

Welcome to our Learning Network & Knowledge Hub Webinar


Finding a better way: Strengths-based trauma-informed practice

Date & Time: July 13, 2021 | 1:00 - 2:30 PM EASTERN TIME

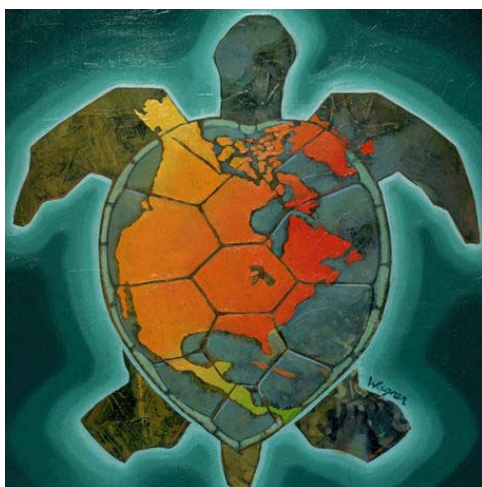
- All attendees are muted during the webinar.
- Cameras are also turned off for all participants.
- If you are experiencing issues, please type into the chat box.
- If you have a question for the webinar speaker, please type into the Q&A box and we will spend 30 mins near the end on Questions and Answers (2:00 to 2:30 PM ET).
- There will be an evaluation link in the chat box at the end of the webinar, please fill out the form as your feedback will guide our future webinars.
- Presentation slides are posted on our website, there will be a link in the chat box.
- The webinar recording will be posted on our website within the next few days:
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Western  Centre for Research & Education on
Violence Against Women & Children



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 Public Health
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publique du Canada

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Please think about the traditional lands you are currently situated on and join us in acknowledging and thanking the generations of Indigenous peoples who have cared for these Lands and in celebrating the continued strength and spirit of Indigenous Peoples. The ongoing work to make the promise of truth and reconciliation real in our communities and in particular to bring justice for murdered and missing Indigenous women and girls across the country should inform our discussions in this webinar and beyond.

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Strengths-Based and Trauma-Informed: How the Cultural Responsiveness Framework Can Help You Shift Your Practice

Hosted By

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Counselling and Wellness Director

Muskrat Muskwa Medicine Bear Healing Lodge

and

Peer Health Advocacy Services

Launching Fall 2021

Associate Professor

Chair Educational Psychology and Counselling
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University of Regina

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TRIGGER WARNING
This presentation discusses
trauma, grief, and factors that
contribute to it, and may be
triggering for some.

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Organization of the Presentation



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- I/we Work in Treaty 4 and 6 situated on the territories of the nēhiyawak, Anihšīnāpēk, Dakota, Lakota, and Nakoda, and the homeland of the Métis/Michif Nation.
- **Dr. Jolee Sasakamoose** is the *Research Director*, Indigenous Wellness Research Community Network and Wellness Wheel Medical Clinic. I am responsible for leading Wellness Wheel's Research Team in supporting Traditional ways of knowing alongside Western approaches to wellbeing.
- In the Fall we are launching the Muskiki Muskwa Medicine Bear Healing Lodge and Peer Health Advocacy Services
- Anishinabe (Ojibwe) with membership in M'Chigeeng First Nation in Ontario, an active citizen of Ahtahkakoop Cree Nation in Saskatchewan
- Associate Professor in Educational Psychology and Counselling at the University of Regina
- Co-authored the Indigenous Cultural Responsiveness Framework and works within the the "middle ground" between Western and Indigenous ways.
- Interim Co-Scientific Director nātawihowin (art of self-healing) First Nations Health and Wellness Network
Saskatchewan First Nations and Métis Health and Wellness Research, Training, and Knowledge Mobilization Network

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TRC Calls to Action

- TRC calls to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: **infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.** (*Action #19*)
- We call upon all levels of government to:
 - Increase the number of Aboriginal professionals working in the health-care field
 - Ensure the retention of Aboriginal health care providers in Aboriginal communities
 - Provide cultural competency training for all health-care professionals.
 - (*Action #23*)

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The Colonial Context

“History has had complex effects on the structure of communities, individual and collective identity, and the mental health [of Aboriginal peoples].”

