
Honoring Children, Mending the Circle: Cultural Adaptation of Trauma-Focused Cognitive-Behavioral Therapy for American Indian and Alaska Native Children

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American Indians and Alaska Natives are vulnerable populations with significant levels of trauma exposure. The Indian Country Child Trauma Center developed an American Indian and Alaska Native (AI/AN) adaptation of the evidence-based child trauma treatment, trauma-focused cognitive-behavioral therapy. Honoring Children, Mending the Circle (HC-MC) guides the therapeutic process through a blending of AI/AN traditional teachings with cognitive-behavioral methods. The authors introduced the HC-MC treatment and illustrated its therapeutic tools by way of a case illustration. © 2010 Wiley Periodicals, Inc. *J Clin Psychol: In Session* 66:847–856, 2010.

Keywords: American Indian; Alaska Native; child trauma; PTSD; psychotherapy; cultural sensitive; evidence-based practices

Recent research has identified the disparities in mental health services for American Indian and Alaska Native populations. The New Freedom Commission on Mental Health reported that the United States mental health system has yet to meet the needs of racial and ethnic minorities, including American Indian and Alaska Native populations (NFCMH, 2003). The system of services for treating mental health problems in Indian Country is a complex and inconsistent set of tribal, federal, state, local, and community-based services (Manson, 2004). The need for mental health care is significant, but the services are lacking, and access can be difficult and costly. American Indian and Alaska Native (AI/AN) children are more likely to (a) receive treatment through the juvenile justice system and inpatient facilities than non-Indian children, (b) encounter a system understaffed by specialized children's mental health professionals, and (c) encounter systems with a consistent lack of attention to established standards of care for the population.

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Mental Health Needs in Indian Country

Over 650 federally recognized tribes and native villages exist in the United States, with the majority of American Indians and Alaska Natives living in the western states and in nonreservation areas (BIA, 2008). Indian Country is legally defined to include Indian reservations, select Indian communities, Alaska Native villages, rancheros, and all Indian allotments (BigFoot & Braden, 2006). Many extend this definition 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 AI/AN population within the continental United States (BigFoot & Schmidt, 2009).

To understand the mental health needs of AI/AN, it is necessary to clearly comprehend the critical historical events and federal policies that have dramatically affected their lives. The military action, missionary efforts, the Federal Indian Boarding School Movement, the Dawes Act, the Indian Self-Determination and Education Assistance Act, and the Indian Child Welfare Act forever changed the economic, physical, and social lives of AI/AN people (BigFoot, 2000; Manson, 2004). Once self-reliant and self-sufficient, the policies of the federal government forced tribes/indigenous people toward removal, relocations, isolation, and, in some cases, termination and extinction, resulting in social, economic, and spiritual deprivations.

Over the past 200 years, American Indian and Alaska Native people have suffered from a lack of education, unemployment and economic disadvantage, family disorganization, and personal despair (Manson, 2004). Poverty contributes to a number of less than desirable environmental conditions that create increased stress and trauma. Approximately 26% of AI/AN live in poverty, compared with 13% of the general population and 10% of White Americans (NCANDS, 2002). Single-parent AI/AN families have the highest poverty rates in the country.

Trauma in Indian Country is often cumulative because of these conditions and can increase feelings of hopelessness and helplessness. Among adults, AI/AN males are four times more likely and AI/AN females are three times more likely to attempt suicide than other racial groups (CDC, 2004). The number of American Indian children and adolescents reporting depression and suicidal ideation is a significant cause for concern in the United States (Olson & Wahab, 2006).

Violence is an all too common occurrence in Indian Country. The yearly average rate of violent crimes among American Indians and Alaska Natives is 124 per 1,000, which is almost more than 2.5 times above the national rate (Bureau of Justice, 2004). American Indians and Native Alaskans also lead the nation in homicide rates. AI/AN women report more domestic violence than men or women from any other race (CDC, 2004). One study found that AI/AN women were twice as likely to be abused (physically or sexually) by a partner as the average woman (CDC, 2004). The incidences of repeated exposure to family violence can create a reverberating effect with AI/AN children and youth because they are at higher risk for subsequent victimization. AI/AN children are victims of child abuse and neglect more frequently than other children. When comparing the rates of one substantiated report of child abuse or neglect for every 30 AI/AN children age 14 or younger (Bureau of Justice, 2004) against the national rate of 12.3 per 1000 (NCANDS, 2002), it is easy to understand that AI/AN children are at an increased vulnerability to trauma exposure.

