HISTORICAL TRAUMA WORKSHOP AND INTERVENTION STRATEGIES FOR
SCHOOLS WORKING WITH INDIGENOUS YOUTH

By

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Committee Membership

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HISTORICAL TRAUMA WORKSHOP AND INTERVENTION STRATEGIES FOR SCHOOLS WORKING WITH INDIGENOUS YOUTH

Melanie Ror-Ree Lowry

Historical trauma and early mental health are related topics that are not well-integrated in Humboldt County among practitioners. This project is a workshop designed to increase the working knowledge of local mental health professionals, administrators, and educators in the area of historical trauma and its impact on early mental health. This workshop will help to explain the impact of intergenerational trauma on Native communities, as well as the impact trauma can have on young children and provide school-based strategies for working with Indigenous youth. This project will be done in collaboration with the 0-8 Mental Health Collaborative whose goal is to provide professional training in Humboldt County which will increase the knowledge of trauma and its impact in this community.
ACKNOWLEDGEMENTS

I would like to share the credit of my work with the Humboldt County 0 to 8 Mental Health Collaborative for the opportunity to present this information. I consider it an honor to have worked with Meg Walkley and Sheri Whitt whose contributions to this project and to our community are invaluable. I would like to extend my gratitude to Cherie Shipley, whose mentoring, support and encouragement have inspired me immensely. Thank you to Dr. Joseph Giovanetti for your time and insightfulness into this project. I wish to thank the Humboldt State Social Work Department and faculty for their contributions to this project. This project and achievement would not have been possible without the love, support, pep-talks and laundry-folding help from my mother and the positive energy and love from the rest of my family. I extend to them a million thanks! I would like to acknowledge my paternal grandfather and say thank you and I love you to my dad. I would like to give a deep, heartfelt thank you to each and every person in my cohort. You are all unique and inspiring and guaranteed to change this world. Finally, I would like to thank the love of my life for your patience and help throughout this project. Pyer-werk-see-chek’.

I would like to dedicate my project to my sister-in-law, Rebecca Lowry, your wisdom and compassion was instrumental in the completion of this project. Thank you.
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INTRODUCTION

Humboldt County has a diverse and large Indigenous population. This population has a unique historical background that features trauma and resilience. Research indicates that Indigenous populations in Humboldt County are underserved in areas of prevention. The 0-8 Mental Health Collaborative is made up of 12 local organizations that have come together to help create a more trauma-informed community. The 0-8 Mental Health Collaborative seeks to address the issue of trauma and its implications on early mental health by facilitating trainings for the mental health and caring professionals in Humboldt County. This year the Collaborative has conducted several trainings with an emphasis on brain research conducted by Dr. Bruce Perry. The local school system is one area in which the 0-8 Mental Health Collaborative realizes that early prevention can help to mitigate the effects of trauma. This workshop intends to focus on the impact of historical trauma in Humboldt County and provide intervention strategies for school personnel working with Indigenous youth.

Many professional practitioners may have had little to no training in working with Native clients’ even despite the large, diverse Native population in this community. This project will aim to combine the local resources provided by the 0-8 Mental Health Collaborative and the diverse strategies implemented by Native communities and schools in a workshop format designed to increase the working knowledge regarding effective culturally competent practices for local mental health professionals, administrators, educators and care providers.
LITERATURE REVIEW

The impact of genocide and colonization in the forms of policies and institutionalized systems that systematically destroyed Native culture has left a rightful mistrust of the government and its services. It is likely then, that Native Americans are more likely to seek mental health services when they are culturally sensitive, however a vast majority of services do not fit into this type of model. This is particularly distressing when considers the risks factors for Native American youth. According to the Office of Minority Health, (2009) suicide was the second leading cause of death for American Indian/Alaska Natives between the ages of 10 and 34. It is crucial to have the necessary services available to Indigenous youth at the earliest age possible. According to the United States Census (2011) the population of Humboldt Counties American Indian/Alaskan Natives is 6%. According to the Humboldt County demographics of schools 1, 916 are American Indian/Alaska Native, out of approximately 18, 196 students. (Public Schools K12, 2009). Prior findings by the Humboldt County Department of Health and Human Services Mental Health branch (2011) found that Native Americans were one of several minority populations to be underserved in prevention and early intervention. This correlates with national data found by the U.S. Commission on Civil Rights (2003) which finds that although American Indian/Alaska Natives continue to rank at or almost at the bottom of every economic, health or social indicator, there is insufficient funding to meet the needs in Indigenous communities.
Moreover, many American Indian/Alaskan Natives hesitate to utilize social and mental health services for a variety of reasons.

