

Ask the Expert

PAUL SPICER

ZERO TO THREE Board Members share their expertise and insight regarding important issues affecting infants, toddlers, and their families.

MEET: Paul Spicer, PhD, is a professor of anthropology in the Center for Applied Social Research at the University of Oklahoma who specializes in research on healing and human development in American Indian and Alaska Native communities. Prior to joining the faculty at the University of Oklahoma, Dr. Spicer worked for 13 years at the American Indian and Alaska Native Programs in the University of Colorado's School of Medicine. In addition to research on psychiatric distress in American Indian communities, with a special emphasis on substance abuse, he has been actively engaged in exploring the ethics of research in tribal communities, the determinants of infant and toddler development, and the articulation of sustainable models of service delivery for children and families in remote rural native communities.



Mental Health Services in Native Communities

Q: What are the challenges that confront American Indian and Alaska Native children and families?

A: Until recently we have lacked good epidemiological data to guide mental health service programming for American Indian and Alaska Native children and families, but we now have vivid documentation that the levels of trauma experienced in many tribal communities are dramatically higher than has been seen in many other populations. To make matters worse, these traumas often occur in the context of additional chronic and acute adversities and in service ecologies that lack even the most basic set of mental health services. So already stressed communities and families are put at even greater risk when responses to their distress are either lacking entirely or inappropriate. Despite treaty obligations, American Indian and Alaska Native communities are among the most medically underserved populations in our country, and this is especially true in the remote rural areas where many families live. Dr. Yvette Roubideaux, who has just been nominated by President Obama to head the Indian Health Service, has worked tirelessly to document these health care disparities, so I think there is cause for some guarded optimism that these inequalities will finally have the federal attention they have long deserved.

Q: Are there any promising approaches to begin to address these problems?

A: Fortunately there are. Despite the adversities they experience, American Indian and Alaska Native people have persisted and there is much we, as professionals, have to learn from the skills that have served them in the centuries since Europeans first stumbled upon their shores. I take it as basic, but certainly worth reiterating regularly, that all efforts to improve the lives of native children and families need to build, in very conscious ways,

on these strengths, and a number of recent approaches point to how we might accomplish this, even in the face of the severe resource constraints that are the norm in American Indian and Alaska Native communities.

An expanded commitment to telehealth services in many tribal communities has permitted them to access specialty care despite the barriers of distance and isolation. These technologies also allow highly trained clinicians to provide ongoing training and support for community members. There is a real hunger, across Indian country, for education and training that can help all community members to respond more effectively to the needs of children and families and, in the face of the profound educational disparities in so many native communities, an urgent need to make many intervention models more broadly available. In my own work, we have explored ways to broaden the number of individuals trained in basic mental health interventions, such as motivational interviewing, with close attention to fidelity monitoring to give people the support they need on an ongoing basis as they improve their skills. We have applied these approaches to care and feeding in the first year of life, and are now extending these as we develop materials to support increased parent-child engagement to promote cognitive development. With my colleague, Dee Big Foot, we are also exploring ways to prepare a broad range of community members in the basics of psychological first aid to create communities with higher levels of skill in responding to trauma. Finally, from the perspective of prevention, we are building campaigns that draw on the intergenerational consciousness that shapes life in American Indian and Alaska Native communities to develop comprehensive approaches to family violence in all of its manifestations, from child abuse, to intimate partner violence, to the mistreatment of elders.

Communities see all of these forms of family violence as closely connected and we have started work with one tribal partner in a pilot effort to articulate tribal definitions of strong and safe families, increase sensitivity to the signs of violence to improve early intervention, and improve community-based education to support culturally appropriate nonviolent approaches to conflict. While none of these approaches can take the place of specialty care by highly trained mental health professionals, we share the faith of many of our tribal partners that a comprehensive approach to the needs of children and families requires the participation of everyone in the community, and we see these efforts as ways of building on the strengths of this community orientation.

Q: What are the implications of this work more generally for infant mental health?

A: We know that all infants and toddlers come into contact with a broad range of individuals in their daily lives, and most, if not all, of these individuals could benefit from increased education on the needs of young children and their families and training to address these needs, especially among those who experience multiple adversities. While there will always be a place for specialty care from doctoral-level clinicians, and there remains an urgent need for expanded training to create these professionals in many states, including my new home in Oklahoma where we are actively trying to create the training opportunities to support workforce development in infant mental health, we also need a much broader societal commitment to supporting families with young children. The kinds of approaches we are developing in American Indian and Alaska Native communities point to some of the ways we can broaden our commitment, as a society, to our youngest children and their families in some of their most difficult times.