

# **Integrating Trauma Informed and Historical Trauma Informed Care in Behavioral Health Interventions with American Indians and Alaska Natives: Part 2**

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Maria Yellow Horse Brave Heart, PhD  
Associate Professor of Psychiatry & Behavioral Sciences  
Director, Native American & Disparities Research  
Division of Community Behavioral Health  
Department of Psychiatry and Behavioral Sciences  
University of New Mexico Health Sciences Center  
The Takini Institute

# Brief Summary of Learning Objectives and Content from Part 1

- Summarized historical and cultural considerations in behavioral health treatment with American Indians and Alaska Natives (AIAN)
- Appraised cultural barriers to treatment engagement
- Illustrated the use of self-awareness and use of self in trauma informed practices

## Overview:

- Reviewed definitions of historical trauma, the historical trauma response, and relevance for behavioral health assessment and treatment
- Introduced concepts such as use of self, transference, countertransference, therapeutic alliance

# Learning Objectives and Overview Part 2

- a. Formulate and describe key elements in the use of historical and cultural trauma informed practice;
- b. Describe three implementation strategies to use evidence based practices with American Indians and Alaska Natives; and
- c. Describe a strategy for implementing the DSM IV (5) Cultural Formulation in treatment in your practice setting.

## Overview:

- Brief review of definitions of historical trauma response features and compounding factors for specific trauma exposed groups: American Indian veterans and descendants
- Continued awareness of transference, countertransference, therapeutic alliance (introduced in Part 1) and concepts of ambivalence, holding or nurturing treatment environment with traumatized tribal communities

# Review: Definitions

- **Trauma** results from event/circumstances experienced as physically or emotionally harmful or threatening with lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being\*
- **Historical trauma** - 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 massively traumatized groups (Brave Heart, 1998, 1999, 2000))

\* (Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801)

# Review: Example of Traditional Cultural Perspectives on Collective Trauma and Grief

*It is our way to mourn for one year when one of our relations enters the Spirit World...tradition is not to be happy, not to sing and dance and enjoy life's beauty during mourning time....to suffer with the remembering of our lost one.... And for one hundred years we as a people have mourned our great leader... blackness has been around us for a hundred years. During this time the heartbeat of our people has been weak, and our life style has deteriorated to a devastating degree. Our people now suffer from the highest rates of unemployment, poverty, alcoholism, and suicide in the country.\**

*\*From a booklet for the Sitting Bull and Bigfoot Memorial Ride; Traditional Hunkpapa Lakota Elders Council (Blackcloud, 1990)*

# Review: Ongoing Cumulative, Multiple Losses and Trauma Exposure

- Intergenerational parental trauma traced back to legacy of negative boarding school experiences
- Constant trauma exposure related to deaths from alcohol-related incidents, suicides, heart disease, diabetes, cancer, etc.
- Surviving family members include individuals who are descendants of massive tribal trauma (e.g. massacres, abusive and traumatic boarding school placement)
- Cumulative trauma exposure – current and lifespan trauma superimposed on collective massive
- **American Indians have the highest military enlistment rate than any other racial or ethnic group – extends traumatic exposure**

# Review: Assessment (include appraisal of cultural norms and barriers to treatment, e.g. DSM Cultural Formulation)

- Identifying and Referral Information
- Presenting Problem – Patient/Client perception, your perception
- History of the Problem & Precipitating Factors
- History: Family, Social, Educational, Work, Military, Medical including Behavioral Health, Substance Abuse, Domestic Violence, Sexual History, Tribal History (e.g. collective cultural traumatic events; note deaths, separations, abandonment)
- Psychodynamic Formulation – Use of Induced Feelings
- Mental Status Exam: Attend to cultural norms (e.g. lack of eye contact as respectful, communication through narratives is not avoidance; cultural styles of verbalization and thinking –may NOT be tangential, circumstantial), rate and quality of speech – what is culturally appropriate; assess signs of psychomotor retardation, slowed down, flat affect, mood congruence with content of speech; perseveration, repetitive, obsessional, pressured speech; appearance, behavior, overall mood, thought, ideation (suicidal, homicidal, paranoid content), perception – visual, auditory, or olfactory (smell) hallucinations

