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Our Youth and their Trauma

National American Indian & Alaska Native Mental Health Technology Transfer Center
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DIRECTOR'S CORNER

Photo: Michael Kreiser

Happy Spring to you! It has been a rough winter with weather challenges all over the country. However, we know that spring is here, and as Kiowa puts it: "Walk lightly in the spring; Mother Earth is pregnant." Hence, we need to respect Mother Earth and be grateful for all the gifts she provides us.

In all our work, our guiding principles are based on community-based participatory programming/research (CBPPR). We know it is far too easy to focus on the negatives, the challenges and health disparities in Native communities (deficits), and not the strength and resiliency in the same communities. In planning and preparing interventions in Native communities, it is important to know the challenges, but build on the strengths. Let us take time to appreciate our family and neighbors and respect the surroundings that always will give us strength and inspiration.

I want to welcome you to this first issue of the newsletter focused on mental health issues from our new center: the National American Indian and Alaska Native Mental Health Technology Transfer Center (MHTTC). The focus of this newsletter is on trauma in Native communities followed by descriptions of culturally informed programs developed to address trauma, with a holistic approach to healing from trauma. Early intervention of behavioral health disorders, especially post-traumatic stress disorders (PTSD), is important to reduce long-term mental health consequences.

In order to understand public health challenges in Native communities, we need to understand and remember historic events. Part of our responsibility as behavioral health professionals is to familiarize ourselves with historic events that happened to any group of people who live in the communities where we work. The historic events may not be obvious at the moment, but they live in the minds of our clients and their families. We focused on this topic of historical and generational trauma in our recent proceedings document, "Reclaiming Our Roots: Rising from the Ashes of Historical Trauma," which is accessible on our webpage.

We have started offering webinars and other forms of training through the National AI & AN MHTTC. We just completed a pilot test in the Meskwaki settlement for our new curriculum for working with returning veterans. Native veterans with behavioral health service experience from different parts of the country provided feedback and suggestions for how to enhance the curriculum. We anticipate providing training on this curriculum soon.

The National AI & AN Addiction TTC, in collaboration with the National AI & AN MHTTC and the National AI & AN Prevention TTC, has started soliciting applications for mentors and mentees for the American Indian & Alaska Native Leadership Academy. This is a leadership program that The National AI & AN ATTC has offered on several occasions. We invited one of our graduates, Durand Bear Medicine, to present his project in one of our webinars this month titled, "Traditional Treatment: Concepts, Competencies and Diversity." This webinar is available to view *at this link*. Application materials for the Leadership Academy are available on our website, *which you can find here*. We are recruiting participants from the mental health field as well as treatment and prevention. We hope you would consider participating in this program, as well as encouraging your colleagues to do so.

Regards,

Anne Helene Skinstad, PhD

Trauma and American Indian and Alaska Native Youth

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KEN C. WINTERS, PhD
***contributions from* MARY K. WINTERS, MEd**

Background

The extremely high prevalence of mental health problems among American Indian and Alaska Native individuals, including youth, is disheartening. Substance use and substance use disorders among Native adolescents and adults are significantly higher than among non-Native peers[1,2,3]. Similarly, there are higher rates of many behavioral and mental disorders, including depression, anxiety, and PTSD among all age groups compared to non-Native populations[4,5]. Native people have the highest rates of suicide of any racial or ethnic group in the United States. The rates of suicide in this population have been increasing since 2003, and they are the highest for people living in a non-metropolitan area. Among Native youth, suicide is a leading cause of death. Domestic violence and abuse are more likely to be reported by Native families, compared to families in general[6], and Native women are more than 2.5 times more likely to be sexually assaulted than other women in the US[7]. Despite these facts, it is estimated that there are significantly fewer Native mental health professionals available per 100,000 compared to the higher availability of mental health professionals for other groups, and three times as many Native people lack health insurance compared with whites[1].

Trauma

Trauma is also disproportionally experienced by Native peoples. Trauma can be thought of as an individual-specific experience of a single traumatic event or enduring conditions such as serious injury, sexual assault, death or suicide of a loved one. There is also historical trauma, which involves an accumulation of cultural and intergenerational exposure to harrowing conditions. In Native communities, sources of this latter type of trauma are prolonged current or intergenerational exposure to catastrophic and disastrous events, such as ongoing victimization, physical, or sexual abuse, removal from homelands, forced attendance at boarding schools, and massacres[8]. As many experts have noted, the high prevalence rate of mental and behavior problems among Native groups with the extent and degree of exposure to trauma are intertwined phenomena[1,9].

