Family Group Decision Making (FGDM) with Lakota Families in Two Tribal Communities: Tools to Facilitate FGDM Implementation and Evaluation

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This article describes an adapted Family Group Decision Making (FGDM) practice model for Native American communities, the FGDM family and community engagement process, and FGDM evaluation tools as one example for other native communities. Challenges and successes associated with the implementation and evaluation of these meetings are also described in the context of key historical and cultural factors, such as intergenerational grief and trauma, as well as past misuse of data in native communities.

A mong tribal families in South Dakota, there are concerns that children are being placed unnecessarily in foster care. Native American[1] children constitute 13.8% of the state's population (U.S. Census Bureau, 2010), yet comprise 53% of the population of children in out-of-home care (Child Welfare League of America, 2011). Similarly, the disparity index for Native American children in foster care, compared to non-Native Americans, is 7.02, which means that Native American children are approximately 7 times more likely to be in foster care in South Dakota than non-native children (U.S. Census Bureau, 2010; Child Welfare League of America, 2011). As part of a broader effort to reduce this overrepresentation, we are conducting an ongoing evaluation of a culturally-based Family Group Decision Making (FGDM) model for families and children involved in, or at-risk for entry into, the child welfare system on the Pine Ridge and Rosebud Reservations in South Dakota.

The purpose of this article is to describe an adapted FGDM practice model for Native American communities, the FGDM family and community engagement process, and FGDM evaluation tools as one example for other native communities. Challenges and successes associated with the implementation and evaluation of these meetings are also described in the context of key historical and cultural factors such as intergenerational grief and trauma as well as past misuse of data in native communities (Hodge, Weinmann, & Roubideaux, 2000). This evaluation effort represents a unique collaboration between Sicangu Child and Family Services (SCFS) on the Rosebud Reservation, Lakota Oyate Wakanyeja Owicakiyapi (LOWO) on the Pine Ridge Reservation, Casey Family Programs,[2] and the University of Minnesota Duluth.

Context: Historical and Cultural

The FGDM model implemented at SCFS and LOWO child welfare agencies is rooted in indigenous origins and based on a relational

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1   Throughout this article, we use the term "Native American" to refer to indigenous people of North America who have American Indian and Alaska Native ethnic backgrounds. "Lakota" is used when referring specifically to the tribal groups involved in this evaluation.

worldview. This family engagement model was adapted to fit with the traditional and cultural practices of the Lakota. It is important to historically situate the Lakota by describing the profound impact of colonization. To a certain extent, history reveals a vigorous effort to impose a systematic form of maltreatment upon Native Americans through the dismantling of a thriving and sustainable culture and the following cumulative occurrences: land loss, abrogation of treaties, displacement, boarding schools, assimilation, language loss, federal policies, and abject poverty.

This methodical destruction severely impacted the Lakota societal structure known as the kinship system. The devastation further eroded a standard of living, way of life, and worldview, from which many families and communities never fully recovered. The residual effects of colonialism remain present in many communities and are often seen through intergenerational grief and historical trauma—sometimes called "soul wounds" (Duran & Duran, 1995). Despite a backdrop of historical atrocities on the Lakota, there is currently a cultural and spiritual resurgence that counters this historical fatigue and speaks to the steady resolve of the people. The FGDM process implemented in these two respective Native American reservations is occurring in tandem with ongoing efforts to deal directly with the systemic problems related to socioeconomic, political, and cultural issues, as well as efforts to reclaim and revitalize customary practices.

FGDM Background and Process

The origins of FGDM stem from New Zealand's child welfare policies and practices, some of which aimed to assimilate Maori families through the removal of children from their communities. The consequences of these efforts led to a disproportionate number of Maori children involved in the child welfare system (Doolan, 2010). In response to the numbers of Maori children and adolescents placed out of the home, the 1989 New Zealand Children, Young Persons,

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2   Casey Family Programs is a private operating foundation committed to improving the lives of children and families across the nation. Established in 1966, the foundation partners with tribal and public child welfare systems and communities to keep children safe and promote lifelong connections to stable families.

and Their Families Act was created. It mandated that services draw upon traditional Maori practices of identifying and utilizing extended family networks, cooperation, and mutual support while also honoring traditional beliefs and customs (New Zealand Children, Young Persons, and Their Families Act 1989). This decisionmaking model, known as Family Group Conferencing (FGC), stands in contrast to historical assimilationist policies and marked a return to processes that emphasize mutual family support and decisionmaking (Levine, 2000; Worrall, 2001).

