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

# Understanding Violence, Indigenous Trauma Care, and Resilience in Tribal Communities

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Alison Whitemore (Round Valley Indian Tribes) |  
LCSW, RPT | NPAIHB Consultant |  
[awhitemore@gmail.com](mailto:awhitemore@gmail.com)

Danica Brown (Choctaw Nation of Oklahoma) |  
PhD, MSW, CACIII | NPAIHB | Behavioral Health  
Manager | [dbrown@npaihb.org](mailto:dbrown@npaihb.org)

Kaylee Trottier (Turtle Mountain Chippewa Tribe) |  
PhD, LP | Executive Director Indigenous Living |  
[kaylee.trottier@gmail.com](mailto:kaylee.trottier@gmail.com)



# Understanding Violence in Tribal Communities

Alison Whitemore (Round Valley Indian Tribes) |  
LCSW, RPT | NPAIHB Consultant |  
[awhitemore@gmail.com](mailto:awhitemore@gmail.com)

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# Objectives

- I. **Participants will be able to articulate one new concept in the Spirit of Violence affecting Indigenous communities**



# Meaning Making

- **The process of how people construe, understand, or make sense of life events, relationships**
- **Tribal Teachings - Listen, observe, reflect, act**
  - **With that data we making meaning -construing, understanding or making sense of life**
- **Dysregulation and Trauma can create a mismatch of meaning**

**This imbalance aids to the Spirit of Violence - pervasive, persistent, problematic**



# The Spirit of Violence

- We live with violence as undercurrent
- We break with natural law
- Internalized and Externalized
- We exchange offerings –
- We dissociate from reflective meaning making

**Spiritual Hunger** - Mistaken search for the sacred -The spirit gives you something and you pay back from your offering what it needs to grow and gain strength. Always a spiritual price, a contract.

More on the work of Dr. Eduardo Duran -Various book pubs and recorded podcasts





# Stress Response Continuum

<b>Functional Age</b>	>15y	8-15y	3-8y	1-3y	0-1y
<b>Heart Rate</b>	70-90	90-100	101-110	111-135	136-160
<b>Sense of Time</b>	Extended Future	Days/Hours	Hours/Minutes	Minutes/Seconds	Loss of Sense of Time

