



*Strategies for Working with  
Indigenous Peoples  
Experiencing Trauma*

September 24, 2019

— Dr. Holly Graham  
RN, PhD, R. D. Psychologist  
Assistant Professor, College of Nursing  
University of Saskatchewan

### Outline: Strategies for Working with Indigenous peoples Experiencing Trauma

- **Relationships**
- Understanding & Supporting Resilience (self & others)
- Body's Stress Response & impact of trauma
- **Your Personal History:**
  - Adverse Childhood Experiences (ACEs); Your wellness; Ability for self-regulation
- **Healing & Wellness Plan**
  - Awareness & Empowerment: *Self-care: Personal journey along with your professional journey*
- **Practice**
  - Understand History of Relationship between Indigenous and non-Indigenous peoples
    - *Colonization, epidemics, residential schools, racism, discrimination, ongoing trauma*
  - **Strategies in the workplace**
    - Engage in authentic relationships; Trauma-Informed Principles (TIP); Evaluation by the recipient of your care
    - Integrate Indigenous culture

### What is Resilience?

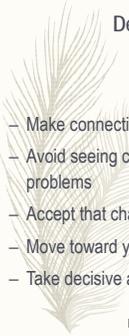
- Process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress
  - i.e., family and relationship problems, serious health problems or workplace and financial stressors
- It means "bouncing back" from difficult experiences
- Being resilient does not mean that a person doesn't experience difficulty or distress. Emotional pain and sadness are common in people who have suffered major adversity or trauma in their lives. In fact, the road to resilience is likely to involve considerable emotional distress.
- Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone.

<http://www.apa.org/helpcenter/road-resilience.aspx>

### Factors in Resilience

- primary factor in resilience - having caring and supportive relationships within and outside the family
- Relationships that create love and trust, provide role models and offer encouragement and reassurance help bolster a person's resilience
- The capacity to make realistic plans and take steps to carry them out
- A positive view of yourself and confidence in your strengths and abilities
- Skills in communication and problem solving
- The capacity to manage strong feelings and impulses

<http://www.apa.org/helpcenter/road-resilience.aspx>

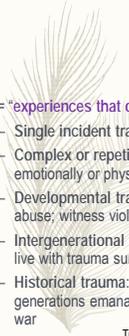


### Developing resilience is a personal journey... 10 Ways to Build Resilience

---

- Make connections
- Avoid seeing crises as insurmountable problems
- Accept that change is a part of living
- Move toward your goals
- Take decisive actions
- Look for opportunities for self-discovery
- Nurture a positive view of yourself
- Keep things in perspective
- Maintain a hopeful outlook
- **Take care of yourself**

<http://www.apa.org/helpcenter/road-resilience.aspx>

### Trauma

---

= "experiences that overwhelm an individual's capacity to cope" (p. 6)

- Single incident trauma: accident, natural disaster, witness violence
- Complex or repetitive trauma: ongoing abuse, domestic violence, ongoing betrayal, trapped emotionally or physically
- Developmental trauma: early exposure (infants & youth): neglect, abandonment; physical or sexual abuse; witness violence/death; interferes with healthy attachment & development
- Intergenerational trauma: psychological/emotional effects that can be experienced by people who live with trauma survivors; coping/adapting patterns can be passed down
- Historical trauma: cumulative emotional/psychological wounding over the lifespan & across generations emanating from massive group trauma. Examples: genocide, colonialism, slavery, and war

