Changing the Narrative to Capture the Strength & Resilience of Indigenous Youth in Rural America

LaVonne Fox, PhD, OTR
MHTTC Trainer
Research Assistant Professor
Bureau of Evaluation & Research Services
Education, Health and Behavioral Studies
University of North Dakota
Grand Forks, North Dakota

MHTTC Region 8 February 22, 2024





Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please email casey.morton@und.edu.

At the time of this presentation, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of LaVonne Fox and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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 AND UNDERSTANDABLE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



Changing the Narrative to Capture the Strength & Resilience of Indigenous Youth in Rural America

LaVonne Fox, PhD, OTR
MHTTC Trainer
Research Assistant Professor
Bureau of Evaluation & Research Services
Education, Health and Behavioral Studies
University of North Dakota
Grand Forks, North Dakota

MHTTC Region 8 February 22, 2024





Learning Objectives

- Participants will
 - Gain an understanding of the value of developing a healthy personal narrative
 - Identify 4 factors that derail a healthy personal narrative for Indigenous youth.
 - Explain the impact of an unhealthy personal narrative on Indigenous youth.
 - Increase knowledge on strategies that can contribute to supporting Indigenous youth in developing their healthy personal narrative.

Changing the Narrative to
Capture the Strength &
Resilience of Indigenous
Youth in Rural America

LaVonne Fox, PhD, OTR

MHTTC Trainer

Research Assistant Professor

Bureau of Evaluation & Research Services

Education, Health and Behavioral Studies

University of North Dakota

Grand Forks, North Dakota

MHTTC Region 8



Healthy Personal Narrative

What is a Persons Narrative?

- It is their life story which is a personal and unique account of their life experiences, beliefs, values and identity.
- It is a story that each individual constructs to make sense of their lives and give meaning to their experiences.
- It evolves over time as a person grows, learns and has new experiences.
- It can be influenced by how individuals perceive and make sense of their past, present, and future.
- It can be therapeutic by helping us make sense of our emotions and experiences.

0 A Persons Narrative Encompasses a Wide Range of Elements:

- Personal History
- Beliefs and Values
- Identity and Self-concept
- Goals and Aspirations
- Challenges and Triumphs
- Interpersonal Relationships
- Cultural and Social Context
- Narrative Coherence

A Healthy Personal Narrative Has Positive Outcomes

- Improved wellbeing
- Resilience
- Enhanced relationships
- Motivation and goal achievement
- Reduced stress

- Increased confidence
- Personal growth and development
- Better mental health
- Healing from trauma
- Increased life satisfaction

Derailing a Healthy Personal Narrative

Dehumanization of Indigenous Peoples

Colonization Violence & Warfare

Boarding Schools

Racial Stereotyping & Caricatures

Legislation & Policies

Eugenics Movement

Social & Economic Disparities

Violence Against Indigenous Women

Healthy personal narratives for Indigenous youth can be derailed by various factors, which may include

- Eurocentric Narrative
- Trauma Historical, generational, transgenerational
- Cultural Disconnection/Identity
- Lack of Culturally Appropriate Diagnoses and Treatments
 - Deficit-based Approach
- Disparities in Healthcare Access
- Socioeconomic Factors
- Discrimination and Stereotyping
- Substance Use
- Disparities in Educational Opportunities
- Inadequate support systems
- Environmental Factors
 - Exposure to pollution or living in areas with limited access to clean water
 - Consistent nutritious food.

What is a Eurocentric Narrative?

- A Eurocentric narrative refers to a perspective or approach that centers on European culture, history, and values while often marginalizing or downplaying the contributions, perspectives, and histories of other regions and cultures.
- It reflects a worldview that positions Europe and its history as the standard or norm against which other cultures are judged.
- Eurocentrism can manifest in various forms, such as in historical accounts, literature, art, education, and even in the framing of global events.

Words Matter



STICKS AND STONES MIGHT BREAK BONES,
BUT WORDS HAVE THE POWER TO DESTROY
US. THE WORDS WE SAY TO OURSELVES
MATTER. THE WORDS WE SAY TO OTHERS
MATTER. THEY MATTER THE WAY
YOU MATTER.

