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# Before we get started...

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# Today's Agenda

- Group agreements
- System of care framework
- Historical trauma overview
- Adverse Childhood Experiences
- Native ideas into action

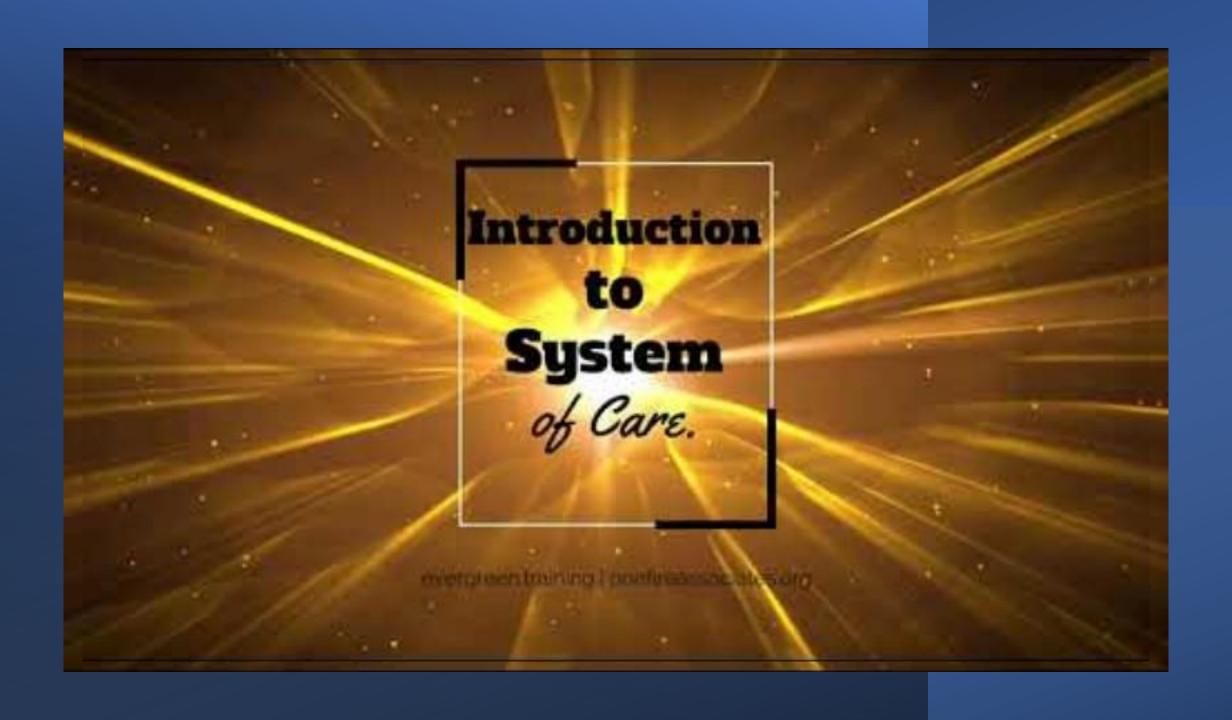
# Group Norms

- Remain on mute
- Questions are encouraged
  - Use the chat box or
  - Raise your virtual hand
  - Unmute to speak
- Please share your cameras
- Participate at your comfort level
- Take care of yourself (stretch/bio break/drink water/etc.)
- Self-grace
- 988 Lifeline



## **Key Terms**

- Substance abuse/Misuse: Used to refer to both substance abuse and substance dependence. The term refers to use of alcohol as well as other substances of abuse DSM-5 (APA, 2013). The term "addictive disorders" is used to describe other mental disorders that are now classified under the category "Substance-Related and Addictive Disorders" in DSM-5 (APA, 2013), including tobacco use disorder (Behavioral Health Services For American Indian and Alaskan Natives, SAMHSA 2018, TIP61).
- **Behavioral Health:** Behavioral health refers to a state of mental/emotional being and choices and actions that affect wellness.
- **Historical Trauma:** Historical Trauma is a collective emotional and mental wounding over the lifespan and across resulting in massive group trauma experiences.
- Intergenerational Trauma: Intergenerational Trauma is the transmission of historical oppression and its negative consequences across generations.
- Addiction: Chronic relapsing disorder characterized by compulsive drug-seeking behavior despite harmful consequences.
- Trauma-Informed Care: A program, organization, or system that is trauma informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings, and seeks to actively resist retraumatization (SAMHSA, Trauma and Justice Strategic Initiative, 2012, p. 4.).



