

Welcome!

THE WEBINAR WILL BEGIN SHORTLY
While you're waiting...



ICEBREAKER QUESTION

What's your "go to" way of doing something nice for others?

Please enter your answer in the Chat.



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All panelists

All panelists and attendees



Hi, We're CalTrin

Who We Are:

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to provide training to FRCs and CAPCs

What We Offer:

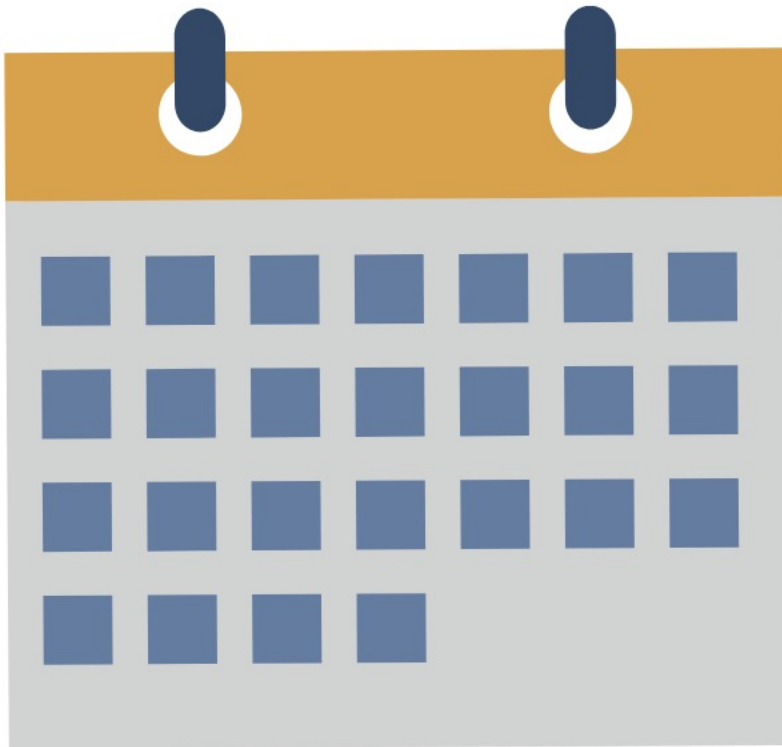
- Live webinars & Small group training
- Virtual self-paced courses
- Job aids & other resources



This [training, webinar, publication, etc.] was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions and or recommendations expressed are those of the [Grantee name] and do not necessarily reflect the views of the California Department of Social Services.

Upcoming Training Topics

Mark your calendars!



December



12/07
HOPE in Administration



12/08
HOPE in Practice



12/09
Trauma, Parenting & Challenging Behaviors (Adolescent)

January



01/04
Strengthening Families' Protective Factors: Focus on Parental Resilience



01/06
The Colorado Family Support Service Model and Implementation Tool



01/12
Creating a Community-wide, Poverty-informed Approach to Breaking Barriers



01/18
Strengthening Families' Protective Factors': Focus on Social Connection

Visit caltrin.org to view the full training calendar.



Childhood Exposure to Trauma: Tribal Communities

Presenters:

Veronica Willeto Decrane and Kimee Wind-Hummingbird
National Native Children's Trauma Center (NNCTC)



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Speaker SPOTLIGHT



**Veronica Willetto
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**Kimee Wind-
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 - Extensive experience providing training & TA to reservation schools and other agencies, supporting school turnaround, parent & community engagement, youth development, after-school programs, culturally responsive education, systems change, and behavioral intervention and support frameworks
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- Kimee is a citizen of the Muscogee (Creek) Nation with Cherokee descendency
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 - Focus on keeping indigenous families connected to their tribe, culture, and community

Why do we need to talk about trauma?

- Our most pressing health issues can be attributed to traumatic childhood experiences
- Trauma is preventable
- People can heal from trauma
- Asks the right question



Learning Objectives

- 1. Define key trauma terms and concepts**
- 2. Understand the concept of historical trauma in tribal communities**
- 3. Understand basic findings of trauma research**
4. Identify connections between trauma and child development
5. Describe protective factors that build resilience

Presentation Roadmap

I. Opening

II. Historical Trauma

III. Adverse Childhood Experiences

IV. Break

V. Trauma and Development

VI. Resilience

VII. Closing



A NOTE OF CAUTION

WHEN DISCUSSING TRAUMA

- Discussing trauma can be a reminder of our own experiences and may be upsetting.
- Talk to a trusted person in the community and partake in healing ceremonies.
- Text the Crisis Text Line at 741741 to communicate with a crisis counselor (www.crisistextline.org).
- Call the National Suicide Prevention Hotline: 1-800-273-8255.
- Your well-being is important. It is okay to ask for help.



Before Beginning

Self-Care Practices



What does trauma
mean to you?

