PRACTICE PAPER

Incorporating Indigenous Perspectives

Trauma and Resilience in Native Communities

California Tribal Health Professionals Reflections on Trauma, Resilience, Screening, and Trauma-Informed Care

Authors

KELLEY MILLIGAN, MPH
Allyson Kelley & Associates PLLC

ALLYSON KELLEY, DRPH
Allyson Kelley & Associates PLLC

MELANIE OGLETON, MHSA, MPH
Cardea

NNEOMA NWOBILOR, MSC
Cardea

Published February 2022

aces aware GRANTEE

Cardea

AKA

ACKNOWLEDGEMENTS

Cardea is grateful to the Office of the California Surgeon General for leading the ACEs Aware Initiative and to Aurrera Health Group and our Grantee Liaison, Tere Veloz, for the support and guidance. We would like to thank our community partner, California Rural Indian Health Board, Inc., for their commitment to expanding services and support for communities affected by adverse childhood experiences. Their key partnership has guided this work. We are grateful for the support of Allyson Kelley and Associates for bringing to life the perspectives of Tribal health communities working to integrate ACE-related services while honoring their indigenous principles. We would like to thank the Tribal health professionals who shared their insights into this important work, without them, this paper would not be possible.

PURPOSE

This practice paper, written with grant funding from the ACEs Aware Initiative, through a partnership with Cardea, California Rural Indian Health Board, Inc., and Allyson Kelley & Associates, identifies the needs and experiences of trauma and resilience specific to Native communities in California. This paper explores how screening tools and trauma-informed care responses could be more responsive to Indigenous experiences and communities.

FUNDING STATEMENT

This paper was produced with grant funding support from the California ACEs Aware Initiative, led by the Department of Health Care Services and the Office of the California Surgeon General, to create a better world for children, families, and communities by addressing the impact of ACEs and toxic stress. The bold goal of this initiative is to reduce ACEs and toxic stress by half in one generation. For more information, visit the ACEs Aware website.

CONTENTS

EXECUTIVE SUMMARY

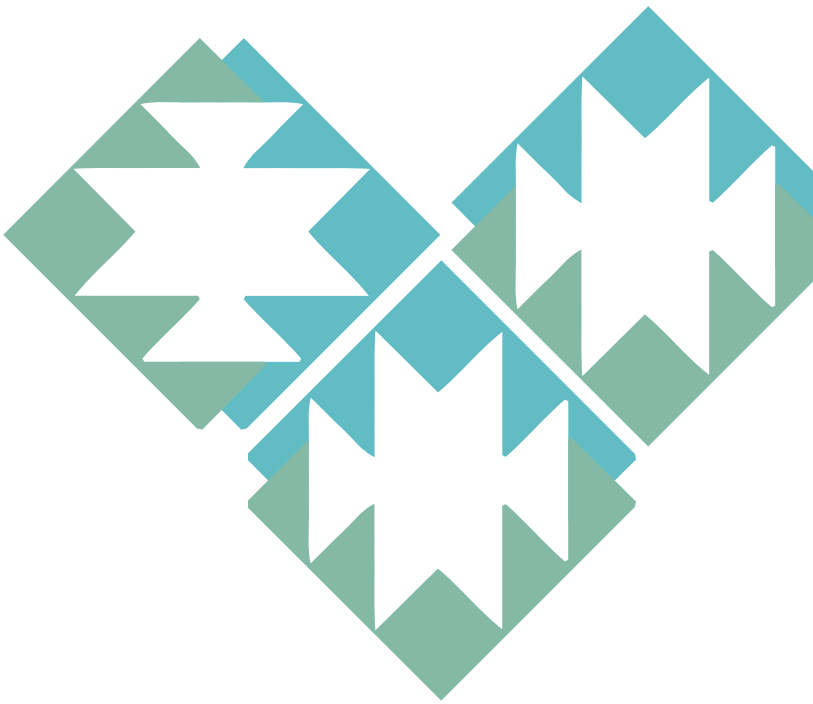
> **"It is how we respond...our response to trauma is what makes a difference."**
>
> - California Tribal Health Professional

There are limited tools in place to adequately assess resilience and trauma in Indigenous communities. The purpose of this practice paper is to explore Indigenous perspectives on trauma and resilience, gain insight into trauma-informed care in tribal communities and understand how trauma-informed care could be more responsive to Indigenous health and well-being. This work was guided by an Indigenous world view and emphasizes place-based methods and cultural values of California tribal communities. Ten interviews were conducted with California tribal health professionals in September 2021 to explore how trauma screening tools and trauma-informed care could be more responsive to Indigenous experiences and communities. Interviews were reviewed, analyzed, and presented in narrative forms. Data collected during interviews answered two questions:

1. How can trauma screening tools be more responsive to Indigenous communities?
2. How can trauma-informed care be more responsive to Indigenous experiences and communities?

Findings underscore the importance of screening and assessment tools and evidence-based programs that incorporate Indigenous perspectives and investigate protective factors that promote resilience. If used in this way, these tools can empower individuals and communities in the prevention and treatment of trauma. It is time for a new paradigm. A paradigm that responds to trauma based on what is happening within a community and cultural context. This requires providers, researchers, policy makers, and educators to move away from western epistemologies and deficit-based models. Understanding and documenting trauma requires an examination of not just adversities and deficits, but also protective factors such as cultural connectedness and community cohesion. Adaptations of existing trauma screening tools and trauma-informed care approaches must come from Native communities and advisory groups with cross-cultural validity testing.

Trauma-informed care needs to take place at the individual, community, and organizational level. Being trauma-informed will require policy change, systems change, and community change. This practice paper highlights the ways that tribes, states, and agencies can be responsive to Indigenous experiences and strengths. It builds on the work of many, across Indian country, who have been healing communities and individuals for generations.



KEY TERMS

The following section defines the key terms and concepts discussed in this practice paper.

Traumatic events events are those outside the range of usual human experience. These events are defined as involving actual or threatened death or serious injury or threat to one's personal integrity to self or other, witnessing or learning about an event, subjective feeling of intense fear, horror, or helplessness, sudden in nature and unpredictable, and shocking in nature.[1]

Trauma is a person's emotional response to a distressing event. Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.[2]

- **Collective trauma** also referred to as community trauma, refers to trauma experienced by a group, community, or society. This includes intergenerational and historical trauma.[3]
- **Cultural trauma** is the attack on the fabric of society, affecting the essence of the community and its members.[3]
- **Intergenerational trauma** occurs when trauma is not resolved, subsequently internalized, and passed own from one generation to the next.[3]
- **Historical trauma** is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.[4]

Trauma-informed care (TIC) is a strengths-based framework that is grounded in understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors of trauma. TIC creates opportunities for survivors to rebuild their sense of control and empowerment.[5]

Resilience Resilience is defined as the ability to withstand or recover from stressors, and results from a combination of intrinsic factors and extrinsic factors (like safe, stable, and nurturing relationships with family members and others) as well as pre-disposing biological susceptibility.

Of note, with scientific advances in the understanding of the impact of stress on neuro-endocrine-immune and genetic regulatory health, we must advance our understanding of resilience as also having neuro-endocrine-immune and genetic regulatory domains.[6] Protective factors, which can promote resilience and help an individual cope with trauma, are conditions in families and communities that, when present, can increase health and well-being.[7]

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (up to age 18). Though often used colloquially to refer to a variety of adversities in childhood, when capitalized, the term ACEs specifically refers to 10 categories of adversities in three domains – abuse, neglect, and household challenges:

- Abuse: physical, emotional, and sexual abuse
- Neglect: physical and emotional neglect
- Household challenges: growing up in a household with incarceration, mental illness, substance dependence, absence due to parental separation or divorce, or intimate partner violence [8]

Screening Tools, or screening instruments, are designed to identify the potential presence of a particular problem. They are typically used as a preliminary step in assessment to determine if more comprehensive assessments are needed.[9]

ACE Screening

The purpose of ACE screening is to rapidly identify which patients are at highest risk for toxic stress and perform the next steps of a more complete, individualized assessment for each of them. ACEs Aware shares that a complete ACE screening involves assessing adversity (ACE score), clinical manifestations of toxic stress (ACE-associated health conditions, and protective factors. Screening for ACEs helps clinicians assess risk for toxic stress and guide effective responses.[10]

Assessment tools refers to the methods of measurement or instruments, used largely in western health models and clinical practice, that support an assessment. Assessment tools can explore a range of health topics, behaviors, and outcomes and are often used in clinical practice and population-based health work.

