



Screening and Assessment as Sacred Meaning Making

March 18, 2021

Alison Whitmore (Round Valley Indian Tribes) |
LCSW, RPT | NPAIHB Consultant |
awhitmore@gmail.com

Maleah Nore (Tlingit Nation) | BA | THRIVE
Project Coordinator | Northwest Portland Area
Indian Health Board | mnore@npaihb.org

INDIAN + COUNTRY

ECHO

LEADING THE WAY ➡➡➡

*Growing the Ability to Deliver Quality Healthcare to
American Indian and Alaska Native People.*

Objectives

- I. Participants will expand their sense of meaning and purpose to screenings and assessments.**
- II. Participants will gain 2-3 new ideas for adjusting or expanding their screening and assessment content and protocol to better meet the unique needs of Indigenous communities**

CDC Guidance Child Abuse and Neglect



Preventing Child Abuse and Neglect

Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none">• Strengthening household financial security• Family-friendly work policies
Change social norms to support parents and positive parenting	<ul style="list-style-type: none">• Public engagement and education campaigns• Legislative approaches to reduce corporal punishment
Provide quality care and education early in life	<ul style="list-style-type: none">• Preschool enrichment with family engagement• Improved quality of child care through licensing and accreditation
Enhance parenting skills to promote healthy child development	<ul style="list-style-type: none">• Early childhood home visitation• Parenting skill and family relationship approaches
Intervene to lessen harms and prevent future risk	<ul style="list-style-type: none">• Enhanced primary care• Behavioral parent training programs• Treatment to lessen harms of abuse and neglect exposure• Treatment to prevent problem behavior and later involvement in violence

- More on CDC Prevention and Intervention
- <https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>

CDC Recommended EBIs

- Nurse Family Partnership
- Early Head Start
- ACT Raising Safe Kids
- PCIT – Parent-Child Interaction Therapy
- SEEK – Primary Care Assessment
- Multi- Component Programs
- Incredible Years

**Center for Native Child and Family Resilience –
Promising Practice in Tribal Communities**

Reflective Readiness in Screening and Assessment

- **Why- Back to purpose**
 - Assess risk and unmet need
 - Prevent escalation
 - Monitors change
 - Give provider direction
 - Conversation starter
 - *Rarely looks for buffers/protective factors, cultural or otherwise.
- **Where, how, and when**
 - BH clinical practice
 - Community prevention setting
 - Medical/BH Integration
 - Comrades - creating intertribal/organizational relationship
- **Tribal member input; good, better, best**
 - Doing our best with the system we have

Reflective Readiness in Screening and Assessment

Screening as a sacred interaction – trust and connection

- Starts with intention
- Proper introduction of self; traditional and otherwise
- Consent (time we don't always think we have)
- Continual retraining of screeners/providers
- Consult with community

Adverse Childhood Experiences ACEs

Benevolent Childhood Experiences BCEs

ACEs - potentially traumatic events that occur in childhood relationships (violence, abuse, or neglect) and environments that can undermine their sense of safety, stability, and bonding. They can lead to disruptions in development through the lifespan, health and behavioral problems and lack of opportunity.

BCEs- likely positive early life experiences in adults with histories of childhood maltreatment and other adversities. A counterpart to ACEs screening. Higher levels of BCEs were hypothesized to predict lower levels of psychopathology and stress beyond the effects of ACES. They are buffers and should be assessed and used as their own conversation starters in relationships with helpers - a good friend, good neighbor, a beliefs that gave you comfort.

**Safe, Stable and Nurturing Relationships and Environments -
in part BCEs - can prevent and heal ACEs**

CDC Guidance ACEs



Preventing ACEs

Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none">• Strengthening household financial security• Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none">• Public education campaigns• Legislative approaches to reduce corporal punishment• Bystander approaches• Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none">• Early childhood home visitation• High-quality child care• Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none">• Social-emotional learning• Safe dating and healthy relationship skill programs• Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none">• Mentoring programs• After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none">• Enhanced primary care• Victim-centered services• Treatment to lessen the harms of ACEs• Treatment to prevent problem behavior and future involvement in violence• Family-centered treatment for substance use disorders

ACEs Screening- interpersonal trauma

- **Purpose:** Rapidly identify patients are at highest risk for toxic stress and create a clinical plan.
- **Based on:** CDC-Kaiser Permanente- lead by Dr. Vincent Felitti
- **A complete ACE screening** involves assessing for the triad of:
 - Adversity (the ACE score)
 - Clinical manifestations of **toxic stress** (ACE-Associated Health Conditions)
 - Protective factors
 - Low, intermediate, or high-risk designation
- **A treatment strategy** consisting of education can help patients recognize and respond to the role that past or present stressors may be playing on their current health conditions. Addressing toxic stress physiology is a core component of treating ACE-Associated health conditions.
- **ACES- Adult**
- **PEARLS- Children and Youth**

Impacts of Toxic Stress

ACEs can have lasting effects on...



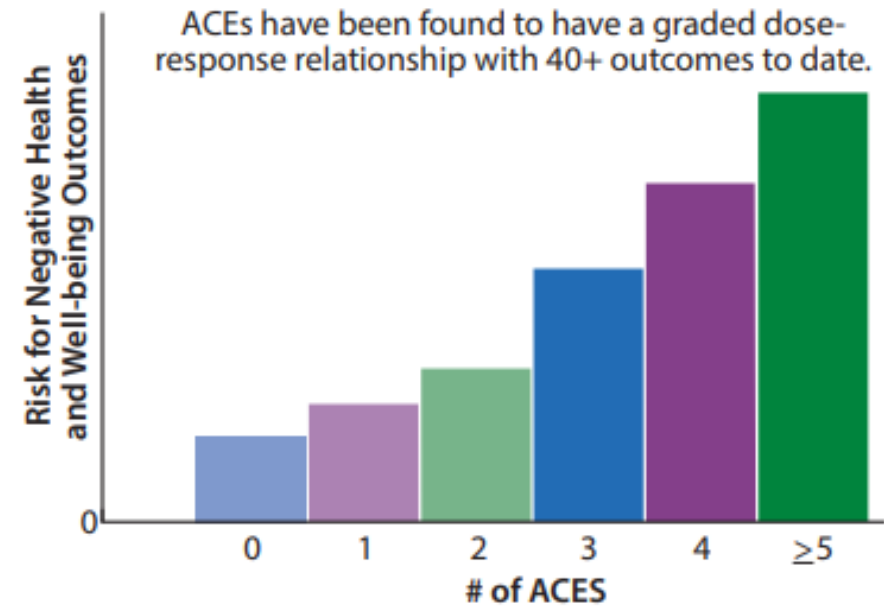
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)

