# Journey of Healing
# MMIP Prevention Trainings:
## Understanding Trauma and Decolonizing Trauma

May 15th | 2:00PM ET

Facilitator: Aliyah Smith-Gomis, MPH | Public Health Project Coordinator | NCUIH
Presenter: Teresa Gomez, Jennifer Nanez, & Deidre Yellowhair | UNM

NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

# Housekeeping

Please note that today's session will be recorded.

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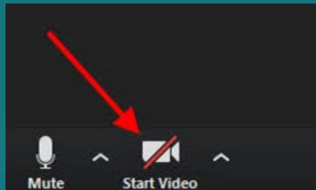


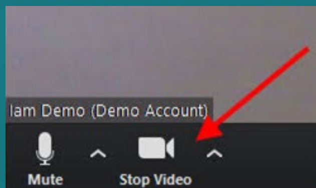


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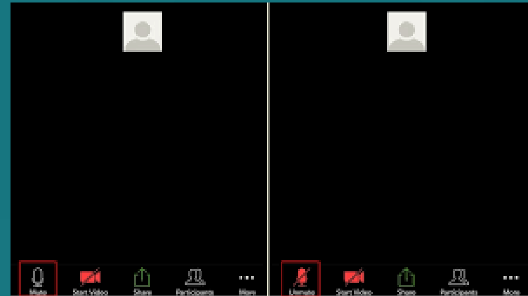

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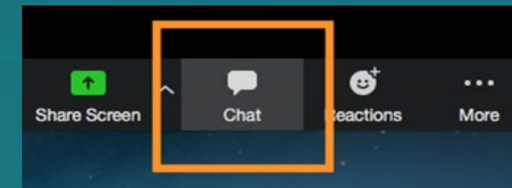

# Agenda

| TIME ALLOCATED | TOPIC | PRESENTER |
|---|---|---|
| 2:00 PM EDT | Welcome | Aliyah Smith-Gomis |
| 2:02 PM EDT | About NCUIH<br>Disclosures<br>Content Warning<br>Introduction of Presenters | Aliyah Smith-Gomis |
| 2:10 PM EDT | UNM Content Delivery | UNM Team |
| 3:10 PM EDT | Questions | Aliyah/UNM Team |
| 3:25 PM EDT | Conclusion<br>Survey Reminder | Aliyah Smith-Gomis |
| 3:30 PM EDT | Adjourn | Aliyah Smith-Gomis |

# NCUIH

NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is the national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is the only national representative of the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas, supported by quality health care centers.

# Disclosures

**This activity is jointly provided by National Council of Urban Indian Health and Cardea Services**

Cardea Services is approved as a provider of nursing continuing professional development by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

This program is Approved by the National Association of Social Workers (Approval # 886874323-1585) for 1 continuing education contact hours.

# Disclosures

**COMPLETING THIS ACTIVITY**

Upon successful completion of this activity 1 contact hour will be awarded

Successful completion of this continuing education activity includes the following:

- Attending the entire CE activity;
- Completing the online evaluation;
- Submitting an online CE request.

Your certificate will be sent via email. If you have any questions about this CE activity, contact Stefi Droz at sdroz@cardeaservices.org

Cardea

# Content Warning

We know that this topic is highly sensitive and may being up concerns for you that could be triggering. We encourage you to put yourself first and take care of your mental health in any way necessary.

If you need to leave, feel free to do so.

NATIONAL COUNCIL of URBAN INDIAN HEALTH

# Meet Your Presenters

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*(Pueblo of Isleta)*

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# Understanding Trauma and Decolonizing Trauma

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# Learning Objectives

- Examine/Understand the foundations of Trauma studies
- Examine/Understand the foundations of Population Trauma and Historical Trauma
- Examine/Understand/Decolonize work/treatment via Cultural Safety model

# Trauma

- Traumatic events have been in existence since time immemorial; and trauma responses have been in existence for the same period.
- However, trauma studies and trauma theory has a fairly recent history dating back to the late 19th century in early psychoanalytic theory.
  - Military officer responses to trauma in the Civil War; and later WWI and WWII
    - "Shell shock" and "battle fatigue" were terms used to describe trauma reactions; and were originally viewed as personal or moral shortcomings in response; and later treatment recommendations often included rest
  - Freud's early work with women and hypnosis uncovering trauma histories—later abandoned.

Andermahr, S. (2015). "Decolonizing Trauma Studies: Trauma and Postcolonialism"—Introduction. Humanities, 4(4), 500-505.

# Trauma

- This early work focused on the individual, and was created from Western lens.
  - Definitions surrounding trauma often reflected that view.
  - This early work neglected to examine trauma directed to populations, and trauma that was inflicted upon populations across generations or spans of time.