Kirmayer & Valaskakis, p. 27

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The Colonial Experience

- A relationship history filled with:
 - Colonization
 - Pass and permit system
 - Relocation and confinement to reserves
 - Residential schools and trauma
 - Separation from family
 - Restricting involvement in economy and land
 - Political marginalization
 - Bureaucratic and technocratic control of every detail of Indigenous lives and bodies
 - Medical experimentation and as research test subjects



"larger social structural problems persist and thus risk continuing the assault on the identity and vitality of Aboriginal peoples."

(Kirmayer & Valaskakis, p. 28)

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Some of Canada's History with Indigenous Peoples

- Racist and Paternalistic
 - Used to promote and legitimize racist ideology, rather than help communities
 - Capturing the 'exotic native' and Social Darwinism
 - Deficit based data normally used
 - Lack of access to care
- Exploitive
 - "Helicopter Research"
 - No data, consent, or ethics
 - Introduction of disease (Ex. smallpox, measles, influenza) → famines, epidemics, to now violence, suicide, addictions, accidents, HIV, Hep C
- Violating human rights
 - Medical experimentation and dehumanization of Indigenous people (ex. nutritional and medical research conducted on residential school children; forced sterilizations).
 - This history affecting Vaccine hesitancy for COVID for Indigenous Elders in particular.

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Medical and Research Violence and Distrust

- Nutritional experiments were conducted on children in residential schools and Indigenous communities between 1942 and 1952 in Canada and include the following:
 - 1942 study in five northern Manitoba Cree communities
 - The study involved physical examinations, blood tests and radiographs.
 - Researchers commented on profound malnutrition and near starvation.
 - 1947/48 James Bay Survey of Attawapiskat and Rupert's House Cree First Nations
 - The study involved physicians, a dentist, an x-ray technician, a photographer and three anthropologists.
 - The study aimed to examine nutritional status, and provide guidance regarding combatting of not only malnutrition but also the threat of Indigenous "dependency."

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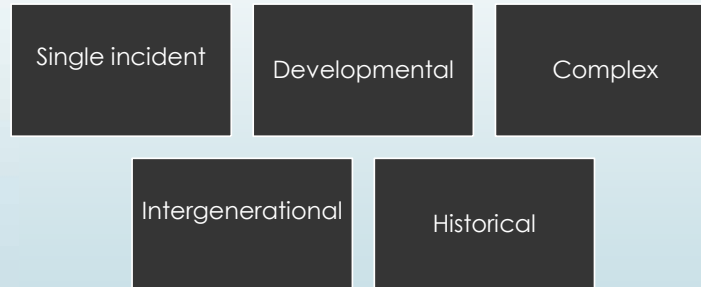
Modern Day Impacts COVID-19 Vaccine Hesitancy:

- Trials of Qu'Appelle vaccine
- 1933. There was some fear of disease transmission from reserves to settlers. BCG (TB) vaccination was only open to high-risk people and the sick.
- Despite protection and efficacy concerns, the Department of Indian Affairs backed experiments with BCG vaccination.
- Infants were given doses, and additional infants were chosen as controls.
- Despite BCG vaccination shielding most infants assigned, almost one in five Indigenous children died of poverty-related illnesses.
- **Vaccine success does not erase the concerning motivations and methods of the trial and the implication that Indigenous lives were considered of lesser value than settler lives.**

