



National American Indian & Alaska Native

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

IOWA

SAMHSA
Substance Abuse and Mental Health
Services Administration

Indigenous Frameworks

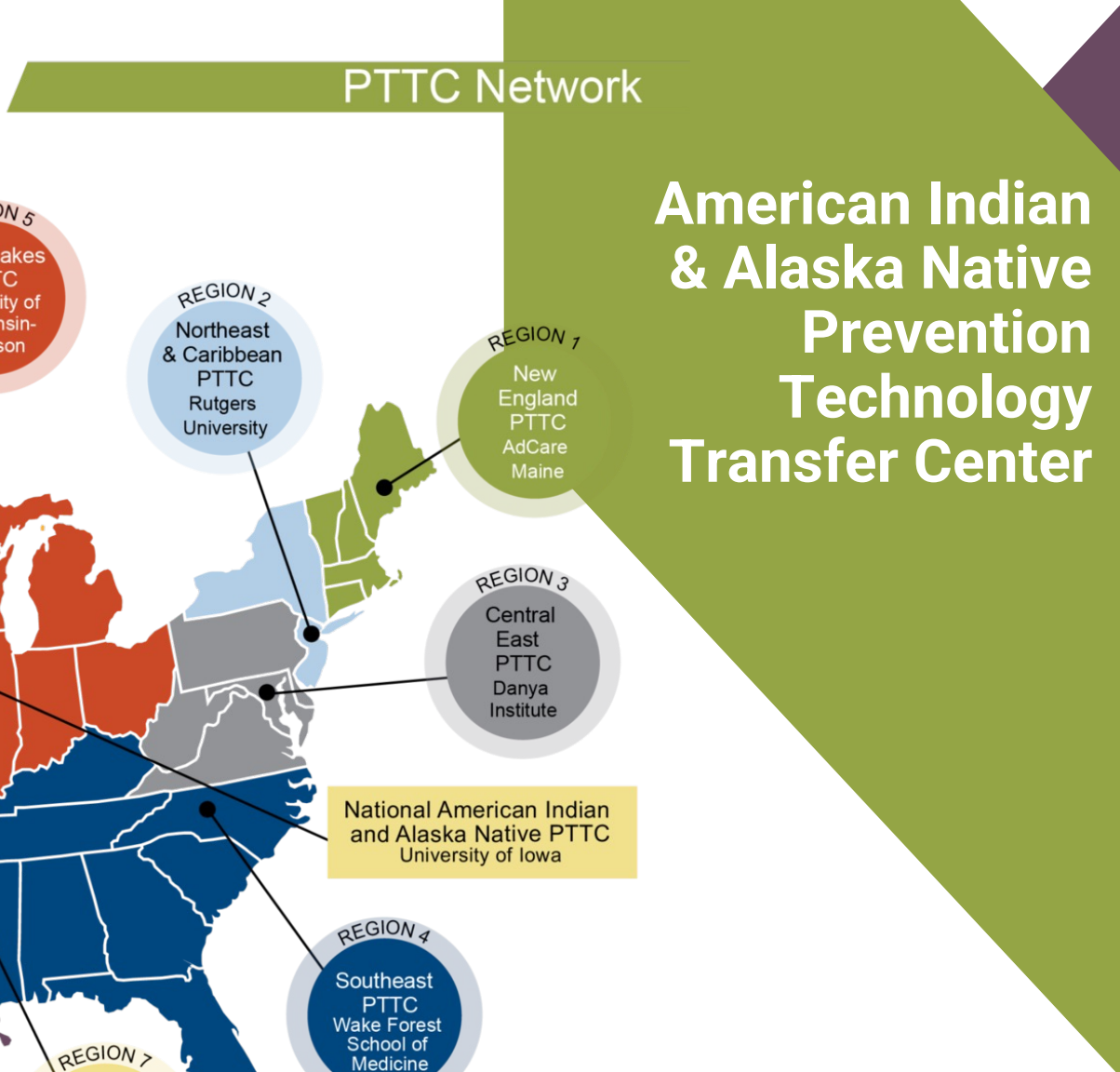
Jacque Gray, PhD, LPC, LMFT
Choctaw/Cherokee Descendent