# Trauma Definition

- Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being, (SAMHSA, 2020).
  - NCTSN defines trauma as a frightening, dangerous or violent event experienced or witnessed that is threatening to a child's life or body integrity.
  - Adversity is a "broader term used to describe serious hardship or misfortune that requires significant adaptation by a child in terms of psychological, social and neurodevelopmental systems, and are outside the normal expected environment, and may or may not be a traumatic event."

- Types of Trauma and Adversity
  - Physical Abuse
  - Sexual abuse/Rape;
  - Emotional Abuse
  - Physical and Emotional Neglect
  - School Violence;
  - Natural and Human Caused Disasters
  - Military-family related stressors;
  - Sudden or violent loss of a loved one;
  - Serious accidents;
  - Loss of a caregiver;
  - Life threatening illnesses;
  - Domestic violence;
  - Medical Trauma
  - Poverty

# Types Of Trauma

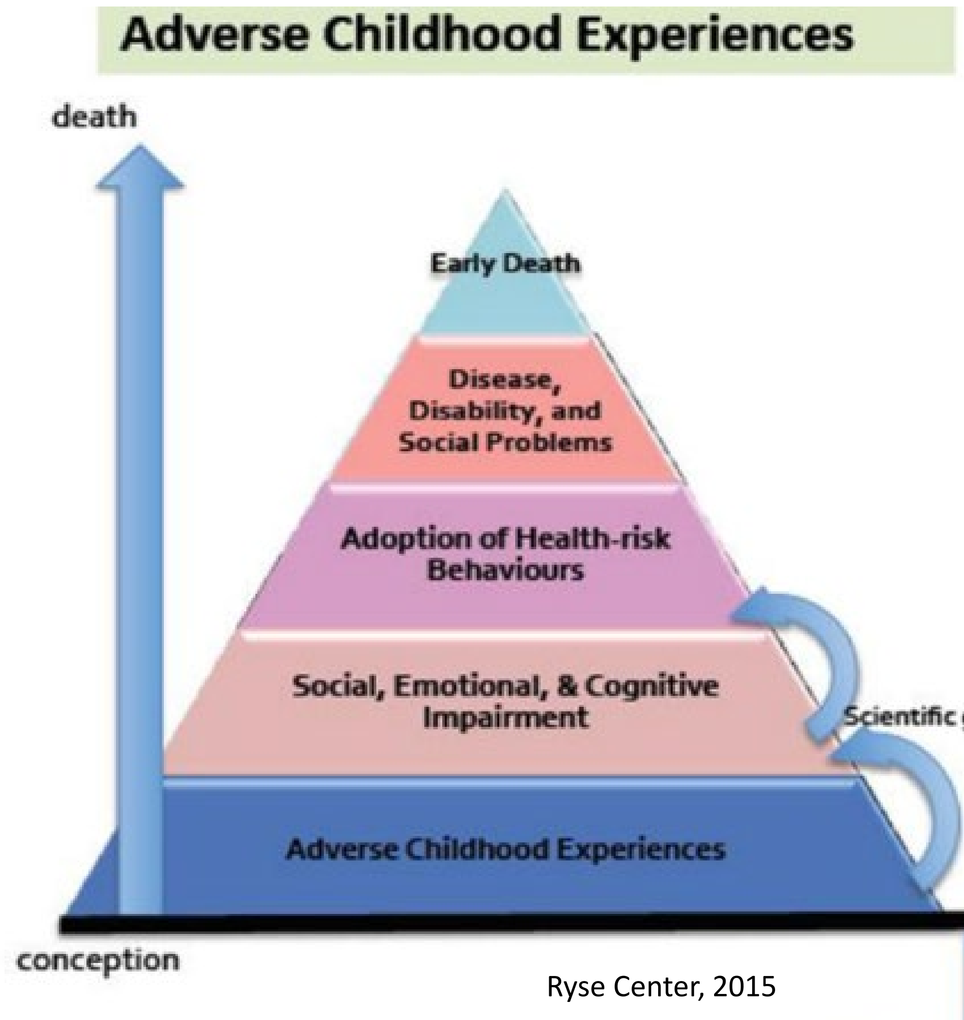
## I. SINGLE INCIDENT TRAUMA

Single incident or event, short duration, can be high intensity

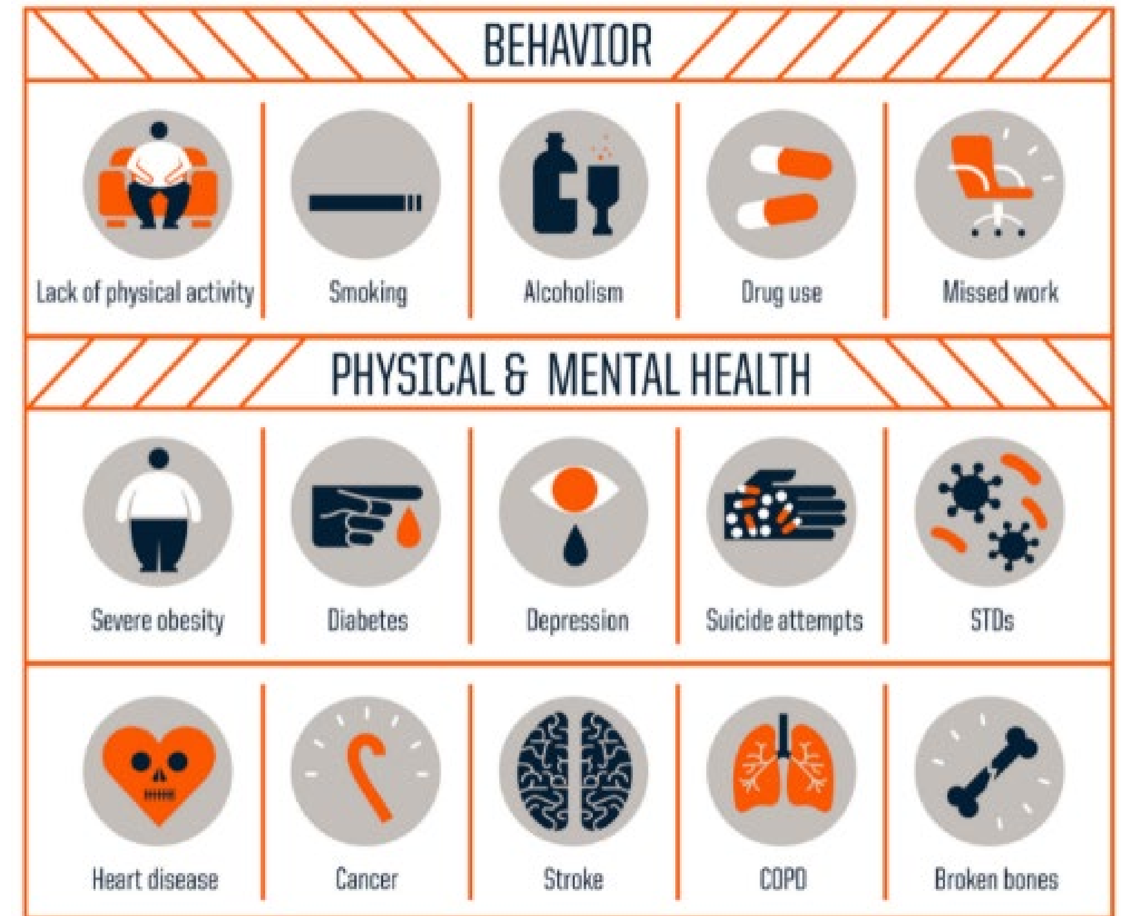
