The rural environment in which most Indian tribal human service personnel work impedes the access of paraprofessional staff to professional education programs that will enable them to expand their theoretical knowledge, enhance their practical skills, and advance their careers. Each day, child welfare workers encounter complex tasks that require cultural sensitivity, family practice skills, and legal knowledge of the Indian Child Welfare Act and the Adoption Assistance and Child Welfare Act. This booklet describes a career development project to address these needs as a collaborative effort, with tribes providing facilities, tuition, and educational time; the Department of Economic Security providing some of the instructors; and Arizona State University providing stipends, instructors, facilities, and administrative support. A study was also funded to determine the minimum skills, knowledge and attitudes needed to provide public child welfare services to Indian families. Respondents substantially agreed on the importance in a training curriculum of the American Indian perspective, a case-study approach, family therapy, and identification and intervention skills needed to deal with both child abuse and neglect and chemical dependency. Appendices include the tribal needs and worker skills assessment findings. (DHP)
COLLABORATION
THE KEY TO:

DEFINING ENTRY LEVEL COMPETENCIES FOR PUBLIC CHILD
WELFARE WORKERS SERVING INDIAN COMMUNITIES

A report prepared for a grant funded through the
U.S. Department of Health and Human Services, Office of Human
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OVERVIEW OF TRIBAL HUMAN SERVICES CAREER DEVELOPMENT

Introduction

Tribal governments have a unique relationship to the federal government. They are sovereign nations who are recognized within the U.S. Constitution and as such have a right to self-determination and a responsibility to provide for the needs of their tribal members. These Indian communities have unique social service and educational needs due to their political, cultural and physical environment which social work education traditionally has failed to address.

Social work education and social service agencies share the responsibility for providing and educating social work practitioners for practice in rural communities.

To meet the needs of these communities, programs of social work education should reflect recent policy shifts by the Federal Government such as the Indian Self-Determination and Education Act of 1975, (PL 93-638) which expanded the role of the tribal government to include their own public service agencies. This act provides tribal governments with a mechanism to contract directly with the Federal government to provide for the social welfare services.

During the late 1970's and early 1980's, 18 of the 20 tribes in Arizona began planning, developing and implementing tribally-operated social service departments. These departments administer a wide range of social programs including child welfare, children's health, work experience, nutrition services, aging, financial assistance, commodities, and low income energy assistance.

Inherent in the policy to provide tribally-operated services is the need to develop professionally trained tribal service workers and administrators to replace the federal employees whose positions were contracted to the tribes.

Another major Federal policy shift was passage of the Indian Child Welfare Act of 1978 PL 95-608. This act addresses the special needs of Indian families in off-reservation child custody proceedings. The act and its implementation requires that state and tribal workers have a sophisticated level of expertise in handling these child welfare cases. It is therefore requisite that tribes and state workers identify the knowledge, skills and values pertinent to working with Indian families.

Paraprofessional human service program personnel who work in Arizona Indian communities have expressed the need for education and training in social work practices. According to information gathered in 1983 and 1984 by the Inter Tribal Council of Arizona, Inc. and the State of Arizona Department of Economic Security, generalist social work training has been requested by tribal
staff in many social work areas, including child welfare, case management, communication skills, interviewing, and counseling.

In 1984 after an audit by the Inspector General, the Navajo Nation contracted with ASU's School of Social Work in order to address the training needs of their workers. Paraprofessional workers compose the majority of the employees in the Navajo Division of Health and Social Services at the present time. These workers are filling roles that would normally be reserved for professional social workers in the larger society. This focuses on a perennial problem in the training of social work practitioners, that of the universities being located in or near urban centers, therefore limiting accessibility to tribal employees.

Due to the rural environments in which most tribal human service personnel work, paraprofessional staff rarely have access to professional education programs that will enable them to expand their theoretical knowledge, enhance their practical skills, and advance their careers. This need for professionally trained Indian social workers has been well documented.

In addition the complex problems posed by the implementation of ICWA by both the Arizona Department of Economic Security and tribal social service departments provided an opportunity to engage in this collaborative effort at defining the competencies needed by child welfare workers serving Indian communities. This report will describe the process used by ASU's School of Social Work, Inter Tribal Council of Arizona and the Department of Economic Security, Administration for Children, Youth and Families in achieving this end.

NEED FOR TRAINING CHILD WELFARE WORKERS IN GENERAL

The need for adequately trained and skilled staff is crucial to the delivery of high quality, cost-effective human services (Patti, 1987). Within the field of child welfare, this need is frequently emphasized on a national level. At the September, 1986, meeting of the National Association of Public Child Welfare Administrators it was noted that child welfare workers need more extensive pre-service and in-service training to assist them in carrying out their jobs. Also recommended were national guidelines concerning minimal educational requirements for child welfare workers to make them more effective in the field. A working group report underscored the notion that even the most skilled and able workers cannot do their jobs properly if the beginning competencies needed by child welfare workers are not clearly defined. In a national survey of child welfare workers and supervisors, Vinokur-Kaplan and Hartman (1986) emphasized the complexity of tasks that child welfare practitioners encounter daily, the limited professional social work education that many practitioners possess, and the need for further professional development. Educational
requirements, in-service training, and competency skills in child welfare, therefore, are clearly basic to effective service delivery.

NEED FOR TRAINING IN CULTURAL SENSITIVITY

A further requirement is cultural knowledge and sensitivity. Child welfare practitioners "are called upon to work with and in behalf of children, youth, and families presenting various special needs and coming from various cultural backgrounds. Thus, practitioners' education and training should include a broad background in child welfare, with special attention to cultural factors and sensitivity in practice to work with adolescents as well as younger children" (Vinokur-Kaplan, 1986, p.331). From the perspective of the Council on Social Work Education, the importance of cultural sensitivity is a corollary to recognizing that we live in a pluralistic society. However, in enhancing cultural sensitivity, professional education is to identify "common factors that limit the progress of more than one racial or ethnic group" rather than focus on "any single racial or ethnic group" (CSWE, 19xx).

The search for commonalities, either in educational competency skills or in different ethnic groups, is difficult for many reasons: resource restraints, the contingencies of different work settings, categorical services, complex laws and regulations as well as the depth, richness, complexity of culture, and varying geographic locale of different ethnic groups. It is not surprising, therefore, that 43% of the schools of social work surveyed by McCaslin (1987) offer curriculum specializations. Unfortunately, only a very few of these schools offer specializations in women, minorities or rural social work. When faced with the minimum dual need for child welfare competency skills and for cultural sensitivity, the task before educators and trainers becomes even more intimidating.

THE INDIAN CHILD WELFARE ACT: IMPLICATIONS FOR TRAINING CHILD WELFARE WORKERS

The Indian Child Welfare Act was enacted in 1978, recognizing that a tribe's most valuable assets are children and that removing children without safeguards is detrimental to a tribe's existence. The Act specifies the procedures to take when an Indian child is involved in custody proceedings off the reservation. As a federal law this Act supercedes any state law.

The Indian Child Welfare Act states that an Indian tribe shall have exclusive jurisdiction over any child custody proceedings involving an Indian child of that tribe. The Act provides that attempts must be made to notify the tribe and to offer to transfer the case to this tribe's court.
The Act further requires that in cases in which a foster care or adoptive placement will take place, efforts must be made to place the child with extended family. If that is not possible, the child can be placed with an Indian foster home or unrelated tribal members licensed by the child's tribe or a home licensed by a non-Indian organization approved by the tribe. In all decisions the best interest of the child shall be kept in mind.

When training child welfare workers who serve Indian communities it is important to include information about the Indian Child Welfare Act. Large numbers of Indian people, including young couples, live off reservation at times to find work. This situation brings Indian children to urban areas. When custody cases arise and the child welfare worker of the child's tribe is contacted, a thorough knowledge of the Indian Child Welfare Act for workers in both jurisdictions is important to protect the child. The non-tribal child welfare workers who initiated the case will most likely be unfamiliar with the requirements of the Act and need to be well informed by the tribal workers. This makes the highly complicated custody proceedings easier for the workers involved. Most important, the children's best interest will be best served.

In 1980 Congress passed the Adoption Assistance and Child Welfare Act (Public Law 96-272). Provisions of this law regarding child welfare casework practices apply to all children served by public child welfare agencies. The law also provides, in Section 428, that Title IV-B grants for child welfare services may be made directly to Indian tribes.

In combination, the Indian Child Welfare Act and the Adoption Assistance and Child Welfare Act provide a number of safeguards and procedures to ensure that Indian children are not separated from their families and the jurisdiction of their tribes unnecessarily, and that they receive child welfare services focused on achieving permanency.

Another major implication for training since the passage of the Indian Child Welfare Act has been the need to teach child welfare workers family practice skills. The Act authorized grants for comprehensive child and family service programs operated by tribes and off-reservation Indian organizations. One of the major failings of the Act was that it placed a great deal of emphasis on Indian social service provisions, institutions on the reservation, Indian foster homes and licensing of foster care by the tribes. Yet the Act did not fund tribes or states to provide training in family practice even though it was implied that families were to be worked with closely in order to stop the flow of the removal of Indian children from their families. Responses continue to be mechanical in nature and have not focused on the important element of keeping families together which would require child welfare workers to be knowledgeable in family practice with Indian
NEED FOR TRAINING FOR INDIAN CHILD WELFARE WORKERS:
ARIZONA AND TRIBAL NATIONS

The need for training at all levels is particularly acute in Arizona and the Southwest, given the significant number of Indians and the political and economic problems they experience. With 20 Indian tribes, Arizona has the largest Indian reservation population of any state in the nation. Indicative of the importance of adequately trained and skilled tribal child welfare workers is the fact that Arizona's American Indian children are the most underserved population in Arizona while their families are the poorest, according to the Arizona Foundation for Children, 1987. The following Arizona Indian tribal community findings support this statement:

- The statewide unemployment rate on Indian reservations is 54%, and, of all reservation families, 53.3% fall below the poverty line.