Historical trauma was originally defined as the cumulative exposure to traumatic events that included both historical oppression and current experiences of psychological suffering[10,11]. The concept is now widely viewed as the long-term, intergenerational impact of colonization, cultural suppression, and historical oppression of Native peoples[10]. These historical traumatic and grief-filled events continue to impact the lives of Native people of all ages today.

Native Youth and Trauma

The list and severity of trauma that numerous Native children and adolescents are exposed to is a national tragedy. Compared to their peers in other ethnic or racial groups, Native children are more than twice as likely to experience trauma[9]. 60% of Native children live in low-income families, and 18% in deep poverty[12]. An estimate from over a decade ago was that the rate of victimization via sexual or physical

abuse of Native children is 20 per thousand, the highest rate among children in the US, and nearly twice as high as non-Hispanic, Caucasian children[13].

A major consequence of trauma – PTSD – is experienced by Native adolescents at a rate of nearly 25%[14], which is comparable to the rate of PTSD by veterans returning from Iraq and Afghanistan, and about three times the rate of the general population[15,16].

Trauma experienced by Native youth include both individual experiences that cause distress such as violence or current poverty, as well as forms of angst linked to history like cultural destruction, generational poverty, and discrimination[10]. How does historical trauma affect children? One example is the long-term impact of the "Boarding School Era" (1870s–1930s). Federal policy required that children be removed, sometimes forcibly, from their families and communities and mandated to attend government or church-run boarding schools. Boarding schools were perceived as the vehicle to westernize Native youth; forced assimilation included replacing their languages and cultures of origin with the so-called "dominant society". Children in boarding schools were not allowed to speak their home language, practice their religion, or maintain cultural or spiritual practices. Children who didn't comply were severely punished. Key components of Native identity were eliminated or altered. Ceremonial objects, traditional clothing, and childhood toys were destroyed. Often, children were given new Western names and their hair was cut. For tribal communities and their children, the challenge is to not let this pernicious living history manifest as psychological symptoms or to deter efforts to renew cultural traditions.

Trauma Programs for Native Youth

The high prevalence of trauma and behavior disorders among the Native population, including youth, illustrate the extent and depth of disparities faced by this population. Comprehensive intervention and treatment efforts are needed that incorporate culturally-relevant, evidence-based and experience-based strategies at the individual, interpersonal, and community levels. A useful report was published by Mathematica Policy Research[17] in which the authors identified programs that have been tested and documented. Interventions are summarized for trauma, suicide prevention, substance abuse, and parenting programs. The report also includes research and policy implications that can improve outcomes for Native youth. We summarize below the four identified trauma-informed and trauma-specific programs specifically developed for youth, the principles and features common across these programs, and implications for the future.

Honoring Children, Mending the Circle

The Indian Country Child Trauma Center *(www.icctc.org)* was established to develop trauma-related treatment resources, including protocols, outreach materials, and service delivery guidelines for Native children and families. Located at the University of Oklahoma Health Sciences Center, this group works in conjunction with the National Child Traumatic Stress Network and Substance Abuse and Mental Health Services Administration (SAMHSA), its original funder, and is the premier resource for culturally-relevant and evidenced-informed trauma intervention models for use with Native children.

One such intervention is Honoring Children, Mending the Circle[18]. Organized around a trauma-focused cognitive-behavioral therapy (TF-CBT) model, this intervention encourages children to talk about traumatic experiences with parental or caregiver supports and teaches them skills to deal with distorted thoughts that are barriers to health and well-being. Program developers selected the TF-CBT model for adaptation given that its basic elements of storytelling, identifying and expressing emotions, and involvement of caregiver and family support were well-suited for Native cultures. Select intervention components are the following:

- children repeatedly describe their traumatic experiences, with gradually increasing detail, with the goal of decreasing emotional reactivity to traumatic memories over time;
- children may retell their trauma narrative through a traditional dance; and
- children are taught relaxation skills to reduce hyperarousal and other negative emotions that resulted from the trauma, and relaxation imagery is culturally relevant, e.g. soothing images from nature.

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Honoring Children, Respectful Ways

Honoring Children, Respectful Ways, also developed by the Indian Country Child Trauma Center, is for children between the ages of 3 and 12 who have experienced trauma related to violence in the family, physical abuse, and sexual abuse[8]. The program's content focuses on helping children develop a sense of respect for self and others, reconnecting with their Native heritage, and supporting traditional healing approaches and practices.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

CBITS is an adapted evidence-based practice originally developed for use with groups of adolescents ages 11–15 from ethnically diverse populations and with significant trauma exposure and PTSD symptoms. The 10-week intervention involves weekly small group meetings that teach six techniques to address maladaptive behaviors and thoughts: relaxation training, cognitive therapy, real life exposure, stress or trauma exposure, and social problem-solving[19].