*Review: Historical Trauma and Unresolved Grief Intervention*  
(HTUG) - Example of Historically and Culturally Informed  
Practice



Tunkasila Tatanka Iyotake, Mother Her  
Holy Door, Daughter, and Grandchild



# Review: Historical Trauma Intervention Development

- 1992 - first version of HTUG; founded the Takini Network\* to address healing among the Lakota and other Native people (doctoral dissertation)
- 1996 – 2004 – Incorporated HTUG components in Lakota parenting work and *Models for Healing Indigenous Survivors of HT* Conferences (SAMSHA CMHS and CSAT support)
- 2009 – HTUG selected as Tribal Best Practice by First Nations Behavioral Health Association and SAMHSA
- 2013 - Current NIMH funded study of HTUG combined with Group Interpersonal Psychotherapy (IPT) – increasing **evidence base**
- HTUG covers **key elements** in the use of historically and culturally trauma informed practice and **application of 3 implementation strategies** to apply these to develop Evidence Based Practice.

## Quick Review of Historical Trauma Response Features

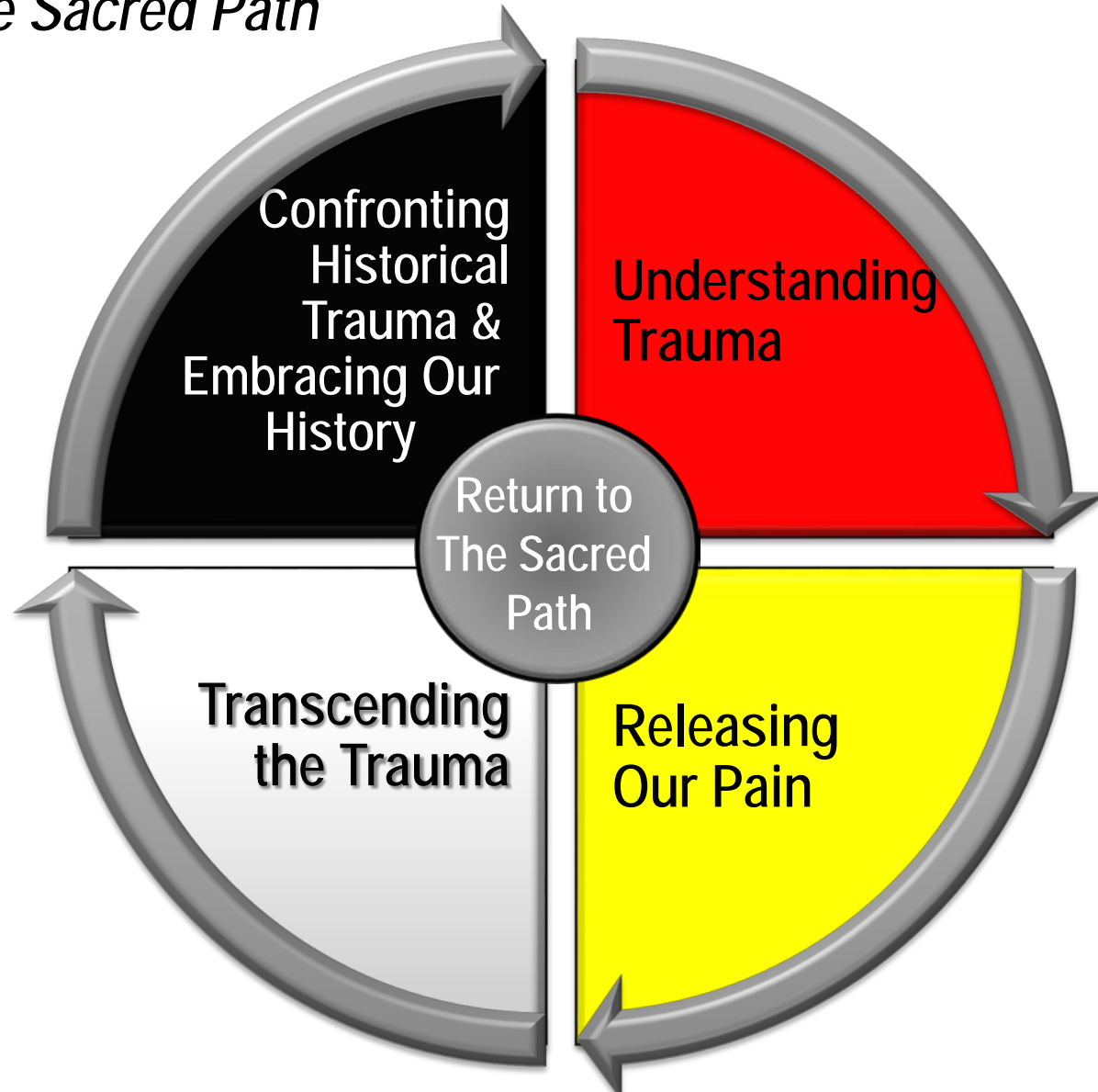
- ***Survivor guilt***
- ***Depression***
- Sometimes ***PTSD*** symptoms
- ***Psychic numbing***
- ***Fixation to trauma***
- Somatic (physical) symptoms
- Low self-esteem
- Victim Identity
- Anger
- Self-destructive behavior including substance abuse
- Suicidal ideation
- ***Hypervigilance***
- Intense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