Indigenous People

This practice paper used the term Indigenous Peoples, Native American, and American Indian and Alaska Native interchangeably as cited by the tribal health professionals and literature. This paper represents a diverse group of Indigenous people and recognizes there are distinct differences, beliefs, and traditions across Indian Country. The authors honor those differences and humbly believe that what was shared here may not represent the beliefs and experiences of all Indigenous peoples, but rather provides a starting point that looks into the unique experiences and insights of California tribal members and professionals that work hard to heal their communities

Please Note: Small changes were made in the narratives presented to respect privacy while honoring the lives and experiences shared.

OUR RESPONSE MAKES THE DIFFERENCE

"It is how we respond…our response to trauma is what makes a difference."

"I worked with a patient, who sought out therapy for, what I would say was not being able to make lifestyle changes she wanted to make in her life. She struggled with stress and anxiety. As we talked I learned about her feelings and lack of safety and security. She shared a story from her childhood. There was early childhood trauma, you know. She had experienced sexual abuse as a child. So as we worked together and talked, I found that, it was really less about the experience of the sexual abuse that impacted her. **It was about the lack of support from adults that was significant.** That was most significant to her….which I find interesting…it's how we respond…[it is not always what is terrible that has happened [that impacts us], but our response to the trauma is what makes a difference."

- California Tribal Health Professional

BACKGROUND

Exposure to trauma, especially early in life, can be a determinant of health status and can affect physical, social, emotional, and cognitive functioning and development. However, the exposure to a traumatic event, at any point in life, is not experienced by all individuals equally. The lasting impacts of a traumatic experience can depend on the frequency, duration, type of adversity, and resilience characteristics and supports available and accessed by an individual. Research has well documented how toxic stress, or a bodies response to high amounts of adversity faced during critical periods of development like childhood – without the influence of positive adult support - can lead to long-term disruptions in physical health. Prolonged stress responses, as a result of trauma, can disrupt biological mechanisms and increase risk for physical disease and cognitive impairment.[11–14] Studies on adverse childhood experiences (ACEs) have documented the burden of the impact of early trauma and toxic stress on health and well-being.[15] Trauma experienced in childhood and stressful events in adulthood that elicit a chronic stress response can alter physiology and increase susceptibility to dysfunction – with the potential to impact physical health to health behaviors.[16]

Screening for ACEs and trauma can help prevent and treat toxic stress response to improve individual and community health and well-being. Trauma and ACE screening tools are brief, focused inquiries to determine whether individuals have experienced certain traumatic events and inform whether a more in-depth assessment is needed. Screening tools can be used routinely and universally to target interventions, inform care, and guide treatment approaches. These tools can be used in primary care settings or in first interactions between a client and provider and can set the tone and relationship for a client. There are several screening and assessment tools that measure trauma and ACEs, some of them include the Pediatric ACEs and Related Life-events Screener (PEARLS), ACEs tool, Childhood Trauma Questionnaire, and the Brief Trauma Questionnaire. A comprehensive ACE screening includes an ACE score, clinical manifestations of toxic stress, and assessment of protective factors which together can help inform a patient's risk level for toxic stress physiology.[17] To effectively screen and address trauma at

the individual and community level includes an understanding of the traumas experienced, recognizing, or documenting needs of those that have experienced trauma, and identifying and promoting the protective factors and interventions that promote resilience. Often screening and assessment tools developed, tested, and validated for the general population are used in Native communities – and many of these tools lack cultural context and validity. While these tools have many strengths, the terms and constructs used to define and address health outcomes in assessment tools and survey instruments rely heavily on medicalized western methods.[18] This influences the constructs that are assessed, the approach to care, and the treatment modalities for an individual. Historically, the western approach to assessing and treating trauma has fallen within the field of psychology and commonly involved individual constructs of trauma and individual treatment through psychotherapy.[19-20] While new approaches are emerging in assessing and treating trauma, the traditional western approach was built on the view of an individual as an independent, self-contained, autonomous entity who is comprised of unique internal attributes (e.g., traits, abilities, motives, values) and behaves primarily as a consequence of those internal attributes and did not always account for the constructs of self and interdependence seen in Indigenous culture that influence emotion, cognition, and motivation.[21-24] In contrast, Indigenous approaches to assessing trauma call for considering how Indigenous communities and families think about trauma and the ways in which cultural values, norms, and beliefs shape trauma presentation.[25] Differences in trauma experience and resilience response across cultures emphasizes the importance of culturally informed services and approaches.[26] This begins with screening and assessment tools.

The ACE screening tool, mentioned previously, is one standardized tool used to measure childhood trauma associated with poor health outcomes. As part of the Landmark 1998 study by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, Dr. Felitti and his colleagues developed the ACE score concept based on the burden of childhood adversity experienced by Kaiser Permanente participants.[27] These participants were mostly white, middle-class, insured residents of Southern California. This landmark study reported astounding results on the exposure of abuse, neglect, and household dysfunction and the link to future health outcomes.[28] As the number of ACEs increased individuals were placed at greater risk for high-risk health behaviors and negative physical and mental health outcomes. This includes an increased risk of substance abuse, smoking, early initiation of sexual activity and pregnancy, heart disease, depression, cancer, diabetes and obesity.[29] Since this study, ACE screening questions have been incorporated into state, local, and tribal Behavioral Risk Factor Surveillance System Survey's in California, and recently, within healthcare settings. However, current knowledge of ACEs relies on data predominantly collected from white populations.[30] Knowledge from the ACE screening tool and health disparities across sociodemographic populations has led to additional considerations when measuring childhood trauma and health outcomes. Several studies have emphasized the importance of including community level indicators that are more likely to impact minority communities.[31] One study examined conventional ACEs occurring within the home and potential adversities occurring outside the home (e.g., peer victimization, community violence exposure, removal from family, loss of family income) and found a strong correlation between these "unconventional," or "expanded," community level ACEs and mental health symptoms.[32]

Together, this growing body of research argues that ACE measures need to include individual, household, and community adversities experienced across demographic groups.

Addressing early childhood trauma continues to gain attention in public health and health care organizations. In January 2020, California launched the ACEs Aware Initiative, a first-in-the-nation effort to screen patients for ACEs. The initiative promotes bringing communities together to prevent, screen, treat, and heal from trauma.[33] In addition, it involves working together across sectors to address the impacts of ACEs and toxic stress while recognizing that there are many individual, intergenerational, cultural, and contextual factors that impact an individual's trauma experience, response and resilience.[10] Another recent success in California has been the expanded reimbursement for ACE screening in clinical care from Medi-Cal. This work is just beginning and brings up important considerations as the ACEs Aware Initiative works to prevent, screen, treat, and heal diverse communities and peoples. Research indicates other community level indicators are equally or more likely to impact future health among minority populations. For example, historical trauma, collective trauma, child maltreatment, poverty, lower educational status, limited economic opportunities, systemic racism, poor housing conditions, and prevalent violence.[31, 32, 34]

For Indigenous communities this includes historical trauma. American Indians and Alaska Native people have been subjected to trauma and historical loss of people, loss of land, erasure of culture, and loss of family for hundreds of years. This historical trauma is associated with the historical trauma response, which are features in reaction to a massive group trauma, such as depression, emotional numbing, disassociation.[35] Maria Brave Heart's conceptual framework of historical trauma emphasizes that historical trauma and historical trauma response are strongly related to the experience of lifetime traumatic events and that both are associated to psychological outcomes including PTSD, depression, unresolved grief, and complicated or prolonged grief.[10, 36] Researchers developed the Historical Loss Scale and documented the link between historical trauma and emotional experiences like depression and anger among American Indian people.[37] The Indigenous Peoples of America Survey (IPS) is another example of how researchers have measured historical trauma and unresolved grief. This tool explores tribal diversity in historical trauma experiences and response in communities.[38] These constructs, in combination with other trauma or ACE screenings, can help inform additional measures of trauma for Indigenous peoples.