Adapted Dr. Kristie Brandt, 2021 lecture

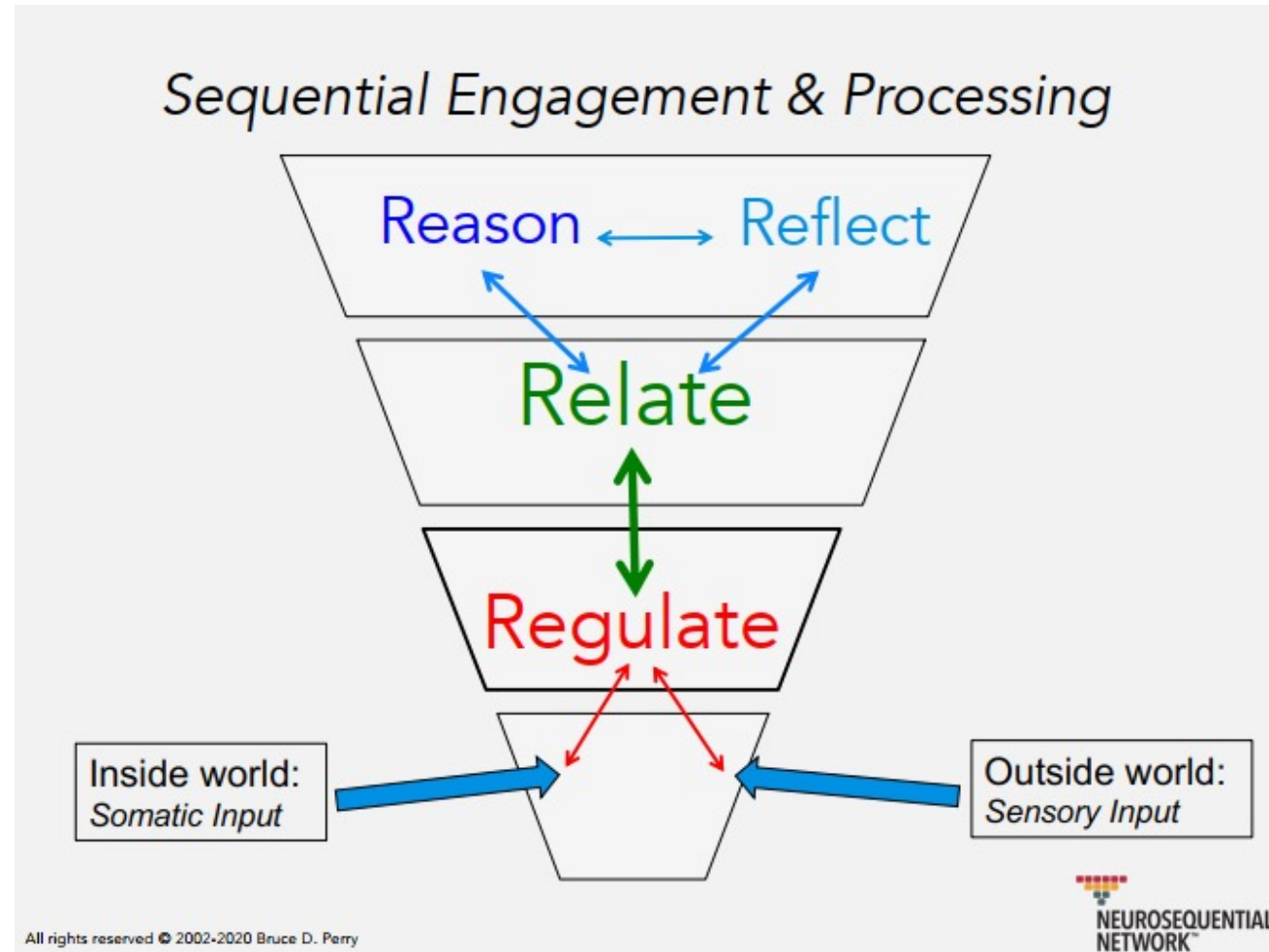
<b>Hyperarousal Continuum</b>	Rest <i>(M &gt; F: A &gt; C)</i>	Vigilance	Resistance	Defiance	Aggression
<b>Dissociative Continuum</b>	Rest <i>(F &gt; M: C &gt; A)</i>	Avoidance	Compliance	Dissociation	Fainting
<b>Primary secondary Brain Areas</b>	NEOCORTEX <i>Subcortex</i>	SUBCORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <i>Autonomic</i>
<b>Cognition</b>	Abstract	Concrete	Emotional	Reactive	Reflexive
<b>Mental State</b>	CALM	ALERT	ALARM	FEAR	TERROR

# Support State Regulation

## Stress Response Continuum – the fuel for calm/chaos

- Our nervous system reacts and makes meaning
  - Shapes our reality, senses, beliefs and intentions
- **Reflection**
  - Engaging in Reflective Meaning Making
    - How do we regulate and reflect?
  - Caregiving stress arousal - Spirit of Violence within our relationship and connection with children

# Sequential Engagement




More on the work of Dr. Bruce Perry

• [Home | NMnetwork \(neurosequential.com\)](http://Home | NMnetwork (neurosequential.com)) [HOME | ChildTrauma Academy](http://HOME | ChildTrauma Academy)



# Support for Relational and Cultural Co-regulation

- 
- **Our task as helpers**
    - Support search for safety, security and safety toward sacred connectedness
    - Co/self-regulate to Calm/Alert states
    - Neurocept when the state is changing- our own and others
    - Support the reach for cultural activities and tribal relations – Relational, Relevant, Repetitive, Rewarding, Rhythmic, Respectful



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# Indigenous Trauma Care

Danica Brown (Choctaw Nation of Oklahoma) |  
PhD, MSW, CACIII | NPAIHB | Behavioral Health  
Project Director | [dbrown@npaihb.org](mailto:dbrown@npaihb.org)