CBITS versions adapted for Native youth have been developed with two small studies. Morsette et al. adapted the program by consulting with Native health professionals, elders, teachers, and counselors[20]. The adapted content includes cultural linguistic concepts and elements of local history. The study showed positive results for a small number of youths. Another adaptation was provided by Goodkind and colleagues[21]. They adjusted the cognitive restructuring exercise by replacing the Eurocentric examples with culturally-relevant stories and beliefs. Evaluated in three Native communities (youth aged 12–15) in the southwest, the outcome findings showed significant decreases in anxiety and PTSD symptoms, and improvement in coping strategies.

Pathway to Hope

Pathway to Hope[23], designed for rural Alaska Native communities, is a trauma-informed training program aimed at halting the silence and ending the trauma surrounding child sexual abuse by promoting community-based approaches to healing. Program development included input from Alaska Native victim advocates working within tribal communities. The major goal of the program's culturally-relevant practices is for community members to develop their own culturally-specific approaches to healing. Pathway to Hope trainings since 2007 have been presented to nearly 300 tribal leaders and health care providers in Alaska, and over 100 participants from numerous tribes across the US.

Common Elements Across Youth Trauma Programs and Practices

While trauma programs for Native youth could benefit from more empirical evidence regarding program effectiveness, experts agree that a core group of features are necessary to adequately address trauma in Native youth. Based on the Mathematica report[17] and observations from this author, common characteristics of adaptations of evidence-based interventions and community-based practices are described below.

1. Incorporating adapted therapeutic components shown to be evidence-based elsewhere. Programs typically included content and exercises proven to be effective with non-Native youth experiencing mental or behavioral problems based on rigorous studies published in the peer-reviewed literature. Many features of cognitive-behavioral therapy, family-based treatment, and motivational enhancement techniques are included in Native trauma programs for youth.
2. Encouraging youth to talk about experiences and identify feelings. Many treatments encouraged youth to talk about his or her traumatic experiences and describe their thoughts and feelings about the trauma. Common settings for this were youth telling narratives of their traumatic experiences and discussing openly about the trauma in talking circles.
3. Group-based interventions or programs. Group work is commonly used for youth in mental health treatment and this is also the case for youth trauma programs. In addition to the advantage that group session can help youth develop new friends and support networks, many therapeutic elements are enhanced by group activities. Examples include sharing problem-solving strategies to address triggers and urges of substance use, supporting each other to avoid unhealthy cognitions related to trauma, and engaging in cultural activities.
4. Connecting youth to an adult mentor. A strong adult mentor from the tribal community, particularly a Native elder, provides the youth with many social supports. The

mentor can be a model of healthy behaviors, and provide support for youth by giving advice, being an informal teacher, offering emotional support, and providing direct help when the youth is faced with a problem.

5. Helping youth develop positive coping strategies and social skills. Programs commonly included a focus on assisting youth to develop and strengthen strategies to cope with the negative emotions associated with trauma, e.g. stress, anxiety, or feelings of powerlessness. These programs also teach youth to recognize unhealthy coping strategies, such as self-medicating with drugs or social isolation, and to replace these maladaptive tendencies with healthy problem solving and social skills, use of relaxation techniques, and developing social relations.
6. Reconnecting youth to traditional Native teachings and culture. The most important common feature of Native trauma-based treatments is that they comprehensively incorporate tribal culture and that the program's core elements align with cultural practices. This emphasis on connecting youth to Native teachings, language, local history, and traditions is viewed as critical in promoting the healing process. Other cultural features of these programs include seeking input from tribal leaders, incorporating harmony and balance in one's approach to life, respecting local community culture, and believing in the existence of ancestral and animal spirits[23].

Summary

There are many challenges when tribal communities seek to address trauma experience by youth. Experts are encouraged that some community-based, tribal-adapted programs and practices exist, and there appears to be greater willingness by Native communities to seek mental health services when traditional healing practices are included[1]. While the evidence base of trauma treatment programs deserves more attention, several evidence-informed programs exist. Given that tribes differ to some degree on their views as to how culture can support the healing process, forcing a specific treatment model or approach on a local community is not recommended. Rather, adapting programs with the inclusion of local traditions and practices and ensuring a holistic approach to treatment, while still retaining the core elements of the treatment model, is advisable[23,24,25].

Collecting data about youth trauma and related mental and behavioral problems in tribal communities has several advantages. Tribal communities can benefit by local data on the extent and types of trauma suffered by their youth. Survey data can raise community awareness, encourage resources to be dedicated to this issue, help treatment experts to better plan, develop and implement trauma treatment programs, and be used to help justify the implementation of accessible services[26]. The process by which this type of data is collected needs careful consideration. For a locally-based survey to be successful, tribal leaders and local health officials would need to work with survey experts.