The purpose of this practice paper is to explore Indigenous perspectives on trauma and resilience, gain insight into trauma-informed care in California tribal communities and explore how future work can be more responsive to Indigenous health and well-being.

INDIGENOUS WORLD VIEW GUIDES APPROACH

This work was guided by Indigenous world view and centers on Indigenous ways of knowing and cultural paradigms.[39-40] Cultural methodological considerations developed by researchers Chino and DeBruyn informed all aspects of planning, data collection, data interpretation, and findings. Authors utilized narrative research methods to collect stories through discussions and collaboration.

> **"An Indigenous model must reflect indigenous reality. It must integrate the past, the present, and the people's vision for the future. It must acknowledge resources and challenges and allow communities to build a commitment to identifying and resolving health concerns and issues."[41]**

COLLECTING STORIES

This practice paper prioritizes and honors the tribes of California, the behavioral health and child and family welfare professionals, and their geographic locations (places). Participating tribal health programs and tribal organizations approved this work. Consent was obtained from all tribal health professionals before interviews began. Cardea and the AKA team developed interview guides based on their previous work in California tribal communities. Guides were reviewed and piloted by tribal communities prior to administration. Changes to interview questions after the piloting process were minimal.

Primary data was collected in September 2021 from 10 tribal health professionals that work in behavioral health and child and family welfare using a collaborative, semi-structured interview format. The tribal health professionals were selected based on their experience working on childhood trauma in Indigenous communities and included behavioral health clinicians and program staff and leaders in chronic disease management and tribal social services. Nine of the participants were part of a pilot program and led the implementation of an ACE screening and trauma-informed care initiative at their tribal health programs. All individuals have direct experience and knowledge of trauma and resilience experiences in the Indigenous communities. These individuals invited to interview through an introductory email discussing the purpose of the project.

Due to COVID-19 in-person meeting restrictions, the one-hour interviews were conducted through Zoom, recorded, and transcribed verbatim by the practice paper authors. Each tribal health professional received $50 gift card to a local retailer after completing the interview.

INTERPRETING STORIES

Indigenous stories on trauma and resilience were constructed from verbatim transcripts and reviewed by all authors during the analysis process following previous narrative analysis work.[42] Each interview was considered, reviewed, and analyzed to understand the participants' responses rather than decontextualizing answers from their original context. In these instances, authors created short stories that highlight individual experiences on trauma, resilience, and trauma-informed care.

Transcripts were analyzed using content analysis methods and NVivo 12.0. All transcripts were reviewed and analyzed using a hybrid approach of deductive, and inductive coding.[43] This process followed the interview guide, that asked broad questions followed by a set of more focused questions. Stories focus on two categories of Indigenous experiences, trauma-informed screening tools and trauma-informed care.

How can trauma screening tools and trauma-informed care be more responsive to Indigenous experiences and communities?

> **"We shouldn't have to adapt to things that are harmful or unsafe yet that's all we know and that is something that started way back."**

Tribal professionals, who together have more than 75 years of experience, shared their insights about healing efforts in California tribal communities. Several typologies emerged during analysis including perspectives on trauma screening and healing, how Indigenous communities experience trauma and demonstrate resilience, and trauma-informed care in tribal communities. The findings emphasize the need to understand the diverse cultural contexts and constructs of trauma and resilience to effectively screen, treat, and heal Indigenous communities.

Throughout this section, stories are presented with a title and verbatim responses. Narratives presented contextualize experiences and provide deeper meanings about trauma, resilience, and trauma-informed care. Quotes presented in this section are defined using quotation marks and are generally shorter. Quotes are followed by the authors' interpretations and implications for future work.

THIS IS NOT MY FIELD... BUT I HELP

"Her story is one of the ones that stands out the most. I had known her since she was a child. When she was so young. As an adult she stayed in touch for extra support. She came to me in crisis. And I think she came to me because we have a really established relationship and because she knows she can trust me. And she came to me in, you know, just a state of being in crisis and not in control. She came and we worked out a solution together, to get her help, she knew what she needed. And it was something that, you know, I think happened the way it was supposed to. She called me, after she got some help...And, you know, this is not my field, so it was just something that common sense said this is what we are going to do and we did that, we got the safety concerns addressed to get her into a safer situation. Over the years when I haven't heard from her I know she isn't in a good shape. Occasionally, she'll call me when she wants to share some thing, other times she will call me in crisis. She has battled her entire life. She has battled with violence and trauma and all the things she has been exposed to."

- California Tribal Health Professional

TRIBAL HEALTH PROFESSIONALS PERSPECTIVES INTO TRAUMA SCREENING

> **"There is no way to recover, unless we uncover."**

This was a sentiment expressed and shared across tribal health professionals. Screening for trauma is the start to important work. Screening can begin the conversation, prevent trauma, and heal communities. Several of the tribal health professionals have begun to implement trauma screening and trauma-informed care efforts at the community and organizational level and reported that it "is a huge step in the right direction" and can help individuals "recognize their trauma and the impacts of trauma," and help providers "get an understanding of what a patient's needs are."

> **"I do believe that [screening for] ACEs, when it comes to our tribal communities, is a huge step in the right direction because we are able to expose those traumas and help find ways to heal from them."**

Tribal Professional Perspectives on Advantages to Screening for Trauma with Indigenous Communities

- Increase awareness
- Expose trauma and find ways to heal
- Identify patient needs
- Prevent disease and poor health outcomes

However, screening tools rarely incorporate Indigenous perspectives, cultural context, or the constructs of trauma that impact tribal communities. Tribal health professionals shared several disadvantages to implementing current ACE screening tools with their communities.

> **"When it comes to screening tools…best is that communities are developing them and there are advisory councils informing the work, and they are slowly creating these tools that assess the right need and…ideally, communities would create them based on their own values and ways of being. But that never happens. So going to better, the screening tools are adapted for the communities and tested… Lastly, good, you know, would be that people [who implement the screening] are at least trained to leave on a good note after doing screenings…"**

Tribal Professional Perspectives on Disadvantages to Current Screening Tools

- Lack community input or testing
- Are deficit focused and do not speak to protective factors that promote resilience
- Are not delivered in a culturally appropriate way
- Lack pertinent constructs of trauma experienced by Indigenous peoples

These considerations apply in the development of tools that are used to screen for trauma (e.g., ACEs tool, Government Performance and Results Act.) and the interventions, treatment approaches, and use of evidence-based programs meant to treat trauma in Indigenous individuals and communities. One tribal health professional expressed the need for Indigenous theories and models to be used in screening and responding to trauma.

NOT DESIGNED FOR INDIGENOUS PEOPLE

"I've seen some of the tools and tool kits that are out there, but I think that some of them are based on theories and models that are not designed for Indigenous people. I mean we have theories and practices. And things that come from other areas, I often wonder, why do we think that we can use or borrow that? Because that was created for that environment there, but I've seen a lot of that happen you know and some of it is beneficial, but I think if we are looking at ways to measure and ways to gather information and to treat types of traumas then it is most important to incorporate things from our own community and our own community standards."

