



National American Indian & Alaska Native

PTTC

Prevention Technology Transfer Center Network
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Prevention

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 3 ISSUE 1 SUMMER 2022

**Trauma-
informed
Prevention
Strategies**

National American Indian & Alaska Native Prevention Technology Transfer Center
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pttcnetwork.org/native



DIRECTOR'S CORNER



Welcome to our current issue of *Prevention in Our Native American Communities*. Let me first introduce you to our new National AI/AN Prevention Program Coordinator, C. Allison Baez, PhD, who is a member of the Tap Pilam Coahuiltecan Nation. We were very sad to see Cindy Sagoe Umoh, B.Pharm, MPH, leave us in April to assume a new position at UCLA and join her husband in Los Angeles, but we look forward to working with Dr. Baez on new and already existing projects that she will share with us in this newsletter. One of Dr. Baez' first responsibilities in her new job was to make a presentation at the Society of Indian Psychologists (SIP) on Cultural Factors: Rooted in Positivity Among American Indian/Alaska Native Youth.

In this issue, we focus on how traumatic experiences can lead to long-term consequences both of substance use disorders (SUD) and/or mental health disorders (MHD). We also address both how historical and generational trauma, as well as Adverse Childhood Experiences (ACEs), can contribute to behavioral health disorders (BHD). Many prominent Native professionals have developed models and methods for how to understand the impact of traumatic experiences both at the individual and community level, and how to develop initiatives and programs to rectify and alleviate the impact of traumatic experiences. Ken Winters, PhD, shares with us some of the existing knowledge on this topic in his article, "Prevention and Indigenous Trauma."

Our center has worked with the Partners for Success grant program for more than a year and has been involved in supporting Native grantees as they implement a needs assessment study in the communities where they work. The next step has been to help the grantees address how to meet the needs expressed in the communities they serve. Dr. Baez shares some information about this work, but the major

information sharing will come after we have discussed the needs assessment findings with the tribal grantees.

The center also hopes to start working with Native Prevention Fellows beginning this fall, in collaboration with the National AI/AN Leadership Academy and regional PTTCs.

Dr Baez, in collaboration with Dara Jefferson, PhD student (Northern Arapaho and Meskwaki Nations), and Cindy S. Umoh, have completed a 5th culture card that deals with tribal sovereignty. The publication will be uploaded to our website soon.

We always like to include some words of wisdom from Sean A. Bear, 1st. Meskwaki Nation, and Co-Director of the Center.

I want to encourage you to enjoy the season and the ceremonies that take place all over Native communities in the summer. Let us also acknowledge all the activities going on in tribal communities to prepare for the winter, through hunting, fishing, and picking of berries and fruit. The traditions of subsistence existence bring communities together in sharing resources and knowledge and teaching children and young adults how to respect Mother Earth.

Anne Helene Skinstad, PhD
Program Director



Prevention and Indigenous Trauma

KEN C. WINTERS, PhD

Contributions from
MARY K. WINTERS, MEd

Introduction

For centuries, Native American communities have been exposed to traumatic experiences. We often refer to these long-term traumas as historic and generational traumas. Older generations experienced loss of their ancestral homelands; forced relocation, often to lands that did not support traditional activities of hunting, farming, and gathering of essential foods and medicines; and forced removal of children from their families to boarding schools, where children were stripped of their language, cultural practices, and more. These long-term traumas are reflected in the day-to-day lives of Natives across the country today. Poverty, racism, food insecurity, health care inequities, and lack of basic infrastructure – electricity, internet access, even roads, which the dominant society takes for granted – all can be traced to the early 1600s when European settlers began encroaching on, and eventually forcibly taking, Native lands.

Despite all these challenges, Native communities have shown an impressive resilience and support for each other. Now we see a revitalization and revival of traditional ways of living, and commutes between Urban Indian communities and tribal lands to build and maintain stronger connections to tribal cultures. Understanding the impact of historic and generational traumas on the development of substance use disorders (SUD) and mental health (MH) disorders is important in developing prevention initiatives that are both trauma-informed and culturally relevant.

Defining trauma

Trauma, often used as a catch-all term to describe any life-threatening or life-altering event, affects people in different ways. Some people experience immediate symptoms that require counseling; when symptoms persist, post-traumatic stress disorder (PTSD) can occur. Other may experience minimal or no symptom-related response.