TRAUMA DEFINED

The experience of a real or perceived threat to life or safety ***or*** the life or safety of a loved one ***and*** causes overwhelming sense of terror, horror, helplessness and fear

Van der Kolk, 1996



Types of Trauma



Acute



Chronic



Complex



Historical



Secondary



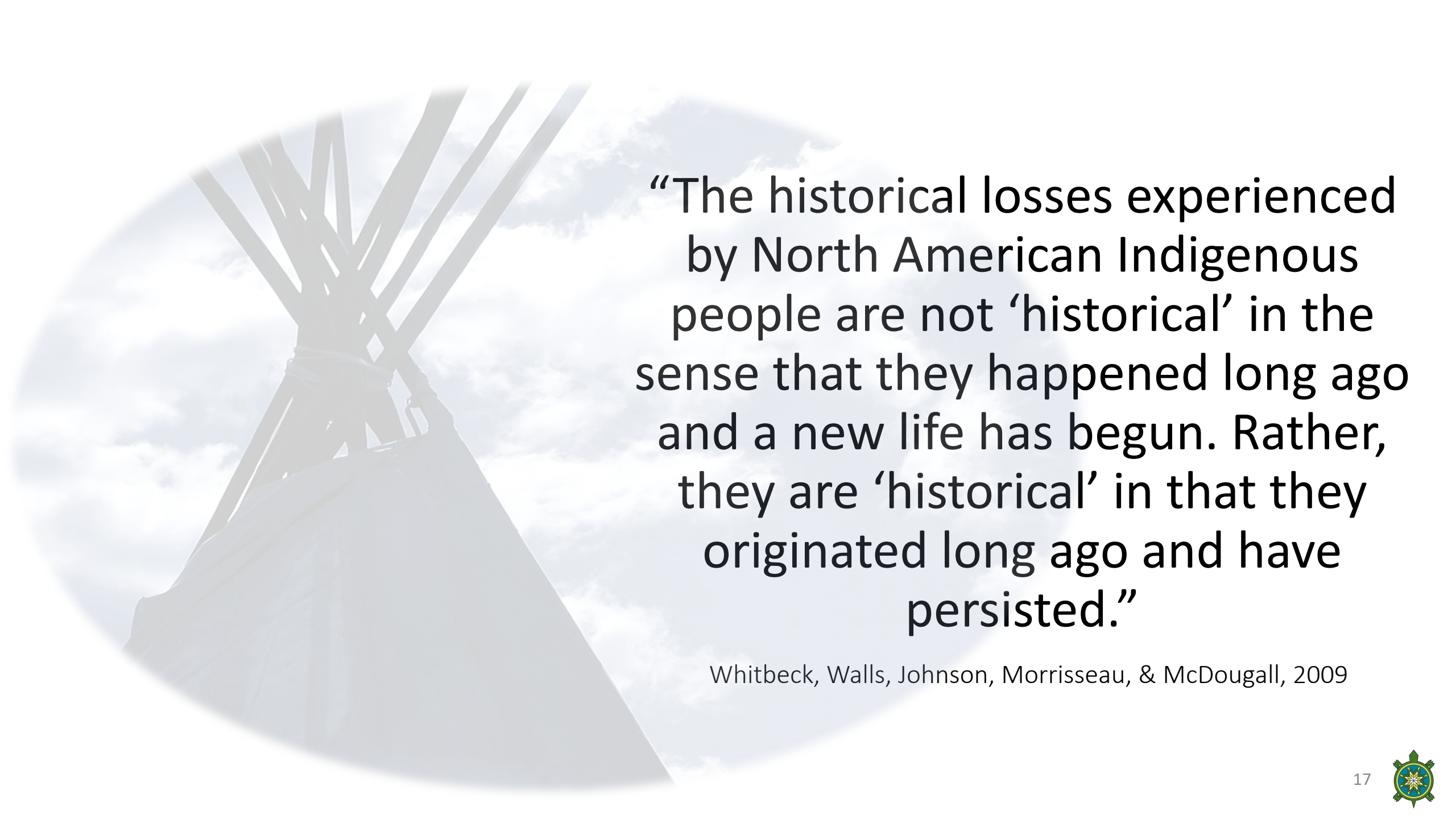
Why talk about Historical Trauma?



“The cumulative psychological wounding across generations, including the lifespan, which emanates from massive group trauma.”

- Maria Yellow Horse Brave Heart





“The historical losses experienced by North American Indigenous people are not ‘historical’ in the sense that they happened long ago and a new life has begun. Rather, they are ‘historical’ in that they originated long ago and have persisted.”

Whitbeck, Walls, Johnson, Morrisseau, & McDougall, 2009



Historical Trauma Today

Historical Events:

- The establishment of Reservations
- Breaking of treaties
- Forced assimilation
- Boarding schools

Examples of Current Impacts:

- Poor economic conditions on reservations
- Persistent discrimination
- Health disparities
- Underfunding of service systems in Indian Country
- Disparities in child protection and juvenile justice systems

Table I. Percentage Frequency of Perceived Losses

Whitbeck, Adams, Hoyt, & Chen, 2004	Never	Yearly or special times	Monthly	Weekly	Daily	Several times a Day
Loss of our land	25.2	32.7	13.8	10.1	10.7	7.5
Loss of our language	11.9	21.3	15.0	15.6	27.5	8.8
Losing our traditional spiritual ways	11.3	18.9	15.1	21.4	25.2	8.2
The loss of our family ties because of boarding schools	44.3	26.6	11.4	5.1	8.2	4.4
The loss of families from the reservation to government relocation	52.2	23.3	8.8	6.3	5.7	3.8
The loss of self respect from poor treatment by government officials	29.1	22.2	19.6	7.0	14.6	7.6
The loss of trust in whites from broken treaties	28.7	28.7	12.1	7.6	15.3	7.6
Losing our culture	10.6	20.0	21.3	14.4	25.6	8.1
The losses from the effects of alcoholism on our people	7.5	13.2	15.7	17.6	30.2	15.7
Loss of respect by our children and grandchildren for elders	8.8	10.0	16.3	27.5	28.1	9.4
Loss of our people through early death	9.4	15.6	20.6	21.3	24.4	8.8
Loss of respect by our children for traditional ways	11.9	18.2	17.0	17.6	25.8	9.4