## II. CHRONIC/COMPLEX OR DEVELOPMENTAL TRAUMA

- Multi-type, chronic and prolonged exposure to trauma
- Typically interpersonal in nature
- Intensity can vary

# Adverse Childhood Experiences




Ryse Center, 2015




www.cdc.gov

# Examples of ACES, Child Adversity and Trauma

## Child Adversities & Trauma Types Collected in NCTSN

with ACEs highlighted(Felitti)

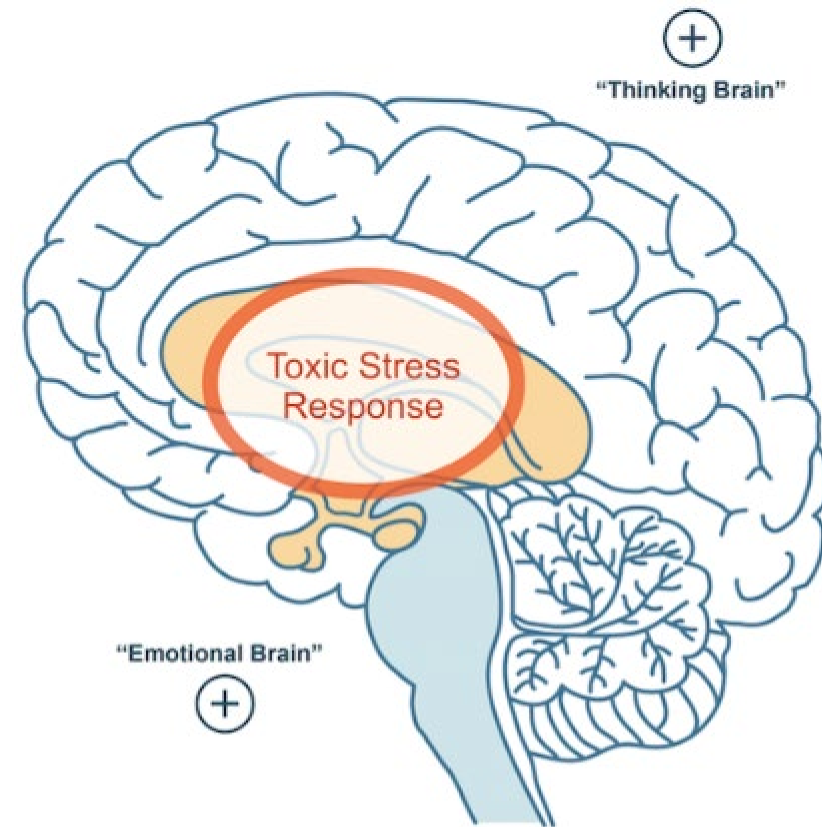
1. **Sexual Abuse**
2. **Physical Abuse**
3. **Emotional Abuse/ Psychological Maltreatment**
4. **Neglect**
5. **Domestic Violence**
6. **Impaired Caregiver**
   A. **Substance Abuse**
   B. **Parental Mental Illness**
7. **(Parent Divorce or Separation)**
8. Sexual Assault/Rape
9. Physical Assault
10. War/Terrorism/ Political Violence
11. Community Violence
12. School Violence
13. Separation from Family Member
    A. **Parent Incarceration**
14. Death or Bereavement of Loved One
15. Illness/Medical Trauma
16. Serious Injury or Accident
17. Natural Disaster
18. Kidnapping
19. Forced Displacement
20. Extreme Interpersonal Violence
21. Bullying
22. Other Trauma (Including Sex Trafficking)