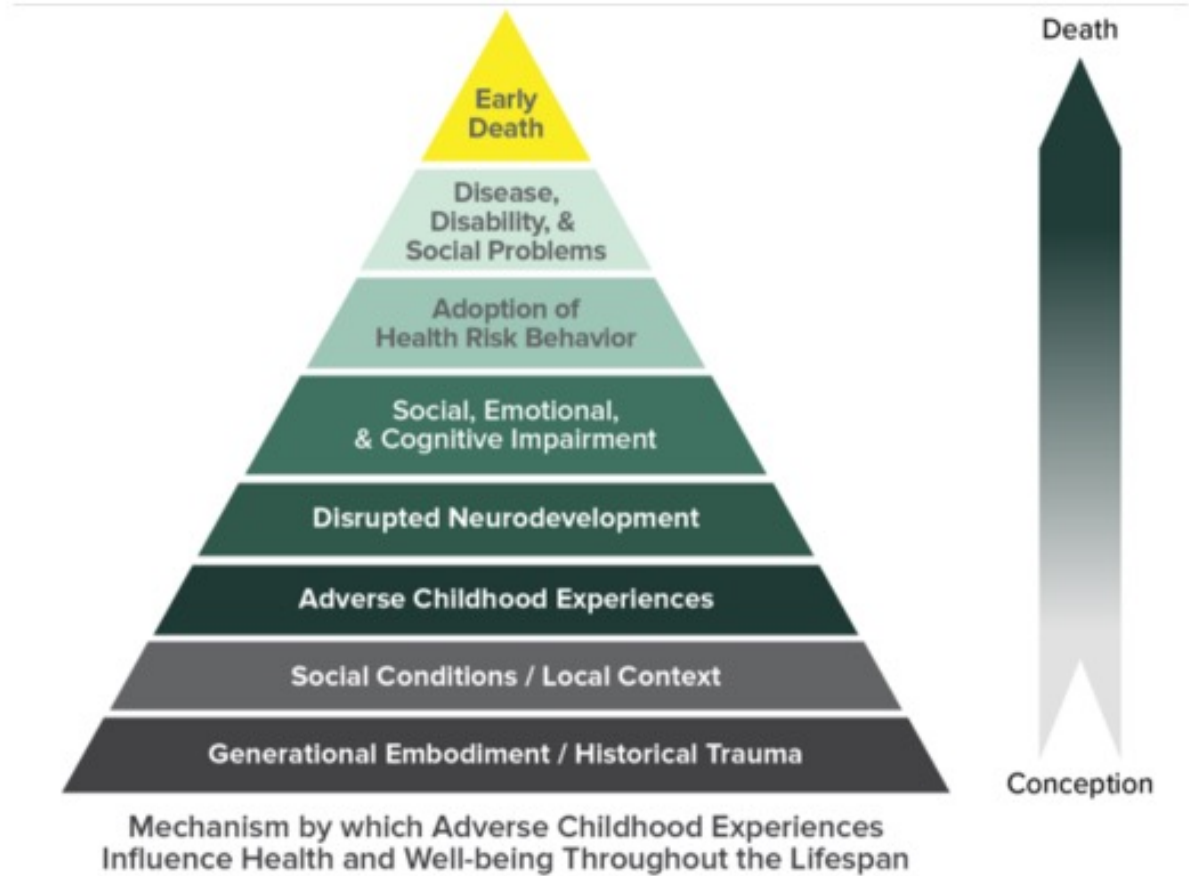


Life Potential (graduation rates, academic achievement, lost time from work)

