

# Cultural Formulation Interview in American Indian/Alaskan Native Communities Historical Trauma Informed Perspective

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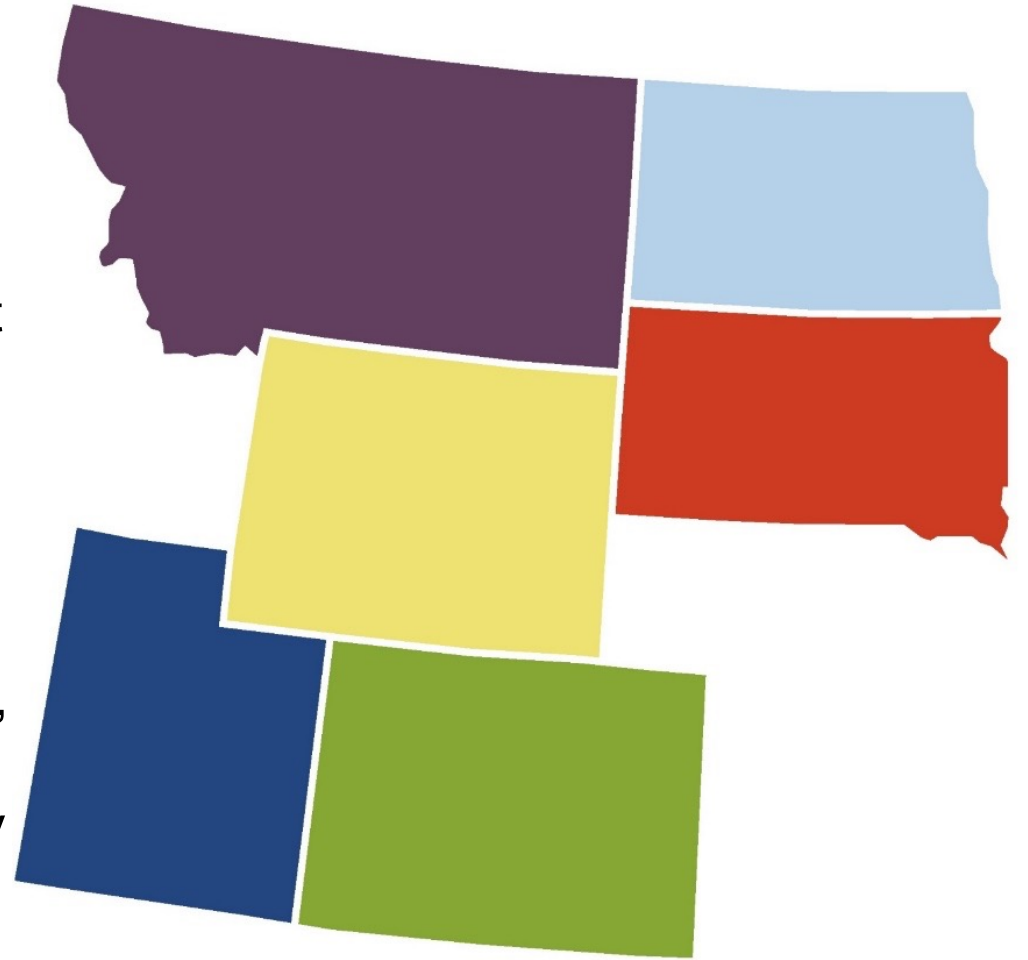
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# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

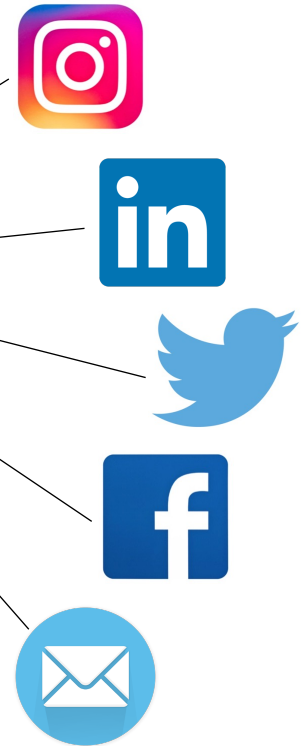
RESPECTFUL, CLEAR  
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# Cultural Formulation Interview in American Indian/Alaskan Native Communities