- California Tribal Health Professional

Another reflected on the importance of gaining community feedback while describing the need to screen in a culturally appropriate way.

> **"I see the importance [of screening tools], and as Native people and Native clinics we always have to abide by the standards and the evidence-based tools, but how can we have community look at the tools and maybe give some feedback. Maybe they can't be changed but they can be introduced in a better way, or they can be debriefed in a better way to be more responsive to our communities."**

These advantages and disadvantages to the current ACE screening tool can inform future efforts in California in prevention, screening, and treatment of Indigenous individuals and communities.

TRAUMA EXPERIENCED BY INDIGENOUS COMMUNITIES

> **"We have to look at the structure and see how people have been disadvantaged and how that has impacted them. And not just go with the 10 ACE questions that are standard because there are definitely more ACEs for Native Americans and people of color living in this society."**

It is important to acknowledge and understand the traumas experienced by Indigenous peoples and communities and integrate these constructs into screening tools and treatment. ACEs focus on individual level traumas – specifically, 10 categories of abuse, neglect, and household challenges. While important, these miss additional experiences that are unique to Indigenous people. Professionals identified community and individual constructs of trauma that influence Indigenous peoples physical and mental well-being.

> **"The interpersonal traumas, sexual abuse, physical abuse in the family, lack of, maybe the, I won't say the worst but maybe the most pervasive, might be just a lack of real deep emotional connection with each other because of all of the pain."**

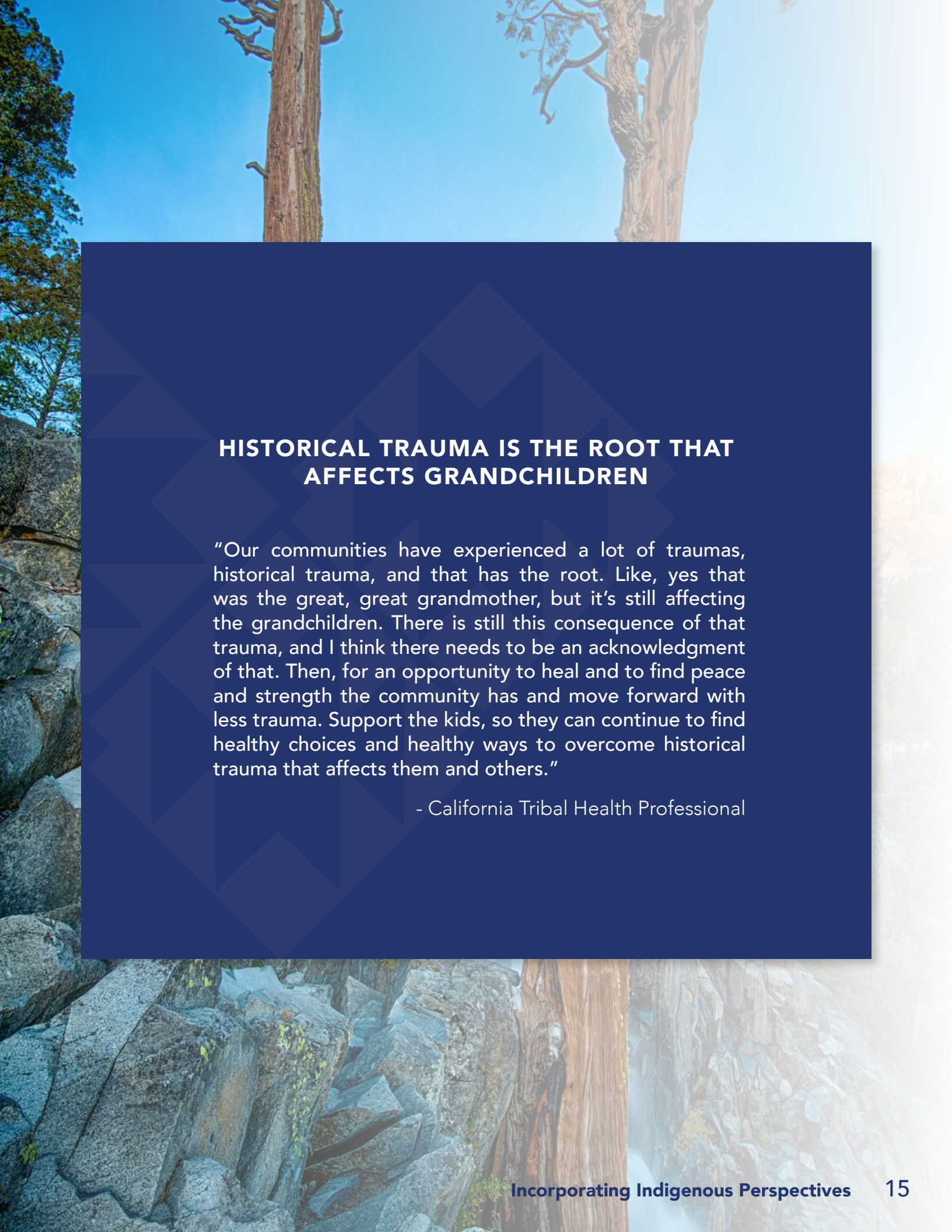
Community traumas, identified by tribal health professionals, stem from present and historical social and structural inequities that include impacts from violence, discrimination, oppression, poverty, social isolation, and lack of access to treatment. Community traumas, or adverse community environments, includes cultural trauma, historical trauma, and intergenerational trauma.

Individual Level Traumas Experienced by Indigenous People

- "Children don't really get the level of attunement and connection because our adults are so stressed"
- "Domestic violence and drug and alcohol use"
- "Physical and psychological abuse"
- "People in prison, so people coming and going"

Community Level Traumas Experienced by Indigenous People

- "There is ongoing racism that the community experiences…"
- "There are discrepancies in access and treatment"
- "People are isolated and alone...that is traumatic for our community"
- "There was violence that happened in the community"
- "Kids are carrying trauma, like secondary, from their relatives and family members"
- "Missing and Murdered Indigenous Women, and… children who died in boarding schools"
- "We are survivors of hundreds and hundreds of years of oppression"
- "I am no longer Native, because my tribe disenrolled me"