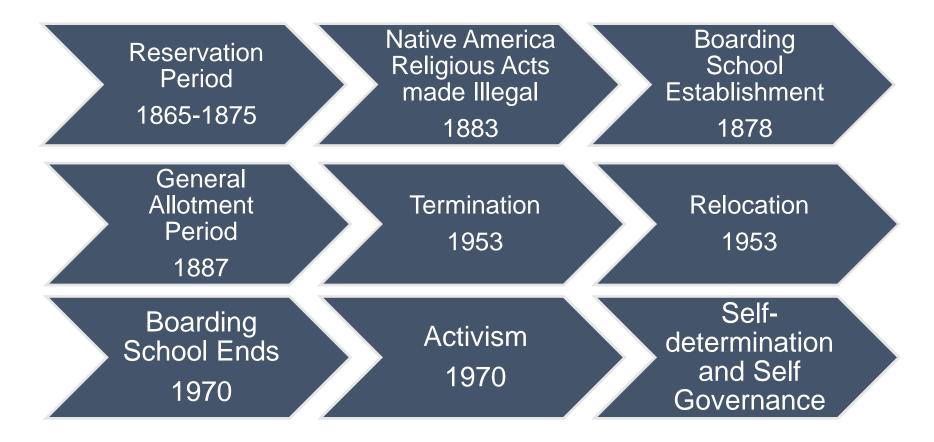


# **Effects of History**

 History plays an important role in who we are today

Especially Trauma History

### **Historical Trauma Timeline**



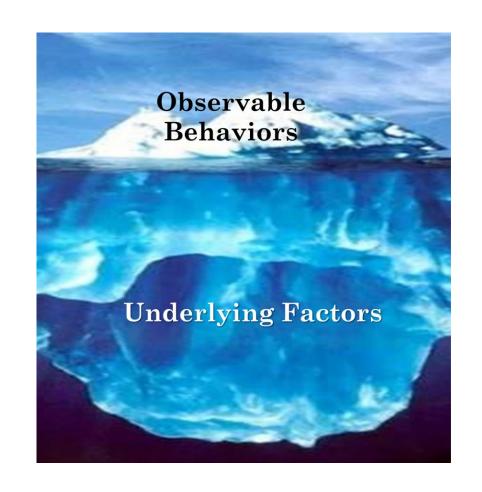
**Meriam Report:** The Problem of Indian Administration (1928). 1<sup>st</sup> full general study to assess the conditions on reservations and Indian boarding schools. Carlisle boarding school (1879) "Kill the Indian and Save the man" (General Pratt).

## Healing and Recognizing Historical Trauma



## **Effects of Trauma**

- What impact does historical traumatic events have on Native youth?
- What impact does individual traumatic events have on Native youth?



### **Understanding Behaviors From A Trauma-Informed Lens**

Beneath every behavior there is a **FEELING**. And beneath each feeling is a **NEED**. And when we meet that need rather than focus on the behavior, we begin to deal with the **Cause**, not the symptom!

#### ACE's Study: Adverse Childhood Experiences:

- Early exposure (prior to your 18<sup>th</sup> birthday) to family violence, abusive treatment or witnessed abuse, neglect, alcohol/drug use, separated/divorced parents and various other traumatic events or situations that can lead to health-related issues, social problems, risk-taking behaviors and even a shortened lifespan.
- The largest study ever conducted to assess the correlations between childhood maltreatment and later life health and well-being. 17,000 participants were assessed for the initial study that occurred in the mid 90's. The study was conducted by the CDC and the Kaiser Permanente's Health Appraisal Clinic in San Diego California. Individuals who experience a stressful or traumatic event were at greater risk for the development of a health issues.

(CDC, retrieved on 6/01/2024: <a href="https://www.cdc.gov/violenceprevention/aces/about.html#print">https://www.cdc.gov/violenceprevention/aces/about.html#print</a>)

### Adverse Childhood Experience (ACE) Questionnaire

Find your ACE Score

## **Examples of ACEs & Exposure**

#### **Adverse Childhood Experiences**

- Emotional abuse
- Physical abuse
- Sexual abuse
- Neglect
- Household mental illness
- Witness to violence
- Racism, sexism, bullying
- Experienced homelessness
- Natural disasters

#### **Increased Exposure to ACE's**

- Substance use
- Adolescent pregnancy
- Anxiety
- Depression
- Heart disease
- Liver disease
- Suicide ideations
- Suicide attempt
- Death by suicide

