



# Screening, Assessment, and Diagnosis as Sacred Meaning Making & Intimate Partner Violence

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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, 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**



Hmmmmmmmm....  
Humming for Regulation


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# 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**

# 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- Readiness

- 
- 1. Conduct a readiness assessment** – Evaluate your team’s understanding of ACEs and the toxic stress response and have them complete the ACEs Aware training.
  - 2. Define clinical roles and tasks** – Detail the roles and tasks that will ensure that adults, children, and families receive buffering supports.
  - 3. Gather resources and get to know your network of care** – Coordinate cross-sector and identify partners.
  - 4. Consider financing and technology needs** – Identify and maintain a stable funding source and select an appropriate digital health platform.
  - 5. Monitor, evaluate, and improve the referral process** – Establish goals, monitor progress, evaluate data and outcomes, and use that information to continually make improvements.



# Impacts of Toxic Stress

“A consensus of scientific evidence demonstrates that high doses of cumulative adversity experienced during critical and sensitive periods of early life development, without the buffering protections of safe, stable and nurturing relationships and environments, can lead to long-term disruptions of brain development, immune and hormonal systems and genetic regulatory mechanisms—a condition now known as the **“toxic stress response.”**”

Sources: Shonkoff JP, Garner AS, Dobbins MI, *et al.* The lifelong effects of early childhood adversity and toxic stress. *Pediatrics* 2012; **129**: e232–46. DOI: [10.1542/peds.2011-2663](https://doi.org/10.1542/peds.2011-2663).

Johnson SB, Riley AW, Granger DA, Riis J. The science of early life toxic stress for pediatric practice and advocacy. *Pediatrics* 2013; **131**: 319–27. DOI: [10.1542/peds.2012-0469](https://doi.org/10.1542/peds.2012-0469).

Garner AS, Shonkoff JP, Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, Section on Developmental and Behavioral Pediatrics, *et al.* Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. *Pediatrics* 2012; **129**: e224–31. DOI: [10.1542/peds.2011-2662](https://doi.org/10.1542/peds.2011-2662).

Bucci M, Marques SS, Oh D, Harris NB. Toxic Stress in Children and Adolescents. *Advances in Pediatrics* 2016; **63**: 403–28. DOI: [10.1016/j.yapd.2016.04.002](https://doi.org/10.1016/j.yapd.2016.04.002).

# Impacts of Toxic Stress

## ACEs can have lasting effects on...



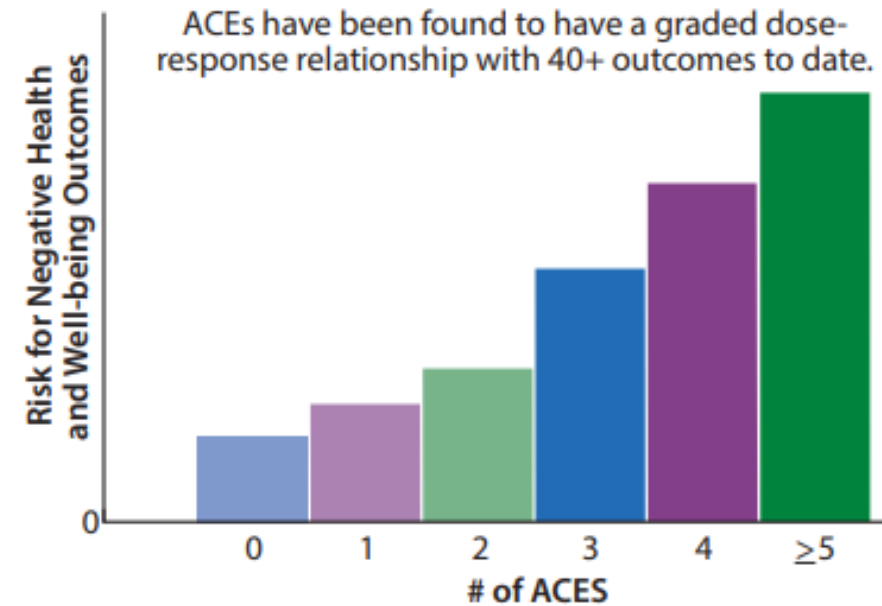
**Health** (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



