

# **Indian Health Care in Historical Perspective: Empowering the Future by Harnessing the Past**

September 1, 2016

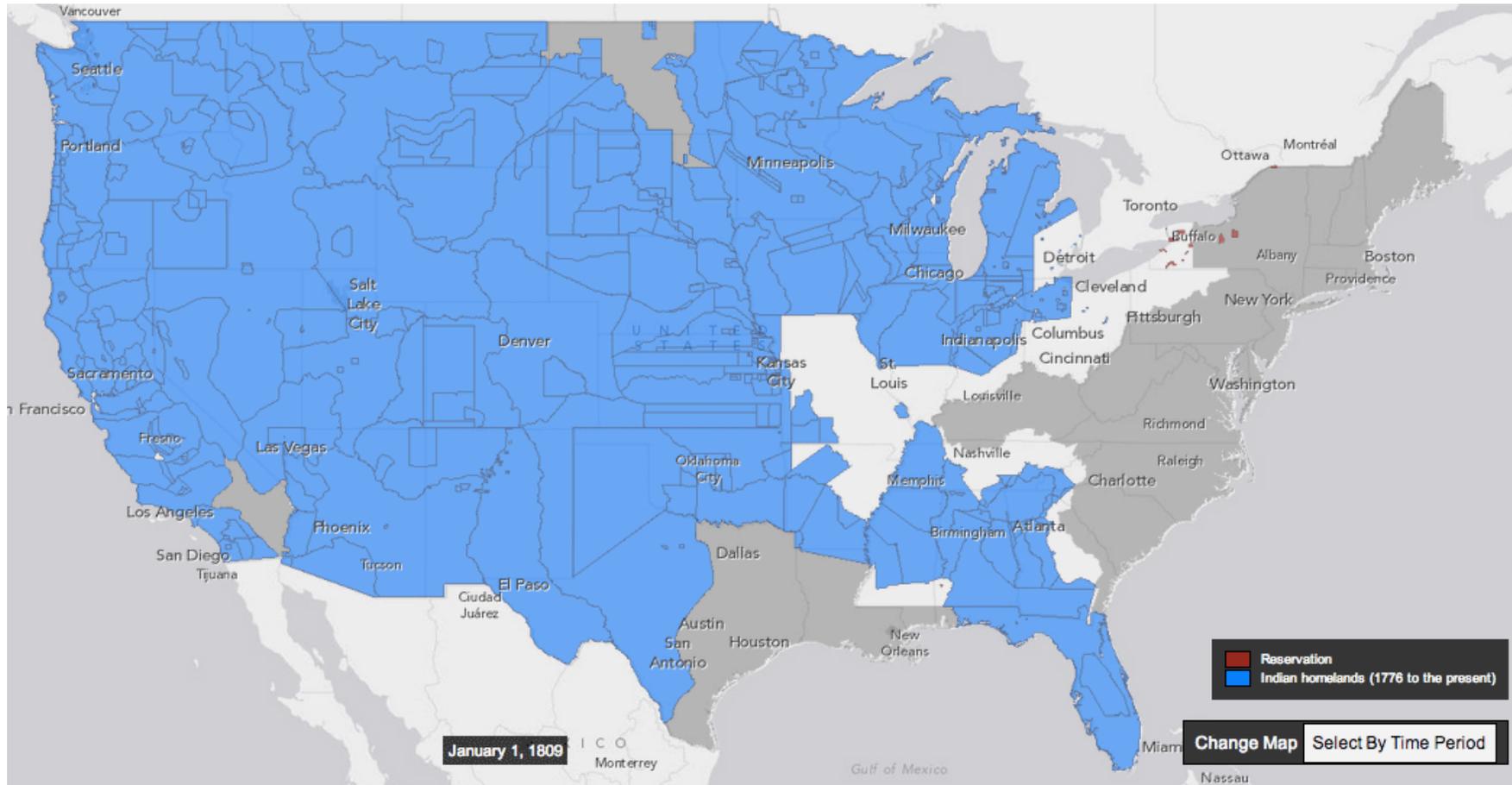
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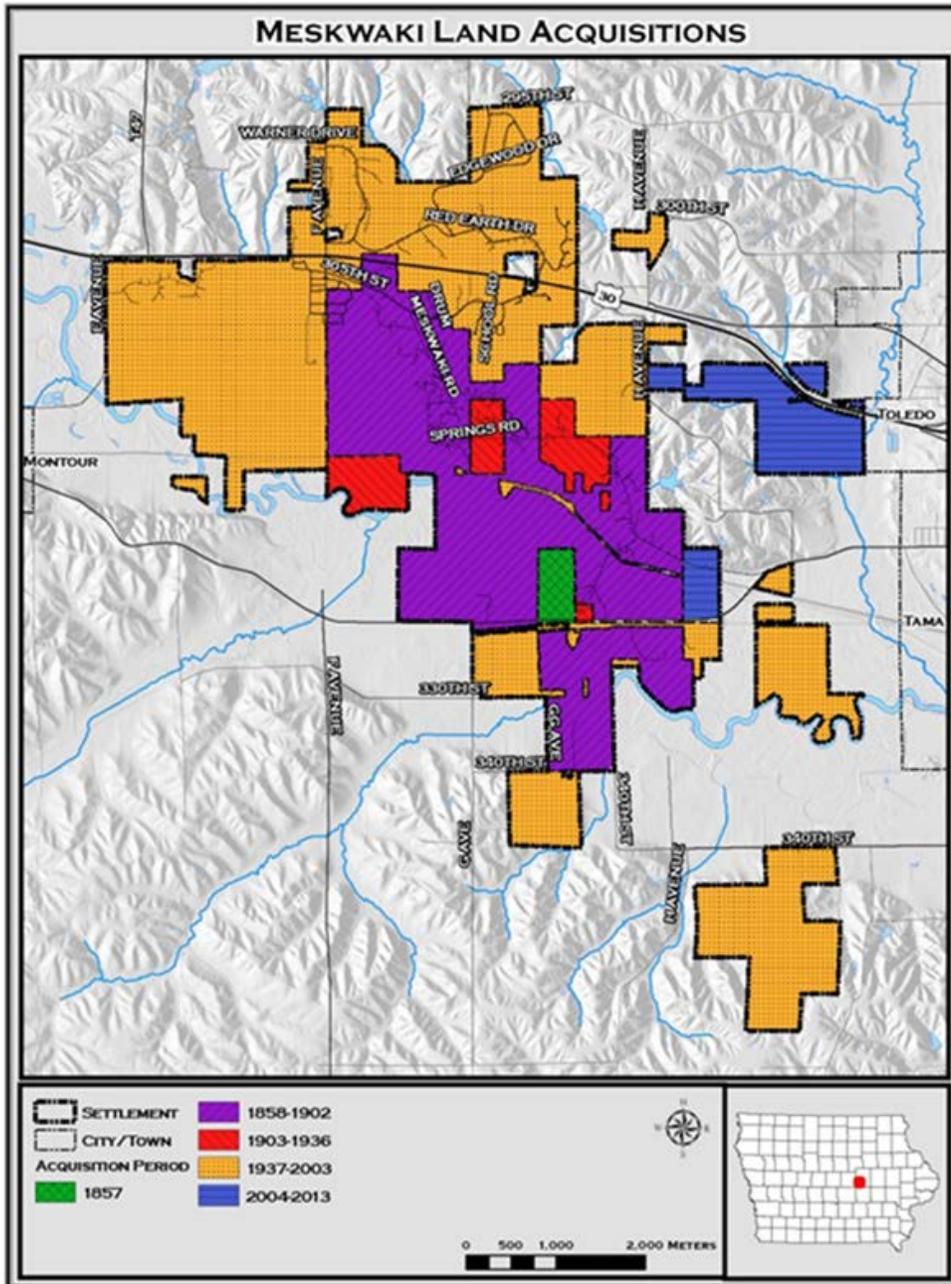