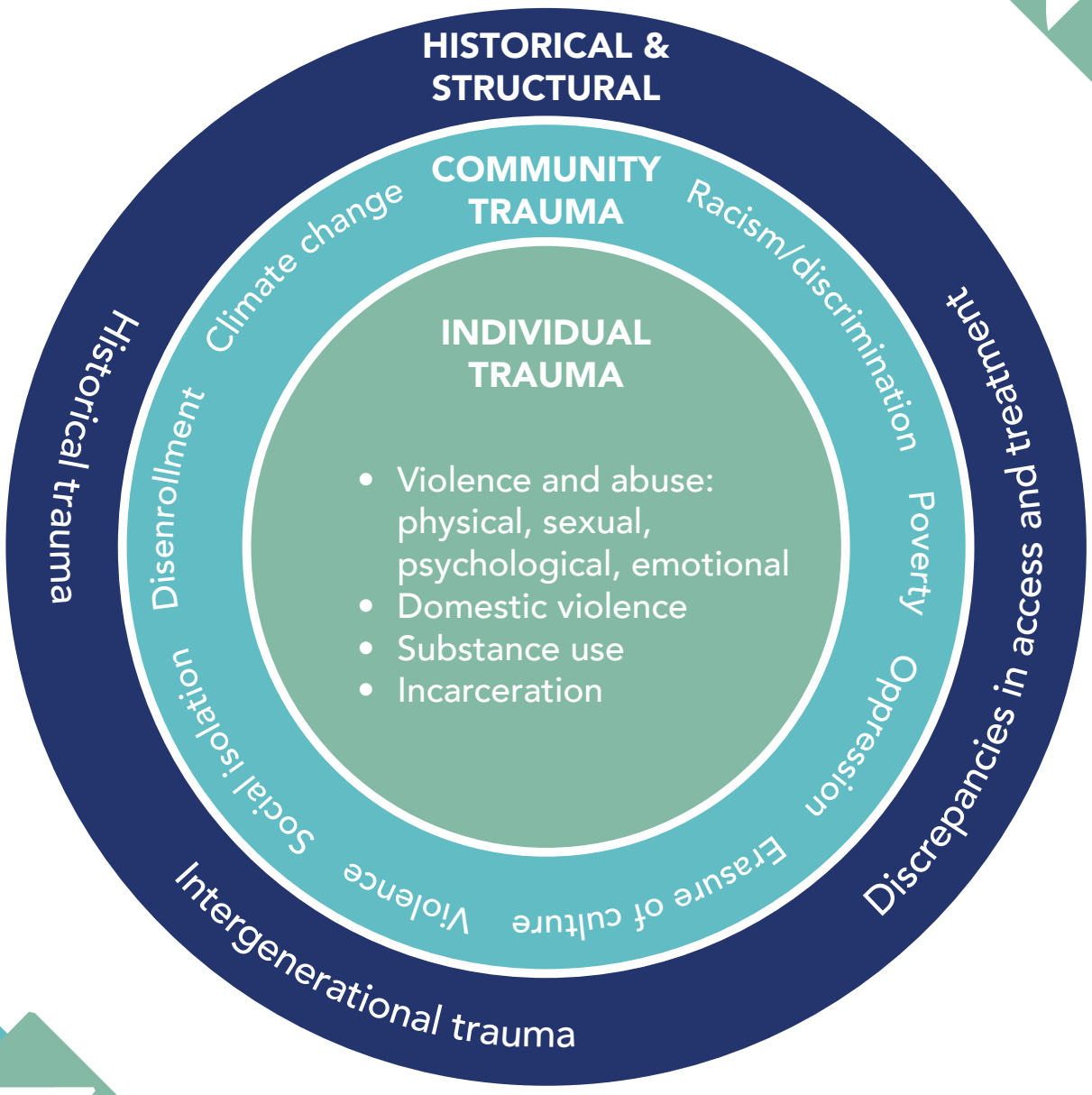
HISTORICAL TRAUMA IS THE ROOT THAT AFFECTS GRANDCHILDREN

"Our communities have experienced a lot of traumas, historical trauma, and that has the root. Like, yes that was the great, great grandmother, but it's still affecting the grandchildren. There is still this consequence of that trauma, and I think there needs to be an acknowledgment of that. Then, for an opportunity to heal and to find peace and strength the community has and move forward with less trauma. Support the kids, so they can continue to find healthy choices and healthy ways to overcome historical trauma that affects them and others."

- California Tribal Health Professional

Community traumas are experienced by Indigenous people and communities and have impacts on health and well-being for generations. Narratives emphasize the need to address trauma at the level of the individual and community. This begins with understanding the traumas that impact Indigenous peoples, incorporating these constructs into screening tools, and developing interventions and strategies aimed at addressing these community and individual traumas.

Figure 1. Constructs of Trauma Identified in Narratives



INDIGENOUS COMMUNITIES DEMONSTRATE RESILIENCE

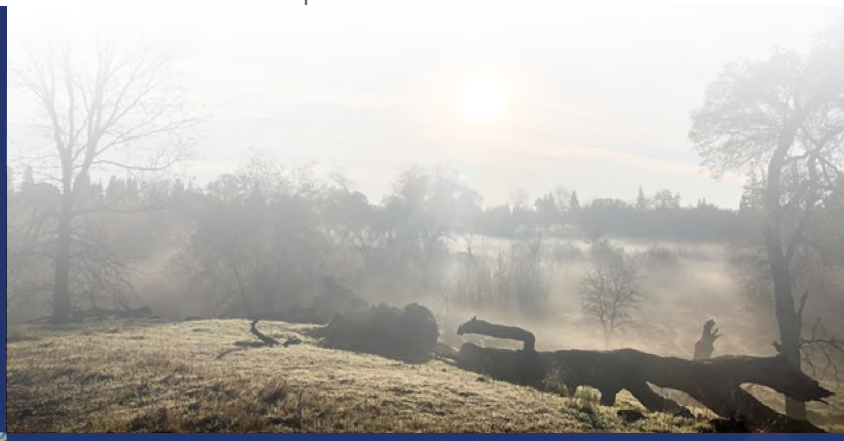
One of the most common criticisms from tribal health professionals is that trauma and ACE screening tools do not investigate protective factors that promote resilience among individual and communities. Screening tools, developed using a western framework, largely focus on deficits. While screenings are brief in nature, they set the tone for the client and the relationship. In Indigenous communities this is an important consideration given the historical impacts of deficit focused research and data. Incorporating protective factors, pertinent to Indigenous communities, could help take into account these experiences and set the tone and relationship with Indigenous clients.

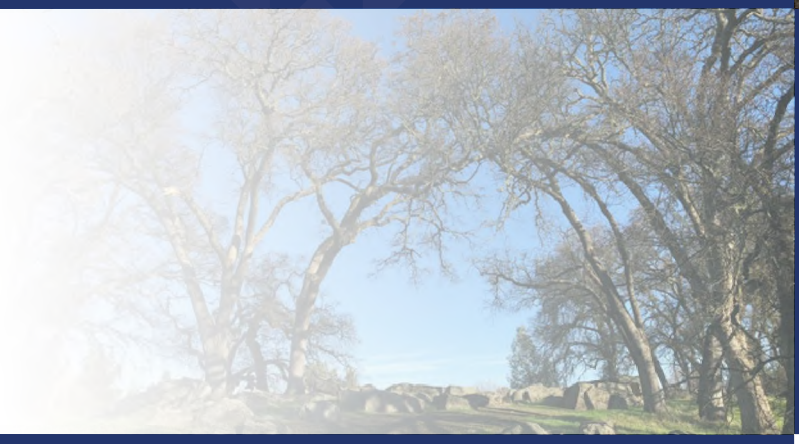
To further investigate the constructs of resilience, tribal health professionals were asked to share how individuals and communities demonstrate resilience. They identified two key forms of resilience: community and culture. Community resilience was identified by tribal health professionals as "people coming together, supporting each other, and encouraging each other during difficult times" and being "a tight-knit community, you see a lot of neighbors helping neighbors." One shared "our community is coming together to make sure everybody is well taken care of" and that "when someone is struggling our community is very giving of themselves to help others out."

FOUR TIMES MORE

"… we as a tribal community have four times more ACEs than non-tribal communities. That is compared to state and non-tribal communities, but there is also a lot of strength in our communities. There is strength in how our communities come together, how there is pride in our culture, and how there is pride in being Native American."

- California Tribal Health Professional





SCREENING TOOLS AND PROTECTIVE FACTORS

"Screening tools must have strengths asked also. It's like what is it really for – are we just assessing risk? Are we just trying to find risk? Find a problem? And get it to the right place. Which is important but I don't think it helps you know, providers or helpers, be it doctors or social workers or whatever, you know screening tools don't help them get a whole picture of a person. It doesn't help us heal."

- California Tribal Health Professional

MURAL DEMONSTRATES HEALING

"We experienced someone that we knew, a young woman, a mother, she died in a domestic violence situation a few years back. And, so it was really a big sign of resilience to see a mural go up of this woman, you know, and in the town where the tribe is. So, actually, the mural is right next to the tribal building, you could see it, and it's just beautiful. They had ceremony around that, it brought the community out. It was a demonstration of resilience and community healing."