Table II. Percentage Frequency of Emotional Responses to Losses

Whitbeck, Adams, Hoyt, & Chen, 2004	Always	Often	Sometimes	Seldom	Never
Often feel sadness or depression	4.4	11.3	44.0	22.0	18.2
Often feel anger	6.9	16.9	38.1	22.5	15.6
Often anxiety or nervousness	1.3	8.1	23.1	24.4	43.1
Uncomfortable around white people when you think of these losses	11.3	10.1	22.6	20.1	35.8
Shame when you think of these losses	5.0	9.4	18.8	27.5	39.4
Loss of concentration	1.3	5.0	25.6	29.4	38.8
Feel isolated or distant from other people when you think of these losses	3.1	5.0	21.3	25.6	45.0
A loss of sleep	0.0	1.3	10.0	23.8	65.0
Rage	3.1	1.9	11.9	14.4	68.8
Fearful or distrust the intentions of white people	8.8	6.9	18.9	20.8	44.7
Feel like it is happening again	5.0	3.8	22.6	17.0	51.6
Feel like avoiding places or people that remind you of these losses	3.8	4.4	22.8	15.2	53.8

- Individuals with substance dependence experience more distress related to historical losses than people who are not dependent on alcohol or drugs.
- People younger than 30 had similar historical trauma scores to those of people older than 30.



Ehlers, Gizer, Gilder, Ellingson, & Yehuda, 2013



Meet Reggie

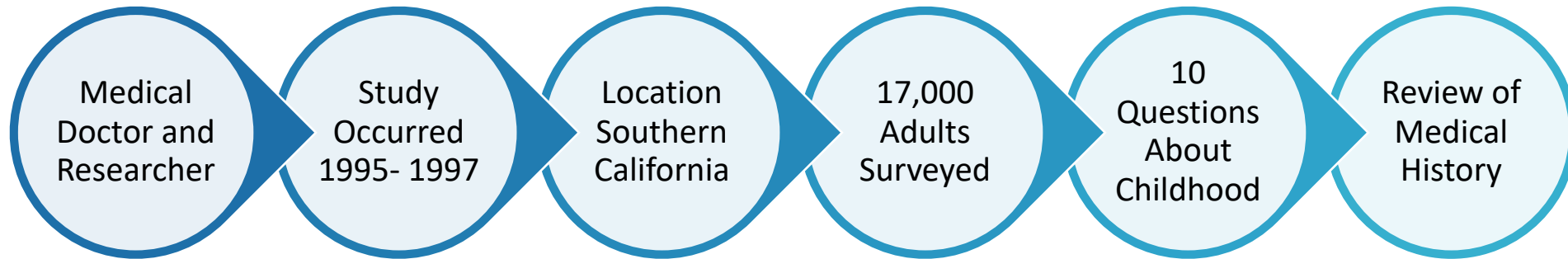


- What signs of historical trauma do you see in Reggie's story?
- How might these traumas be influencing Reggie's life?



