

# Cedar Bough Native American Program

Program Running Length: 2007-2016



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## **ACKNOWLEDGMENTS**

Kit Krieger, for his contributions to his community.

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2021

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## SUMMARY

The Cedar Bough Native American Program, which closed in 2016, was a private, independent residential treatment facility for tribal youth. For nine years, Cedar Bough provided high-risk/high-need youth, many who had been involved in the juvenile justice and child welfare systems, with culturally-competent mental and behavioral healthcare services. Using traditional practices like equine therapy, drumming circles, and smudging, the Cedar Bough program sought to strengthen participants' tribal identity and connection to Native culture. Program staff worked in partnership with a variety of supportive adults, such as therapists, case workers, child welfare workers, tribal representatives, and family members, to support, empower, and meet the needs of each participant.

# ONE TRIBAL DEMOGRAPHICS

## 1. LOCATION

The Cedar Bough Native American Program was located at the Youth Villages Oregon Christie Campus in Lake Oswego, Oregon.

## 2. LAND CHARACTERISTICS

The program was located roughly 11 miles south of Portland, Oregon, near the eastern coast of the Willamette River.



# TWO BACKGROUND

## 1. PROBLEM TO BE ADDRESSED

The Cedar Bough Native American Program was developed to fulfill the need for culturally-competent treatment for Native youth who face behavioral and mental health issues. The program was designed to address post-traumatic stress disorder, suicidality, exposure to violence and abuse, substance abuse, intergenerational/historical trauma, and other problems affecting Native youth. Prior to the creation of Cedar Bough, Native youth were served within the general service population at Youth Villages.

## 2. TARGET POPULATION

The Cedar Bough Native American Program served Native youth of all genders, between 11- 17 years of age, struggling with behavioral and/or mental health issues. Typically, participants also had juvenile justice, child welfare, and/or other social service system involvement.

## 3. PROGRAM HISTORY

Cedar Bough was a private, independent treatment program that was formed by a team of tribal and state officials with advisement by ChristieCare, an Oregon-based provider of services for children. At the outset, a Native American Advisory Council was established to advise, counsel, and direct the program on its cultural components. The Advisory Council was comprised of rural, reservation, and urban tribal members, and worked to ensure that indigenous practices were utilized alongside Western mental health interventions such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). In 2011, ChristieCare and all of its components—including the Cedar Bough Native American Program—merged with the national organization Youth Villages. In 2016, Youth Villages made the difficult decision to focus its efforts in Oregon on community-based services and close all residential programming in the state, including Cedar Bough.



# THREE

## PROGRAM DESCRIPTION

### 1. PROGRAM GOALS AND OBJECTIVES

The purpose of the Cedar Bough Native American Program was to promote young people's security in their cultural identity and to help realign their lifestyles in ways that established balance and harmony regarding their spiritual, emotional, mental, and physical well-being. The program's cultural activities offered protective, positive alternatives to negative coping skills, lifestyles, and mindsets.

### 2. PROGRAM DESIGN

Upon receiving a referral, program staff conducted an intake assessment to gauge each youth's degree of connection to their culture and to identify behavioral and/or psychological challenges and needs. Staff also screened each youth for suicidality and administered standardized instruments such as the UCLA PTSD Reaction Index and a depression screen. Treatment plans were then developed to address the underlying causes of the youth's behavior. Treatment plans could include stress/anger management, positive coping, communication/social skill building techniques, and Trauma-Focused Cognitive Behavioral Therapy where indicated.

Cultural activities included equine therapy, smudging, sweat lodge ceremonies, beading, dancing, singing, and drumming. Additionally, treatment plans engaged a variety of supportive adults, such as

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*"I think if they can get to the point where they start to understand the cultural components of their community, their tribe, and themselves, I would call that a success."*

– ADAM BECENTI, Program Coordinator

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therapists, case workers, child welfare workers, tribal representatives, parents/guardians, and other family members.

Acknowledging that structure and predictability can be therapeutic for youth, the Cedar Bough Program implemented a variety of pre-planned activities. School was held Monday through Friday from 9:00AM-3:00PM. While cultural activities were typically offered in the evenings, there were also specific opportunities for smudging at the beginning and end of each day. Here is a sample schedule of the program's cultural activities:

**Monday**

Equine Therapy  
4:00 PM- 6:00 PM

**Tuesday**

Beading  
6:00 PM- 7:00 PM

**Wednesday**

Drumming  
6:00 PM- 7:00 PM

**Thursday**

Cultural Event or  
Community Outing

**Friday**

Mindfulness and  
Meditation Group  
6:00 PM-7:00 PM

Cedar Bough prided itself on using community involvement to promote Native culture in the lives of its participants. For example, participants attended a sweat lodge ceremony on the first and third Sundays of each month. Youth also assisted with preparing canoes for the local tribes' Canoe Journey and attended arts events at the Center for Indian Affairs at nearby Portland State University. These off-site activities and others—like powwows and cultural ceremonies—aimed to increase youth understanding of Native culture while offering the opportunity to practice behavioral skills in the community.

### 3. PROGRAM DESIGN

The Cedar Bough Native American Program was administered by Youth Villages, a private non-profit organization that provides services to youth and families in Oregon. The program was staffed by Adam Becenti, the Cedar Bough cultural coordinator and tribal liaison, as well as a cultural support assistant and various other treatment professionals. The program also collaborated with a number of local Native artists and elders, including a drummer/storyteller, arts and crafts practitioners, and the Daughters of Tradition.