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# Objectives

- 
- I. Participants will be able to define Indigenous Trauma Care**
  - II. Participants will develop an understanding of the connection between trauma (intergenerational and historical) and health outcomes, including substance misuse, health and mental health**

# 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, R. (2014). Decolonizing trauma work : Indigenous stories and strategies. Black Point, Nova Scotia: Fernwood Publishing.**



# Types of Trauma

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

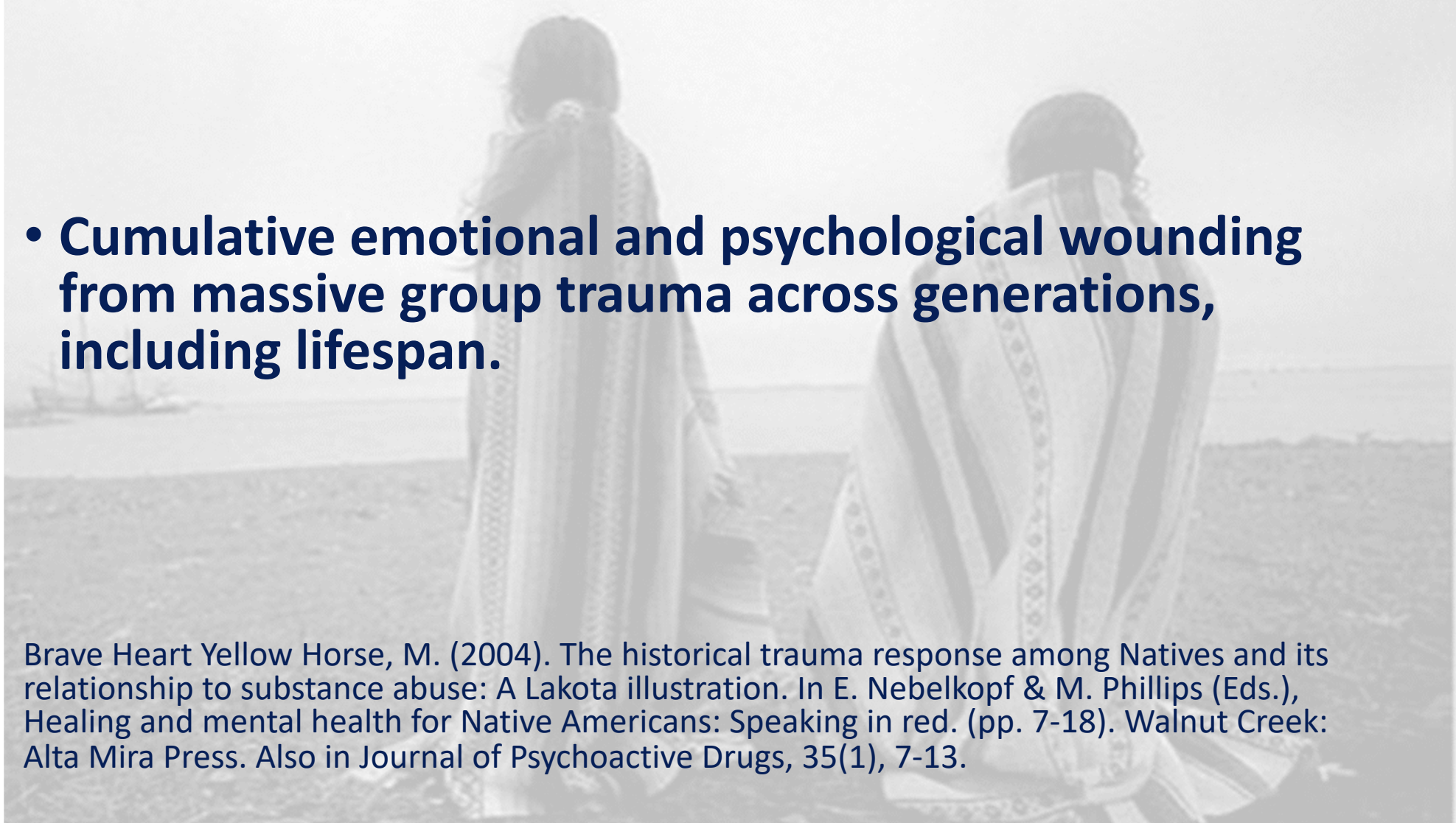




# Historical Trauma

- **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.