The abuses experienced by New Zealand's Maori people, such as the forced removal and placement of children in boarding schools, are remarkably similar to those of Native American children and families. Upon return to their families, many children struggled to reacclimate back into the kinship equation, in part due to assimilation and acculturation effects. These experiences are considered a major contributing factor to the fracturing of the native family unit.

The values guiding the FGDM process largely mirror those set forth by the Maori and emphasize a respect for and reliance on familial and cultural connections. This work spread to the United States in response to requests from the Canadian First Nations people to provide a culturally-based, family-centered intervention, designed to maintain familial connections. In 1996, the American Humane Association (AHA) was asked to study FGDM to determine whether and how this process could be successfully implemented in North America. Through this work, AHA identified five components which, when followed, ensure FGDM integrity and model fidelity (AHA, 2008, p. 2). These components include:

1. An independent coordinator, responsible for convening the family group meeting with agency personnel.
2. Child protection agency personnel who recognize the family group as the key decision-making partners and offer time and resources to convene the family.
3. After initial presentations, family groups meet on their own, without statuatory authorities and other non-family members, to work through information they have been given and formulate responses and plans.

4. When agency concerns are adequately addressed, preference is given to the family group's plan over any other possible plan.

5. Referring agencies support family groups by providing the necessary services and resources to implement the plan.

Family engagement. FGDM is a family engagement process. Its origins as a child-centered and family-driven model are rooted in the traditional precepts and practices of many cultures where families share responsibility for community children and work collaboratively to solve problems (Running Wolf, Soler, Manteuffel, Sondheimer, Santiago, & Erickson, 2002). FGDM aims to reduce the overrepresentation of native children in the South Dakota child welfare system through prevention, increasing kinship placements, and reducing the number of children placed with non-native families.

Some aspects of mainstream child welfare purposes and practices differ from the customary methods and practices of the Lakota kinship system (*wawotakuye*). For example, the kinship system is at the core of societal structures and relationships, in which everyone views themselves as a relative. Thus, the Lakota kinship system is structured to be more inclusive than exclusive. Lakota children (*wakanyeja*) are raised within the context of their family (*tiwahe*) and extended families (*tiospaye*), which lays a foundation for children to develop a sense of care and belonging. FGDM exemplifies how the kinship system can be a viable and empowering way to address family relations and connections. As in the FGDM process, the concept of coming to the aid of relatives in need is a function routinely practiced by the Lakota.

Community engagement. Community engagement and decision-making can range from highly formalized to relatively informal processes. The implementation of FGDM creates an opportunity to further challenge communities to build stronger partnerships and healthier relationships that more readily reflect the Lakota kinship system. Based on a need for community accountability and a renewed sense of community, SCFS and LOWO have shifted their engagement efforts toward an innovative community-engagement approach. For example, both tribal agencies are training community members as family engagement facilitators using grass roots organizing principles

and practices. These efforts serve to ground the FGDM engagement both contextually and culturally in the community, as well as provide a framework that supports and sustains growth in a consensus manner. This method differs slightly from the conventional FGDM approach because as a community-engagement process, it is formalized to work well with or without child welfare agency participation.

This form of broader community engagement is reflective, and it incorporates Lakota values and protocols to help restore relationships and bring meaning back to the idea of "to be a good relative." Like the universal concept of the "Medicine Wheel," the engagement process positions families and communities to reclaim customary practices and to resolve issues within their wider circle. Beyond the family, this engagement process involves introspection and self-discovery on a larger and more collective scale. The approach requires a paradigm shift or change in how we address systemic concerns by emphasizing a shared responsibility between the family and community. Further, to ensure continuity and growth of the family engagement process, it is equally important to have native people from the community to champion the model and provide leadership (McDonald, 2002).