- Dehumanize refers to the process of depriving individuals or groups of their human qualities, rights, or attributes. It involves treating people as if they are less than human, often leading to the denial of their dignity, worth, and basic rights.
- Dehumanization often involves using derogatory language or terms that reduce individuals or groups to objects or subhuman status. While it's important to avoid using such language, understanding these terms can help in recognizing and addressing dehumanizing rhetoric
- Dehumanizing language can contribute to discrimination, violence, and social injustice. It is crucial to promote respectful and inclusive communication and challenge the use of such terms to ensure that all individuals are treated with dignity and respect.



This quote reflects Steve Biko's profound understanding of the psychological dimensions of oppression. Biko believed that the mental subjugation of the oppressed was a powerful tool used by those in power to maintain control.

Eurocentric Narratives

 The Eurocentric narratives, written about Indigenous peoples, primarily reflects Eurocentric viewpoints and biases. These narratives tended to dehumanize, stereotype, and misrepresent Native American cultures and peoples.



False Narrative: Dying or Vanishing Race

- This narrative portrayed Indigenous peoples as a dying or vanishing race, facing inevitable extinction due to the encroachment of European settlers and the forces of modernization. This narrative was used to justify the dispossession of Indigenous lands and the policies of assimilation and cultural suppression.
 - Assumption of Inevitability
 - Denial of Ongoing Existence
 - Justification for Policies
 - Erasure of Indigenous Rights
 - Cultural Suppression
 - Misrepresentation



Boarding School Era



- Cultural Genocide
- "From the days of boarding schools, education was used to 'whitewash' and destroy the identities of Native people, so that they were only referenced as existing in the past. Our histories with the education system mean many Native adults don't see the point in supporting their children to perform well, making their kids do well in school. Distrust is one thing, but an even bigger problem is that teachers and staff have no concept of boarding school horrors and thus, wrongly assume lazy students and disinterested parents." (Walker, 2015).

+

0

Boarding School Era

- These schools aimed to assimilate Indigenous children into mainstream American culture, erasing their Indigenous identities and narratives.
- As a result, many Indigenous narratives were suppressed, lost, or distorted. Children were often taught to be ashamed of their heritage, leading to a loss of cultural pride and a disconnect from their traditional ways of life. This erasure of Indigenous narratives has had long-lasting effects on Indigenous communities, contributing to intergenerational trauma, loss of language and cultural knowledge, and challenges in maintaining cultural continuity

Example Misleading Narrative: Disney Pocahontas

Movies song: Savages-Savages

What can you expect From filthy little heathens? Their whole disgusting race is like a curse

Their skin's a hellish red
They're only good when dead
They're vermin, as I said
And worse.

They're savages! Savages!
Barely even human. Savages!
Savages!

Drive them from our shore!
They're not like you and me
Which means they must be evil
We must sound the drums of war!

Potential Impact on Indigenous Youth/child's Identity

- Internalized Stereotypes: Exposure to such lyrics can contribute to the internalization of negative stereotypes among Indigenous youth. Hearing derogatory terms and being portrayed as "savages" can have a detrimental impact on their self-esteem and identity.
- Impact on Cultural Pride: Indigenous youth may feel a sense of cultural shame or diminished pride when their heritage is depicted in such a negative light. This can have long-lasting effects on their connection to their cultural identity.
- Stereotype Reinforcement: The lyrics reinforce harmful stereotypes about Indigenous peoples being violent, subhuman, and a threat to others. Such reinforcement can contribute to societal prejudice and discrimination.
- Missed Opportunity for Education: The song misses an opportunity for educational storytelling that could promote cultural understanding and empathy. Instead, it perpetuates harmful stereotypes without providing a nuanced exploration of Indigenous histories, perspectives, and contributions.