- While Arizona Indian children make up only 8% of the total child population, they represent 23% of the children living in poverty in Arizona.

- Although American Indians only comprise 6.1% of Arizona's population, they represent 20% of the total number of AFDC cases and 22% of the total number of Food Stamp recipients.

- The number of referrals of Indian children to Arizona ACYF child protective services for 1987 was 2.9% of all referrals although Native Americans are 5.4% of the total population of Arizona. [See Table 1]

The compelling need for adequately trained child welfare workers has not been met at the state or tribal level. Moreover, the problems associated with a lack of trained child welfare practitioners at the state level are compounded by the lack of defined entry level competencies and training curriculum relevant to Indian communities and Indian child welfare practitioners. For example:

- Currently, there are no defined entry level competencies for child welfare practice at either the state or individual tribal levels in Arizona.

- Within the Arizona State Personnel System there are no specific child welfare minimum qualifications. There are only general qualifications; for example, work experience or a
college degree in a "helping services" field. According to the Arizona Administration for Children, Youth and Families (ACYF), approximately 67% of the direct services staff in ACYF do not have a degree in social work.

Arizona Indian tribal child welfare programs also experience great difficulties in hiring adequately trained and skilled staff. According to the Inter-Tribal Council of Arizona, Inc. (ITCA), 12 of the 20 tribal child welfare programs in Arizona have direct service staff who do not have social work degrees. A March 1984 study of the Navajo Tribe Division of Social Welfare caseworkers found that only one of 117 tribal caseworkers had a Bachelor's degree. Overall, 69% of the caseworkers had not attended school beyond high school. On average, Navajo caseworker supervisors had completed 13 years of schooling indicating only one year of postsecondary study. The report found that "often workers receive requests for assistance in areas they feel personally insecure in providing, due to a lack of training in such skills." [See Appendix A for specifics on each tribe]

I Problem Definition

The four primary problems this project sought resolution to were as follows:

A. To expand the work force of both tribal and state child welfare workers who are trained in the area of Indian child welfare.

B. To identify and define the skills, knowledge, values and competencies needed by all child welfare workers serving Indian communities.

C. To meet training and educational needs of tribal child welfare workers.

D. To meet training and educational needs of general child welfare workers who would either occasionally or frequently serve Indian children and families.

To address problems A, C and D a career development project was initiated as a collaborative effort with tribes providing facilities, tuition, and educational leave time, Department of Economic Security providing some of the instructors, and the ASU School of Social Work providing stipends, instructors, facilities and administrative support.

To address problem B a collaborative project was mounted jointly by Arizona State University/Inter Tribal Council of Arizona/Department of Economic Security, Administration for Children, Youth and Families by submitting a grant which was funded
through the U.S. Department of Health and Human Services discretionary funds to answer the question, "What are the minimum skills, knowledge and attitudes needed to provide public child welfare services to Indian families."

II Problem Solving Strategies

A, C & D: The potential outcomes for the tribal human services career development program include the following: (1) tribal personnel already employed in human services would have opportunity to develop their knowledge and skills through education; (2) other tribal members who have completed some college general requirements may continue their education through exposure to the programs; (3) those students participating in the program may decide to complete their degrees through the School of Social Work.

The objectives of the tribal human service career development program initially were:

1. (Short Term) To provide instruction in social work to 10 reservation service workers in their own communities by May, 1986.

2. (Short Term) To provide 15 university credits for successful completion of social work coursework to each of 10 reservations human service workers by May, 1986.

3. (Long Term) Completion of these courses would lead towards a bachelor's degree in Social Work for the students who attend.

Course Offerings

To satisfy the three above objectives the course outlines for each of the core requirements in the School of Social Work undergraduate curriculum were reviewed. The following courses were recommended for inclusion in on-reservation instruction:

**SWU 271** Introduction to Social Work

**SWU 301, & 401** Human Behavior in the Social Environment I and II

**SWU 310, 410 & 411** SW Practice - Skills, Systems, Settings

These specific courses were chosen based upon the relevance of the course outlines to the needs expressed in response to surveys by the Department of Economic Security and the Inter Tribal Council of AZ, Inc. It was recognized that the courses were designed in sequence and would require certain prerequisites in ordinary campus circumstances. It was recommended that all the prerequisites be
waived. An alternative to waiving the prerequisites would have been to design a special series of courses with content similar to the core curriculum. The alternative approach was less desirable, in that a student may later decide to complete requirements for a social work degree and find himself repeating coursework due to non-transferability of core curriculum credits.

B: A Project Policy Committee was proposed in order to promote the concept of "developing with" as opposed to "developing for". The ASU School of Social Work did not know all the problems and solutions experienced by child welfare workers assisting Indian communities nor did the School of Social Work want to define competencies and develop model curriculum in a vacuum. It was for these reasons that a Project Policy Committee was proposed.

Project Policy Committee members included:

- Edwin Gonzalez-Santin - Project Director - Faculty Associate, ASU School of Social Work
- Christine Lowery - Coordinator, Indian Child Welfare Projects, Arizona State University; later replaced by Allison Lewis
- Dr. Eddie Brown - Director, AZ Department of Economic Security
- Robert Lewis - Chair of the Inter Tribal Council of AZ Social Services Working Group and Director of the Salt River Pima-Maricopa Community Social Services
- Darwin Cox - Arizona ACYF Program Administrator
- Gloria Fohrenkam - Arizona ACYF Indian Child Welfare Specialist
- Bob Chiago - Deputy Assistant Director, DES Intergovernmental Operations; later replaced by Michael Hughes
- Anslem Roanhorse - Director, Navajo Division of Health and Social Services and NASW Regional Representative
- Maxine Nakai - Navajo Division of Health and Social Services representative; later replaced by Albert Long
- John Lewis - Executive Director, Inter Tribal Council of AZ, Inc.
- Polly Sharp - Human Service Coordinator, Inter Tribal Council of AZ, Inc.
This committee was more than advisory. Members gave direction and guidance to the project as well as reviewed and approved all project findings and products.

BACKGROUND INFORMATION OF COLLABORATING ENTITIES

Inter Tribal Council of Arizona:

Consistent with the federal Indian removal policies of the post civil war era, the federal government began relocating tribal groups to reservations in the mid-1800's. Through Acts of Congress, treaties and Executive Orders continuing into the 1970's, 20 Indian reservations were created in Arizona.

Twenty independent sovereign tribal governments are located in Arizona today. Among those are five broad cultural traditions. Anthropologists refer to these cultural groupings as Yuman, Piman, Pueblo, Shoshonean, and Apachen. In addition, the Yaqui Indians fled oppression in northern Mexico by settling in Arizona. Arizona tribal traditions encompass a wide range of linguistic, subsistence, social and cultural diversity. Tribal groups maintain their identities and, to varying degrees, their cultural traditions and languages.

The Inter Tribal Council of Arizona, Inc. (ITCA) was founded in 1974 and is a private non-profit corporation whose members are the tribal chairmen of 19 Arizona Indian reservations. The member tribes of ITCA are as follows: Ak-Chin Community, Camp Verde Yavapai Apache Indian Community, Cocopah Tribe, Colorado River Indian Tribes, Fort McDowell Yavapai Tribe, Gila River Indian Community, Havasupai Tribe, Hopi Tribe, Hualapai Tribe, Kaibab-Paiute Tribe, Tohono O'Odham Nation, Pascua Yaqui Tribe, Quechan Tribe, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, Tonto Apache Tribe, White Mountain Apache Tribe and Yavapai Prescott Indian Tribe. The Navajo Nation is not a member of ITCA's policy making group but designates a member to the social service working group of the staff body.

ITCA's professional social service staff organize and conduct seminars, workshops, conferences and public hearings to facilitate participation of tribal leaders in the formulation of social service policy. Staff also provide on-going technical assistance to tribal governments in social service program planning and development, management and evaluation. In the past 10 years ITCA has worked with the Arizona ACYF, ASU School of Social Work and Health and Human Services across a number of projects related to tribal, state and federal roles in delivery of social services to Indian families.
Inter Tribal Council of Arizona was responsible for data collection and analysis, facilitation of the Nomir 1 Group Technique, and development of specialized child protective service curriculum for practice within tribally governed communities.

Reservation Lands and Tribal Populations:

The reservations account for 26.6% of the total land base in Arizona and are located in all areas of the state. Tribal lands vary in size from the more than nine million acres of the Navajo Reservation (excluding Navajo lands in New Mexico and Utah) to the 85 acre Tonto-Apache community. Altogether, the 20 reservations account for 19,139,190 acres. [See Appendix B]

The populations of the reservations differ considerably, from less than 100 residents of the Yavapai-Prescott Community to the 92,574 Indian people residing on the Arizona portion of the Navajo reservation.

Half of the reservations have Indian populations of less than 1,000 persons, and 46% of the reservation Indian population is under 16 years of age. Considering the high number of youth in the tribal population, planning for well-trained workers to serve tribes is a priority. The total Indian population residing on Arizona reservations is approximately 200,000. This represents the largest reservation Indian population in the United States and accounts for approximately 21% of the reservation Indian population nationwide.