Trauma-Informed Practice Guide, May 2013, p. 6



### Incidence of Trauma

---

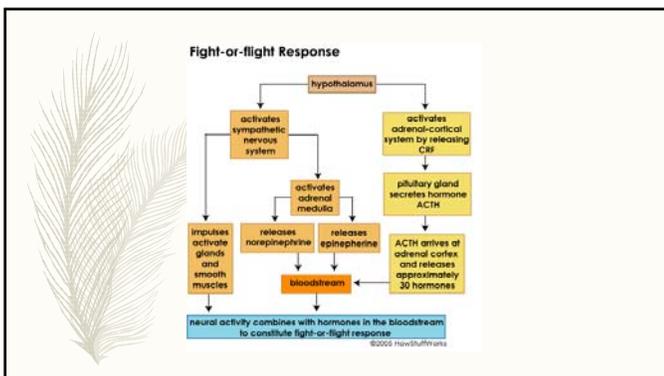
- Common
  - 76% of Canadian adults report some type of trauma exposure;
  - 9.2 % meet the criteria for PTSD
  - Estimated 50% of all Canadian women and 33% of Canadian men have survived at least one incidence of sexual or physical abuse
- Trauma & potential for misdiagnosis (p. 11)

Trauma-Informed Practice Guide, May 2013



### HPA Axis = Body's Stress Response

— <https://www.youtube.com/watch?v=0RFgO3K2rcU>

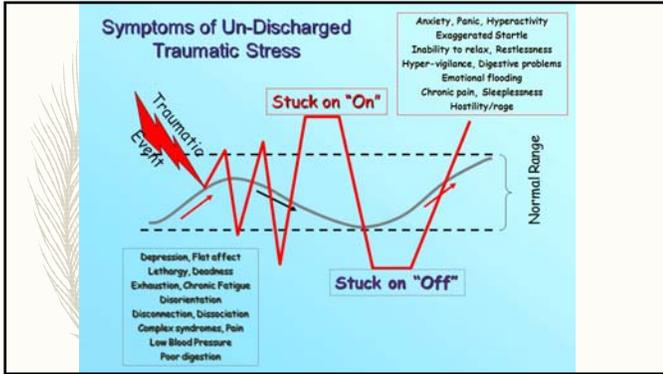


### Short Term Effects of Fight/Flight

- The stress response was designed to work in short infrequent bursts
- Harmful effects of fight-flight response are minimal, as long as this response is short in duration and infrequent.
- Increased: heart rate,
- respiratory rate,
- blood pressure,
- blood sugar,
- strength,
- alertness,
- learning, memory
- Decreased: Digestive and reproductive functions.

**Too Much/Too Long = trauma**

• Childhood Trauma, Zisler MD



### Complex PTSD vs PTSD

---

- Dr. Tracey Marks (Psychiatrist)
- <https://www.youtube.com/watch?v=7ls7U6QW8mc>

### PAST

---

Impacts the PRESENT

### Triggers

---

- *Your body giving you signals that healing is required...*
- *Your body is your best friend...*

### Adverse Childhood Experiences (ACE)

---

<https://www.samhsa.gov/capt/sites/default/files/images/adverse-childhood-experiences-pyramid-ig.jpg>

### Adverse Childhood Experiences (ACEs) 1995-1997 (Felitti and Anda)

---

- N= 17,000 participants
- California, USA
- Study's participants mostly white, middle and upper-middle class college-educated San Diegans with good jobs and great health care – they all belonged to the Kaiser Permanente health maintenance organization

### Adverse Childhood Experiences (ACEs)

---

<ul style="list-style-type: none"> <li>- Physical abuse</li> <li>- Sexual abuse</li> <li>- Emotional abuse</li> <li>- Physical neglect</li> <li>- Emotional neglect</li> <li>- Intimate partner violence</li> </ul>	<ul style="list-style-type: none"> <li>- Mother treated violently</li> <li>- Substance misuse within household</li> <li>- Household mental illness</li> <li>- Parental separation or divorce</li> <li>- Incarcerated household member</li> </ul>
---	--

### Adverse Childhood Experiences (ACE) 1995-1997

---

- Found:
  - ACEs are common: 28% physical abuse; 21% sexual abuse
  - ACEs cluster: almost 40% reported  $\geq 2$  ACEs; 12.5% experienced  $\geq 4$
  - ACEs have a dose-response relationship with many health problems (numerous health, social, and behavioral problems throughout lifespan, including substance use disorders)

## ACEs Score: What does it mean?

- stunning link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems. Includes: heart disease, lung cancer, diabetes and many autoimmune diseases, as well as depression, violence, being a victim of violence, and suicide.
- As your ACE score increases, so does the risk of disease, social and emotional problems. With an ACE score of 4 or more, things start getting serious. The likelihood of chronic pulmonary lung disease increases 390 percent; hepatitis, 240 percent; depression 460 percent; attempted suicide, 1,220 percent.