Bureau of Indian Affairs

1966 Bureau of Indian Affairs press release put it, "One little, two little, three little Indians—and 206 more—are brightening the homes and lives of 172 American families, mostly non-Indians, who have taken the Indian waifs as their own" (BIA, 1966).

Children were and, in many ways, still are removed from loving, stable homes because many social workers and healthcare providers do not understand the cultural norms and family systems/dynamics and believe that these children are being saved when adopted by white families (Asgarian, 2020).

ICWA: Indian Child Welfare Act 1978

There are one percent Indigenous children in the U.S. but they make up two percent of the children in foster care (Butts, 2022, Annie E. Casey, 2022).

ICWA was designed to protect Indigenous communities against state-led efforts to break up Indigenous families.

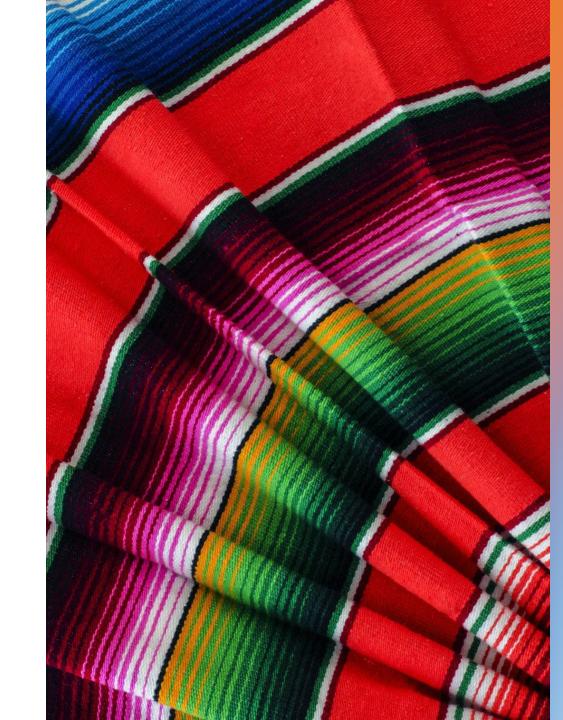
State and private agencies were removing as many as 25 - 35% of Indian children from their families and placing many of these children in non-Indian foster and adoptive homes.

Congress determined that cultural ignorance and biases within the child welfare system were significant causes of this problem.

Congress recognized that it is in the best interest of the child to maintain Tribal connections and that children are vital to Tribes' continued existence, and enacted ICWA to "protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families."

Ongoing Erasure of Indigenous Presence in the United States

- The erasure of Indigenous people in the U.S. is a big problem with serious effects on Indigenous youth. It shows up in different ways, like ignoring their cultures and history. Here are some ways it affects Indigenous youth.
 - Cultural disconnection
 - Educational disparities
 - Mental health challenges
 - Limited opportunities
 - Stereotyping and discrimination
 - Lack of representation
 - Historical, intergenerational, transgenerational trauma



The Original
Cancel Culture
– Dying or
Vanishing
Race



2021

Rick Santorum: (00:57)

We came here and created a blank slate. We birthed a nation from nothing. I mean, there was nothing here. I mean, yes, we have Native Americans, but candidly there isn't much Native American culture in American culture. It was born of the people who came here pursuing religious liberty to practice their faith, to live as they ought to live and have the freedom to do so, religious liberty. Those are the two bulwarks of America, faith and freedom. I mean, you hear it all the time about faith and freedom, faith and freedom, but it is what makes America unique in the world.

Rick Santorum: (00:00)

...think about this country. I don't know of any other country in the world that was settled predominantly by people who were coming to practice their faith. They came here because they were not allowed to practice their particular faith in their own country, and so they came here mostly from Europe and they set up a country that was based on Judeo Christian principles. When I say Judeo Christian, the mosaic laws, the 10 commandments, and the teachings of Jesus Christ, the morals and teachings of Jesus Christ. That's what our founding documents are based upon. It's in our DNA. You know, if you think of other countries like Italy and Greece and China and Turkey and places like that, they've all sort of changed over time. I mean, they've been there for millennia in many cases. And their culture has sort of evolved over time, but not us.



