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Honoring Children, Making Relatives: The Cultural Translation of Parent-Child Interaction Therapy for American Indian and Alaska Native Families

Dolores Subia BigFoot, Ph.D.[a] & Beverly W. Funderburk, Ph.D.[b]

Abstract — The Indian Country Child Trauma Center, as part of the National Child Traumatic Stress Network, designed a series of American Indian and Alaska Native transformations of evidence-based treatment models. Parent-Child Interaction Therapy (PCIT) was culturally adapted/translated to provide an effective treatment model for parents who have difficulty with appropriate parenting skills or for their children who have problematic behavior. The model, Honoring Children—Making Relatives, embeds the basic tenets and procedures of PCIT in a framework that supports American Indian and Alaska Native traditional beliefs and parenting practices that regard children as being the center of the Circle. This article provides an overview of the Honoring Children—Making Relatives model, reviews cultural considerations incorporated into ICCTC's model transformation process, and discusses specific applications for Parent-Child Interaction Therapy within the model.

Keywords — Indian, Native, Indigenous, parenting, cognitive-behavioral, interaction

The disproportionate levels of vulnerability (including to substance abuse and mental health problems) within American Indian and Alaska Native (AI/AN)[1] populations can be traced to changes in the political, economic, social, cultural, relational, and spiritual pathways that previously served to hold tribal or village groups together and provided the structure for family relations and social order. Boarding schools, missions, military conflict, broken treaties, oppression, exploitation, and removal undermined the structure of tribes and native villages, which eventually impacted the unity and stability of the American Indian or Alaska Native family. Major concerns remain about the lack of ability of vulnerable and traumatized American Indian/Alaska Native parents to parent their children in a

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[a]Enrolled Member: Caddo Nation of Oklahoma; Associate Professor of Pediatrics Director, Indian Country Child Trauma Center; Director, Project Making Medicine Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center Section on Developmental and Behavioral Pediatrics, Oklahoma City, OK.

[b]Associate Professor of Research, Department of Pediatrics, Section of Developmental and Behavioral Pediatrics, University of Oklahoma Health Sciences Center Child Study Center Oklahoma City, OK.

Please address correspondence to Dolores Subia BigFoot, Ph.D., University of Oklahoma Health Sciences Center Section on Developmental and Behavioral Pediatrics, OUCPB 3B-2406 PO Box 26901, Oklahoma City, OK 73190; email: dee-bigfoot@ouhsc.edu.

stable, healthy, nonviolent environment[2]. There is a need to return to the structure that provided the Making of Relatives that nurtured children for generations, a return to the old wisdom of rearing children with listening and watching, and the traditional understanding that children are the center of the Circle.

The cognitive-behavioral principles that are the basis for the transformations of evidence-based treatments discussed here are complementary to traditional tribal healing practices that include watching, listening, and doing. Cognitive-behavioral approaches have been described as more culturally appropriate for American Indian/Alaska Native populations than other mainstream mental health treatment models because the assumptions are less biased (LaFromboise, Trimble & Mohatt 1990). Examination of components of traditional parenting practices reveals that Parent-Child Interaction Therapy (PCIT), which combines elements of social learning, family systems, and play therapy techniques, is similarly compatible in that the underlying assumptions tend to be behaviorally based, relational, and recognize common developmental markers with minimal cultural bias.

The use of theories to explain human behavior is not a recent phenomenon. The written account of those conceptualizations tend to have resulted in perceived ownership of the ideas, such as Maslow's hierarchy of needs or Erikson's stages of development. Maslow visited the Blood/Blackfeet Indians in Canada and learned about Indigenous teachings that explain human development from the most basic needs upward toward the spiritual. Old wisdom orally transmitted within the symbolic form of a teepee became associated with Maslow rather than with the Indigenous originators of the theory (Blood & Heavy Head 2011). Similarly, Albert Bandura described how people acquired behaviors by observing them, and subsequently imitating what they saw, much the same principle practiced by Indigenous people who told children to "watch and listen" (BigFoot 1989). Cross (1997) wrote about Relational Theory based on the Circle and connections among people and infrastructure. The Circle Theory that is fundamental to American Indian/Alaska Native cultural beliefs and practices contains similar constructs regarding relationships, environment, affirmations, identity, and inclusion. This is old wisdom that was applied for many generations, but the transmission of these teachings was interrupted when the structure of the Indigenous social composition was attacked and almost destroyed.