## Quick Review of 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
- Similarities with the Child of Survivors Complex (Holocaust), Japanese American internment camp survivors and descendants but tribal cultural differences
- ***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 & Unresolved Grief Tribal Best Practice (HTUG): Key Elements:

*Return to the Sacred Path*



# Learning Objective: Key elements in the use of historically and culturally trauma informed practice

- These elements include components of Historical Trauma and Unresolved Grief Intervention (HTUG) - example of historically and culturally informed practice
- The HT Response Features (HTR)
- Use of the DSM Cultural Formulation and integration of intergenerational and collective tribal experiences and culture in all aspects of the formulation
- Application to specific groups within tribal communities such as American Indian and Alaska Native veterans and their families
- DVD Presentation: *Oyate Wiconi Kte Cha Lechel Echu Kun Pi : We Do This So That the People May Live*. Great Plains IHS Division of Behavioral Health

# HT Interventions for Native Veterans

- **Traditional societies for both Native men and women helpful in reclaiming sense of self and sacredness**
- **Importance of purification for those returning from war for reintegration into society and to release the traumatic exposure, combat stress; attend to spiritual beliefs about sacredness of life, death and war (Black Elk – painting faces black to hide from the Creator)**
- **Releasing the historical trauma through healing and reclaiming traditional protective values and practices**
- **Can combine HTUG key components with culturally adapted evidence based practices or empirically supported treatments**
- **HTUG reduces stigma and empowers American Indian/Alaska Native and First Nations communities through acknowledging the collective trauma across generations**

# Wakiksuyapi (Memorial People)

- Takini Network/Institute as *Wakiksuyapi*, carrying the historical trauma but working on healing
- For the Lakota, specific *tiospaye* (extended kinship network) or bands may carry the trauma for the Nation, i.e. those most impacted by Wounded Knee Massacre
- We are descendants of traditional warriors and survivors, including 1890 Wounded Knee Massacre descendants; we are children of World War II Marine, Army, and Navy veterans; Takini includes Vietnam veterans and involving Korean War, OEF/OIF veterans