July 12, 2023



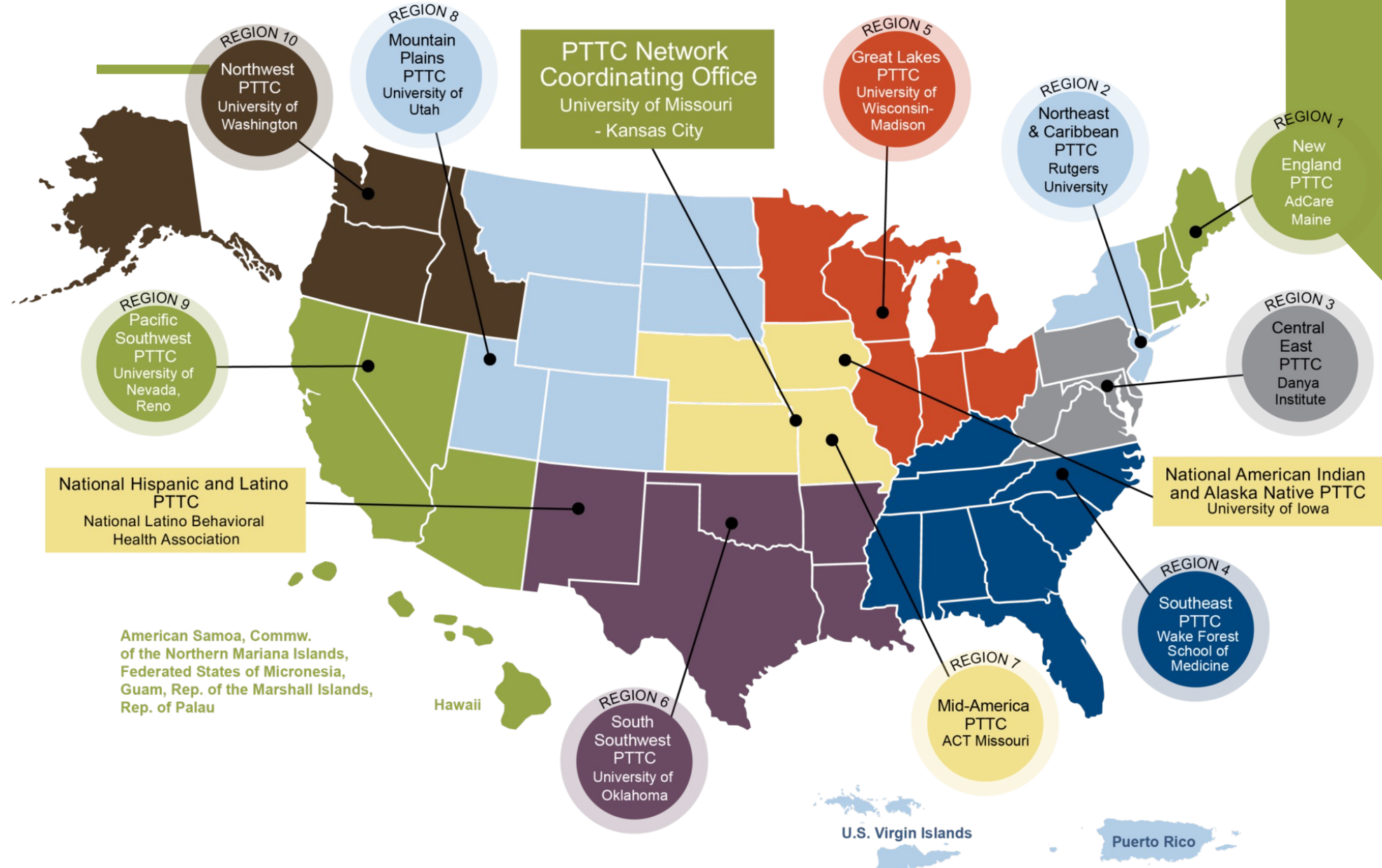
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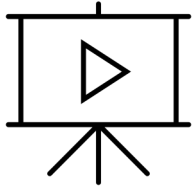
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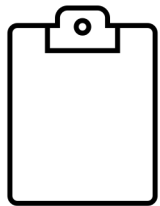


Follow-up

Following today's event, you will receive a follow up email, which will include:



Links to the presentation slides and recording, if applicable



Link to our evaluation survey (GPRA)



Land Acknowledgement

We would like to take this time to acknowledge the land and pay respect to the Indigenous Nations whose homelands were forcibly taken over and inhabited.