NCTSN Core Data Set 2016
NCTSN Clinical Improvement Through Measurement Initiative, 2015

# The Trauma Brain

Under constant threat:

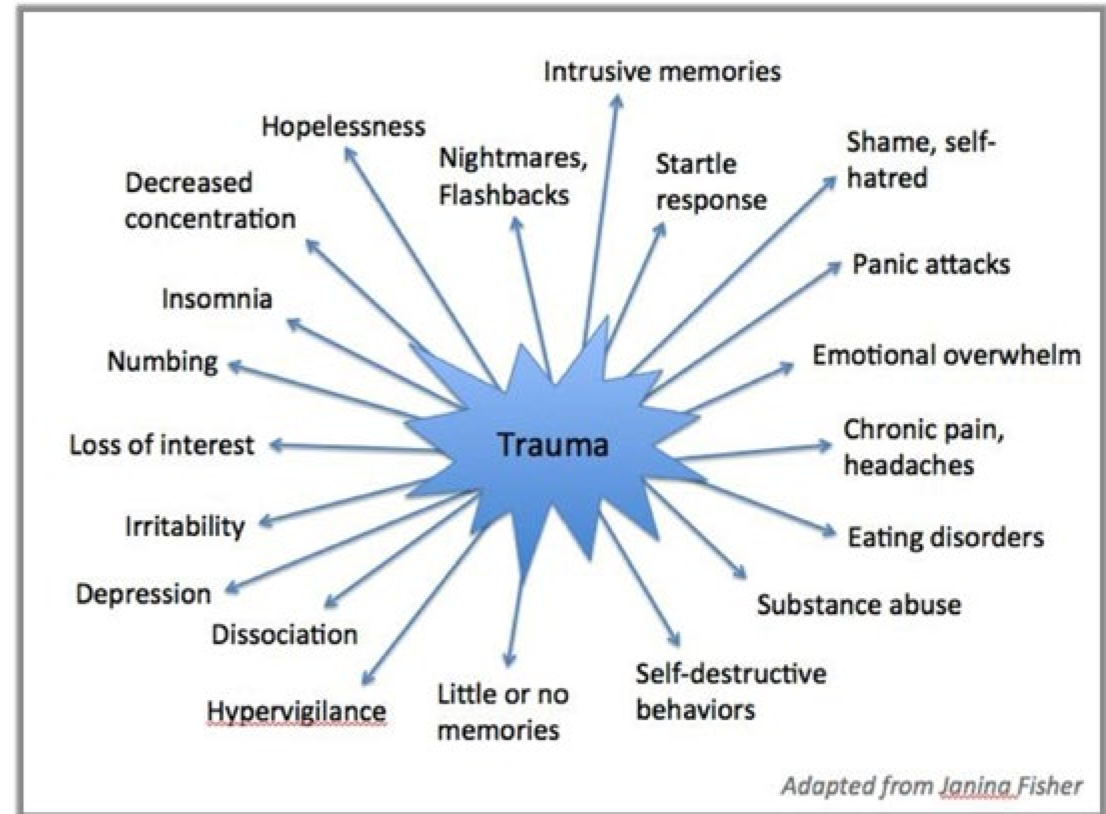
- Emotional brain is over-reactive, constantly in survival mode.
- Thinking brain is underdeveloped.




Slide courtesy of Deidre Yellowhair, Ph.D.

