



INDIAN + COUNTRY
ECHO
LEADING THE WAY ➡➡➡

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


Screening, Assessment, and Diagnosis as Sacred Meaning Making

Danica Love Brown (Choctaw Nation of Oklahoma) |
MSW PhD | Behavioral Health Program Director | Northwest
Portland Area Indian Health Board | dbrown@npaihb.org

Alison Whitemore (Round Valley Indian Tribes) |
LCSW, RPT | Northwest Portland Area Indian
Health Board Consultant | awhitemore@gmail.com

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

Objectives

- 
- I. Participants will expand their sense of meaning and purpose to screenings, assessments and diagnosis**
 - 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**

Defining terms



Screening




Assessment



Diagnosis



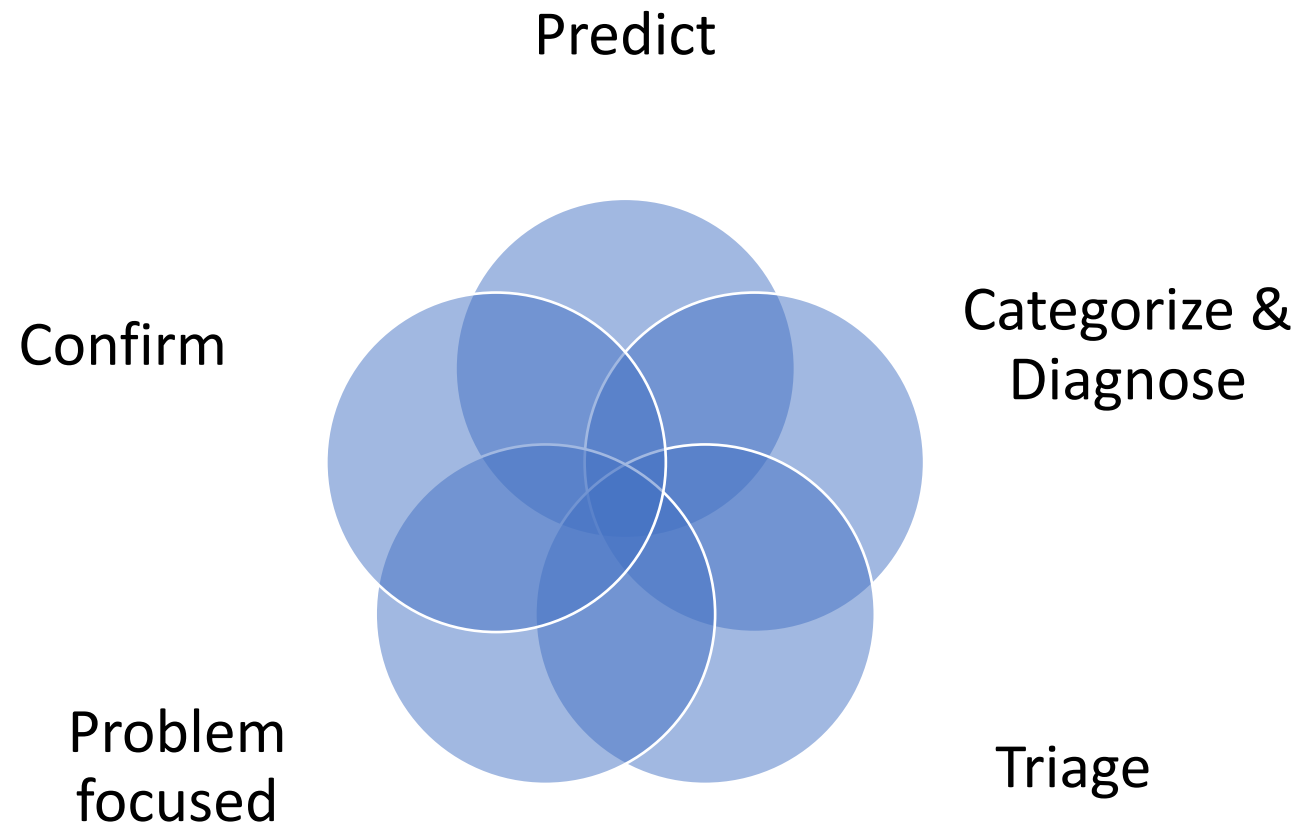
Cultural Mismatch

- 
- We are working within the dominate western frameworks and institutions
 - Our screening, assessment and diagnostic methods are not built from and for Indigenous communities
 - How do we work in the space between these cultural realities and bring them closer to coherence?