One of the biggest protective factors in a child’s life which can promote resiliency is the presence and relationship with a caring adult. (Benard, 2003). But resiliency theory is predicated on the idea that a child can form appropriate attachments and have the ability to bond. Historical trauma can impact trust, attachment and bonding. Dr. Maria Brave Heart Yellow Horse defines historical trauma as “the cumulative, psychological wounding across generations, including one’s own lifespan.” (M. Brave Heart, 2005). This type of trauma can be passed from one generation to the next. The theory of Historical Trauma Response gives the explanation for the intergenerational transmission of risk for adverse mental health incomes in Native communities (J. Gone, 2009). Historical unresolved grief is a “soul wound” from the experiences of colonization inflicted upon Indigenous communities (J. Gone, 2009). Indigenous families are largely made up of extended family as well, creating close bonds within the community. This means that if one individual experiences one traumatic experience, the entire community will be affected in one way or another. (Evans-Campbell, 2008).

One of the long-term goals of the Humboldt County Office of Education and the 0 to 8 Mental Health Collaborative is to develop a multi-disciplinary and qualified workforce with particular attention to children impacted by family mental health issues and trauma. The Humboldt County Office of Education in partnership with the 0 to 8 MHC works to ensure that its’ administrators’, teachers and school personnel receive the
necessary training to help each student have a successful academic career. One of the steps implemented in reaching their goals is to provide training to public human service workers in the area of trauma and its’ impact on attachments and relationships. This is being done through a series of workshops highlighting the work of Dr. Bruce Perry M.D., Ph. D., an internationally recognized authority on children in crisis and the neuroscience of trauma. The Humboldt County mental health community is working diligently to build better relationships with the local Indigenous tribal communities by ensuring that this often over-looked perspective is incorporated in a meaningful and culturally appropriate way. Creating positive, healthy relationships with Indigenous clients’ and the school system will help to heal communities recovering from historical trauma (Perry, 2009).
STATEMENT OF THE PROBLEM

The Humboldt County Department of Health and Human Services Mental Health branch found that Native Americans populations are underserved in prevention and early intervention. (2011). The population of Native Americans in Humboldt County is 6% while Native Americans make up just 1% of California’s total population. This unique cultural diversity also means that there is a large population of Indigenous students in the Humboldt County School system. The high likelihood of administrator’s, educator’s, and mental health professionals having to work directly with Indigenous families is proportionally higher in Northern California then in the rest of the state.

However, services designed to be culturally sensitive, specifically ones that target Native American youth and families are lacking in Humboldt County. Nationally, there are very few evidence-based programs that are adapted for American Indian and Alaska Native cultures. Many current mental health models are predominantly Western viewpoint that do not focus on a relational worldview, but rather on a promotion of individualized responsibility and punitive consequences. Similarly, this model is employed in many school settings, a place with contentious Native history due to the forced assimilation during the boarding school era. In working with many students, school personnel may fail to take into account the impact of historical trauma and the resulting attitude a Native family may hold towards the school system. Furthermore, intrusive research and governmental policies against Native populations have created a rightful distrust of the social system at large.
AIM OF THE PROJECT

This project will be a workshop presented to the administrators, educators, and mental health professionals of Humboldt County in collaboration with the 0 to 8 Mental Health Collaborative. It will include personal narrative, information from the review of the literature, and video documentary including local efforts at improving relationships and attachments among Indigenous people that have already been undertaken.

Through review of the literature, this presenter will seek to incorporate Indigenous knowledge into the discussion of trauma and healing. The intention of this workshop is to create an atmosphere of respect towards cultural diversity in which members of the professional public will have the chance to learn and apply knowledge of local Indigenous history. The goal of this workshop is to offer an Indigenous perspective on relationships and attachments and to help create a common language among professionals in Humboldt County who work with Indigenous youth.

