least 4 talking circles resulted in a statistically significant improvement in reported symptoms and overall quality of life ($p < 0.001$ and effect sizes ranging from 0.75 to 1.19). The talking circle is a useful tool to use with NativeAmericans. It may be useful as a means to reduce health care costs by providing other alternative settings to deal with stress-related and other life problems.		
Major Findings: One-third of the people came for 4 or more sessions, which is remarkable in this population. Historically, community mental health centers have reported that more than 40% of their clients attend only one or two outpatient visits when referred (Deane FP, 1991; Fiester AR, Rudestam KE, 1975; Pekarik G, 1983; Ogrodniczuk JS, 2005). The Native American concept of the talking circle and its use is similar in some ways to 12-step programs, including AA. Morgan-Lopez et al. (2013) found greater reductions in alcohol use over time for women who followed-up with a 12-step group compared with women who didn't after the completion of an intervention program (Seeking Safety). Of the respondents, 21.6% reported taking prescription medication for their main symptom; the majority of which included analgesic and anti-inflammatory drugs for musculosk- eletal complaints, headaches, and migraines. Other medications commonly reported by participants included antidepressants, antihistamines, anti-anxiety agents, sleep-promoting agents, and narcotic pain medications. The paired- samples t-test procedure of SPSS, version 18 (IBM) was used to test the hypothesis that statistically significant improvement occurred in symptoms, activities of daily living, and overall well-being during the time that participants attended the talking circles. Both the participant's primary symptom and his or her secondary symptom showed a statistically significant decrease in severity from the beginning of participation in the talking circle to the end of the fourth visit. The extent to which symptoms interfered with daily life was also statistically significant, decreasing from baseline through the fourth visit. Ratings of overall well-being also statistically significantly improved (lower ratings equal better well-being). Effect sizes ranged from 0.75 to 1.19, indicating that participating in the talking circle had a robust effect.		

Practice: PIP	**Date of Publication (in or after 1990):** 2020	
Study Title: Session Five: Evaluating Culturally Based Programs: Positive Indian Parenting - Zoom		
Authors: Sahota, MD, PhD, Puneet; Around Him, DrPH, Deana; Personius, DeeAnna (D.J.)		
Document Type (peer-reviewed, government report, media, newsletter, website, blog, etc.): Conference proceeding		
Search Category: interview	**Number of Relative Results:**	**Source/Search Engine:**
Source/Location: NICWA 38th Annual Virtual Protecting Our Children Conference		
URL: https://zoom.us/rec/play/tMd7c-yhqW43H9yWtASDVqJwW424K_isgHMZ-_olmk-8WiJSNFWib7EaMOH_euvliWfS20edErtXjh6N?startTime=1585681202000&_x_zm_rtaid=9FcolYa1RJ6OlUpAzFhx9Q.1587598398690.695951bfb509491ff898b487c411435d&_x_zm_rhtaid=632		
Original Article (Y or N): N	**Copy (Y or N):** N	**Sample Size (250+ Participants):** None
Study Design (Randomized (RCT) or Quasi-Experimental [QED], Intervention or Comparison Group): None		
In-Text Citation: (Sahota, MD, PhD et al., 2020)		
APA Citation: Sahota, MD, PhD, P., Around Him, DrPH, D., & Personius, D. (D. J. . (2020). Session Five: Evaluating Culturally Based Programs: Positive Indian Parenting - Zoom. NICWA. https://zoom.us/rec/play/tMd7c-yhqW43H9yWtASDVqJwW424K_isgHMZ-_olmk-8WiJSNFWib7EaMOH_euvliWfS20edErtXjh6N?startTime=1585681202000&_x_zm_rtaid=9FcolYa1RJ6OlUpAzFhx9Q.1587598398690.695951bfb509491ff898b487c411435d&_x_zm_rhtaid=632		
Abstract/Description: Overview of PIP program and how NICWA have begun to evaluate the program with the financial and TA support of the Dorris Duke Foundation, Casey Family Programs and Child Trends. The program is designed to be tailored to specific communities. They have created a fidelity checklist of their curriculum for trainers and for data collection/evaluation. They surveyed communities currently using PIP to determine how they were delivering PIP. Cowlitz utilizes the PIP in-home model throughout the State of Washington. The current model is being revised in order to be evaluated and meet the fidelity checklist designed.		
Major Findings: N/A		

APPENDIX B

Image Sources

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A SYSTEMATIC REVIEW

MAY 2020

Indigenous Wellness Research Institute
National Center of Excellence
UNIVERSITY of WASHINGTON

Washington State Department of
CHILDREN, YOUTH & FAMILIES

SCHOOL OF SOCIAL WORK

This report was prepared by Jacquelene M. Lopez under contract with University of Washington.