Trauma can fall into four categories. **Acute trauma** refers to a single, traumatic incident that happens in your life. The event is specific and defined with a beginning, middle, and end (e.g., witnessing or experiencing a violent event, sexual assault, serious injury, natural disaster, etc.). **Chronic trauma** typically results from ongoing abuse or persistent exposure to a dangerous situation (e.g., bullying, intimate partner violence, ongoing sexual, physical or emotional abuse). The term **adverse childhood experiences** (ACEs) refers to abuse, neglect, and other kinds of adversity faced by children in their home environment.

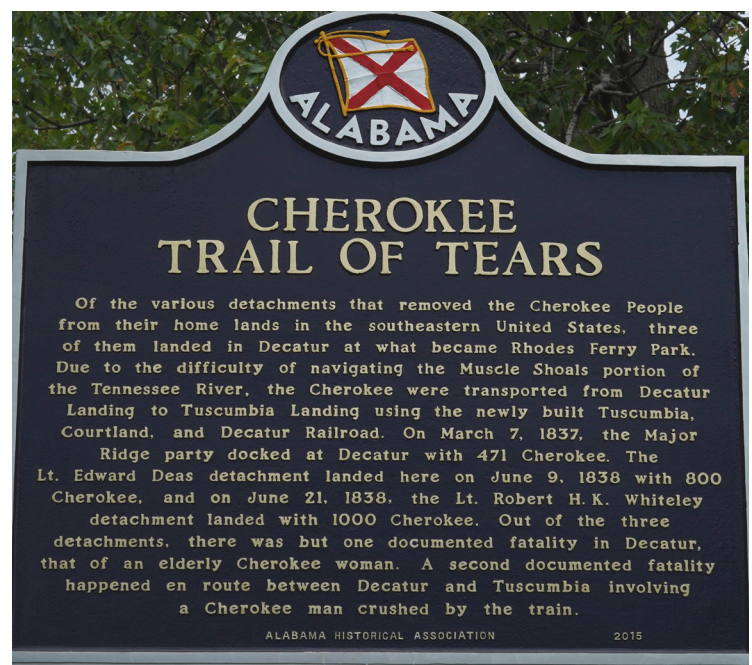
Historical trauma is the “cumulative emotional and psychological wounding over one’s lifetime and from generation to generation following loss of lives, land, and vital aspects of culture.” (Maria Yellow Horse Brave Heart, <https://blog.nativehope.org/understanding-historical-trauma-and-native-americans>)

Trauma is disproportionately experienced by American Indians and Alaska Natives (AI/ANs). Centuries of disastrous federal policies that led to the destruction of Native cultural bonds resulted in AI/ANs collectively and cumulatively enduring devastating losses of life, land, and livelihood (Kunesh, 2021). As noted by Dr. Brave Heart, preventing the negative influences

of historical trauma requires understanding and then confronting it by eventually “transcending” its effects with resilience and adaptive survival behaviors.

The high prevalence of mental and behavior problems among AI/ANs can be at least partially attributed to this elevated extent and degree of exposure to trauma, including the impact of intergenerational trauma on subsequent generations if historical trauma is not addressed (Ringel, 2005, <https://blog.nativehope.org/understanding-historical-trauma-and-native-americans>).

Trauma is also believed to contribute to overall physical and medical health disparities suffered by AI/ANs (Solomon et al., 2022; (Subica & Link, 2022).



Photos: Shutterstock



Secondary trauma refers to trauma-related symptoms among (a) professionals who work directly with or counsel people who have experienced trauma, (b) individuals who research trauma, or (c) those in the general population who have an indirect experience with trauma (Baird & Kracen, 2006; Figley, 1995). Job burnout can result for those that fall in the trauma worker category. The effects of secondary trauma can be a normal and even adaptive response by individuals, yet counseling may be indicated for some.

Trauma Programs and Resources for Indigenous People and Communities

The Culture is Prevention Project is a community-based health promotion program initiated by six urban AI/AN health organizations in northern California. Core features are organized around Indigenous methods.

http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume-26/26_3_2019_104_king.pdf

The trauma-related needs of AI/AN children is a focus of the **National Native Children's Trauma Center** (NNCTC) at the University of Montana. The Center hosted a webinar in 2021, during which the following themes were emphasized (Kunesh, 2021):

1. The importance of recognizing the trauma and resiliency of AI/AN people and communities;
2. The critical role of self-determination in sustaining community development; and
3. The value to a community that builds and supports a system of care to enhance wellness.