The information on intergenerational trauma and its impact on the trust relationship needed when working with Indigenous families will also be explored. The workshop will result in members of the professional mental health and education communities having more resources and intervention strategies when working with Native youth, especially in the school setting.
PROJECT FRAMEWORK

The conceptual framework for this project comes directly from the National Association of Social Workers Standards of Cultural Competence which identifies ten standards that are part of the ethical responsibility for social workers to uphold. Two of these standards directly informed the approach to this workshop. Standard 3 *Cross Cultural Knowledge* states that, “Social workers shall have and continue to develop specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expressions of major client groups that they serve” (NASW, 2001). Standard 10 *Cross-Cultural Leadership* states that, “Social workers shall be able to communicate information about diverse client groups to other professionals” (NASW, 2001).

The conceptual framework for the workshop format is based on the concept of a Historical Trauma Response developed by Dr. Maria Yellow Horse Brave Heart. Historical Trauma Response (1998) describes the adverse mental health outcomes in Native American individuals and communities resulting from the cumulative and intergenerational transmission of unresolved grief. This includes past events and intergenerational trauma inflicted upon a person even before they are born, as the concept of time can be viewed non-linearly in many Native cultures. It is appropriate to use this framework as it helps to explain the prevalence of adverse mental health risks in Native American communities, as well as providing a template for promoting healing in Indigenous communities. The theoretical framework for the overall project is ecological.
systems theory. Ecological systems theory maintains that there is an interaction between the person and their environment. Dynamic systems theory states that every system is its’ own whole with its own distinctive qualities, simultaneously part of a whole and also a container of smaller systems. (Robbins, Chattejee, & Canda, 2006). Schools are reflective of dynamic systems because of their multi-tiered communal interaction. This workshop is intended to affect the school community by transferring information into the administrative tier of the local school system. The concept is that by providing information and strategies on working with Indigenous youth to the teachers and principals’, a more trauma-informed school atmosphere can be created.
PROJECT METHODS

Key informants/Relationship with agencies

The workshop was developed with the collaboration of the 0 to 8 Mental Health Collaborative and Humboldt State University. This presenter’s first committee member, Meg Walkley is the Coordinator of the Child Abuse Prevention Coordinating Council of Humboldt County and Coordinator of the 0 to 8 Mental Health Collaborative. She also works at the Humboldt County Office of Education. The 0-8 Mental Health Collaborative was developed 3 years ago and is made up of 12 organizations that have come together to help create a more trauma-informed community, specifically recognizing the implications of trauma on children ages 0 to 8 years of age. The group focuses on organizing and holding trainings related to improving the skills of service providers working with children in regards to mental health. Through the 0 to 8 Mental Health Collaborative, many different local organizations will have access to this workshop, including foster agencies, law enforcement, teachers and administrators, social workers, and county mental health providers.

Dr. Joseph Giovanetti is this presenter’s second committee member. He is a professor of Native American studies at Humboldt State University, as well as a respected member of his Indigenous tribe. His contribution will include reviewing the conceptual framework and literature review, as well as ensuring the Indigenous perspective is thoroughly covered in the workshop. Dr. Michael Balliro is this
presenter’s third committee member. Dr. Balliro is a professor in the Social Work
department and the teacher for this Master’s project class. His contribution will include
consultations throughout the project implementation. This collaborative process will be
incorporated several times throughout the timeline of this project.

Project Design

This project was a one-time 2 hour workshop held in on March 8, 2013. The
workshop was advertised through the 0 to 8 Mental Health Collaborative using printable
posters. (Appendix A). It was held at the Humboldt County Department of Education
Annex room 1831. The total number of registered participants was 60. The workshop
utilized materials featuring Dr. Bruce Perry which coincided with the 0-8 Mental Health
Collaborative’s goal of creating a more trauma-informed community. The presentation
style was a power point presentation which included personal narrative, video content
and information from the literature review. (Appendix B). An evaluation of this
presenter’s workshop was conducted using a survey created by The 0 to 8 Mental Health
Collaborative and the data was analyzed by the Humboldt County Office of Education.