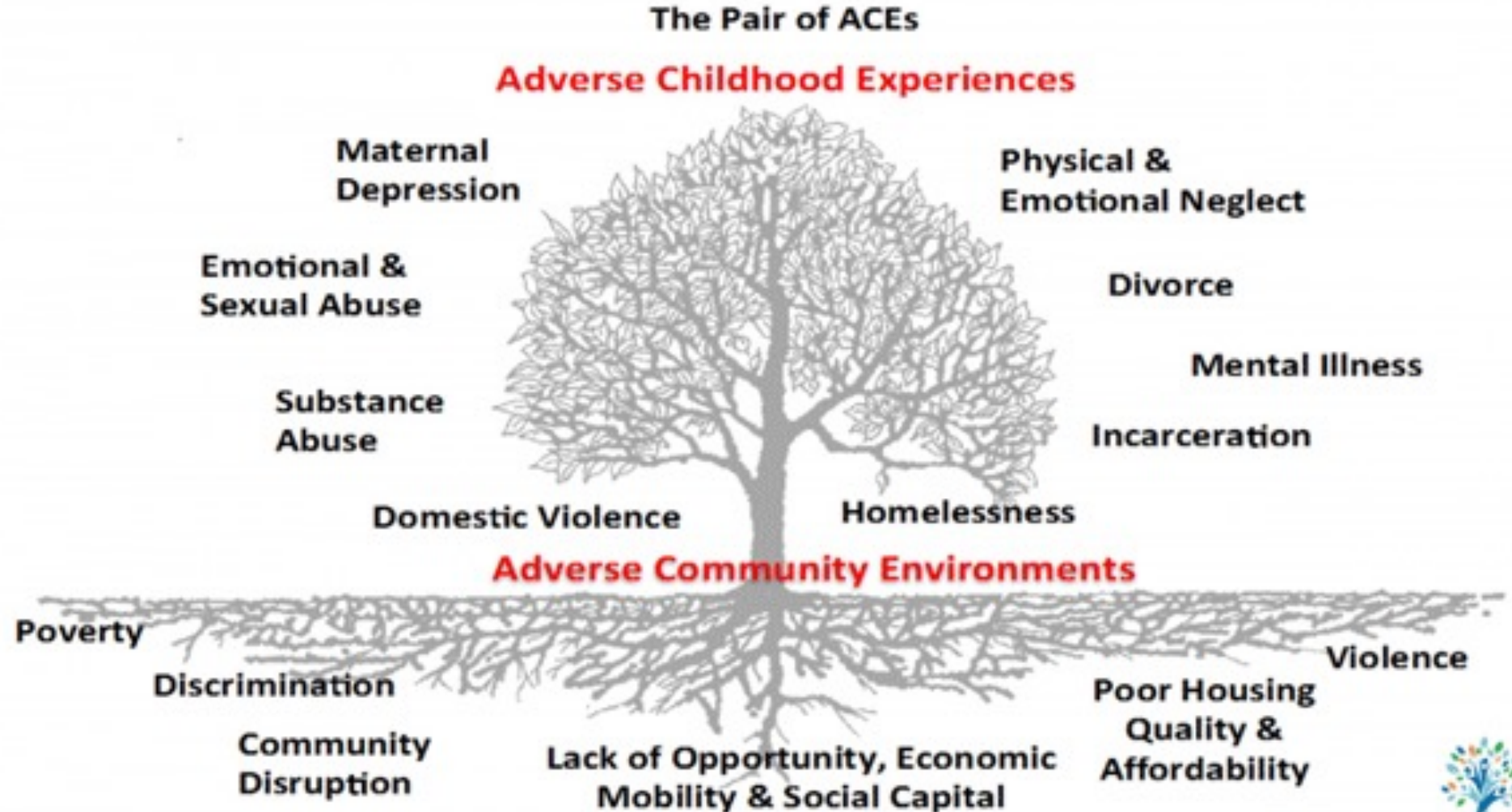


*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

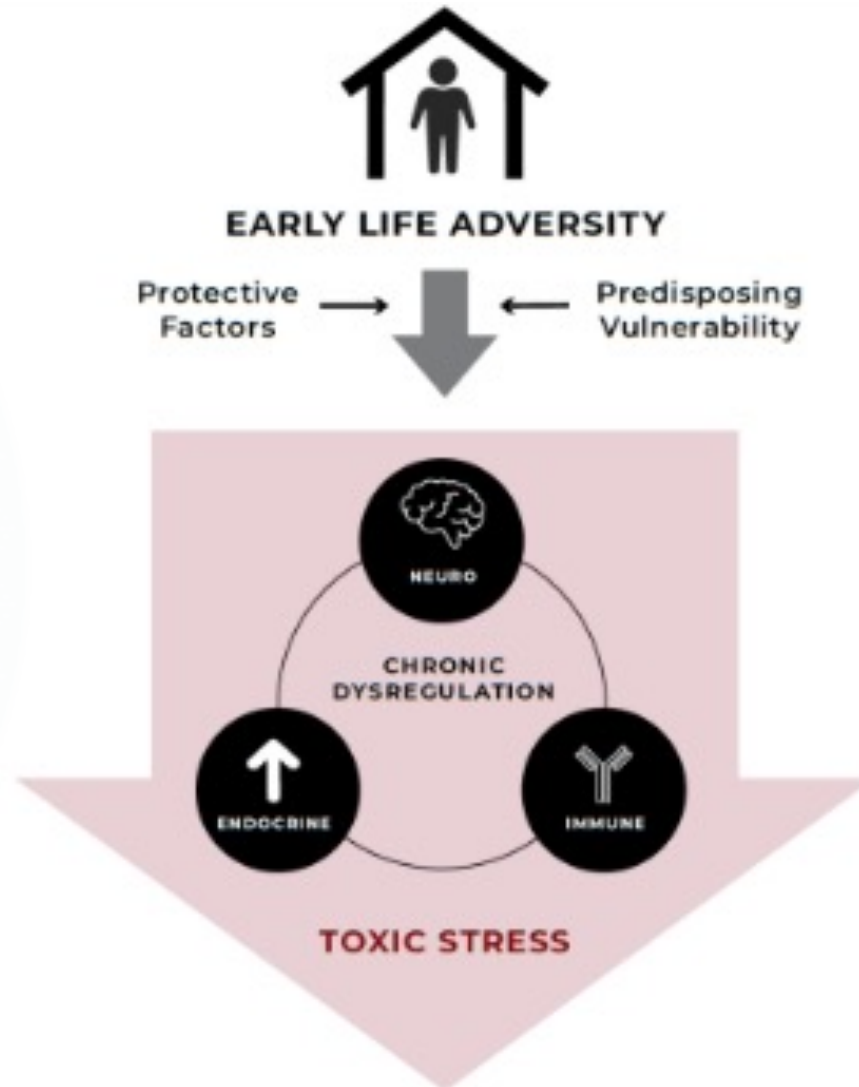
ACEs Influence Health Well-being Throughout the Lifespan



Adverse Childhood Experiences and Adverse Community Environments



Adverse Childhood Experiences- ACEs



CLINICAL IMPLICATIONS

Epigenetic		
Endocrine Metabolic Reproductive	Neurological Psychiatric Behavioral	Immune Inflammatory Cardiovascular

Source: Adapted from Bucci, M., Marques, S. S., Oh, D., & Harris, N. B. (2016). Toxic stress in children and adolescents. *Advances in Pediatrics*, 63(1), 403-428.