Other clinically-related features for optimizing trauma treatment outcomes are universal screening in primary care and school-based settings[24], the use of Native healers, and the provision of social services to address issues related to employment, living situation and long-term life goals.

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Additional Resources to Address Native Youth Trauma

Center for Native American Health

The Center for Native American Health at the University of New Mexico Health Sciences Center specializes in community engagement, community-based participatory research, community health assessment capacity building, program planning, project management, and in student and workforce development. The center partners with a wide range of groups and organizations to develop creative and sustainable solutions to improve the health and well-being of Native people. A primary focus of the center's approach to program and resource development is to capitalize on community strengths, including local knowledge, core cultural value systems, and health beliefs.

The center's trauma-focused program is the "Historical and Current Trauma: Examining Community Memories for the Health of a Nation" *(iikd.unm.edu/research/historical-trauma/index.html)*. This program is a community-based participatory research study initiative by the Seneca Nation and the University of New Mexico School of Medicine and Department of Family & Community Medicine. Guided by Dr. Tassy Parker, Seneca community members completed surveys and participated in focus groups to provide insights about historical trauma's negative impact on mental and physical health.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) Tribal Youth Training and Technical Assistance Center

The OJJDP Tribal Youth Training and Technical Assistance Center *(www.tribalyouthprogram.org)* is located at the University of Oklahoma Health Sciences Center. The center provides trauma-informed and culturally and developmentally-appropriate training, resources, and related technical assistance to all federally-recognized tribes across the nation and to OJJDP Tribal Programs grantees. The center's staff are skilled at a wide range of areas to provide technical assistance and trainings, including trauma informed care and mental health. A noteworthy mental health program from Dolores Subia Bigfoot and colleagues is the Tribal Youth Prevention Programming: Restorative Approaches (Suicide Prevention; Pro-social Behaviors; Trauma Informed Care).

Healing Collective Trauma

This site *(www.healingcollectivetrauma.com)* addresses the diverse forms of collective trauma from a cross-cultural perspective. It originated with interviews from Ray Daw, a health administrator in Alaska and member of our Advisory Council, and Maria Yellow Horse Brave Heart.

How to Manage Trauma by SAMHSA

This website from Substance Abuse and Mental Health Services Administration (SAMHSA) offers a 2-page downloadable infographic on basic facts about signs of and treatment for trauma *(www.integration.samhsa.gov/clinical-practice/Trauma-infographic.pdf)*.

National Indian Child Welfare Association

The National Indian Child Welfare Association provides a wide range of resources and trainings to support the safety, health, and spiritual strength of Native children. A focus of their work is to support child welfare and prevent child abuse and neglect.

American Indian and Alaska Native Mental Health Research

A 2016 Special Edition of the Journal of the American Indian and Alaska Native Mental Health issued the entire publication to strength-based programs available in Native communities. It is available for free on their website: *(http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%2023/23(3).pdf)*.
A youth-focused article is titled 'Indigenous Youth-Developed Self-Assessment: The Personal Balance Tool'.

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My Journey and the Message

I was in deep despair as I sat alone within my own thoughts. I shall go forth and seek what my ancestors did before me. I shall seek the Creator.

I traveled far and wide while I prayed for guidance. I felt that my prayers went unheard, but as time passed, I learned that the Creator does not work in my time-frame, but in consideration of all. I began to see that my prayers were being heard.

I began to notice the trees dancing in the wind, which I learned was the breath of the Creator. I searched more and more, seeing what was all around me, and realizing that all my life the Creator had been there all along. I began to understand the relationship of Nature and how it all works together, but I wondered, what happened to man? I saw how people would look at differences, so I closed my eyes and began to hear the joys of Nature, but I wondered, what happened to man? I could hear the rushed movements and sounds of hurried drivers honking for others to get going. I covered my ears and began to smell and feel the flowers, trees, and wind, and see how they worked together, but I wondered, what happened to man? I began to smell the scents of oil and smoke of vehicles and companies, the burnt smell of food, and faint smell of wet concrete.

I began to go deeper within myself and found a loudness and an uncomfortable feeling of anger, sadness, and grief. I found a loud silence, my own inner dialogue, so I eventually let it all go and found a profound silence, a peace. Then I heard it, I felt it, I cried a happy cry, as I thought of this message: I Love You. It came from within, but also from all around, from all of Creation. I knew then what happened to man.

Man stopped listening.

Sean Bear