# Common Trauma Responses

- Initial reactions to trauma can include:
  - **hypervigilance**
  - **jumpiness/on edge**
  - **exhaustion,**
  - **confusion,**
  - **sadness,**
  - **anxiety,**
  - **agitation,**
  - **anger/irritability**
  - **numbness,**
  - **dissociation,**
  - **physical arousal,**
  - **blunted affect.**




Slide courtesy of Deidre Yellowhair, Ph.D.

# Colonization as Trauma

- Populations have been subjected to systemic, targeted, race based trauma.
- These trauma histories are extensive in nature, lasting centuries, across generations, across populations as a whole.
  - Examples include the enslavement and trafficking of African Americans beginning in the 1600s and lasting through the late 1800s.
  - The systemic genocide, removal and relocation of American Indian and Alaska Native populations across the U.S.

# Historical Trauma

- Dr. Maria Yellow Horse Brave Heart, drawing on the work of Dr. Rachel Yehuda's work in Trauma response in Holocaust survivors and their offspring; coined the term Historical Trauma to capture the history of Trauma experiences across populations of color, and more specifically for the American Indian and Alaska Native population.

- Her seminal work has helped define not only the concepts of historical trauma; but the long ranging impacts of trauma histories.

# Historical Trauma

"Historical Trauma is: The cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma."

Brave Heart, M. Y. H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, *68*(3), 287-305.

# Historical Trauma Response

- As trauma experiences, either singular or chronic or complex, all have trauma responses, so does Historical Trauma.
- Dr. Yellow Horse Brave Heart research has defined Historical Trauma Response as:
- A constellation of features that can include:

  - Survivor guilt
  - **Depression**
  - **Sometimes PTSD symptoms**
  - Psychic numbing
  - Fixation to trauma
  - **Somatic (physical) symptoms**
  - Low self-esteem
  - Victim Identity
  - **Anger**
  - Low self-esteem
  - **Self-destructive behavior including substance abuse**
  - Suicidal ideation
  - Hypervigilance
  - Intense fear
  - Dissociation
  - Compensatory fantasies
  - Poor affect (emotion) tolerance

Brave Heart, M. Y. H. (1998). The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*, *68*(3), 287-305.

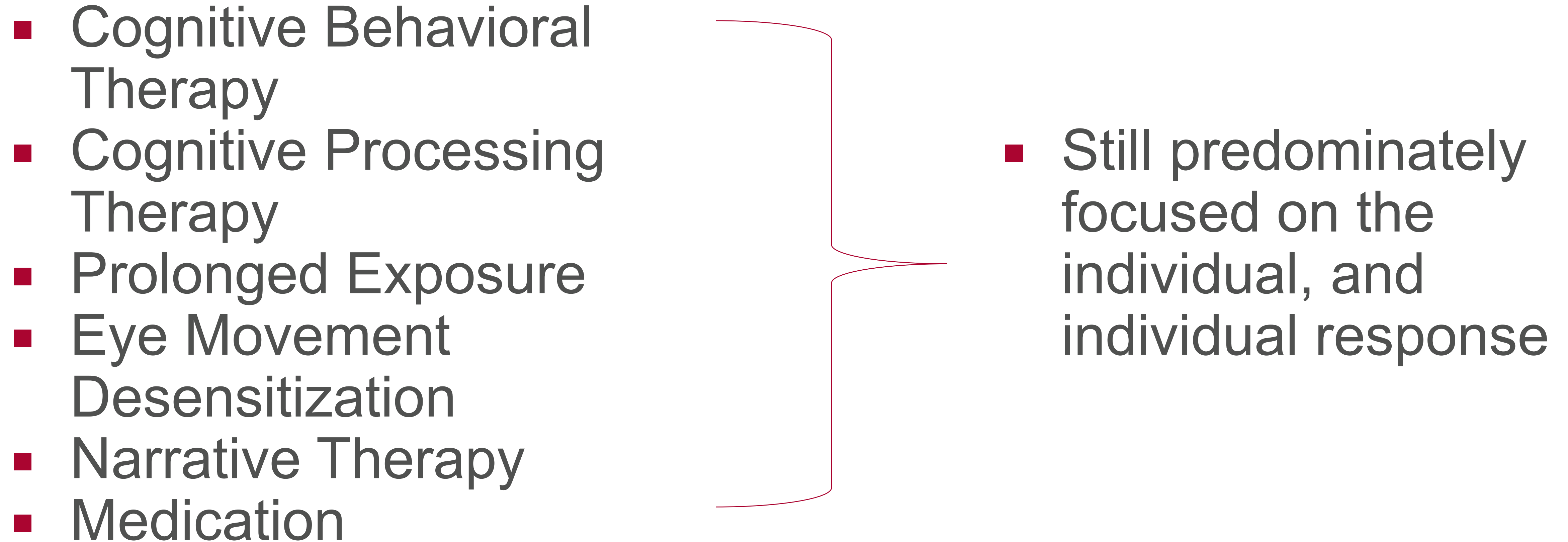
**“Historical trauma theory provides a macro-level, temporal framework for examining how the “life course” of a population exposed to trauma at a particular point in time compares with that of unexposed populations.**