Pathway to Hope (Brave Heart et al., 2011), designed for rural Alaska Native communities, is a trauma-informed training program aimed at halting the silence and ending the stigma surrounding child sexual abuse. The program promotes community-based approaches to healing with tribe-specific adaptations. Hundreds of tribal leaders and health care providers in Alaska and other states have been trained in the program.

Self-compassion. This youth program (Spillane et al., 2022) teaches and supports a critical factor believed to buffer the effects of trauma exposure – self-compassion. This concept refers to the ability to be kind and accepting and to extend compassion toward oneself. The notion is that self-compassion attitudes and behaviors (e.g., self-respect; setting achievable life goals) will steer lifestyle choices away from the maladaptive path of using alcohol and other drugs, and to mitigate the negative effects of exposure to trauma.

Healing Collective Trauma addresses the diverse forms of collective trauma from a cross-cultural perspective. The resource begins with interviews regarding AI/AN trauma by noted Indigenous experts Ray Daw, credentials/affiliation and Maria Yellow Horse Brave Heart, credentials/affiliation and also includes articles, videos and podcasts.

A 2016 Special Edition of the **Journal of American Indian and Alaska Native Mental Health** dedicated its entire publication to strength-based programs available in Indian Country. It is available for free on their website:

[www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2023/23\(3\).pdf](http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2023/23(3).pdf)

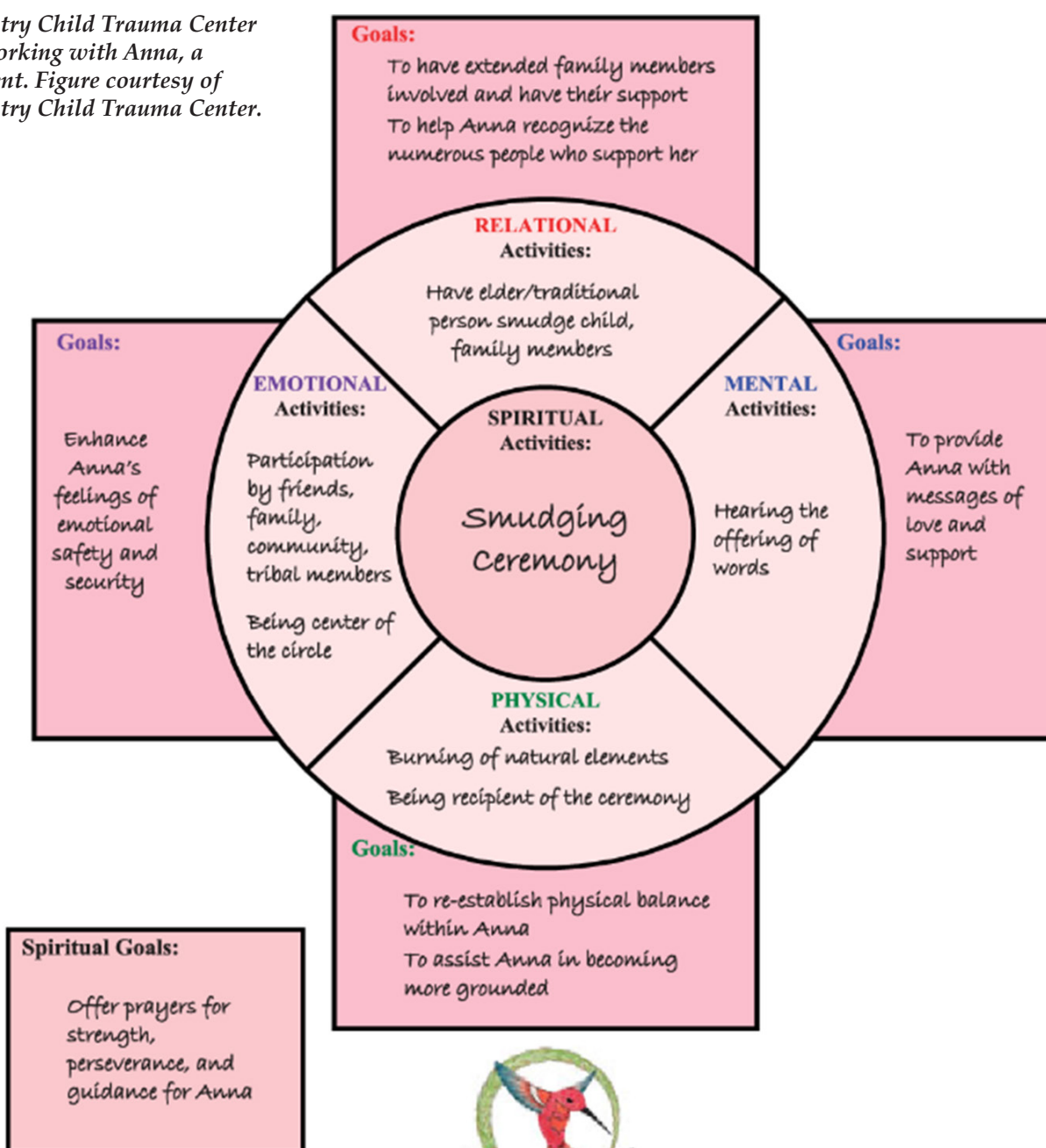
A prior column from the National American Indian Alaska Native Mental Health Technology Transfer Center (*Vol. 1, No. 1, 2019*) highlighted common characteristics of evidence-based prevention or intervention programs that address trauma among AI/AN youth. These characteristics are summarized below:

1. Many features of cognitive-behavioral therapy, family-based treatment, and motivational enhancement techniques are included in AI/AN trauma programs for youth.
2. Programs often encourage youth to talk about their traumatic experiences via storytelling and talking circles.
3. A group setting rather than individual counseling is commonly used for youth by mental health service providers.
4. Common skills taught to youth focus on managing stress with healthy approaches (e.g., meditation) rather than maladaptive ones (e.g., using drugs).
5. Connecting youth with a strong adult mentor from the tribal community, particularly a Native elder, provides vital social support.



The [Indian Country Child Trauma Center](#), located at the University of Oklahoma Health Sciences Center, has developed culturally relevant and evidence-informed trauma-related resources aimed at AI/AN children and families. A noted program is Honoring Children, Mending the Circle (BigFoot & Schmidt, 2010). This program (a) encourages children to talk about traumatic experiences with parental or caregiver supports, (b) teaches the children coping skills such as mindfulness and relaxation techniques, and (c) organizes various activities (e.g., storytelling, traditional dance) as a vehicle for children to retell their trauma narrative. In the figure below, Drs. Bigfoot and Smith use a model for how they work with clients to facilitate holistic healing from traumatic experiences to help prevent substance use and mental health disorders from developing.

Indian Country Child Trauma Center model for working with Anna, a fictional client. Figure courtesy of Indian Country Child Trauma Center.



Summary

Tribal communities face many challenges to address personal and historical trauma. As commonly noted by experts in this field, the role of enculturation, including the integration of Native cultural activities and arts, is paramount for the health and well-being of AI/ANs when addressing trauma. Many community-based, tribal-adapted programs and practices now exist, and there appears to be greater willingness by AI/ANs to seek mental health services when traditional healing practices are part of these services. Yet because of variability between tribes with respect to how traditional healing is best integrated with health programs, adapting programs based on local traditions and practices is important.



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Contemplation

If one were to contemplate the nature of man, would he be totally open to truthfully acknowledging and accepting of both his good and wrongdoing?

If one might contemplate the complexities of a simple life and the simpleness of its complexities, would he be accepting that the fate of each man is in his own hands?

Do not try to understand the unfolding of life, but more so what life is meant to teach us.

*-Sean A. Bear 1st
Meskwaki*



Partnership for Success

Data-Informed Decisions Working Group Report

Published in March 2022 by the Prevention Technology Transfer Center Network Coordinating Office, University of Missouri-Kansas City, 2464 Charlotte Street, Kansas City, MO 64108

Beginning in October 2021, the National American Indian and Alaska Native Prevention Technology Transfer Center (PTTC) spent several months participating in the Data-Informed Decisions (DID) Working Group for SAMHSA Center for Substance Abuse Prevention. With recommendations to strengthen SAMHSA's Partnership for Success Program, the PTTC DID Working Group reviewed grantees' data to identify factors of grantee success, barriers in meeting program requirements, and improvement recommendations. The primary goal was to improve future SAMHSA Strategic Prevention Framework - Partnerships for Success (SPF-PFS) funding announcements and delivery of technical assistance to better meet the needs of communities and grantees.

The study utilized mixed-methods to collect information about SPF-PFS organizational and grantee experience at the PFS grantee level of analysis. The PTTCs conducted:

1. a web-based survey;
2. qualitative focus groups or "Community Conversations," and
3. a document analysis of grantee's annual programmatic reports.

Using a team-based approach to open-coding and inter-rater reliability, qualitative analysis will be performed for each instrument using a standard set of codes to identify key themes (Cascio, et al., 2019).