## **SAMHSA Treatment Improvement Protocol 61**

- American Indians and Alaska Natives are less likely to drink than White Americans; however, those who do drink are more likely to binge drink and to have a higher rate of past-year alcohol use disorder than other racial and ethnic groups.
- Although some professionals have suspected that genetic factors play a part in the high rates of substance abuse among American Indians and Alaska Natives who use alcohol or drugs, this is incorrect. There are no genetic factors unique to Native Americans that are associated with high rates of substance use.
- Likely reasons for today's high rates of substance use, suicide, violence, and domestic abuse among American Indians and Alaska Natives are due to the fact that their communities are exposed to a greater degree to the same risk factors that are predictors of problems for everyone, such as poverty, unemployment, and trauma (including historical trauma), as well as loss of cultural traditions.
- American Indians and Alaska Natives generally start using alcohol and other substances at a younger age than do
  youth from other major racial/ ethnic groups. Early substance use is linked with greater risk for substance use
  disorders. Poverty and unemployment, common problems for Native Americans, are themselves risk factors for
  alcohol and other substance use disorders, as are the disruption of families, trauma exposure, historical trauma, and
  continuing discrimination. (ETOH & Marijuana are most common substances used, Methamphetamine and opioid use
  has increased.)

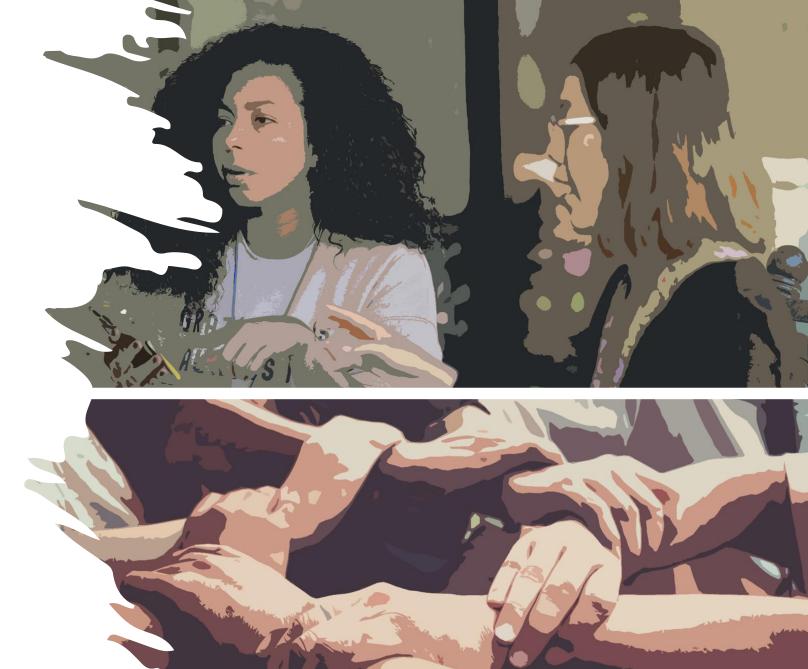
(Behavioral Health Services For American Indian and Alaskan Natives, SAMHSA 2018, TIP61)

# Where do we go from here?

- Emerging Attitudes
  - Community heals the community.
  - Belief that success is possible.
  - A community's most valuable resource is their own people (parents, grandparents, youth, teachers, social services workers, mental health workers, preachers/spiritual leaders, judges, attorneys, law enforcement, researchers, tribal government, policy makers).
  - Tribal traditions and spiritual values provide a vital resource. Traditions and values must be renewed.



Cultural
Strengths of
the
Community!!!





### **Indigenous World View and Behavioral Health**



"For the present, the indigenous way of seeing things like traditional Indians is...incongruent with the linear world [of science]. The linear mind looks for cause and effect, and the Indian mind seeks to comprehend relationships."

(Fixico, 2003, p. 8) -Seminole-Creek Tribes



#### System of Care Framework

System of Care Framework (from Stroul, B. & Friedman, R. (1986 rev ed)

### **Treatment Modalities & Interventions**

Counseling: Cognitive Behavioral Therapy, Dialectical Behavioral Therapy (emotional regulation), Motivational Interviewing, EMDR (Eye movement desensitization and reprocessing), Intensive outpatient program (IOP), & Medication Management (barriers to treatment).

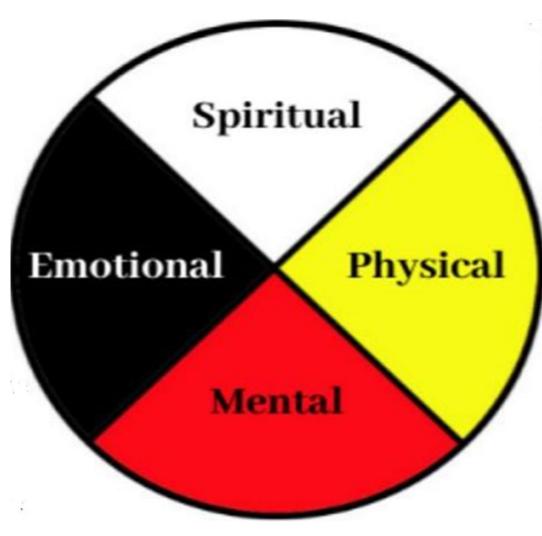
### **Medicine Wheel Concept**

#### Spiritual:

- Smudging
- Drumming
- Singing
- Playing Music
- Beading and doing art
- Doing Ceremony (attending sweat)