Based on a review of the literature, at least four distinct assumptions underpin this theory:

**(1) mass trauma is deliberately and systematically inflicted** upon a target population by a subjugating, dominant population;
**(2) trauma is not limited to a single catastrophic event, but continues over an extended period of time**;
(3) traumatic events **reverberate throughout the population**, creating a universal experience of trauma; and
**(4) the magnitude of the trauma experience derails the population** from its natural, projected historical course resulting in a legacy of physical, psychological, social and economic disparities that persists across generations”

Sotero, M. 2006

# Trauma Treatments



# What is Trauma informed care:

- Trauma-Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma.
- Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.
- On an organizational or systemic level, Trauma-Informed Care ***changes organizational culture*** to emphasize respecting and appropriately responding to the effects of trauma at all levels.

- **Four R's of Trauma Informed Care:**
  - ***Realizes*** the widespread impact of trauma;
  - ***Recognizes*** trauma and trauma response,
  - ***Responds*** by fully integrating knowledge about trauma into policies, procedures and practices
  - Seeks to actively ***resist re-traumatization***

# 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

# Trauma Informed Principles

**Safety:** Throughout the organization, staff and the people they serve feel physically and psychologically safe.

**Trustworthiness and transparency:** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

**Peer support and mutual self-help:** These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

**Collaboration and mutuality:** There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic

**Empowerment voice, and choice:** Organization aims to strengthen the staff, client, and family member's experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

**Cultural, historical, and gender issues:** The organization actively moves past cultural stereotypes and biases , offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

# Mental health language

- Disorders
- Diagnosis
- Treatment plans
- Compliance
- Language and Labels
  - Defiant, defensive, oppositional, combative, frequent flyer…

- Evidence Based Practice developed by the mental health industrial complex (Mullan, 2023)

# Colonization as Trauma

- Clark (2016) writes:
  - “The current construction of trauma continues to create a colonial subject who requires intervention, support and saving.
  - A focus on trauma as an individual health problem…prevents and obscures a more critical, historically-situated focus on social problems under a (neo) colonial state that contribute to violence and harm.”

  - “Policy and policy processes have been, and continue to be, central to the colonization of Indigenous peoples, locally and globally.”

Clark, N. Shock and Awe: Trauma as the New Colonial Frontier. Humanities 2016, 5, 14.

# Historical Oppression

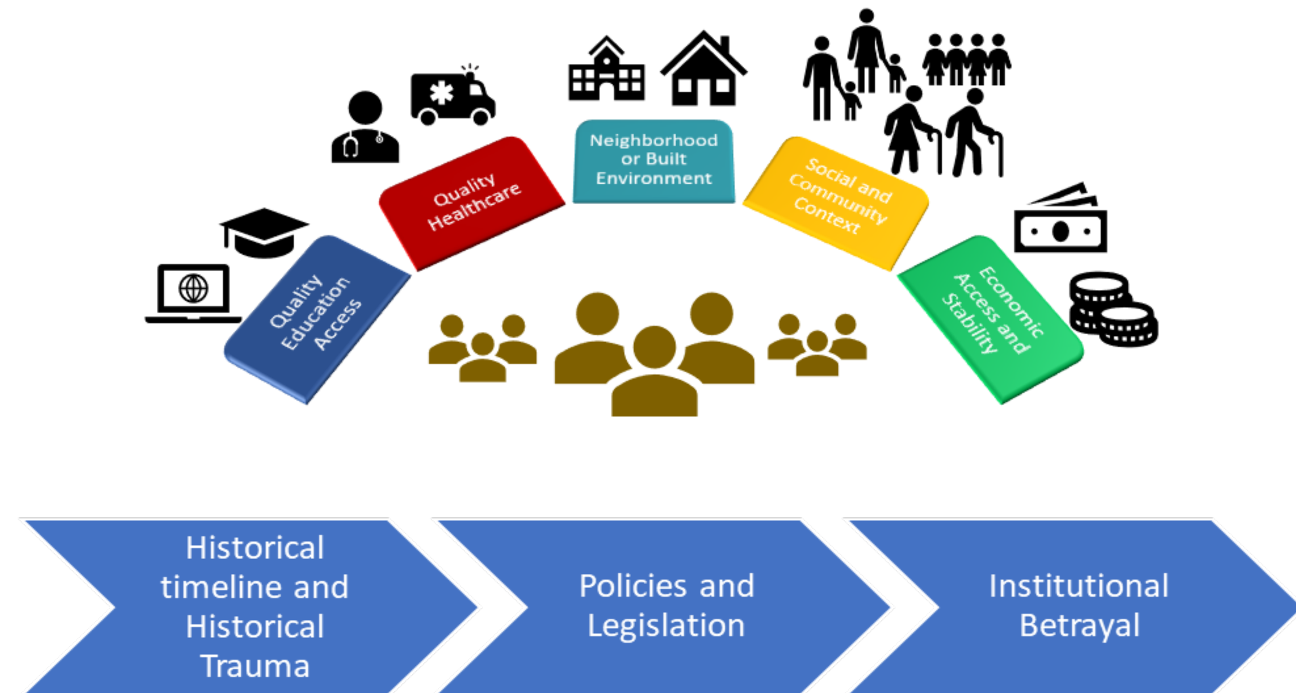
- McKinley and colleagues (2017) posit that Historical Trauma does not fully explain the pervasive and chronic oppression that Indigenous populations continue to experience,
- The concept of Historical Oppression is described as
  - "the chronic, pervasive, and intergenerational experiences of oppression that, over time, may be normalized, imposed, and internalized into the daily lives of many Indigenous peoples (including individuals, families, and communities)"
- Historical oppression includes both historical and contemporary forms of oppression