The Indian Country Child Trauma Center (ICCTC) serves the American Indian/Alaska Native population throughout Indian Country[3] and was established as part of the SAMHSA National Child Traumatic Stress Network Initiative. ICCTC faculty utilized their expertise to transform three evidence-based treatment approaches for American Indian/Alaska Native children and families exposed to trauma, to train providers in the evidence-based models, and to disseminate the culturally adapted approaches in Indian Country. The three approaches, Parent-Child Interaction Therapy (PCIT), Treatment of Children with Sexual Behavior Problems (SBP), and Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), have strong empirical evidence of reducing children's problematic symptoms or improving the parent-child relationship following exposure to violence or trauma (BigFoot & Schmidt 2005; Funderburk, Gurwitch & BigFoot 2005; Silovsky et al. 2005).

The approaches were adapted using a learning collaborative model similar to one recommended by the National Initiatives for Children's Healthcare Quality (NICHQ) for implementing evidence-based treatment (EBT) in pediatric primary care (http://www.nichq.org/resources/papers_and_publications.html). This approach to dissemination and community uptake was reciprocal and transactional in nature as opposed to the fidelity or adherence training approach typically used in clinical trial projects. This circular or iterative training plan is consistent with the American Indian/Alaska Native understanding of a holistic way of viewing the world. Invited American Indian/Alaska Native cultural consultants assisted the authors in the process to assure that the beliefs, practices, and understandings incorporated were consistent with American Indian/Alaska Native cultures. Developers and master trainers of the EBTs were included to maintain fidelity to the model and clarify their perspectives. The cultural adaptation is guided by the founding assumption that American Indian/Alaska Native cultures possess healing processes and respective healing practices. These practices are based on old knowledge about how to teach healthy relationships, parenting, modeling, discipline, inclusion, and healing. There was consensus on traditional concepts that are common to most, if not all, Indigenous communities such as extended family, practices about respect, beliefs regarding the Circle, and the interconnectedness of spirituality and healing. These elements form the foundation of the cultural translation that incorporates these beliefs, practices, and traditions into the provision of evidence-based services for at risk American Indian/Alaska Native children and their families.

ICCTC worked with many American Indian/Alaska Native consultants to integrate an Indigenous worldview and Indigenous practices into a culturally congruent treatment framework titled the Honoring Children Series. This article addresses the first in the Series: Honoring Children—Making Relatives (HC-MR), the cultural adaptation of Parent-Child Interaction Therapy (PCIT). Initially the term used was cultural adaptation, but with lessons learned, we recognize that this is a translation, transformation, and enhancement of PCIT, therefore those descriptors will be used interchangeably.

PARENT-CHILD INTERACTION THERAPY

Sheila Eyberg, Ph.D., the developer of PCIT, and leading PCIT trainers were included to maintain fidelity to the model. Originally developed for families of children ages two through six with disruptive behavior disorders, Parent-Child Interaction Therapy was conceived by Dr. Eyberg in the 1970s at the Oregon Health Sciences University and later refined at the University of Florida. PCIT integrated two prominent but theoretically distinct child therapy models of the day: traditional play therapy (Axline 1947), in which the therapist followed and reflected the child's behavior and emotions to convey acceptance and allow the child to express emotions safely; and child behavior therapy, which focused on the parent as the agent of change in therapy based on social learning theory (Patterson 1975). PCIT sought to instill the emotional closeness fostered by play therapy into the parent-child relationship and to equip the parent with skills for setting limits and reversing negative patterns by providing structured behavioral parent training.

A unifying theory and structure for this combination of play therapy and behavior therapy techniques appeared in the work of Diana Baumrind (1967), a developmental psychologist who demonstrated that the authoritative parenting style, which combines nurturing responsive parent-child interactions with clear communication and firm limit-setting, leads to the healthiest outcomes for children as they move into adolescence. This set of parenting behaviors bridged the theoretical gap between the prevailing child-centered and behavior therapies of the time.

Parent-Child Interaction Therapy (PCIT) includes two sequential phases and requires an average of 15 weekly outpatient sessions. Goals of the first phase, the Child-Directed Interaction (CDI), are to improve the quality of the parent-child relationship and strengthen attention and reinforcement for positive child behavior. In CDI, parents learn to follow their child's lead in one-on-one play and to provide positive attention combined with active ignoring of minor misbehavior. They are taught to use the PRIDE skills—Praise, Reflection, Imitation, Description, and Enjoyment—to reinforce positive, appropriate behaviors. Parents also learn to avoid engaging in leading or intrusive behaviors during play with their child. In the second phase of treatment, the Parent-Directed Interaction (PDI), parents learn to give effective instructions and to follow through with consistent consequences, including praise for compliance and a timeout procedure for noncompliance.