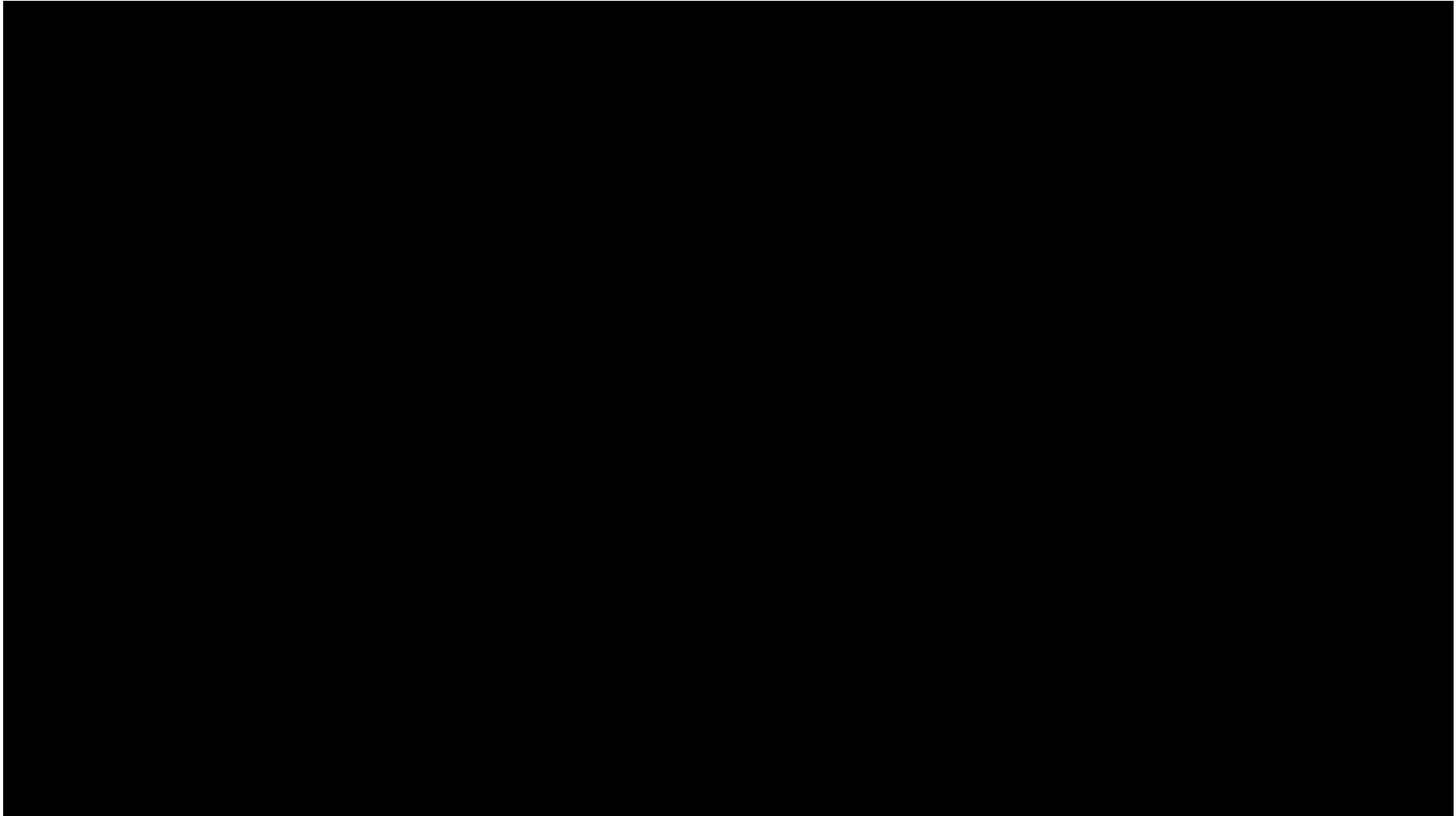
Tribes and
Tribal People
are Resilient

ADVERSE CHILDHOOD EXPERIENCES (ACE) STUDY

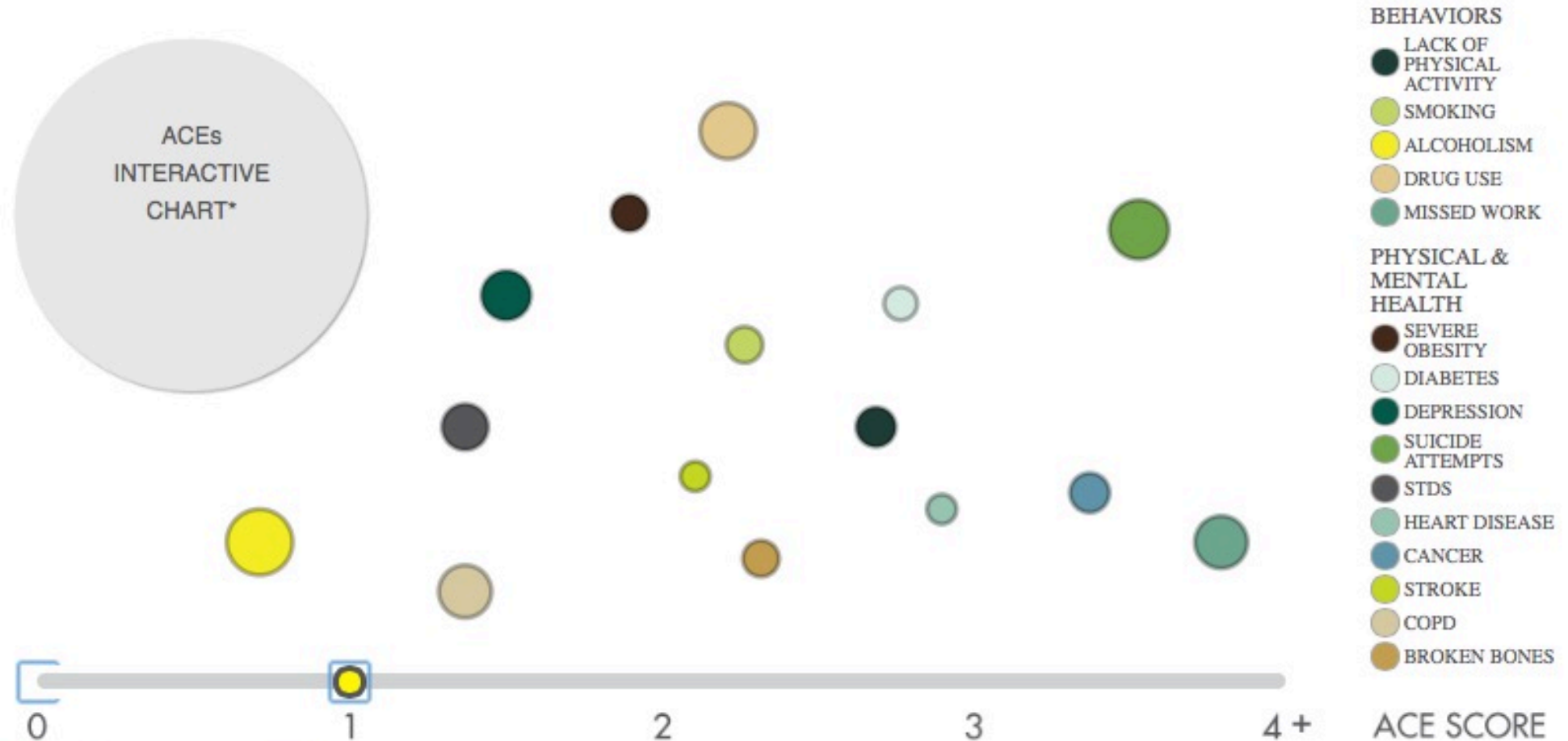


The results began the western conversation about trauma's impact on well-being across the lifespan.