# Decolonizing Trauma Work-Examining Equity and SDOH as contributing factors to Colonial Trauma

- Social determinants of health include economic security; access to supportive educational systems; stable housing, stable neighborhoods and physical environments; food security; supportive community and social contexts; and access to healthcare systems.

# Decolonizing Trauma Work-Examining Equity and SDOH as contributing factors to Colonial Trauma

- Structural violence or Structural Racism is increasingly understood in population & public health as a major determinant of the distribution and outcomes of social and health inequities.
- *Structural violence*, a term that describes social structures—economic, political, legal, religious, and cultural—that stop individuals, groups, and societies from reaching their full potential
- Encompasses historical timeline, policies, institutional betrayals and abuses, and environmental and social contexts including racism, discrimination and racial based (racial targeted) trauma.
- Helps us to define the context in which inequities occur.



# Structural Violence

- Mullan (2023) notes :
  - "Racial trauma is so often pathologized, rather than acknowledged or integrated into an empowered healing paradigm."
    - Additionally, psychological tests and diagnostic systems used by mental health professionals to make diagnosis have been 'constructed and norms have been developed and standardized primarily on middle-class, white persons of Euro-American origins."
  - "Advancing beyond individual-level approaches to coping with racial trauma, psychologically and sociologically, for BIPOC folks is essential."

# Structural Violence

- Mullan (2023) goes on to note that even the APA recognizes their role in creating and perpetuating systems of harm.
  - "Psychology cannot harness its potential to disarm and dismantle racism without addressing its own history of racism and support for human hierarchy. (APA, 2021)."
- The same can be also said of counseling, social work, education systems as well.

# Structural Violence

- Funding provided to healthcare systems to treat vs. to communities and educational systems to prevent
- Lack of prioritization of mental health across systems such as educational institutions, service agencies
- Understaffing of programs designed to provide mental health care
- Mental health care only recently recognized as on par with physical health (lack of parity)

# Indigenous View of Health

- Relational, Collective, Familial, Inter-Generational
- Anchored in Identity, Culture including historical and traditional knowledge, language, ceremony, tradition, belief, story, art
- Tied to the land and environment.
- Based in core cultural values of what it means to take care of each other and promote cultural perpetuity.

Cajete, 2000
Greenwood and Lindsay, 2019

# Origins of Cultural Safety

- Developed in 1989 by Irihapiti Ramsden, A Maori nurse researcher Ramsden wrote: "Maori people no longer accept that our world is a perspective on the reality of anyone else. We have our own whole, viable, legitimate reality…We insist *we are not a perspective*"
- "This leads to the question of choices in service delivery. The data on Maori mortality and morbidity and empirical experience has made it quite clear…The health service is not and has not ever been culturally safe for Maori people."
- ***"The service has not been designed to fit the people, the people have been required to fit the service"***

# Definition of Cultural Safety

**Cultural Safety is:**

- an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system.
- ***Safety is defined by those receiving care***, not by those who provide it.

- Cultural Safety encompasses cultural humility, but also considers those historical timelines, trauma histories, inequities, and **takes on an active social justice and health justice stance.**
- **It is inherently actively Anti-Racist in its basis.**
- It examines the aspects of constructs that impact health outcomes; actively transfers power to the patient and seeks to create systems that support safety and equity.

# A few more "R's" in Trauma Informed Care and Cultural Safety

- ***Regenerate and Revive***: Tujague and Ryan (2023) note that our goal as partners and collaborators in our patient populations care, is to encourage and support our {Indigenous} populations engagement in our own local healing frameworks;

Tujague, N., & Ryan, K. (2023). Billabong of Culture and Healing. In Cultural Safety in Trauma-Informed Practice from a First Nations Perspective: Billabongs of Knowledge (pp. 243-280). Cham: Springer International Publishing

# Examining Approaches

- Walters, Johnson-Jennings, et. al (2016) write:
  - "Methodologically, when Native health interventions are based on non-Native EBI's, they typically only measure the quantity and frequency of particular cultural practices as the underlying mechanisms for health behavior change. In doing so, they ignore the epistemological foundation that frames native cultural practices."
  - "Simply indigenizing is insufficient if communities are not in control of the indigenizing processes and its goals, as these goals may directly conflict with western practices and epistemologies. Thus, *we must decolonize simultaneously as we indigenize interventions*."