Live skill coaching of the parent during sessions is the hallmark of PCIT. The parent and child interact in the therapy room, while the therapist coaches using a wireless microphone from an adjacent observation room. In a recent meta-analysis of parenting program outcome research (Valle et al. 2006) program delivery via direct skill practice with the parent's own child was a powerful predictor of larger positive effects. The benefits of PCIT have been established in multiple research studies. Benefits are durable over time, generalize across treated and untreated children in the same family, and generalize from home to school settings (Hood & Eyberg 2002; Funderburk et al. 1998; Brestan et al. 1997). Cultural adaptations of PCIT have been tested in controlled trials and have performed well (Matos et al. 2006; McCabe et al. 2005). Randomized trial data has shown that PCIT reduces child physical abuse recidivism compared to a standard group format parenting program (Chaffin et al. 2009, 2004). Parent-Child Interaction Therapy is a proven technique for many families who have been impacted by substance abuse. Children with fetal alcohol exposure have been successfully treated with PCIT (Bertrand 2009), as have children in the Child Welfare population. Parental substance abuse is frequently associated with allegations of child physical abuse and neglect, and frequently with disruptions in family stability. PCIT, when combined with motivational interventions, is a useful treatment for families dealing with these associated factors of substance abuse (Chaffin et al. 2009). The mounting evidence base of PCIT has spurred national and international interest in dissemination.

PCIT COMPATIBLE WITH TRADITIONAL WAYS

Honoring Children—Making Relatives represents the fundamentals of PCIT set within a context of American Indian/Alaska Native philosophies by applying Circle Theory and Old Wisdom. The Parent Training Manual for American Indian Families (BigFoot 1989) served as the basis for the cultural enhancement, outlining the underlying parenting and cultural concepts that were elaborated by the ICCTC and their cultural consultants.

As can be seen in the original work of the first author, traditional American Indian/Alaska Native beliefs hold that children need and desire the warmth, concern, and encouragement they gain from parents, grandparents, aunts, uncles, brothers, and sisters (BigFoot 1989). This nurturance by the extended family was conceptualized as the "planting of good seeds" within the child to direct their thoughts and actions. When an Indigenous woman discovered she was carrying a child within her, she would actively engage in song and in conversation with the yet unborn child. This ensured that the infant knew it was welcome and planted early seeds of respect and love. This new life was viewed as being eager to learn, a willing seeker of traits that would guide understanding of the self and others. Traditional beliefs assumed that each child possessed the qualities to develop into a worthwhile human being. Tribal community expectations for good behavior

were ingrained, and likely served as an impetus for children to flourish within the boundaries of their surroundings (Atkinson, Morten & Sue 1998).

Critical is the understanding that a child was received by all relatives and that the child was affected by all interactions, just as attachment theory and family systems theory would suggest. The identity with clan, band, and group took precedence over individuality (Wilburn, Ballew & Sullivan 2004; Atkinson, Morten & Sue 1998; Garcia, Meyer & Brillon 1995). Indigenous child-rearing duties were seen as a cooperative communal effort (Masse et al. 2004; Glover 1999; Forehand & Kotchick 1996), an inherent responsibility of all members of the tribal group which included grandparents, great-aunts and uncles, the younger aunts and uncles, as well as adopted relatives (BigFoot 1989).

As described by BigFoot (1989), caregivers' responsibility was to cultivate the positive nature of the child, to touch the child with honor and respect. Because a child was considered a gift from the Creator, caretakers had the responsibility to return to the Creator a person who respected him/herself and others. Children, parents, and grandparents were secure in their relationships within the family. Children learned respect for their parents from the way they were valued and respected by their own parents, and by the respect shown to elders. Tribal teachings held that one could positively reinforce American Native/Alaska Native children by honoring them through ceremonies, name-giving, or recognition events (e.g., honorary dinners, dances, giveaways). Indigenous parents and relatives encouraged correct behavior by acknowledging traits that would be helpful as the child grew into adulthood. Examples would include "My son brings me pride because he helps me keep the shelter warm. Our family is protected from the cold by his willingness to help with the fire," or "My daughter is considerate of my old bones because when I move about, she watches and helps me as I rise." Even small efforts on the part of children were honored by the different family members who "tended that good seed." A child's efforts and accomplishments may have been indirectly acknowledged by a giveaway, dinner, or renaming. In a giveaway to honor a child, family members might assemble highly valued items to be given to nonrelated individuals who exemplified the good traits developing in the child. For example, a grandfather might stand before the gathering and announce the reason for the giveaway and how it was to honor his grandchild. Sometimes a giveaway was spontaneous, with the caregiver removing personal items of clothing, jewelry, or other possessions to acknowledge the occasion. Many times small items would be given inconspicuously to a child by an adult with a comment such as, "I am giving this to you because you always listen to your parents, you always seem happy to obey them." So although many doubt that praise as required in PCIT will be accepted by parents, the use of praise to encourage positive actions is an old AI/AN method of rearing children.