HISTORICAL TRAUMA INFORMED PERSPECTIVE

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Dr. Yellowhair graduated from Western Michigan University with a Ph.D. in Counseling Psychology and completed her pre-doctoral training at UNM. She also received her Master of Arts in Counseling Psychology from Western Michigan University and bachelor degrees in Psychology and English from Fort Lewis College.

Originally from Arizona, she has dedicated her research and studies to addressing historical trauma and multicultural, diversity, equity and racial issues. Her current focus is further training and being mentored in how systemic racism impacts mental health in American Indian (AI) communities and learning how to intervene with grants, advocacy and policy.

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Dr. Brave Heart, Hunkpapa and Oglala Lakota, is Associate Professor of Psychiatry and Behavioral Sciences and Director of Native American and Disparities Research in the University of New Mexico's Division of Community Behavioral Health.

Previously, Brave Heart was on the faculty at Columbia University School of Social Work and was a research team member with the Hispanic Treatment Program of New York State Psychiatric Institute/Columbia University College of Physicians and Surgeons. She was also on faculty at the University of Denver Graduate School of Social Work. Dr. Brave Heart has dedicated her research and work to address historical trauma and multicultural, diversity, equity and racial issues; specifically, how systemic racism impacts mental health in American Indian (AI) communities.

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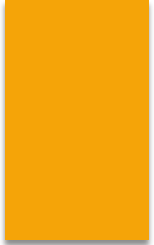



# Disclosure

- ▶ There is no commercial or financial interest to disclose.

# Disclaimer

- ▶ The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the hosts of this webinar series.



## UNM Indigenous People's Land and Territory Acknowledgement

Founded in 1889, the University of New Mexico sits on the traditional homelands of the Pueblo of Sandia. The original peoples of New Mexico - Pueblo, Navajo, and Apache - since time immemorial, have deep connections to the land and have made significant contributions to the broader community statewide.

We honor the land itself and those who remain stewards of this land throughout the generations and also acknowledge our committed relationship to Indigenous peoples.

We gratefully recognize our history.

Developed by the Special Assistant for American Indian Affairs to the UNM President in consultation with the Native American Faculty Council.

Approved and adopted by President Garnett S. Stokes, February 2020

Art by Jennifer Ober



*Tatanka Iyotake & Sitanka Wokiksuye*  
Sitting Bull Memorial & Bigfoot Memorial Ride 1990

- ▶ December 15 is the anniversary of the assignation of Siting Bull

# Changes Implemented in the DSM-5-TR

- ▶ The term “racialized” is used instead of “race/racial”
  - ▶ Highlighting the socially constructed nature of race;
- ▶ The term “ethnoracial” is used to denote the U.S. Census categories,
  - ▶ Such as Hispanic, White, or African American, that combine ethnic and racialized identifiers;
- ▶ The terms “minority” and “non-White” are avoided
  - ▶ Getting away from terms that describe social groups in relation to a racialized “majority,”
- ▶ The emerging term “Latinx” is used in place of Latino/Latina
  - ▶ Promoting gender-inclusive terminology;
- ▶ The term “Caucasian” is not used
  - ▶ Based on an obsolete and erroneous views that the geographic origin of a prototypical pan-European ethnicity;
- ▶ Prevalence data on specific ethnoracial groups are included when existing research documented reliable estimates based on representative samples.