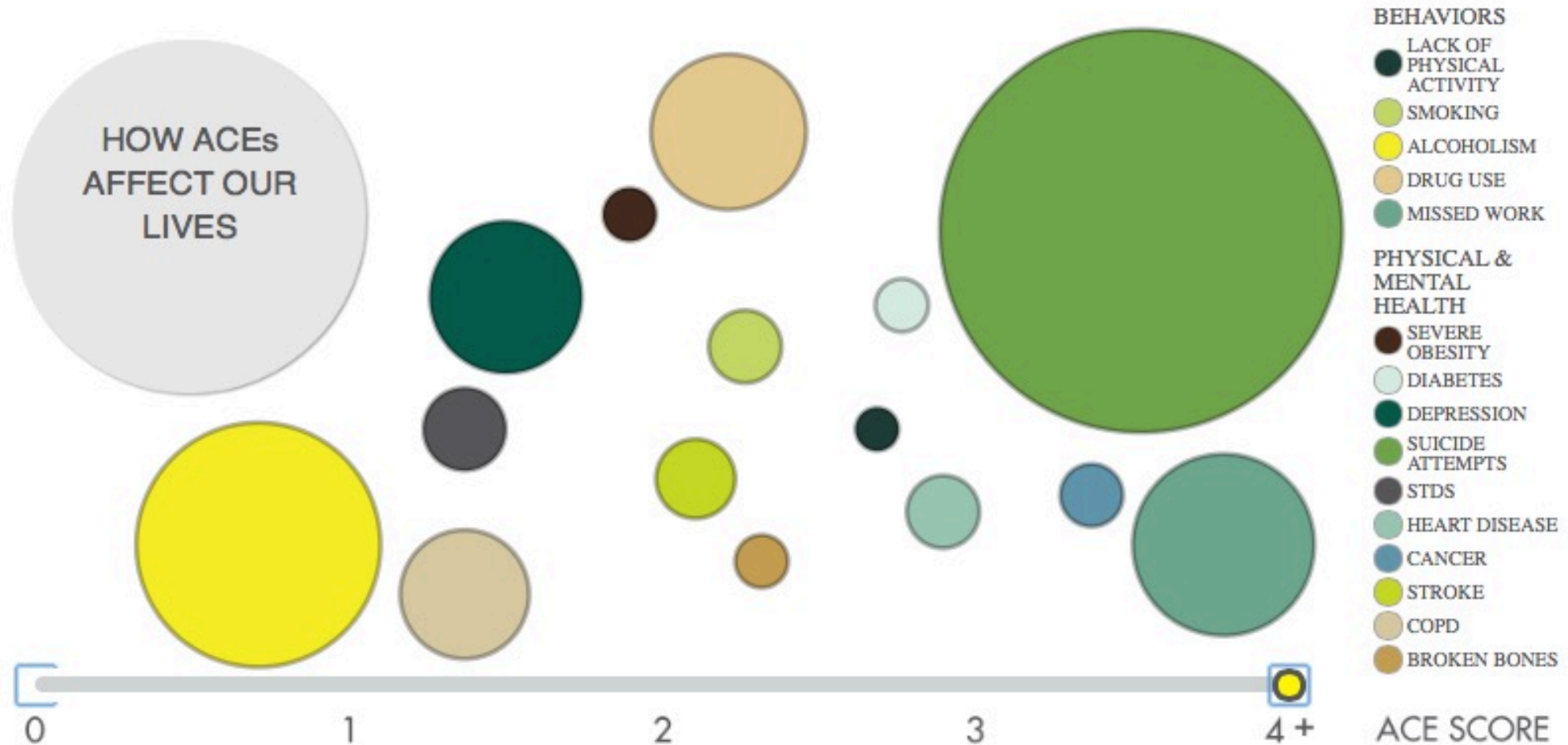
ACES Connections



A Link Between ACE's and Well-Being Outcomes



Dose Response



Other traumatic events not included in the original ACE Study:

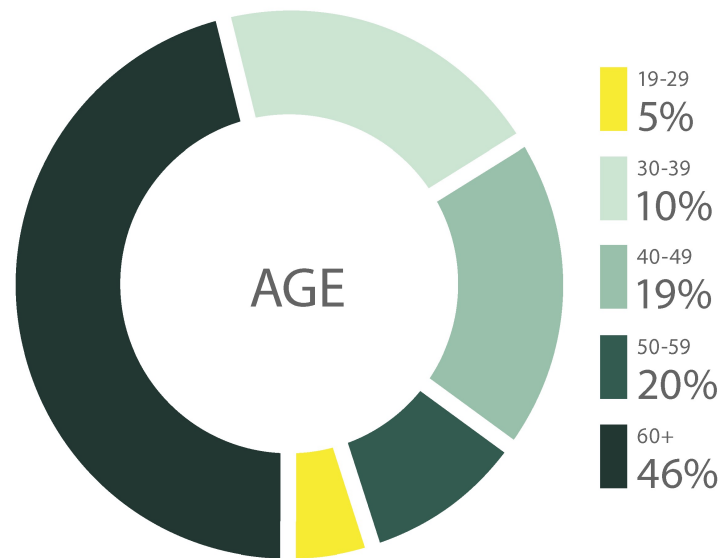
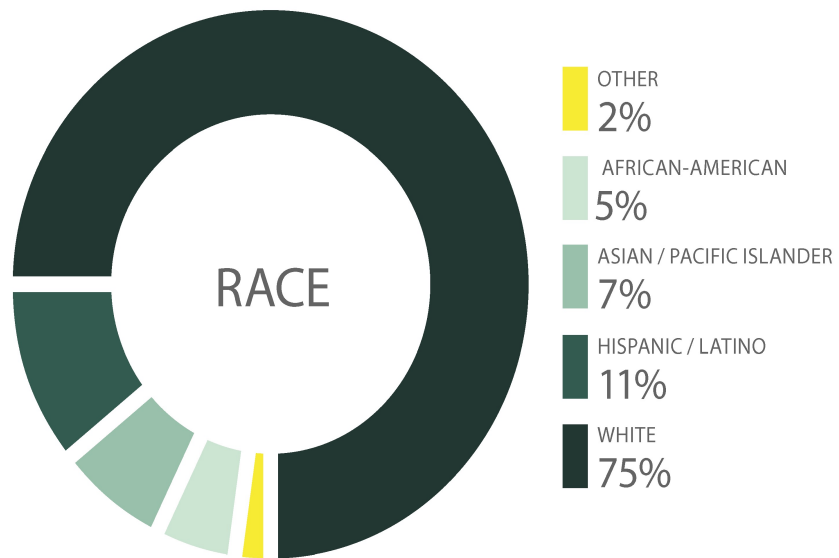
- Traumatic grief
- Community violence
- Serious injury/accident
- School violence
- Medical trauma
- Physical assault
- Natural disaster
- Forced displacement
- War/terrorism