Past and present, we want to honor the land itself and the people who have stewarded it throughout the generations.

This calls us to commit to forever learn how to be better stewards of these lands through action, advocacy, support, and education.

We acknowledge the painful history of genocide and forced occupation of Native American territories, and we respect the many diverse Indigenous people connected to this land on which we gather from time immemorial.

While injustices are still being committed against Indigenous people on Turtle Island, today we say thank you to those that stand with Indigenous peoples and acknowledge that land reparations must be made to allow healing for our Indigenous peoples and to mother earth, herself.

Dekibaota, Elleh Driscoll, Meskwaki and Winnebago Nations

Ttakimaweakwe, Keely Driscoll, Meskwaki and Winnebago Nations

Ki-o-kuk, Sean A. Bear, 1st. Meskwaki





Today's Speaker

- *Dr. Jacque Gray, a Choctaw and Cherokee descendent, is the Interim Co-Director of the National American Indian/Alaska Native Prevention Technology Transfer Center at the University of Iowa. Gray has over 40 years experience as a therapist, teacher, and researcher in Indian Country in the area of mental health including suicide prevention, physical health, elder abuse, and health disparities. Gray is a member of the Society of Indian Psychologists Elder Council and a Fellow of the American Psychological Association.*

Jacque Gray

- Mother- 2 sons
- Grandmother – 6 grandchildren
- Great-Grandmother – 1 great-grandson
- Choctaw/Cherokee Descendent
- Psychologist
- Researcher
- Teacher
- Mentor
- Leader



Practice Issues

- Evidence-Based Treatment/Therapy (EBT)
- Evidence-Based Practice (EBT)
- Culturally Adapted Practice (CAP)
- Practice-Based Evidence (PBE)
- Best Practices (BP)
- Leaders vs. Healers
- Native American vs. Western Practices
- Western Practices
- Indigenous Practices vs. Western Mental Health
- Shared Decision Making



Practice Issues Definitions

- **Evidence** – data resulting from scientific controlled trials and research, expert or user consensus, evaluation, or anecdotal information
- **Evidence-Based Practices**- Practices that integrate the best research evidence with clinical expertise and patient values.
- **Practice-Based Evidence** – A range of treatment approaches and supports that are derived from, and supportive of, the positive culture of the local society and traditions

Practice Issues Definitions

- **Best Practices** – Most often used to describe guidelines or practices driven more by clinical wisdom, guild organizations, or other consensus approaches that do not necessarily include systematic use of available research evidence.
- **Promising Practices** – Clinical Practices for which there is considerable evidence or expert consensus, and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence

Leaders Vs. Healers

Leaders

- Make great sacrifices to advance Native People
- Elders were sought for their wisdom
- Followed because they demonstrated kindness & concern
- Responsibility for tribal welfare
- Contributions to the community
- Teach about history, its impact, Indigenous traditions, & more
- Promote self-determination & Native nation-building
- Chosen by the Tribe for as long as needed
- Had no power over others
- Could not command

Healers

- Acquire the help of the spirits to heal the sick
- Many are born into families with long lineages of the profession
- Knowledgeable about diverse health practices, approaches, knowledge, & beliefs incorporating plant, animal, and/or mineral-based medicines, spiritual therapies, manual techniques, & exercises to maintain well-being, treat, diagnose or prevent illness
- Know what ceremonies play an important role in overall wellbeing of traditional Native People that may involve patient, family, & community in healing
- Patient & committed as ceremonies may last for days or weeks; the more people present the greater the healing energy.

Native Vs. Western Perspectives

Native

- Relative Time
- Respect for Elderly
- Extended Family
- Humans as part of Nature
- Cooperation: The Group
- Emphasis on Giving
- One Reality
- Oral Tradition

Western

- Linear Time
- Youth Culture
- Immediate Family
- Humans apart from Nature
- Competition: The Individual
- Emphasis on Saving
- Physical & Spiritual Reality
- Written Tradition



Evidence-Based Practice

- Requirement to use EBP/EBT
 - Third party payers
 - Indian Health Service (IHS)
 - Grant funding agencies
- EBT/EBP = Integration
 - Research on randomized controlled trial
 - Clinician Experience
 - Patient Preferences
 - Appears scientifically rigorous & effective
 - Lacks evidence in AI/AN communities
- Implies
 - Definable outcomes
 - Measurable
 - Defined by patient/client satisfaction
- In Practice- doesn't include patient culture, language, other variables that impact specific populations. (NCIC, 2022).