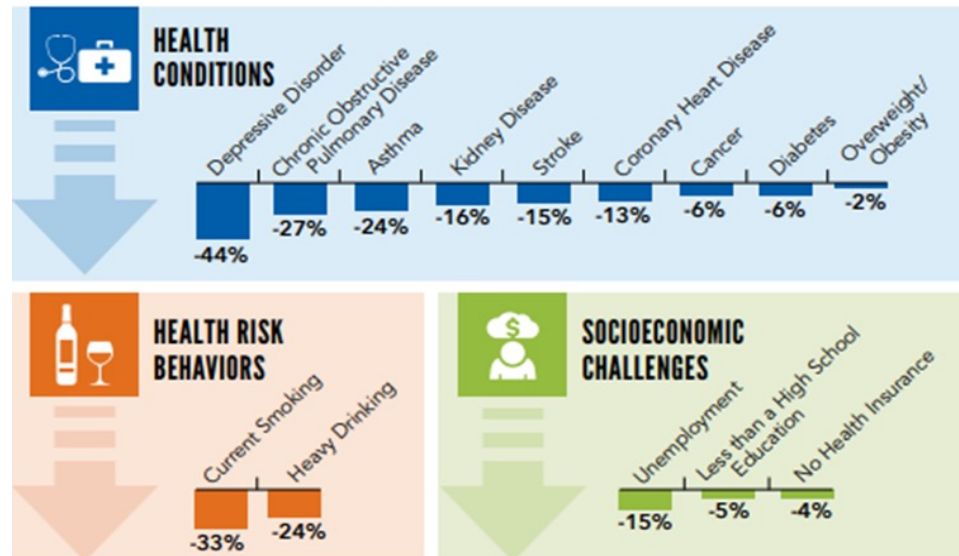
Adverse Childhood Experiences- ACEs

Preventing ACEs could reduce a large number of health conditions.



SOURCE: National Estimates based on 2017 BRFSS; Vital Signs, MMWR November 2019.

Potential reduction of negative outcomes in adulthood



SOURCE: BRFSS 2015-2017, 25 states, CDC Vital Signs, November 2019.

Evidence Based Strategies for Stress Management



Sources: Bhushan D, et al. The Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020 DOI:10.48019/PEAM8812; Gilgoff et al. Adverse Childhood Experiences, Outcomes, and Interventions. *Pediatric Clinics* 2020; **67**(2): 259-73.

ACEs Screening Benefits

- Increases the likelihood of early detection
- Creates robust referral systems
- Brings protective resources for early life adversities
- Integrates departments and professionals to more deeply work in collaboration
- Allows for improved treatment of ACE- Associated Health Condition (s)
- Prevents intergen transmission of ACEs & toxic stress
- Supports PCPs to talk about folks lived experience

Click to add More on ACEs - <https://www.acesaware.org>

<https://www.cdc.gov/violenceprevention/aces/index.htmltext>

ACEs Screening Concerns- PCPs vs. Traumatologists

- No clear guidance when a provider would better use a more expansive tool that includes other trauma/adversity (NCTSN-22 types)
- Incomplete profile- Does to take into account age, intensity, frequency, duration and symptomology
- Some trauma more potent than others – no change in score
- Original research – risk for population not a tally
- Does not take into account existing buffers
- NCTSN Recommends many other tools

ACEs in Indigenous Communities- Cultural/Community Considerations

- Acceptance and Readiness of community for trauma focus – not community lead
- Our theories/models of health are not underpinning the screening
- Based on individualistic, nuclear family worldview rather than interdependence based constructs of self/community
- Other community level indicators are equally or more likely impactful
- Inclusion of context, Historical Trauma and ongoing systemic oppression
- Bringing to light cultural and community buffers and resilience- this is the place for intervention
- Concerns for mandated reporting
- Referral to whom?

California Rural Indian Health Board, (March 2022) Practice Paper Incorporating Indigenous Perspectives - Trauma and Resilience in Native Communities

Sonoma County Indian Health Inc. ACEs community prep. video

Assessment- Who are you in the world?

Looking outside of the presenting problem

- How you see the world and yourself in it - **Identity**
- How do you relate and how might you want to - **Connectivity**

Biopsychosocial-spiritual assessment

- 3+ Genogram of buffer/resilience and known trauma
- GONA – Belonging, Mastery, Interdependence, Generosity
- Medicine Wheel

Screening for Resilience and Brilliance

Program Highlight-

- Thunderbird Partnership Foundation – Native Wellness Assessment
- Aboriginal Children's Health and Wellbeing Measure (ACHWM)

Thunderbird Partnership Foundation – Native Wellness Assessment

66 randomly ordered culturally ordered statements; self report and observed

- *“My Native cultural fuels my desire to live a good life”* Client questionnaire
- *“The client practices traditional forms of sharing”* Provider observational questionnaire

Leads to cultural interventions

Aboriginal Children's Health and Wellbeing Measure (ACHWM)

62 questions for youth 8-18 on tablet

- “I have time to be with my family” “I laugh at times” “I learn from an elder” “I feel bullied”
- Organized into 4 domains of Medicine Wheel with percentages of wellness – intervention is restoring or balancing and domain

Leads to affirmations of strength and referrals for support

Aboriginal Children's Health and Wellbeing Measure (ACHWM)- Spiritual Domain

- There is someone I can go to for help when I am not well...
- I see the beauty in nature...
- I show respect to the people around me...
- I take time to connect (talk or pray) to Creator/God...
- I enjoy celebrations (gatherings) in my home or community...
- I do things to keep myself safe...
- I am proud to be a part of my community...

• More on Indigenous Wellness/Resilience based Screening and Assessment

<https://thunderbirdpf.org/about-tpf/scope-of-work/native-wellness-assessment/>

<https://achwm.ca/>

ACEs and Intimate Partner Violence

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Robert Wood Johnson
Foundation, "The Truth
About ACEs Infographic"

Intimate Partner Violence

- Nearly 1 in 6 pregnant women in the U.S. have been abused by a partner
- IPV rates are highest in families with young children
- Lifetime experience of IPV for indigenous women between 25% and 90-100%

Recommendations on Screening

- Institute of Medicine
- U. S. Preventative Services Task Force
- Department of Health and Human Services
- American Congress of Obstetricians and Gynecologists
- American Academy of Family Physicians