**Behaviors** (smoking, alcoholism, drug use)

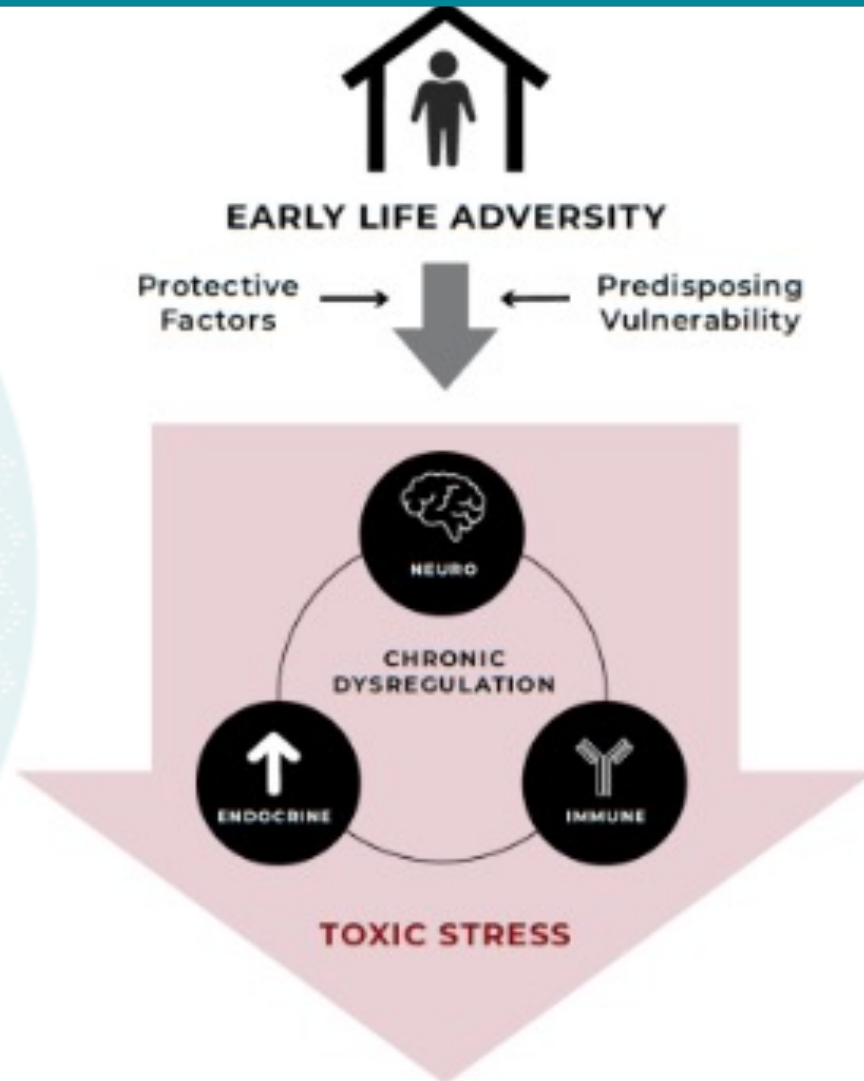


**Life Potential** (graduation rates, academic achievement, lost time from work)



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

# ACEs and Toxic Stress



## 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.

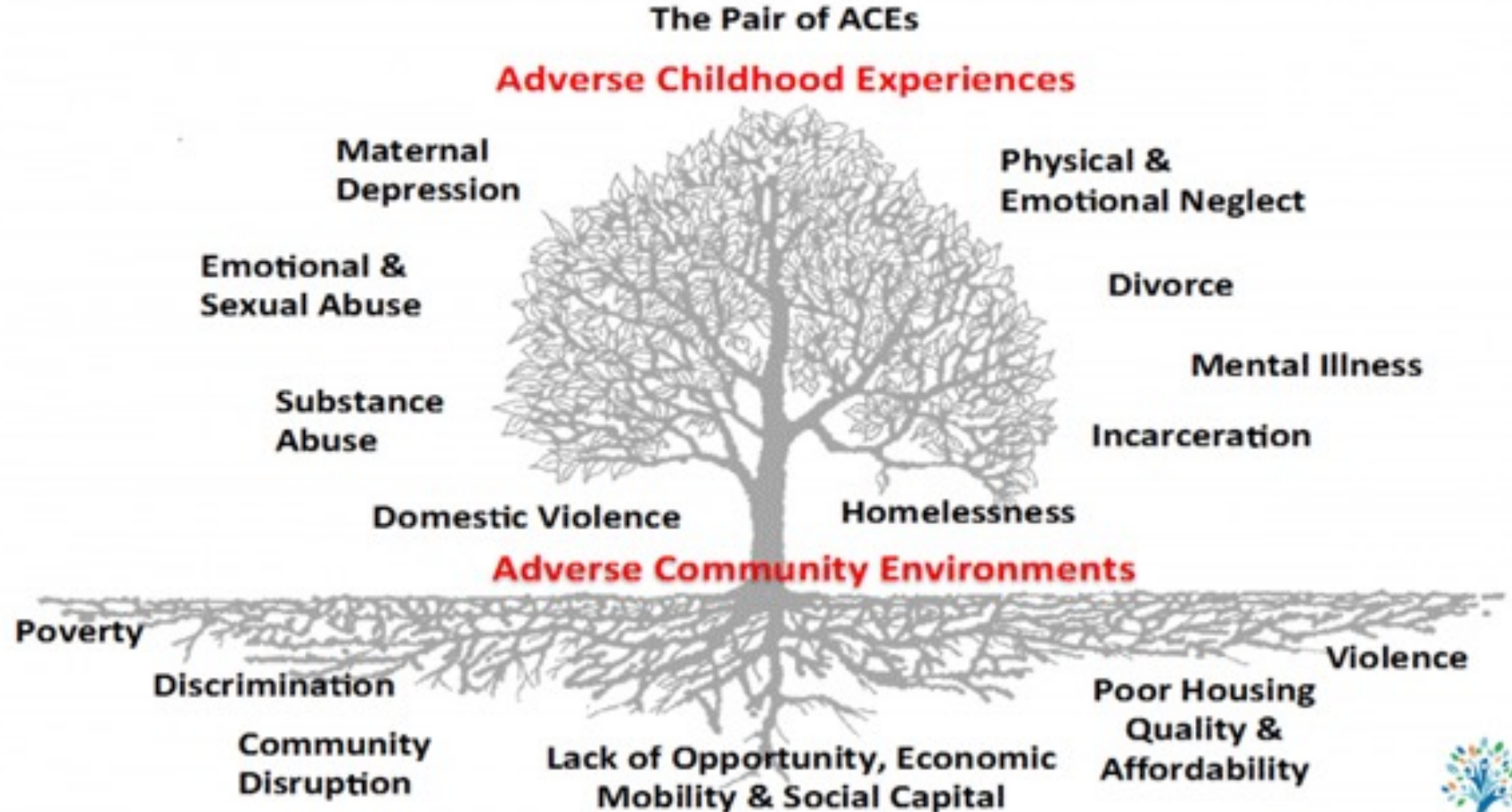
# Intergenerational Transmission – Toxic Stress