COMMUNITY AND SYSTEM-LEVEL TRAUMA

- Racism/discrimination
- Poverty
- Food insecurity
- Housing instability
- Involvement with the juvenile justice system
- Involvement with the child welfare system
- Zero-tolerance school policies
- Underfunded and/or inadequate medical facilities
- Global health crisis



Demographics



ACEs in Indian Country

Population Sample	Trauma Category	Trauma Exposures	
		1+	Multiple/Severe
36 incarcerated AI/AN in NM (De Ravello et al., 2008)	Childhood ACEs	97.2% (35 of 36)	81% 53% reported childhood SA
288 youth ages 14-24 from one NP reservation (Brockie et al., 2015)	Childhood ACEs	78%	40% 37% reported 3-6 exposures
233 adults aged 50 and older living in rural off-reservation locations in MN and SD (Roh et al., 2015)	Childhood ACEs	75.6%	Mean ACE score = 2.6 31.8% reported 4+ exposures
516 adults from 7 tribes in SD (Warne et al., 2017)	Childhood ACEs	83.15%	61.57% 50.04% reported household substance abuse



Positive Childhood Experiences (PCEs)

How much or how often during your childhood did you:

1. feel able to talk to your family about feelings;
2. feel your family stood by you during difficult times;
3. enjoy participating in community traditions;
4. feel a sense of belonging in high school;
5. feel supported by friends;
6. have at least two non-parent adults who took genuine interest in you; and
7. feel safe and protected by an adult in your home.

Synergy Between ACEs and PCEs



Meet Shari



- What traumas (individual, community, system level) do you see signs of in Shari's story?
- What behaviors or challenges in Shari's life might be linked to those traumas?

What Happens Next?

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Before Beginning

Self-Care Practices

Trauma and Development

- Childhood and adolescence are times of rapid development and continuous change that build the foundation for adulthood.
- The developmental tasks of adolescence must build on a foundation of gains from earlier years.
- Traumatic events can interfere with developmental accomplishments.



Healthy Stress Response

- Learning to manage stress is a key task throughout childhood
- Stress is tolerable and supports healthy development when:
 - The threat recedes quickly
 - A caregiver provides support and comfort in response to the threat