LOWO includes FGDM as a service in its Oglala Lakota Practice Model, a culturally-based approach to providing services that aims to integrate traditional Lakota assessment and treatment interventions with a clinical or western approach to child welfare services (see Figure 1). The model is based on Lakota cultural values, and like FGDM it aspires to re-awaken the family's connection to those values that sustained the Lakota people throughout time. LOWO utilized the community engagement approach in an effort to expand FGDM services to the reservations' outer districts as part of Lakol Tiwahe Na Tiospaye Yukini Pi Kte—Restoring Lakota Families and Communities—a grant from the Bush Foundation from 2009 through 2011. Some of the FGDM evaluation methods and surveys described here were refined as part of this grant. While new practices can be unsettling and met with resistance, with the right clarity and investment of effort it is possible to change an entire system's way of thinking. The FGDM engagement process appears to be helping

Figure 1
Oglala Lakota Practice Model: Medicine Wheel #1 – Search For Relatives
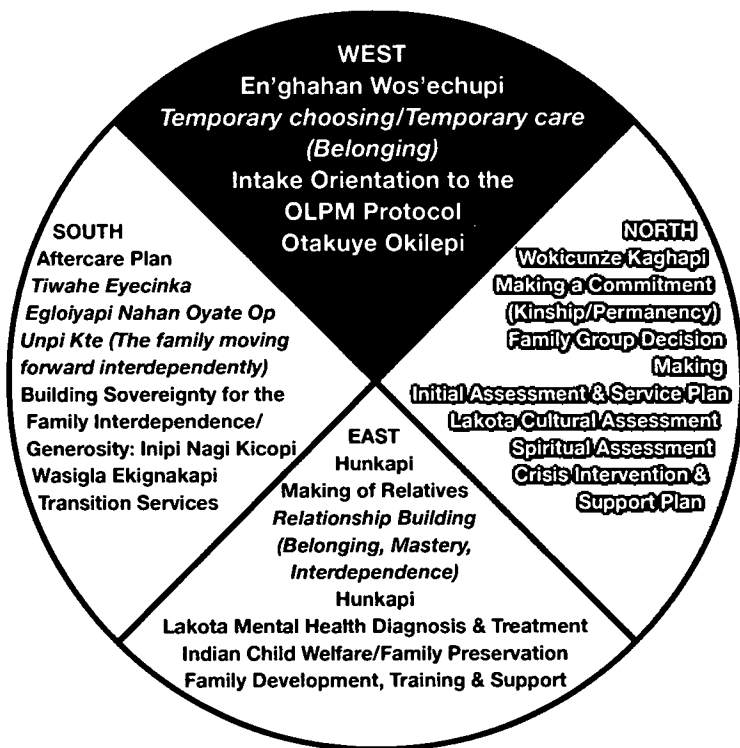
From Oglala Lakota Practice Model (p. 21), by R. Moves Camp, et al., 2004, Pine Ridge, SD: Lakota Oyate Wakanyeja Owicakiyapi. © 2004 by Richard Moves Camp and Casey Family Programs. Adapted with permission.

reform the larger child welfare practice model in these two Native American communities.