# Definitions

- ▶ Culture. (noun).
  - ▶ The distinctive customs, values, beliefs, knowledge, art, and language of a society or a community. These values and concepts are passed from generation to generation, and they are the basis for everyday behaviors and practices.
- ▶ Race. (noun).
  - ▶ A socially defined concept sometimes used to designate a portion, or “subdivision,” of the human population with common physical characteristics, ancestry, or language. The term is also loosely applied to geographic, cultural, religious, or national groups. The significance often accorded to racial categories might suggest that such groups are objectively defined and homogeneous; however, there is much heterogeneity within categories, and the categories themselves differ across cultures. Moreover, self-reported race frequently varies owing to changing social contexts and an individual’s possible identification with more than one race.
- ▶ Ethnicity. (noun).
  - ▶ a social categorization based on an individual’s membership in or identification with a particular cultural or ethnic group.

# From the AIAN perspective

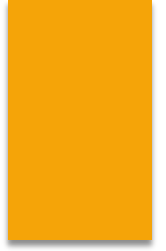
- ▶ **Culture:** collective/communal or individual values, beliefs, languages, rituals, and traditions of a group of people that pass from generation to generation.
  - ▶ Greater risk for trauma exposure, traditional mourning practices, different understanding of symptoms, unemployment rates, housing availability
- ▶ **Race:** the colonial categorization associated with visible features, i.e. skin and physical features, which are linked to moral, intellectual, and cognitive assumptions that form the social construct intended to maintain social norms.
- ▶ **Ethnicity:** the shared physical and cultural characteristics based upon a person's historical nationality or social group.
- ▶ **Examples for Native clients:** skin color, mixed race, internalized racism, racism, hair texture, traditional tattoos, etc.

# Understanding Historical Trauma and the impact on AIAN communities

*A TIMELINE: WE WILL NOT READ  
EVERY SINGLE POINT ON THE  
NEXT 5 SLIDES. WE WILL  
HIGHLIGHT SOME KEY EVENTS  
IN HISTORY TO HELP  
CONTEXTUALIZE AND  
UNDERSTAND HISTORICAL  
TRAUMA*



# 1492-1700's



- ▶ **1492: Columbus lands on the Caribbean Island and believes he is in the East Indies, describes the inhabitants of the land “Indians;”**
- ▶ 1513 Spanish explorer Juan Ponce de Leon lands in Florida and makes contact with AI;
- ▶ 1514 through 1600's more explorers come to North America to conquer and seize lands;
- ▶ 1607 Pocahontas saga begins;
- ▶ 1622 Powhatan Confederacy nearly wipes out Jamestown colony;
- ▶ 1680 the Pueblo Revolt threatens Spanish rule over NM;
- ▶ 1754 The French and Indian War begins;
- ▶ 1756 The Seven Years' War begins (British vs French, with AI aiding the French);
- ▶ 1763 Ottawa Chief Pontiac leads AI into battle against the British in Detroit, The Battle of Bloody Run is a success for AI;
- ▶ **1778 The first U.S. Treaty with an AI tribe is ratified;**
- ▶ **1780 Smallpox epidemics strike AI populations;**
- ▶ 1785 Treat of Hopewell signed, protecting Cherokee in exchange for sectioning off their land; in 1791 the Treaty of Holston is signed where Cherokee give up all their land outside of the borders previously established;
- ▶ **1787 Congress can now regulate trade with AI tribes with The Commerce Clause of the U.S. Constitution. Article 1. Section 8.**
- ▶ 1790's AI tribes unite to fight American expansion
- ▶ 1794 Battle of Timbers known as the last major battle over Northwest Territory;

