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The Other Side of the ACEs
Pyramid: An Indigenous Healing
Framework

# Before We Get Started...

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## Our Partnership

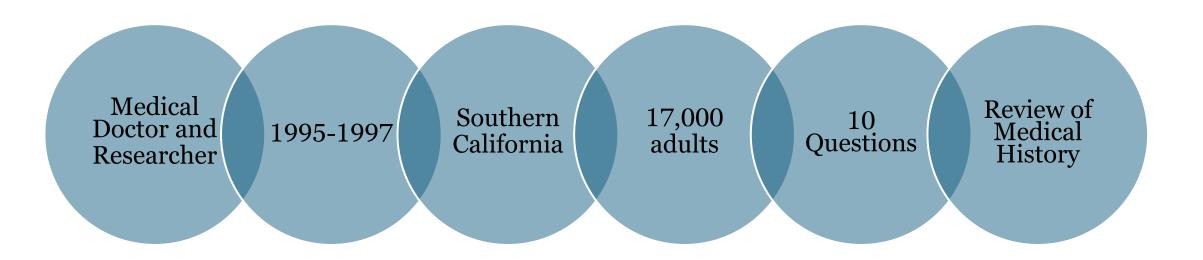




#### National Native Children's Trauma Center

- NNCTC utilizes current research in Indian Country and *tribal* best practices and approaches to support *tribal* children, youth, and families who have experienced traumatic events and those who work in the *tribal* justice system.
- As a Category II Trauma Center in the Network our mission is to co-facilitate trauma focused healing for Native children, families, and communities.

#### **Adverse Childhood Experiences Study**



Results documented trauma's impact across the lifespan

#### Adverse Childhood Experiences (ACEs)

**ABUSE** 

**NEGLECT** 

HOUSEHOLD DYSFUNCTION



Physical



Physical



Mental Illness



**Incarcerated Relative** 



**Emotional** 



**Emotional** 



Mother treated violently

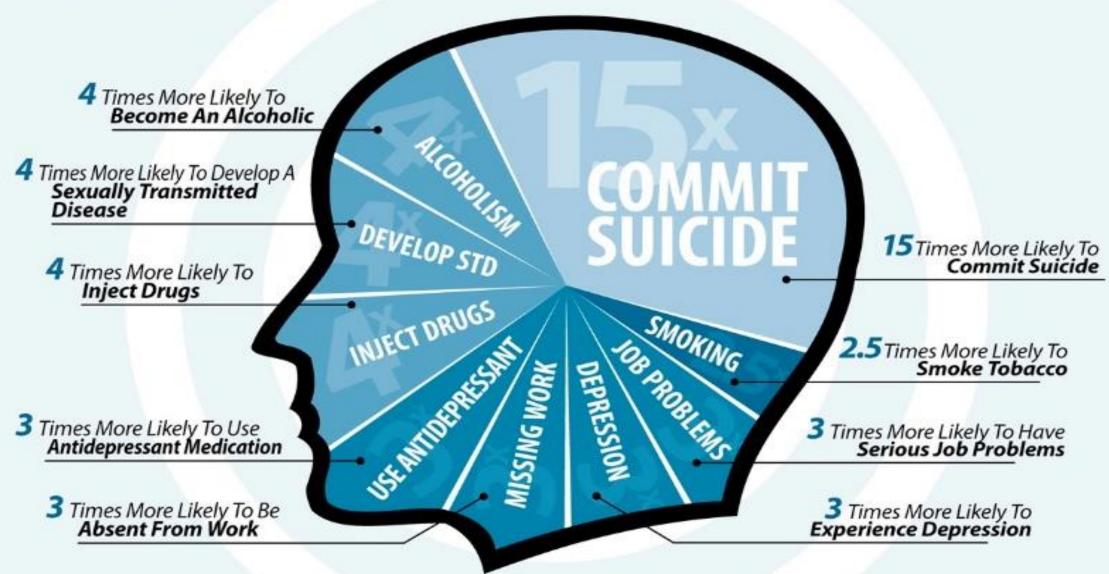


Substance Abuse



Sexual

#### **PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:**



Death **Mechanism by which Adverse Early Childhood Experiences Influence Death Health and Well-Being Throughout** Disease, Disability, & the Lifespan **Social Problems Adoption of Health Risk Behavior** Social, Emotional, & Cognitive **Impairment Disrupted Neurodevelopment Adverse Childhood Experiences Social Conditions/Local Context** Conception **Generational Embodiment/Historical Trauma** 