- California Tribal Health Professional

> **"Promoting resiliency and overcoming trauma includes remembering our culture and tradition and reconnecting with it."**

Indigenous communities and individuals in California demonstrate their resilience through their culture, language, ceremony, and tradition. Tribal health professionals emphasized the importance of passing down tradition, having pride in their heritage, and retaining cultural connection. These protective factors and strengths are important in addressing trauma, offering effective treatment, and recovery.

WE ARE STILL HERE

"In the Native communities we can still live in the past, like years past. Hundreds of years past with what we dealt with, but we didn't lose everything. So, I remind them that we still have cultural avenues to retain, and you know, language, people that still provide the language."

- California Tribal Health Professional

TRIBAL HEALTH PROFESSIONALS PERSPECTIVES INTO TRAUMA-INFORMED CARE

CULTURALLY INFORMED RESPONSE

The narratives shared in this paper emphasize the importance of a diverse and wide-reaching trauma-informed care response. A culturally informed response means recognizing where individuals who are experiencing trauma go to seek healing. **In every story, individuals that were experiencing trauma reached out to an individual that they knew and trusted. This rarely occurred in a clinical setting.** Rather, individuals experiencing trauma reached out to friends and peers, often with whom they had an established relationship. Thus, it is essential to include all individuals, at every level of the community, in the trauma-informed care response.

> **"Relationships take time, and consistency, and showing up, and listening. So many of the forces of trauma-informed care are what's needed to be applied in the communities from each and every provider or staff person, frontline person, receptionist, you know, to really incorporate and include the people that we are living and working with."**

CULTURALLY INFORMED PRACTICE

It is important to address trauma in a culturally informed way and understand the context in which trauma has and continues to occur for Indigenous peoples. This includes the use of tools and interventions that incorporate Indigenous perspectives and introducing the work in a culturally appropriate manner. Tribal health professionals emphasized the need for screening and trauma-informed care to be introduced in a good way.

> **"It matters that the screenings are introduced in a really good way. Why would we ask you these things? This is why they're meaningful to us. We want them to be meaningful for you."**

Delivered in the right way, these tools can "build relationships to have those conversations and then you can get really important information to help [people] long term." One tribal health professional shared that "one of the things that is so important about healing trauma, is that connection."

FIRST TIME TALKING ABOUT TRAUMA

We've been doing this work, with ACEs. And it is important work but there's a lot there. We did an ACE questionnaire, and one of our community members was upset after answering some of the questions. They asked if they could talk to me about some of the questions that came up, I had never talked to this person about personal issues. But they requested to specifically talk to me after the questionnaire because there were difficult questions to answer. The questions made them revisit past issues that they had not dealt with…They were very open about the traumatic situation they had experienced…they just wanted to talk about the situation to vent a little bit. They were emotional and began crying and described their experience of trauma in great detail. I would have to say that was the most difficult part…hearing the horrible and evil things that people do…they were younger when it happened... What felt good was that when we were done talking they stated that they felt a huge sense of relief. They shared that they only trusted me and that is why they chose to talk to me. I am not a clinician, I offered to refer them to behavioral health, but they refused. They said that they never talked about this situation with anyone, that was the first time, and that talking to me helped to connect them to the beginning of a healing process. It was a very powerful healing moment, just by being there for them, just listening, this allowed them to begin to heal…sometimes we may not view ourselves as the best helper in that situation, or maybe the last resort, but those people view us as the first resort, and so they come to us first.

- California Tribal Health Professional

READINESS FOR CHANGE

Change requires readiness and a long-term commitment at multiple levels. Trauma needs to be addressed at the individual, community, and organizational level but requires environments that are open and committed to change. Tribal health professionals shared how change at an organizational level and among providers and community members requires attention to the stage of readiness. Stigma and denial remain a barrier in trauma prevention and treatment efforts. While screening tools can open the door to discuss trauma, communities and individuals may not yet be ready for the discussion or resulting screening measurements or treatment modalities. This is an important consideration as trauma screening tools are implemented. Thus, change processes, much like the tools, response, and treatment efforts, need to be responsive to community needs. One tribal health professional shared "…rather than one off or short trainings for organizations what is really needed is institutional change, starting with winning over the hearts and minds of leadership."

> **"It would be great to see more tribal organizations have, like, have it become trendy in Indian Country in California to have those long-term change processes because they really can address so many issues around, you know, staff feeling supported, engaging community in a different way, you know it picks up morale, it changes practices that are more trauma-informed, it brings in issues around cultural humility. It does it all."**

PRIORITIZE HEALING

The purpose of screening tools and trauma-informed care is to promote healing. Often tools are deficit focused, used to indicate a problem, or need for additional assessment. Indigenous communities have long had researchers come into communities and collect deficit focused data, subjecting communities to the impacts of deficit thinking and harmful outcomes of sharing deficit-focused information. This has established feelings of distrust and hesitance of screening and assessment tools in Indigenous communities. The tribal health professionals advocated for methods of screening and addressing trauma to be rooted in healing, centered on needs and strengths, and inclusive of traditional practices and belief that promote well-being.promote well-being.

MORE OPPORTUNITIES FOR TRADITIONAL HEALING

"I had the most incredible healing and that was done traditionally with relatives in my tribe but knowing what I know now, and seeing how people heal and recover, you have to be able to give them options and a lot of the things that we've seen with the families that I've worked with is that they have been very resilient and shown their strengths and are able to demonstrate that family support, community support…We need to remember that long before western treatment came there were other healing methods, traditional methods and things that people did to stay well… you know we don't always have that sort of medicine people to put forward in a public way but you know, we need to have more opportunities for that kind of healing. And promote an environment where tribes feel safe and comfortable to offer that."

- California Tribal Health Professional

LIMITATIONS

This practice paper has many strengths but there are a few limitations that are important to consider. First, interviews were conducted with 10 tribal health professionals which may not represent all the thoughts, ideas, and experiences of trauma and resilience work with California tribal communities. Results may not be generalizable to the beliefs about trauma, resilience, and trauma-informed care across Indian country. To address this potential limitation, individuals with specific experience in trauma and resilience practices in California tribal communities were identified and interviewed. Second, Indigenous methods and the narrative analysis approach can be biased. The goal of this paper is not to generalize narratives but to inform future work in the areas of trauma-informed screening and care in Indigenous contexts.

PRIMARY QUESTIONS AND RECOMMENDATIONS

How can **trauma screening tools be more responsive** to Indigenous experiences and communities?

- Incorporate community traumas as well as individual traumas into screening tools
- Capture measures of resilience including community and culture
- Develop tools by the community for the community
- Conduct cross-cultural validity testing
- Deliver screening tools in a culturally appropriate way
- Employ screening tools to promote healing – follow screening with interventions and strategies aimed at addressing community and individual traumas

How can **trauma-informed care be more responsive** to Indigenous experiences and communities?

- Implement trauma-informed care at the individual, community, and organizational level
- Address trauma in a culturally informed way and understand the context in which trauma has and continues to occur for Indigenous peoples
- Assess readiness for change and implement long-term change processes
- Trauma-informed care needs to involve change at all levels - policy change, systems change, and community change
- Engage traditional practices and methods in trauma-informed care efforts that promote well-being

DISCUSSION

Tribal health professionals collectively shared their experiences and ideas about how to address and respond to trauma while incorporating Indigenous perspectives. Screening tools that are responsive to community experiences, and inclusive of community strengths, are more likely to be used by their intended communities. The pervasive constructs of trauma and the protective factors that promote well-being and resilience of Indigenous peoples are often overlooked and undervalued. Community and individual level traumas are important to consider when screening and treating Indigenous people. Maria Brave Heart and colleagues echoed this in their work, that healing begins within a culture-specific context that is at the community and family level.[36] Additionally, it is imperative that well-being is conceptualized from the lens of Indigenous health and apply the holistic approach to trauma screening and trauma-informed care efforts. Tools can empower individuals and communities in the prevention and treatment of trauma. Screening tools that incorporate protective factors such as cultural connectedness and community cohesion may provide alternate, more applicable approaches to screening and addressing trauma in Native communities.