# 1800's

- ▶ 1804 and 1805 Sacagawea assists Lewis and Clark during their exploration of the Louisiana Purchase;
- ▶ 1811 War Chief Tecumseh is attacked and their community is destroyed;
- ▶ **1812 President James Madison signs a declaration of war against Britain**, this begins the war between U.S. forces vs British, French and AI for independence and territory expansion;
- ▶ **1814 Andrew Jackson with U.S. forces attack Creek Indians who oppose American expansion. Creeks cede more than 20 million acres of land after their loss at the Battle of Horseshoe Bend;**
- ▶ **1830: Indian Removal Act under Andrew Jackson**, in 1831 the Choctaw are the first to be impacted;
- ▶ **1831 Supreme Court rules Indian Nations are not subject to state law;**
- ▶ **1832 U.S. Vaccinates AI people on the frontier against small pox. Supreme Court also rules that U.S. must treat tribes as nations;**
- ▶ 1836 Creeks leave their land and are relocated to Oklahoma;
- ▶ **1838 Cherokee Trail of Tears when President Martian Van Buren orders Cherokee to be marched from Georgia across the Mississippi River;**
- ▶ **1846 The Treaty of Guadalupe Hidalgo adds California, Arizona, Nevada, Utah, Colorado, New Mexico and Texas to the U.S;**
- ▶ 1848 California Gold Rush, by 1860 the **AI population in California plummets from 310,000 to 30,000;**
- ▶ **1849 Indian Affairs moves to the Interior Department of the U.S. from the U.S war Department;**
- ▶ **1851 Congress passes the Indian Appropriations Act creating the reservation systems; AI not allowed to leave reservations without permission;**

# 1800's continued:

- ▶ 1864 Sand Creek Massacre
- ▶ 1864: Navajo Long Walk
- ▶ 1867 Alaska becomes U.S. Territory, Alaskan Natives not consulted;
- ▶ **1868 President Ulysses S. Grant advances “Peace Policy” with tribes, removing AI from supervising reservations and replacing them with Christian non-AI;**
- ▶ 1868 General George Armstrong Custer attacks the Cheyenne and Chief Black Kettle;
- ▶ **1868 Fort Laramie Treaty promises to provide healthcare to AI;**
- ▶ **1868 Treaty count with AI tribes and U.S. reaches historic 367 count;**
- ▶ **1870 Education is promised to tribes and funding is granted;**
- ▶ **1871 The U.S. ceases to make treaties with tribes with nearly half not being ratified by Congress and 24 ratified treaties promising some kind of health care to tribes;**
- ▶ 1873 Crazy Horse and General Custer meet for the first time
- ▶ **1874 Gold is discovered in the Black Hills of South Dakota**
- ▶ 1876 Battle of Little Bighorn, also known as Custer's Last Stand when Crazy Horse and Sitting Bull defeat Custer and his troops
- ▶ **1879 the first students arrive at Carlisle Indian Industrial School in Pennsylvania, the first off-reservation boarding school; U.S. assign healthcare at boarding schools;**
- ▶ **1882 Office of Indian Affairs builds a hospital in Oklahoma for AI;**

# 1800's continued:

- ▶ 1883 Courts of Indian Offenses is established to prosecute AI who participate in traditional ceremonies;
- ▶ 1887 Indian Affairs Commissioner bans Native Languages in schools;
- ▶ 1887 President Grover Cleveland signs the Dawes Act giving the president the authority to divide up land allotted to AI in reservations to individuals and sell off surplus;
- ▶ 1889 First American Indian woman graduates from medical school, Omaha healer Susan La Flesch graduates from the Woman's Medical College of Pennsylvania. Yavapai doctor Carlos Montezuma advocates for Indian self-determination;
- ▶ 1890 Sitting Bull killed in Grand River South Dakota on December 15. Fourteen days later on December 29, an estimated 150 AI killed at the Wounded Knee Massacre;
- ▶ **By 1890 the U.S. AI population is at an estimated 95% decrease from 1491 when there are estimates of more than 100 million AI to 1890 census records showing only 237,196 AI.**
- ▶ 1897 Indian Boarding School under Indian Affairs Commissioner William A. Jones start teaching manual labor to assimilate AI into workforce;