# Examining Approaches

- Walters, Johnson-Jennings et. al (2020) go on to propose that culturally based interventions should focus on the following:
  - Incorporating “original instructions”—*our stories and teachings*
  - Nurture relational restoration—*worldviews across body, place, self, family, community, past and future generations*
  - Advance narrative and {em}bodied transformation—*decolonizing the way we think and talk about our histories, stories and express through our bodies*
  - Incorporate indigenist community-based participatory research approaches.

# Examining Approaches

- Rides at the Door and Shaw (2016) write:
  - "when thinking about community-wide healing by asking, *What* healing practices, by *whom*, are most effective for *this* population, with *that* set of problems, and under *which* set of circumstances?
  - Regardless of the particulars, it is emphasized that it is not just what systems of care do, but *how* they implement interventions and healing practices that drives therapeutic change."

# A few more "R's" in Trauma Informed Care and Cultural Safety

- ***Resilience*** expands on trauma informed care concepts and includes narratives and strategies deeply rooted in community well being.
  - Draws on cultural connection, traditional cultural healing and strengths based approaches.

- *"An excessive focus on a deficit model undermines clarity about routes toward increased well-being and resilience that have the potential to uplift individuals and communities.* (Rides at the Door and Shaw, 2016)

- ***Regenerate and Revive:*** Tujague and Ryan (2023) note that our goal as partners and collaborators in our patient populations care, is to encourage and support our {Indigenous} populations engagement in our own local healing frameworks

Tujague, N., & Ryan, K. (2023). Billabong of Culture and Healing. In Cultural Safety in Trauma-Informed Practice from a First Nations Perspective: Billabongs of Knowledge (pp. 243-280). Cham: Springer International Publishing"

# Our Goal

Rides At The Door and Shaw, 2023

# Da'waa'eh A'he'hee Hur'kem

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# References/Resources


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- Walters, K.L., Johnson-Jennings, M., Stroud, S. et al. Growing from Our Roots: Strategies for Developing Culturally Grounded Health Promotion Interventions in American Indian, Alaska Native, and Native Hawaiian Communities. Prev Sci 21 (Suppl 1), 54–64 (2020). https://doi.org/10.1007/s11121-018-0952-z

# Questions?

Please feel free to ask any questions by unmuting yourself or typing your question in the Zoom chat before we bring today's session to a close.

NATIONAL COUNCIL of URBAN INDIAN HEALTH

# Closing Reminders

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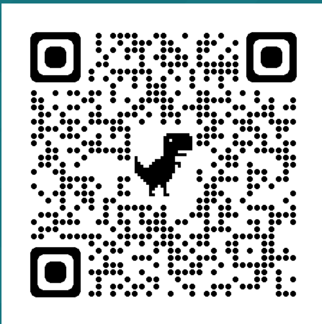
Survey Link

# Upcoming NCUIH Events

- 5/23/24 Data Sharing and Data Use from an Urban Indian Perspective
- 5/29/24 Infection Prevention & Control Practices: Addressing Blood Exposure
- 5/30/24 Unveiling Strategies into Behavioral Health Financing: A Collaborative Review
- 6/5/24 Prevention Perspectives: Substance Misuse and Overdose Among Urban Native Populations



For more information and to register, please visit:

https://ncuih.org/events/

# One-On-One Technical Assistance Available

https://ncuih.org/training/one-on-one/

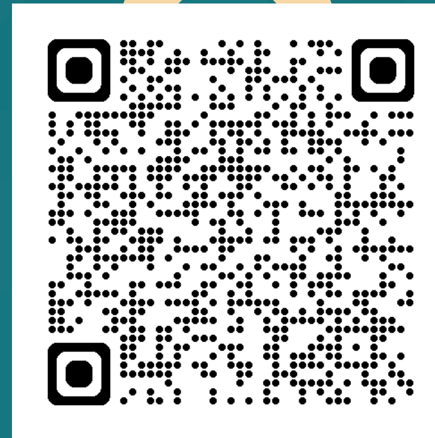
**The Technical Assistance and Research Center (TARC) provides individualized technical assistance, training, and support to member UIOs. Individual support includes:**

- Community and staff training
- Consultation on research/evaluation
- Consultation on program planning and implementation
- Documenting local best practices
- Grant application review
- Local partnership development
- Locating archival data to support community work
- Policies, procedures, and operational needs

# Thank You!

Your feedback is
important to us!

Scan Me!



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