#### **Emotional:**

- Talking to friends and family
- Watching a sad movie and crying (we need to do this sometimes)
- Watching a hilarious YouTube video for a good laugh (LAUGHING IS IMPORTANT) (P.S. My favorite videos are Jimmy Fallon "Tweets" and dogs eating peanut butter)
- Meditation
- Letting a friend know that I am thinking of them
- Asking for support



#### Physical:

- Yoga
- Going for a walk
- Showering and taking care of personal hygiene
- Honoring my hunger cues (eating what I want when I'm hungry)
- Having a dance off (sometimes you just need to put on some great music and dance, guys – seriously it makes you feel instantly better!)

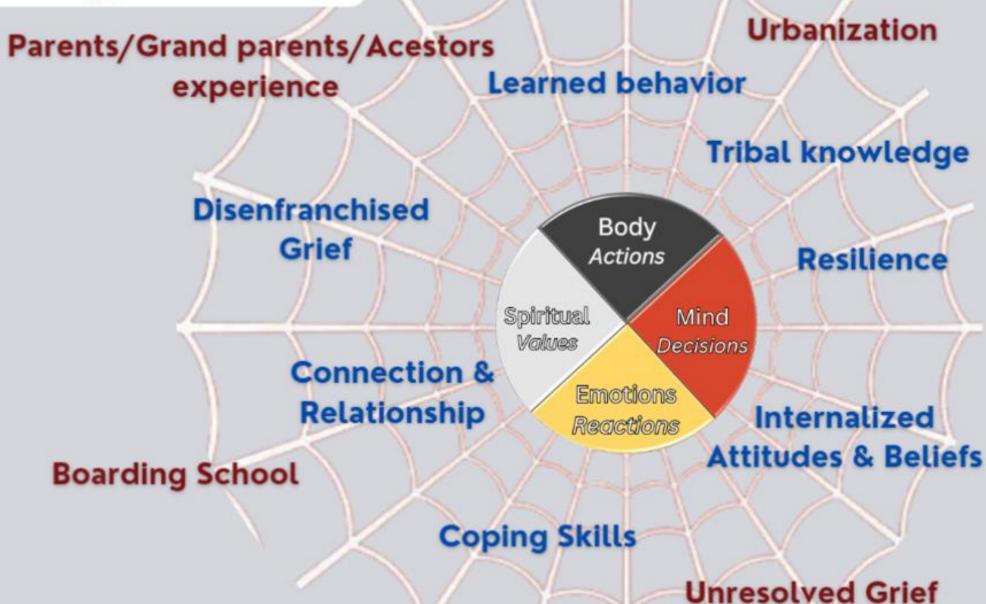
#### Mental:

- Talking to friends/family
- Skyping my psychologist
- Writing in my journal: 3 things I am grateful for; 3 things I am worried about; 3 things I can control
- Meditation
- Yoga
- Getting fresh air
- Painting
- Beading

### **Prevention & Interventions for Substance Use Amongst Youth**

- \* Community Schools: Bridge the gap between home, school and the greater community. Create community events (health fairs, family olympics, cultural nights, family nights). Connecting with local Boys and Girls Club and other existing programs providing services to the youth. Schools are prevention institutions (identify student supports and services).
- \* Implement restorative practices: Talking circles, healing circles for the youth. Individual, family and group counseling.
- \* Behavior Modification: Case management, health & wellness education, family support services, life skills development, peer support programs, respite and residential treatment. Intensive Outpatient program (IOP): 4-to-6-week program that provides therapeutic interventions to address emotional regulation, psychosocial stressors, triggers to use, relapse prevention and motivational interviewing PBIS (Positive Behavioral Interventions and Supports).
- \* Wellness Courts: According to the National Drug Court Resource Center (2012) website, "a Tribal Healing to Wellness Court is not simply a tribal court that handles alcohol or other drug abuse cases. It is, rather, a component of the tribal justice system that incorporates and adapts the wellness concept to meet the specific substance abuse needs of each tribal community (www.wellnesscourts.org/fles/Tribal%20Healing %20to%20Wellness%20Courts%20The%20Key%20 Components.pdf).
- \* GONA: Gathering Of Native Americans

### **Weaving Connections**



## Respectfully & Humbly

MVTO!

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