Implementation and Evaluation of FGDM at LOWO and SCFS

Not only is documenting applications of FGDM in Native American communities important, but helping to build internal evaluation capacity is also a critical contribution. To that end, we developed a collaborative FGDM evaluation at LOWO and SCFS. Although the
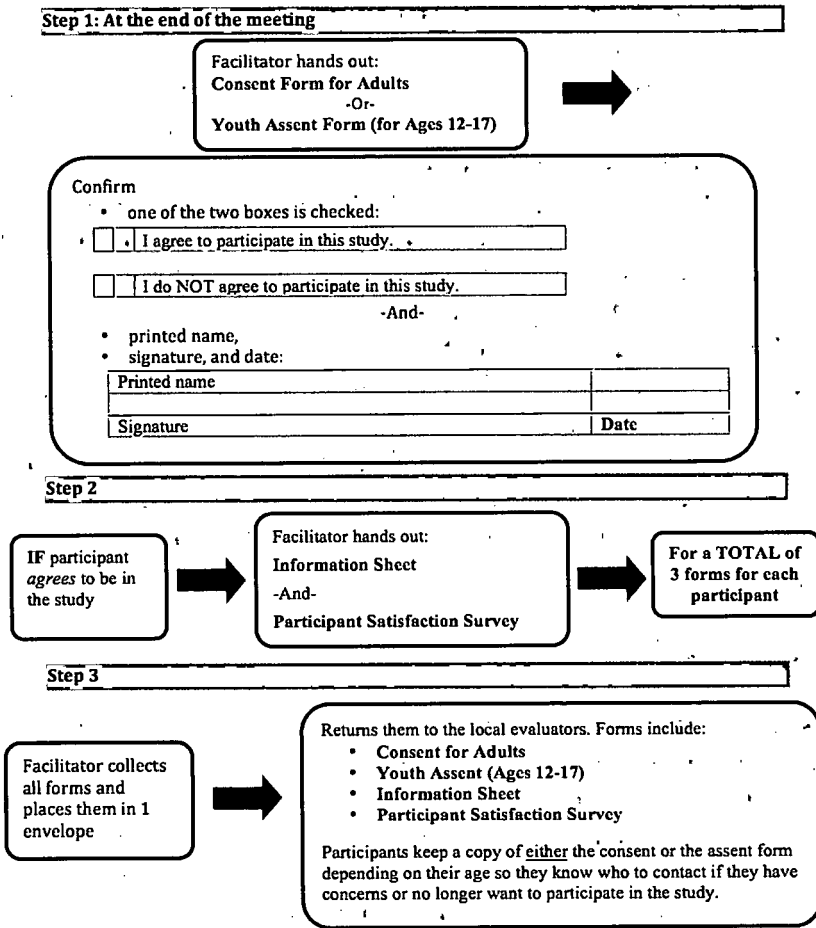
FGDM process is rooted in indigenous ways of building and sus-
taining family connections, and is now used more widely in child wel-
fare with many families, little work has been done to provide a
roadmap for Native American child welfare programs to implement
and evaluate FGDM in their own communities. Thus, the evaluation
tools and procedures (including human subjects protocols and forms
and scripts to ensure that measures are delivered consistently) were
designed with three distinct purposes: (a) to provide useful informa-
tion about the program's effectiveness, (b) to make program improve-
ment recommendations, and (c) to engender program sustainability
and replication in other tribal communities. Sustainability and repli-
cation would allow the program to serve more at-risk youth and fam-
ilies and ultimately reduce the disproportionate number of native
children in child welfare. Our evaluation tools—(a) consent and
assent forms, (b) participant satisfaction survey, (c) demographic
information survey, and (d) follow-up survey—are described below.
The goal of sharing this material is to provide concrete examples of
how two tribal communities are evaluating this work.

Evaluation Procedures

We developed a data collection flowchart (see Figure 2) that outlines
the steps and order in which FGDM facilitators distribute the evalu-
ation materials. Prior to receiving any surveys, the facilitators provide
participants with either a consent or assent form (assent forms are given
to adolescents) that describes (a) the purpose and benefits of the study
(e.g., "to learn more about FGDM as a way to bring family support
services to native families"), (b) potential stress and discomfort (e.g.,
"you can refuse to answer any question, for any reason"; "you can also
stop participating in the study at any time"), and (c) how to learn more
about their rights as participants (e.g., "you will receive all follow-up
services regardless of whether or not you participate in the study"; "if
you have more questions about your rights, you can also contact ...").
Caregiver consent is required prior to participation for youth who are
12 to 17 years old. Children under the age of 12 are ineligible to par-
ticipate in the evaluation, mostly because of literacy concerns (e.g., are

Figure 2

Data Collection Flowchart

Step 1: At the end of the meeting

Facilitator hands out:
Consent Form for Adults
-Or-
Youth Assent Form (for Ages 12-17)

Confirm
- one of the two boxes is checked:
  - ☐ I agree to participate in this study.
  - ☐ I do NOT agree to participate in this study.

-And-
- printed name,
- signature, and date:

| Printed name | |
| Signature | Date |

Step 2

IF participant *agrees* to be in the study

Facilitator hands out:
Information Sheet
-And-
Participant Satisfaction Survey

For a TOTAL of 3 forms for each participant

Step 3

Facilitator collects all forms and places them in 1 envelope

Returns them to the local evaluators. Forms include:
- Consent for Adults
- Youth Assent (Ages 12-17)
- Information Sheet
- Participant Satisfaction Survey

Participants keep a copy of either the consent or the assent form depending on their age so they know who to contact if they have concerns or no longer want to participate in the study.

they able to understand the questions?). When facilitators know or suspect that a participant may not have English language literacy, materials are read aloud to the entire group to reduce the likelihood of anyone feeling singled out. Last, participants retain a copy of either the consent or assent form so they know who to contact if they have concerns or no longer want to participate in the study.