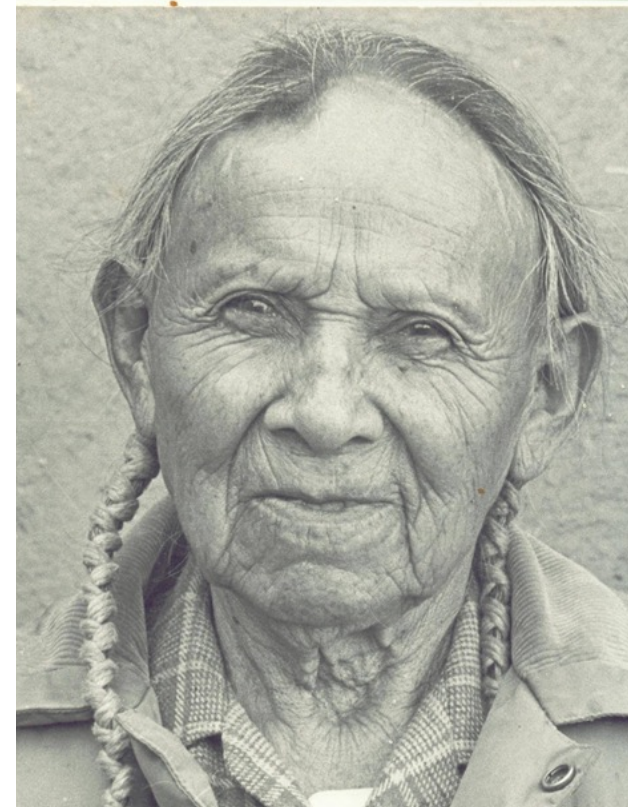


# Epigenetic Transfer of the Ancestral Wisdom

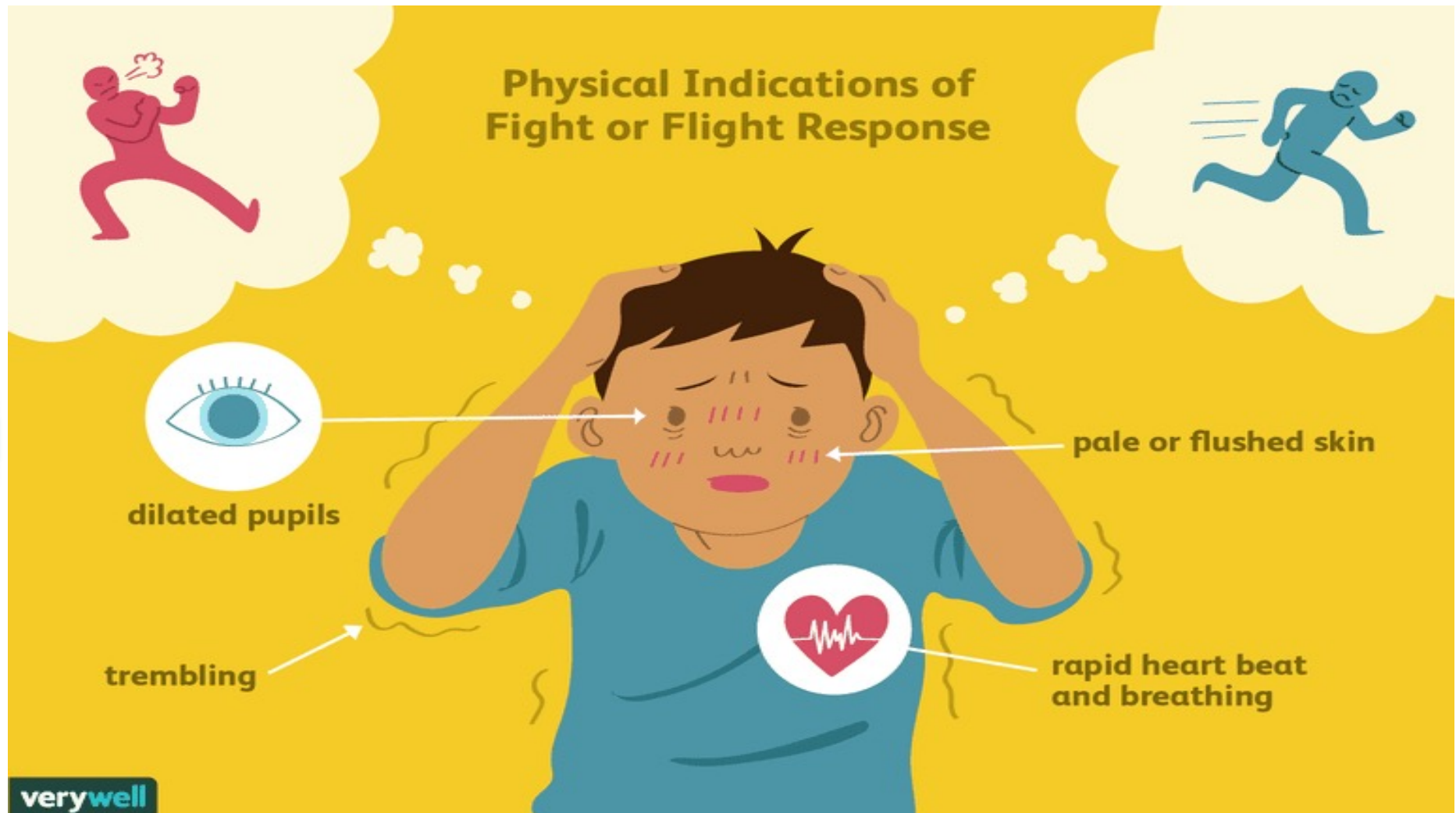
**“The memories of our ancestors  
are passed down on our blood”**

**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>




# 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, A. (2008). Rethinking Historical Trauma: Narratives of Resilience. *Transcultural Psychiatry*, 45(3), 391-414.



# Initial Reactions to Trauma can Include:

- exhaustion
- difficulty with mood regulation, learning and cognition
- 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.