PCIT Case Example

During a CDI coaching session an Alaska Native mother and her young child were building a large robot from building blocks. The mother used indirect praises: "This robot is so proud of the strong arm that you've given him"; "Mr. Robot is growing taller and taller because he has a very careful builder." While these praises do not meet the strict definition of Labeled Praise as a defined by the DPICS coding manual (i.e.,"Praise must provide the parent's evaluation. When the parent attributes praise of the child to someone or something outside the dyad, code Neutral Talk;" see Eyberg et al. 2009), the cultural translation would be recognized as the traditional syntax of the praise and its function and effect on the child would achieve the clinical intent of a Labeled Praise in PCIT.

DISCIPLINE IN THE AI/NA TRADITIONS

In the typical PCIT protocol, there is little or no discussion of family traditions and family values, particularly regarding discipline. The cultural enhancement allowed for expanded discussion about whether tribal traditions were in conflict with the implementation of the discipline phase. A parent may ask, how can PCIT support family traditions of a child being the center of the Circle while discipline is viewed as being the opposite? Contrary to popular belief, in traditional tribal practices children were not granted unlimited freedom (BigFoot 1989); direct and indirect forms of discipline were important.

A concept that has been expressed within American Indian/Alaska Native cultures is noninterference—let things happen the way they are meant to be. While the concept of noninterference is important in the traditional context of living in close quarters, maintaining peaceful relations with extended family, or allowing natural consequences to happen, noninterference was never intended to result in inaction in the face of grave potential harm. Presenting an alternative to an unsuccessful condition is not "interfering" but rather allowing a person to have a choice. Historic skills in negotiations, treaty making, and especially, tribal protocol demonstrate that there was a place for active resolution of problems in AI/AN traditions.

Noninterference and ignoring have separate but mutually reinforcing roles. Ignoring or eventual removal of the young child from the family surroundings were used to enforce desirable responses from the child. As the child grew into adolescence and adulthood, shunning became an extension of ignoring and removal as a reaction by the community toward inappropriate behavior. Expectations about appropriate behavior were clear and degrees of punishment were matched to the seriousness of infractions.

Chastisement many times was the duty of an uncle or elder, rather than the parent (BigFoot-Sipes & Willis 1993). This was to promote the parent/child bond and avoid straining their relationship. Inappropriate actions on the part of the child were not interpreted as the child being a "bad child;" instead it was assumed that misbehavior was due to a lack of understanding. The message given to the child was that what the child did affected those around him and that many behaviors could be beneficial. Reinforcement of desirable behaviors was intuitively understood by Indigenous people. They had long used shaping of behaviors in the training of animals, which most likely arose out of their application with children. Textbooks were not available; however the transmission of oral stories and modeling allowed the exchange of learning principles such as praise and selective attention that we recognize today (BigFoot 1989). It is helpful to view discipline as the teaching of self control and learning about the rules of life as opposed to only the administration of punishment. Discipline is the broader concept and punishment is a narrow response to a specific behavior. For many tribes, self discipline is highly prized as demonstrated by traditions of fasting, vision quests, endurance during ceremonies, and self denial leading up to ceremonies and feast days.