Because participants may decline to take part in the study, it is important to track the number of people who decline to participate

in the evaluation to assess the generalizability of our findings. For example, it may be the case that only those individuals who are pleased with the FGDM process and outcomes agree to be evaluation participants. It is also important that the evaluation materials are distributed to participants in a consistent manner. To maximize participant response rates and ease a potential burden for the facilitators, evaluation materials are distributed immediately following the FGDM meeting. While we recognize that this timing is not ideal (families are often tired after the intensive FGDM process), we decided that recall accuracy and completion rates would be highest if the forms were distributed on the same day as the meeting.

Once the evaluation materials are completed, each participant places the evaluation materials into one envelope, which minimizes the likelihood of facilitators viewing individual participant satisfaction ratings. Evaluators share participant satisfaction ratings with facilitators and the agencies, however, these ratings are presented in the aggregate and thus, individual responses remain unknown to agency staff and community stakeholders.

Measures

The participant satisfaction survey. As shown in Table 1, this survey is given to everyone who participates in the FGDM meeting: eligible youth (ages 12 and above), caregivers, and others selected by the family (e.g., friends, supporting individuals). While survey items were culled from a variety of sources, many items were adapted to better fit the FGDM model used in these tribal communities. Four community values guided the content of the survey items: belonging, mastery, interdependence, and generosity (for a description of how these traditional values relate to at-risk youth, see Brendtro, Brokenleg, & Van Bockern, 1990; 2002). These values form the basis of family and community empowerment and thus are bedrock to the FGDM process.

The 27-item survey also measures fidelity to the FGDM model. Example items include: (a) "the meeting facilitator recognized the family group as their key decision-making partner" and (b) "families had an opportunity to meet on their own, ... to formulate their plans."

Table 1
Lakota FGDM Participation Satisfaction Survey Items

Statements*
1. My family helped choose who attended the meeting.
2. My family was involved in deciding when and where to hold the meeting.
3. The meeting place felt adequate and welcoming.
4. In case we needed language assistance, it was available.
5. The purpose of the meeting was clear to me.
6. I felt prepared for the family meeting.
7. My role in the meeting was clear to me.
8. There were more family members than services providers invited to the meeting.
9. The role of the facilitator was discussed with the participants and was clear to me.
10. The facilitator remained neutral and impartial during the meeting.
11. Child and family needs were clearly identified through this process.
12. I was actively involved in the process during the meeting.
13. Our family had private family time.
14. My family identified cultural needs during the meeting.
15. Family traditions were respected in the family plan, which is consistent with my cultural beliefs and values.
16. I felt safe during the Family meeting.
17. I said what I wanted to say during the meeting.
18. I thought other valued what I had to say.
19. The right people were at the meeting.
20. We had enough time for the meeting.
21. I had enough information to help make a good plan.
22. Our family developed a plan that is realistic and addresses the wellbeing, permanency, and safety need of our child(ren).
23. My family understand the key elements of safety to be included in the plan.
24. I expect my family's connections to the community to become stronger as a result of this meeting.
25. I am satisfied with the plan for our child(ren).
26. I am satisfied with the service and results of the meeting.
27. I would recommend the family meeting process to others.

* Participants were asked to provide their level of agreement on a 7-point Likert scale for all survey items; the scale ranged from 1 Strongly Disagree to 7 Strongly Agree.

Participant responses are measured on a 7-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree."

Demographic information survey. Participants are also asked to complete this 8-item survey, which is primarily comprised of structured responses (see Table 2). Items include the participants' relation to the family and perceptions of their cultural identity (e.g., "How do you see

yourself in terms of your American Indian culture?"). This latter question exemplifies the collaborative nature of this work, as FGDM facilitators at both LOWO and SCFS wanted to include a survey item about ethnic identity. Not only is survey development a collaborative process, but in our evaluation procedures development, we strive to be responsive to the needs of facilitators while balancing both research objectives and cultural concerns. For example, when we developed the demographic information survey, facilitators had questions surrounding why there was a question about partner status. This prompted us to develop an Evaluation Procedures reference sheet, which included examples of possible questions that participants might ask and suggested responses for the facilitators. With respect to possible questions about caregiver partner status, the following response was suggested:

> Some research indicates that child outcomes differ based on who lives in the family home—especially parents' partners. We would like to understand who is living in the home where the children reside. This question is only for caregivers. For example, an aunt or grandmother who is not the primary caregiver should skip this question.