Given the multiple risks present in AI/AN communities, it is not surprising that the prevalence of posttraumatic stress disorder (PTSD) is substantially higher among

AI/AN persons than in the general community (22% vs. 8%; Kessler et al., 1995). It is likely that higher rates of exposure to traumatic events coupled with the overarching cultural, historical, and intergenerational traumas make this population more vulnerable to PTSD. Trauma-exposed individuals who develop PTSD are at further risk for several negative mental health outcomes.

Cultural Adaptation of CBT for Trauma

The common developmental path for mental health interventions is to first design interventions that work for the general population and, later, evaluate the efficacy of the original treatment with individuals of different races, cultures, or ethnicities. A drawback to this approach is the potential failure to sensitively adapt such treatments to make them relevant and meaningful for diverse populations. For a treatment to be embraced as helpful and meaningful, it must be based to a significant degree on an understanding of indigenous worldviews. Cultural integrity in the development and dissemination of treatments is essential; cultural beliefs and norms regarding such issues as sexuality, gender roles, parenting practices, and intimate and social relationships are likely to factor significantly in the therapeutic process.

Historically, government and social service organization utilization of non-adapted or poorly adapted mental health treatments with diverse populations has led to widespread distrust and reluctance in such populations to seek mental health services. Service providers, and possibly families themselves, may discount or fail to recognize AI/AN traditional practices instrumental to healing and well-being. Although surface and technical aspects of mainstream and traditional AI/AN approaches may differ considerably (e.g., a mainstream support group and a traditional sweat ceremony are quite distinct in the way they are conducted), common principles of connection are embraced by both.

The empirical research on child trauma treatment has improved considerably in recent years because of, in large part, national initiatives such as the Substance Abuse and Mental Health Services Administration-funded National Child Traumatic Stress Network (NCTSN, 2005) and Systems of Care. Such efforts have greatly facilitated the development and dissemination of evidence-supported treatments. Through the NCTSN initiative, the University of Oklahoma Health Sciences Center on Child Abuse and Neglect established the Indian Country Child Trauma Center (ICCTC) to develop trauma-related treatments and outreach materials specifically adapted for children and their families living in Indian Country. ICCTC identifies existing evidence-based treatments that share common elements with AI/AN cultural beliefs and practices. Our goal is to design culturally relevant approaches that respect shared and tribal-specific teachings, practices, and understandings, while recognizing the substantial individual variability in cultural affiliation among AI/AN people. The interventions developed by ICCTC are also based on the recognition that they must be useful for rural and/or isolated tribal communities where licensed professionals may be few.

Based on a review of research-supported, child trauma treatments, trauma-focused cognitive-behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) was selected for adaptation. TF-CBT is designed to reduce children's negative emotional and behavioral responses to trauma exposure and correct maladaptive trauma-related beliefs and attributions. TF-CBT utilizes gradual exposure to decondition emotional associations to memories and reminders of the traumatic event(s). Correcting distorted cognitions about the event(s) and negative attributions

about self, others, and the world are also involved. Parents are included in the treatment process to enhance support for the child, reduce parental distress, and teach strategies to manage child emotional and behavioral reactions. Randomized clinical trials have found TF-CBT to be more effective than non-directive or standard community interventions in the treatment of trauma-related symptomatology in children and youth (Cohen & Mannarino, 1993, 1996, 1997, 1998; Deblinger, Steer, & Lippmann, 1999).

CBT principles are complementary to many traditional tribal healing and cultural practices. American Indian and Alaska Native traditional teachings typically rely on thoughts, feelings, and behaviors, and the interplay between these domains. Moreover, TF-CBT is consistent with core components of American Indian and Alaska Native traditional teaching and beliefs, such as the centrality of support provided by caregivers and family, attending to and listening to children, telling about experiences (e.g., through storytelling or ceremony), the relationships among emotions, beliefs and behaviors, and identifying and expressing emotions.