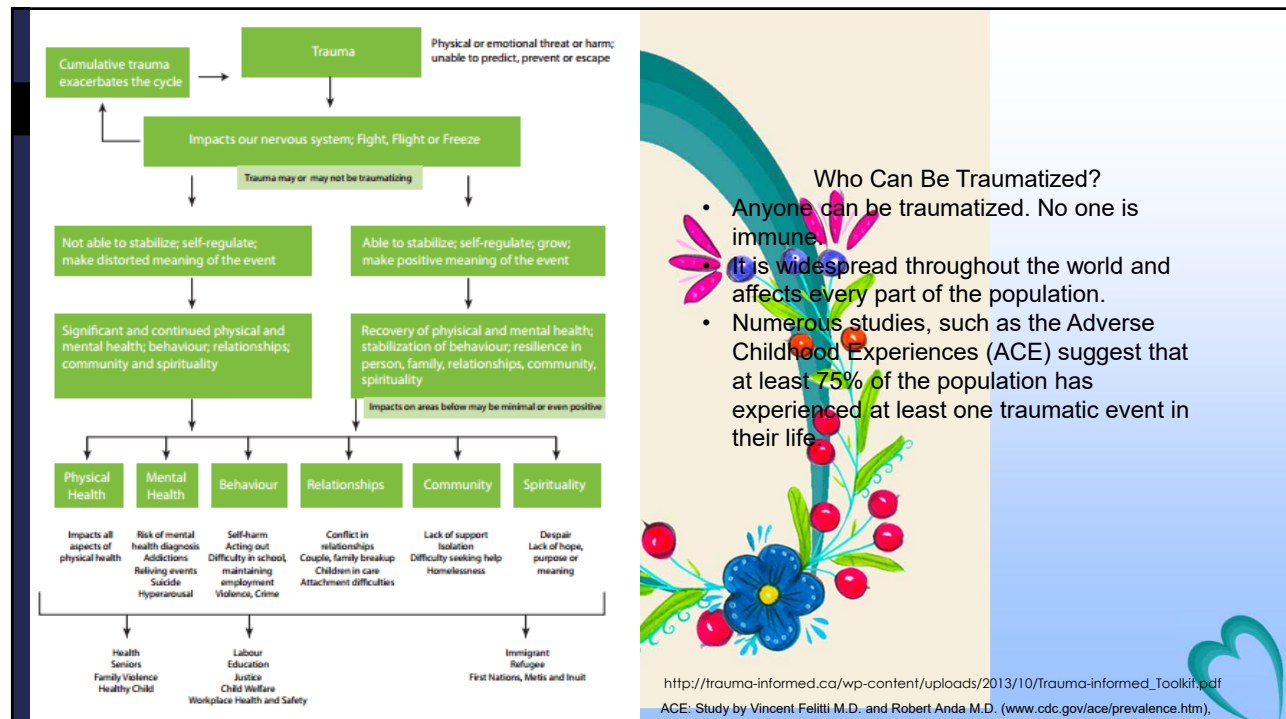
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What is Trauma?

An experience, or set of experiences, that overwhelm an individual's ability to cope or integrate the ideas and emotions involved in that experience. In other words, it occurs when the normal fight, flight, or freeze reactions are unsuccessful or ineffectual.

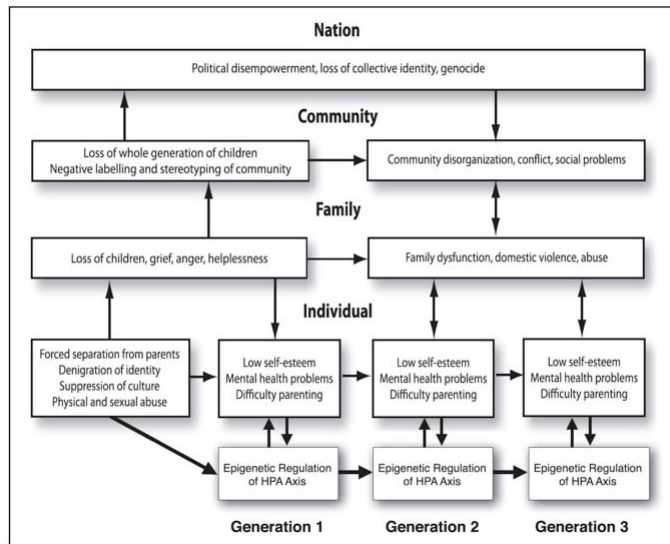


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Transgenerational Transmission of Historical Trauma



- The diagram depicts some of the pathways through which the effects of trauma and loss may be transmitted across generations through processes at multiple levels, including:

- epi-genetic alterations of stress response;
- changes in individuals' psychological well-being, self-esteem, and self-efficacy;
- family functioning;
- community integrity and cultural identity; and the
- continuity of identity and collective efficacy of whole nations or peoples

Kirmayer et al., 2007

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What is Grief?