<https://acestoohigh.com/got-your-ace-score/>

## ACEs and Behavioral Problems

- Suicide attempts. ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan, according to a 2001. According to a recent 2017 article, individuals who reported 6 or more ACEs had 24.36 times increased odds of attempting suicide.

<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

## The Body Bears the Burden: Trauma, Dissociation, and Disease (Scaer, MD)

- Exposure of the organism to a variety of stressors would result in complex neuroendocrine response primarily involving the hormones of the pituitary and adrenal cortex (Selye, 1936)
- Immune, metabolic, and neuronal responses are important in the organism's early defense to abnormal stressor, but if prolonged, may lead to specific organ damage (Scaer, 2001, p. 70)

## The Body Bears the Burden: Trauma, Dissociation, and Disease (Scaer, 2001)

- Effects of stress on viral immunity – increased vulnerability
- Acute PTSD – expect relative immune suppression & vulnerability to infectious disease, where cortisol is also elevated
- Chronic PTSD – serum cortisol tends to be low, modulating effect of cortisol on the immune system is decreased. "*Under these circumstances, the biological effects of late PTSD might facilitate immune activity, and contribute to vulnerability to autoimmune diseases*" (Scaer, 2001, p. 74)

### *The Body Bears the Burden: Trauma, Dissociation, and Disease* (Scaer, 2001) cont.

---

- Resulting "diseases of stress" reflect the well-known systemic side effects of prolonged therapeutic glucocorticoid administration: diabetes, atherosclerosis, hypertension, peptic ulcer disease, obesity, osteoporosis, and cognitive/emotional impairment
- "Chronic & prolonged exposure to unremitting life stress is associated with a cluster of vascular, hormonal, immunological, neuronal, and degenerative diseases that are largely attributable to exposure to abnormal amounts of glucocorticoids" (p. 71)

### Mitigating Impact of ACEs and Trauma

---

- Dr. Nadine Burke Harris (Pediatrician)
- <https://www.youtube.com/watch?v=95ovLJ3dsNc>
- Screening, if positive ACEs – work to mitigate by:
  - Home visits; Medical care; Mental health care; Nutrition; Medicate if necessary; education parents
- Canadian Paediatric Society, Vancouver, 2017
- Steps: Resilience Building
  - Train staff principles of TIP
  - Screen: ACEs, resilience, maternal psychopathology and ACEs, family functional capacity, and family violence
  - Offer education: healthy development, trauma impacts, recovery, self-care skills and mental health treatment, parenting

### Indigenous Peoples

---

### History of Relationship between Indigenous and non-Indigenous Peoples

---

- Colonization
- Epidemics
- Residential Schools
- 60s Scoop
- Indian Act
- Historic and ongoing trauma
- Racism and discrimination

## Colonization

- "Disastrous for Native culture, identity and pride" (Lee, 1992, p. 211)
- Multiple layers: physical, economic, cultural, social, and psychological (Wesley-Esquimaux & Smolewski, 2004)
- Epidemics, residential schools (1863-1996), Indian Act

Dis-connection- Connection

## Epidemics

- Severe social disorganization
- Traditional social structures, alliances and kinship ties – disrupted
- Confidence in traditional leaders and healers - undermined
- Aftermath of war and disease lost hope - social disintegration followed
- Estimated 90 to 95 % - Indigenous population died within two generations of contact in 1492

## Residential Schools (1883-1996 in SK)

- *"We Were Children"*
- [https://www.youtube.com/watch?v=9taBa4ddif\\_s](https://www.youtube.com/watch?v=9taBa4ddif_s)
- Partnership-Canadian government & churches
- Purpose-assimilation
- "Dis-connecting children physically, emotionally, mentally and spiritually from their language, culture and their communities, from their own sense of identity as being Indian"

(Chansonneuve, 2005, p. 44)

## Exposure to Violence and a Child's Developing Brain

- <http://www.youtube.com/watch?v=brVOYfNMmKk>
- Dr. Bruce Perry

### Residential Schools: Long-term implications

---

- Cultural denigration, humiliation and shaming were standard practices in residential schools. This deprived the children of self-esteem and, in many cases, led to life-long feelings of self-hatred and depression

(Chansonneuve, 2005)

- 60's Scoop ...