Socioeconomic conditions vary from reservation to reservation, as tribes experience differing stages of economic development. In general, the major reservation employers are tribal and federal governments.

According to the Bureau of Indian Affairs (BIA) labor force statistics, the unemployment rate for Indians residing on reservations in the Phoenix BIA area was 49% in January, 1987. Unemployment figures ranged from 20% on the Tohono O'odham reservation to 70% on the Hualapai reservation. Of those persons in the labor force, 76% were earning less than $7,000. per year. Population and employment statistics suggest that there would be a high demand for supportive human service activity on Arizona reservations.

Tribal Governments:

Legally and historically Indian tribes are considered by the United States government to be separate sovereign nations. This government to government relationship with each tribe has been documented in the United States Constitution and through numerous treaties and court decisions. Each reservation in Arizona is governed by an elected tribal council with a chairman, president,
or governor who serves as presiding officer. The powers and duties of the tribal councils are prescribed by tribal constitutions, laws and ordinances.

Indian tribal governments exercise jurisdiction, as any government would, within the boundaries of their reservations. Jurisdiction includes the powers to create and enforce laws and regulations, to regulate commerce, to tax, and to control the conduct of tribal members through criminal and civil codes enforced by tribal courts.

The State of Arizona has no jurisdiction over activities occurring on Indian lands. According to the Arizona Constitution, the State is prevented forever from exercising jurisdiction on reservations as long as the tribes have title to their lands.

Tribal governments are responsible to provide for the social and economic well-being of tribal members, as well as to maintain the tribal land base and be self-governing. One of the most challenging problems tribal governments confront in providing public services to tribal members is securing funds from the federal system for financing public services. Particularly in the area of human services, tribes have been excluded by omission in the laws from direct access to federal funds such as Title XX Social Services of the Security Act and Title XIX Medicaid. These types of exclusions tend to infringe upon and threaten tribal sovereignty by not providing the tribes with financial resources to carry out programs mandated by Federal law.

The Emergence of Tribally-Operated Services:

Prior to the mid 1960's, most public services for tribal members were planned and operated by the BIA and Indian Health Service (IHS). Other basic public services such as Aid to Families of Dependent Children (AFDC) were planned by the State of Arizona.

In the late 1960's through programs sponsored by the Office of Economic Opportunity, many tribes began to organize their governmental administrative departments. The enactment of the Indian Self-Determination Act of 1975, P.L. 93-638, further encouraged the development of tribal government-operated services. P.L. 93-638 gives the Bureau of Indian Affairs and IHS the authority to contract BIA and IHS funds to the tribal governments to provide their own public services.

Since the passage of P.L. 93-638 in 1975, tribal government functions have expanded rapidly. Tribal governments now perform many of the same functions as do counties, cities and states. Because tribes are not subsidiary to any other governments, they are best described as general purpose governments.
DES Administration for Children, Youth and Families

The Administration for Children, Youth and Families (ACYF) is part of a large umbrella organization called Arizona Department of Economic Security (ADES). ADES administers many of the federal programs which emanate from both the Department of Health and Human Services and the Federal Department of Labor including: rehabilitation services, job services, Joint Training Partnerships Act services, unemployment insurance, Aid to Families with Dependent Children, child support enforcement, aging programs and developmental disabilities programs.

ACYF is a major administration within ADES and is responsible for administering child day care and traditional child welfare programs. The traditional child welfare programs include child protective services, substitute care (family, foster, group and residential treatment), adoption services and in-home family support services for child protective service cases.

ACYF employs 820 staff (approximately 90 staff are day care and the remainder are child welfare staff) and provides services on any given day to 15,000 children in day care, 2,700 foster children and 10,000 abused or neglected children who remain in their own homes. The staff also screen and investigate 30,000 reports of child abuse and neglect per year.

In 1982 ACYF implemented a comprehensive child protective services training program. The program essentially involves two phases. The first phase occurs at the office in which the employee is located and includes a series of video tapes and training manuals which are administered by their supervisors. Upon completion of the first phase and after several months of on-site, on-the-job training under very close supervision, the employee attends a two week program held at the ACYF training centers in Phoenix and Tucson. In the second phase the training is provided by a variety of child abuse experts in various fields including medical doctors, psychiatrists, psychologists, attorneys and experienced child protection services workers.

The training was implemented because even professional social workers with MSW degrees do not receive the kind of highly specialized training necessary to function as a child protective services worker. In addition to the CPS training, each worker is required to take 40 hours of training which orients them to the agency and child welfare services provided by the agency.

The ACYF has been very active in working with ITCA and with many of the individual tribes over the last several years regarding child welfare issues. Examples of their commitment to Indian Child Welfare Services include:

2. Annual funding of $400,000 in grants to Arizona Indian tribes for child abuse programs.

3. Intergovernmental agreements with the Navajo and Gila River Tribes concerning the Indian Child Welfare Act have been enacted. In addition, ACYF is passing through Federal Title IV-E foster care money to the Gila River Tribe.

4. ACYF is currently working with several other tribes on IGA's for pass through of Title IV-E foster care funds and memorandums of understanding concerning the Indian Child Welfare Act.

5. Assisted ITCA in the development of their Child Protective Services Training.

6. ACYF along with ITCA and ASU School of Social Work, co-sponsor the Annual Conference on Indian Children and Families.

7. ACYF, ASU School of Social Work and representatives from ITCA in 1987 began discussion and working towards the development of a child welfare curriculum to be initiated at the School. The first step was the activation of a child welfare advisory committee consisting of representation from DES ACYF, a tribal representative and representatives from the School of Social Work.

[See Table 2]

Arizona State University School of Social Work

In order to address the child welfare needs for professionally trained child welfare workers the School of Social Work has been developing a child welfare specialization. Child welfare services have historically been one of the most identifiable fields of social work practice, and children and families remain among the profession's principal target populations. However, rapid social change has had a profound effect on traditional family structures and roles, and, like many other substantive areas, services to children and families have had to adapt themselves to the contemporary needs of their clientele. By analyzing the constellation of issues and major arrangements for service delivery in this area, it is intended that students will develop a basic understanding of child welfare services and will also acquire conceptual abilities that will be transferable to the analysis of problems and issues in other substantive fields.
The first course that will be taught in this specialization is a course titled, "Child Welfare Services". The course examines basic policy frameworks and program initiatives in child welfare. It emphasizes the development of students' abilities to identify and critically evaluate the core issues in this field of practice. Rights, responsibilities and needs of both children and parents will be addressed, and particular attention will be given to situations in which these come into conflict. Students will also analyze the dilemmas faced by policy makers and service providers in mediating between the interests of individual children and families and the pressures brought to bear by the society as a whole. In this vein, an important concern will be the influence of dominant social goals and values on program design and the resulting implications for children and families of ethnic minorities and diverse cultural groups, with particular emphasis on populations of the Southwest.

PROBLEM SOLVING PROCESS OF COLLABORATING AGENCIES

Initial Task Group Meetings

During the summer and fall of 1987, the inter-agency project policy committee met on a monthly basis to determine procedures for defining child welfare competency areas. The group decided to use four major procedures:

(1) to do a questionnaire survey of participants at the Annual Indian Child Welfare Conference in Phoenix, and

(2) on the basis of the survey results, to proceed with the Nominal Group Technique among child welfare workers employed by tribes and the state.

(3) to design a training curriculum based on the two aforementioned points.

(4) to identify and subcontract with curriculum specialists to develop the needed curriculum modules.

Survey Questionnaire

To help focus the definition of entry level competencies for training persons entering child welfare practice and serving Indian communities, the committee planned for the distribution of an assessment form to participants at the 1987 Indian Child and Family Conference co-sponsored by ITCA, the School of Social Work, the Department of Economic Security, DES and the Bureau of Indian Affairs.
The purpose of the survey was to assess the importance of traditional child welfare competencies across knowledge, attitudes and skill areas. The importance of each competency was evaluated from the perspectives of people currently associated with Indian Child Welfare services at tribal and state levels. There were two different parts of the questionnaire. DES took the lead responsibility for developing Child Protective Services component, and ASU took the lead responsibility for developing the general knowledge and skill areas in child welfare.

Of over 300 participants of the 1987 Indian Child and Family Conference, most were Native Americans (95%). 234 participants responded anonymously (69% response rate). Respondents were asked to assess the usefulness of child welfare knowledge and skill areas from two perspectives, that of majority society and that of Indian society. For example, one knowledge area was "Child abuse and neglect." Respondents were asked to rate this knowledge area on a scale where 1=not useful, 2=useful, and 3=very useful in their child welfare work. This rating procedure was used to assess both the majority and Indian perspective for each knowledge and skill area.

The principal child welfare knowledge areas examined were as follows:

Special problems:
- Child abuse and neglect
- Drug/alcohol use and abuse
- Teenage pregnancy/family planning
- School problems
- Medical problems of children
- Developmental disabilities

Substitute care:
- Children's homes/residential treatment
- Foster care
- Adoption
- Day care

Theory and human behavior:
- Family structure & parenting
- Child development

Systems theory:
- Knowledge of CPS system and procedures
- Child welfare laws and legislation
- Federal/state/tribal governance

Direct Practice Skills:
- Interviewing for child/adolescent/adult/family
- Crisis intervention
- Investigation and assessment
Diagnosis
Counseling for child/adolescent/adult/family

Systems Skills:
Case planning
Case management
Networking for problem solving
Multi-disciplinary teamwork
Legal concerns such as testifying, court reports & courtroom
skills
Writing skills such as reports, case recording, and correspondence.