Honoring Children, Mending the Circle

Honoring Children, Mending the Circle (HC-MC; BigFoot & Schmidt, 2006) is a cultural adaptation of TF-CBT that supports American Indian and Alaska Native cultural views of well-being. We partnered with tribal programs to identify, design, test, and refine the program. Tribal partners included stakeholders (tribal leadership, consumers, traditional and society helpers and healers), local programs (schools, tribal colleges, behavior health, law enforcement, etc.), and other providers. AI/AN partners assisted in incorporating into the model beliefs practices and understandings consistent with their individual tribal culture.

There was consensus on traditional concepts that are common to most, if not all, tribal communities such as extended family, practices about respect, beliefs regarding the Circle, and the interconnectedness between spirituality and healing. These elements are the foundation of HC-MC. We also recognized that indigenous knowledge would be helpful in the cultural adaptation because indigenous people intuitively relied on behavioral principles that they practiced for many generations before learning theory came into the literature (BigFoot, 2008).

The framework for HC-MC is the circle. For many indigenous people, the circle is a sacred symbol that has long been used to understand the world. The symbolism of the circle is old wisdom transmitted in oral stories, carved into rock formations, sculpted in wood or clay, woven into reed baskets, or painted in colored sand. The most widely recognized AI/AN symbolic circle is the Medicine Wheel. The constructions of the Medicine Wheel and its teachings have been documented since 7000 BC (<http://solar-center.stanford.edu/AO/>). Other symbolic circles include the Sacred Hoop, Sacred Circle, and cycle of life. The circle or hoop typically includes colors, directions, animals, symbols, teachings, developmental levels, dynamic movement, and connections or relational links between and among each element, while providing indigenous wisdom about life (BigFoot, 2008). The concept of the circle is incorporated into AI/AN lifestyles through practices, teachings, and ceremonies.

HC-MC has adopted core constructs based on AI/AN worldviews: (a) all things are interconnected, (b) all things have a spiritual nature, and (c) existence is dynamic. Central to wellness and healing is the core AI/AN belief that all things, human and earth, have a spiritual nature. AI/AN helpers and healers have been taught words,

prayers, practices, rituals, and ceremonies that help connect the physical world with the spiritual to bring about wellness, balance, and harmony. Spirituality has played and continues to play an important role in the life of American Indians (Bryde, 1971) and is the center of the circle. There is no separation of the physical from the spiritual; it is interwoven and intertwined.

HC-MC defines well-being as balance and harmony both within and among one's spiritual, relational, emotional, mental, and physical dimensions. As depicted in Figure 1, the circle places spirituality at the core of the individual, and this serves as the foundation for the additional four dimensions. This is an expansion of the core concept of the TF-CBT "cognitive triangle."