Reflective Readiness in Screening and Assessment

- 
- **Why- Back to purpose**
 - Assess risk and unmet need
 - Give provider direction
 - Monitors change
 - Prevent escalation
 - Conversation starter and relationship builder
 - Rarely looks for strengths/buffers, PT growth, context, cultural or otherwise- individualistic at best
 - **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

TRADITIONAL WESTERN APPROACHES TO SCREENING



Reflective Readiness in Screening and Assessment

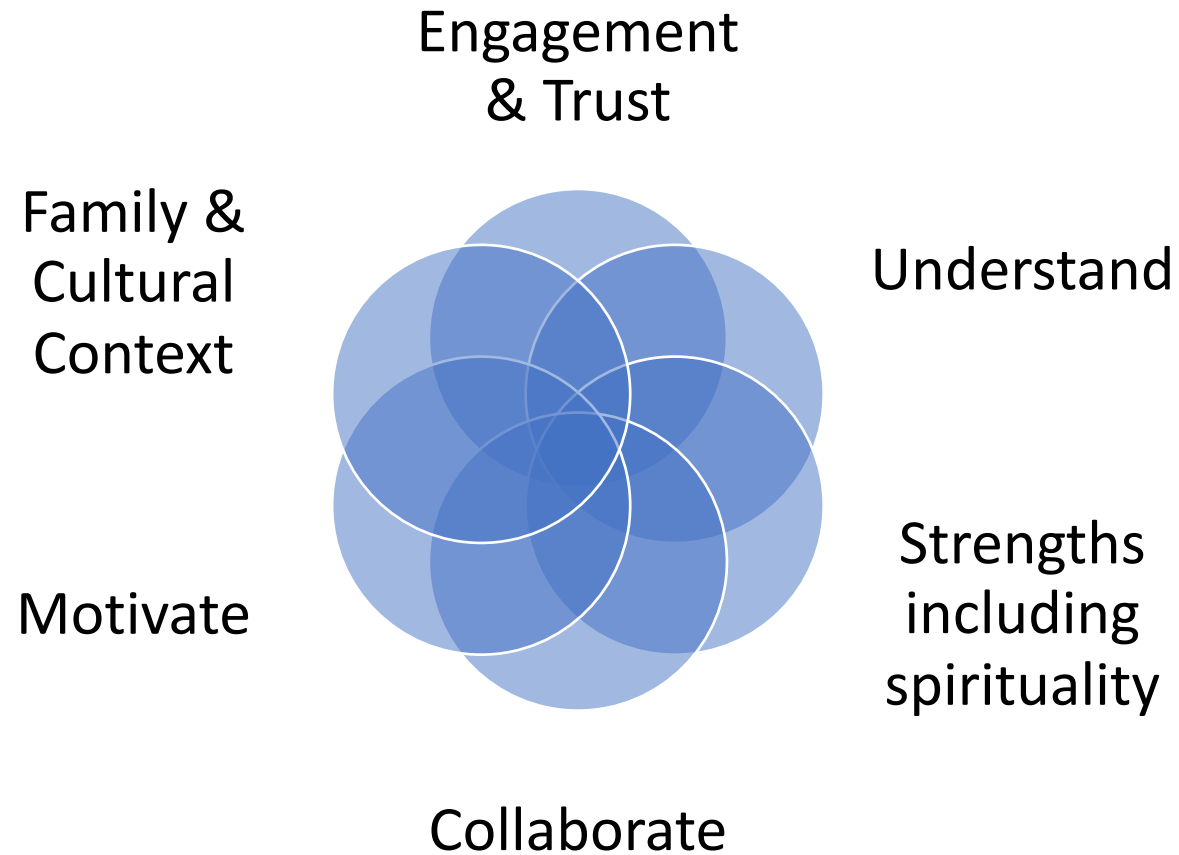
Screening and Assessment as a sacred interaction

-trust, connection, safety

- Starts with intention
- Proper introduction of self; traditional and otherwise
- Consent
- Continual retraining of screeners/providers
- Consult with community



A BROADER LENS ON SCREENING



Screening and Assessment as a Sacred Trust



3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



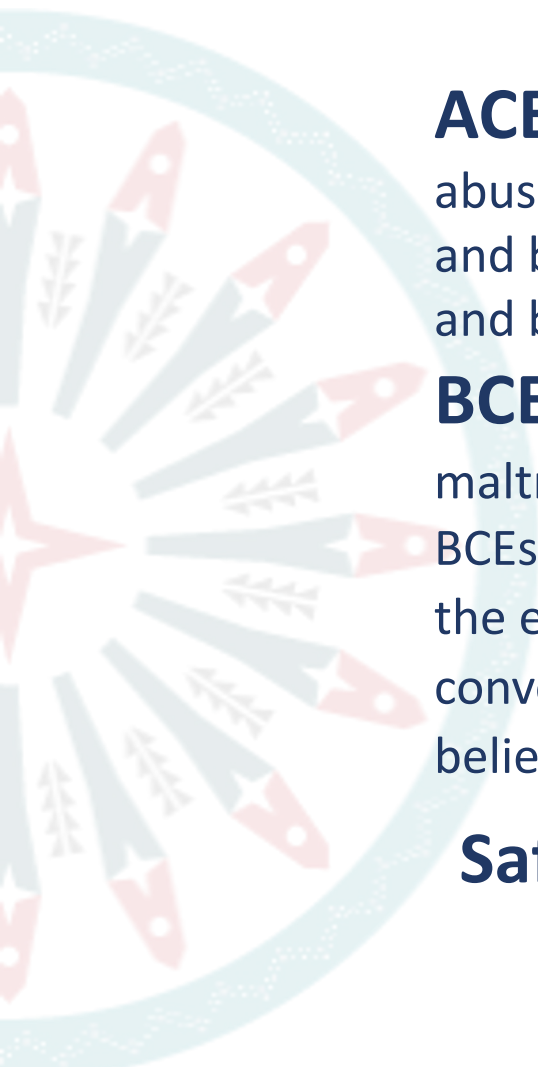
Connectivity

- Toxic stress is the absence of connection. This can be our focus for both assessment and intervention
- The work of Dr. Jessica Sanigaq Ullrich
 - Indigenous Connectedness Framework –
Environmental, Familial,
Community, Intergenerational



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**


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**

ACEs Screening Benefits

- 
- Increase the likelihood of early detection
 - Create robust referral systems
 - Bring protective resources for early life adversities
 - Integrate departments and professionals to more deeply work in collaboration
 - Allows for improved treatment of ACE- Associated Health Condition (s)
 - Prevention of transmission of ACEs and toxic stress
 - Supports PCPs to talk about folks lived experience

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

ACES is Lacking....