“Intergenerational transmission of toxic stress occurs when ***adverse experiences alter parental biology or behavior*** in ways that affect the development and health of their children. This includes changes to parental and child neuro-endocrine-immune-metabolic and genetic/genetic regulatory function, in ways that matter for pre-conception health, and also influence pregnancy, birth, infant, and child health outcomes. Parenting behaviors, positive experiences, societal factors, and historical traumas also influence the way that health risks are passed on from parent to child.”

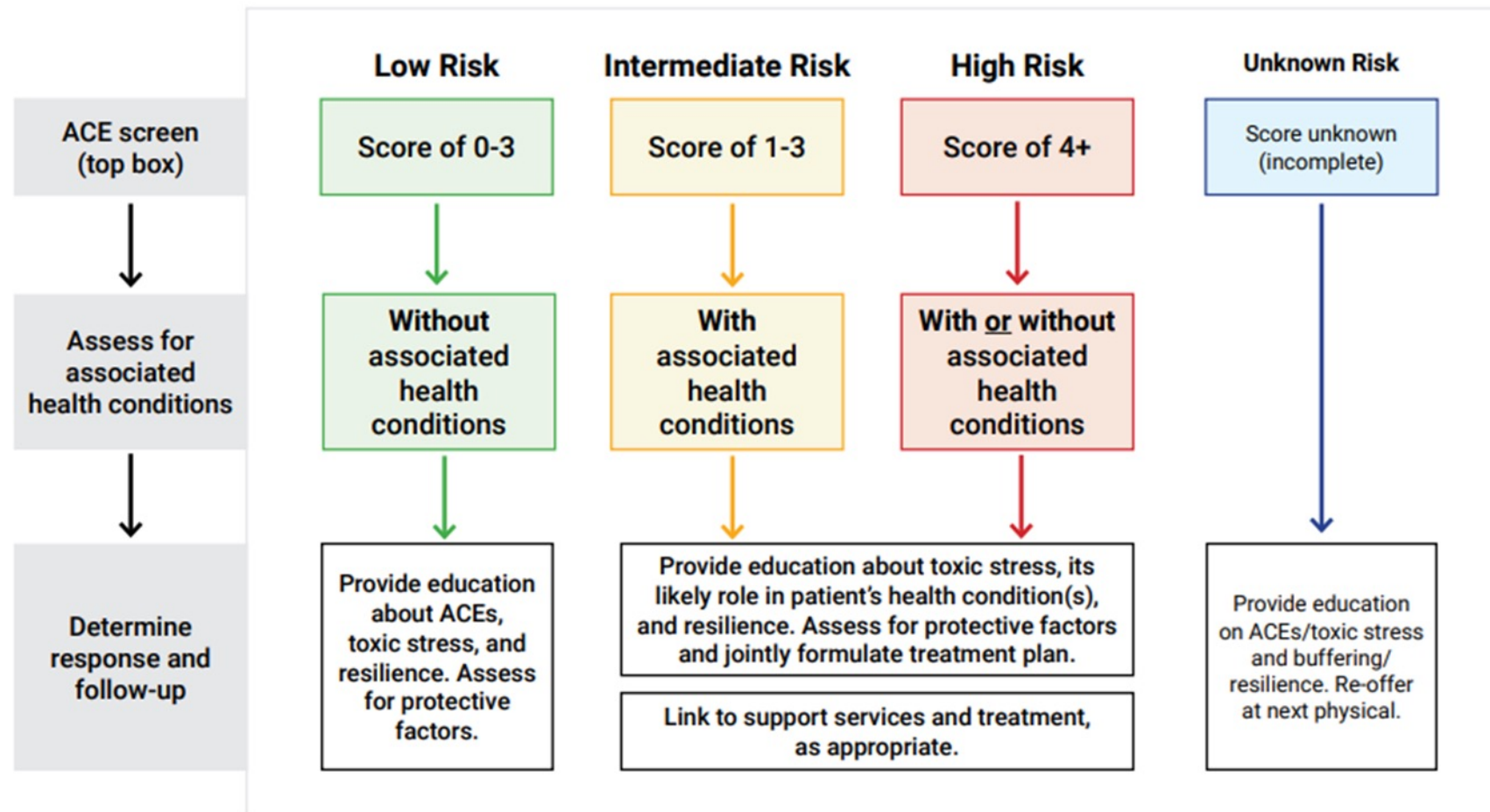
Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812. (p. 36-52)