## Claudio Saunt, "The Invasion of America."

[http://www.slate.com/blogs/the\\_vault/2014/06/17/interactive\\_map\\_loss\\_of\\_indian\\_land.html](http://www.slate.com/blogs/the_vault/2014/06/17/interactive_map_loss_of_indian_land.html)



Images via Josh Sales, Meskwaki GIS (L)  
easterniowa.com (R)



# Sources

(in order of usage)

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# Overview of Trauma in Indian Country

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## Sorting out “Trauma”

- **Stress:** anything that requires a response, can be “good” or “bad”
- **Trauma:** anything that *overwhelms* our ability to respond, especially if we perceive that our life or our connection to things that support us physically or emotionally is threatened
  - Can cause lasting changes in the brain and body that increase risk for many problems
  - Any later experiences which remind the brain (amygdala) of prior trauma, can trigger same physical and emotional responses as at time of original trauma



## Trauma in Children

- When trauma occurs during *development* of brain and body systems, can have lifelong impact
- Similar Terms:
  - **Toxic stress:** when a child experiences *strong, frequent, and/or prolonged adversity*—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—*without adequate adult support.* HCDC
  - **Complex Trauma** is both children’s *exposure* to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term *impact* of this exposure. NCTSN
- **Adverse Childhood Experiences (ACE):** abuse, neglect, and/or household dysfunction experienced in childhood
  - Increase risk at any level: graded, dose-response relationship



# Adverse Childhood Experiences (ACEs)

- Physical Abuse
  - Emotional Abuse
  - Sexual Abuse
  - Family Substance Abuse
  - Family Mental Illness
  - Incarcerated Family Member
  - Parental Separation/Divorce
  - Seeing Mother Physically Abused
  - Physical Neglect
  - Emotional Neglect
- 
- ACE “score” = number of **categories** experienced before age 18 yrs



# ACES can have lasting effects on....



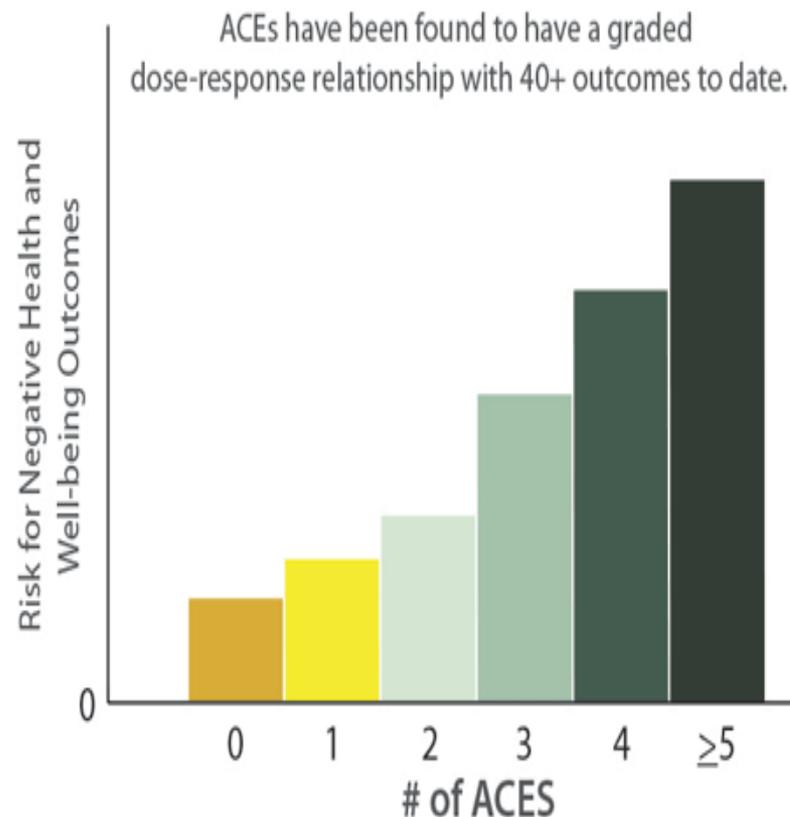
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