Survey Instrument

The instrument used was a self-administered survey authored by the 0 to 8 Mental
Health Collaborative. (Appendix C). The survey consisted of 3 Likert-Scale questions,
with a range of helpfulness from 1 to 4 with 1 = not at all, 2 = a little, 3 = somewhat, 4 =
a lot. The research design was cross-sectional with the survey being administered at only
one point in time. The survey was taken by the public participants and a summary of
numerical data with no revealing information was given to this presenter. While the survey provided a place for additional comments, these answers were not given or used by this presenter.
RESULTS

The results of the surveyed participants are represented in Table 1. The survey contained three Likert-scaled questions: How well did the training style and content meet your expectations, how helpful do you think what you learned today will be in your work with children/families, and how well did the training meet its stated objectives? The three objectives were: participants will gain a better understanding of historical trauma and its impact on relationships and attachment, participants will become familiar with local Indigenous resources and participants will have the opportunity to role play a school scenario using knowledge gained from the workshop. 44 of the 60 registered participants (73%) returned surveys, though not every question was answered on each survey.

The first question: How well did the training style and content meet your expectations? (n=43, µ=3.56) where 43 of the 44 participants answered with a mean score of 3.56. The second question: How helpful do you think the work today will be in your work with children/families? (n=43, µ=3.57) where 43 of the 44 participants answered with a mean score of 3.57. The third question: How well did the training meet its stated objectives? (n=44, µ=3.69) where 44 of the 44 participants answered with a mean score of 3.69.
Results of Workshop Survey

1) How well did the training style and content meet your expectations?

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2) How helpful do you think what you learned today will be in your work with children/families?

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3) How well did the training meet its stated objectives?

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DISCUSSION AND CONCLUSION

The beauty of this project is that it coincided with the ultimate goal of the 0 to 8 Mental Health Collaborative, as well fitting into the larger theme of helping Humboldt County professionals to gain more cultural competency awareness. The 0 to 8 Mental Health Collaborative already had an extensive networking system, so reaching the intended target audience of administrators and educators was easy to do through their email list serve. The only thing that I was required to do was to prepare my workshop and arrive ready to present the material. This workshop format is a popular method used by the Collaborative, so participants’ already knew what to expect in terms of what their participation level would be. This format was conducive to imparting a large amount of knowledge to a multi-disciplinary range of professionals in Humboldt County.

One of the most exciting parts of this workshop was that it allowed me to delve deeper into my own family history and to better understand how historical trauma and resilience has played out in my own life. The narrative I provided at the beginning of my workshop was about my paternal grandfather and I believe this set the tone for the workshop and made all the information presented extremely relevant.

There were a few limiting factors in the planning and implementation of this project. One criticism of this project could be the lack of relevant literature and a limited collection of empirical data. These limitations can be explained. Historical trauma is a relatively new concept in the terms of assessing communities for data relating to this type of trauma. Historical trauma was defined by Dr. Maria Yellow Horse Brave Heart in
only 1995 so there has been less than 30 years in which this concept has been applied to studies. Although there is research on Indigenous communities that indicate social, mental and emotional challenges and a lack of appropriate culturally based programs, there is a lack of research on the specific topic of historical trauma, especially in Humboldt County. The second limitation in regards to the empirical data is that this project was formulated with the intention of community collaboration, and not data collection. Therefore, the one survey created and utilized by the 0-8 Mental Health collaborative was more than sufficient in analyzing the effectiveness of the workshop for the purposes of this project. A specific limitation which happened in the implementation of the project was the time allotted for the amount of material presented. Unfortunately there was no time for a question and answer section, and certain parts of the workshop presentation were rushed due to this time constraint.