[https://osg.ca.gov/wp-content/uploads/sites/266/2020/12/Roadmap-For-Resilience\\_CA-Surgeon-Generals-Report-on-ACEs-Toxic-Stress-and-Health\\_12092020.pdf](https://osg.ca.gov/wp-content/uploads/sites/266/2020/12/Roadmap-For-Resilience_CA-Surgeon-Generals-Report-on-ACEs-Toxic-Stress-and-Health_12092020.pdf)

# Adverse Childhood Experiences and Adverse Community Environments

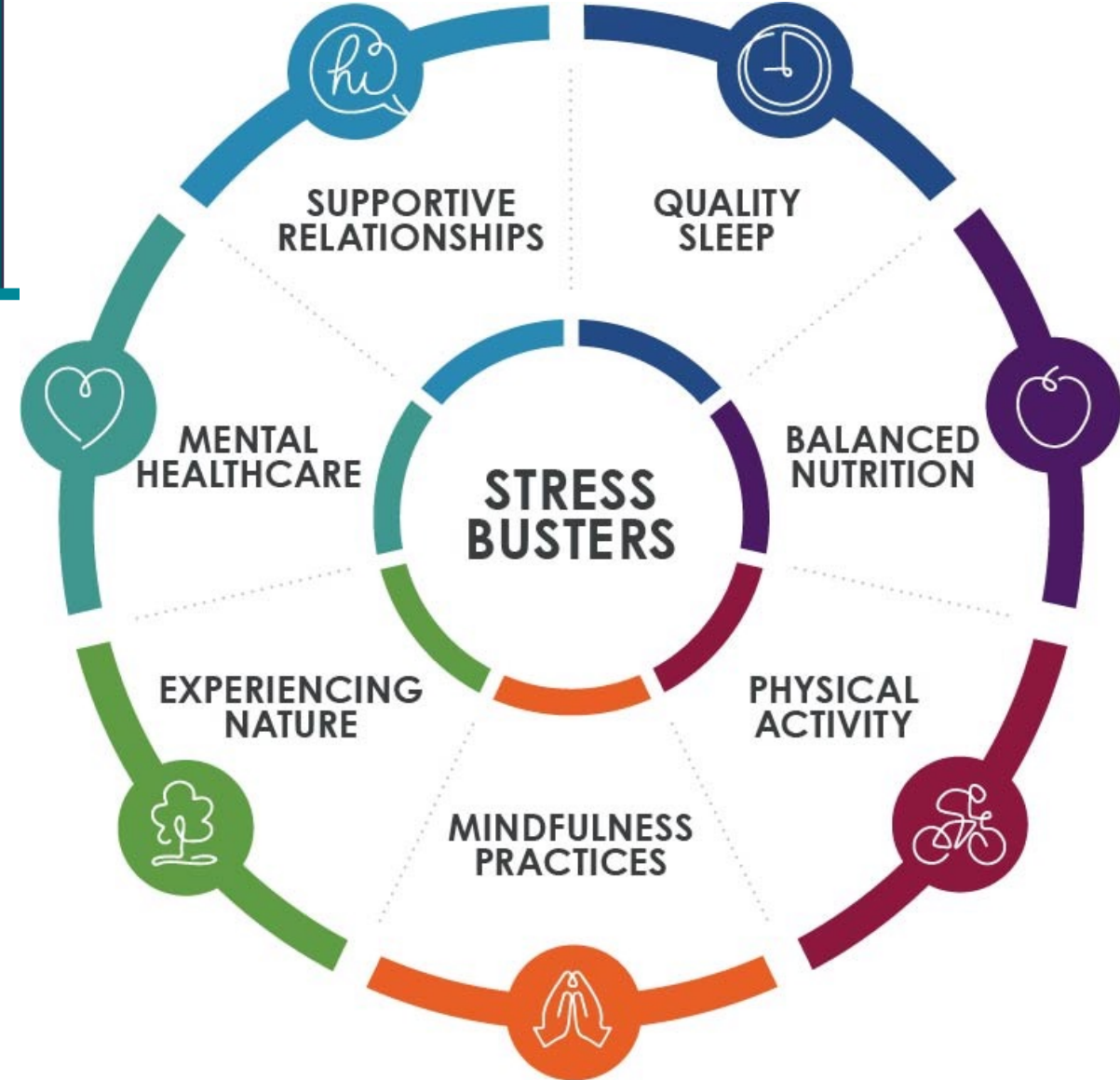


# ACEs and Toxic Stress Risk Assessment Algorithm – Adults




Full algorithm is available at: [ACEsAware.org/clinical-assessment](https://ACEsAware.org/clinical-assessment)

# Evidence Based Strategies for Managing Stress



**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

- 
- Increase the likelihood of early detection
  - Create robust referral systems
  - Bring protective resources for early life adversities
  - Integrate departments to work as a team
  - 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 consider existing buffers
- NCTSN Recommends many other tools

# ACEs in Indigenous Communities

- 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**  
Sonoma County Indian Health Inc. ACEs community preparation video