FIGHT, FLIGHT, FREEZE



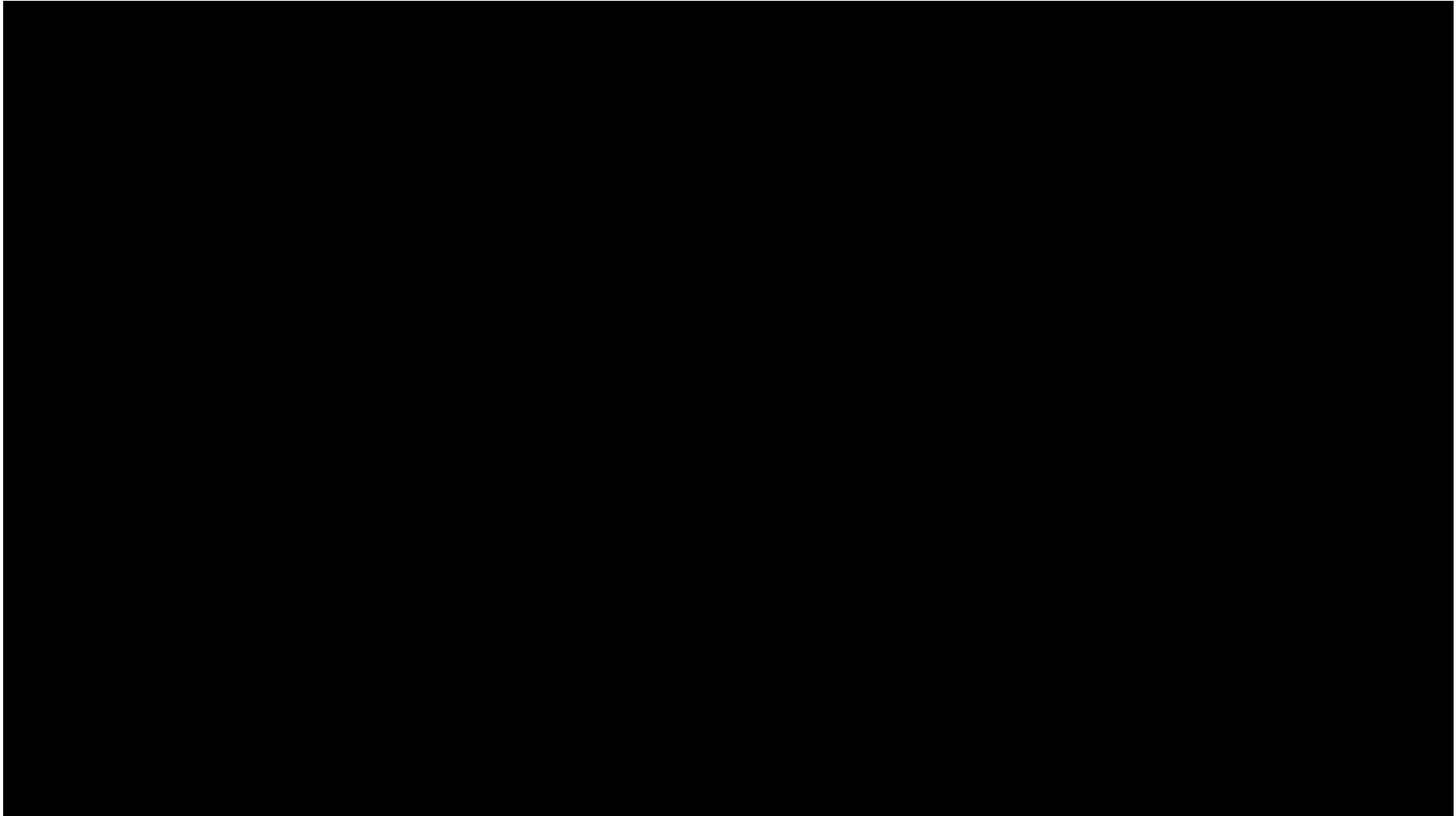


Unhealthy Stress Response

- The stressful event(s) happens regularly and/or;
- There is no caring adult to protect the child from the stressful event when it happens.

FIGHT, FLIGHT, FREEZE

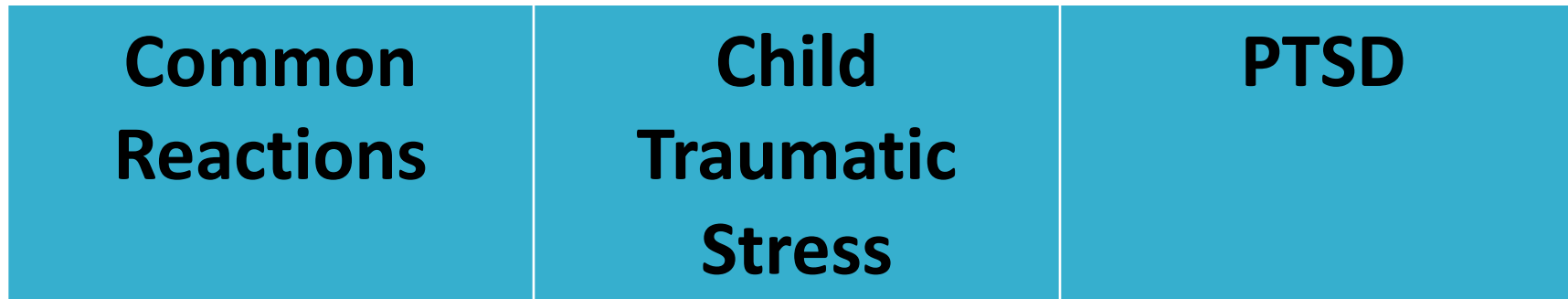
ACES Connections



Perceived Triggers of Danger

- Trauma Reminders:
 - Sensory: sights, smells, sounds, touch, taste
 - Emotional: anxiety, fear, vulnerability
- We can unintentionally trigger others through harmless actions





- Hyperarousal
- Re-experiencing
- Avoidance or Numbing
- Changes in Affect
- Sense of Foreshortened Future
- Cognitive Distortions

**Normal
Responses to
Abnormal
Situations**

Adaptive Responses to Trauma

Hyperarousal Continuum					
	Rest	Vigilance	Resistance	Defiance	Aggression
Dissociative Continuum					
	Rest	Avoidance	Compliance	Dissociation	Fainting
Internal State					
	Calm	Alert	Alarm	Fear	Terror

Bruce Perry, M.D.

Threat Appraisal and Detection



Dr. Seth Polak



Meet Damien

- What are the problematic behaviors Damien exhibits?
- For each problematic behavior, identify potential connections to past traumas.
- Look back at Shari and Reggie's scenarios

Changing the Conversation

- Ask what function the behaviors serve to keep that child, that adult, that community safe?
 - Reducing fear, anxiety
 - Staying physically safe
 - Avoiding heartache through relationships
- Movement towards recognizing children, adults and communities as struggling to cope with what they have experienced.

Development's Missing Stairs



- When people endure multiple traumatic events over long periods of time they are likely to have multiple gaps in their development.
- We can help to rebuild a person's developmental foundation.