In conclusion, the style of the workshop combined with the information from Br. Bruce Perry, Dr. Maria Yellow Horse Brave Heart and this presenter’s own Indigenous historical background garnered overwhelming positive results indicated by the survey. The majority of participants’ found the workshop material would be helpful in their future work with children and families. This is encouraging as future collaborative projects regarding historical trauma can use a similar method to convey information cross-culturally and across multiple disciplines.
REFERENCES


Appendix A
Email advertisement of the workshop

The O to 8 Mental Health Collaborative presents

**Becoming a More Trauma-Informed Community**

A Free Series in Preparation for Dr. Bruce Perry’s May 10th training in Humboldt County

Participants are invited to register for as many of the workshops as they are interested in attending. Please note that most workshops will be held once a week over a 6-week session and one Saturday session. We hope this will accommodate our multi-disciplinary target audience: early childhood educators, K-12 and higher education teachers, administrators, school support staff, public health nurses and other medical providers, social workers, home visitors, counselors, family resource center staff, parents, foster parents and others serving children with special needs and/or challenging behaviors.

**JANUARY**

Pre-Perry Training A: The Amazing Brain-Developmental Terminology, Structure, and Accessible Models to help you think about new parts of the brain work. Trainers: Amy O’Toole, LCSW, Connie Sundbye & Mag Walkley, MSW, PPSO.

Please enroll in either Session 1, Saturday, January 20th, 10:00am to 12:00pm; HOCq Annex #1397 or Session 2, Wednesday, January 20th, 7:30pm to 9:00pm; HOCE Annex #1378

**FEBRUARY**

Pre-Perry Training B: The Impact of Trauma on Brain & Social Development Core concepts regarding how trauma changes the brain and impacts behavior. Trainers: Janine Campbell, MFT, Debbie Frailer, Tristan Mitchell & Shari Whitt, MFT.

Please enroll in either Session 1, Friday, February 10th, 1:00pm-6:00pm; HOCE Annex #1379 or Session 2, Saturday, February 10th, 2:00pm-12:00pm; HOCE Annex #1360

**MARCH**

Pre-Perry SPOTLIGHT: Historical Trauma: The impact of historical trauma to Indigenous families and school interventions for working with Native youth. Trainer: Melanie Lowry (Yurok/Maidu/Pit River) currently in MSW program at HSU, mentored by Mag Walkley, MSW, PPSO & Shari Whitt, MFT.

One session only Friday, March 8th, 3:30pm-6:30pm, HOCq Annex #1361

Pre-Perry Training C: Relationships & Attachment through a Trauma-Informed Lens—information regarding how trauma impacts relationships and the importance of relationships to healing. Trainers: Melanie Lowry, Mag Walkley, MSW, PPSO & Shari Whitt, MFT.

Please enroll in either Session 1, Saturday, March 3rd, 10:00am-12:00pm; HOCE Annex #1362 or Session 2, Monday, March 5th, 3:30pm-5:30pm; HOCE Annex #1363

**APRIL**

Pre-Perry Training D: Child Development through a Trauma-Informed Lens—information regarding typical and atypical child development and how thoughts, feelings, and behavior are impacted by stress and trauma. Trainers: Chell Kaup, M.F.D., Beth Howlin, M.Ed., IFESMHC, and Kathleen O’Malley, RN.

Please enroll in either Session 1, Thursday, April 11th, 4:00pm-6:00pm; HOCE Annex #1384 or Session 2, Saturday, April 13th, 10:00am-12:00pm; HOCE Annex #1385

To Register:
Use the contact information below:
Online: www.humboldt.edu/pec
24 hour registration line: 1(800)444-0815
Fax: (707) 445-7673

"SAVE THE DATE! Dr. Bruce Perry at HSU on May 10th. An all day training on "Effective Interventions for Children Impacted by Trauma". Registration for this day will be through First 5 Humboldt and posted in early spring 2013."
Appendix B
Workshop Power Point Presentation (from left to right)

**Historical Trauma**

**Healing is all about Relationship**
- Child
- Parent
- School (agency)

**Trauma Effects Trust**
- Trauma affects the capacity to develop trusting and collaborative relationships
- Historical trauma defined by Maria Yellow Horse Brave Heart as:
  Cumulative emotional and psychological wounding across generations, including one’s own lifespan. Historical unresolved grief is also a component of historical trauma.