# ACEs – Indigenous Guidance



<https://training.acesaware.org/aa/additional>



<https://www.acesaware.org/>

# 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 to it and how do you want to- Connectivity

## 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/>



# 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 boxed programs
  - QPR- Question Persuade Refer
  - Zero Suicide



# Reflection - Screening, Assessment and Diagnosis

## Reflection –

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



# 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%

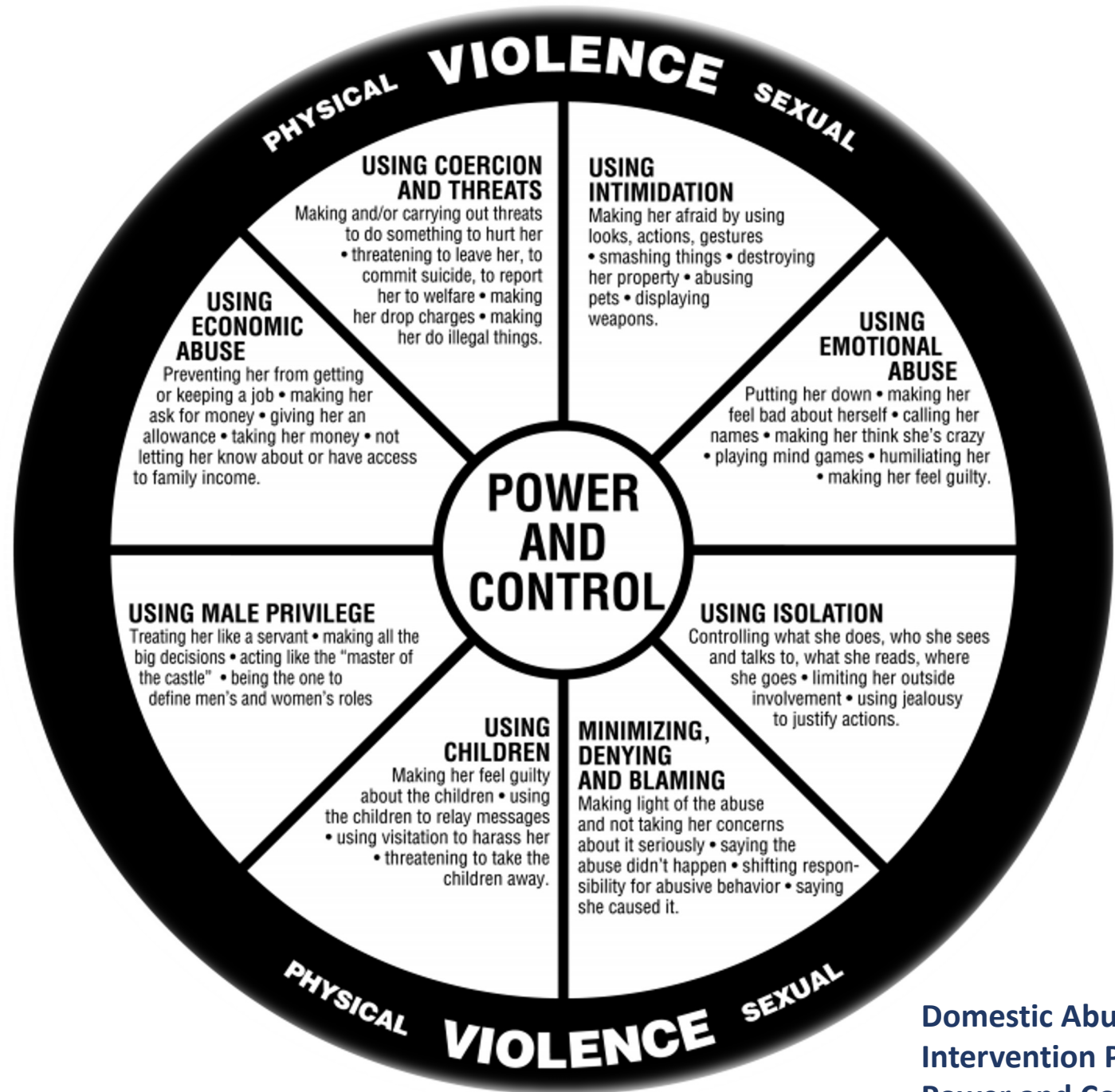
# IPV Screening Tools

- **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:

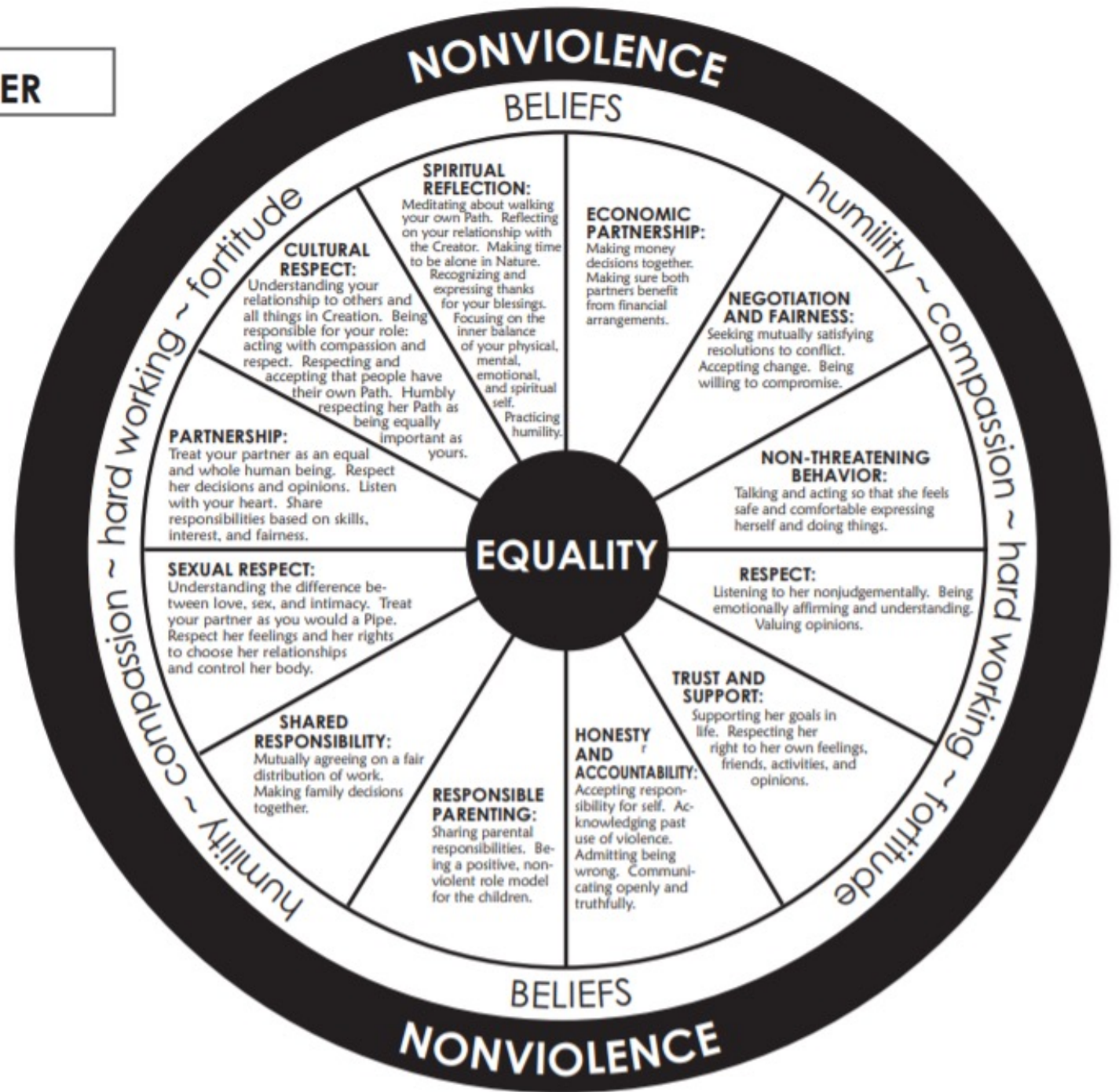
Gender-based institutionalized system of over-lapping continuous violent tactics used to maintain power & control