# 1900's

- ▶ 1907 Charles Curtis becomes first AI U.S. Senator;
- ▶ **1921 Congress funds American Indian Health Care;**
- ▶ 1924 Indian Citizenship Act is passed; Medical Division established in the Office of Indian Affairs and professional nurses hired for reservations;
- ▶ **1931 Alaska Native health care transferred to the U.S. Office of Indian Affairs;**
- ▶ **1934 President Franklin Roosevelt signs the Wheeler-Howard Act aka the Indian Reorganization Act pushing tribal governments to adopt U.S. style governance;**
- ▶ 1934 John Collier, Commissioner of Indian Affairs calls for religious freedom for American Indians;
- ▶ 1934 Insane asylum in South Dakota closed due to terrible conditions, Office of Indian Affairs seeks facilities to place mentally ill near AI communities;
- ▶ **1936 Federal recognition extended to Alaska Native villages;**
- ▶ 1942 Members of the Navajo Nation develop a secret code that helps win World War II;
- ▶ **1944 National Congress of American Indians is established;**
- ▶ 1941-45 of the 350,000 AI in the U.S. 45,000 enlist in the armed forces during WWII (some tribes report 70% of their men enlist), in addition 65,000 men and women job the wartime defense industry, hundreds of women serve in the Women's Army Corps (WACS);
- ▶ **1947 Office of Indian Affairs is upgraded to a bureau and renamed the Bureau of Indian Affairs;**
- ▶ **1950 Public Health Service included a "Doctor Draft" to meet the shortages of medical staff on reservations;**

# 1900's continued:

- ▶ 1950-53 experts estimate about 10,000 AI serve in the U.S. Armed forces during the Korean War;
- ▶ 1952 Bureau of Indian Affairs establishes the Sanitarian Aide Program, a program that trains AI in public health at the Communicable Disease Center (later renamed the Centers for Disease Control), tribal citizens take eight-week training courses in establishing environmental sanitation programs in their communities;
- ▶ **1953 Congress passes resolution to abolish tribes and relocate AI from tribal lands to urban areas, Bureau of Indian Affairs plans to move AI to cities and find them urban jobs;**
- ▶ **1954 President Dwight Eisenhower signs the Indian Health Transfer Act, establishing the Indian Health Service (IHS);**
- ▶ **1955 Alaska Native Health is transferred to IHS;**
- ▶ 1965 Community Health Representatives at Pine Ridge in South Dakota, led by the Ogalala Lakota establish the first CHR program inspiring similar programs;
- ▶ **1968 Indian Civil Rights Act signed into law by President Lyndon B. Johnson, granting AI rights included in the Bill of Rights;**
- ▶ **1968 Division of Indian Health is elevated to bureau, President Lyndon B. Johnson orders** reorganization of the Department of Health, Education, and Welfare and the U.S. Public Health Service. The Division of Indian Health is elevated to bureau status;
- ▶ **1968 American Indian Movement advocates for Urban Indian rights;**
- ▶ 1969 Indians of All Tribes occupies Alcatraz Island;
- ▶ **1970 President Richard Nixon denounces President Eisenhower's policy of terminating tribes and proposes AI self-determination;**

# 1900's continued:

- ▶ 1971 Association of American Indian Physicians is established;
- ▶ 1972 The Indian Education Act empowers parents and funds student programs;
- ▶ 1973 AIM occupies Wounded Knee;
- ▶ 1974 An independent study by Dr. Connie Pinkerton-Uri (Choctaw/Cherokee) finds AI women were forcibly sterilized without consent;
- ▶ 1975 Under President Richard Nixon, The Indian Self-Determination and Education Assistance Act changes how the U.S. does business in Indian Country, empowering tribes to exercise their sovereignty and control their own affairs.
- ▶ 1976 President Ford signs Indian Health Care Improvement Act passing \$1.6 Billion to improve Indian Health, this authorizes IHS to start billing Medicare and Medicaid for services, also proposes the need for tribal-specific health plans and culturally acceptable solutions for tribal nations;
- ▶ 1976 U.S. General Attorney Office finds that 4 of the 12 Indian Health Service regions sterilized 3,406 American Indian women without their permission between 1973 and 1976. *The GAO finds that 36 women under age 21 were sterilized during this period despite a court-ordered moratorium on sterilizations of women younger than 21.*
- ▶ 1978 American Indian Religious Freedom Act legalizes traditional and spiritual ceremonies;
- ▶ 1978 The Indian Child Welfare Act is passed by Congress;
- ▶ 1980 Indian Health Care Improvement Act reauthorized;