Respondents were also asked to rate their knowledge level and confidence level for Child Protective Service activities. Each type of level was rated on a three point scale where 1=little, 2=moderate, and 3=high. The activities which were rated included:

Identification, or finding and recognizing cases after they have occurred for: physical abuse, emotional maltreatment, sexual abuse, and neglect
Reporting, or bringing to official attention cases of child abuse and neglect that have been identified: State obligations for reporting, and Tribal obligations for reporting
Referral procedures, for linking families involved in child abuse and neglect with the resources they need: within agency referral, interagency referral, and federal/state/tribal referrals
Case management, or maintaining an on-going involvement with cases of child abuse and neglect throughout the duration of treatment
Follow through, with other persons and agencies to insure that services linkages are appropriate for the case
Legal safeguards, if any, which protect the worker from liability
Counseling an abusive (or potentially abusive) parent to accept help
Assessing family needs
Preparing for court and court testimony
Sharing information on child abuse and neglect with others engaged in work with abused and neglected children
Discussing a case of child abuse and neglect with colleagues

1. Results: Competency Skills for Indian Child Welfare Workers

Agency Auspice: As shown in Table 1, three-fifths (60%) of the respondents were tribal workers, 17% were private agency workers, 16% were state workers, and 7% were federal workers.

Over half of all respondents from each agency worked in childrens' services: federal (50%), state (76%), tribe (52%), and private (58%).
The effect of agency type on ratings of child welfare knowledge and skill areas was minimal. When there were significant differences between agency workers, the trend was for private agency workers to rate child welfare knowledge and skill areas lower than other workers and for federal agency workers to rate them higher.

2. Type of Work

As shown in Table 2, the majority of respondents (57%) worked in children's services which included social work, Child Protective Services, Indian Child Welfare and foster care.

About a tenth (11%) of the respondents worked in education as teachers or as students.

Less than 10% of the respondents were in:

- health services (Community Health Representative, Supplemental Feeding Program For Women, Infants and Children, alcohol and drug services, or nursing),

- the juvenile justice system (law enforcement, courts, or Tribal Councils),

- administration and support services, or

- in the other category (primarily students).

The majority of respondents in all types of work were employed by tribes: children's services (55%), education (50%), health (65%), juvenile justice (75%), administration (67%), and other (82%).

The effect of the type of work a person did on ratings of child welfare knowledge and skill areas was minimal. When there were significant group differences, the trend was for administrators and support staff to rate each knowledge and skill area the lower than the other groups.

In sum, although there were significant statistical differences between groups in terms of type of agency and type of work, these differences were minor from a child welfare practice or policy perspective. Thus, group differences were not highlighted in the results.

3. Child Welfare Knowledge Areas

The usefulness of 15 child welfare knowledge areas for training purposes was rated by respondents from a dual perspective:
Indian society and the majority society. The results are shown in Table 3. The broad pattern across all categories was that respondents rated the Indian society perspective as the most useful approach to all knowledge areas. However, over 50 percent of the respondents rated most knowledge areas as very useful from both perspectives. In addition, within each perspective, the rank ordering of knowledge areas by extent of usefulness was the same.

About four-fifths of the respondents rated child abuse and neglect and drug/alcohol use and abuse as the most important problems to include within a child welfare curriculum. These problems are often the most pressing issues for Indian Child Welfare services. Alcoholism has been identified as the number one problem on reservations, and child abuse and neglect are frequently associated with it. To the extent that these problems weaken and harm the family, a core strength of Indian culture and a primary resource for individuals is undermined.

About two-thirds of the respondents rated teenage pregnancy, school problems, and children's homes/residential treatment as important knowledge areas. These concerns reflect the unique history of American Indians. Until recently, federal Indian policy emphasized cultural assimilation through boarding schools and child residential facilities. The behavior of children and adolescents, both positive and negative, became key components of the assimilation process.

In contrast, about half or less of the respondents rated foster care, adoption, and day care as very useful knowledge areas. These forms of substitute care have traditionally been taken care of by the extended family as is now reflected in part in the Indian Child Welfare Act. For example, adoption is not a major issue because guardianship is often granted to other family members. From a less positive view, the high unemployment rates on reservations mean that unemployed family members often care for the children of working parents. Unemployment, however, is related to other problems such as child abuse and neglect.

Child medical problems and developmental disabilities were also rated as very useful by half or less of the respondents. Medical services are the responsibility of Indian Health Services and other health care providers. Child welfare practitioners do not directly provide medical care. Rather, they rely on other delivery systems such as IHS, Medicaid, and other providers for expert knowledge in this area. Services for the developmentally disabled have now been included in the scope of services for tribal social service contracts. As tribes continue to contract for more health services, social service workers are likely to need more information about medical problems and developmental disabilities.

The biggest differences between the importance of the Indian and majority society perspectives were in the areas of human
behavior theory. Over three-fourths of the respondents thought that the Indian perspective of family structure, parenting, and child development were important. In contrast, two-thirds or less thought the majority perspective was important. These results emphasize the movement from assimilation to biculturalism as the focus of child welfare. The Indian Child Welfare Act's recognition of the importance of tribal culture in child welfare services and decisions is congruent with these results as well. A child welfare training curriculum, therefore, should focus on understanding family structure and child development within Indian cultures. Parenting skills, for example, need to be taught from an Indian perspective so that these skills enhance and renew Indian family life.


The usefulness of 11 child welfare skill areas was rated by respondents from the perspectives of majority society and Indian society. The results are shown in Table 4. The broad pattern across all skill areas was that respondents rated the Indian society perspective as the most useful. However, over 50% of the respondents rated all skill areas as very useful from both perspectives. In addition, within each perspective, there was substantial agreement over the rank ordering of each skill by extent of usefulness. These results parallel the results for knowledge areas. Priority rankings do not differentiate between the dual perspectives, but rather what is important is the extent of cultural sensitivity in understanding and intervention.

About three-quarters of the respondents thought the most important skills were interviewing, counseling, and crisis intervention. About two-thirds of the respondents rated the following skills as very useful: networking, investigation, teamwork, legal work, writing, and case planning. About half of the respondents rated case management and diagnosis skills as very useful.

The focus on interviewing and counseling of children, adolescents, and families suggests the importance of a generalist approach to family intervention. This finding is consistent with the fact that over 70% of abuse reports in Arizona cite two factors as sources of family stress in the abusing family: family discord and lack of parenting knowledge and skills. A training curriculum centered on family practice might also lessen the need for crisis intervention. Although case management and diagnosis are currently viewed as the least important skills, the necessity for tribal/state/federal linkages between service delivery systems indicates that the training curriculum demonstrate how these skills are the building blocks for networking and teamwork between systems. Because mutual monitoring of delivered child welfare activities is crucial in coordinating systems, training in legal
skills, writing and case planning should also receive more emphasis than now given to them.

5. Child Protective Services Activities

About half or less of the respondents believed they were very knowledgeable about the identification of child abuse and neglect: neglect (52%), physical abuse (44%), sexual abuse (37%), and emotional maltreatment (37%). A third or less were very confident about identifying child abuse or neglect: physical abuse (35%), neglect (34%), sexual abuse (30%), and emotional maltreatment (25%). These results are consistent with the respondents' highest rating given to the usefulness of child abuse and neglect knowledge. Training of child welfare workers, therefore, needs to incorporate substantial information about case identification and associated risk factors for child abuse and neglect.

The results for each CPS activity are shown in Table 5. In general, the pattern of results indicated the following:

- About half of the respondents were very knowledgeable about how to share information, discuss, and follow through with child abuse and neglect cases with colleagues.

- About two-fifths of the respondents were very knowledgeable about state/tribal reporting of child abuse and neglect cases, case management procedures, and assessing family needs.

- About a quarter to a third of the respondents were very knowledgeable about legal safeguards, preparing for court, and counseling abusive parents.

- Substantial knowledge about referral procedures dropped from the majority of respondents knowing about within agency referral, "to four-fifths knowing about "interagency referrals," to only a third knowing about "federal/state/tribal referrals."

- Respondents' level of confidence was only as high as their knowledge level, but often lower than their knowledge level.

These results indicate the need for much more training in all aspects of being a CPS worker. Lack of knowledge in these areas may well increase the number of errors made by workers and may inhibit the full protection of the child from abuse. A training curriculum would especially need to highlight legal and interagency procedures for the protection of children, and then treatment strategies for the child and family.
6. Implications For Curriculum

There was substantial agreement among respondents in terms of the importance and rank ordering of child welfare knowledge and skill areas. The Native American Indian perspective was always rated as more useful than the traditional generic approach of majority society. This emphasis may reflect American Indian empowerment politically and legally, as well as the necessary appropriateness of a bicultural approach to child welfare training and practice. It is clear, however, that Indians now occupy a unique position in child welfare law in the sense that they are the only group in the United States that has both a specific law to protect its children and has legally separate nation-states or reservations.

The results of this survey indicate the substantial need to enrich generic child welfare knowledge and skills from the perspective of Indian society. The importance and priority given to each knowledge and skill area may remain the same, but the teaching of them must be put in the context of American Indian world view and life. This conclusion is opposite and mandate of Council of Social Work Education to teach the commonalities between different groups, as well as opposite the use of a standardized child welfare curriculum. However, the results of this survey strongly suggest that effectiveness depends on the emphasis of unique cultural heritage and values within a generic curriculum. Some methods to accomplish this goal are:

(1) Emphasis on a case study approach to bridge conceptual knowledge with practical applications.

(2) Emphasis on family therapy with the methods curriculum to correspond to the strong family-centeredness of that society.