Trauma-informed care is a strength-based framework that needs to be incorporated at the individual, community, and organizational level. Screening tools that are developed to understand the prevalence of trauma and adversity faced by communities need to reflect the experiences and effects of the communities for which they are intended. Communities and organizations can support the trauma-informed care framework in the development policies and procedures and in instituting wide-reaching and sustainable training and organizational change.

To effectively address the traumas that impact Indigenous peoples it is important to recognize and respond to the social and structural inequities that exist, such as historical trauma, discrimination, racism, poverty, and limited access to treatment or care.

Indigenous-centered, trauma-informed care opens the door for healing in communities and the prevention of adverse and traumatic events. Potentially traumatic events are not always the most significant impact on an individual. It can be how adults and communities support people through these events that can impact how individuals respond. California tribal health professionals and communities are ready to incorporate Indigenous perspectives into trauma screening tools and trauma-informed care. This collective effort will require the work of many, across Indian country, who have been healing communities and individuals for generations.

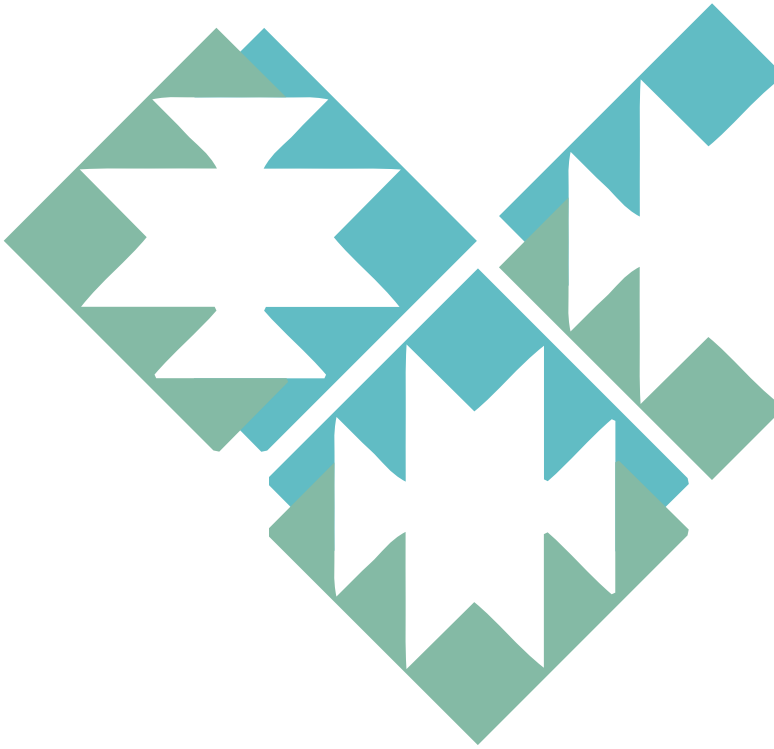
ABOUT THE AUTHORS

ABOUT CARDEA

With grant funding support from the ACEs Aware Initiative, an effort of California's Surgeon General and the Department of Health Care Services, Cardea developed this practice paper recognizing the need for culturally-responsive approach for organizations wanting to integrate screening for ACEs. As a women of color-led organization, Cardea leans into their team's life experiences, envisioning a world in which optimal health and well-being, equity, and justice are realities for all communities. Cardea understands the impact of historical, systemic, structural, and institutional issues on health, economic, and social conditions. We seamlessly integrate these considerations throughout this paper to help clinics and organizations thoughtfully understand the context within which ACE-related services will be provided. Working closely with Allyson Kelley & Associates, Cardea supported development of this practice paper to explore how screening tools and trauma-informed care responses could be more responsive to Indigenous experiences and communities. Cardea would like to acknowledge the California Rural Indian Health Board, Inc. in their partnership and contributions to the trauma and resilience work in Tribal communities across California.

ABOUT ALLYSON KELLEY & ASSOCIATES

Allyson Kelley & Associates is a small women-owned business that includes a multi-disciplinary team of associates comprised of American Indian college students and recent graduates, elders, subject matter experts, and cultural reviewers. Their vision is to be a leader in building evaluation capacity, understanding, and infrastructure resulting in opportunities for community healing and transformation. The AKA team works closely with tribal communities in New Mexico, Oregon, Montana, Wyoming, and South Dakota, to support culturally-centered research, evaluation, and interventions for youth and families. They work every day to build equity, connection, and advocacy for the people, organizations, and communities that they serve. AKA has supported the California Rural Indian Health Board, Inc. in trauma and resiliency initiatives that work to elevate the health and well-being of California Tribal communities.



REFERENCES

1 American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

2 Substance Abuse and Mental Health Services Administration. (2014). Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. TIP 57 Trauma-Informed Care in Behavioral Health Services (samhsa.gov)

3 BigFoot, D.S. (2008, August 19-22). The Impact of Trauma on American Indian Children [Conference presentation]. National Conference on Child Protection & Child Welfare in Indian Country, Billings, MT, United States.

4 Heart M.Y., Chase J., Elkins J., et al. (2011). Historical trauma among Indigenous peoples of the Americas: concepts, research, and clinical considerations. J Psychoactive Drugs, 43:282–290. https://doi.org/10.1080/02791072.2011.628913

5 Hopper, E.K., Bassuk, E.L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. The Open Health Services and Policy Journal, 3, 80-100. https://doi.org/10.2174/1874924001003010080

6 Kimberg L.S. & Wheeler M. (2019). Trauma and trauma-informed care. In: Trauma-informed healthcare approaches: a guide for primary care. New York, NY: Springer Berlin Heidelberg. https://doi.org/10.1007/978-3-030-04342-1

7 Greenberg, M. (2006). Promoting resilience in children and youth: Preventative interventions and their interface with neuroscience. Annals of New York Academy of Sciences, 1094, pp.139-150. https://doi.org/10.1196/annals.1376.013

8 Centers for Disease Control and Prevention. (2021). Risk and Protective Factors. Risk and Protective Factors |Violence Prevention|Injury Center|CDC.

9 Waldron H. (1998). Children & adolescents: Clinical formulation & treatment. In Comprehensive Clinical Psychology. Pergamon. Screening Instrument - an overview | ScienceDirect Topics

10 Bhushan D., Kotz, K., McCall, J., Wirtz, S., Gilgoff, R., Dube, S.R., Powers, C., Olson-Morgan, J., Galeste, M., Patterson, K., Harris, L., Mills, A., Bethell, C., Burke Harris, N. (2020). Office of the California Sugon General's roadmap for resilience: The California Surgeon General's report on adverse childhood experiences, toxic stress, and health. Office of the California Surgeon General. https://doi.org/10.48019/PEAM8812

11 Shonkoff, J.P., Garner, A.S., Dobbins, M.I., et al. (2012). The lifelong effects of early childhood adversity and toxic stress. Pediatrics; 129, e232–46. https://doi.org/10.1542/peds.2011-2663

12 Johnson, S.B., Riley, A.W., Granger, D.A., Riis, J. (2013). The science of early life toxic stress for pediatric practice and advocacy. Pediatrics, 131, 319–27. https://doi.org/10.1542/peds.2012-0469

13 Garner, A.S., Shonkoff, J.P., et al. (2012). Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. Pediatrics, 129, e224–31. https://doi.org/10.1542/peds.2011-2662

14 Bucci, M., Marques, S.S., Oh, D., & Harris, N.B. (2016). Toxic Stress in Children and Adolescents. Advances in Pediatrics, 63, 403–28. https://doi.org/10.1016/j.yapd.2016.04.002

15 Centers for Disease Control and Prevention. (2021). Preventing Adverse Childhood Experiences. Preventing Adverse Childhood Experiences |Violence Prevention|Injury Center|CDC

16 Chu, B., Marwaha, K., Sanvictores, T., et al. (2021). Physiology, stress reaction. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK541120/

17 State of California Department of Health Care Services. (2022). Clinical Assessment & treatment. Office of the California Surgeon General. Clinical Assessment & Treatment | ACEs Aware – Take action. Save lives.