- Acceptance and readiness of community for trauma focus – not community lead
- Native theories/models of health underpinning the screening
- Communal, interdependent family structures
- Other community level indicators equally or more likely impactful

- Inclusion of context, Historical Trauma and ongoing systemic oppression
- Cultural and community buffers and
- Resilience-place for prevention/intervention
- Deeper conversations on fears of mandated reporting
- Creative and unfractured referrals

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

Sonoma County Indian Health Inc. ACEs community preparation video

Resources

National Indian Health Board

www.nihb.org/aces-resource-basket/

Near Movement (Neuroscience, Epigenetics, ACEs and Resilience)

[www/startearly.org](http://www.startearly.org)

Addressing Trauma in AI/AN Youth - Mathematica

<https://aspe.hhs.gov/sites/default/files/private/pdf/207941/AIANYouthTIC.PDF>

Center for Native Children and Family resilience

<https://cncfr.jbsinternational.com/>



Shifting Process

Exercises to make a shift toward cultural congruence

Adapt an existing tool

Use an existing Indigenous tool

Community lead tool making



Assessment- Who are you in the world?

Looking outside of the presenting problem

• **Identity** -How do you see the world and yourself in it

Connectivity-How do you relate to that world and how do you want to-

• **Origin story** -Where are you from, what meaning do you make

Biopsychosocial-spiritual assessment -Adds relationship to Indigenous Knowledge Systems

- 3+ Genogram of buffer/resilience and know 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

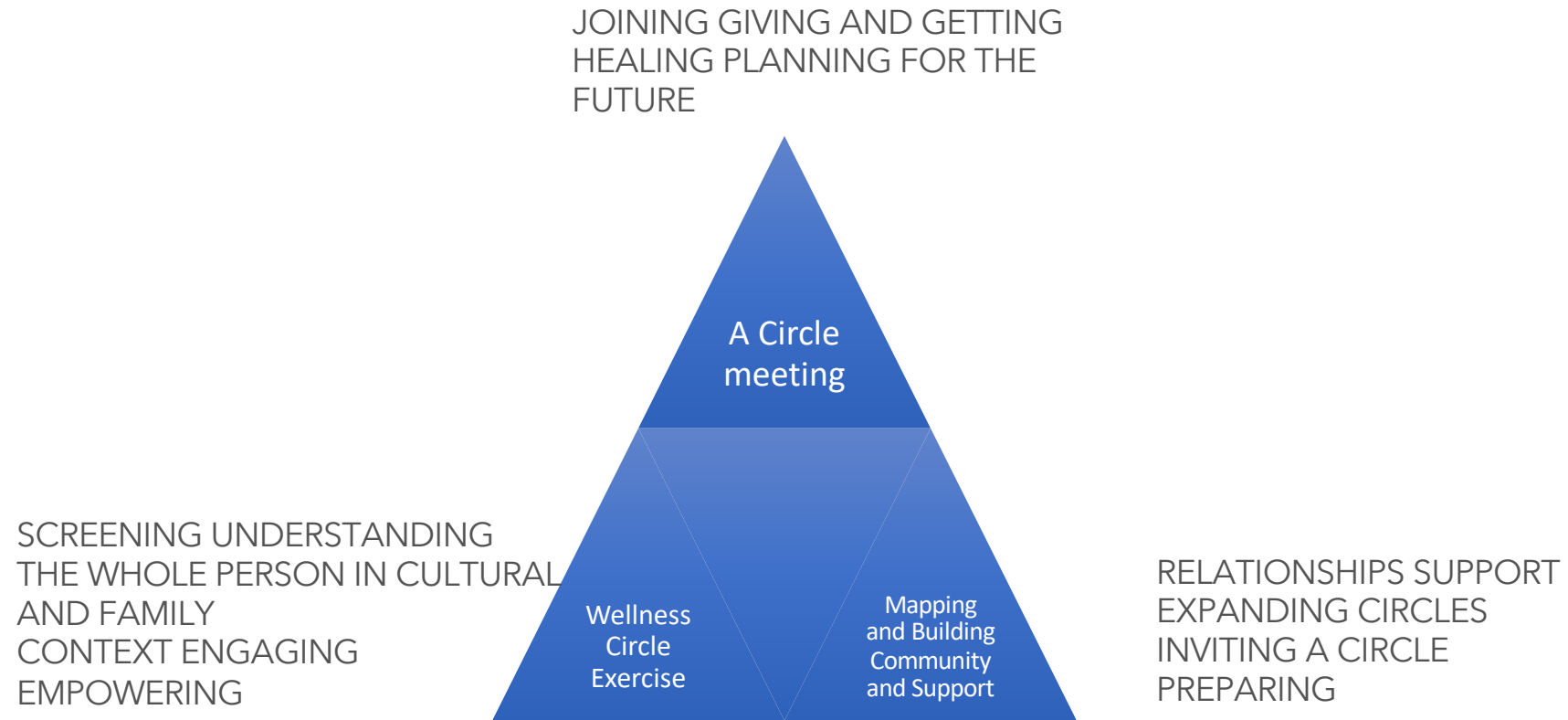
- 
- There is someone I can go to for help when I am not well...
 - I see the beauty in nature...
 - I show respect to the people around me...
 - I take time to connect (talk or pray) to Creator/God...
 - I enjoy celebrations (gatherings) in my home or community...
 - I do things to keep myself safe...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