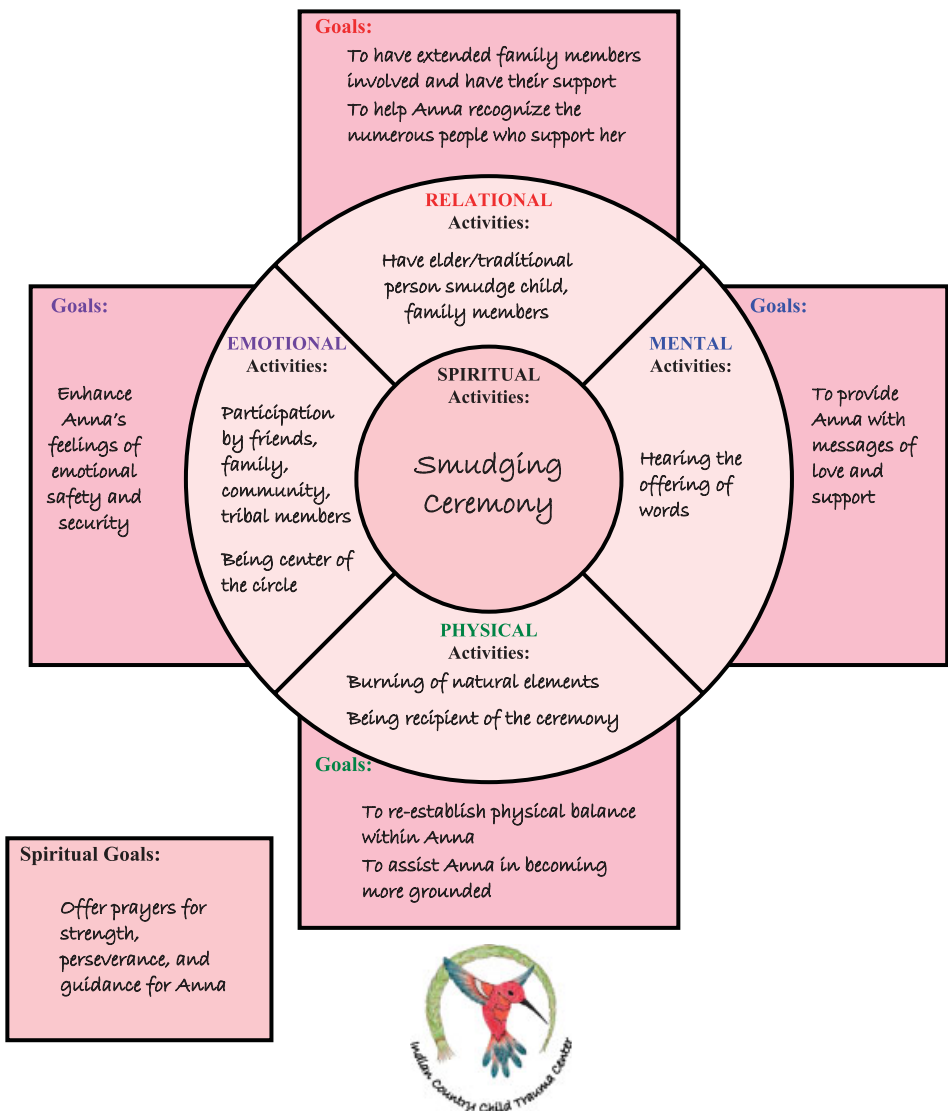


Figure 1. Honoring Children, Mending the Circle: Component worksheet is illustrated.

In HC-MC, the relational aspects of well-being and healing are emphasized. The concept of “relationship” is broadened to include the natural helpers and healers critical to the child’s recovery. For AI/AN children, this may include extended family, traditional helpers and healers, and the child’s relationship with elements within the natural and spiritual world. HC-MC is based on tribal teachings, but it remains flexible to accommodate individuals of diverse cultures and spiritual and religious beliefs. Families may wish to incorporate tribal-specific songs, names, words, or healing ceremonies into the treatment process. For example, tribal stories that incorporate familiar animals, birds, or locations may carry increased meaning for children.

In HC-MC, personal imbalance is disharmony in one or more of the spiritual, relational, emotional, mental, and physical dimensions. When this occurs, it may manifest in many ways including unhealthy behaviors and distorted beliefs. Trauma exposure is one pathway with the potential to cause such imbalance. As a result, the goal of the healing process is to restore one’s personal balance within the five dimensions.

A key healing element of TF-CBT, the “trauma narrative,” involves a structured and repetitive retelling of the traumatic event to gradually expose the child to the traumatic memory. This gradual exposure process is designed to lessen the child’s emotional reactivity to the trauma memory. In HC-MC, the therapist and family identify together the method for telling the trauma story, such as a written story, journey stick, or traditional dance. AI/AN ceremonies and healing practices have long included aspects of gradual exposure. For example, the AI/AN oral tradition of storytelling is a natural method of gradual exposure that includes elements of cognitive processing and restructuring.