Impact



What Happens When our Narrative is Not our Own?

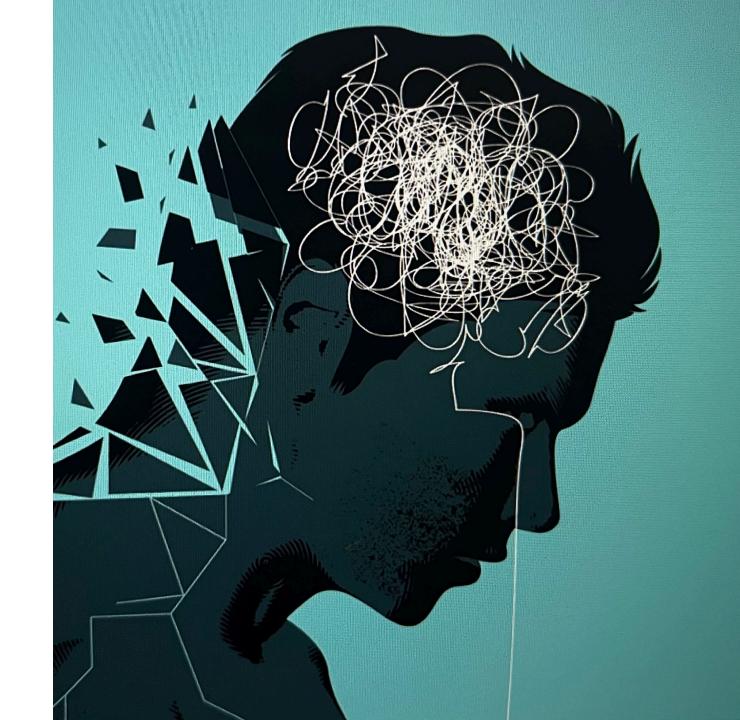
- Identity Confusion
- Loss of Personal Control
- Emotional Distress
- Low Self-esteem
- Moral and Ethical Dilemmas
- Existential Questions
- Seeking Control

Self-identity and its Relationship to Mental Health Challenges

- Identity is how we see ourselves, how we are perceived in our own cultural group, how we perceive ourselves within the majority culture and how others perceive who we are. It helps all of us know how to behave through our cultural teachings, values and beliefs regardless of the color of our skin, ethnicity, spirituality etc... Indigenous peoples have been forced over the centuries to mimic the characteristics of the majority culture which imposed caricature, savagery, subpar intellect and subpar humanism upon Indigenous people.
- The Indigenous identity has been dismantled and stereotyped through forced colonization, assimilation, hatred, and fear, and this impacts how we must serve Indigenous children and youth in our schools. Wexler, L., (2009).

Pathological Identity

- To justify the colonization of a people, images and narratives need to be created so others can see the need to colonize or subjugate them.
- The identity of Indigenous peoples has and continues to be mimicked, parodied, appropriated and often frozen in time based on either avoidance or erasure that we continue to exist today.
- Children still play 'Indian' and it is often observed as being in the past based on racist stereotypes and caricatures.
- The images contribute to the national identity of Indigenous people by non-Indigenous people yet still has an impact on all Indigenous peoples.
- These images, words/phrases then become the perceived pathological identity of the person and can ultimately become of the culture.



Strategies



Review

a Persons Narrative is...

- It is their life story which is a personal and unique account of their life experiences, beliefs, values and identity.
- It is a story that each individual constructs to make sense of their lives and give meaning to their experiences.
- It evolves over time as a person grows, learns and has new experiences.
- It can be influenced by how individuals perceive and make sense of their past, present, and future.
- It can be therapeutic by helping us make sense of our emotions and experiences.