Several considerations were acknowledged for American Indian and Alaska Native communities. With significant support and guidance from the National American Indian and Alaska Native (NAIAN) PTTC, Tribal affiliated SPF-PFS Grantees were engaged first for their guidance to collect the

necessary approvals, including local or regional IRB, to participate (Harding, et al., 2012. Kuhn, et al., 2020). All Tribal-affiliated SPF -PFS Grantees were asked to complete a two-question form describing the necessary participation approvals, if any (James, et al., 2018). Using this guidance, the NAIAN and/or the PTTC Regional Centers sought necessary approvals before proceeding. When necessary to improve engagement, the NAIAN PTTC coordinated Grantee communication as a trusted point-of-contact.

One Grantee shared about their experience with improvements to the Program Requirements and Parameters. The feedback includes a request to consider greater flexibility to allow tribes, like other PFS grantees, the ability to select the issues impacting their community; do not prescribe requirements in advance of the SPF process.

“ In my opinion, the most effective aspect of the PFS is that it allows us, our community, to identify our needs and design interventions to address substance use issues. This is local control, as opposed to, you know, the feds telling us what problems are and then telling us what we have to implement. The PFS allows us to know what is best for our community, and I really like that, and I don't want that to change. ”

In consideration for efforts to expand Grantee collaboration, another Grantee shared:

“...if we could have a monthly call with all the Native American organizations, if we could have one with our state grantees or our region... that would help to just see what other people are dealing with and how they’re fixing those issues.”

Limitation to the Study

The limited six-month time frame from project funding to final report allowed for some academic rigor to publish reliable findings. For future considerations, providing more time would have allowed for additional data collection, higher fidelity research protocols, and more thorough coding and consensus building discussion amongst the research team. Regarding engagement with Tribal Grantees, it is noted that this required a unique and culturally appropriate method of engagement. With more time to complete the project would likely produce higher levels of representation.

Goals for Tribal Communities

Although the goal of the inquiry is to identify program improvements and assess the barriers and facilitators encountered by the PFS grantees, the results indicate the need to listen more to the needs of Tribal communities. With Tribal Sovereignty at the forefront of consideration, it is imperative that the PFS continue to engage Tribal leadership and Native prevention and intervention specialists, to address their communities needs with a cultural lens.

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Presentation at SIP

C. Allison Baez, PhD, formerly program manager for the National American Indian and Alaska Native Mental Health Technology Transfer Center School Mental Health Program, was invited to present this poster at the annual Society of Indian Psychologists' virtual annual convention in late June 2022. Her presentation focused on protective cultural factors for Native youth.



Cultural Factors: Rooted in Positive American Indian/Alaska Native Youth

C. Allison Baez, PhD, Tap Pilam Coahuiltecan Nation

Program Manager, National American Indian/Alaska Native Mental Health TTC School Mental Health Program

Introduction

Too often, children are faced with adversity in life because of their history, culture, and identity. American Indian/Alaska Native children have a higher prevalence of Adverse Childhood Experiences (ACEs), which directly impact their thoughts, behaviors, physical and mental health and wellness, self-esteem, choices in life, and emotions.

KEY INFORMATION

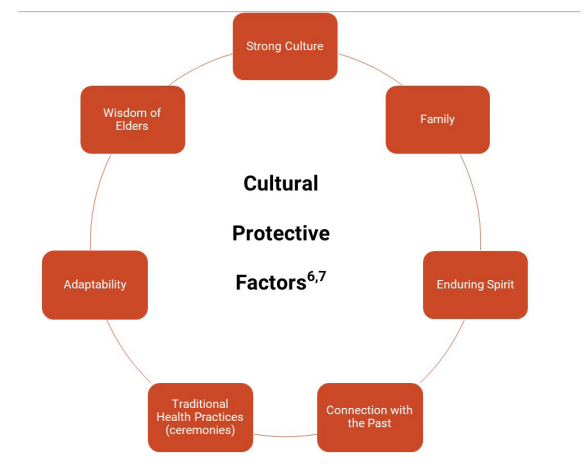
- Cultural Connections to Psychology
- Telling Our Stories, Protecting Our Traditions
- Ways of Life as Protective Factors
- Vulnerable Yet Resilient
- A Positive Outlook



(Photo taken by author) A son and his father offer prayers to the Native American Church altar in preparation for the all-night ceremony.