Child and family outcomes follow-up. A follow-up survey is administered to primary caregivers six and 12 months following the final FGDM meeting to assess (a) the child's living arrangements (e.g., living with family, foster care, or other out-of-home placement), (b) FGDM plan follow-through, (c) child and family well-being, and (d) any maltreatment reports. The survey information is collected over the phone or in person. The 12-item survey pairs 7-point Likert-type scales, which ranges from "Not at all" to "Greatly," with related open-ended questions (see Table 3).

After the completion of these items, each respondent is asked questions that are used to complete a chart that details the living situations since the last meeting for all children involved in the FGDM meeting. Both participating agencies have identified a consultant or staff member who is removed from the daily family case management relationship to administer the follow-up questions.

All evaluation data are owned by the tribal child welfare agencies and can be used for quality improvement purposes. Vehicles for input,

Table 2
Demographic Information Survey Items

Question	Response Options
1. What is your race or ethnicity? Check all that apply.	Native American or American Indian Alaskan Native White Hawaiian or Pacific Islander African American or Black Hispanic or Latino Asian Other (specify)
2. What is your enrolled/principal Tribe?	Open-ended
3. What is your date of birth?	Open-ended
4. What gender are you?	Male Female
5. What grade are you currently in? [a]	Open-ended
6. What is your current partner status? [b]	Married Living together in a marriage-like relationship Divorced Separated Single Other (specify)
7. How do you see yourself in terms of your American Indian culture? Circle one number.	1 Low Identity [c] 2 3 4 5 High Identity [d]
8. What is your level of Lakota language competency? Circle one number.	1 Don't speak or no understanding at all 2 3 Understand but can't speak 4 5 Fluent

(a) Question asked of youth only.
(b) Question asked of caregivers only.
(c) Low identity defined on the demographic information sheet as "Currently, I have little connection with my tribal community, traditions, or ceremonies."
(d) High identity defined on the demographic information sheet as "Know your tribal language and practice life ways of the people (participate in traditional ceremonies or practices or tribal community events)."

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Table 3
Lakota FGDM Six and Twelve Month Follow-up Survey Items

Scale and Open-Ended Items*

1. How much is the family plan developed through FGDM meeting(s) being followed?
2. Why do you feel it is or isn't being followed? (Open-Ended)
3. How much of an impact did the FGDM meeting(s) have on your family?
4. In what ways did it help your family? How was it not helpful? (Open-Ended)
5. How much was FGDM meeting(s) helpful in getting a positive living situation for your child?
6. Overall, how much is your family doing better now than before the FGDM meeting(s)?
7. How have things changed for your family since the FGDM meeting(s)? (Open-Ended)
8. Overall, the youth is/are doing better now than before the FGDM meeting(s)
9. How have things changed for the youth since before the FGDM meeting(s)? (Open-Ended)
10. How much would you recommend FGDM to other families?
11. What are your suggestions for how to improve FGDM meetings? (Open-Ended)
12. What kind of services and other supports do you need now but have not received? (Open-Ended)

* All items are measured on a 7-point Likert scale (ranging from Strongly Disagree to Strongly Agree), unless otherwise noted.

such a community presentations and discussions at LOWO and Sicangu, which are also in partial fulfillment of the Oglala Sioux Tribe Research Review Board (OSTRRB) requirements, allow community members to shape the evaluation as well as provide invaluable assistance interpreting findings. One example of how this evaluation could be modified would be through increased focus on fathers and paternal relatives if the tribal community members deemed this to be a topic of particular interest.

Challenges of FGDM

Implementation. Introducing new and creative techniques into existing practices comes with inherent difficulties and the engagement work implemented in both Lakota child welfare agencies is no exception. Most challenges are systemic in nature, with inadequate resources being the most significant. Examples include structural issues related to budget restraints, agency pressures regarding increased workloads, and high turnover rates. A lack of buy-in from some staff may stem from the perception that FGDM entails additional work or unease

related to doubts about the effectiveness of FGDM. The lack of FGDM training can also contribute to inadequate levels of understanding.

Difficulty in overcoming resistance to change is another challenge. To achieve substantial change consistent with family engagement philosophy, principles, and practice, requires moving forward with dialogue, perseverance, and mutual understanding. The relationship between tribes and states can be described as tenuous, in part, due to some states historically exercising jurisdiction over tribal children in child welfare matters. This remains a point of contention for tribal governments. Within this context, a challenge is to build upon existing relationships and to reach levels of comfort to engender effective partnerships that address the needs of Lakota children and families.