(3) Emphasis in human behavior curriculum on different world views, different contexts for choices of appropriate theories, and comparative analyses between majority and Indian perspectives.

(4) Emphasis on the identification and intervention skills needed for child abuse and neglect and for chemical dependency.

(5) Development of curricular modules around each knowledge and skill area as components of a course or as one-day workshops for at least two different groups of workers:

   a. workers new to Indian Child Welfare and at entry level jobs
   b. workers with previous child welfare experience

(6) Development of evaluation procedures to test the relative gain in information about each knowledge and skill area. For
example, the use of measures to show the level of knowledge and confidence before and after teaching a curricular module.

**Nominal Group Technique Process**

Throughout the spring and summer of 1988, the Inter Tribal Council of Arizona held four sessions with 60 tribal and state child welfare workers to define what entry level child welfare competencies the workers need in order to effectively serve Indian families. The project chose to use a Nominal Group Technique (NGT), because of its proven effectiveness in a wide range of cultural, educational and socioeconomic group settings.

The process is outlined as follows:

- The question at issue was distributed on an otherwise blank piece of paper and each participant was given 20 minutes to generate ideas relating to the question.

- Each participant in turn shared one of his ideas and those were listed by the facilitator on a board visible to all. The round was made twice and on a third go-around only participants who had "burning thoughts" were asked to add to the list.

- Lastly, the items collected were ranked for the five most important ones. This was done using a system that included hand-count.

The results among the four groups were markedly similar, even among state and tribal workers, and they provide content areas upon which to build a curriculum model. See Appendix A:

To the first question, "What are the SKILLS needed for entry level child welfare workers to work with Indian Families." Three out of four groups had identified the following skills as being the most important:

- Communication skills

- Ability to recognize cultural differences

- Assessment skills

Skills all four groups listed included:

- Interviewing skills or counseling, including willingness to listen

- Time management, also case management, priorities
- Stress management or worker protection against burn-out
- Case planning or treatment plan
- Matching resources to needs or knowledge of local resources or how to access resources
- Awareness of own biases or self-awareness

The second question was: "What are the knowledge areas needed for entry level public child welfare workers who work with Indian families."

Knowledge areas all four groups listed as being the most important were:

- Child abuse (sexual abuse, incest, neglect, Child Protective Service core knowledge).
- Basic human behavior and development (including child development).
- State, federal, tribal law, the Indian Child Welfare Association, jurisdictional issues, all court systems.

Other knowledge areas all four NGT groups listed included:

- Department and agency regulations.
- Worker's or Child Protective Service worker's job description, duties, responsibilities and limitations.
- Resources available or public assistance programs.
- Psychological problems/psychopathology or mental health resources.

The results from this process, in conjunction with survey results, were used as the basis for defining the critical content areas for curriculum development to meet the need of child welfare workers who work with Indian children and families.

III. Products from the Collaboration for this Project

A. Development of conceptual outlines in four broad areas that specify the knowledge content and skills required for Indian Child Welfare workers. These outlines served as the foundation for curriculum developers.

B. Development of Curriculum Modules on four critical knowledge and skill areas for Indian Child Welfare workers
1. To be used for training of trainers for on-site field training across the State by ITCA

2. To be used for DES Child Welfare Academy training for general child welfare workers by DES

3. To be used for professional social work education by the ASU School of Social Work

4. To be distributed nationally to all groups who request the curriculum package.

C. Tribal Child Protective Services Training Academy

Introduction

The delivery of child protective services has been vested to individual Indian tribes who choose to contract through the development of Public Law 93-638 Indian Self-Determination Act social service contracts, as prescribed by 25 CFR 20 and outlined in 66 BIAM 10.10 or through tribal courts. Tribes which do not choose to contract services receive child protective services through the Bureau of Indian Affairs.

Indian Child Protective Services

The purpose of Indian child protective services is to promote stability and security of Indian tribes and families, and to prevent dependency, abuse and exploitation of children. This is to be achieved by reaching out with services to stabilize families where unresolved problems or the home situation present actual and potential hazards to the physical or emotional well-being of children.

The goal of Indian child protective services is to assure safeguards for Indian tribes and families by preventing unwarranted removal of Indian children from their homes.

Training

Tribal social workers need to be trained in the delivery of protective services to children. The purpose of training is to better equip staff in child protective services-related work with skills for investigation, case management and application of child protective services court procedures and laws.

A training agenda for tribal workers in child protection work has been developed by the Inter Tribal Council of AZ in cooperation with the Salt River Pima-Maricopa Indian Community, the Gila River Indian Community, the Bureau of Indian Affairs, the Arizona Department of Economic Security, and the Arizona State University.
School of Social Work. The Tribal Child Protective Services Training Academy has been based on the training module used by the Arizona Department of Economic Security and modified to address the needs of child protection workers in Indian Communities. Modification of the training progressed through collaboration with the staff and results of this Child Welfare Competency Skills Project.

Training consists of two one-week sessions with a total of 64 hours of Child Protective Services core curriculum. There have been four trainings to date.

The first training was completed in June, 1987 to initiate efforts that were to be expanded on by the Child Welfare Competency Project. Twenty-one participants from eleven Arizona tribes completed the training. Subject areas addressed and taught in this first training included identification, referral and management of CPS cases, psycho-social issues, treatment alternatives, court procedures, and application of the Indian Child Welfare Act and other laws.

The second Tribal Child Protective Services Training Academy was completed in September, 1987. There were 21 participants from 13 tribes in Arizona and one tribe in Nevada.

The third Child Protective Services Training Academy was completed in January, 1989. There were 20 participants from 11 tribes in Arizona. The subject areas were very similar to the above listing of the second training. The third academy was funded through the Child Welfare Competencies grant and supported also with Bureau of Indian Affairs funding.

A tribal Child Protective Services training module is being drafted for dissemination and replication. Twenty persons completed the training. The training module will be field-tested and refined during a fourth Tribal Child Protective Services training to be held the weeks of March 13 and March 27, 1989.

Subject areas were as follows:

1. Child Protective Services in Arizona
   The Child Protective Services Process
   - Cultural responsiveness to the Native American client
   - Cultural responsiveness to the Hispanic client
   - Cultural responsiveness to the Black client
   - Investigation and case management
   - Investigation and documentation - forensic photography
   - The hostile client
   - Assessment and intervention techniques
   - Assessment and investigation techniques
2. Medical Issues in Child Protective Services
   - Physical abuse
   - Physical neglect
   - Sexual abuse
   - Child development
   - Emotional maltreatment

3. Psycho-social Issues in Child Protective Services
   - Psychodynamics of child maltreatment
   - The sexually abusive family
   - Psychological and psychiatric assessment tools
   - The adolescent client
   - Treatment alternatives with maltreating families

4. Personal Issues in Child Protective Services
   - Personality and stress management

5. Legal Issues in Child Protective Services
   - The county juvenile court system
   - Relinquishment and adoption and the Indian Child Welfare Act
   - The Indian Child Welfare Act
   - Worker-agency responsibility and liability: confidentiality
   - The federal criminal justice system and Indian tribes
   - Testifying in court
   - Tribal court systems

6. Independent Living Program

7. Central Registry

8. Effective Utilization of Foster Parents

MODEL TRAINING CURRICULUM

As a result of the child welfare questionnaire and the NGT sessions held with both state and tribal child welfare workers, a subcommittee was created to design a training curriculum. Again, this was a collaborative effort as reflected in the composition of this committee. The members were:

- Gloria Fohrenkam, Indian Child Welfare Specialist DES ACYF
- Byron Sanderson, DES ACYF
- Polly Sharp, Human Services Coordinator, ITCA
Training Curriculum Design

Two meetings were held at which time four major units were identified. These units were:

1. Values
2. Social Policy History
3. Theory Base
4. Family Practice

In addition, four areas of special interest were also identified which we wanted to emerge from the questionnaire, NGT sessions and tribal assessments conducted by ITCA. These four areas of special interest were:

1. Health Issues: drug/alcohol abuse, medical problems, teen pregnancy, mental health problems (suicide, depression)
2. School Problems: developmental disabilities, education (traditional and non-traditional, i.e., ceremonial)
3. Child abuse and neglect; sexual abuse
4. Substitute Care: residential treatment, foster care, adoption, day care

Guidelines were developed for these units which are as follows:

I. VALUES UNIT

Key considerations:

1. Start with value statements from the Indian and majority perspectives.
2. Holistic perspective
3. Self-determination
4. Cultural sensitivity of workers to value differences
5. Committed workers, positive attitudes, continuing education or willingness to keep learning
6. NGT values
   a. Appreciation for Indian culture
   b. Caring or empathetic
   c. Ability/willingness to listen
   d. Family as primary unit
   e. Help clients help themselves
   f. Genuine interest and compassion
   g. Patience
   h. Non-judgmental
   i. Openness to new experience
7. Case studies to illustrate this perspective and some of the appropriate skills
8. Indian Child Welfare Act as a stated value of children

II. SOCIAL POLICY HISTORY UNIT
Key Considerations:
1. Historical development of Indian life and reservation system
2. Sovereignty
3. Jurisdiction
4. Governance
5. History of education policies and how they are driven by values of the Federal government; history of missionary policies (e.g., Catholicism among Pueblos)
   a. History of Indian policies for families and children
   b. The roles of the child welfare worker emerge

III. THEORY BASE UNIT
Key Considerations:
1. Dual perspective and cultural sensitivity
2. Biculturalism vs assimilation, traditionalism, marginalism
3. Oppression theory (economic, racism, ageism, sexism)
4. Child welfare and Indian Child Welfare Act

IV. HOLISTIC PERSPECTIVE IN FAMILY PRACTICE UNIT

Key Considerations:
1. Role of child welfare worker emerges from practice
2. Meaning of Indian family structure and parenting
   a. Traditional vs contemporary
3. Human behavior and child development perspectives
   a. Critical view of ego-psychology (developmental stages, individual vs tribal identification)
4. NGT skills
   a. Communication skills (listening, writing)
   b. Ability to recognize cultural differences
   c. Non-judgmental acceptance of personal bias
   d. Awareness of own biases
   e. Interviewing skills
   f. Assessment skills
   g. Case planning...treatment plan
   h. Match resources to needs/knowledge of local resources
   i. Time management and stress management

In addition, the following chart indicates how problem indicators should be integrated with the four basic units thereby presenting the holistic perspective needed to work effectively as a child welfare worker serving Indian communities.

