

Indigenous Trauma Care

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Disclosure

- No conflicts of interest
- No off-label use of medications
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Overview

- Limitations of western research
 - Participants will be able to identify limitations of research in Tribal communities
- Trauma
 - Participants will be able to define Indigenous Trauma Care
 - Participants will be able to identify trauma responses
 - Participants will learn about the epigenetic transfer of trauma and strengths
- Indigenous Stress Coping Model
 - Participants will be able to connect histories of trauma and health outcomes
- What works
 - Participants will be able to identify skills that are effective in mitigating the impact of trauma and substance use disorders



Limitation of Western Research

Indigenous Trauma Care: A decolonial perspective

“Using trauma terminology implies that the individual is responsible for the response, rather than the broader systemic force caused by the state’s abuse of power”

Linklater, 2014



Types of trauma

- Acute trauma
- Repetitive trauma
- Complex trauma
- Developmental trauma
- Vicarious trauma
- Cultural, Historical and/or Intergenerational trauma

Historical Trauma

Historical trauma - Cumulative emotional and psychological wounding from massive group trauma across generations, including lifespan.

Brave Heart Yellow Horse, M. (2004). The historical trauma response among Natives and its relationship to substance abuse: A Lakota illustration. In E. Nebelkopf & M. Phillips (Eds.), *Healing and mental health for Native Americans: Speaking in red*. (pp. 7-18). Walnut Creek: Alta Mira Press. Also in *Journal of Psychoactive Drugs*, 35(1), 7-13.



Epigenetic transfer of the trauma

**“The memories of our
ancestors are passed down
on our blood”**

Little Joe Gomez

Hamby, Sherry, Elm, Jessica H L, Howell, Kathryn H, & Merrick, Melissa T. (2021). Recognizing the cumulative burden of childhood adversities transforms science and practice for trauma and resilience. *The American Psychologist*, 76(2), 230–242.
<https://doi.org/10.1037/amp0000763>



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@Maryamhasnaa



Many of your emotional triggers came from when you were so young that the part of your brain that records memories wasn't even formed. This is why you might not be able to access the memory of the trauma. But the body remembers, in your muscles, tissue, bones and especially spine



informedtrauma

ACES Study

Adverse Childhood Experiences Study:

<https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/index.html>

The Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC), in partnership with Kaiser Permanente, conducted a landmark ACE study from 1995 to 1997 with more than 17,000 participants.

- 28% of study participants reported physical abuse and 21% reported sexual abuse
- Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more

Hebb's Law:

Lecerf, Christophe. (1999). Double-loop flows and bidirectional Hebb's law in neural networks. Proceedings of SPIE, 3728(1), 286–300. <https://doi.org/10.1117/12.343047>

Neurons that

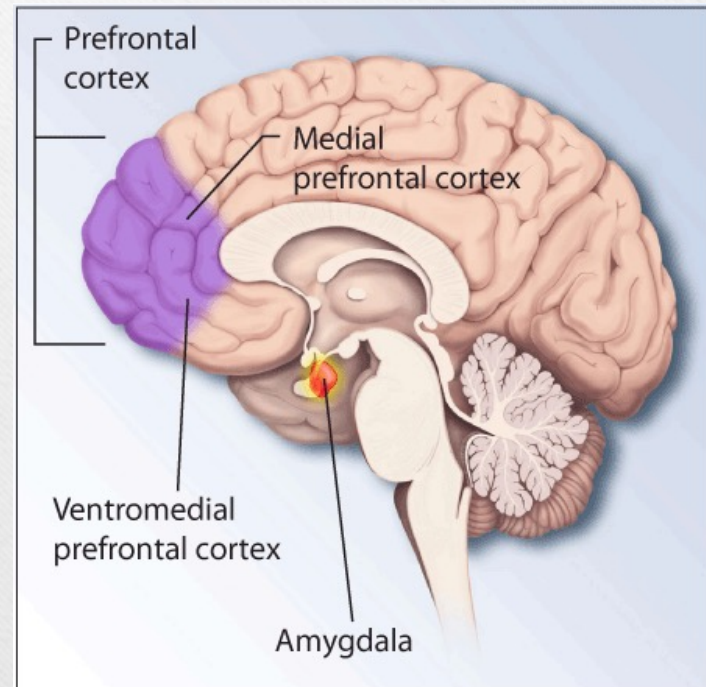
FIRE TOGETHER
WIRE TOGETHER

Neurons that fire out of sync,
fail to link

Effects of trauma on the brain

Lupien, S.; McEwen, B.; Gunnar, M. & Heim, C. (2009). *Effects of stress throughout the lifespan on the brain, behaviour and cognition*. Nature Reviews Neuroscience, 10(6), 434-43445.