TF-CBT comprises components to guide clinicians through the treatment process (Cohen, Mannarino, & Deblinger, 2006). Treatment components are organized to facilitate the learning and skill-building process for children and parents. HC-MC maintains these components within the context of the circle. For example, one of the first TF-CBT components focuses on assisting the youth in learning relaxation skills to reduce physiological manifestations of PTSD. This often incorporates the teaching of deep breathing and progressive muscle relaxation as methods for stress reduction. In HC-MC, the therapist can reinforce the cultural application of relaxation by assisting the youth in incorporating familiar soothing traditional images. When learning deep breathing, the youth is taught to pair inhalations and exhalations with relaxing images such as the sway of wind-swept grasses or of the movement of a woman’s shawl during a ceremonial dance. For some AI/AN youth, images such as the tensing and relaxing of a bow string may be useful in teaching the difference between relaxed and tense muscles during progressive muscle relaxation. The incorporation of familiar traditional images such as these not only enhances the meaningfulness of the activity for the youth and family but also reinforces the youth’s spiritual and relational connectedness.

When considering relaxation, the therapist can assist the child in understanding how one’s thoughts and feelings can support physical relaxation. With trauma-exposed children, a common symptom is intrusive thoughts that create anxiety and an inability to relax. Relevant traditional instructions during ceremonial or related activities might be to “know that this is a safe place, a place for you. If you have bad or scared thoughts, you can leave them outside this place. Think about who you are, close your eyes, breathe in, feel how you are sitting, think about who is sitting next to you.”

HC-MC Therapeutic Tools

A number of tools have been designed to assist therapists in the implementation of Honoring Children, Mending the Circle. One tool, the American Indian/Alaska Native Affiliation Model as depicted in Figure 2, is designed to assist therapists in understanding the level of affiliation that a particular American Indian or Native Alaska individual has with their indigenous culture. The goal is for therapists to collaborate with families to determine the extent to which cultural components may be incorporated into treatment. The chart illustrates the range of affiliation for AI/AN people. For individuals and families with a high/strong AI/AN affiliation, the therapist may select HC-MC. For AI/AN individuals who have strong affiliations with other culture or heritages (e.g., limited or no affiliation—secure; high or strong cultural affiliation—other), the therapist and the family may prefer to work within the original TF-CBT. Of key importance is the inclusion of the family in determining which treatment best fits their needs.

The American Indian/Alaska Native Healing Practices worksheet was developed as a training tool to help therapists conceptualize how AI/AN healing practices fit within the Wellness Model and within TF-CBT. As shown in Figure 3, the form has three areas: (a) the healing practice, (b) the usefulness or purpose of that practice, and (c) the meaningfulness or value/belief surrounding that practice. Examples of three different practices are provided to demonstrate the range of activities, objects, or items that could be used in this manner. The intent is for therapists to conceptualize the family’s healing practices and reportable outcomes from those practices. Feedback from therapists using the worksheet indicates this it is effective to identify activities, objects, or items the family sees as helpful, how the family would like to incorporate these into the healing process, and what the family expects to achieve as a result.

Figure 1 presents the HC-MC Component worksheet, which assists the therapist in treatment planning. TF-CBT comprises several treatment components referred to as the PRACTICE components (Cohen, Mannarino, & Deblinger, 2006). The HC-MC

American Indian/Alaska Native Affiliation Model Cultural Practices, Values, and Lifestyle (BigFoot, 2009)	
<u>High/Strong Cultural Affiliation – AI/AN</u> Identity as AI/AN is secure Highly desirous to maintain high/strong affiliation May have other cultural heritage(s) that are not assumed	<u>Limited or No Affiliation - Insecure</u> Identity as AI/AN is insecure Highly desirous to acquire high/strong affiliation May have other cultural heritage(s) that are not assumed or are not valued Affiliation marginal
<u>Limited or No Affiliation - Secure</u> Identity as non-AI/AN is secure Limited or no interest in affiliation with AI/AN or other cultural base May or may not be expressive about limited interest in own AI/AN background/heritage May identify to some degree with other cultural heritage(s) Has found value in other aspects of self-identity	<u>High/Strong Cultural Affiliation – Other</u> Identity as non-AI/AN is secure Has a high/strong affiliation with selected or elected heritage(s) Highly values maintaining high/strong affiliations with selected or elected heritage(s)

Figure 2. American Indian/Alaska Native affiliation model is depicted.