**Resilience**
- “Resilient children are vulnerable children who benefitted from the caring, sustenance, and guidelines of a community.”
- Resilience requires social change: "Changing the status quo in our society means changing paradigms, both personally and professionally, from risk to resilience, from control to participation, from problem-solving to positive development, from Euro-centric to multiculturalism, from seeing youth as problems to seeing them as resources, and from institution-building to community-building."
- How can we heal Historical Trauma?

**Local Strengths and Resources**
- United Indian Health Services
- Languages Revitalization
- Spiritual/Cultural Ceremonies among the various tribes
- Support for indigenous projects such as through Humboldt Area Foundation and Humboldt State University

Studies of events that lead to historical trauma among American Indian/Alaskan Natives communities have revealed three distinguishing characteristics —

1. The traumatic events are widespread and many people either experienced or were affected by the events;
2. The events generate high levels of collective distress and mourning in contemporary communities;
3. The events are usually perpetrated by outsiders with purposeful and destructive intent.
Confront the Trauma and Embrace the history

Understand the Trauma

Dr. Maria Yellow
Horse Brave Heart

- "Historical trauma, which we define as cumulative emotional and psychological wounding across generations, including one’s own lifespan, because everything up to a minute ago is history. It is all historical. What’s happened in your own personal history, as well as what’s happened in the generational line of your parents, grandparents, and in your community—great-grandparents, great-great-grandparents—is all meaningful. The historical unresolved grief goes along with that trauma.

- Historical trauma differs from other types of trauma in that the traumatic event is shared by a collective group of people who experience the consequences of the event, as well as the fact that the impact of the trauma is held personally and can be transmitted over generations."
Vine Deloria and Clifford M. Lytle
American Indians, American Justice
- Discovery, Conquest, and Treaty-making (1522-1868)
  - Legal and political relationships defined by treaties, Europeans saw Natives as fit to make decisions for themselves
- Removal and Relocation (1868-1887)
  - Indian Removal Act of 1830, western expansion causes violation of the treaties previously made
- Allotment and Assimilation (1887-1934)
  - Allotment acts developed along with legislation to assimilate Natives into the dominant culture
- Reorganization and Self-Government (1934-1944)
  - Indian Reorganization Act of 1934 ended the allotment policy, but tribal governments now had to organize themselves in different ways
- Termination (1943-1958)
  - In the hopes of eliminating the federal budget for Natives, congressional resolutions passed legislation to eliminate several tribes
- Self-Determination (1968-Present)
  - Indian Civil Rights Act of 1968 ensured that the Bill of Rights of the U.S. Constitution be applicable to Native Americans.

Six Phases of Historical Unresolved Grief
- 1. Start: Shock, grief, no time for grief.
- Colonization Period: Introduction of disease and alcohol, traumatic events such as Wounded Knee Massacre and massacres all throughout the United States.
- 2. Economic competition: Sustenance Loss, loss of the land, places to get food and spiritual and cultural healing and sacred sites.
- 3. Invasion/War Period: Extermination, refugee symptoms.
- 4. Subjugation/Reservation Period: Confines, forced dependency on oppressor, lack of security.
- 5. Boarding School Period: Destroyed family system, beatings, rape, prohibition of Native language and religion
- 6. Forced Relocation and Termination Period: Transfer to urban areas, racism, prohibition of religious and cultural freedom, and loss of governmental and community.

Local Timeline
- From 1848 to the 1870s, over 10,000 Indians were enslaved in northern California. 4,000 of these were children.
- Newspaper accounts of the time noted that young boys sold for 60 dollars or so, while young women could sell for as much as 200 dollars.
- These Indian slaves had their names changed and could never return to their families and their homes.

Emotional Trauma
- Forced removal from families, sometimes not able to see the families for years
- Dormitory/military style living, hair cuts, clothing changed, no privacy or personal space
- No love, kind adult words or actions
- Not allowed to hug or kiss or touch each other, even siblings
- Not allowed to speak their language or hold any of the rituals of their culture

Physical Trauma
- Sexual abuse: studies show more boys were sexually abused than girls but sexual abuse happened to both genders excessively
- Physical punishments: beatings, restraint to beds or other objects for long periods of time
- Not enough food to eat and punishments for “sneaking” food

Boarding Schools as Major Factor in Historical Trauma 1870’s-1960’s
- Congressional policy of forced separation of Indian children from the tribal communities.
- “Kill the Indian, Save the Man”
  - https://www.youtube.com/watch?v=-ID2m6yv0SA
  - The Canary Effect
- As a savage, we cannot tolerate him any more than as a half-civilized parasite, wanderer or vagabond. The only alternative left is to fit him by education for civilized life.
  - The Indian, though a simple child of nature with mental facilities dwarfed and shriveled, while groping his way for generations in the darkness of barbarism, already sees the importance of education...” (Board of Indian Commissioners, 1880.)