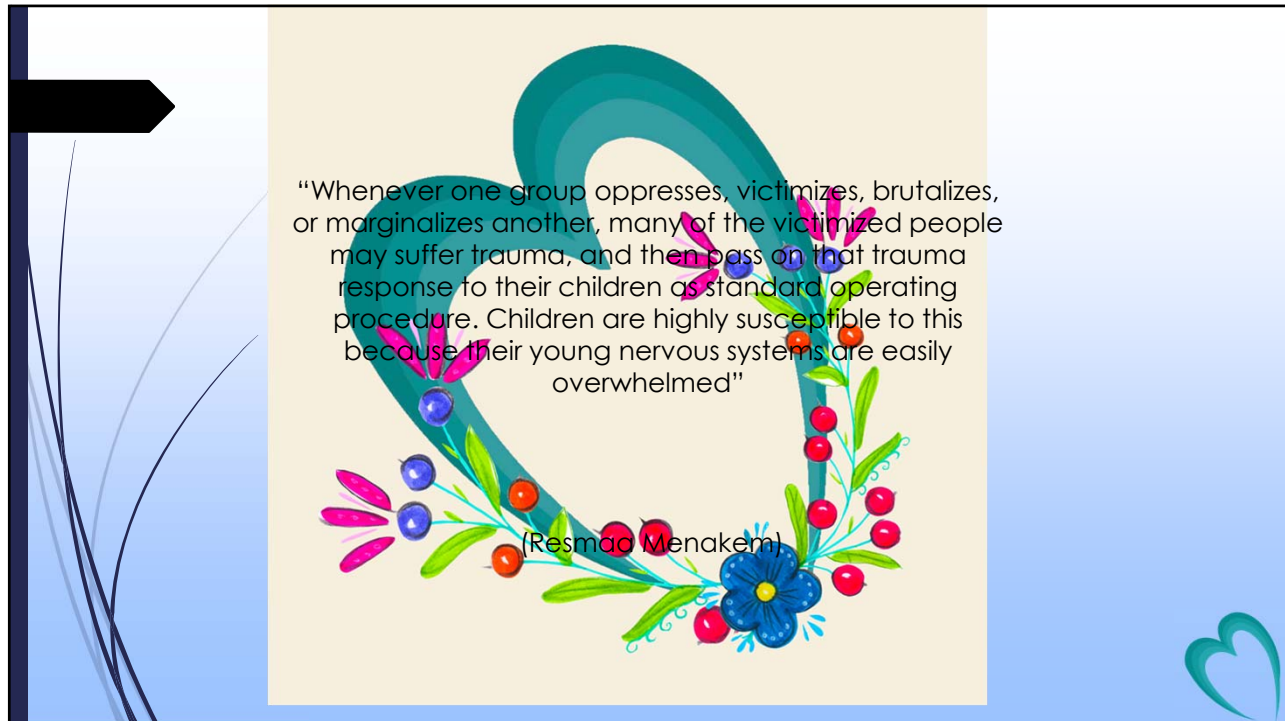
Profound Losses and Accumulated Grief

- Grief is the spiritual response we have when we have lost someone or something of deep meaning to us; it is not an enemy, but a process of healing and restoration of wholeness.
- To grieve is an act of courage. Through mourning, we find our indestructible self.
- Loss of traditional family system and its values
- Family of Origin, community, land and language
 - Multiple placements, frequent moves often without warning
 - Can't form attachments
 - Becomes isolated, silence
 - Losses not addressed immediately, sometimes never
 - Age development influences on a child
- De-valuing of children
- Loss of mutual respect of men / women and other genders

Grief actions in children are often identified as "bad behaviors" such as running away, acting out, sullen, poor school performance, depression.

In adults often manifest as trauma-response

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- The Cowessess First Nation announced a preliminary finding of 751 unmarked graves at a cemetery near the former Marieval Indian Residential School.
- The Marieval Indian Residential School operated from 1899 to 1997 in the area where Cowessess is now located, about 140 kilometres east of Regina. Children from First Nations in southeast Saskatchewan and southwestern Manitoba were sent to the school.
- The First Nation took over the school's cemetery from the Catholic Church in the 1970s.
- Earlier in June Cowessess started using [ground-penetrating radar](#) to locate unmarked graves. It was not immediately clear if all the remains are connected to the residential school

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Present Day Impacts

- The history of colonization has influenced the issues, policies and procedures of the present day.
- The systematic suppression and elimination of culture and tradition has contributed to intergenerational trauma, the remnants of which are evident today in the elevated levels of social and mental health issues experienced by many indigenous peoples. (Elias, B., Mignone, Hall, Hong, Han, & Sareen, 2012; Esquimaux-Wesley & Smolewski, 2004; Kirmaher, Simpson, & Cargo, 2003)
- Colonization, coupled with historically traumatic events, has exacerbated historical trauma responses and related health concerns such as diabetes, addictions, cancers and cardiovascular disease.
- We use a strength-based approach that shifts perceived deficits away from individuals and places within the appropriate context (residential schools, colonization). (Snowshoe & Starblanket, 2016)

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Guiding Principles and Indigenous Ways of Knowing

- ▶ What orients our work?
- ▶ What are the guiding principles and ways of knowing? What are the reasons for using these ways?