# HT, Depression, PTSD, Prolonged Grief

- High rates of PTSD associated with trauma exposure, frequent deaths, military trauma (Manson, et al., 2005; Brave Heart, Lewis-Fernandez, Beals, et al., 2016).
- CG/PG: sadness, separation distress, strong yearnings, longing for & preoccupation with thoughts of deceased, intrusive images, psychic numbness, guilt, extreme difficulty moving on with life, and a sense of the part of the self having died (Boelen & Prigerson, 2007; Shear et al., 2005). May co-occur with PTSD (20-50%).
- Historical unresolved grief includes these but also **yearning, pining, preoccupation with thoughts of ancestors lost in massacres, loyalty to ancestors with a focus on their suffering, as if to not suffer is to not honor them, to forget them**
- ***Complicated Grief Treatment - CGT* (Shear) and *Interpersonal Psychotherapy - IPT* (Klerman, Weissman, Markowitz) are two EBPs congruent with HTUG.**



# The Road to EBP/EBT & Key Elements Addressed - Historical Trauma Intervention Research & Evaluation (1992 - 2003)

- **Reduction in sense of feeling responsible to undo painful historical past**
- **Less shame, stigma, anger, sadness, guilt**
- **Increase in: joy and sense of personal power, valuing true self and tribe**
- **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**

# Learning Objective: Describe three implementation strategies to use evidence based practices

- Identify and select a culturally congruent promising EBP, begin tribal review, look at what other tribes have done, combine it with an Indigenous practice – HT-informed and culturally informed, can it be adapted, and as with the veterans in the video, how can culture be integrated in treatment, how does culture affect trauma responses, culture as resilience
- Consider and advocate with funding agencies for use of own traditional AIAN practices, build on traditional knowledge and practice wisdom, and could use help in developing the evidence base
- Understand that not one size fits all
- Example: NIMH study ***R34MH097834 (Brave Heart, PI)***

## Developing Trauma and HT-Informed Evidence Based Practices: Cultural Grounding and Adaptation

- **Randomized assignment of AIs 18 and over to Group Interpersonal Psychotherapy (IPT) combined with the *Historical Trauma and Unresolved Grief Intervention* (HTUG) vs IPT Only in outpatient behavioral health clinics in two different tribal sites**
- **Model for integrating EBPs/ESTs with Indigenous Practices**
- **Culturally adapting an EBP/EST – that may have congruence with AIAN culture and values – (e.g. IPT needed cultural adaptation but emphasis on the importance of interpersonal relationships in triggering depression is culturally congruent; Complicated Grief Treatment components relevant for AIAN but has not addressed HT and our massive generational grief and conditional risks**

## Additional Practices Utilized with AIAN and AIAN Veterans:

- Evidence-Based Treatments:
  - Prolonged Exposure (PE)
  - Cognitive Processing Therapy (CPT)
  - EMDR

# **American Indian Women Warriors: Historical Trauma and Cultural Perspectives**

Maria Yellow Horse Brave Heart, PhD

&

Application of Western Evidence-Based Treatments for PTSD in Women Veterans

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Diane T. Castillo, Ph.D.

Christine L. Chee, Ph.D.

WSDTT, NMVAHCS

American Indian Women Warriors Presentation:

May 10, 2013

Presented under the Historical Trauma Series

# Culturally Sensitive Diagnosis: the DSM Cultural Formulation

## **Cultural Identity**

- Ethnic or cultural reference group(s)
- Degree of involvement w/culture of origin & host culture
- Language abilities, use, & preference

## **Cultural Explanations of Illness**

- Meaning & perceived severity of symptoms in relation to reference group/s norms
- Perceived causes & explanatory models that the pt. & reference group(s) use to explain the illness
- Preferences for sources of care

# Culturally Sensitive Diagnosis: the DSM Cultural Formulation

## **Cultural factors related to psychosocial environment & levels of functioning**

- Culturally relevant interpretations of social stressors, available supports, levels of functioning & disability
- Stresses in the local social environment
- Role of religion & kin networks in providing emotional, instrumental, & informational support