<table>
<thead>
<tr>
<th>Unit 1</th>
<th>Unit 2</th>
<th>Unit 3</th>
<th>Unit 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values</td>
<td>Social</td>
<td>Theory</td>
<td>Family</td>
</tr>
<tr>
<td></td>
<td>History</td>
<td>Base</td>
<td>Practice</td>
</tr>
</tbody>
</table>

**Problem Indicators**

Drug abuse etc. - - - - - - - - - - - - -
School problems etc. - - - - - - - - - - - - -
Child abuse - - - - - - - - - - - - -
Substitute care - - - - - - - - - - - - -

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To accomplish this task, meetings were held with the Project Planning Committee (PPC) and a list was generated of potential experts who could be contacted to write the training curriculum for these units. The experts who had demonstrated skills in these areas were contacted and a subcontract was initiated with them for the completion of these curriculum modules. The identified experts were as follows:

- Jennie Joe, Ph.D., Native American Research and Training Center, University of Arizona - Values
- Syd Beane, MSW, Executive Director, Indian Center, Inc., Lincoln NB - Social Policy History
- John Red Horse, Ph.D., Director, American Indian Studies, UCLA - Theory Base
- Marge Edwards, Ph.D., and Dan Edwards, DSW, School of Social Work, University of Utah - Substance Abuse
- John Tippeconnic, Ph.D., Associate Professor, Curriculum & Instruction, ASU - School Problems
- Ron S. Fischler, M.D., Director, Center for Child Abuse Prevention, St. Joseph's Hospital - Child Abuse and Neglect
- Gloria Fohrenkam, MSW, Indian Child Welfare Specialist, AZ Department of Economic Security, ACYF - Child Abuse and Neglect
- Robert W. Robin, Ph.D., Hopi Guidance Center - Substitute Care

These modules will be printed and bound for later dissemination to state tribal planning agencies, community colleges, and university undergraduate programs.

Optional Training Plans

The modules are designed to stand alone or in any meaningful combination according to the needs of the training instructor. The tabular presentation which follows illustrates graphically the various combinations of model elements, time frames and supportive activities a trainer may employ.
<table>
<thead>
<tr>
<th>Training Days</th>
<th>Units</th>
<th>Adjunct Educational Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cursory overview of all 8 units of 45 min. each</td>
<td>1. Didactic presentation 2. Problem based small group discussion 3. Pre &amp; post test</td>
</tr>
<tr>
<td>3</td>
<td><strong>Day 1:</strong> Social Policy/Hist. &amp; Theory Base  <strong>Day 2:</strong> Family Practice &amp; Values  <strong>Day 3:</strong> Problem Areas</td>
<td>1. Guest speaker 2. Guided group discussion 3. Use of film 4. Pre &amp; post test 5. Situational role playing</td>
</tr>
<tr>
<td>8</td>
<td><strong>Day 1:</strong> Social Policy/Hist.  <strong>Day 2:</strong> Theory Base  <strong>Day 3:</strong> Family Practice  <strong>Day 4:</strong> Values  <strong>Day 5:</strong> Substance Abuse  <strong>Day 6:</strong> School Problems  <strong>Day 7:</strong> Child Abuse &amp; Neglect  <strong>Day 8:</strong> Substitute Care</td>
<td>1. Didactic presentation 2. Guest speaker 3. Use of film 4. Short written case plan based on situational families to be shared with the group 5. Values clarification exercise 6. Situational role playing 7. Pre &amp; post test</td>
</tr>
</tbody>
</table>
8. Brainstorming on each topic area on values, knowledge and skills needed for practice
9. Field trips
10. Structure a problem situation with multiple solutions for discussion around cross cultural practice

As can be seen by the preceding tabular presentation, this training method allows the trainer and training agency, diversity in the implementation of the modules. He or she has the freedom to use innovative and imaginative teaching methods and resources to create a stimulating and effective learning experience.

These modules can be used appropriately for training with various groups, including state child welfare agencies, community colleges with courses in social work or human service oriented programs and Bachelor and Master of Social Work programs.

In an academic social work setting the modules can be used to develop an Indian child welfare course, or they can be infused into the policy, methods (practice), and human behavior courses. In essence, the modules can be used in a variety of training and educational settings.

PROFESSIONAL PAPER MODERATION

Author: Judy Kopp, University of Washington

Authors: Bogart R. Leashore, Jerry R. Cates, Howard University

PROFESSIONAL PAPER PRESENTATION OF RESULTS

TRIBAL NEEDS ASSESSMENTS

During 1988, the Inter Tribal Council of Arizona, Inc. requested information from 19 tribes which would provide a needs assessment of social services educational status and training needs. Because each tribe used the same survey form, this information provided an opportunity for ITCA to review and analyze comparable data sets.

The survey assessed the status of the tribes' child welfare workers, the required minimum qualifications and the actual level of competency. Only tribes who have tribal child welfare services, that is, not services provided by the BIA, were considered for this survey. This excluded 3 tribes. Of the remaining 16, eleven have been surveyed.

Summary Result of Assessment

The number of social workers per reservation engaged in child welfare work ranged from one to five, with a mean of two. This includes social workers providing other services besides child welfare services.

The minimum requirements for social workers are at least two years of college, with the exception of one tribe which had no formal minimum qualifications. Most tribes wanted a child welfare worker to have a bachelor's degree and/or experience.

The actual education level of the social workers in child welfare tended to fall short of the expected qualifications. Although there were workers who had a Master of Social Work, there were several who only had a high school degree where a Bachelor's or related experience was preferred.

As to the question if the social service workers considered themselves and their co-workers to be sufficiently prepared, three-fourths of the workers did not think so.

The areas in which the social workers considered knowledge to be missing are human behavior, case management, investigative interviewing, specialized counseling, assessment skills, crisis intervention, court presentations, jurisdictional issues and administrative skills.
In all social service departments training is encouraged. The problem often is a lack of resources, staff or time for workers who need the training to take advantage of it.
APPENDIX A:
TRIBAL NEEDS ASSESSMENT

There are 20 recognized Indian tribes in Arizona. Nineteen of those are being considered for this project. The survey asking about the tribes' definition of entry level child welfare workers included only the tribes who have tribal child welfare services, that is, not services provided by the BIA. This excluded 3 tribes. Of the remaining sixteen tribes, ten have so far been surveyed. Three tribes receive their child welfare services from the BIA. One tribe receives its child welfare from the county under P.O. 280 and one tribe contracts all its social services from another bordering tribe. Thus fifteen of the 19 tribes have been contacted.

The objectives of tribal child welfare services are to protect the best interest of the Indian children and to promote the stability and security of Indian communities and families.

Child welfare services in Indian communities are administered through tribal social services contracting with the Bureau of Indian Affairs under Public Law 638 or directly through the Bureau of Indian Affairs (three tribes). One tribe has the county provide these services under P.L. 280.

The number of Social Service providers doing child welfare work in Indian communities varies widely from one to five per community. In some cases there is no child welfare worker available and the local tribal social worker does child welfare as part of his or her social services.

Services provided under child welfare are child protective services, foster care, adoption, etc., including court proceedings.

Number of Social Workers doing child welfare
Average 2.8, range: 1-5

<table>
<thead>
<tr>
<th>Education as is:</th>
<th>Education desired:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSW (3 tribes) - 6</td>
<td>MSW 2 tribes</td>
</tr>
<tr>
<td>BSW (1 tribe) - 1</td>
<td>BSW 2 tribes</td>
</tr>
<tr>
<td>other bachelor - 2</td>
<td>other bachelor 2 tribes</td>
</tr>
<tr>
<td>2 yrs. college - 4</td>
<td>2 yrs. college 4 tribes</td>
</tr>
<tr>
<td>HS only - 8</td>
<td>HS only none</td>
</tr>
<tr>
<td></td>
<td>no standards 2 tribes</td>
</tr>
<tr>
<td></td>
<td>not available 1 tribe</td>
</tr>
</tbody>
</table>

Competency required but not fulfilled:

| MSW (one position only) | 1 tribe |
| BSW | 1 tribe |

35
Competency above expectation:

MSW (2 positions) 1 tribe
BSW 1 tribe

Are the child welfare workers sufficiently prepared?

10 tribes: 7 tribes: no for all workers
3 tribes: no for at least one worker

Areas in which knowledge and skill are missing

- investigative interviewing (CPS) 4x
- case management 4x
- case planning
- assessment 3x
- court preparation/presentation 2x
- jurisdictional issues 2x
- crisis intervention
- home studies
- management, administration
- foster care
- dynamics of human behavior
- Spanish language skills
- generalized counseling
- specialized counseling (sexual abuse)
- extreme poverty
- different values
- filling out forms

Is training encouraged and done?