### Indian Act 1876

---

- a colonist relationship
- created to guide Canada's relations with First Nations peoples by imposing several restrictions on them in order to meet two main goals: to "civilize" the First Nations people and to "assimilate" them into Canadian society

(Office of the Treaty Commissioner, 2008)

### Indigenous Responses to Colonization:

---

- Historic Trauma
- Intergenerational Trauma – history of loss and trauma
- Disconnection
- PTSD
- Increased health & mental health challenges

### Historic Trauma

---

"Unremitting personal and collective trauma due to demographic collapse, resulting from early influenza and smallpox epidemics and other infectious diseases, conquest, warfare, slavery, colonization, proselytization, famine and starvation, the 1892 to the late 1960s residential school period and forced assimilation"

(Wesley-Esquimaux & Smolewski, 2004, p. 1)

### Intergenerational/ Multigenerational Grief

"Generational or multi-generational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next. What we learn to see as "normal", when we are children, we pass on to our own children. Children who learn that physical and sexual abuse is "normal", and who have never dealt with the feelings that come from this, may inflict physical abuse and sexual abuse on their own children. The unhealthy ways of behaving that people use to protect themselves can be passed on to children, without them even knowing they are doing so"

(Aboriginal Healing Foundation, 1999)

### PTSR vs PTSD

- Post Traumatic Stress Response (PTSR) vs Post Traumatic Stress Disorder (PTSD)
- "Normalizing their response versus pathologizing their current state"

(Mitchell & Maracle, 20005, p.18)

### Internalized Oppression

"Systematic subjugation of a group of people by another group of people with access to social power, the result of which benefits one group over the other and is maintained by social beliefs and practices. Because oppression is institutionalized in society, target group members often believe the messages and internalize the oppression...when believe the stereotypes they are taught about themselves...tend to act them out...perpetuate...reinforces the prejudice"

(Mussell, 2005, p. 16)

### Aboriginal Healing foundation: Research Series

- <http://www.ahf.ca/publications/research-series>



## PRESENT

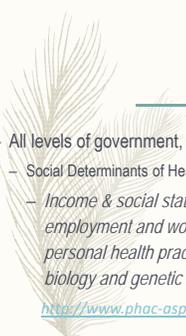
---



## Indigenous Health & Wellness

---

- Indigenous peoples do not have the same level of health and well-being as other Canadians
- Indigenous peoples have the same basic needs as other peoples, however, there are additional challenges that are multifaceted and stem from colonization
- Mental health issues have been long overlooked, especially in First Nation communities
- How does this impact you as the HCP?
  - Barrier: Trust



## Healing

---

- All levels of government, social change (All Canadians), and individual perseverance
- Social Determinants of Health
  - *Income & social status; social support networks; education and literacy, employment and working conditions, social environments, physical environments, personal health practices and coping skills; healthy child development (HCD); biology and genetic endowment, health services, gender, and culture.*

<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>



## Supporting Indigenous Health & Wellness

---

- Require accurate historical portrayal of the relationship between Indigenous & non-Indigenous peoples in Canada
  - Creates an informed perspective
- Self awareness & reflection
  - Insight into personal role (colonized or colonizer)
  - Our perceptions influence our interactions
- Interpersonal communication
  - Practice cultural safety, Rogerian principles (respect, positive regard, non-judgmental)
  - Guiding Principles/Professional Code of Ethics
  - Goal = successful engagement - RELATIONSHIP

## Personal Healing

---

- Processing and coming to terms ...with the overwhelming experience; controlling and mastering physiological and biological (body) stress reactions; and re-establishing secure social connections and inter-personal efficacy
- Individual path for everyone...