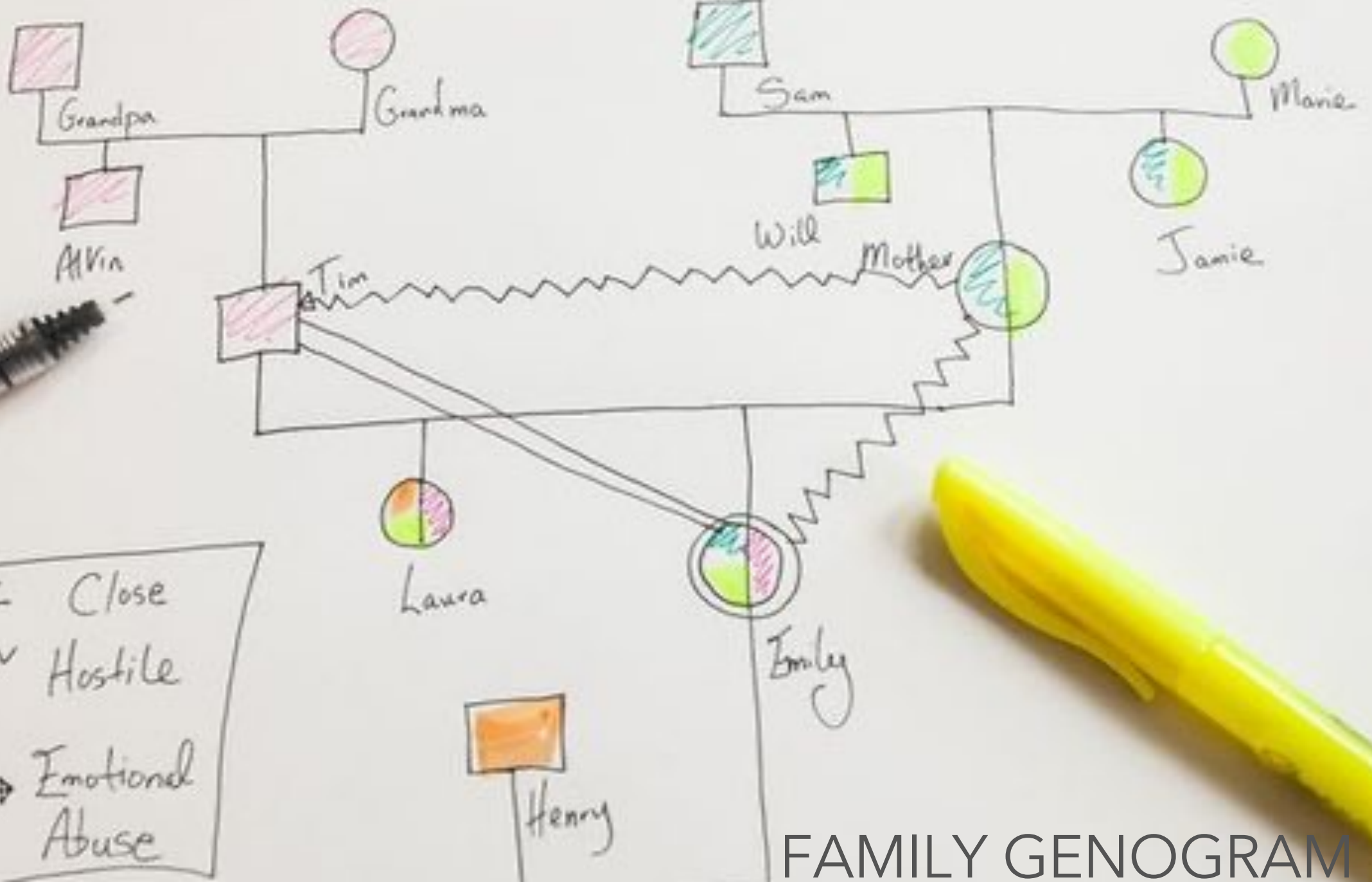
• More on Indigenous Wellness/Resilience based Screening and Assessment