American Indian/Alaska Native Healing Practices		
Activity/Object/Item	Use/Purpose	Meaningfulness Value/Belief
Singing a good-bye song after a family member has passed away	To help family members say good-bye to the deceased family member	Gives permission for the spirit to journey onward
	To recognize that the family member's spirit is on a new journey	To acknowledge that this is a transition period for everyone
		To give permission to mourn
		To provide a supportive structure for mourning
		Serves as a reminder of the loved one when sung again in the future

Figure 3. American Indian/Alaska Native healing practices are depicted.

Component worksheet helps incorporate cultural considerations via tangible reminders to address the relational, emotional, cognitive, physical, and spiritual sections within each of the PRACTICE components. Therapists write in each section the activities and goals to be accomplished for a particular PRACTICE component. Therapists may also elect to use the worksheet with the family to track their progress in treatment.

Case Illustration

Anna is a 14-year-old American Indian female who was sexually abused by a 22-year-old male in her small community. Anna disclosed the abuse to her school counselor, who then reported the incident to tribal law enforcement. After word of the incident spread through the community, several individuals accused Anna of lying and then harassed her in an attempt to force her to recant her allegation. Anna began isolating herself at home and stopped attending school. Anna became increasingly depressed and demonstrated symptoms consistent with PTSD.

Using the American Indian/Alaska Native Affiliation Model (Fig. 2), Anna and her family agreed that they had a strong American Indian cultural affiliation and valued traditional approaches to healing. The therapist utilized the HC-MC Component Worksheets (Fig. 1) with Anna and her family to identify specific goals and traditional activities to build into the TF-CBT treatment plan. The HC-MC Component worksheets completed by the family and therapist identify the family’s goals and activities for enhancing relationships within the family, community, and tribe.

Their completed worksheet identified the family’s goals of participation in a smudging ceremony. Through the use of the Healing Practices Worksheet, the family identified several goals for the ceremony: (a) spiritual—saying prayers and performing a ceremony on Anna’s behalf; (b) relational—help Anna recognize the numerous people who support her; (c) mental—helping Anna hear messages of love and support; (d) Physical—to re-establish physical balance and assist Anna in becoming more grounded; and (e) emotional—to enhance Anna’s feelings of emotional safety and security. The smudging ceremony addresses several of the TF-CBT PRACTICE components: affect management, relaxation, cognitive coping, and enhancing safety. In addition, it also enhanced the parent-child relationship, which is an overarching goal within the TF-CBT model.

Clinical Issues and Summary

This case description provides an example of how HC-MC tools can help identify and describe tribal-specific cultural practices relevant to a child's and family's healing process. They assist the therapist and family in recognizing and understanding how traditional cultural practices have value and application within TF-CBT.

We are refining the treatment and training of HC-MC, including the provision of supervision and ongoing consultation. ICCTC is establishing an intensive training and outpatient program designed to lay the groundwork for the next phase of model development, which includes the systematic evaluation of treatment outcomes. Future efforts will focus on increasing access to HC-MC training and treatment resources via our Web site (www.icctc.org).

The indigenous people of today, and of the past, present a picture of broad diversity of cultures. It is inaccurate to state that all American Indians and Alaska Natives value or practice to the same degree all traditional concepts or tribal beliefs. It is important not to assume that all tribal and native people have similar traditions. In fact, most American Indian and Alaska Native people wish to maintain their uniqueness and their cultural integrity. However, respect can be given to unique traditions, while recognizing the values that seem to be held by AI/AN groups collectively.

The adaptation of TF-CBT within an AI/AN well-being framework can enhance healing through the blending of science and indigenous cultures. What makes cultural adaptation successful is the translation of not just language but also core principles and treatment concepts so that they become meaningful to the culturally targeted group while still maintaining fidelity. The HC-MC adaptation seeks to honor what makes American Indians and Alaska Natives culturally unique through respecting the beliefs, practices, and traditions within their families, communities, tribes, and villages that are inherently healing.

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