Recommendations on Screening

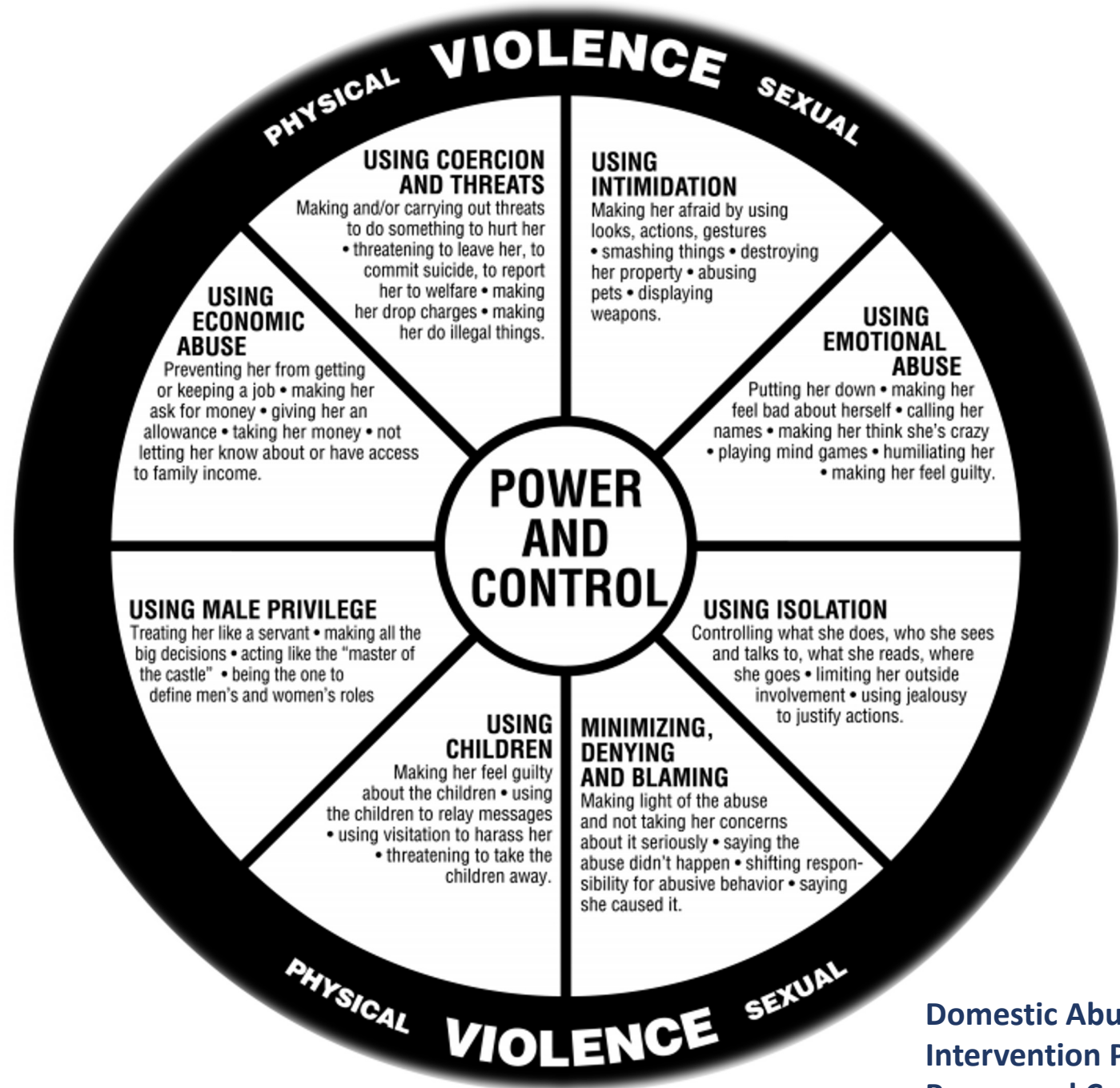
- Screening all adult women
- Screening during multiple visits
- Providing or referring to services

Clinical IPV Screenings

- **HITS** (Hurt, Insult, Threaten, Scream)
- **OVAT** (Ongoing Violence Assessment Tool)
- **STaT** (Slapped, Threatened, and Throw)
- **HARK** (Humiliation, Afraid, Rape, Kick)
- **WAST** (Woman Abuse Screen Tool)

AHRQ, IPV Screening Fact Sheet and Resources

CDC, "Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings"



Domestic Abuse Intervention Project, "The Power and Control Wheel"

Intimate Partner Violence:

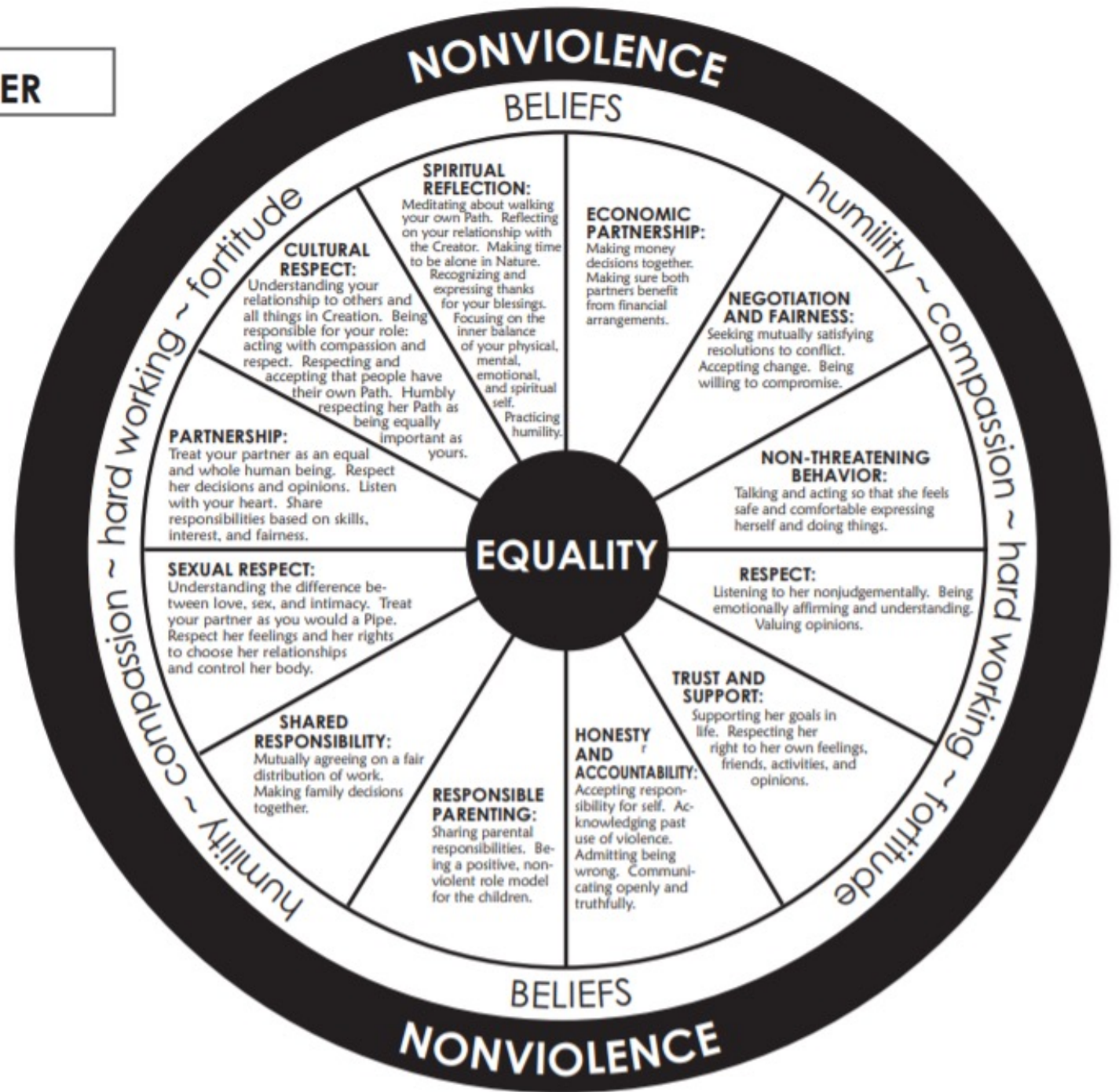
Gender-based institutionalized system of over-lapping continuous violent tactics used to maintain power & control