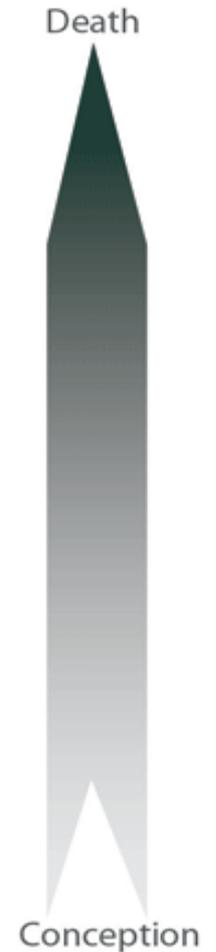
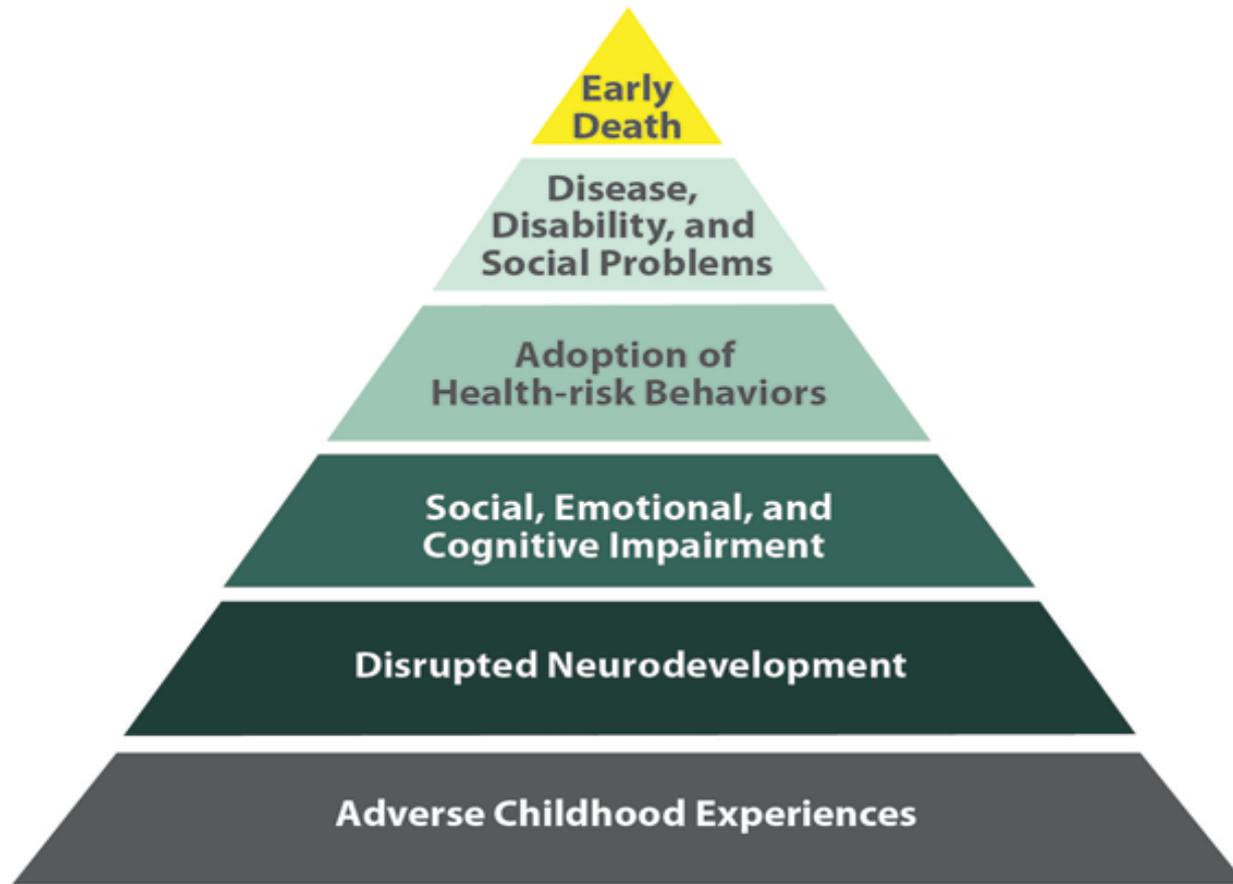
Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