- Damages the neural wiring of the brain
- Increases an individual developing mental and physical illnesses
- Increases aggression
- Language failure
- Asthma
- Epilepsy
- Diabetes
- Immune system dysfunction



Brain Structures Involved in Dealing with Fear and Stress

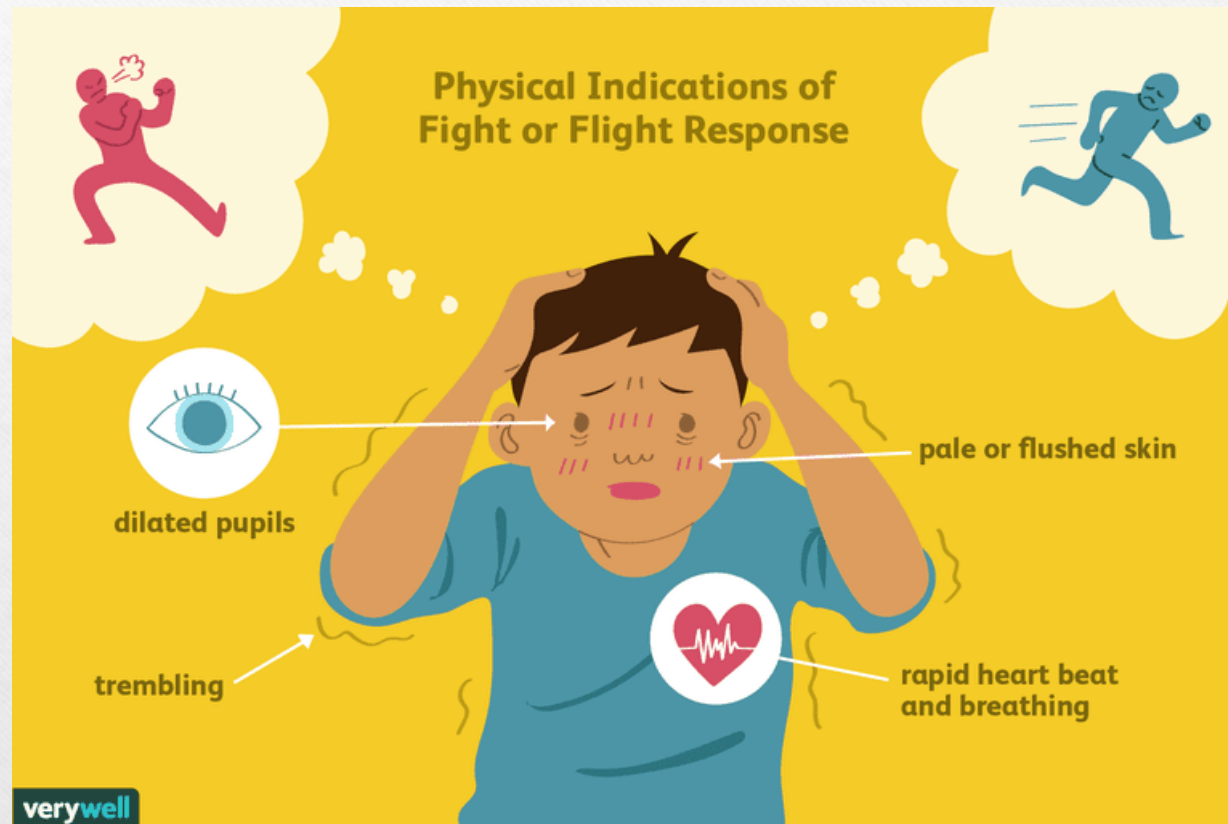
Our bodies are designed to remember danger



Each of us begins to maintain a database of threats in the environment.

ANCIENT SURVIVAL RESPONSES TO LIFE THREATENING CIRCUMSTANCES

Bracha, H. (2004). Freeze, flight, fight, fright, faint: Adaptationist perspectives on the acute stress response system. *CNS Spectrums*, 9(9), 679-685.



Trauma Response

- "It is important to recognize that traumatic events do not always result in psychiatric distress; individuals, as well as societies, differ in the manner in which they experience, process and remember events" (Denham, 2008. pp. 395).

INITIAL REACTIONS TO TRAUMA CAN INCLUDE

- exhaustion,
- confusion
- sadness
- anxiety
- agitation
- numbness
- dissociation
- confusion
- physical arousal
- and blunted affect.

Most **responses** are normal in that they affect most survivors and are socially acceptable, psychologically effective, and self-limited.