Sacred Circle, National Resource Center to End Violence Against Native Women, "Intimate Partner Violence Triangle"

NATURAL LIFE-SUPPORTING POWER

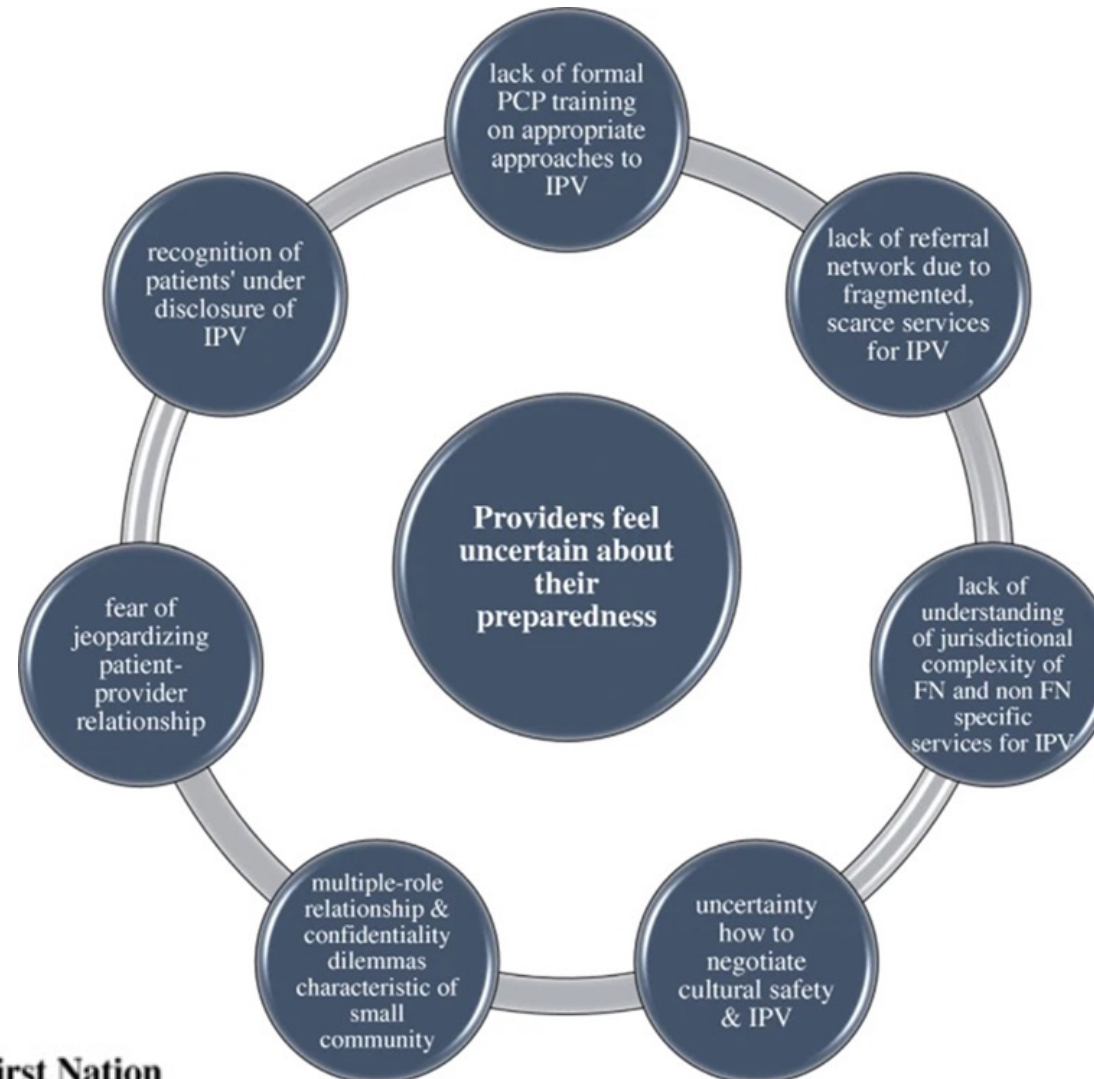
Equality is a natural life-supporting power that is grounded in spirituality.