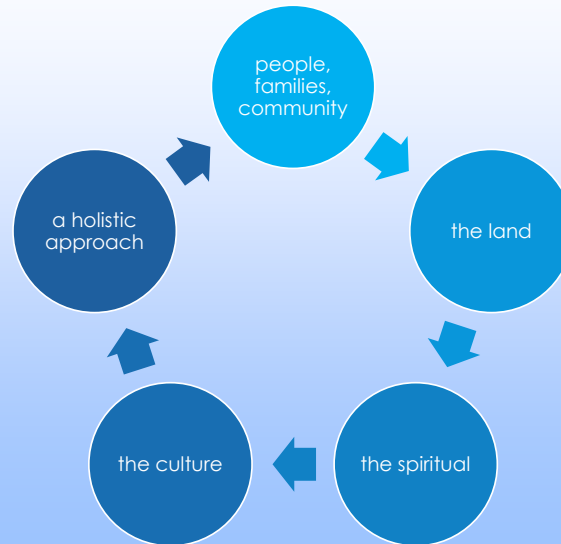


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Indigenous Perspectives of Healing and Wellbeing & the Cultural Responsiveness Framework

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A Relational Worldview Needed



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A Framework to Move Forward

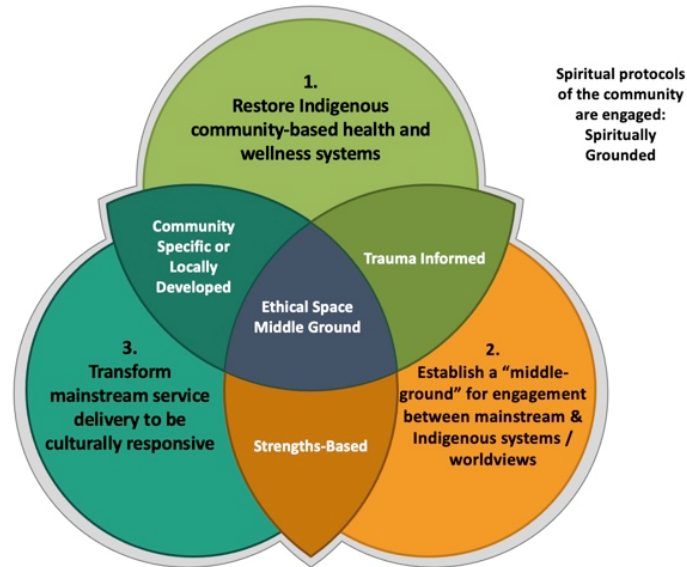
- **The Indigenous Cultural Responsiveness Theory (ICRT)** now known as the Cultural Responsiveness Framework (CRF) is a decolonizing, locally adaptable framework utilized to support Indigenous health and wellbeing.
- Understanding the framework will allow the practitioner to engage in actionable steps to create a practice that seeks to transform service delivery for peoples based on their needs.

(Sasakamoose, Bellegarde, Sutherland, Pete, & McKay-McNabb, 2017)

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CRF THREE STRATEGIC DIRECTIONS

Four protective mechanisms



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Finding Middle Ground is Essential

Ethical Space

A cooperative spirit between Indigenous peoples and Western institutions, in order to create new currents of thought. (Ermine, 2007).

Two-Eyed Seeing

To see the strengths of Indigenous knowledge and the strengths of evidence based Western practices and bring them together.

(Bartlett, & Marshall, 2010).

Harmonizing

- It is within this area of ethical space that the strengths of Indigenous ways and the strengths of evidence-informed Western approaches are considered.

(Sasakamoose, et. al, 2017; LaVallie & Sasakamoose 2016).