The practice of FGDM challenges some contemporary ideas related to how certain agencies conduct business. In some cases, child welfare and court systems take the position that their role toward families is to prescribe and dictate what is best for them, which is a perception that only perpetuates paternalistic notions (Davis & Keemer, 2002). This is particularly true for child referrals that have languished in systems for long periods of time. It is also an example of a power differential and how it is exercised when there is a lack in faith and distrust toward families to make decisions on their own.

Confusion between models of service delivery is another challenge. FGDM is different compared to more agency-driven engagement practices such as Team Decision Making (TDM) or Family Team Meetings (FTM). The distinctions are often related to purpose, preparation time, meeting length, and facilitator type (independent vs. agency staff). The key difference, however, is related to decision-making responsibility. TDM and FTM tend to maintain emphasis on the agency's final authority. These agency-driven practices generally rely upon the "expertise" and professional "skills" of staff to make decisions on behalf of families, whereas FGDM shifts the locus of decision making to families (as defined by them) with staff providing assistance so that changes can occur. FGDM, on the other hand, partners with the family, creating the opportunity for the family to drive the process. FGDM at LOWO and SCFS may share some of the principles with

TDM and FTM; however, a clear distinction between them is the decision responsibility and family involvement, in comparison to the more family-guided process FGDM provides. This paradigm shift is difficult for some staff to make, and can pose a challenge to successful implementation of FGDM.

Whether the FGDM process is voluntary or mandatory can be another challenge. Some staff view FGDM participation by court-ordered families to be in direct conflict with the intent to provide a voluntary forum, thereby creating a fine line between encouragement and coercion to participate. Other staff consider court involvement to be advantageous in order to gain parent participation in services and to hold them more accountable. The low number of referrals relative to the number of Lakota families in the various systems also raises a concern. Reasons vary, but include inexperienced workers who may be reluctant to refer, failure to engage the full spectrum of extended family members, lack of family support, active family addictions, and families who are overwhelmed by legal involvement. Other implementation challenges that affect participation include time constraints voiced by both family members and service providers.

"Historical fatigue" has a tremendous impact and is a contributing factor to the enduring effects that are played out through families and communities. This lesson is compounded by insufficient resources to adequately address the extremely high level of needs found on these reservations. While it is paramount to improve child safety, permanency, and well-being outcomes, the engagement processes described in this article cannot result in better outcomes by themselves. A collective approach is needed to provide protection for a child's right to maintain their cultural connections, achieve permanency, and, in turn, promote system change through a more collaborative framework (Beals, Manson, Mitchell, Spicer, & the AI-SUPERPFP Team, 2003). FGDM is one of many tools that can be used to achieve these goals.

Evaluation. There is a belief that tribes dislike evaluation because of a long history of exploitation from external researchers who took advantage of tribal communities and misinterpreted data. However, contrary to these beliefs, tribes do value evaluation efforts, especially

when culturally sensitive researchers work in collaboration with tribal practitioners to collect credible data that allows them to improve the quantity and quality of services and outcomes for their children and families (Davis & Keemer, 2002). Central to evaluation in Native American communities is the issue of integrity. In order for model fidelity to take hold, it is important that culturally relevant evaluation tools are designed and developed to assess participant satisfaction, outcomes, and efficacy. In some cases, evaluation studies involving tribes have experienced challenges that date back to past abuses involving researchers with unscrupulous data collection and dissemination practices. To better protect and serve tribal communities, certain safeguards like institutional review boards (IRB) have been instituted (Hillabrant, 2002; Hodge et al., 2000). Both the Rosebud and Pine Ridge Sioux Tribes have this mechanism in place to review and approve all research conducted on their respective reservations. For example, this evaluation was approved by both the OSTRRB and the Sinte Gleska University IRB on behalf of the Rosebud Sioux Tribe. Each IRB reviewed the evaluation method and instruments for this project.