Sacred Circle, National Resource Center to End Violence Against Native Women, "Nonviolence Equality Wheel"

http://www.ncdsv.org/publications_wheel.html

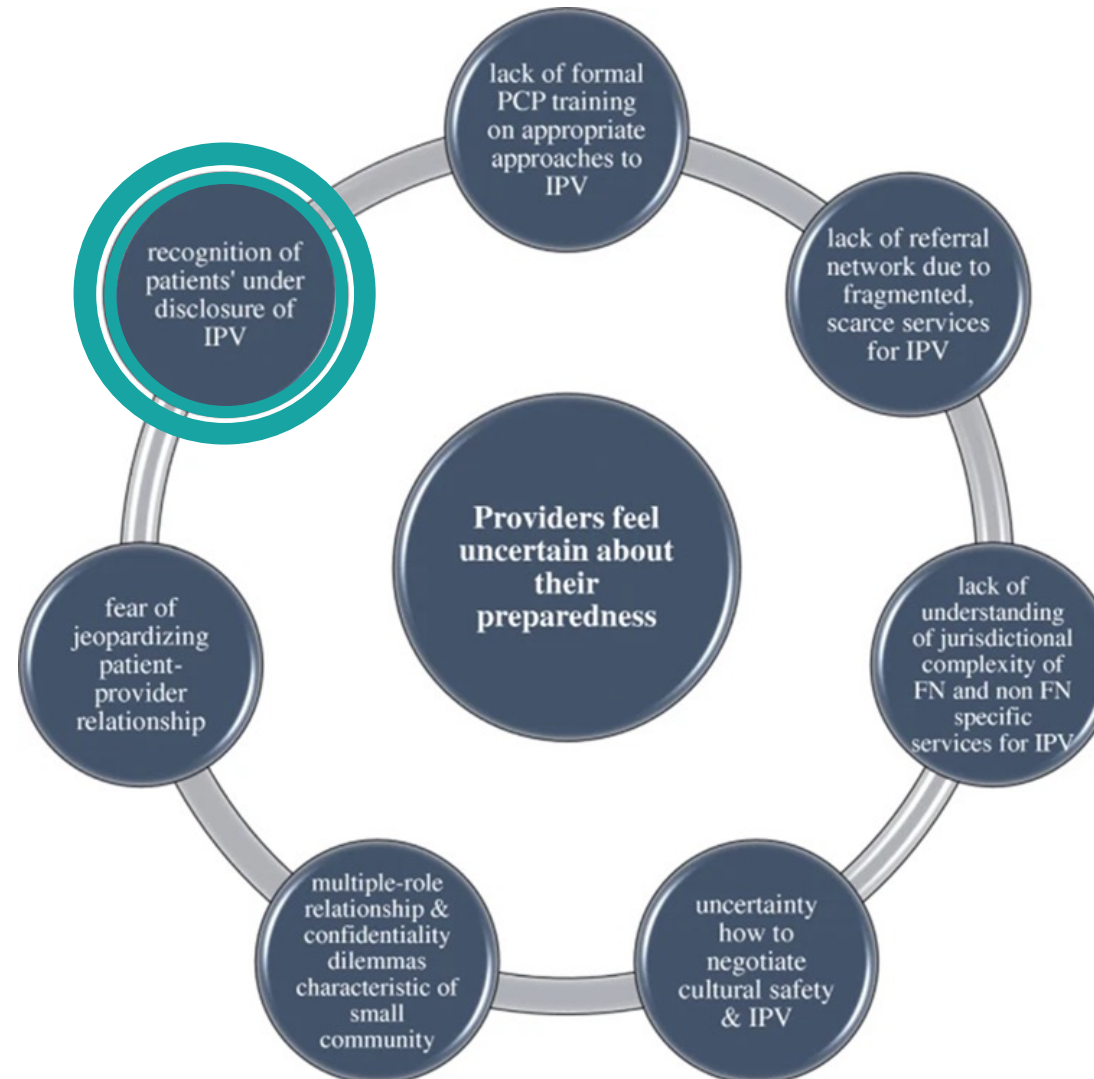
Barriers to Responding to IPV



Rizkalla et al., 2020, Fig 1.
DOI: <https://doi.org/10.1186/s12905-020-01053-y>

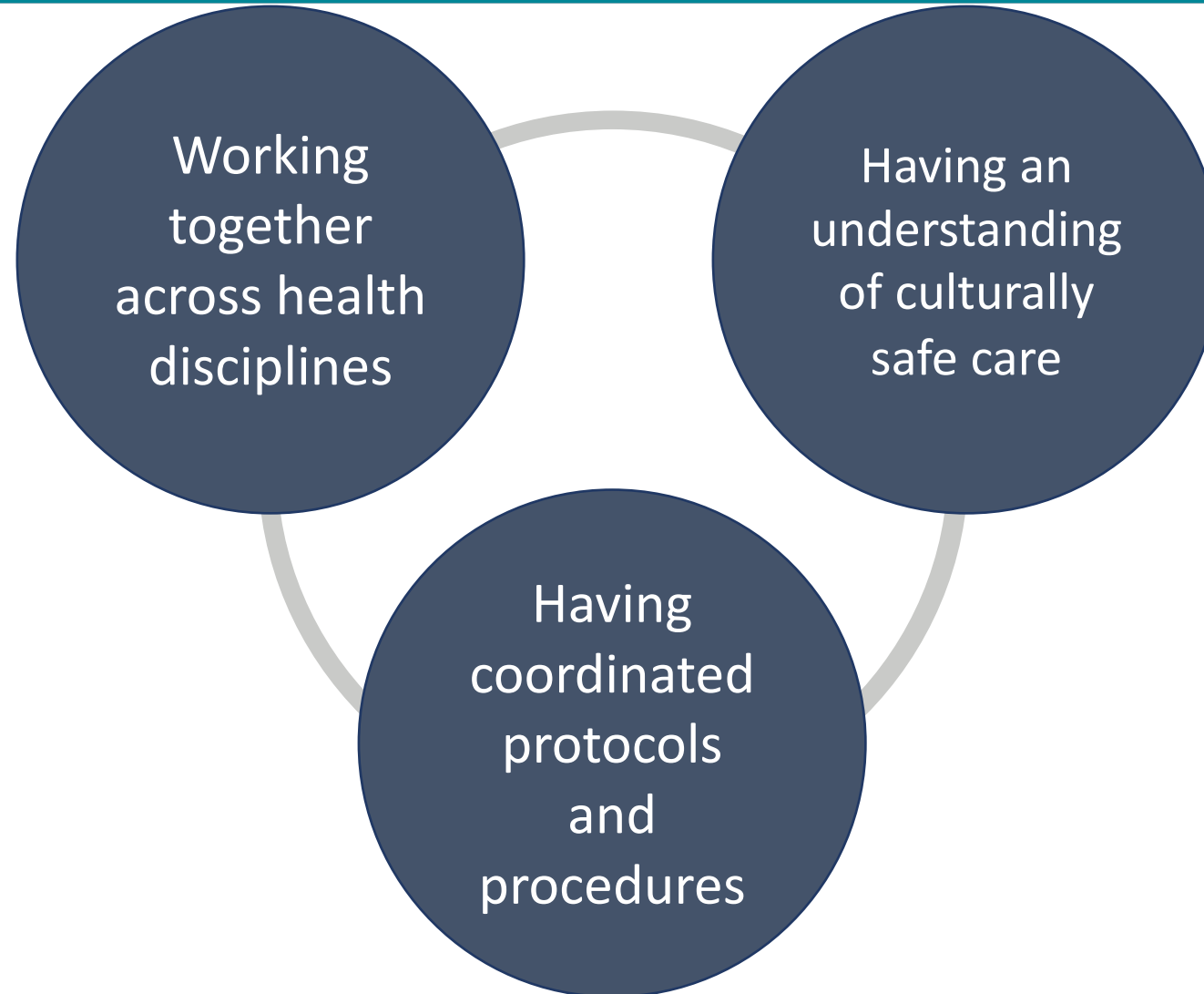
*Note: FN=First Nation

Barriers to Responding to IPV



Rizkalla et al., 2020, Fig 1.
DOI: <https://doi.org/10.1186/s12905-020-01053-y>

Facilitators to Responding to IPV



Addressing Barriers

- Reducing the stigma of IPV
- Creating effective referral pathways
- **Improving cultural safety within the referral network**
- Developing services for perpetrators
- Engaging natural helpers in the community
- Developing policies, procedures and continuing education related to patients who experience IPV in the clinical and community setting

Brief IPV Interventions

- Counseling
- Health promotion
- Patient education resources
- Referrals to community services
- Supports tailored to the patient

Brief IPV Interventions

Women who received prenatal counseling for IPV experienced:


- fewer recurrent episodes of IPV during and post pregnancy
- better birth outcomes such as lower rates of preterm birth and low birth weight

Brief IPV Interventions

Successes from patient-focused interventions:

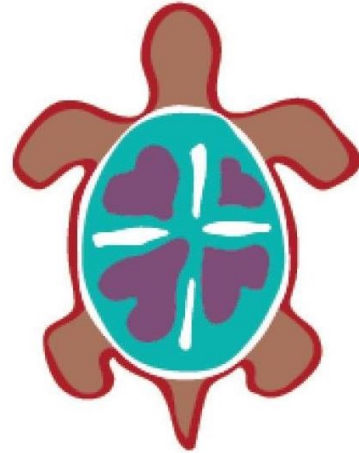
- Reduced IPV
- Improved physical and emotional health
- Increased safety-promoting behaviors
- Positively affected the use of IPV and community-based resources

CDC Guidance IPV

 Preventing IPV	
Strategy	Approach
Teach safe and healthy relationship skills	<ul style="list-style-type: none"> • Social-emotional learning programs for youth • Healthy relationship programs for couples
Engage influential adults and peers	<ul style="list-style-type: none"> • Men and boys as allies in prevention • Bystander empowerment and education • Family-based programs
Disrupt the developmental pathways toward partner violence	<ul style="list-style-type: none"> • Early childhood home visitation • Preschool enrichment with family engagement • Parenting skill and family relationship programs • Treatment for at-risk children, youth and families
Create protective environments	<ul style="list-style-type: none"> • Improve school climate and safety • Improve organizational policies and workplace climate • Modify the physical and social environments of neighborhoods