Strategies to Foster Healthy Narratives can include:

- Mentorship Programs
- Positive Role Models
- Cultural Reconnection/revitalization
 - Culturally Relevant Education
 - Cultural Camps and Workshops
 - Coping Skills that are culturally based
- Community Wellness Centers
- Youth Leadership Development
- Advocacy
- Access

- Consistent Access to Nutrition
- Safe Spaces
- Culturally Tailored Mental Health Services
- Substance Abuse Prevention
- Language Programs
- Positive Media Representation
- Family Support Programs
- Life Skills Training

Building Protective Factors
Through Building &
Embracing a Healthy
Indigenous Identity

- Build healthy social skills
- Build positive self-image
- Presence of positive adults
- Schools that address social & emotional needs as well as academics
- Safe environments that foster a sense of belonging
- Support to Build/strengthen Parental resilience
- Emotional regulation
- Feeling of control over one's life
- Trusting relationships
- Tolerance for delayed gratification
- Positive coping skills
- Strong cultural identity and pride
- Healthy Conflict resolution skills

Strength Based

- 1. Focus on strengths
- 2. Empowerment
- 3. Holistic perspective
- 4. Collaboration
- 5. Asset-based thinking
- 6. Positive language and framing
- 7. Cultural competency
- 8. Goal-oriented
- 9. Resilience-building
- 10. Flexibility
- 11. Facilitators

Deficit Based

- 1. Focus on weaknesses
- 2. Problem identification
- 3. Deficit-based language
- 4. Dependency
- 5. Blame or fault
- 6. Fixed mindset
- 7. One-size-fits-all solutions
- 8. Short-term focus
- 9. Stigmatization
- 10. Limited perspective

Deficit Approach in Mental Health

- **Diagnostic focus:** Prioritizing the identification and classification of mental health disorders based on symptoms &deficits, without considering the individual's strengths, resilience, or context.
- Pathologizing language: Using language that emphasizes the negative aspects of mental health conditions, such as "disorders," "deficits," or "problems," which can contribute to stigma and a sense of hopelessness.
- Treatment orientation: Orienting interventions primarily towards symptom reduction or management, with less emphasis on promoting holistic well-being, personal growth, or strengthsbased coping strategies.
- Outcome measurement: Evaluating treatment success based solely on the reduction of symptoms or deficits, without considering broader aspects of functioning, quality of life, or recovery.

- Dependency on professional interventions:
 Promoting a sense of dependency on mental health professionals or services to address deficits, rather than empowering individuals to take an active role in their own recovery and self-care.
- Focus on limitations: Emphasizing what individuals with mental health conditions cannot do or are unable to achieve, rather than recognizing their potential or abilities.
- Stigmatization: Reinforcing stereotypes and stigmatizing attitudes towards mental illness by framing individuals primarily in terms of their deficits or pathology, rather than as whole, complex individuals.

Case Study Using the Deficit-based Approach

Possible Chart Notation Sarah is a 16-year-old Indigenous youth living in a remote reservation community. She has been struggling with feelings of sadness, isolation, and difficulty concentrating in school. Her family and community members have noticed changes in her behavior, including withdrawal from social activities and decreased interest in her cultural traditions.

- 1. Diagnostic focus: A mental health professional diagnoses Sarah with depression based on her symptoms and their impact on her functioning. The focus is primarily on identifying and treating the symptoms of depression as a disorder, without considering the broader context of her life or the potential influences of her cultural background and community environment.
- 2. Pathologizing language: The professional uses language that emphasizes Sarah's deficits and problems, such as referring to her as a "depressed patient" or focusing on her "symptoms of depression," which can contribute to a sense of hopelessness and stigmatization.
- **3. Treatment orientation**: The treatment plan is centered around medication and traditional therapy focused on symptom reduction, with less emphasis on incorporating Sarah's cultural practices, strengths, or community support systems into her care.
- **4. Outcome measurement**: The success of the treatment is evaluated based on the reduction of Sarah's depressive symptoms, without considering her cultural identity, resilience, or overall well-being.
- **5. Dependency on professional interventions**: Sarah's family and community members are not actively involved in her treatment plan, and there is a reliance on professional interventions without empowering Sarah to participate in her own recovery or drawing on the strengths of her community.
- **6. Focus on limitations**: The mental health professional highlights Sarah's limitations and difficulties, such as her inability to engage in school or social activities, without acknowledging her strengths, cultural identity, or potential for growth and resilience.