PCIT Case Example

An American Indian mother with a history of contact with Indian Child Welfare with her six children ranging in age from 3 to 22 was initially resistant to the Parent-Directed Interaction (PDI), the discipline procedures of PCIT. She explained that she was trying to move away from punishing her children, the only strategy she had really learned from her own upbringing. By explaining to her what "discipline" is, as part of PDI within the AI cultural framework, she began to understand the structure and process of teaching self-control to a child as opposed to only punishing. Just as a parent begins by doing everything for a child, feeding them, clothing them, putting them to bed, limits must be imposed on a young child who has not yet learned self-discipline. The child gradually learns to perform tasks such as eating, dressing, and self-soothing behaviors independently, and so the child will gradually learn to control their anger or acting out behaviors. Coming full circle, the child who masters these understandings will someday come to care for others, such as the child whom the grandmother praised for "caring for my old bones." Discussing the notion of discipline as a process of guiding the child to learn the rules of life and gradually mastering self-control and respect and caring for others puts the "punishment" aspect of PDI—the use of time out—in its proper context as a very small component of parenting, in which the good in the child is nurtured and tended as the individual develops into maturity. With this mother, the PDI portion of treatment proceeded in standard fashion once the discipline concepts were placed in the context of Old Wisdom.

ADAPTATIONS FOR ENGAGEMENT OF AMERICAN INDIAN/ALASKA NATIVE FAMILIES

It was with the understanding of AI/AN child-rearing practices outlined above that PCIT was dissected and reassembled with attention to retaining the basic tenets of the model. PCIT is the framework, while the enhancement adds the color, meaningfulness, and understanding that place it within a context of cultural familiarity. The process of enhancement is still evolving, but much has been learned. The scope of the engagement process for American Indian/Alaska Native families is beyond commonly recognized barriers to services such as transportation, childcare, accessibility, and the more general areas of motivation and interest. To facilitate engagement, the first session of PCIT with American Indian/Alaska Native families might devote significant time to gaining an understanding of the caregivers' parenting beliefs and of their general impression of PCIT, including any barriers, practical or cultural, to engaging in PCIT.

PCIT Case Application

A PCIT therapist sought advice from the authors for a PCIT case in which the AI mother was polite, but appeared disengaged and skeptical of the treatment. The AI consultant suggestion to the PCIT therapist was to take more time to discuss PCIT in a cultural context. The AI consultant offered the following example: "With this treatment, we know what to expect when we follow the protocol or engage in each of the components. It is built with little tiny pieces, common words like 'You drew a big blue bus,' 'You are very gentle with the crayons as your draw your bus.' Each element is unexceptional until it is all put together just like in beadwork, very tiny beads one at a time create a beautiful work. By honoring your child with storytelling, listening, watching, and doing, you are doing one bead at a time." After the next session the therapist reported:

> On Thursday, my American Indian mom came in with her little two-year-old. I gave her coffee and her daughter juice and spent the first half hour just talking with her and trying to repair any damage I had done. When we talked about the PCIT protocol, I asked about cultural rituals and what steps were needed to fulfill the ritual. The first thing out of her mouth was the beading and instantly we had connected. As she described how to bead, I used the scenario that PCIT was the string that would help to guide the beads along the way but she was one who was actually creating the pattern, i.e. relationship, and how it was necessary to follow the string (PCIT protocol) in order to reach the goal. I was amazed. I talked about how in American Indian and African American cultures we learn though visuals and story-telling and tied it in with the PCIT protocol and how her role was to tell her daughter's story in the moment. She expressed her struggles in not relating to her daughter in

> the way that I had been asking her to do so and that PCIT was not like other parenting classes she had taken. I talked with her about finding her natural voice and even though I might tell her a statement to repeat, she should take a deep breath and turn my statement around and put it in words that felt right to her. She praised her daughter through daughter's older brother and talked of how proud he was of her that she was playing so nicely. I coached for about 20 minutes (they weren't ready to stop) and they both laughed, played, sat on the floor (with no somatic complaints of back problems from mom) and they had a great time. I must admit, I was more relaxed at the end as well. I found myself giving fewer feeding lines and more affirmations for the correct application of the PRIDE skills as she began to express her true self in the interaction with her child (personal correspondence, anonymous to protect therapist).

There is great beauty in a gathering of American Indian Plains dancers dressed in full regalia with twin bustles made of eagle feathers and coordinated beadwork on leggings, armbands, and moccasins. There is not only form but there is function to their movements. There is great sophistication in tribal protocol depending on status (chief, headman, elder, visitor), activity (ceremony, meals, blessing), or purpose (recognition, sacrifice). Following protocol to accomplish a positive outcome is not new for Indigenous people. Describing PCIT, or indeed any evidence-based treatment, as a structured protocol that provides boundaries and encourages respectful behaviors much the way a traditional dancer complies with dance protocol is helpful for many families. Once AN/AI parents understand the structure of the protocol in which coding, learning specific words and meeting certain criteria serve to accomplish the desired broad outcome of improved warmth, cooperation, and mutual respect, they tend to not be distracted by it.