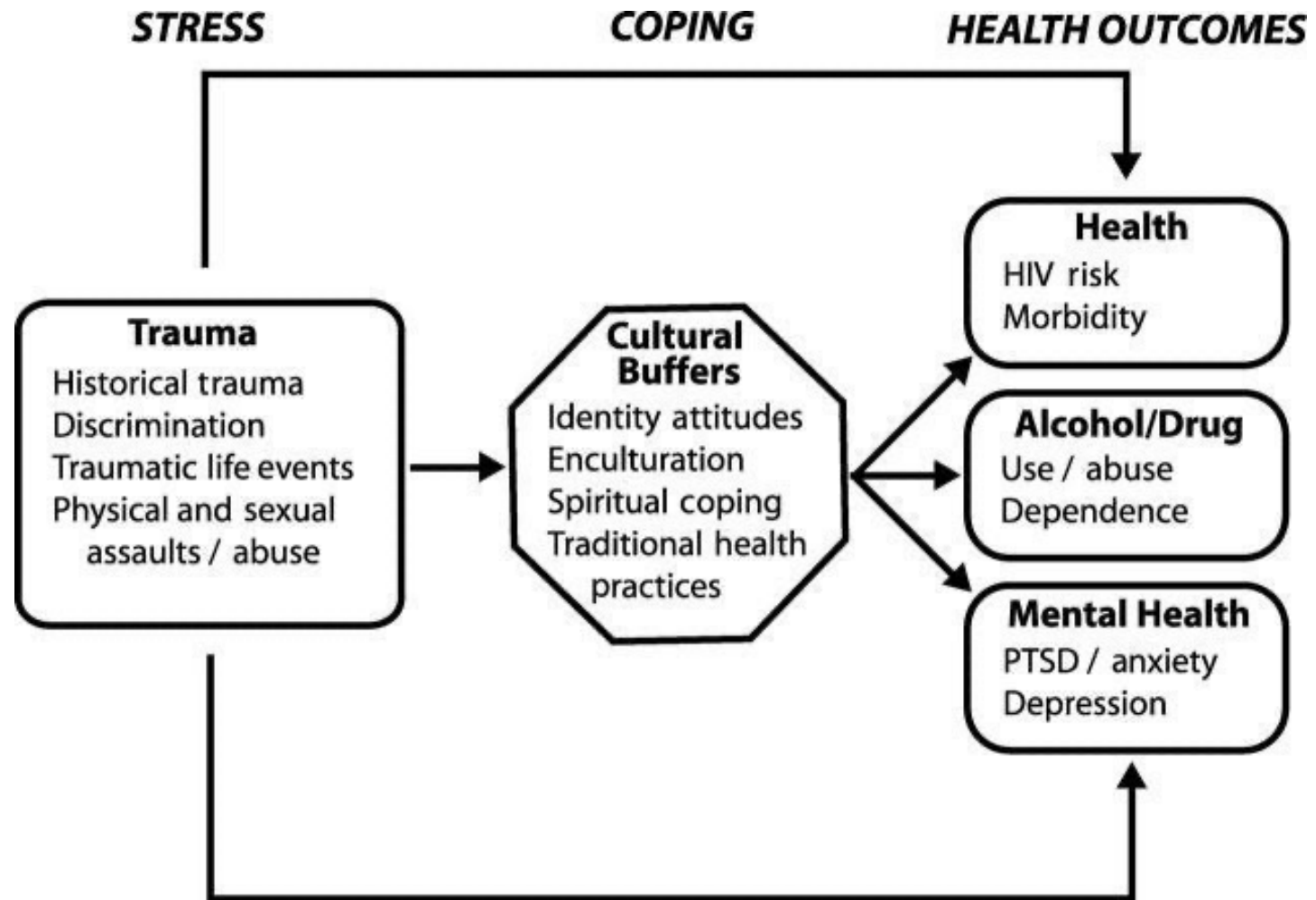


# Cognitions and Trauma

- **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.

# Do Not Despair

Maté, G., & Levine, Peter. (2010). *In the realm of hungry ghosts : Close encounters with addiction*. Berkeley, California: North Atlantic Books.



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 condition and how to intervene