Case Study Using the Strength-based Approach

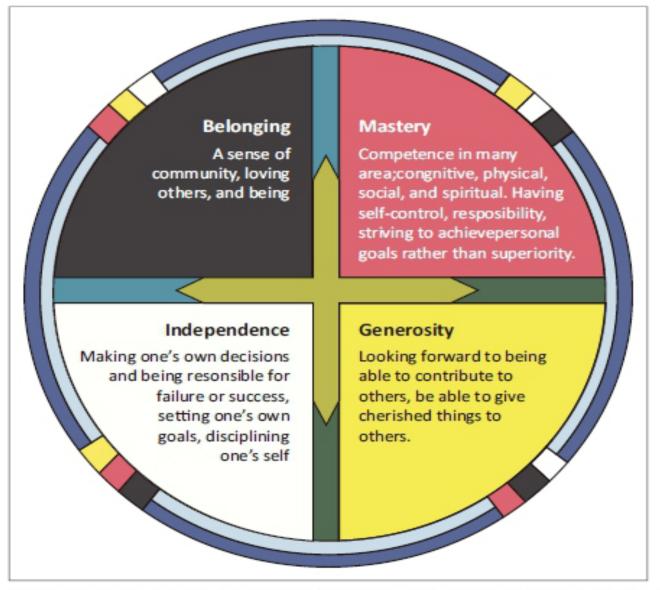
Possible Chart Notation That is Her Narrative

My name is Sarah. I'm 16 years old and I am Native American. Lately, I've been feeling really sad and lonely. It's hard to concentrate in school, and I just don't feel like myself. My family and friends have noticed too. I've been keeping to myself more and I'm not as interested in our cultural traditions as I used to be. I know I need help, but I'm not sure where to turn. I want to feel like myself again and be a part of my community.

- 1. Cultural competence: The mental health professional acknowledges and respects Sarah's Indigenous identity and cultural background. They understand the importance of cultural traditions and community support in Sarah's life.
- **2. Empowerment**: The professional engages Sarah as an active participant in her care, valuing her input and involving her in decision-making processes. They encourage Sarah to identify her strengths, interests, and goals.
- **3. Holistic assessment**: The professional conducts a holistic assessment that considers not only Sarah's symptoms but also her cultural context, family dynamics, social support systems, and strengths. They recognize the interconnectedness of these factors in influencing Sarah's well-being.
- **4. Strengths-based interventions**: The treatment plan focuses on building upon Sarah's strengths and resilience. This may include incorporating her cultural traditions and community activities into her therapy, fostering connections with supportive peers or mentors, and exploring activities that bring her joy and a sense of purpose.
- **5. Collaboration with family and community**: The professional collaborates closely with Sarah's family, elders, and community leaders to create a supportive environment that aligns with Sarah's cultural values and traditions. They seek input from these stakeholders and integrate their perspectives into Sarah's care plan.
- **6. Positive framing and language**: The professional uses positive, affirming language when discussing Sarah's challenges and progress, highlighting her strengths, resilience, and progress towards her goals. They avoid pathologizing language that could contribute to stigma or a sense of hopelessness.
- 7. Culturally relevant resources: The professional connects Sarah with culturally relevant resources and support services within her community, recognizing the importance of cultural identity and community connections in promoting Sarah's wellbeing.