Figure 1

Bartgis & BigFoot, 2010

Culturally Adapted Practice

- Attempts to address cultural aspects of EBP
- Integrates cultural value, beliefs & images to Western-based practices to make them more relevant to culture of patient
- Drawback is lack of research to establish it still is effective; No longer evidence-based
- Just adding cultural imagery does not make it culturally-adapted
 - May not be appropriate use of cultural images
 - Must consult with leaders, elders and/or healers
 - Must examine how practice theory & values/beliefs of culture are appropriately integrated



Practice-Based Evidence

- Comes from attempt to address weakness of EBP for BIPOC
- Emerging from community-based practices/approaches in BIPOC communities (Bartgis & BigFoot, 2010)
- Originate in the community, rooted in culture, accepted as effective by community while supporting healing (Isaacs, et al., 2005)
- Alternative to randomized controlled trials (Horn & Gassaway, 2010)
- Holistic picture of patients, treatments, & outcomes with no preset limits to the # of variables included needed for high quality comparative effectiveness research

Trauma Informed Practice Definitions



- **Trauma** – A person has experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury to the physical integrity of self or others. – “The person’s response involved intense fear, helplessness, or horror (in children the response may involve disorganized or agitated behavior).” (DSM-V, APA, 2013).
- **Resiliency** – “A class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development.” (Masten, 2001).
- **Recovery** – “Acknowledging that people can successfully contend with severe psychiatric disability and go on to live full and productive lives.” (Onken et al., 2007).

Trauma-Informed Practice (TIP)

- Trauma - Normal response to an abnormal situation
- Big “T” traumas – serious accidents, natural disasters, violence, major surgeries, life-threatening illnesses, abuse, neglect, ACE, war, combat, concentration camps
- Small “T” traumas – emotions, beliefs, physical sensations
- Historical & generational trauma are also included
- TIP described as “being a good relative” or “making relatives” (BigFoot, 2016)
 - Caring for others as we would a relative.
 - Actively aid in decreasing another’s discomfort
 - Ridding of damaging conditions
 - Understanding generosity, respect, belonging, connectedness, honor, other virtues or values

Trauma Informed Care (continued)



TIP can include:

Water

Song

Support

Good words

Welcome

Spirit Blessing

Choice

Hope

Openness

Prayers

Safety

Accountability

Confidence

Connectedness

Acknowledgement

Reassurance

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." Maya Angelou

Trauma Informed Care (continued)

There are six key principles of a trauma-informed approach (CDC, 2020).



“People have to know how much you care before they care how much you know.”