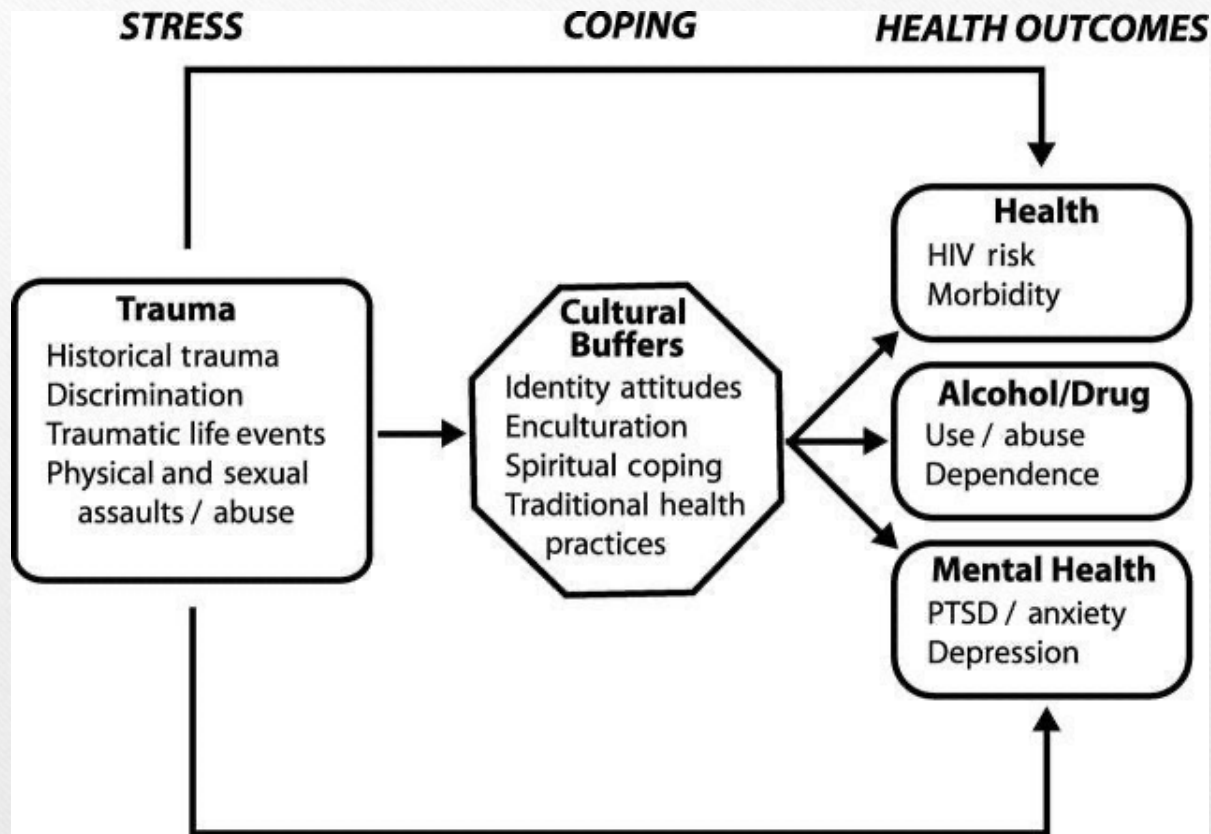
Center for Substance Abuse Treatment , issuing body, publisher. (2014). *Trauma-Informed care in behavioral health services : A treatment improvement protocol*. (Treatment improvement protocol (TIP) series ; 57). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Cognitions and Trauma

- **Cognitive errors**
- **Excessive or inappropriate guilt**
- **Idealization**
- **Trauma-induced hallucinations or delusions**
- **Intrusive thoughts and memories**

Center for Substance Abuse Treatment, issuing body, publisher. (2014). *Trauma-Informed care in behavioral health services : A treatment improvement protocol*. (Treatment improvement protocol (TIP) series ; 57). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Indigenist Stress Coping Model



Walters, Karina L, Simoni, Jane M, & Evans-Campbell, Teresa. (2002). Substance Use Among American Indians and Alaska Natives: Incorporating Culture in an "Indigenist" Stress-Coping Paradigm. *Public Health Reports* (1974), 117(Suppl 1), S104–S117.



What works

- Those who are fluent in many theories and models of treatment.
- Who are client centered/counselor driven.
- Focus on strengths and protective factors
- Who are able to develop trusting therapeutic relationships.
- Who are work within their area of expertise.
- Culture as prevention

Using Information About Biology and Trauma

Frame

Frame reexperiencing the event(s)

Communicate

Communicate that treatment and other wellness

Refer

Refer certain clients to a psychiatrist

Discuss

Discuss traumatic stress symptoms and their physiological components.

Explain

Explain links between traumatic stress symptoms and substance use disorders

Normalize

Normalize trauma symptoms.

BREATHING EXERCISE

FOR RELAXATION #1



INHALE
THROUGH NOSE

Perform for
2 to 5 Minutes

Instagram: @elevatevibe

**Do not
despair!!!**
Mate, G.
(2009)



Our brains are resilient organs



Some important circuits continue to develop throughout our entire lives



They may do so even in the case of persistent and chronic substance dependency



Be patient with science, we are continuing to learn more about this complex human conduction and how to intervene

If trauma impacts the epigenetic transfer of trauma, culture and connection can mitigate these affects. If we want to prevent substance misuse we need to focus more on stress, trauma, and poverty while providing intervention options that are grounded on Traditional Indigenous Knowledge. (Brown, 2020)