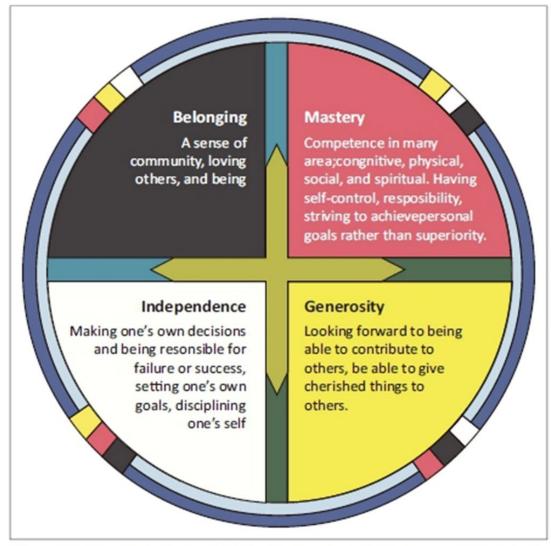
Strength Based: Circle of Courage Model

Positive Indigenous Identity:
Building Protective Factors



Source: Brendtro, L.K., Brokenleg, M. & Von Bockern, S., 2002, Reclaiming youth at risk. Our hope for the future, Rev. edn., Jossey-Bass, San Francisco, CA

FIGURE 2: Universal growth needs according to the Circle of Courage.



Source: Brendtro, L.K., Brokenleg, M. & Von Bockern, S., 2002, Reclaiming youth at risk. Our hope for the future, Rev. edn., Jossey-Bass, San Francisco, CA

FIGURE 2: Universal growth needs according to the Circle of Courage.

- **1.Belonging:** Create opportunities for Sarah to reconnect with her community and cultural traditions. This could include participating in cultural events, ceremonies, or programs that foster a sense of belonging and connection.
- 2.Competence: Support Sarah in developing skills and strengths that make her feel capable and confident. This could involve academic support, mentorship, or engaging in activities where she can excel and feel a sense of accomplishment.
- **3.Independence:** Encourage Sarah to take on responsibilities and make decisions for herself. This could involve empowering her to participate in community projects, leadership roles, or setting personal goals and working towards them.
- **4.Generosity:** Provide opportunities for Sarah to contribute to her community in meaningful ways. This could include volunteering, sharing her talents or knowledge with others, or participating in acts of kindness and generosity.

What can You do?

- Embrace Cultural Humility
- Learn & Listen
- Let them write their own story
- Engage in the Indigenous Communities you serve
- Use Strength based approaches
- Gain Cultural Education
- Build/strengthen
 Protective factors

- Check your biases
- Learn about different cultures history
- Support/provide cultural opportunities for Cultural Celebrations
- Advocate
- Support Language
 Revitalization Learn
 aspects of the
 Language
- Help them access to Elders & Knowledge Keepers
- Attend Cultural Workshops

Cultural Humility

"An approach to counter Eurocentrism, ethnocentrism and intellectual colonialism. Emphasizes the need to respect and be open to clients' culturally based understandings of their lives and the impact of structural inequities on their occupational opportunities and well-being" (Hammell, p. 230).



Cultural safety has been adopted by Aboriginal health organizations in Canada, including the NAHO (2008), which has developed its own definition:

> Cultural safety refers to what is felt or experienced by a patient when a health care provider communicates with the patient in a respectful, inclusive way, empowers the patient in decision-making and builds a health care relationship where the patient and provider work together as a team to ensure maximum effectiveness of care (Gerlach, 2012, p. 154).

Culturally Safe Practices

- Recognize and learn about the role of history and culture in shaping minority health and healthcare experiences.
- Foster caring relationships with the people you serve based on mutual respect and trust. Learn from them not just about them (Smith, & Tuck Yang 2019).
- Increase your understanding of what wellness means for the people you serve.

- Engage in self-reflection to learn about your biases and assumptions.
- Reflect on the inherent power dynamics in the healthcare system.
- Honor people's experiences in the health care system



Culturally Safe Practices

Act

Do something!. Good intentions are not enough to make change

Speak out against racism

Learn from those with more understanding.

Find allies.

Create a support system to help advocate for culturally safe approaches.

Question everything you have 'learned' about Indigenous people and take steps to actively disrupt those stereotypes.

Commit to lifelong learning. Be prepared to be uncomfortable. Understanding colonization and the legacy of racism is an ongoing and difficult task.