All tribes believe in training of one kind or another. Three tribes have some reservations as to the usefulness of training: two tribes hold that if the training is not specifically focused on Indian-related issues it is of limited value; the other tribe holds that only really new material is worth the expense of training.

Regular training is taking place in 5 tribes, two tribes, though favoring continued training, at times have to cancel because of time problems and one tribe also because of money problems. In two tribes workers are taking classes to advance their skills.
APPENDIX B:

Reservation Lands

The reservations account for 26.6% of the total land base in Arizona and are located in all areas of the state, as shown in the map below.

Indian Reservations Located in Arizona*

*Source: Inter Tribal Council of Arizona, Inc.
Total reservation land base is 24,795,232 acres.
APPENDIX C:

NOMINAL GROUP TECHNIQUE RESULTS FROM FOUR SESSIONS

Summary and Analysis of Nominal Group Technique Meeting I, II, III and IV

Question One: "What are the SKILLS needed for entry level child welfare workers in Indian communities?"

A) Items considered to be most important:

NGT I: 1. Communication skills, listening skills, writing skills  
2. Knowledge of Indian cultures, languages, family clanships  
3. Assessment skills and ability to identify needs  
4. Interviewing skills  
5. Time management, organize, manage time and calendar

NGT II: 1. Communication skills - listening and talking  
2. Counseling skills  
3. Writing skills including case recording  
4. Ability to do assessments  
5. Ability to identify tribal cultural values and methods  
6. Self-awareness (*)

NGT III: 1. Assessment and interviewing  
2. Communication  
3. Create rapport/convey trust  
4. Case plan development  
5. Recognize cultural differences  
6. Networking  
7. Writing

NGT IV: 1. Counseling, including willingness to listen, to observe objectively and to talk to people  
2. Self-awareness and acceptance of own personal bias  
3. Assimilation of agency policies  
4. Use of supervision as a learning tool  
5. Developing case plans, writing skills and case management priorities

B) Comparing the lists of skills identified as most important of all four NGT groups there were none mentioned that were common to all.

Three out of four NGT groups (the first three) had in common the following skills identified as being the most important:
- Communication skills
- Ability to recognize cultural differences, knowledge of Indian culture or identification of tribal values
- Assessment skills

Skills two out of four NGT groups listed as being the most important, besides the above mentioned:

- Listening skills (as part of communication)
- Writing skills, especially as to case recording
- Be non-judgemental or acceptance of own personal bias

C) Skills all four NGT groups listed and their ranking (first number is the item number of NGT I list and second number of NGT II list, their number of NGT III list and fourth number of NGT IV list):

- Interviewing skills or counseling, including willingness to listen (04/32/01/01)
- Time management, also case management priorities (01/21/18/05)
- Stress management or worker protection against burn-out (35/06/40/12)
- Case planning or treatment plan (07/07/04/05)
- Match resources to needs or knowledge of local resources or how to access resources (16/29/11/13)
- Awareness of own biases or self-awareness (29/11/02/02)

D) Items of all four groups combined which received one point or more in order of point value. Highest ranked items are not included.

- Good listener
- Sound judgement and decision making
- How to access/develop resources
- Interpersonal skills
- Organization
- Creative problem solving
- Adaptability
- Stress management
- Ability to develop a treatment plan, case plan
- Commitment to clients and job
- Respond to crisis
- Bilingual communication
- Knowledge of client or family strengths
- Evaluative skills
- Prioritizing
- Non-judgemental decisions
- Tolerance of differences
- Screening of referrals
- Problem identification
- Time management
- Common sense
- Make decisions independently
- Flexibility
- Match resources to needs
- Testifying in court
- Skills in maintaining our own emotions
- Sensitivity to clients' needs
- Ability to do home studies, case histories
- Establish relationships with other agencies
- Empowerment
- Public contact skills
- Applying the law
- Documenting
- Work as part of a group
- Impact of state laws on tribes
- Awareness of funding sources
- Networking process
- Goal oriented
- Compromise
- Ability to coordinate
- Integrate information received
- Time management skills
- Ability to objectively evaluate progress
- Basic teaching skills
- Goal setting/motivation
- Culture within culture
- Human sexuality
- Working within the system
- Differentiating information from interpretation
- Negotiations
- Ability to convince
- Mediation skills
- Assertiveness
- Dynamics of alcoholism
- Worker protection (burn-out, etc.)

Question Two: "What are the KNOWLEDGE areas needed for entry level public child welfare workers in Indian communities?"

A) Items considered to be most important:

NGT I: 1. Indian culture, family systems, languages, taboos, traditions, history, tribal customs, ceremonies, and values
        2. State and federal law, tribal law, ICWA, Juvenile court system and revised statutes
        3. Child development and human behavior, bonding and attachment
        4. Child welfare practices and social work practices in rural communities
5. Child abuse syndrome, sex abuse dynamics, incest
6. Resources available in community

NGT II: 1. Federal/tribal law, ICWA, Indian Civil Rights Act, adoption laws, reporting laws, including jurisdictional issues (tribal, state, federal, e.g., Children's Code), Interstate Compact Agreement
2. Indian or tribal culture and values, norms and beliefs
3. Social Work skills
4. Knowledge of basic human behavior and development
5. Substance abuse, including alcohol and effects on family
6. Different types of abuse and neglect

NGT III: 1. Laws
2. Core Child Protective Services, including Attorney General and Court systems and accessing law enforcement
3. Cultural differences
4. Counseling techniques, child development and parenting skills and human behavior
5. Case management
6. Resources available, including contract and referral services
7. Rural social work practices
8. Written skills

NGT IV: 1. Child abuse and neglect, including sexual abuse, including basic anatomy and physiology, human behavior, accepted parenting skills level, and child development
2. Dynamics of substance abuse
3. Policies and responsibilities of the agency, including agency organization/legitimacy
4. Law enforcement: tribal, state, county, etc. including jurisdiction of tribal boundaries

B) Knowledge areas all four NGT groups listed as being the most important:
- Child abuse (sexual abuse, incest, neglect, CPS core knowledge)
- Basic human behavior and development (including child)
- State, federal, tribal law, ICWA, jurisdictional issues, all court systems

Knowledge areas three out of four NGT groups listed as being the most important:
- Knowledge of Indian culture (family systems, languages, taboos, values, norms, beliefs, differences)
Knowledge areas two out of the three groups considered as most important besides the above mentioned:

- Resources available
- Substance abuse

C) Knowledge areas all four NGT groups listed and their ranking (first number is the item number of NGT I list, the second number of NGT II list, third number of NGT III list and fourth number of NGT IV list):

- Department and agency regulations and policies/regulations/legitimacy (10/07/12/03)
- Worker's or CPS worker's job description, duties, responsibilities and limitations (16/13/02/09)
- Resources available or public assistance programs (06/15/09/07)
- Psychological problems/psychopathology or mental health resources (21/19/21/05)

D) Items of all three NGT groups combined which received one point or more (in order of point value)

- Knowledge of agency policies and procedures, state and tribal rules and regulations
- Case management
- Human growth and development
- Interviewing/information gathering
- DES guidelines, policies and procedures
- Knowledge of treatment methods
- Communication skills
- Crisis intervention
- Acceptable family dynamics
- Government services and how to access them
- Knowledge of tribal, village, governmental and political structures and function
- Networking concepts
- Working with substance abusing families
- Constitution of imminent danger
- Family dynamics
- CPS worker duties, responsibilities and limitations
- Proposal writing methods and techniques
- Issue of eye contact
- Mental health/medical resources
- Department policies and procedures
- Parenting skills teaching
- Knowledge of resources in community
- Parenting/child care
- Family traditions
- Funding sources
- Drug and alcohol abuse

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- Mental health/health information
- Indian community: traditional vs christianized etc.
- Population demographics
- Public assistance programs
- Case plan
- How to intervene
- All court systems, including tribal
- Community planning processes
- How people change
- Tribal governing systems
- Alternative methods of disciplining
- Indian Child Welfare Act
- Assessment skills
- Religion and beliefs
- Health services
- Goals of child welfare services
- Permanency planning
- Environment - surrounding community

Question Three: "What are the VALUES and ATTITUDES needed for entry level public child welfare workers in Indian communities?"

A) Items considered to be most important:

NGT I:  
1. Appreciation of uniqueness of culture, acceptance of cultural differences, understanding Indian time, respect for Indian concepts of nature and religion
2. Family is the primary unit of society, children are valued, children's right to grow up in a family
3. Child protection first, child's best interest
4. Empathy, caring, kindness
5. Self-determination, help clients learn to help themselves, clients own their problems
6. Willingness to listen

NGT II:  
1. Positive thinking/optimism
2. Self-confidence, self-assurance, self-esteem
3. Appreciation and respect for Indian culture and values
4. Professionalism
5. Confidentiality

NGT III:  
1. Cultural understanding/recognizing differences
2. Do not impose your own biases - be non-judgemental, do not generalize or stereotype
3. Knowledge of laws
4. Ability to listen
5. Caring

NGT IV:  
1. Humor
2. Open-mindedness
3. Open working relationships

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Please note that the values and attitudes section in the NGT IV meeting was performed differently: rather than doing a nominal group approach, the participants were asked to discuss the issue and notes were taken of their contributions.

B) Values and Attitudes three out of the four NGT groups listed as the most important:

- Appreciation for Indian culture

Values and Attitudes two out of the three NGT groups considered to be the most important:

- Caring or empathy, caring, kindness
- Ability/willingness to listen

C) Values and Attitudes three of the four NGT groups listed and their ranking. The first number is the item number of NGT I list, second number of NGT list II, and the third number of NGT III. The items with a star are also mentioned by NGT IV participants. Those were not ranked.