# 1900's, 2000's to Current

- ▶ **1984 Indian Health Care Improvement act vetoed by President Ronald Regan;**
- ▶ **1985-88 Maria Yellow Horse Brave Heart develops the Historical Trauma concept and framework to address generational trauma for AIAN**
- ▶ 1988 Congress renew heath care, self-governance project for AI;
- ▶ 1990 Congress acts to promote and preserve Native languages;
- ▶ 1991 Tribal Self Governance Demonstration Project Act is approved and expanded;
- ▶ **1992 first HT intervention is developed and implemented;**
- ▶ **1996 begin developing the first Lakota parenting curriculum incorporating Historical Trauma/Unresolved Grief (HTUG) framework;**
- ▶ **1997 Congress creates the Special Diabetes Program for Indians, Diabetes being called the greatest threat to AI since TB**
- ▶ **2001 to 2004 Models for Healing Indigenous Survivors of Historical Trauma Conference supported by SAMSHA, CMHS, CSAT and Seventh Generation Fund.**
- ▶ **2009 HTUG selected as a Tribal Best Practice by First Nations Behavioral Health Association and SAMSHA;**
- ▶ **2013 NIMH Funds study for HTUG combined with Group Interpersonal Psychotherapy,**
- ▶ **2021 SAMSHA funds T.R.I.B.E.S project to expand the Lakota Parenting curriculum based on HTUG to other tribes with cultural considerations**



# Historical Trauma

- ▶ **Historical trauma** (HT)- Cumulative emotional and psychological wounding from massive group trauma across generations, including lifespan;
- ▶ **Historical trauma response** (HTR) - is a constellation of features in reaction to massive group trauma, includes **historical unresolved grief**
  - ▶ Similar to other oppressed groups who are survivors & descendants of massively traumatized peoples i.e. Indigenous Peoples of the Americas, Jewish Holocaust survivors, Japanese American internment camp survivors.
  - ▶ HT and HTR are not concepts that are to pathologize how AIAN experience trauma but helps to explain how other co-occurring symptoms show up.

# Historical Trauma (continued):

- ▶ The colonization of North American, inclusive of *forced removal, forced relocation, boarding school, broken treaties*:
  - ▶ have been linked to psychosocial issues, substance use, and mental health disparities (Brave Heart, 2003).
- ▶ The impacts of HT for AIAN behavioral health may be particularly pronounced in urban areas
  - ▶ A consequence of the Indian Relocation Act of 1956, when families were removed from tribal lands and resettled in urban areas Forced relocation had detrimental impact and has persisted across generations (Duran & Duran, 1995; James, 1992)

# Cultural Formulation Interview (CFI)

- ▶ The Cultural Formulation Interview (CFI) was implemented to improve culturally sensitive diagnosis and treatment by focusing clinical attention on the patient's perspective and social context (APA, 2022).
- ▶ The CFI is organized into 4 domains:
  - ▶ cultural identity of the individual,
  - ▶ cultural explanations of the individual's illness,
  - ▶ cultural factors related to psychosocial environment and levels of functioning,
  - ▶ cultural elements of the relationship between the individual and the clinician

# Core CFI Domains:

- ▶ **CULTURAL DEFINITION OF PROBLEM**
  - ▶ Person's definition of problem
- ▶ **CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT**
  - ▶ Causes
  - ▶ Stressors and supports
  - ▶ Role of cultural identity
- ▶ **CULTURAL FACTORS AFFECTING COPING AND HELP SEEKING**
  - ▶ Self-coping
  - ▶ Past help-seeking
  - ▶ Barriers to help-seeking
- ▶ **CURRENT HELP SEEKING**
  - ▶ Preferences
  - ▶ Clinician-patient relationship

# Cultural Definition of Problem

- ▶ Defining illness, concerns and emotional/psychological health varies within tribal communities.
  - ▶ Degree of involvement with culture of origin & host culture;
  - ▶ Language abilities, use and preference;
  - ▶ Meaning & perceived severity of symptoms in relation to reference group(s) norms;
  - ▶ Interconnectedness of mind, body, spirit;
- ▶ Storytelling
  - ▶ Clinical assessment intakes with formal questions may hinder information gathering.