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

<https://achwm.ca/>

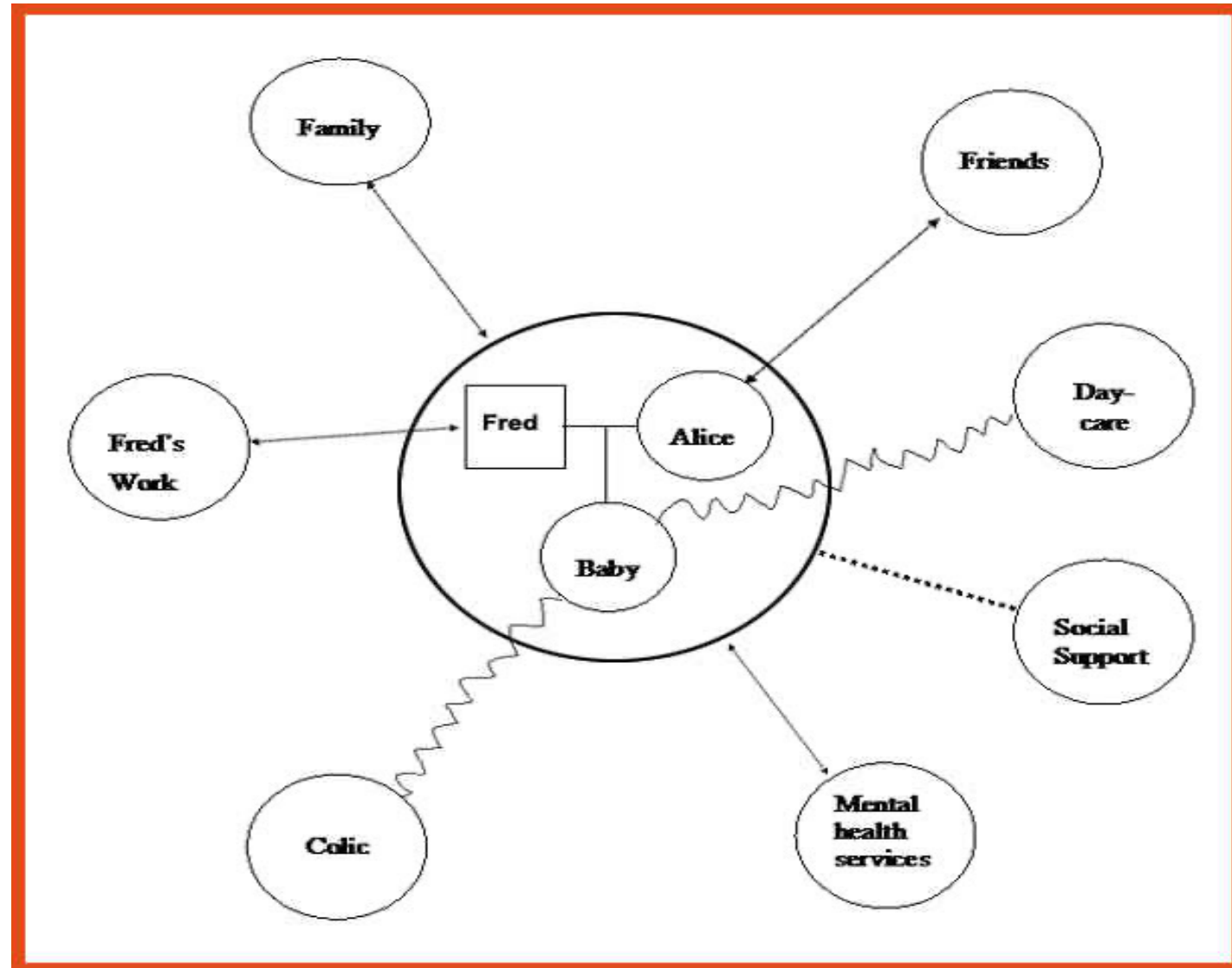
SOUTHERN UTE'S 3-STEP SBIRT MODEL





FAMILY GENOGRAM

GENOGRAM EMBEDDED IN AN ECOMAP



WELLNESS CIRCLE:

ACHIEVING BALANCE FOR THE WHOLE PERSON



Maleah

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:

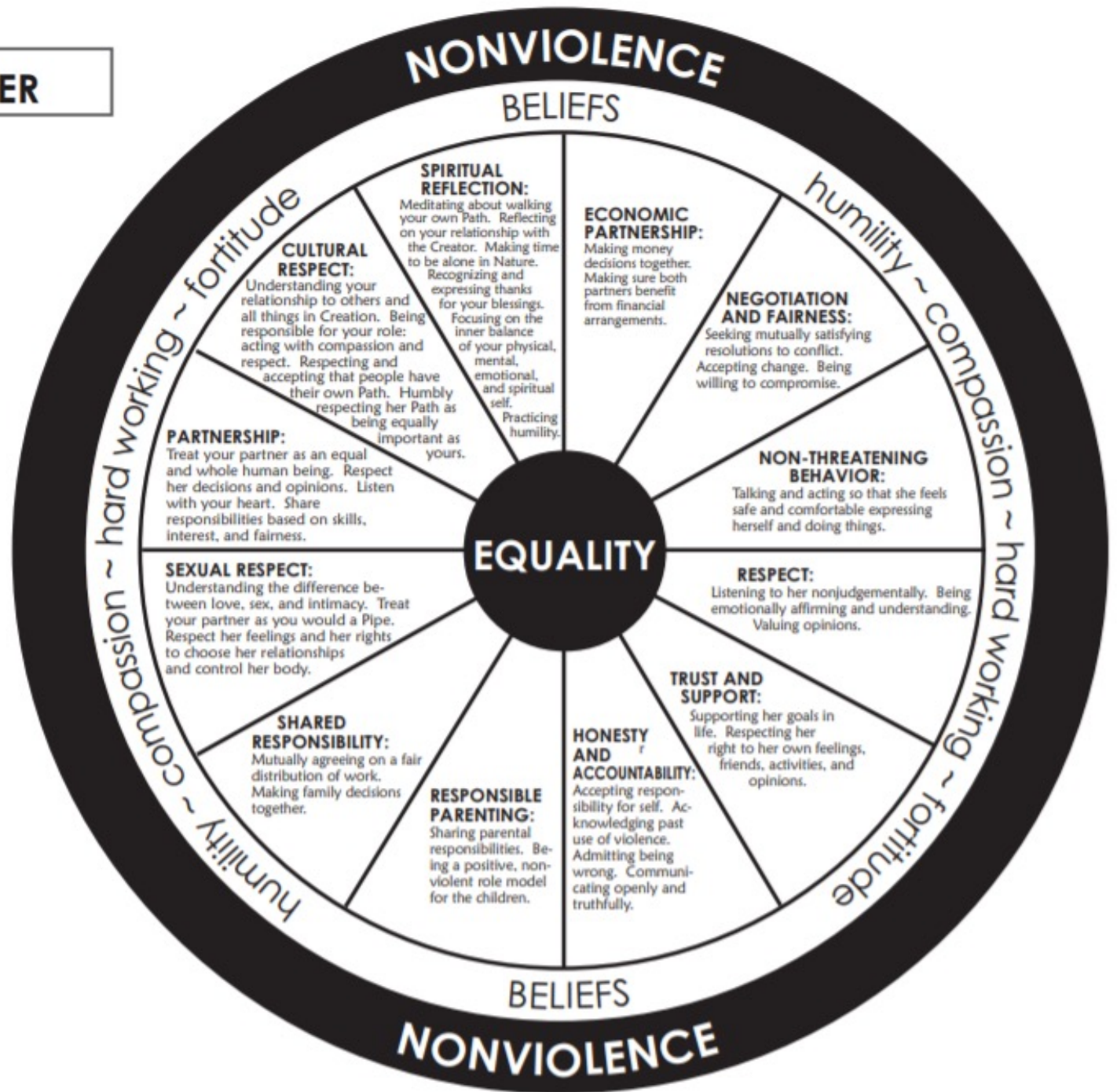
Gender-based institutionalized system of over-lapping continuous violent tactics used to maintain power & control



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

NATURAL LIFE-SUPPORTING POWER

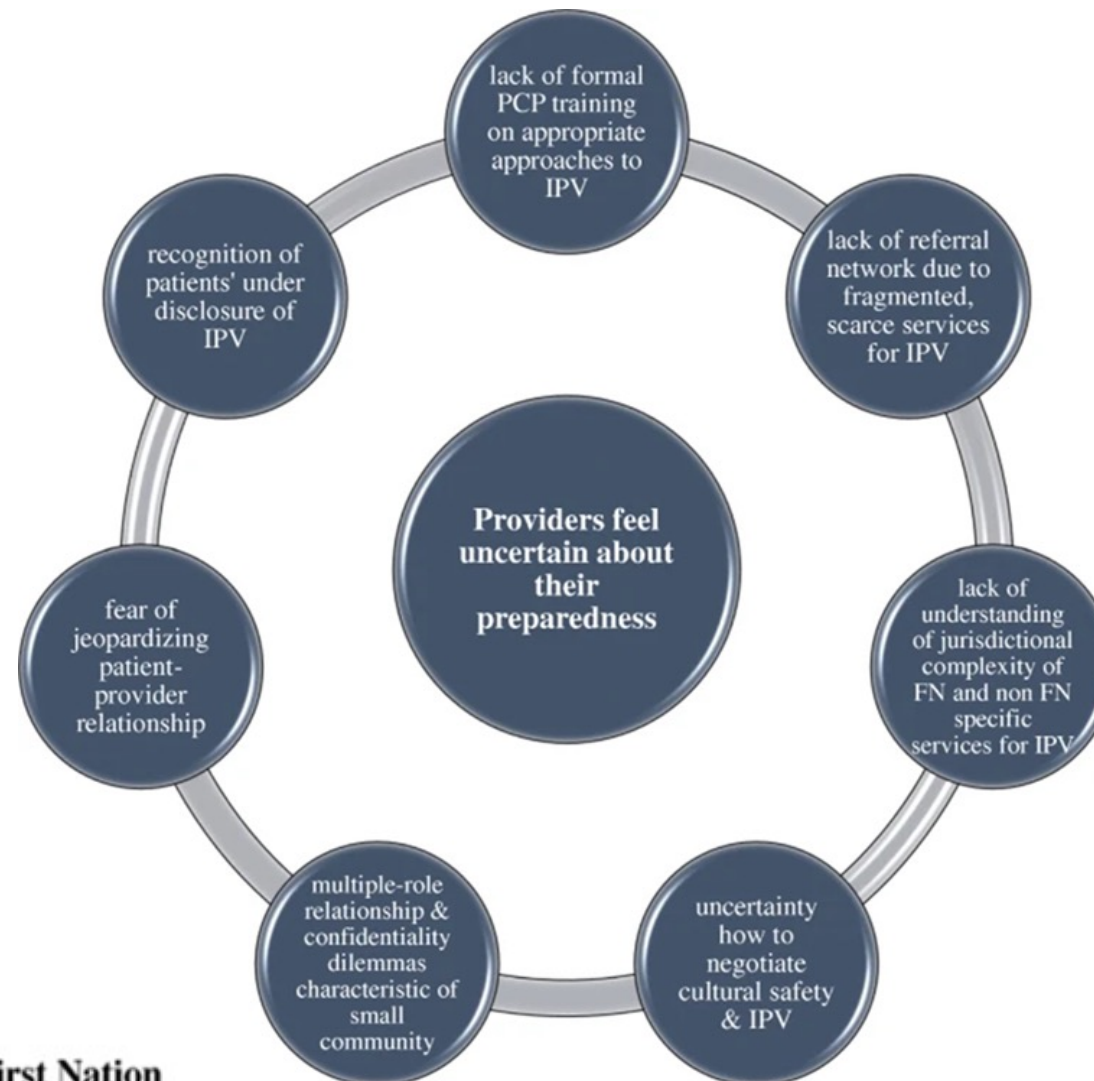
Equality is a natural life-supporting power
that is grounded in spirituality.