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Spiritually-Grounded Perspective

One of the most overlooked aspects is a connection to the spiritual aspect of being human

- Cultural Connectedness
- Holistic view of wellness
- Connectedness to family, the community, and the land
- Use of ceremony
- Integrating tradition, culture, and Indigenous worldviews

Kirmayer, L. J. & Valaskakis, G. G. (Eds). (2009). *Healing Relations: The mental health of aboriginal peoples in Canada*. Vancouver, BC: UBC Press.

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Community-Specific Perspective

- Individual healing is directly connected with community healing
- Support initiatives, and subsequent evaluation that follows the vision of the unique community based on the project, the **community needs**, and the **community's capacity and interest** in engagement.

"The health of the **community** [is] linked to the **sense of local control and cultural continuity**" (Kirmayer & Valaskakis, p. 28)

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Trauma-Informed Perspective

- Practitioners must consider the intergenerational impact of colonization and its associated negative health impacts on the lives of Indigenous people
- People must be aware of the causes and effects of this history in order to create programs that do not re-traumatize and perpetuate these systems.
- Intergenerational trauma
- Distrust of western health systems, researchers, government, etc.



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Trauma-Informed Practice

- Trauma-informed services do not need to be focused on treating symptoms or syndromes related to trauma. Regardless of their primary mission – to deliver primary care, mental health, addictions services, housing, education, etc.
- Their commitment is to provide services in a manner that is welcoming and appropriate to the special needs of those affected by trauma (Harris & Fallot, 2001).

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Trauma-informed Care and Practice

A trauma-informed service provider, system and organization

- Realizes the widespread impact of trauma and understands potential paths for healing;
- Recognizes the signs and symptoms of trauma in staff, clients, patients, residents and others involved in the system; and
- Responds by fully integrating knowledge about trauma into policies, procedures, practices and settings.

Core trauma-informed principles are

- Acknowledgement – recognizing that trauma is pervasive
- Safety
- Trust
- Choice and control
- Compassion
- Collaboration
- Strengths-based

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To integrate these principles, systems and organizations should consider the following

A trauma-informed service provider, system and organization

- Power and control – whose needs are being served, and do policies empower those being served or those providing the service (e.g., is emphasis being placed on control rather than the comfort of those being served)
- Doing with and not doing to
- Explaining what, why and how
- Offering real choices
- Flexibility
- Understanding and being able to identify fight, flight and freeze responses
- Focusing on strengths, not deficits
- Examining power issues within the organization and promoting democratic principles (Poole, 2013)

Core trauma-informed principles are

- Non-violence – helping to build safety skills and a commitment to a higher purpose
- Emotional intelligence – helping to teach emotional management skills
- Social learning – helping to build cognitive skills
- Open communication – helping to overcome barriers to healthy communication, learning conflict management, reducing acting out, enhancing self-protective and self-correcting skills, teaching healthy boundaries
- Social responsibility – helping to build social connection skills, establish healthy attachment relationships, and establish a sense of fair play and justice
- Democracy – helping to create civic skills of self-control, self-discipline, and administration of a healthy authority
- Growth and change – helping to work through loss and prepare for the future

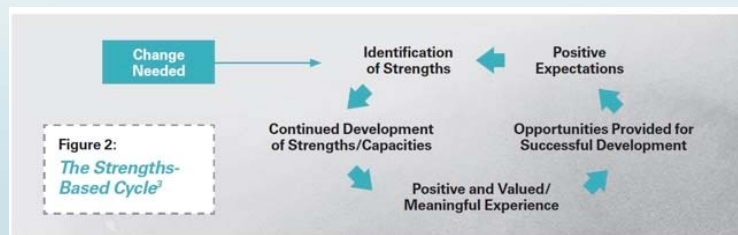
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Strengths-Based Perspective

"What makes us well?" rather than "What makes us sick?"

- Attempts to identify what resources an individual has in order to positively address problems. It is a model that focuses on developing assets (Smith, 2006).
- As people develop greater awareness of their own strengths, they will be able to take control of their lives and make appropriate decisions to empower themselves (Smith, 2006).
- Looks for opportunities for growth
- This doesn't imply that we should simply ignore the realities and the negative consequences to focus on positives; rather, strengths-based facilitates healing by building on the pathways to resilience. (Snowshoe, Crooks, & Tremblay, 2017; Snowshoe, Crooks, Tremblay, Craig, & Hinson, 2015).