#### **Childhood Trauma is Common**

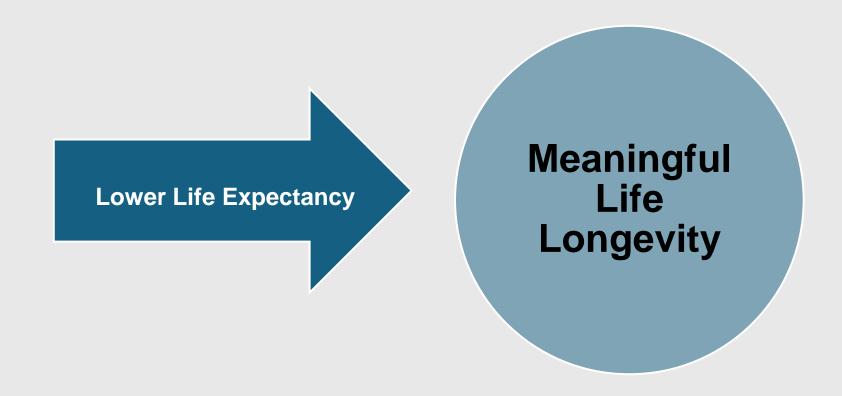
	Original ACE Study	Seven-Tribe Study (2003)	South Dakota (2017)	Urban ACE Study (2012)
At Least 1 ACE Reported	64%	86%	83%	70%
4 or more ACEs	13%	32%	32%	40%

#### Trauma & ACES: Public Safety & Health Challenges





#### **Overcoming ACEs**



#### Rationale for the Other Side of the Pyramid



Focuses on healing instead of deficits



Realizes the need for healing the whole community



Provides a framework for communities to take ownership of



Encourages a comprehensive community-wide effort

Healing doesn't mean the damage never existed. It means the damage no longer controls our lives.



Acknowledges the work already happening



Gives us hope!

Meaningful Life Longevity

Wellness and Balance

**Cultural Values and Coping Skills** 

Social Emotional and Cultural Identity

Development

**Consistent Corrective Experiences** 

**Positive Childhood, Family, and Community Experiences** 

**Thriving and Safe Communities** 

#### **Historical Trauma Lens**



## What's wrong with you?

- What's wrong with this parent/caregiver?
- What's wrong with this family?
- What's wrong with this community?

## What's happened to you?

- What's happened to this parent/caregiver?
- What's happened to this family?
- What's happened to this community?

#### The 3 E's (Event, Experience, Effects)

How do Indigenous people conceptualize trauma?

How are symptoms/effects exhibited? Are there cultural norms that influence symptom presentation?

How is healing achieved to mitigate the effects of trauma?

## For us, it is not IF but when those we work with will become dysregulated



#### **Becoming Trauma Informed**

Non-Trauma Informed	Trauma Informed
Compliance/Obedience	Empowerment/Collaboration
Behavior as personal	Behavior as communication
Fear-based	Empathy-based
Manipulative	Testing Outcome
Lazy	Overwhelmed
Resistant	Mistrustful or Avoidant
Attention Seeking	Connection Seeking

#### Potentially retraumatizing practices in child-serving systems include:

(Goldsmith, Martin, & Smith, 2014; Harris & Fallot, 2001; Jennings, n.d.; Prescott, Soares, Konnath, & Bassuk, 2008)

Use of force and coercion

Harsh, punitive discipline practices

Seclusion and restraint

Rigid rules

Lack of privacy and confidentiality

Unsafe environments

Being talked at or talked down to

Abuse by staff at facilities

Witnessing abuse towards others in the service environment

Feeling trapped

Using confusing language and terminology

Disrespectful language and tone towards youth and families

Policies and procedures that shame, devalue, disrespect, and otherwise disempower youth and families

Youth and families having limited voice in decision-making about care

Inadequate treatment interventions that do not address traumarelated needs

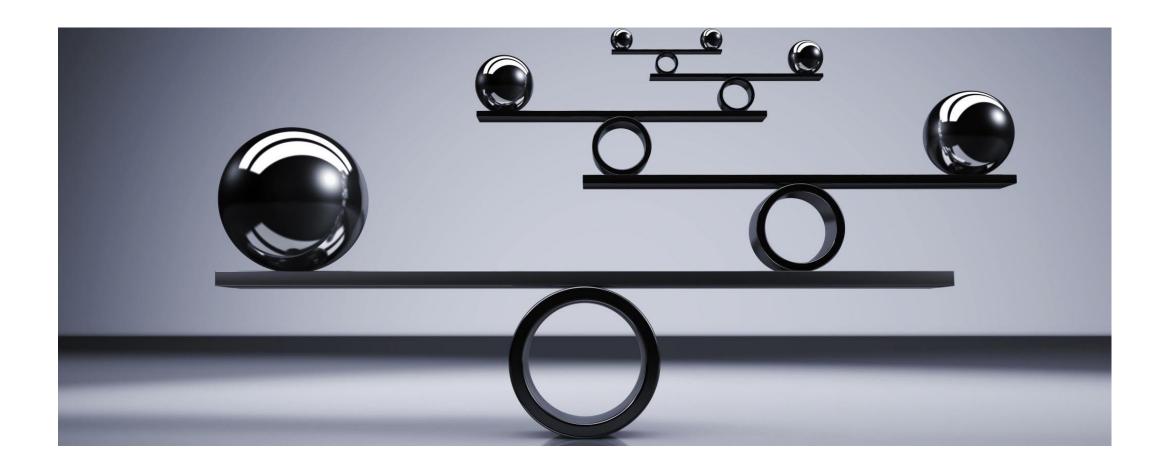
Issues of bias, discrimination, and related disparities and disproportionality across systems

