

Incorporating Historical Trauma Informed Interventions with Evidence Based Practice

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Statement of the Problem

- Empirically Supported Treatment (EST), Evidence Based Treatment (EBT) or Evidence Based Practices (EBP) are developed primarily with non-Native populations
- Limited funding support for Natives to develop EBP that are indigenous, culturally grounded or to conduct Native research and evaluation of practices developed by tribal communities
- Limited involvement of Natives in clinical trials
- Pressure to use EBP to obtain federal and state funding

Statement of the Problem

- Clinical observations and literature indicate that engagement and retention of Natives in Western-based treatment is difficult
- Qualitative interviews reveal that Natives cite lack of cultural relevance, appropriateness, and responsiveness as reasons for not seeking or remaining in therapy
- Funders suggest “cultural adaptation” of EBP but this is often “window dressing” – superficial “changes” like including Native designs on a manual and serving fry bread at a meal rather than substantive modifications or adaptations

Promising Efforts

- Community Based Participatory Research acknowledges the importance of true partnerships with communities
- Indigenous communities have own Native models of community engagement and culturally driven practice
- Past and ongoing efforts – SAMHSA Circles of Care, Systems of Care, and Rural Remote and Culturally Distinct grants
- Some Native practices now included on registry of evidence based practices – primarily prevention-focused

Promising Efforts/Recommendations

- Increasing qualitative research on culturally informed, Native-designed and driven practices
- Talking circles for identifying issues in the community that the tribe wants to address
- Develop evidence base for tribal interventions – start gathering outcome data that fits with tribal culture (issue of “researching” traditional healing – can find creative ways to examine effectiveness of traditionally-grounded clinical practice without violating sacredness of traditional healing)

Promising Efforts/Recommendations

- Combining Native practices with EBP; involve Native researchers or evaluators (if not available, involve non-Native researchers or evaluators with cultural competence and experience with Native communities)
- Find the real “authority” in tribal communities – may or may not be the tribal council, may be traditional leadership that existed prior to the reservation system – need to work with and respect all
- Develop tribal community representatives to partner in your efforts, increasing outreach to Native communities, Native advisory groups
- Funding agencies can increase number of Native grant reviewers and facilitate mentoring of and funding for Native researchers

The Long Road to EBP: Takini Network and HTUG

The *Takini* (Survivor) Network is a Native non-profit organization (formed in 1992) designed to address healing from historical trauma and historical unresolved grief among the Lakota as well as other Native people through therapeutic work, prevention, research, publication and community education.

Historical Trauma & Unresolved Grief

Intervention:

A Tribal Best Practice

- Psychoeducation about genocide, boarding school losses, & oppression
- Use of audiovisual materials to stimulate memories and to educate participants about the traumatic historical context
- Small & large group processing and in dyads (pairs); exercises
- Focus as well on lifespan trauma
- Cathartic, traditional cultural experiences

Historical Trauma and Unresolved Grief

- ***Historical trauma*** is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (1985-88)
- ***Historical unresolved grief*** accompanies that trauma
(Brave Heart, 1998, 1999, 2000)

Historical Trauma Response

- The *historical trauma response* (HTR) is a constellation of features in reaction to massive group trauma
- This response is observed among Lakota and other Native populations, Jewish Holocaust survivors and descendants, Japanese American internment camp survivors and descendants.

(Brave Heart, 1998, 1999, 2000)

Historical Trauma Response Features

- **Survivor guilt**
- **Depression**
- **Sometimes PTSD symptoms**
- **Psychic numbing**
- **Fixation to trauma**
- **Somatic (physical) symptoms**
- **Low self-esteem**
- **Victim Identity**
- **Anger**
- **Self-destructive behavior including substance abuse**
- **Suicidal ideation**
- **Hypervigilance**
- **Intense fear**
- **Dissociation**
- **Compensatory fantasies**
- **Poor affect (emotion) tolerance**

Historical Trauma Response Features

- Death identity – fantasies of reunification with the deceased; cheated death
- Preoccupation with trauma, with death
- Dreams of massacres, historical trauma content
- **Loyalty to ancestral suffering & the deceased**
- **Internalization of ancestral suffering**
- **Vitality in own life seen as a betrayal to ancestors who suffered so much**

Historical Trauma Intervention Research & Evaluation (1992 - 2003)

- Reduction in sense of feeling responsible to undo painful historical past
- Less shame, stigma, anger, sadness
- Decrease in guilt
- Increase in joy
- Improved valuation of true self and of tribe
- Increased sense of personal power

Changes on the Lakota GEQ

[Statistical significance achieved for 7 items including these
(Brave Heart, 1995, 1998)]

Concept	M (T1)	M (T2)	P	Significance
Shame	3.21	2.67	.004	$p < .01$
Stigma	2.92	2.31	.001	$p < .01$
Anger	3.15	2.87	.012	$p < .05$
Obsessive thoughts	3.38	2.79	.007	$p < .01$
Feeling responsible for undoing the pain of the past	3.04	2.46	.023	$p < .05$