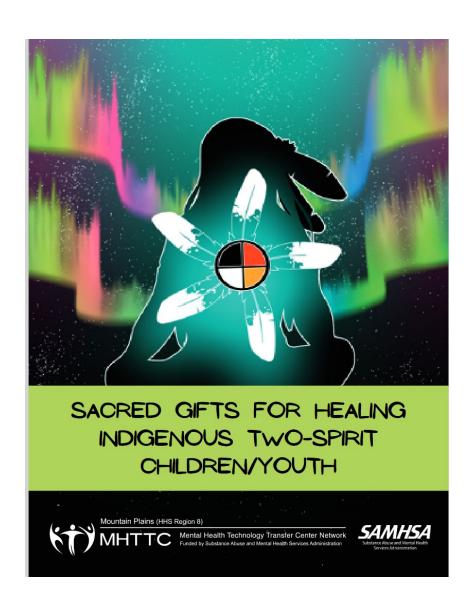
"You cant be the doctor if you are the disease.

Erica-Irene Daes We need to critically examine the (mainstream) Western cultural assumptions that infuse the profession and their own practices

Homework: Write Your Narrative

- Assignment Description: In this assignment, you will have the opportunity to write your own narrative, sharing your personal experiences, perspectives, and reflections. Your narrative should reflect who you are, where you come from, and what matters most to you. Consider the following questions as you craft your narrative:
 - What experiences have shaped who you are today?
 - How do you navigate your cultural identity and heritage?
 - What challenges have you faced, and how have they impacted you?
 - What are your hopes, dreams, and aspirations for the future?
 - How do you envision your narrative contributing to a more inclusive and diverse understanding of the world?
- Your narrative should be authentic, heartfelt, and reflective of your unique voice and experiences. You are encouraged to draw from your personal background, cultural heritage, and lived experiences to create a narrative that is meaningful and impactful.





Coming Soon

Thank you! Miigwech

Resources

- Annie E. Casey Foundation (2022). Children in foster care by race and Hispanic origin in United States.
- APA Mental Health Facts for American Indian/Alaska Natives. 2017
- APA CME Module: Cultural Competence Curriculum, "Providing Culturally Competent Care to Indigenous Peoples: American Indian/Alaska Native/Native Hawaiian." 2016.
- APA Best Practice Highlights: "Native American Patients" 2016. Indigenous cultural competency self-assessment checklist. Indigenous Corporate Training, Inc, 2016.
- Asgarian, R. (2020, February 20). How a white evangelical family could dismantle adoption protections for native children. *Vox.* https://www.vox.com/identities/2020/2/20/21131387/ indianchild-welfare-act-court-case-foster-care.
- Bureau of Indian Affairs (BIA). (1966). *Adoptions of Indian children increase*. https://www.bia.gov/as-ia/opa/online-press-release/adoptions-indian-children-increase.

- Brendtro, L.K., Brokenleg, M., & Von Brokern, S., 2002. Reclaiming youth at risk. Our hope for the future. Reve. Edn., Jossey-Bass, San Francisco, CA.
- Butts, D., (2022). The U.S. must confront its failures of Native children in foster care. The Hill
- Daes, E. (1999). Cultural challenges in the decade of Indigenous peoples. Unpublished paper presented at the UNESCO Conferenceon Education. Paris, France, 1999 July.
- Hammell, K. R. W. (2013). Occupation, well-being, and culture: Theory and cultural humility/Occupation, well-being and culture: theory and cultural humility. *Canadian Journal of Occupational Therapy*, 80(4), 224-234.
- National Indian Child Welfare Association (NICWA). (2017). *Disproportionality study*. https://www.nicwa.org/wp-content/uploads/2017/09/Disproportionality-Table.pdf.
- Indigenous Health. (2017). Cultural Safety:Respect and Dignity in Relationships. P. 7 Prince George, Bc. https://www.indigenoushealthnh.ca/sites/default/files/2017-03/booklet-cultural-safety-web 0.pdf
- Northern Health. Umbreit M. Talking Circles. Center for Restorative Justice & Peacemaking, August 2003.