## Foundational Fundamental Knowledge for HCPs: Prior to Engagement

---

- Understanding of colonization & continued impact on current mental health & well-being (Kirmayer, Brass & Valaskakis, 2009) and neocolonial practices (Smith, 1999)
- Cross-cultural training – Indigenous worldviews, cultures, and traditions (Calabrese, 2008)
- Comprehension that all peoples' mental health & well-being are impacted by the SES (PHAC, 2010; Raphael, 2006)

## FUTURE

---

Mental Wellness Depends on the PRESENT

## Trauma-Informed Practice Guide, 2013

---

- 2011 – consultations with practitioners
- May 2013 - TIP Project Team & Advisory Committee (BC)
- Integrate Indigenous culture
- [http://bccawh.bc.ca/wp-content/uploads/2012/05/2013\\_TIP-Guide.pdf](http://bccawh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf)

## Trauma Informed Practice (TIP)

- Takes into consideration the prevalence of the many forms of violence & trauma and the variation in how each individual copes, and emphasizes the person's safety, choice, and control.

Trauma-Informed Practice Guide, May 2013

## Principles & Practice of Trauma-Informed Approaches (4)

- 1) **Trauma awareness**
  - Trauma central to development; range of adaptations; relationship with substance use/physical health/mental health
- 2) **Emphasis on safety & trustworthiness**
  - Often feel unsafe; Often experienced abuse of power in important relationships; Currently living in unsafe relationships or living situations
  - Mitigate: welcoming intake, clear information about programming; ensuring informed consent; create crisis plans; demonstrate predictable expectations; and scheduling appointments consistently; "Hello" & smile...

## Principles & Practice of Trauma-Informed Approaches cont.

- 3) **Opportunity for choice, collaborative, and connection**
  - Environments: foster efficacy, self-determination, dignity & personal control, opportunity to establish safe connections – with treatment providers, families, peers, and the wider community
  - Staff: communicate openly, equalize power, allow expression of feelings without fear of judgement, provide choices for treatment preferences, work collaboratively with clients

## Principles & Practice of Trauma-Informed Approaches cont.

- 4) **Strengths based & skill building**
  - Clients assist to identify their strengths and to (further) develop resiliency and coping skills
  - Practitioners: emphasize teaching & modeling skills for recognizing triggers, calming, centering, and staying present

Trauma-Informed Practice Guide, May 2013

### Safety & Needs of Practitioners

---

- Safety & changes in treatment culture
- Awareness of vicarious trauma & staff burnout
- May be triggered by client responses & behaviors
- Key elements of trauma-informed services:
  - Staff education
  - Clinical supervision
  - Policies & activities that support staff self-care

Trauma-Informed Practice Guide, May 2013, p. 13

### Evaluation by Recipient of Care

---

- Miller and Duncan ( 2003)
- <https://scottdmiller.com/wp-content/uploads/documents/OutcomeRatingScale-JBTV2n2.pdf>
- <https://www.earlywood.org/cms/lib/IN07001762/Centricity/Domain/118/Outcome%20Rating%20Scales.pdf>
- Outcome Rating Scale (ORS): individual, interpersonal, social, overall
- Session Rating Scale (SRS): relationship, goals and topic, approach or method, overall

### Your Mental Wellness Begins with You...

### Wellness

---

- Wellness = is a lifestyle approach that adds element of **spirit** to the **body** and **mind**; an attitude a person has towards their health, while striving towards a balance of body, mind and spirit throughout one's entire life

*(Preventing and Managing Chronic Disease in First Nations Communities: A guidance framework, 2018, p. 7)*

Seek Professional Assistance if...