# Cultural Perceptions of Cause, Context & Support

- ▶ Perceived causes & explanatory models that the pt. & reference group(s) use to explain the illness
  - ▶ Traditional healers may explain the cause and context of ailments differently than what is found in the DSM-5TR;
- ▶ Interconnectedness of mind, body, spirit;
- ▶ Historical Trauma including tribal traumatic events, boarding schools, health trauma;
- ▶ Degree of involvement in traditional culture; explore tribal relocations, migration, language;
- ▶ Cultural explanation of symptoms, preferences for sources of care, including traditional healing
- ▶ Role of spiritual practices & kinship networks in providing support
  - ▶ Support and Stressors can vary
    - ▶ Reservation, limited access to health care but surrounded by family and community for support
    - ▶ Urban, access to health care but not have family and community for support

# Cultural Factors Affecting Coping & Help Seeking

- ▶ Access to coping strategies
- ▶ Past help seeking
  - ▶ Preferences for sources of care
- ▶ Barriers to accessing care
  - ▶ Other issues: skin color (potential for increased risk for discrimination and race-related trauma exposure), traditional mourning practices, unemployment rates, housing availability
  - ▶ Individual differences in culture & social status between the individual & clinician and potential impact upon care
  - ▶ Location
    - ▶ Urban
    - ▶ Rural

# Current Help Seeking

- ▶ Preferences for what is most useful at this time
- ▶ What other resources are they able to access or being encouraged to access
- ▶ What concerns do they have with their you?
  - ▶ Concerns about misunderstandings, cultural differences, language differences



# CFI and HT: Completing a Cultural Historical Trauma Informed Assessment

- ▶ Acknowledge history, boarding school history and other traumatic events;
- ▶ Discuss degree of involvement in traditional culture; explore tribal relocations, migrations, language, cultural practices;
- ▶ Cultural explanation of symptoms, preferences for sources of care, including traditional healing – using HTR;
- ▶ Role of spiritual practices & kinship networks in providing support.

# CFI Begins with YOU & Benefits the Client

- ▶ Clinicians should initially begin by focusing on therapist self-assessment:
  - ▶ personal characteristics, attitudes, and beliefs can influence how and what is assessed, as well as interpretations of clinical data.
  - ▶ Mental health professionals are often unaware of how strongly personal beliefs can affect clinical judgement.
  - ▶ Cultural Competence: the current focus on cultural competence may, in fact, be creating new sources of errors
    - ▶ errors resulting from applying cultural information in a stereotypic, "one-size-fits-all" manner;
    - ▶ Pan-anyone approach does not work;
- ▶ Reduce cultural bias errors through the use of the Reflective Local Practice (RLP) exercise

# COVID-19/TeleHealth Considerations

- ▶ Lack of infrastructure in some tribal communities for telehealth services;
- ▶ Social norms, communication and social cues are more difficult to navigate via telehealth;
- ▶ The pandemic has triggered some Historical Trauma Responses in individuals, families and communities;
- ▶ Stressors that interfere with cultural and traditional practices were increased:
  - ▶ Social distancing;
  - ▶ Discontinuation of traditional/spiritual practices;
  - ▶ Disconnection from family, community resources and supports;
  - ▶ Challenges to holistic health.

# Strategies to Overcoming Barriers

- ▶ **Empowering American Indian Alaska Native healing strategies;**
- ▶ Allow CHR's, CPSW's to sit in on interviews/conversations;
- ▶ Allow clients to code switch when needed;
- ▶ Utilize Native Healers, invite them into intake sessions;
- ▶ Team approaches mirror community/family support approaches;
- ▶ You can be an expert without asserting your expertise;
- ▶ Take time to do a Reflective Local Practice (RLP) exercise and find where your cultural biases are.