PRACTICAL APPLICATION OF PCIT IN THE AMERICAN INDIAN/ALASKA NATIVE CONTEXT

Introduction

It is important for AI/AN families and indeed for most families that the therapist avoids overwhelming them with behavioral jargon or an overemphasis the technical aspects of the treatment. The clinician must remain a clinician first and foremost rather than focusing on technical applications; take time to learn about the family, to communicate warmth and concern, and to match treatment goals to the specific benefits for that family.

Engagement

Standard PCIT is inclusive of all care providers for a child, and this provision is important for PCIT therapists to communicate to AI/AN families. All caregivers were encouraged to attend and observe, while the primary caregivers received weekly coaching since logistics and skill development dictate that no more than two to three adults can be effectively coached by one therapist in a single PCIT session.

Coaching

The idea of coaching to reach a set criteria in PCIT can initially feel threatening or uncomfortable to most people and more so for AI/AN families given the scrutiny that AI have been under for generations. It is helpful to recall that in American Indian/Alaska Native traditions, listening and watching are not passive activities but rather ways to learn, to understand, and to master new behaviors. In PCIT, parents are asked to watch and listen to their child and the therapist, in turn, watches and listens to the parent and then offers feedback, modeling and practice until the new ways of interacting are learned. Some therapists who serve AI/AN families expressed concern that in the use of PCIT coaching methods would be perceived by AI/AN caregivers as too intrusive or controlling. An example that many AI/AN parents readily relate to is the role of the lead singer with an AI drum group. The lead singer starts the song and the other singers follow his lead—what he says, they say, what he does, they do. They keep his rhythm, pace, cadence, modulation, tone, stroke, pitch and enthusiasm. PCIT coaching is much the same reciprocal pattern.

Verbal Responses

Another issue raised in the implementation process was the apparent difference in language ability or comfort with "talking treatments." American Indian/Alaska Native people are perceived as less verbal; however, given the history of oral storytelling, the length and breadth of prayers and songs, the nature of many to be givers of tales of family and tribal history, this assumption has little validity. The underlying issue is how comfortable caregivers might feel with therapists who are perceived to be observing and judging their performance and verbal exchanges. We discovered that comfort level dictates the level of verbal engagement. Therapists should avoid clinical terms for what they are doing in treatment: that is say, "I am watching how he plays with you" versus "I am coding your interaction." It is important to attend to the comfort level of caregivers during engagement and throughout PCIT treatment. In fact, many American Indian/Alaska Native parents noted that using the title, Honoring Children—Making Relatives, made much more sense to them as a parent than using the formal title of Parent-Child Interaction Therapy.

Language Cadence

Some American Indian/Alaska Native people have a different cadence, a slower pacing of words and longer periods of silence relative to the typical speech pattern of non-American Indians. For adults with those different speech patterns, we extended coding time to seven minutes rather than limit it to five minutes. This adjustment provided us with more time to match the natural rhythm

of their cadences rather than reducing the target criteria. This accommodation was very rarely needed with the more acculturated parents, but it could be more applicable in AI/AN communities in more culturally-based sites or on reservations.

Importance of Play

A typical point of resistance to PCIT engagement can be questioning the validity of the child-directed phrase. This is true of dominant culture parents as well, who often wonder how playing with their child can reduce serious behavior problems. The notion of placing the child at the center of the Circle builds on the attachment and bonding literature and play therapy techniques that inform PCIT. Displaying the Circle with the child at the center (see Figure 1) made it easy for most AI/AN people to accept the notion of the child led phase (CDI) of PCIT. Many commented that they had forgotten the circle concept, and having a visual reminder allowed them to more readily embrace the importance of directing attention toward the child. Parents or other caregivers had stories in which they recalled being the center of the Circle in their childhood either as one being attended to or being the reason for a "give away" ceremony of gifts.

Eliminating Questions

In CDI, many parents struggle to limit or eliminate their questions. This difficulty, of course, is not solely a cultural finding, but is pervasive in adult speaking patterns to young children. It is true that questions are embedded in the traditional oral stories of American Indian/Alaska Native cultures (e.g.,"How the bear lost his tail," "Why the raccoon has black eyes"; see BigFoot 1989). These stories illustrate American Indian/Alaska Native people's curiosity about careful observation of nature and animals. This is how many stories evolved of why things happen, and the stories often focus on the predictable consequences for ill-advised behaviors, which is very consistent with PCIT's emphasis on consistent consequences. Despite the tradition of questioning in AI/AN stories, we found that the equally strong tradition of oral storytelling can help parents reduce questions. The clinical term, Behavioral Description (one of the required elements to reach criteria in CDI) was reframed as simply telling the story of the child's play. For example, storytelling is the telling of what, when, how, and why things are the way they are and what is happening. AI/AN parents embrace storytelling; they tell the present story of how their child is acting and what they are engaging in at that moment.