Strengthen economic supports for families	<ul style="list-style-type: none"> • Strengthen household financial security • Strengthen work-family supports
Support survivors to increase safety and lessen harms	<ul style="list-style-type: none"> • Victim-centered services • Housing programs • First responder and civil legal protections • Patient-centered approaches • Treatment and support for survivors of IPV, including TDV

CDC, "Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices

Strong Hearts Native Helpline



STRONGHEARTS
Native Helpline

1-844-7NATIVE

- peer support and advocacy
- information and education about domestic violence and sexual violence
- personalized safety planning
- crisis intervention
- referrals to Native-centered domestic violence and sexual violence service providers
- basic information about health options
- support finding a local health facility or crisis center that is trained to care for survivors of sexual assault and offers services like sexual assault forensic exams
- general information about jurisdiction and legal advocacy referrals

Community Screeners- We Watch out for Each other

Where can we have community lead the efforts?

- Leadership messaging
- Aunties/Uncles /Grandparent Programs
- Peer helpers
- BH Aides
- Issue specific programs
 - QPR- Question Persuade Refer
 - Zero Suicide

Naming Ceremony- Diagnosis

- **Diagnostic Meaning Making – Working Between two Worlds**
- **DSM**
 - Making sense of experience – symptoms
 - One point of information, don't have to organize ourselves just there.
- **Traditional ideas/ideals of mental illness-imbalance**, bad medicine or spirit, experiencing alternative/multiple realities or visions, soul wound, ancestral grief
 - **DSM way and Indigenous way** - both/and
 - **Role of Cultural Consultation** Do you have access, are there challenges; leadership, logistics- busy, own our comfortability.

Reflection - Screening, Assessment and Diagnosis

Reflection –

Screening, Assessment,
Diagnosis - **Meaning Making**
Why, where, how and when



Notice of Funding

Funding for this project was made possible by the Centers for Disease Control and Prevention (CDC - RFA-OT18-1803: Tribal Public Health Capacity Building and Quality Improvement Umbrella cooperative agreement). The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.