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

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

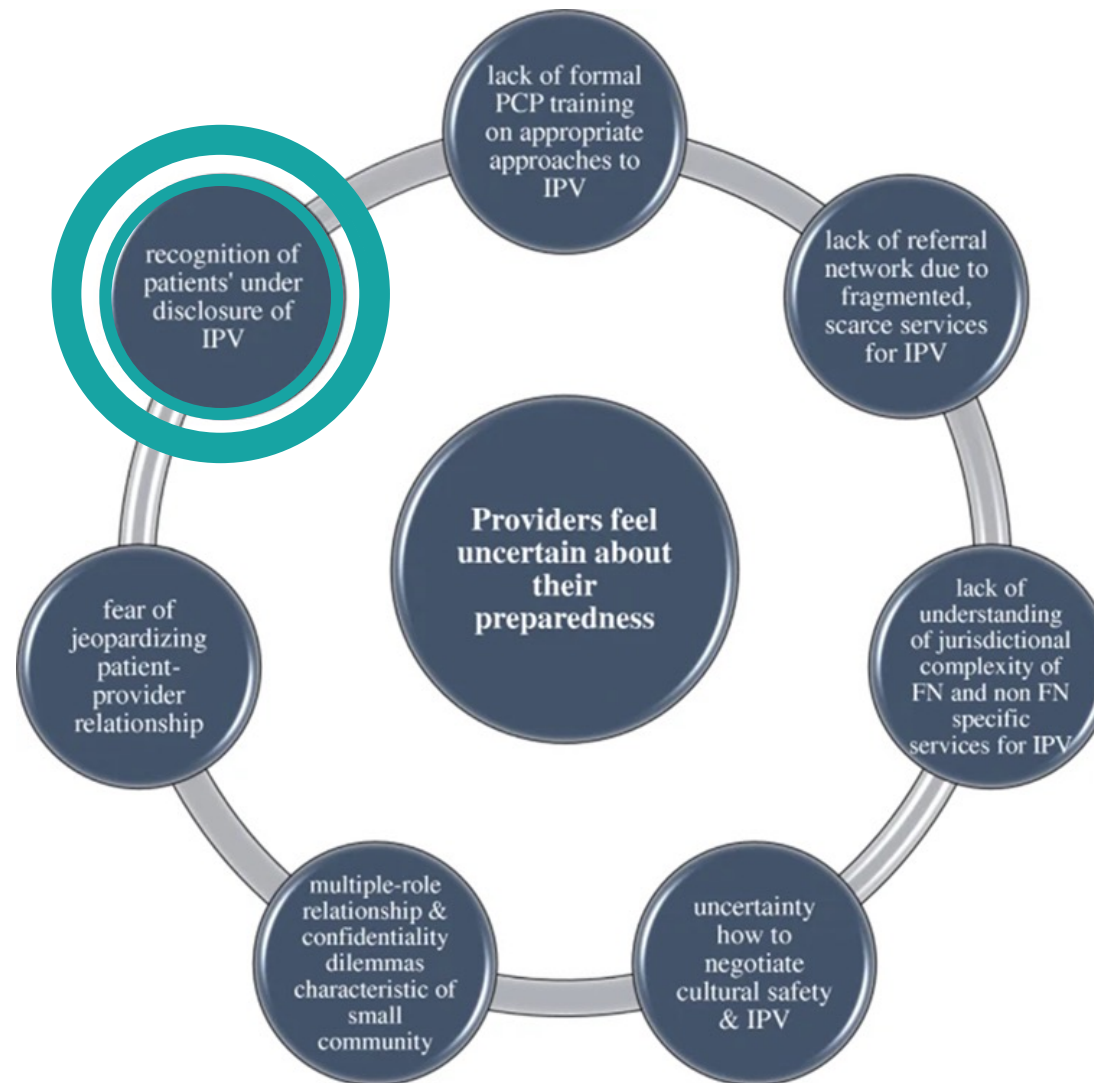
Barriers to Responding to IPV



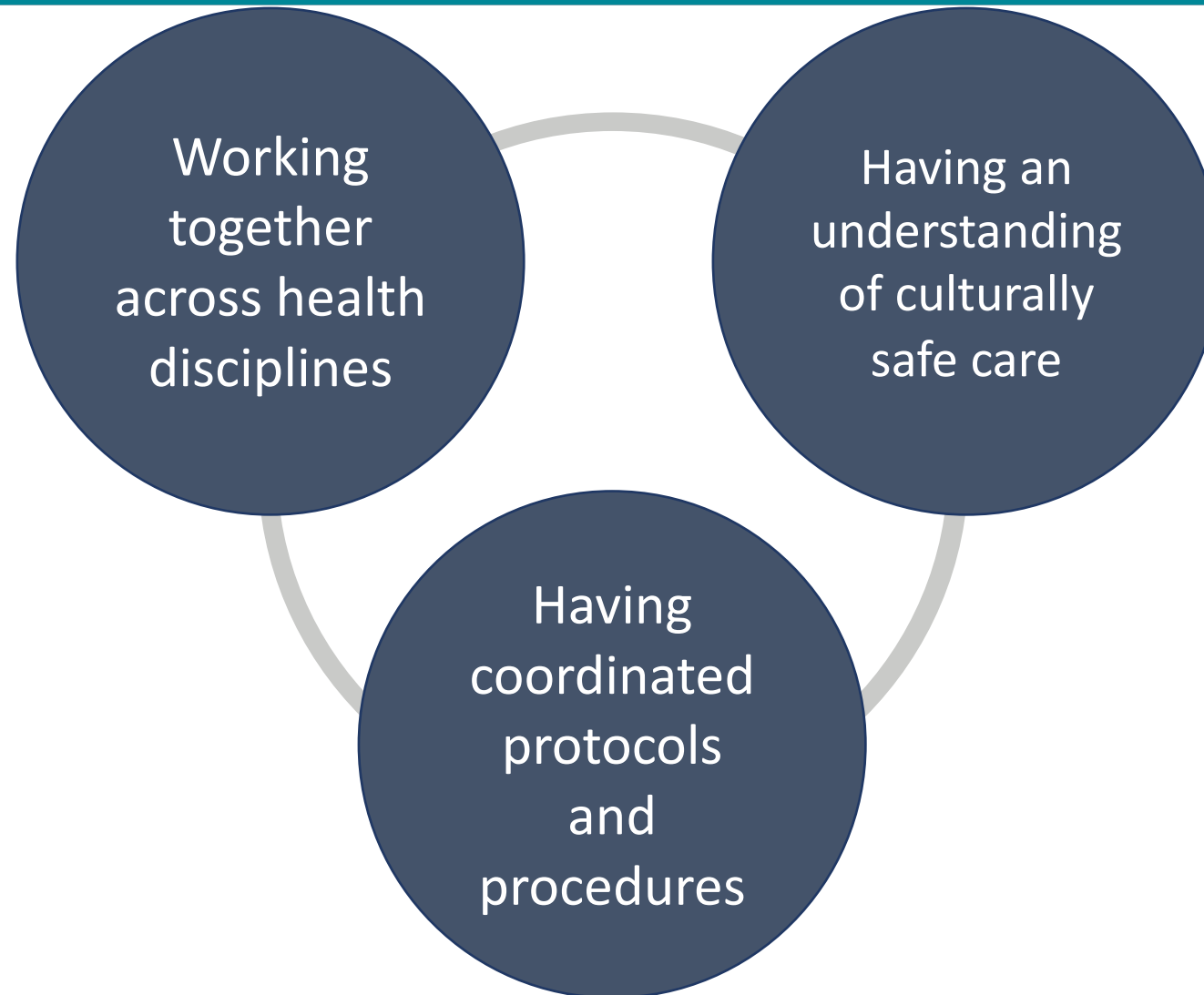
Rizkalla et al., 2020, Fig 1.
DOI: <https://doi.org/10.1186/s12905-020-01053-y>

*Note: FN=First Nation


Barriers to Responding to IPV



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

Options:

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

Women who received prenatal counseling for IPV experienced:

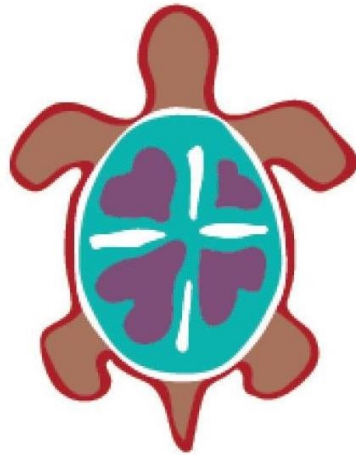
- fewer recurrent episodes of IPV during and post pregnancy
- better birth outcomes such as lower rates of preterm birth and low birth weight

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

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 Screening partners - We Watch out for Each other

- 
- Leadership messaging
 - Aunties/Uncles /Grandparent Programs
 - BH Aides
 - Peer Support Workers
 - Issue specific boxed 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
 - **Practicing the DSM Cultural Formulation Interview (CFI) -4 Components**
 - . Cultural Identify, Cultural explanations of symptoms, Cultural factors related to psychosocial environment and functioning, Cultural dynamics between client/clinician



Reflection - Screening, Assessment and Diagnosis

Reflection –

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