# ACEs in Native People

- Study of ACE exposures in 1,660 AI adults from 7 southwest Tribes
- **ACE prevalence was very high in all 7 Tribes studied**
  - 2/3 of participants reported at least one parent with alcohol problems
  - Most common types of maltreatment:
    - Physical neglect ♂: 45% ♀: 42%
    - Physical abuse ♂: 40% ♀: 42%
    - Sexual abuse ♂: 24% ♀: 31%
    - Emotional abuse ♂: 23% ♀: 36%
    - Emotional neglect ♂: 20% ♀: 23%
- **1/3 had experienced  $\geq 4$  types of ACEs** *Am J Prev Med 2003;25:238-244*
- In the CDC/Kaiser ACE study, ACE scores  $\geq 4$  increased risk:
  - 4-12x for alcoholism, drug abuse, depression, suicide attempt
  - 2-4x for smoking, poor self-rated health, STIs
  - 1.4-1.6x for physical inactivity and severe obesity

*Am J Prev Med 1998;14:245-258*



# Historical Trauma

- A model which explains the present
- Traumas that are often intentionally inflicted and occur at about the same time to a defined group of people—these traumas:
  - Have effects like individual traumas, *plus*
  - Because the traumas are so pervasive, devastate parents as well as children, disrupt community and cultural infrastructures—they have huge effects on:
    - People's/communities' abilities to cope with and adapt to traumatic event and aftermath
    - Abilities to interpret the meaning/psychologically incorporate the trauma
    - “Vector of transmission” to subsequent generations:  
***traumatized parents***
- Not unique to AI/AN people, we've just had a lot of trauma
  - Research in Jewish Holocaust survivors and descendants
- Traumas are ongoing: chronic poverty, food insecurity, and racism/discrimination



# What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACES before they happen. **Safe, stable, and nurturing relationships and environments (SSNREs)** can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.  
 Example: [Nurse-Family Partnership](#)



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families



## Trauma-informed Care/Services

- **Shift from “what’s *wrong* with you?” to “what’s *happened to you?*”**
  - When we understand how trauma works, it changes everything
    - How we “see” clients—as people doing the best they can
      - Judgement is never helpful
    - How we see our role with them: provide support, build on their strengths, teach new skills, connect to resources, truly caring about them
    - Relationships are primary—more important than measures
- **Teach service providers about how trauma affects:**
  - Clients’ behaviors, coping strategies, life outcomes/diseases
  - Service providers themselves—as we, too, have these issues
    - Working with clients often triggers our own issues—we need to be aware of this
- **Change service policies & procedures**
  - Services often trigger clients’ trauma symptoms and, worse, actually traumatize them
- **Coordinate provision of all services in communities**
  - Connect clients to food, financial, transportation, housing assistance



## Most “trauma-informed” things we can do

- ***Prevent it***
  - Home visiting interventions (e.g. Nurse-Family Partnership, Family Spirit)
- ***Screen/Detect/Intervene*** in children as early as possible
  - Where: Well child clinics, Head Start/day care, schools
  - Intensive case management, developmental services, parenting training (e.g. Nadine Burke Harris’ model, Help Me Grow, Healthy Steps for Young Children)
- ***Increase protective factors*** in children and youth
  - Having one caring adult has been shown to make a huge difference
    - e.g. Boys & Girls Clubs, Big Brother/Big Sister Program, mentoring by elders
  - Healthy sense of cultural self-identity
    - AI/AN culture, spirituality, language, art, games



## Trauma-Informed Work in All Communities

- Should enlighten which programs we fund, policies/procedures that operate them, and the attitudes of the people who are involved at all levels
- Goal of all programs: Increase resilience, reduce trauma
  - Housing, food programs, income supplements, day care, education, substance abuse & mental health treatment, justice programs, health care, transportation
- What steps can each of us take?