- Family as primary unit or family unity or belief in family worth (02/07/09)
- Help clients help themselves or don't breed dependency (05/15/34)
- Empathy, caring/genuine interest, compassion (4/24,33,36/05,12)
- Patience (07/10,26/37)
- Non-judgemental (09/06/02)
- Openness to new experience/innovative, openmindedness (*) (10/19,32/13)
- Committed to serve, the desire to help (11/11/39)
- Positive attitude, sense of humor (*) (12/01/14)
- Continued education, learn new skills, willing to learn (*) (18,26/20/16)

D) Items of the first three NGT groups combined which received one point or more (in order of point value):

- Respect
- Promote trust, honesty and consistency
- Interest in people
- Tolerance, persistence, patience
- Belief in family worth
- Understand family roles
- Ability to adjust and learn
- Empathy
- Fair and just treatment for all clients
- Open-mindedness
- Sense of humor
- People can change
- Willing to learn
- Begin where client is
- Non-judgemental
- Openness to new experience and flexibility
- Respect for human life
- Patience
- Committed to human services
- Set realistic goals
- Overcome prejudice
- Preservation of heritage
- Objective/detached
- Committed to serve
- Humility
- Have positive attitude
- Sincerity
- Sensitivity
- The desire to help people to help themselves
- Resources available
- Recognition of strengths
- Believing in worth of humanity
- Not imposing personal value
- Assertive
- Realistic thinking
- Innovative (change program design)
- Some historical knowledge of this culture
- Flexible attitude concerning success
- Believe in advocacy
- Understanding of parenting methods
- Ecological understanding and awareness
- Acceptance of belief systems
- Self-motivated
- Willing to learn or improve skills
- Good sense of humor
- How to access resources available
- Ability to network
- Avoid politics - be neutral
- Don't breed dependency

List of values and attitudes as they appear in the NGT IV report:

I. Participants' Notes

1. Humor
2. Open mind - willing to accept other views
3. Open working relationship with supervisors and tribal government or communicating well with each department
4. Healthy attitude or retain positive attitude
5. Admitting mistakes
6. Ability to change
7. Be willing to take risks - become involved
8. Ability to be flexible on time schedule; be available to serve clients
9. Frustration tolerance
10. Assertiveness
11. Ability to network with other human service agencies
12. Ability to network with other human service agencies

II. Facilitator's Notes (Items not noted above only)

1. Step back and refocus at times
2. Ability to talk work-related differences out
3. Tolerance/patience with new workers
4. Consider culture within culture
5. Become acquainted with the community and its relations and networks and internal loyalties
6. Need to follow through with referrals to clients
7. Need for good relations with governing body
8. Give positive feedback
9. Learn about community's values and attitudes
10. Look at positives, not just negatives
11. Consider the effect of intertribal marriages on culture
12. Mutuality among professionals
13. Knowing social service resources and eligibility
14. Knowing time frames of agency
15. Getting together with other human service departments and workers
16. Know and become involved with outside agencies

Result

Due to the nature of the response gathering, a mathematical ranking was not possible. Of the values and attitudes listed above, the following was noted down by all four participants as important:

1. Humor

The following was noted by three of the four participants:

1. Open mind
2. Open working relationships

Inter Tribal Council of Arizona, Inc., September, 1988
Table 1
Parent/Caretaker Ethnicity Related to Abuse and Neglect Reports Fiscal Year 1986-1987

Some 71.7 percent of the abuse reports involve perpetrators of Anglo ethnicity. The next largest ethnic group is Hispanic household with 18.3 percent of the reports. These percentages closely match the overall ethnic composition of Arizona.

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>REPORTED ABUSE PERCENT</th>
<th>AZ STATE POPULATION PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anglo</td>
<td>71.7%</td>
<td>74.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.3%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Black</td>
<td>5.8%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Native American</td>
<td>2.9%</td>
<td>5.4%</td>
</tr>
<tr>
<td>All Other</td>
<td>1.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
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</table>

N = 8,820

Table 2
Family Stress Factors Related to Abuse and Neglect Fiscal Year 1986-1987

Outlined below are the most commonly cited stress factors which precipitate an abuse report as documented by the involved Child Protective Services case managers.

<table>
<thead>
<tr>
<th>FACTOR</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Discord</td>
<td>17.2%</td>
</tr>
<tr>
<td>Lack of Parenting Knowledge/Skills</td>
<td>16.2%</td>
</tr>
<tr>
<td>Insufficient Income</td>
<td>10.9%</td>
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<tr>
<td>Heavy and Continuous Child Care</td>
<td>8.1%</td>
</tr>
<tr>
<td>Loss of Control during Discipline</td>
<td>6.4%</td>
</tr>
<tr>
<td>Low Self-Esteem</td>
<td>6.2%</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>4.5%</td>
</tr>
<tr>
<td>Inadequate Housing</td>
<td>4.2%</td>
</tr>
<tr>
<td>Mental Health Problems</td>
<td>4.3%</td>
</tr>
<tr>
<td>Physical Abuse by Spouse</td>
<td>4.2%</td>
</tr>
<tr>
<td>Upset due to Recent Relocation</td>
<td>3.6%</td>
</tr>
<tr>
<td>Arrest/Involvement in Unlawful Activity</td>
<td>3.5%</td>
</tr>
<tr>
<td>Social Isolation</td>
<td>3.8%</td>
</tr>
<tr>
<td>Low Self-Image due to Unemployment</td>
<td>3.2%</td>
</tr>
<tr>
<td>Drug Dependence</td>
<td>2.2%</td>
</tr>
<tr>
<td>Misuse of Adequate Income</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100.0%</strong></td>
</tr>
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*N = 9,130*

Table 3
Agency of employment

<table>
<thead>
<tr>
<th>Agency</th>
<th>Percent</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>7%</td>
<td>17</td>
</tr>
<tr>
<td>State</td>
<td>16</td>
<td>38</td>
</tr>
<tr>
<td>Tribe</td>
<td>60</td>
<td>140</td>
</tr>
<tr>
<td>Private</td>
<td>17</td>
<td>39</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>234</td>
</tr>
</tbody>
</table>
Table 4

Type of work

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Percent</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's services</td>
<td>57%</td>
<td>121</td>
</tr>
<tr>
<td>Education</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Health</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Juvenile justice system</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Administration and staff</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>214</td>
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</tbody>
</table>
Table 5

Percent of "very useful" ratings for each child welfare knowledge area

<table>
<thead>
<tr>
<th>Knowledge area</th>
<th>Majority Perspective</th>
<th>Indian Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special problems:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child abuse and neglect</td>
<td>80%</td>
<td>87%</td>
</tr>
<tr>
<td>Drug/alcohol use and abuse</td>
<td>78</td>
<td>87</td>
</tr>
<tr>
<td>Teenage pregnancy/family planning</td>
<td>68</td>
<td>74</td>
</tr>
<tr>
<td>School problems</td>
<td>53</td>
<td>68</td>
</tr>
<tr>
<td>Medical problems of children</td>
<td>48</td>
<td>56</td>
</tr>
<tr>
<td>Developmental disabilities</td>
<td>46</td>
<td>52</td>
</tr>
<tr>
<td>Theory and human behavior:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family structure and parenting</td>
<td>68</td>
<td>82</td>
</tr>
<tr>
<td>Child development</td>
<td>59</td>
<td>76</td>
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<tr>
<td>Systems:</td>
<td></td>
<td></td>
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<tr>
<td>Knowledge of CPS system and procedures</td>
<td>66</td>
<td>76</td>
</tr>
<tr>
<td>Child welfare laws and legislation</td>
<td>66</td>
<td>73</td>
</tr>
<tr>
<td>Federal/state/tribal governance</td>
<td>53</td>
<td>63</td>
</tr>
<tr>
<td>Substitute care:</td>
<td></td>
<td></td>
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<tr>
<td>Children's homes/residential treatment</td>
<td>56</td>
<td>65</td>
</tr>
<tr>
<td>Foster care</td>
<td>48</td>
<td>58</td>
</tr>
<tr>
<td>Adoption</td>
<td>42</td>
<td>54</td>
</tr>
<tr>
<td>Day care</td>
<td>37</td>
<td>47</td>
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Table 6

Percent of "very useful" ratings for each child welfare skill area

<table>
<thead>
<tr>
<th>Skill area</th>
<th>Majority Perspective</th>
<th>Indian Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling children, adolescents, and families</td>
<td>70%</td>
<td>78%</td>
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<tr>
<td>Crisis intervention</td>
<td>70</td>
<td>76</td>
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<tr>
<td>Interviewing children, adolescents, and families</td>
<td>60</td>
<td>72</td>
</tr>
<tr>
<td>Networking for problem solving</td>
<td>63</td>
<td>69</td>
</tr>
<tr>
<td>Investigation and assessment</td>
<td>60</td>
<td>66</td>
</tr>
<tr>
<td>Multi-disciplinary team work</td>
<td>59</td>
<td>65</td>
</tr>
<tr>
<td>Legal concerns: testifying and court reports</td>
<td>56</td>
<td>65</td>
</tr>
<tr>
<td>Writing: case recording, reports, and letters</td>
<td>55</td>
<td>62</td>
</tr>
<tr>
<td>Case planning</td>
<td>54</td>
<td>62</td>
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<tr>
<td>Case management</td>
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<td>58</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>54</td>
<td>57</td>
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