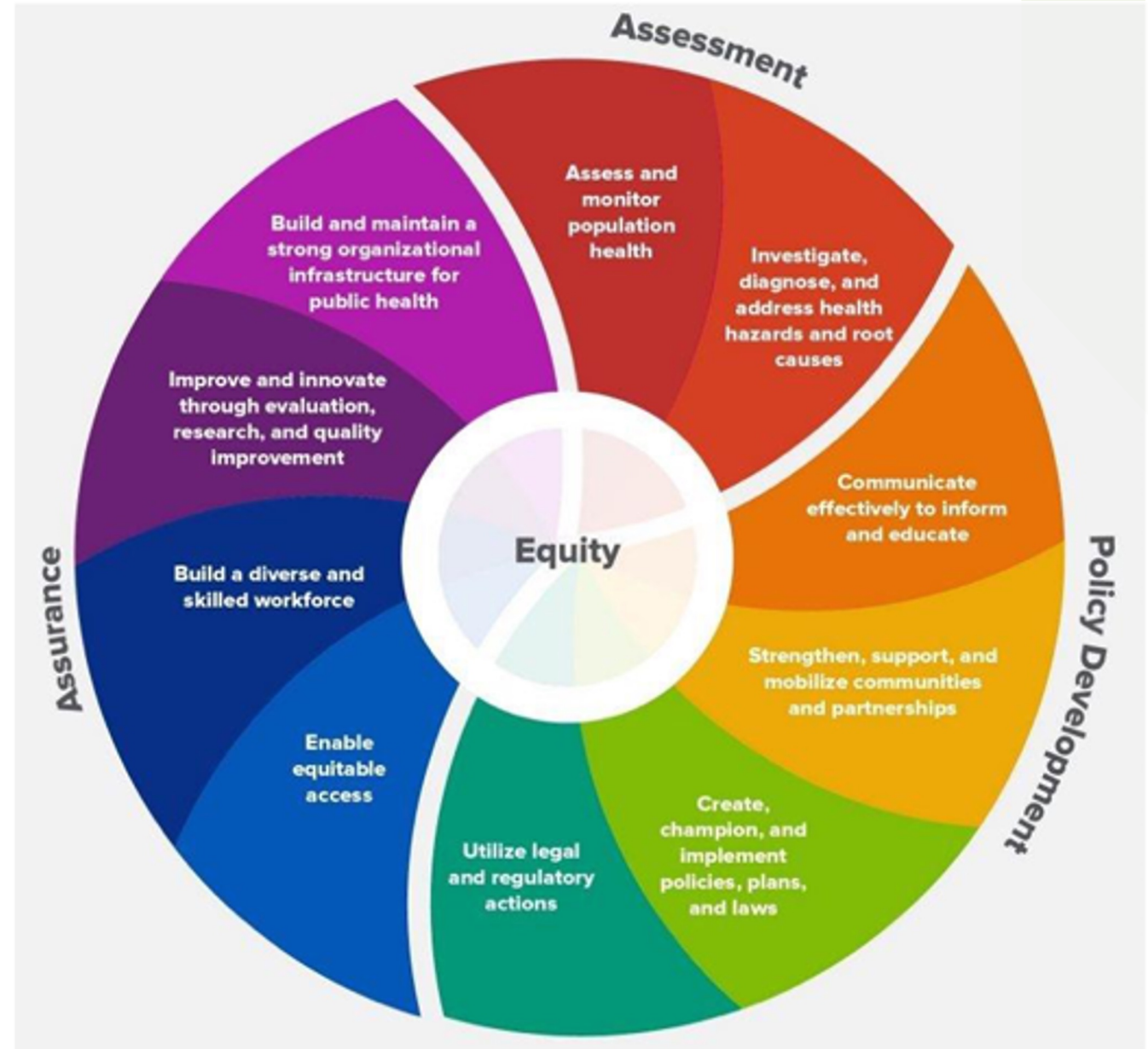
Capt. Elaine Miller, MD, Public Health Service Psychiatrist

Best Practices (BigFoot & Bartgis, 2010)

Clinical wisdom
Guild organizations
Other consensus approaches not using available research
Includes practices of Native healers used for 100s/1000s of years.

Keep in mind:

- Be curious
- Data is king
- Keep culture at the center of practice
- Set your expectation/outcomes
- Lead by example
- Dedicate your practice to self-improvement
- COVID-19 Example



Shared-Decision Making

- Model of Patient-Centered Care
- Consumers armed with good information can/will participate in medical decision-making by asking informed questions, expressing personal values & opinions about their conditions & treatment options
- Clinicians will respect patients' goals & preferences & use them to guide recommendations & treatment.



Questions

References

- Bartgis, J & BigFoot, D.S. (2010). History and Background of Promising Practices. Healthy Indian Country Initiative Promising Prevention Practices Resource Guide (p.6-11). National Indian Health Board, Washington, D.C.
https://www.nihb.org/docs/04072010/2398_NIHB%20HICI%20Book_web.pdf
- BigFoot, D.S. (2016). Another Way to View Trauma Informed Care: Being a Good Relative. Presented at the 15th National Indian Nations Conference: Justice for Victims of Crime, Ahua Caliente Reservation, California.
- Centers for Disease Control and Prevention (CDC). (2020). The 10 essential Public Health Services. Public Health Systems & Best Practices. Retrieved from
<https://www.cdc.gov/publichealthgateway/bestpractices/Index.html>
- Horn, SD & Gassaway, J. (2010) Practice-based evidence: Incorporating clinical heterogeneity and patient-reported outcomes for comparative effectiveness research. *Med Care*, 48 (Supplement 6): S17-S22. DOI: 10.1097/MLR.0b013e3181d57473.
- Isaacs, M.R., Huang, L.N., Hernandez, M. and EchoHawk, H. (2005). The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children's Mental Health. Paper prepared for National Alliance of Multiethnic Behavioral Health Associations, Washington, D.C.