#### **Using our Lenses**

Problem focused	Trauma focused	Cultural considerations
Over-sensitive and reactive	Trauma is being retriggered, resulting in strong emotions	There was previous cultural harm
Aggressive behavior	Always aware of potential threats and relies on anger to stay safe	In this community people may individually provide their own justice
Refuses help	Shame is triggered when help is offered	Would like to demonstrate competence
Avoids people	Way to manage stress and retriggering	Mistrusts people
Disengaged	Could be avoiding stress or experiencing dissociation from trauma	Previous help was unhelpful

<sup>@</sup> Psychotherapy.Central - Adapted from: hhtps://www.youthaodtoolbox.org/au/principle-4-strengths-based-approach

#### **Balancing Empathy and Accountability**



## What can get in the way of using your trauma lens?





## PACES (protective and compensatory experiences| positive and adverse childhood experiences)

Home | PACEsConnection

 Researchers have found a dose response correlation between PACES and later mental health and social and emotional support in adulthood, regardless of how many ACEs a person experienced (Bethel, et al., 2019). "What treatment, by whom, is most effective for this individual, with that specific problem, and under which set of circumstances?" -Gordan Paul

What healing practices,
by whom, are most effective
for this population,
with that set of problems, and
under which set of
circumstances?

#### **Assessing Outcomes**



How do we define success considering cultural and/or community definitions of what success might look like?



Who gets to decide?



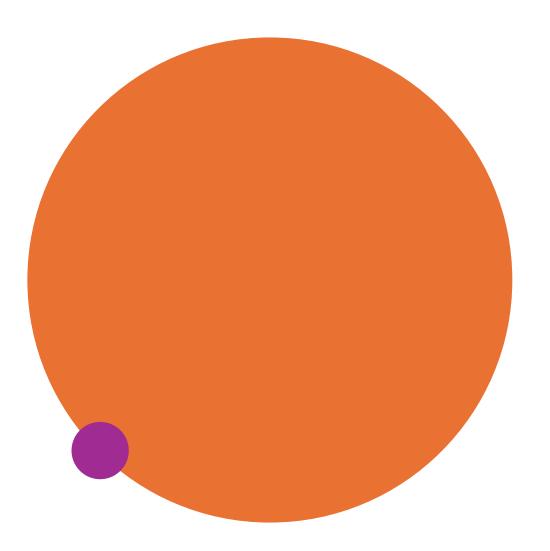
How do we know improvement is happening?

#### Rejuvenating Healing

- Increase intensity and regularity of engaging in rejuvenating practices
- Increase access to all and any healing interventions
- Focusing on not just what we do but how we do it







"Trauma Informed Systems principles and practices support reflection in place of reaction, curiosity in lieu of numbing, selfcare instead of self-sacrifice and collective impact rather than siloed structures." - Epstein, K, Speziale, K, Gerber, E, & Loomis, B (2014)



Two examples of Trauma-Informed City Visioning

#### City of Chicago

• Our vision is to become a city that is educated about trauma, prevents transmission of harm, and positively impacts the lives of others. Our approaches are embedded in prevention, aiding & supporting healing rather than contributing to ongoing experiences of trauma.

#### **Healthy Chicago 2.0** proposed those goals and overarching objectives:

- Increase life expectancy.
- Reduce obesity.
- Reduce preventable hospitalizations.
- Reduce perception of discrimination.
- Improve perception of overall health.
- Formalize 'Health in All Policies' as a standard across City agencies.
- Establish Chicago as a Trauma-Informed City.

#### **San Diego County**

**Vision:** Improve the health and wellness of our community by providing innovative and integrated policies, practices, services, and systems so San Diegans can engage and enjoy lives that are Healthy, Safe, and Thriving.

#### **RECOMMENDATIONS TO SUPPORT VISION:**

- 1. Shared Philosophy and Leadership Commitment
- 2. Universal Awareness
- 3. Step-Wise, Cross-System Training
- 4. Interconnect Recommendations to Existing County Initiatives
- 5. Prioritize Self-Care and Wellness for Staff and Providers
- 6. Shared Resources, Materials and Database
- 7. Integrated Trauma-Informed Systems to include (Practices, Policies, Place, Contract Language, Supplemental Materials, and Utilization of Electronic Records and Databases)
- 8. Meaningful and Consistent Evaluation and Consultation
- 9. Consumer/Clients are Partners in Care



"The only shadow cast here is that of your own doubt"
-Black Elk

#### Q&A

- Who would need to be involved to work toward this community-wide change in your community?
- Who would have to lead the effort?
- What would need to happen first?



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### Evaluation

• Please complete the evaluation of this webinar to help us continue to better this presentation for the future.

### Thank you Pidamaya