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

# NATURAL LIFE-SUPPORTING POWER

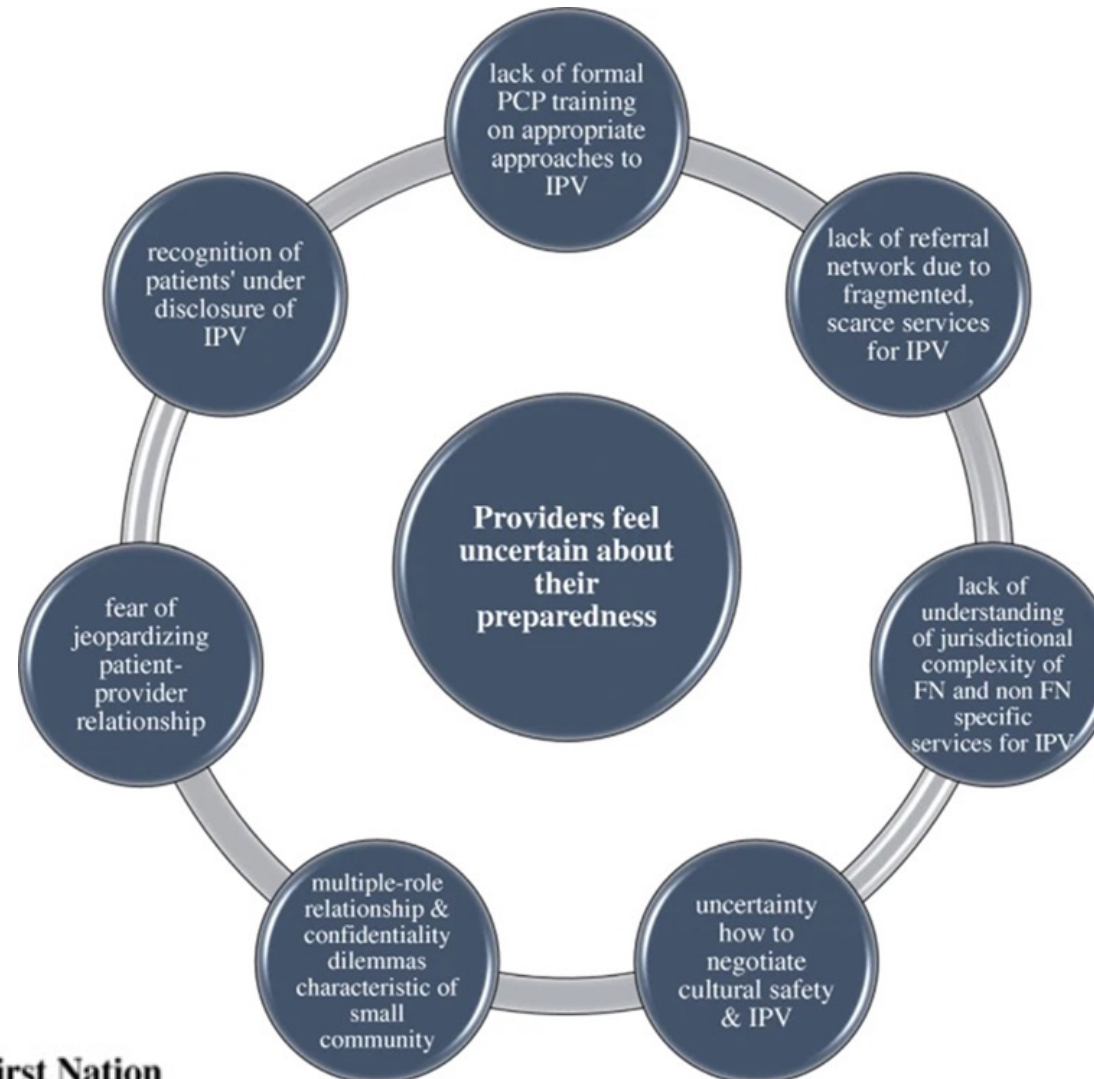
Equality is a natural life-supporting power that is grounded in spirituality.