Semantic Differential Results: Changes Over Time

- Evaluation Scale
 - My True Self ($P=.004$, $p<.01$)
 - Anger ($P=.032$, $p<.05$)
 - The Past ($P=.004$, $p<.01$)
 - Wasicu ($P=.001$, $p<.01$)

Semantic Differential Results: Changes Over Time

- Potency Scale
 - My True Self ($P=.035$, $p<.05$)
 - Wasicu ($P=.002$, $p<.01$)
 - The American Indian Holocaust ($P=.000$,
 $p<.0001$)

Semantic Differential Results: Changes Over Time

- Activity Scale
 - The American Indian Holocaust
($P=.012$, $p<.05$)
 - The Past ($P=.001$, $p<.01$)
 - My People ($P=.006$, $p<.01$)

Table 11: Gender Differences for Affects Experienced Often Before, During and After the Intervention

	Before	During	After
	Female/Male	Female/Male	Female/Male
Anger	70.6% 73.3%	41.2% 66.7%	11.8% 26.7%
Sadness	70.6% 66.7%	100.0% 80.0%	5.9% 33.3%
Guilt	70.6% 53.3%	29.4% 33.3%	0.0% 13.3%
Shame	64.7% 60.0%	5.9% 40.0%	0.0% 13.3%
Joy	58.8% 33.3%	64.7% 66.7%	70.6% 86.7%

HT Qualitative Research: Superordinate Themes (2000)

Wakiksuyapi – Carrying the Trauma & Grief

- *Trauma Testimony*

1. Wounded Knee
2. Boarding School
3. Day School
4. Boarding School Descendant

HT Qualitative Research: Superordinate Themes (2000) *Trauma Responses*

- Trauma Identity
- Carrying Trauma
- Anger
- Impaired Bonding
- Transposition
- Somatic Symptoms
- Survivor Guilt
- Suicidal Ideation
- Multiple Traumas

HT Qualitative Research: Superordinate Themes (2000) *Transcending Trauma*

- Coping Strategies
- Ideas about Healing
- Transforming Past

Themes from Qualitative Evaluation of Parental Responses (1996-1998)

- Increased sense of parental competence
- Increase in use of traditional language
- Increased communication with own parents and grandparents about HT
- Improved relationships with children, parents, grandparents, and extended kinship network
- Increased pride in being Lakota and valuing own culture, i.e. Seven Laws

Recommendations for Developing an Evidence Base

- Start with theoretical and practice wisdom, your own cultural experience and grounding, and your clinical experience
- Listen, listen, listen and listen some more with the 3rd ear (hearing what is not overt)
- Observe, maintain humility, be respectful
- Immersion in the community and be open to experiencing and to diversity within and across tribal groups

Recommendations for Developing an Evidence Base

- Talk with others, elicit feedback, and share your observations – check for accuracy (reflective listening and clarification)
- Connect with tribal elders, grassroots folks, traditional leaders, ask for help and blessings
- Come with a good heart, be genuine, and committed, and patient, and a desire to be of service and not be looking to just further your career

Recommendations for Developing an Evidence Base

- True community engaged, tribally driven research is NOT for the “faint of heart” or for those who do NOT have a commitment to the people with whom you are working
- Challenges navigating community obstacles, changes in leadership, limited resources, and the funding agency’s system which often requires things that are culturally inappropriate

Recommendations for Developing an Evidence Base

- Qualitative research, publish and honor the community in what you write – always “carrying the People in your heart” and making sure that what you are doing is helpful
- Conduct small pilot outcome studies of your intervention – be creative about funding sources; share results
- Find mentors (challenging for Native researchers due to institutional racism)

Recommendations for Developing an Evidence Base

- Collaborate and mentor others; develop a team – everyone needs mentoring at all levels including peer mentoring
- Participate in webinars, attend conferences, stimulate your thinking and deepen your understanding
- Find opportunities to present your ideas and your work at all stages - helps you to obtain feedback and deepen your development of your theoretical framework

Recommendations for Developing an Evidence Base

- Start developing pilot study proposals
- Attend/apply for research development seminars
- Cultivate relationships with program officers at funding agencies – you will meet many at conferences
- Program officers want to be helpful and see more people get funded, particularly underrepresented groups

Recommendations for Developing an Evidence Base

- Expect to receive contradictory feedback – this is what you will also experience when your proposal is reviewed
- Be patient; start developing a proposal concept paper and get feedback from senior mentors
- It takes a year (sometimes more) to develop a good proposal that is ready for submission

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Recommendations for Developing an Evidence Base

- Funders often give short notice so you have to have some templates in the works
- Avoid chasing the dollar as much as possible or at least have an ideal proposal you are developing and keep looking for the right opportunity
- Journals have special issues that may fit your topic perfectly – important to publish
- Finally, don't give up! It has taken me years 😊

Final Thoughts

- HTUG emerged from a desire to reduce the suffering of Native Peoples
- HT concept and intervention perceived as helpful; people “felt better”
- Began to want to know more about the effect of HTUG and documenting that through research
- Interest in trauma research deepened – wanted to make sure we are doing utmost best to help Native Peoples

Website

- www.historicaltrauma.com
- Developed by Raymond Daw (Dine')