---

- Your reactions are still interfering significantly with your life a month after the traumatic event
- Your reactions feel overwhelming and too difficult to cope with on your own
- You are struggling to meet your daily demands (personal & professional)
- You are using alcohol or drugs to cope
- Significant disruption in sleep pattern

[www.students.usask.ca/health](http://www.students.usask.ca/health)

Bruce Lipton: The Biology of Belief Full Lecture

---

- <https://www.youtube.com/watch?v=82ShSNuru6c>

Self Care: Utilizing the Medicine Wheel (Mussell, 2005)

**Spiritual**  
 a sense of connectedness with other creations of the Great Spirit

**Physical**  
 air, water, food, clothing, shelter, exercise, sex

**Emotional**  
 recognition, acceptance, understanding, love, privacy, discipline, limits

**Intellectual**  
 concepts, ideas, thoughts, habits, discipline

**Will**

Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men, Appendix G, pgs. 115- 122. Reprinted with permission from the Aboriginal Healing Foundation <http://www.ahf.ca/downloads/healingmenwebrev.pdf>

Empathy

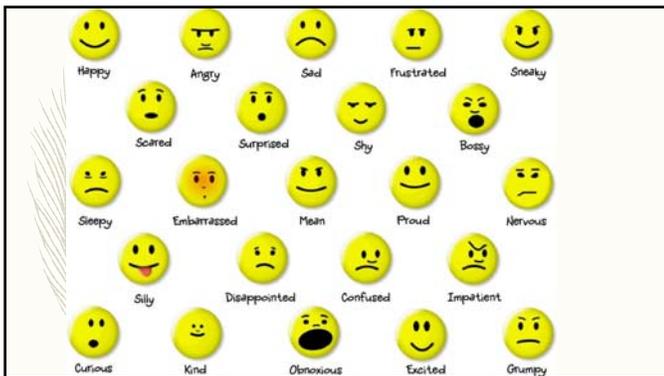
---

- <https://www.youtube.com/watch?v=1Evwqu369Jw>
- Empathy (connection)
- Vulnerable choice
- 4 Aspects: perspective; avoid judgement; recognizing emotion in other people; and communicating that...
- Different from sympathy (drives disconnection)

**Addressing Traumatic Experiences & PTSD Symptoms**

---

- Cognitive Behavioral Therapy (CBT)
- Holistic Approach: physical, emotional, intellectual/mental, spiritual
- Culture
- Somatic-Based Therapies
  - Eye Movement Desensitization and Reprocessing (EMDR)
   
<https://emdrcanada.org/emdr-defined/>
  - Eye Movement Integration (EMI)
   
<http://www.nlpco.com/library/eye-movement-integration-therapy/#axzz3yTVRqY8e>
  - Somatic Experiencing (SE)
   
<http://www.traumahealing.org/>



## Integrate Holistic Approach to Wellness: Physical, Emotional, Mental, and Spiritual

---

- Breath
- Mindfulness
- Gratitude
- Exercise: yoga

## Emotional

---

- Managing emotions: aware, acknowledge, accept, personal plan to address, distraction (walk, read, etc.)
  - *Mindfulness – present, noticing and conscious decision how will react*
  - *What is the role of emotions?*
  - *Explore the root of the emotion*
- Healthy boundaries & setting limits – with self and others
- Healthy communication – with self and others
  - *Ability to ask for what you need and maintain the integrity of your relationships*
- Healthy Relationships

## Steps to Healthy Communication

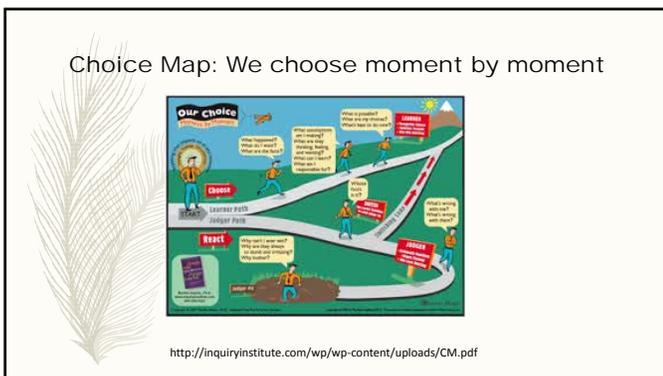
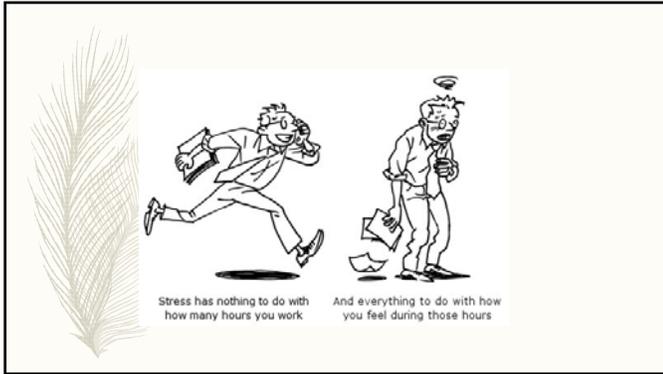
---