Cultural Connections to Psychology

For American Indian and Alaska Native (AI/AN) communities, there is minimal research about culture and its connection to positive psychology. When positive psychology-based interventions are culturally adapted they can address behavioral health issues for AI/AN people¹. Some researchers suggest there are oral histories and traditional stories in AI/AN culture that suggest a positive approach to living, which is consistent with positive psychology theory².



Telling Our Stories, Protecting Our Traditions

The concept of evidence-based positive psychology was introduced less than 25 years ago. Prior literature did include optimism and positive affect in the psychology field. When positive psychology was presented, it combined with its predecessors and launched a new perspective. However, our Native stories have always been woven into our daily lives to create our resiliency and lead us to be a culture rich in history and tradition for hundreds of years.

The passing down of stories through our cultural lens is beneficial to the community, especially our children. Culture is noted to have an impact on resilience, individually and as a community. Research by Brockmeier and Carbaugh (2001) with AI/ANs reveals that protective factors for positive outcomes include culture, family, and their community.³

Ways of Life as Protective Factors

Additional cultural factors that address resiliency include spirituality, family, respect for elders, ceremonial rituals, oral traditions, tribal identity, and traditional healing practices,⁴ utilizing a positive approach.

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Program - Native Center for Behavioral Health – College of Public Health, University of Iowa

Vulnerable Yet Resilient

Cultural resilience can be defined as the ability of a cultural community to adapt and move forward in the face of adversity. In the case of AI/ANs, it helps to find an inner strength based on cultural grounding and systems of belief. Sharing and teaching about resilience with our youth is significant for their health and well-being as well as the sustainability of our culture. For Native communities to continue to be resilient and heal, the connection to culture is paramount.

VULNERABLE

- AI/ AN populations have been vulnerable in both physical and mental health disparities.
- AI/AN communities have been disproportionately represented in education (i.e. special education, behavioral issues) foster care, juvenile crimes, poverty and more.

RESILIENT

- AI/ANs draw strength from traditional ways of living, places, relationships, and collective successes. Their resilience is built up through culture, spirituality, shared values, and a strong sense of identity, accountability, and responsibility.⁵

A Positive Outlook

When mental health services focus on mind, body, and spirit, there is a connection to cultural and traditional teachings. These connections are considered cultural protective factors: concepts that are key to the “cultural context, identity, adaptability, and perseverance” of AI/ANs.⁶ Cultural protective factors include holistic healing methods and the promotion of well-being for one’s community. Culture is seen as a strength and primary protective factor within AI/AN communities and in our youth’s identity. Our history, stories, and traditions have carried Native families in times of adversity and celebration going back seven generations and will keep us moving forward for seven generations to come.



(Photo taken by author) A grandfather and his two grandsons share the gift of the Eagle dance as healing medicine for the community.

Acknowledgments

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UPCOMING EVENTS and PRODUCTS

All of the events and opportunities listed below will be announced on our email list. [Join our mailing list to make sure you receive these announcements!](#)

Prevention Fellowship Program Coming in September 2022

The National American Indian and Alaska Native PTTC is pleased to announce a Prevention Fellowship Program (PFP) Project. The one-year program will develop and sustain a well-trained and knowledgeable cadre of AI/AN prevention professionals who understand and exemplify the principles and best practices of substance use prevention across the lifespan.

Our aim is to prepare Native prevention fellows to achieve certification from the International Certification and Reciprocity Consortium (IC&RC) Certified Prevention Specialist (CPS) exam. Moreover, the NAIAN PTTC staff will supplement these knowledge areas with education about the role of cultural traditions, experience-based practices, and values can play in providing protection against substance use disorders in AI/AN populations.

Join us in September for an opportunity to learn more about this program, the requirements, and how your tribal community will benefit.

New Culture Card: Understanding Tribal Sovereignty Coming in August 2022

Almost 250 years ago, the United States Congress declared the thirteen United States of America on July 4, 1776. With the intention to hold true “that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.”

For centuries prior, AI/AN communities were self-governed, employed their own ways of living and were thriving with their own systems of belief. When foreigners from other countries imposed themselves on traditional ways of living the lives of Native communities were changed forever. Today, Tribal Sovereignty is defined as “the ability to govern and to protect and enhance the health, safety, and welfare of tribal citizens within tribal territory.”

The Native Center for Behavioral Health’s Prevention Technology Transfer Center will provide a resource that helps Natives and non-Natives alike with insights into what is Tribal Sovereignty, working among AI/AN communities with respect to cultural values and traditions, and taking appropriate measures for research. Creating transparent and ethical partnerships is vital to our Native communities for today and tomorrow.



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