Boarding Schools and Loss
- Loss of trust compounded after generations of broken promises by government officials; Social workers and government agents took children from their homes
- Loss of the parental figures.
  - Indigenous people then returning back to the communities did not know how to speak to their children in a loving way
- There was a loss of language, loss of cultural identity, shame and embarrassment for being Indian
- Gender roles and family relationships were impaired
  - the focus was on the European tradition of male-female relationships and not the Indian tradition of holding women and children sacred.
Historical Trauma Response Features

- Survivor guilt
- Depression and psychic numbing
- Fixation to trauma (includes the biological responses)
- Low self-esteem
- Victim identity
- Anger
- Self-destructive behavior
- Substance abuse
- Hyper-vigilance
- Compensatory fantasies
- Internalization of ancestral suffering
- Preoccupation with death, death identity, and loyalty to the ancestral suffering and to the deceased

Historical Trauma Response

- Depression and psychotic numbing
- Anger
- Self-destructive behavior
- Hyper-vigilance
- Fixation to trauma (includes the biological responses)

Post-traumatic stress disorder

- Difficulty falling or staying asleep
- Re-occurring or outbursts of anger
- Difficulty concentrating

Transmission of Multi-Generational Trauma

Direct and Specific: Children learn to behave and think in disordered similar ways to their parents, resulting in high rates of children suffering from the same disorders as their parents

Indirect and Non-Specific: Traumatization leads to subsequent impairments in the survivors' capacity for parenting.

Children

- Children in Native families are usually born into large, extended families where there are multiple caretakers
- Descendants of boarding school survivors frequently report abuse and/or neglect in their own childhoods
- Children respond to trauma differently— they react to how they see the adults are responding
- If children believe that the adults can cope, they also cope better
- Small children need physical closeness. They need to be close to their family, unlike the family in the cause of the trauma

Release the pain
Dr. Bruce Perry

1. "New language" in regards to trauma does exist
2. Traumatic events, like other experiences, change the brain
3. The brain stores elements of traumatic events as cognitive, motor, emotional, and state memory, altering the functioning capacity of the traumatized individual
4. Childhood trauma and neglect rob children of the individual potential and diminishes the potential of families, communities and societies

Interventions outside the box

- [http://www.citi.org/trayp/3g-media/videos/dsu](http://www.citi.org/trayp/3g-media/videos/dsu)
- Angel
- Native Youth Enrichment Project
- [http://www.youtube.com/watch?v=aTWCityCQs](http://www.youtube.com/watch?v=aTWCityCQs)
  "The Indian Way" – Yurok Tribe

Intuition

Knowledge, understanding without apparent effort
Recent brain research has revealed the nature of some of these powerful unconscious processes, which range from our instantaneous emotional reactions to danger, to implicit memory, to subliminal perception.
Being "with" the body, deriving knowledge from the body and emotions
Post-traumatic stress disorder distorts the sense of safety that an individual feels.
Historical trauma also has a component of historical grief.
Healing grief is a necessary component to healing historical trauma.
Mindfulness meditation activities, like breathing, can promote intuitive responses.

Transcend the pain

Fatherhood Project

[https://www.youtube.com/watch?v=qygjwpod67o](https://www.youtube.com/watch?v=qygjwpod67o)
Promoting Resilience

- Native people are just beginning to trace the colonization effects: alcoholism, drug abuse, suicide. The telling of their story is the first step.
- Group healing is needed; this includes whole family healing together and the community healing together.
- Establish safety, reconstruct the trauma story, restore the connection between the survivor and their community.
- Healing by revisiting sacred sites and ceremonies. The act itself is healing.
- Expressive Arts - Storytelling, drama, theater, music, singing, art projects.