## **Cultural elements of the relationship between the individual and the clinician**

- Individual differences in culture & social status between the individual & clinician
- Problems these differences may cause

# Culturally Sensitive Diagnosis: the DSM IV Cultural Formulation

## Overall cultural assessment for diagnosis and care

- Discussion of how cultural considerations specifically influence comprehensive diagnosis and care

## Reference:

Lewis-Fernandez, R. and Diaz, N. The Cultural Formulation: A method for assessing cultural factors affecting the clinical encounter. *Psychiatric Quarterly*, 2002, 73(4): 271-295. (Table 1, p. 275)

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***Examples for Native clients:*** skin color issues, risk for trauma exposure, traditional mourning practices, racism, unemployment rates, housing availability



# Cultural Formulation (con't) specific to AIAN

- Indirect styles of communication, values of non-interference and non-intrusiveness, & polite reserve may delay help-seeking and true presenting problem
- Variation in eye contact; cultural differences in personal space & cross-gender interaction
- **Listening for the meaning in the metaphor**
- **Client use of narratives, stories; talking in the displacement**
- **Beginning phase may be longer**

# Culturally & Historically Responsive Assessment

- Explore generational boarding school history, tribal traumatic events, and investigate how these were/are processed in the family
- Explore degree of involvement in traditional Indigenous culture; complexity of cultural responsiveness
- Use adaptation of the DSM IV & 5 Cultural Formulation (Lewis-Fernandez & Diaz, 2002), expanded to include exploration of boarding school trauma, tribal relocations, migration, trauma in tribal community of origin, language

# Use of Self, Transference and Countertransference

- The theory you embrace informs your assessment and intervention
- Psychoanalysts and psychoanalytic or psychodynamic therapists (including clinical social workers, psychologists, psychiatrists) work with concepts like transference, countertransference, bolstering ego strengths, impulse control and judgement, delayed gratification, superego and ego ideals, sense of self, and object relationships
- Some research indicates the power of the therapeutic relationships and success with varying models – not one size fits all.
- Countertransference reactions can be induced – learning to work with observing your own reactions in a session can be very helpful in the therapy.

# Trauma Informed Use of Self, Transference and Countertransference

- Trauma narratives of patients will be triggering particularly if therapist has own trauma history.
- Developing comfort with one's own reactions and working on healing from one's own trauma is essential.
- **Awareness of trauma is helpful rather than harmful** (avoidance is worse as one can “act out” by not listening to the patient, shutting down emotionally, becoming judgmental, and interfering with the patient's healing)
- Trauma informed care includes addressing providers own needs and healing. Review information on Secondary, Vicarious Trauma, Compassion Fatigue, and Burnout from last session and kickoff slides. **As you watch/listen to the DVD clips think of being in a session with person talking and attend to how you are experiencing this; think about HT, HTR, and the Cultural Formulation.**

*Let a hundred drums gather. It must be a time of celebration, of living, of rebuilding, and of moving on. Our warriors will sing a new song, a song of a new beginning, a song of victory.*

*Let our warriors sing clear and loud so the heartbeat of our people will be heard by Sitting Bull and all our ancestors in the Spirit World....Let us send to our great chief a new song to sing when he rides around the people in the Spirit World:*

*Look at our children, They're going to live again, They're going to live again. Sitting Bull says this as he rides.*

*Traditional Hunkpapa Lakota Elders Council (Blackcloud, 1990)*

***TAKINI-REBIRTH:  
HOPE THROUGH HTUG***

# Celebration of Survival





# Celebration of Survival



# Celebration of Survival





# Relevant Recent HT Publications

- Brave Heart, M.Y.H., Elkins, J., Tafoya, G., Bird, D., & Salvador (2012). *Wicasa Was'aka: Restoring the traditional strength of American Indian males. American Journal of Public Health, 102 (S2), 177-183.*
- Brave Heart, M.Y.H., Chase, J., Elkins, J., & Altschul, D.B. (2011). Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs, 43 (4), 282-290.*
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