- Describe the behavior
  - "When you ..."
- Share impact on you
  - "I feel ..."
- Ask for what you need
  - "I need ..."

## Mental

---

- Concepts, ideas, thoughts, habits, discipline



**Choice Map: We choose moment by moment**

Judge Questions	Learner Questions
<ul style="list-style-type: none"> <li>- What's wrong with me?</li> <li>- Whose fault is it?</li> <li>- Why are they so stupid?</li> <li>- How can I prove that I'm right?</li> <li>- Why bother?</li> </ul>	<ul style="list-style-type: none"> <li>- What do I want?</li> <li>- What works?</li> <li>- What are the facts &amp; what can I learn?</li> <li>- What are my choices?</li> <li>- What action steps make sense?</li> <li>- What's possible?</li> </ul>

\* We all ask both kinds of questions and we have the ability to choose which ones to ask – moment by moment



Switching Questions Include:

---

- Am I in Judger mindset?
- Is this what I want to be feeling (or doing)?
- What would I rather be feeling (or doing)?
- What could happen if nothing changes?
- How else can I think about this?
- Am I willing to switch?



Results

**\* We all ask both kinds of questions and we have the ability to choose which ones to ask – moment by moment**

---

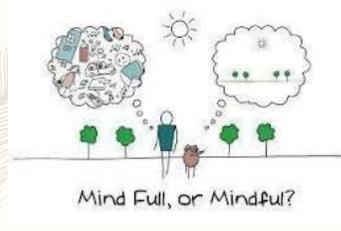
<p><b>Judger Questions</b></p> <ul style="list-style-type: none"> <li>- Mood of pessimism, stress, and limitation</li> <li>- Mindset that is judgemental, reactive, inflexible</li> <li>- Relating with "attack or defensive" behaviors"</li> </ul>	<p><b>Learner Questions</b></p> <ul style="list-style-type: none"> <li>- Mood of optimism, hope, and possibilities</li> <li>- Mindset that is thoughtful, understanding, flexible</li> <li>- Relating that is connected and collaborative</li> </ul>
---	--



Choices

---

- Always have choices
- Choices can be + or -
- Not doing something – is still making a choice

Mind Full, or Mindful?

Energy Bank 

Physical ?  
Emotional ?  
Mental ?  
Spiritual ?

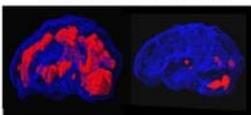
↑   ↓ 

Physical ?  
Emotional ?  
Mental ?  
Spiritual ?

Constant Awareness Necessary

Eye Movement Desensitization and Reprocessing (EMDR)

POST-TRAUMATIC STRESS DISORDER



BEFORE EMDR      AFTER EMDR

The left photo shows a woman with PTSD.  
The right photo shows the same woman after four 90 minute EMDR therapy sessions.  
The red areas indicate over-activity in the brain.  
Photo by Dr. David Inzer

Who is your Knight in shining armor?

---

Comments? Thoughts?

---

Dr. Holly Graham  
RN, PhD, R.D. Psychologist  
Assistant Professor, College of Nursing  
University of Saskatchewan  
[holly.graham@usask.ca](mailto:holly.graham@usask.ca)