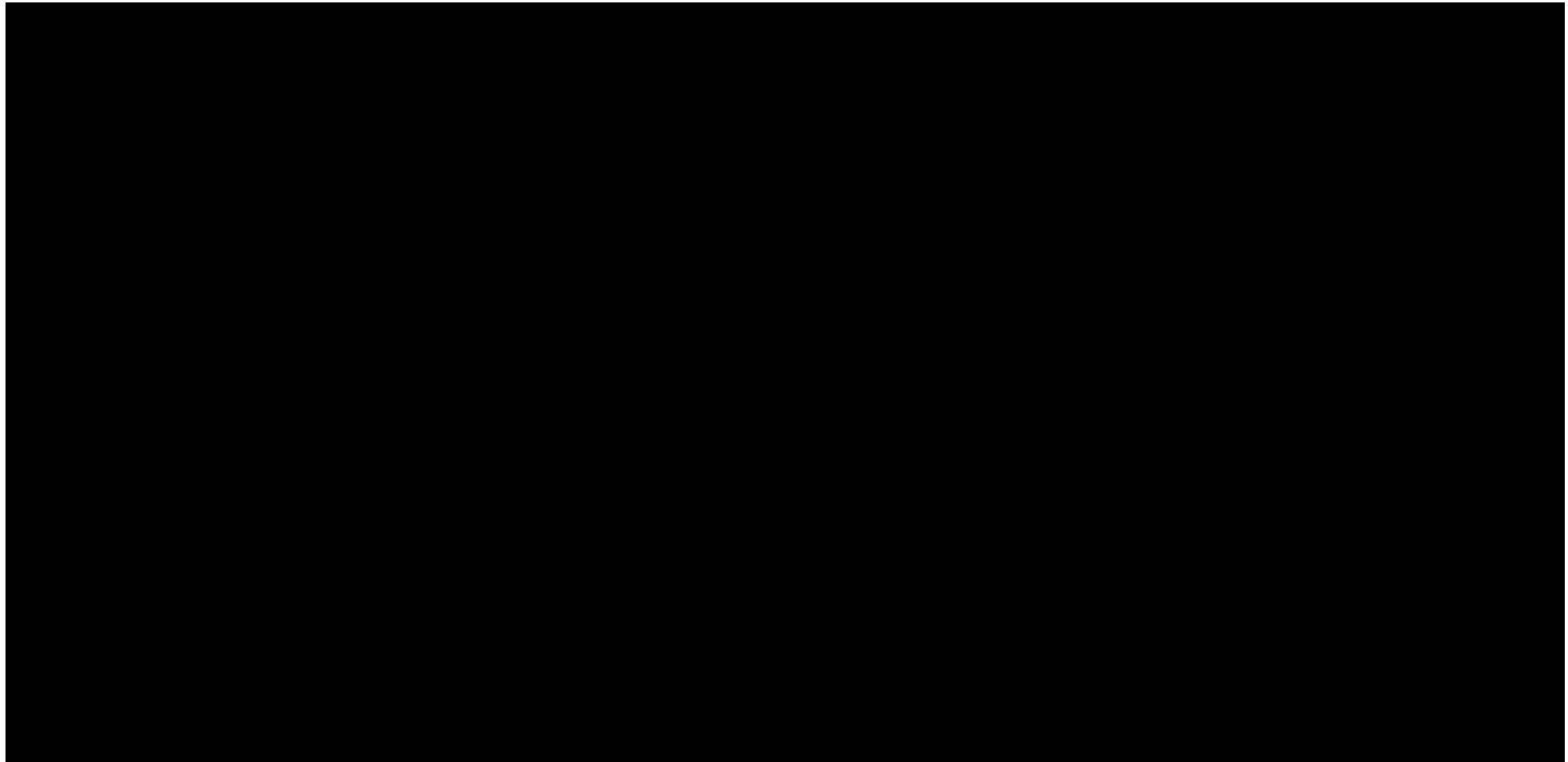


Resilience

- “A positive, adaptive response in the face of significant adversity.”
 - Center for the Developing Child
- Resilience can:
 - Exist naturally
 - Be built and;
 - Erode.



Center for the Developing Child



Fostering Resilience

- Avoid toxic clichés that suggest a person could “pull themselves up by their bootstraps,” or toughen up. It evokes shame if a person is unable to.
- Positive responses to adversity happen in the context of supportive relationships and community resources.



Protective Factor: Relationships

- Research continuously finds that having at least one solid and trusting relationship with a supportive adult is the single most important protective factor for children.
- There are three conditions:
 - The support is unconditional
 - The person shows stability
 - The child trusts the person



Protective Factor: Cultural and/or Spiritual Connections



Connection to people, place, and community create a sense of belonging that builds a resilient child.

Protective Factor: Building Mastery

- A sense of control over their life
- A belief that they can overcome difficulties and be in charge of their destiny
- A sense that they can accomplish something if they put their mind to it



Protective Factor: Executive Functioning and Self-Regulation

Mental skills learned through adult modeling and predictable routines.

Plan

Stay
focused

Follow
instruction

Prioritize
tasks

Set goals

Control
impulses

Promoting Protective Factors

- Advocate for their incorporation into the missions of child-serving agencies, schools, and community groups
- Design individual programs and events with some or all four types of protective factors in mind
- Keep them in mind in our personal interactions with young people

Think and Share

What protective factors for AI/AN are in place today across your community?

What protective factors does your organization or agency promote?



Trauma Treatments: Tribal and Western

- Tribal practices
- Psychotherapy models derived from Cognitive Behavioral Therapy (CBT)

Adults

- Cognitive Processing Therapy (CPT)
- Cognitive Therapy (CT)
- Prolonged Exposure (PE)

Children

- Trauma-Focused CBT
- Cognitive Behavioral Intervention for Trauma in the Schools (CBITS)
- BounceBack

Reminder: Theory of Practice

- Trauma work is a team effort
- Trauma knowledge is culture bound
- Trauma work must focus on building resiliency
- Trauma work is not a single methodology, but a multi-faceted lens, through which we view behavior



questions?



Reflection

What ideas will you take away from our training today?

What will you do with what you have learned?

What are you able to do in your role to promote resilience and healing?

Who might you be able to talk to about trauma?

Who else needs to hear this message?

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