For Practitioner’s

- Personal beliefs and attitudes should not be placed on the family.
- Safe dialogue: provide a safe place where all viewpoints can be heard and are respected.
- Ask questions: the more that is known about a families history, the more an individualized plan can be made for the family.
- Have flexibility in thinking; one intervention strategy is not going to work in every case.
- Over 300 fed. Recognized tribes, multiple different spiritual beliefs.
- Re-establishing trust every time you do something that you say you are going to do.

Role Play

- Native 5 year old in kindergarten. Is often easily startled in class when asked to do something, so a routine was made to the teacher. Social Worker. Playing play therapy with the social worker, the child has developed a routine that he goes to every time he is startled in the room. Child has also sorted the parent “drinking something a lot” and yelling. At school, he has a hard time playing with other students and is often seen for what appears to be no reason. Child attended a tribal Head Start before entering public school. Has an older sibling in the school, an 8 year old in the second grade.

- Parent: Currently lives with their parent in a multigenerational household which includes the 5 year old, the 8 year old sibling, and a 2 year old child. Due to domestic violence, the other parent is currently not in the home and not involved in the children’s lives. The parent would like to seek services but cannot find the tribal ID cards for the family. The parent is unemployed and says they occasionally drink when they get stressed out. The parent appears concerned but believes that the teacher is not being understanding and wants the child moved to a different classroom.

- Grandparent: Had boarding school experience from a young age through high school. Had many problems with alcohol and domestic violence but has been sober for the past 7 years. Attended AA. Concerned that the parent of the child may have an alcohol problem and does not want the grandchildren to be moved out of the house. Has a distrust of the school system in general, and does not want the child singled out or treated by the school.

- Parent: Currently lives with their parent in a multigenerational household which includes the 5 year old, the 8 year old sibling, and a 2 year old child. Due to domestic violence, the other parent is currently not in the home and not involved in the children’s lives. Parent experienced witnessing alcohol abuse and domestic violence while growing up. The parent would like to seek services but cannot find the tribal ID cards for the family. The parent is unemployed. The parent would like the child moved to a different classroom.
Principal: Concerned about the experiences the child has at home prior to being dropped off at school. Cannot allow the child to sit in the office all day because there is no one available to sit with the child. Would like to develop a plan to keep the child in the same classroom but engaged in the experience.

Teacher: Wants the child to be tested to see if they qualify for other services. Would like a reward system put in place in the home for good behavior at school. Believes the child to be manipulative and difficult on purpose.

School Psychologist: Believes that other interventions are necessary for the entire family. Also brings information to the meeting regarding traumatized children but would also like permission to test the child.

After School Director: Has positive interactions with the child where the child will color and talk and participates in games, on most days. The child has expressed that the teacher is "mean" and that being home "makes me sad."

School Social Worker: Has met with the child twice, once successfully able to transition the child into class. The second time the child played with the dollhouse and expressed feeling alone at home and that the parent "drinks." Also said no one will play with them at school. Would like permission to work with the child one-on-one and would like to help the family connect to other resources. Social workers would also like to come up with a plan that incorporates the viewpoints of everyone at the meeting and is in the best interest of the child.

References

- [Link](http://www.example.com)
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The End
Appendix C – Survey

Organizations working together to develop a multi-disciplinary, qualified and supported workforce and a more responsive service system to promote the social and emotional wellbeing of all pregnant women and young children, with particular attention to children with special needs, challenging behaviors and children impacted by family mental health issues.

**Training Date:** ____________________________

**Training Title:** ________________________________________________________________

1) How well did the training style and content meet your expectations? (Please circle your answer)

1            2         3               4
not at all    a little              somewhat            a lot

Comments:

2) How helpful do you think what you learned today will be in your work with children/families? (Please circle your answer)

1            2        3               4
not at all                    a little              somewhat           very helpful
helpful       helpful   helpful

Comments:

3) How well did the training meet its stated objectives? (Please circle your answer)

1            2         3               4
not at all    a little              somewhat            a lot

Comments:

4) Please use below and/or the back of this form if you would like to make other comments about today’s training