Praise

Labeled praise is another requirement of PCIT that can be difficult for caregivers to embrace. Like reducing questions, difficulty giving labeled praise is not limited to the American Indian/Alaska Native cultures; however there are special considerations for American Indian/Alaska Natives. Culturally, recognition of accomplishments often is given indirectly. For example, a parent might say "Your Uncle Joe will be proud when I tell him how well you listened today." Using culturally appropriate praise words like "honor" or "respect" or calling a child after a namesake, i.e., "little grandma" or "little grandpa" might be comfortable labeled praises for the adult to use. This is not truly a separate cultural adaptation, since traditional PCIT also encourages the therapist to tailor vocabulary to be comfortable for the parent while still meeting the treatment protocol requirements.

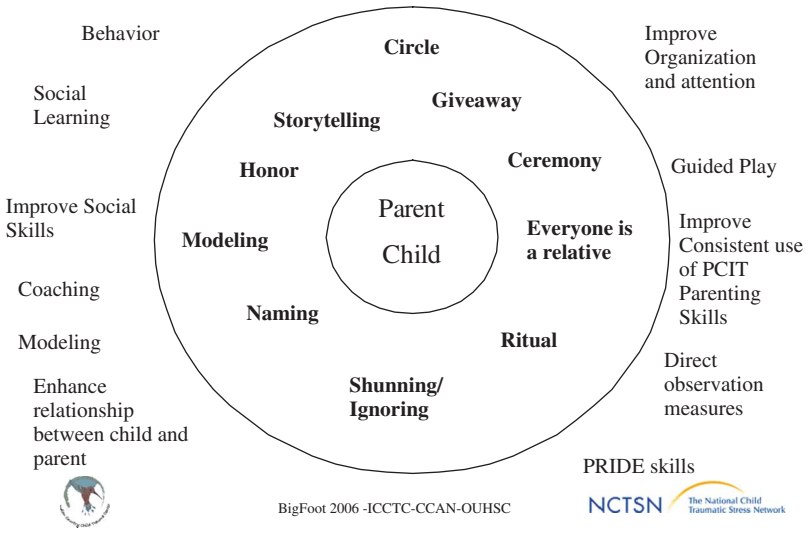
Bug in the Ear

PCIT used the "bug in the ear" which is a small listening device for the parent to insert in their ear to hear the coaching comments of the therapist during the session. The "bug in the ear" is not a typical or natural method of assisting in most helping professions, nor is having someone constantly voice words to you to repeat aloud. However, within American Indian/Alaska Native cultures, there is a long history of having various kinds of helpers. They can come in many different forms and in many different ways. Typically helpers can be animals, individuals, items, or things; they can be inanimate, created, or organic. They can be something new or something very, very old. The main importance is that is it a gift, a way to help. The concept of helper is well understood by traditional American Indian/Alaska Native people. Using the familiar understanding of helper can ease the acceptance of the "bug in the ear" device.

SUMMARY OF CULTURAL ADAPTATION PROCESS

The process of cultural enhancement led by ICCTC faculty paralleled and expanded the recommendations of Waldrop & de Arrellano (2004) and Whitbeck (2006) and included aspects learned from implementation of the University of Oklahoma Health Sciences Center's (OUHSC) first training program for American Indian/Alaska Native care providers, Project Making Medicine (Project Making Medicine 2005). The process for adaptation included: (a) review of the core and common components of EBP, including those specific to Parent-Child Interaction Therapy; (b) a review of the research literature with American Indian/Alaska Natives and working with the original developers of the EBT and/or primary trainers to make adaptations; (c) feedback from cultural consultants, practitioners and community members; and (d) culturally sensitive translations of elements of the original EBP. Implementation of EBP for cultural groups not included in the original evidence-based model creates tension between fidelity to the EBT and respecting the unique features of the cultural group. It is a very easy for treatment