18 Kelley A, Piccione C, Fisher A, Matt K, Andreini M, Bingham D. Survey development: community-involvement in the design and implementation process. J Public Health Manag Pract 2019; 25:S77. https://doi.org/10.1097/PHH.0000000000001016

19 Gerrity E.T., Solomon S.D. (1996). "The treatment of PTSD and related stress disorders: current research and clinical knowledge" In A. Marsella, M. Friedman, E. Gerrity, and R. Scurfield (eds), Ethnocultural Aspects of Post-traumatic Stress Disorder. Issues Research, and Clinical Applications. Washington, DC: American Psychological Association. Pp 87–104.

20 Eftekhari, A., Stines, L. R., & Zoellner, L. A. (2006). Do you need to talk about it? Prolonged exposure for the treatment of chronic PTSD. The behavior analyst today, 7(1), 70–83. https://doi.org/10.1037/h0100141

21 Geertz, C. (1975). On the nature of anthropological understanding. American Scientist, 63, 47-53.

22 Shweder, R. A., & LeVine, R. A. (Eds.). (1984). Culture theory: Essays on mind, self, and emotion. Cambridge, England: Cambridge University Press.

23 Sampson, E. E. (1988). The debate on individualism: Indigenous psychologies of the individual and their role in personal and societal functioning. American Psychologist, 43, 15-22. https://doi.org/10.1037/0003-066X.43.1.15

24 Beckstein, A., Davey, G. & Zhao, X. (2021). Native American subjective happiness, self-construal, and decision-making. Current Psychology. https://doi.org/10.1007/s12144-020-01272-4

25 Lucero, N. M., & Bussey, M. (2015). Practice-Informed Approaches to Addressing Substance Abuse and Trauma Exposure in Urban Native Families Involved with Child Welfare. Child Welfare, 94(4).

26 Buse, N.A., Burker, E.J., & Bernacchio C. (2013). Cultural variation in resilience as a response to traumatic experience. Journal of Rehabilitation, 79(2), 15-23.

27 Centers for Disease Control and Prevention (2021). About the CDC – Kaiser ACE Study. About the CDC-Kaiser ACE Study |Violence Prevention|Injury Center|CDC

28 Felitti VJ, Anda RF, Nordenberg D, et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACEs) Study. American Journal of Preventative Medicine, 14(4):245–258. http://doi.org/10.1016/s0749-3797(98)00017-8

29 Centers for Disease Control and Prevention (2021). Adverse Childhood Experiences (ACEs) Study—major findings. Adverse Childhood Experiences (ACEs) (cdc.gov)

30 Cronholm, P.F., Forke, C.M., Wade, R., Bair-Merritt, M.H., Davis, M., Harkins-Schwarz, M., Pachter L.M., & Fein, J.A. (2015). Adverse childhood experiences expanding the concept of adversity. American Journal of Preventative Medicine, 49(3), p354-361. https://doi.org/10.1016/j.amepre.2015.02.001

31 Wade R. Jr, Shea J.A., Rubin D., Wood J. (2014). Adverse childhood experiences of low-income urban youth. Pediatrics, 134(1):e13–e20. https://doi.org/10.1542/peds.2013-2475

32 Finkelhor D., Shattuck A., Turner H., Hamby S. (2013). Improving the adverse childhood experiences study scale. JAMA Pediatrics, 167(1),70–75. https://doi.org/10.1001/jamapediatrics.2013.420

33 California Department of Health Care Services. (2021). ACES Aware. About | ACEs Aware – Take action. Save lives.

34 Morrill, M. I., Schulz, M. S., Nevarez, M. D., Preacher, K. J., & Waldinger, R. J. (2019). Assessing within- and between-family variations in an expanded measure of childhood adversity. Psychological Assessment, 31(5), 660–673. https://doi.org/10.1037/pas0000691

35 Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Historical trauma as public narrative: a conceptual review of how history impacts present-day health. Social science & medicine (1982), 106, 128–136. https://doi.org/10.1016/j.socscimed.2014.01.043

36 Brave Heart, M. H., Chase, J., Elkins, J., & Altschul, D. (2011). Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations. Journal of Psychoactive Drugs, 43(4), 282–290. https://doi-org.libproxy.uncg.edu/10.1080/02791072.2011.628913

37 Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. American journal of community psychology, 33(3-4), 119-130.

38 Washington State University. (2014). Measuring the burden of historical trauma. Measuring the Burden of Historical Trauma | Partnerships for Native Health | Washington State University (wsu.edu).

39 Wilson, S. (2008). Research is ceremony: Indigenous research methods. Black Point, Nova Scotia, Canada: Fernwood Publishing.

40 Windchief, S., Polacek, C., Munson, M., Ulrich, M., Cummins, J. D. (2017). In reciprocity: Responses to critiques of Indigenous methodologies. Qualitative Inquiry, 24, 532-542. https://doi.org/10.1177/1077800417743527

41 Chino, M. & DeBruyn, L. (2006). Building True Capacity: Indigenous Models for Indigenous Communities. American Journal of Public Health 96, 596-599. https://doi.org/10.2105/AJPH.2004.053801

42 Nichols, T. R., Brown, M., Coley, S. L., Kelley, A., & Mauceri, K. (2014). "I managed it pretty good": Birth narratives of adolescent mothers. The Journal of perinatal education, 23(2), 79-88. https://doi.org/10.1891/1058-1243.23.2.79

43 Swain, J. (2018). A hybrid approach to thematic analysis in qualitative research: Using a practical example. SAGE Research Methods Cases. https://www.doi.org/10.4135/9781526435477

APPENDIX: KEY INFORMANT INTERVIEW QUESTIONS

In partnership with Cardea and the California Rural Indian Health Board, Inc., Allyson Kelley & Associates PLLC is conducting key informant interviews to inform trauma and resilience work in Tribal communities. We appreciate your insights and for taking the time to complete this interview. The purpose of this key informant interview is to collect information from THPs on the current use of western and indigenous tools used to measure trauma and resilience and the needs to addressing trauma in Tribal communities. We hope that you can provide insights from the THP and community to help us gain a better understanding of the use and needs for scales that measure trauma and resilience for American Indians and Alaska Natives.

With your permission, this interview will be recorded to transcribe the information. Participants will remain anonymous in name, position, and Tribal Health Programs (THP). A practice paper will follow that will highlight the results from the key informant interviews and current research on this topic. We may use direct quotes from the interviews to convey important messages. A copy of the practice paper will be shared with you upon completion.

Do you have any questions before we begin? [Begin recording]

1. Can you please introduce yourself?
2. Can you think back to a time when you encountered an individual that was experiencing trauma... what happened, where were you at, how did they get to you, how did you know theywere experiencing trauma (what tools did you use), and then what happened…?
3. What are current ways that clients or community experience trauma?
4. What are the current ways that clients or community show resilience?
5. How could screening tools be more responsive to the Indigenous perspectives of California Tribal communities?
6. What is needed to effectively address trauma and resiliency in Tribal communities?
7. Is there anything else you would like to share to help inform trauma and resilience work in Tribal communities?

Thank you for your time and insights into this important work.

Allyson Kelley & Associates PLLC
www.allysonkelleypllc.com