Fatigue associated with FGDM meetings poses another challenge for potential evaluation participants, especially for over-burdened family members with minimal experience trying to solve their own problems. The issue is compounded by participation in such an intensive FGDM process, after which families are simply exhausted, physically and emotionally. When the last part of the meeting involves a request for participants to provide instantaneous feedback about their experience, this can be difficult. For tired families, who may begin with ambivalence and suspicion toward child welfare and conventional research (Running Wolf et al., 2002), these requests can only add to their resistance toward completing an evaluation form. Families may also decline to be evaluation participants based on skepticism surrounding requests for their opinions, especially when they do not know how their answers will be used. Likewise, families may find participation problematic when they do not receive immediate feedback about the results to which they contributed, which reduces the likelihood of participation in our evaluation. Beyond the scope of

the current article, future evaluation work will examine the relation-
ship between participant demographics, case characteristics, meeting
satisfaction, and avoidance of out-of-home placement among these
families. It is important to acknowledge that findings detected or con-
clusions drawn from this evaluation will be specifically grounded in
Lakota communities. Because there are over 500 federally recognized
tribes, there is considerable variation between American Indians in
language, culture, location, and socioeconomic status, among other
factors. Given this heterogeneity, evaluation findings from these
Lakota communities may not be representative of outcomes from
other tribal communities.

Successes of FGDM

Several factors contribute to the success of implementing FGDM on
these reservations. As stated earlier, one is the strategic attention
placed on the historical factors impacting state and tribal relations.
Gains between tribes and states may be incremental; however, with
continued dialogue, understanding and partnerships can emerge to
address and advance specific initiatives and improvements related to
children and families. Many child welfare situations often involve
cross-jurisdictional issues, and neither the tribes nor the states are
fully equipped to address them in isolation. Authentic partnerships
are a cornerstone of successful implementation of collaborative fam-
ily engagement processes like FGDM.

Lessons Learned

Lessons described here are intended to provide an overview of the
development, practice, and implementation of FGDM on two
Lakota reservations in South Dakota. FGDM facilitators have
worked hard to minimize deviation or drift from the core (Maori)
principles. An example is when agencies and professionals do not
yield to families' sufficient control of meetings to make their deci-
sions (e.g., professionals exert their influence to remain present dur-
ing "Private Family Time"). Understandably, while reliance on

agencies and paid workers is rooted in dependence to some extent, the Maori principle states that the family should drive the process through self-empowerment. Also critical for the facilitator and the child welfare agency is the knowledge that only people can empower themselves. Put simply, all facilitators and agencies can do is design a process that is empowering, and then they must entrust families to define who and what *tiwahe* (family) means to them. From a practice perspective, FGDM facilitators need to know their limitations and be flexible enough to know when to "go with the flow." In addition, buy-in and collective support from agency leaders, colleagues, tribal members, courts, other agency collaborators, and key community stakeholders must remain a priority. The success of meetings reflects on the professionalism of the agency and staff.

Last, one aspect of child welfare that has largely gone unrecognized is the validation of the father's role in connection to his children. FGDM recognizes the father's equal right as a parent, and tries to create an opportunity for involvement. Native communities understand the importance of the Lakota male figure and, as such, are making greater efforts to actively include and engage fathers, grandfathers, and other male kin.

Overall, while the impact of these lessons and desired changes might be viewed as far-reaching, tribal stakeholders hope that FGDM and other forms of family engagement will lead to fewer child placements in out-of-home care. With proper implementation of FGDM, decisions about the future of a child's life can be made more efficiently, equitably, and with less sanctioning of the family unit.

Implications

Given the vast diversity of tribal communities and programs, the tools presented above will not be useful to every community interested in implementing and evaluating an FGDM process. Instead, these groups will likely want to adapt the evaluation materials to meet their needs. The hope is that the tools and the processes outlined support the path toward the successful implementation of a community-based effort to preserve families.

Tribal organizations routinely cite a lack of both accurate data and useful program evaluation as barriers to effective programming. While there are significant needs for Native American people living on and off the reservation, there are also innovative programs being built to address these needs. As tribal child welfare programs continue to expand their services to families, it is critical that the assessment of these services not come solely from outside entities. The legacy of non-indigenous research described above underscores the need to build internal evaluation capacity by involving indigenous practitioners and community members in the evaluation process. Participatory research is particularly relevant to building this capacity as its "ultimate goal is to empower communities to assume ownership of research processes and to utilize the results to improve their quality of life" (Davis, 2002, p. 12).

This is an important time for native child welfare programs given recent legislation (2008 Fostering Connections to Success and Increasing Adoptions Act; P.L. 110-351) that has opened the door to direct Title IV-E funding for tribal child welfare services. Not only is this a step closer to authentic government-to-government interaction between federal/state and tribal governments, it also represents an opportunity for tribal programs to begin moving toward indigenous models of service delivery and, if done intentionally, greater within-community capacity to evaluate services.

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