Questions?

# Presenter Contact information

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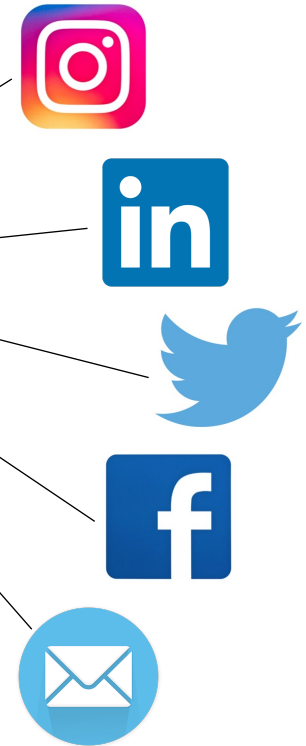
# References:

- ▶ Aggarwal, N. K., Nicasio, A. V., DeSilva, R., Boiler, M., & Lewis-Fernández, R. (2013). Barriers to implementing the DSM-5 cultural formulation interview: a qualitative study. *Culture, medicine and psychiatry*, 37(3), 505–533. <https://doi.org/10.1007/s11013-013-9325-z>
- ▶ American Psychiatric Association. (2022). *DSM-5-TR fact sheets*. Psychiatry.org - DSM-5-TR Fact Sheets. Retrieved July 11, 2022, from <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-tr-fact-sheets>
- ▶ American Psychological Association. (n.d.). *Apa Dictionary of Psychology*. American Psychological Association. Retrieved July 11, 2022, from <https://dictionary.apa.org/>
- ▶ Begay, D. P., "Racial Identity among Native American Adults in the Southwestern United States" (2020). *Dissertations*. 3624. <https://scholarworks.wmich.edu/dissertations/3624>
- ▶ Brave Heart MYH. The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*. 2003;35(1):7–13. doi: 10.1080/02791072.2003.10399988.
- ▶ Brave Heart, M.Y.H., Chase, J., Myers, O., Elkins, J., Skipper, B., Schmitt C., Mootz, J., & Waldorf, V.A., 2020 *Psychotherapy* 57 (2) 184 -196. *Iwankapiya American Indian Pilot Clinical Trial: Historical Trauma and Group Interpersonal Psychotherapy*. <http://dx.doi.org/10.1037/pst0000267>
- ▶ Brave Heart MY, Chase J, Elkins J, Martin J, Nanez J, Mootz J. Women finding the way: American Indian women leading intervention research in Native communities. *Am Indian Alaska Native Mental Health Res*. 2016;23(3):24-47. doi: 10.5820/aian.2303.2016.24. PMID: 27383085; PMCID: PMC5737007.
- ▶ Duran E, Duran B. *Native American post-colonial psychology*. New York, NY: SUNY Press; 1995
- ▶ James MA. *The state of Native America: Genocide, colonization, and resistance*. Cambridge, MA: South End Press; 1992
- ▶ Jarvis GE, Kirmayer LJ, Gómez-Carrillo A, Aggarwal NK, Lewis-Fernández R. Update on the Cultural Formulation Interview. *Focus (Am Psychiatr Publ)*. 2020 Jan;18(1):40-46. doi: 10.1176/appi.focus.20190037. Epub 2020 Jan 24. PMID: 32047396; PMCID: PMC7011218.
- ▶ National Institutes of Health. (n.d.). *Timeline - native voices*. U.S. National Library of Medicine. Retrieved July 11, 2022, from <https://www.nlm.nih.gov/nativevoices/timeline/index.html>

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# Cultural Formulation Interview in American Indian/Alaskan Native Communities Historical Trauma Informed Perspective

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## THANK YOU!



Mountain Plains (HHS Region 8)

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