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

[http://www.ncdsv.org/publications\\_wheel.html](http://www.ncdsv.org/publications_wheel.html)

# Barriers to Responding to IPV

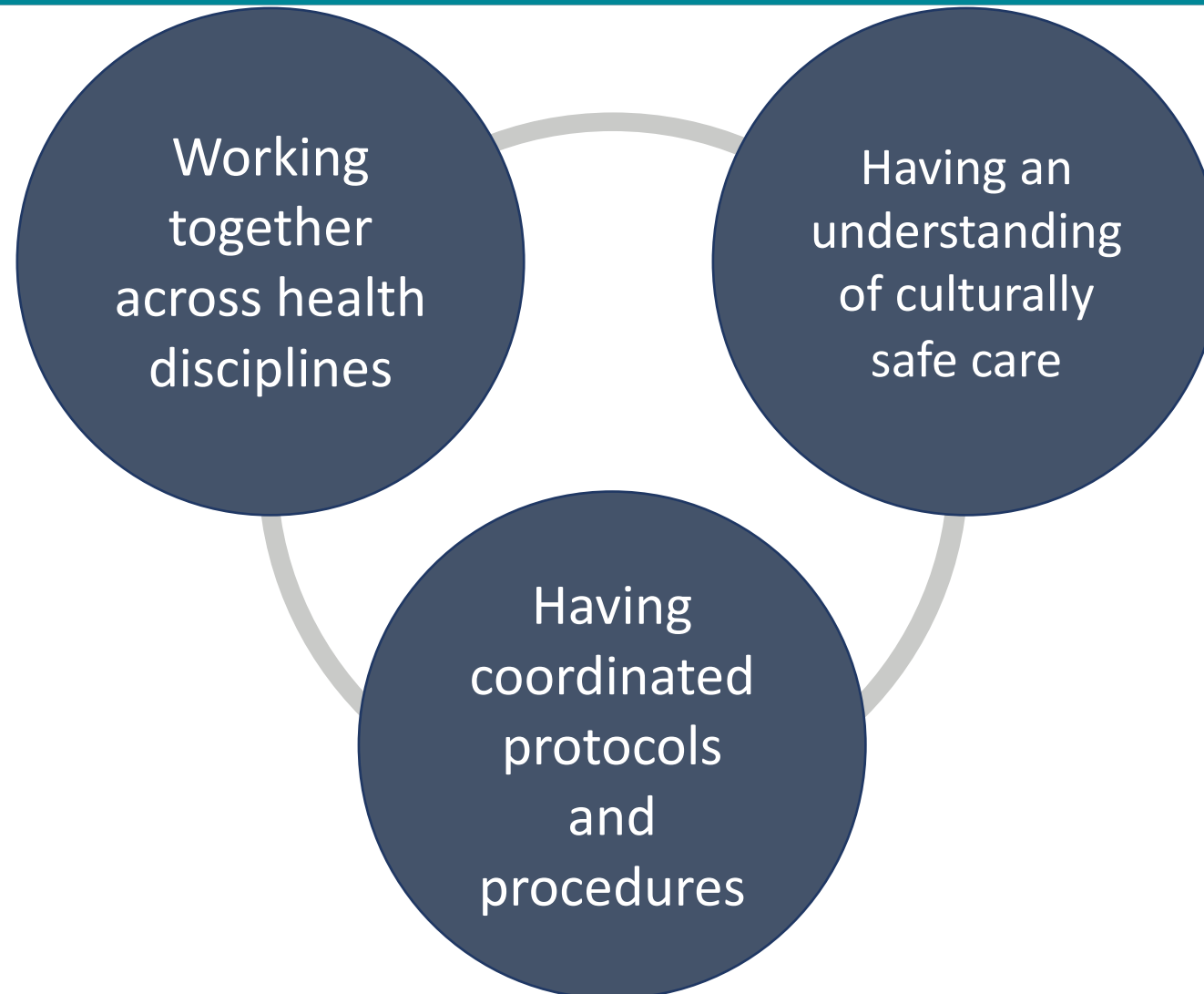


Rizkalla et al., 2020, Fig 1.  
DOI: <https://doi.org/10.1186/s12905-020-01053-y>

\*Note: FN=First Nation



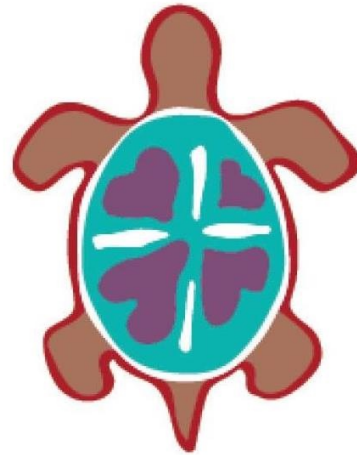
# Facilitators to Responding to IPV



# 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

# 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