#### 4. CASE FLOW PROCESS

**Eligibility Criteria:** The Cedar Bough Native American Program was open to Native American youth, from 11 to 17 years of age, struggling with behavioral, mental health, and/or psychosocial issues such as:

- Aggression and other destructive behaviors
- Anxiety
- Autism spectrum disorders
- Post-traumatic stress disorder
- Depression
- Developmental disorders, including fetal alcohol spectrum disorders
- Child welfare system involvement
- Juvenile justice system involvement
- Substance abuse
- Suicidality
- Trauma due to violence and abuse

**Referral Process:** Referrals came from several sources: behavioral or mental health care agencies, social service agencies, Indian Child Welfare (ICW) offices, and juvenile justice systems. The program also accepted referrals directly from a youth's family or community.

**Supervision and Compliance:** To ensure personal growth and learning, the program facilitated monthly meetings with members of the treatment team to discuss each youth's academic progress, behavior, well-being, and participation in program activities.

**Termination Criteria:** Program staff convened regular review meetings with the youth, family, referral source, and a representative from Medicaid, during which all discussed the youth's progress in meeting the goals delineated in their treatment plan. Youth who completed the program participated in a hawk feather ceremony, in which they added their feather to a staff that holds feathers representing past participants who have rejoined their families and communities.

# FOUR PLANNING AND IMPLEMENTATION

## 1. THE TRIBAL FUNDING

The Cedar Bough Native American Program was largely funded through Medicaid. Individual contracts also provided additional funding on occasion (for example, through the Indian Health Service and/or other agencies). The program was once given \$50,000 by the Spirit Mountain Community Fund to increase programming, compose a tribal mural, market several job openings, and renovate the program's lavatories.

## 2. TECHNICAL ASSISTANCE

The developers of the Cedar Bough Native American Program benefitted greatly from the guidance and wisdom of two consultants: Dr. John Spence (an independent consultant, mental health professional, and expert in treatment with Native youth), and Terry Cross, the Executive Director of the National Indian Child Welfare Association and a Cedar Bough board member. Both Dr. Spence and Mr. Cross frequently advised on program design and building relationships with the local tribes.

## 3. PARTNERSHIPS

Cedar Bough partnered with the Native American Rehabilitative Association (NARA) to educate and treat youth who were struggling with substance abuse disorders.

## 4. FACTORS CONTRIBUTING TO SUCCESS

The Cedar Bough Native American Program was effective in part because of the many committed individuals who dedicated their time to its development. The Native American Advisory Council had an integral role in the establishment of the program and was largely responsible for its successes. The program also owed many of its accomplishments to the strong support of the surrounding tribal



communities in Oregon. The friends, family, and community members who supported the program-involved youth were central to their healing and growth.

## **5. CHALLENGES**

With a limited number of Native staff members, the ability to combine Western treatment practices and Indigenous healing practices posed an ongoing challenge to the Cedar Bough program. In addition, distance and transportation issues sometimes made it difficult for program staff to have in-person communications with participants' family members. To address this challenge, the therapists adapted their interventions to engage parents remotely whenever possible, such as by phone or Skype (video conferencing).

## **6. LESSONS LEARNED**

The Cedar Bough Native American Program learned that it takes time, effort, and consistency to build trusting, collaborative relationships with tribal communities, particularly as a non-Native organization proposing a residential program that may bring to mind memories of the boarding school era. The program received few referrals until staff engaged in meaningful, ongoing community outreach work, including regular face-to-face meetings with tribal representatives. Programs like Cedar Bough should ensure that staff have the freedom to invest in such relationship building for the program to be successful.

# FIVE PROGRAM OUTCOMES

## 1. NUMBER SERVED

The program served 40-50 Native youth each year and worked with youth from over 40 tribes. In total, the program served 267 Native youth, with an average length of stay of 135 days. In general, Cedar Bough participants stayed in treatment slightly longer than non-Native youth in similar programs because of a lack of treatment resources and services in their home communities.

## 2. PROGRAM EFFECTIVENESS

The program administered follow-up surveys to each family at 6 months, 12 months, and 24 months post-discharge to measure their satisfaction with the program. In addition, program staff developed a pre- and post-treatment tool to measure youth's feelings of connection to their culture.

## 3. COMMUNITY RESPONSE

Local tribes supported Cedar Bough by allowing program participants to take part in community activities like powwows and sweat lodge ceremonies. On occasion, tribal members came to the program to speak with the youth about traditional Native practices.

## 4. SUCCESS STORIES

Jessica is a 15-year-old girl from an Oregon tribe. She came to Cedar Bough with a history of severe aggression and violence toward both peers and adults, resulting in multiple criminal cases for assault. She had experienced extensive physical and sexual abuse. She was mandated to Cedar Bough by the county juvenile justice system, and staff maintained a collaborative relationship with her county case workers throughout her treatment, which lasted almost a year. The program connected Jessica with a trauma therapist who understood her violent behavior as a strategy for physical and emotional.



self-protection. Jessica also participated in a variety of cultural practices. As a result of these supports, she was able to heal from her traumatic experiences, stopped engaging in aggressive behavior, and became a positive member of her peer group and family. She left Cedar Bough as a leader, and is now attending college to join the helping professions.

Evan and Ethan are 14-year-old twins who came to Cedar Bough with undiagnosed learning difficulties. They had been both the victims and perpetrators of violence. Both boys had been threatened with long-term incarceration by their tribal justice system because of repeated criminal behaviors, including stealing cars, setting cars on fire, and being involved with a suspicious death on the reservation. Cedar Bough connected the boys with a traditional drummer, a traditional singer, and a mentor from the community. These individuals provided the boys with a connection to their culture that they'd never experienced before. This connection, along with the supportive relationships they developed, helped them to heal. Both boys are now in school full-time and have not engaged in any further criminal activity.