FIGURE 1
Honoring Children, Making Relative Circle



providers familiar with the cultural group to assume that extensive adaptations will be necessary for their population. Some elements that seem difficult for a group (e.g., labeled praise, eliminating questions, receiving direct coaching) are actually key elements of the treatment that can be initially uncomfortable for parents and/or therapists regardless of their cultural background. An appropriate metaphor for the adaptation process is that of a construction detour on a highway. The point of the detour is to by-pass barriers that are blocking the typical route; in the same way modifications are only needed if something is blocking the way of a standard administration of an EBP. Veering off the designated path without extreme care to follow the directions can easily result in a traveler or therapist getting far off track. Just as the rules of the highway still apply on the detour, and in fact need to be followed with more care in unfamiliar conditions, the rules of an EBP must be carefully observed in order to arrive at the desired outcome. Additional lessons learned from the efforts to adapt and implement evidence based treatments are the need for increased program and administrative support; collective training of supervisors and clinicians; on-going consultation for at least six to nine months with booster training sessions included; and the development of an implementation that includes program evaluation and planning for sustainability.

SUMMARY

In summary, the rich cultural teachings and practices of American Indians and Alaska Natives are much broader than presented here and caution should be exercised when considering how to culturally adapt any evidence-based practice (EBP) not originally developed for this population. In fact, there may be high skepticism that cultural adaptation of any EBP is simply another strategy of oppression by the dominant culture. There is the need to understand how oppressive legacies are embedded (policies, institutions, social systems) and perpetuated today (practices, belief systems, behaviors) in the form of institutional and structural or systemic racism as well as its individual manifestations (http://www.overcomingracism.org). However, the underlying premises of PCIT are consistent with critical core components of American Indian and Alaska Native traditional teachings and beliefs about rearing children. Cultural adaptation is not presented as a parallel protocol for AI/AN families. Rather cultural enhancement of PCIT should be regarded as a mindset or a conceptual approach that is mindful of the family's cultural context and can be applied case by case, variable enough to melt into the needs of each family while maintaining the integrity of the evidence-based treatment. The concept of the child as the center of the circle stresses the importance of support provided by caregivers and family, the importance of attending to and listening to children, the importance of telling about experiences (e.g., through storytelling or ceremony), the relationships among emotions, beliefs and behaviors; and the importance of identifying and expressing emotions and developing self-control. The cultural enhancement of PCIT, Honoring Children—Making Relatives, did not change the basic tenets of PCIT; rather that foundation is observed from a worldview that can honor the teachings and the

practices that have been part of American Indian and Alaska Native understandings for untold generations. Old wisdom does not grow weak and useless; its deeper truths become more relevant with time.

NOTES

1. American Indian and Alaska Native terminology is used to describe the Indigenous people of the continental United States; other terms used in the literature include Indians, Treaty Indians, Tribal, Native Villages, Alaskan Native Villages, Native Corporations, Native American, Native, First Americans, Tribal Nations, First Nations, Indigenous Nations, American Indian Tribes, Tribal people, Indian tribes, organized bands, pueblos, Alaska Native villages, tribal communities, Federally Recognized Tribes, non-federally recognized tribes, state recognized tribes, Rancherias, urban Indians, reservation tribes, reservation Indians, or specific tribes or people such as Northern Cheyenne Tribe, Caddo Nation of Oklahoma, Aleut, Eskimo, or Salt River Tribe. There are more than 650 distinct federally recognized tribes or Alaska villages listed with the federal government. Many other non-federally recognized groups exist and may be seeking federal recognition of their status.; more information can be found at www.si.edu/Encyclopedia_SI/History_and_Culture/American Indian_History.htm, www.BIA.gov and www.ihs.gov.

2. American Indian and Alaska Native people service needs are well documented in *Profiles of American Indian and Alaskan Native Populations in Various Settings*, (US Census Bureau 2000). This publication presents the wide variation in demographic characteristics for all tribes, villages, and rancherias, and includes descriptors of housing, population, sources of income, employability, education level, household members, and primary providers. Additional information on the mental health needs of American Indian and Alaska Native population can be found at www.ihs.gov; www.icctc.org; www.hihb.org; Additionally, proceedings on these needs are available by the US Senate Committee on Indian Affairs at http://indian.senate.gov/public/ . For specific information on individual tribes or Native corporations, please visit their respective websites.

3. Indian Country is legally defined to include Indian reservations, select Indian communities, Alaska Native villages, rancheros, and all Indian allotments. Within this article, the definition is extended to include all Indigenous people served through tribal or Native organizations or service systems, including those living in rural or off reservation sites, urban areas surrounding or adjacent to reservation lands, and in communities with substantial American Indian/Alaska Native populations within the continental U.S.

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