# BREATHING EXERCISE

FOR RELAXATION #1



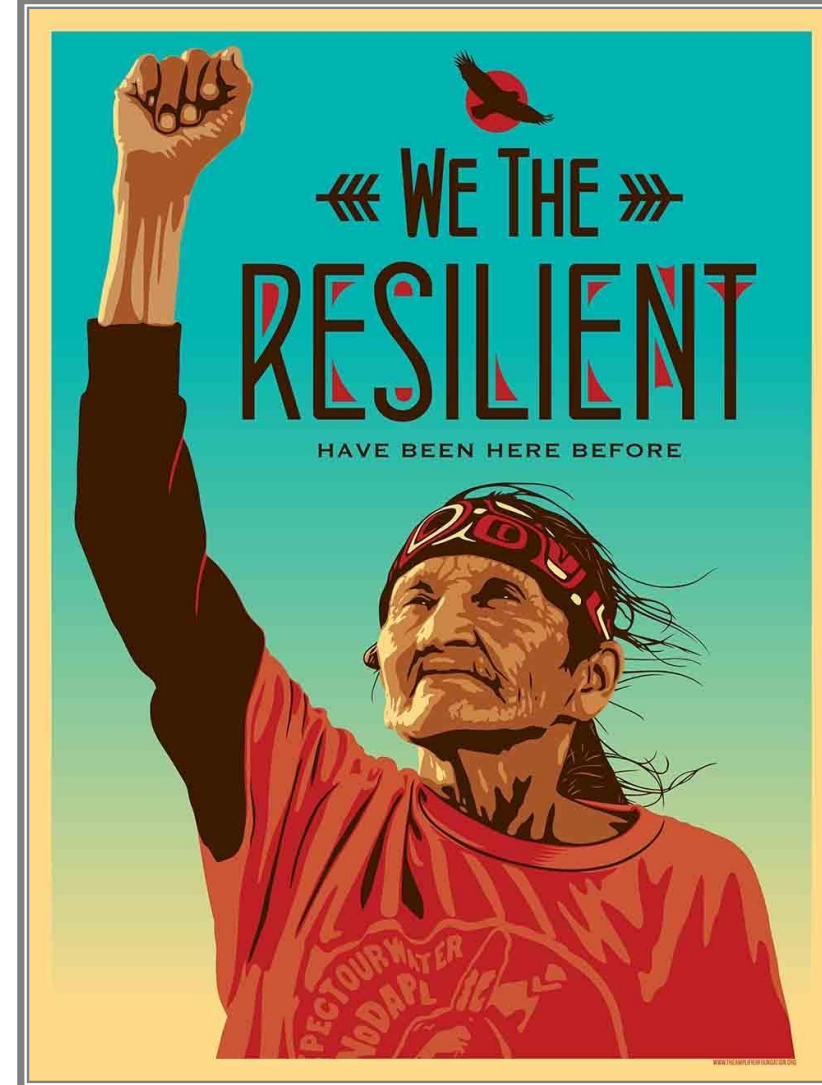
INHALE  
THROUGH NOSE

Perform for  
2 to 5 Minutes

Instagram: @elevatevibe

# We The Resilient

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





# Take Aways

- Trauma is survival technique
- Trauma happens in the brain
- Ancestral wisdom a historical trauma are epigenetically transferred
- Trauma happens in the brain and is held in the body
- The goal of trauma care is to bring the limbic system back to health communicating with the cerebral cortex





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# Resilience in Tribal Communities

Kaylee Trottier (Turtle Mountain Chippewa Tribe) |  
PhD, LP | Executive Director Indigenous Living |  
[kaylee.trottier@gmail.com](mailto:kaylee.trottier@gmail.com)

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# Objectives

- I. Participants will be able to define resilience as it relates to Mental Health**
- II. Identify examples of holistic care contributing to resilience.**




# Resilience

- Teased apart as a personality Trait in the research
- Linked to less symptoms of PTSD and increased life satisfaction despite factors that typically lead to decreased satisfaction.
- Syamak et al (2007) Resilience will lead to life satisfaction by means of reduced levels of negative emotions. Resilience has, in fact, an indirect effect on life satisfaction.
- Zautra et al (2008) define resilience: Sustainability of purpose in the face of stress, and recovery from adversity



# Clinical Case Example

- 
- **Two Spirit, Early 20's, Significant ACE's**
    - Had a unique ability to find positive and had developed their spirituality in connection to their two spirit identity.
    - This connection led them to support their community in several ways finding their own path to healing.
  - **40's male client**
    - began to explore the relationship with alcohol and conceptualize the give and take. He described a rule for himself not taking more than he gives, maintained sobriety for 5 years when I saw him



# Community Example

- **Bead group and Men's group at American Indian Family Center**



# References

- Connor and Davidson (2021, Nov 24) [CD-RISC: About \(connordavidson-resiliencescale.com\)](https://connordavidson-resiliencescale.com)
- Samani, S., Jokar, B., Sahragard, N. Effects of Resilience on Mental Health and Life Satisfaction. Iranian Journal of Psychiatry and Clinical Psychology, 13 (3): 290-295
- Alex J. Zautra, John S. Hall, Kate E. Murray & the Resilience Solutions Group<sup>1</sup> (2008) Resilience: a new integrative approach to health and mental health research, Health Psychology Review, 2:1, 41-64, DOI: [10.1080/17437190802298568](https://doi.org/10.1080/17437190802298568)



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