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Hammond, W., & Zimmerman, R. (2012). A strengths-based perspective. A report for resiliency initiatives. Retrieved from http://www.resiliencyinitiatives.ca/cms/wp-content/uploads/2013/03/STRENGTH_BASED_PERSPECTIVE-Dec-10-2012.pdf [Google Scholar]

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Strength & Deficit-based Concepts Comparison Chart	
For your toolkit	
Strength-Based Concepts	Deficit-Based Concepts
At-Potential	At-Risk
Strengths	Problems
Engage	Intervene
Persistent	Resistant
Understand	Diagnose
Opportunity	Crisis
Celebrate (i.e. successes)	Punish (i.e. non-compliance)
Time-in	Time-out
Adapt to	Reform
Empower	Control
Process-focused	Behaviour-focused
Dynamic	Static
Movement	Epidemic
Unique	Deviant
Avoids imposition	Dominant knowledge
Validates people's experience	Diagnoses based on norms
People's context is primary	Professional's context is primary
Identifies and builds on strengths	Minimizes people's strengths
Client-centred	Mandate-focused
Professionals adapt to clients	Clients expected to adapt
Meet clients in their environment	Clients always go to professionals
Flexible	Rigid
Focus on potential	Focus on problems
People are inherently social/good	People are inherently selfish/bad
People do the best they can	People do as little as possible
Support	Fix
Client-determined	Expert oriented
Inclusive	Exclusive

Hammond, W., & Zimmerman, R. (2012). A strengths-based perspective. A report for resiliency initiatives. Retrieved from http://www.resiliencyinitiatives.ca/cms/wp-content/uploads/2013/03/STRENGTH_BASED_PERSPECTIVE-Dec-10-2012.pdf [Google Scholar]

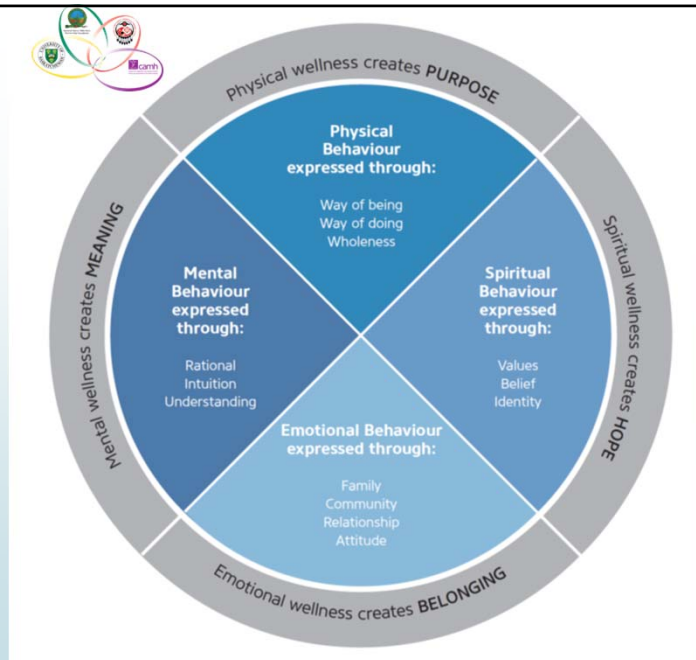
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Paradigm Shift

From	To
An examination of deficits	The discovery of strengths
Use of evidence absent of Indigenous world view, values and culture	Indigenous Knowledge sets foundation for evidence
A focus on inputs for individuals	A focus on outcomes for families and communities
Uncoordinated and fragmented services	Integrated models for funding and delivery of services

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Indigenous Wellness Framework...the foundation of the Native Wellness Assessment



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ENGAGING ALL GENERATIONS In Rites of Passage



- Health promotion begins before pregnancy and continues with cultural practices that connect the full continuum of life stages to the new born.
- These follow with rites of passage ceremonies throughout the child's life and into adulthood.
- These rites of passage serve as protective factors

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Moving into Action

- In order to adopt an Indigenous approach, there must be the realization that one homogeneous approach will not be all encompassing for due to the diversity and complexity of community and cultural context (Gray, D., Siggers, S., Drandich, M., Walam, D., & Plowright, P., 1995).
- However, guiding principles are present. The CRF model provides an overarching framework to plan, develop, execute, and evaluate programs to support Indigenous peoples.
- Adhering to the spirit of this framework will begin the process of decolonizing programs in order to better address the needs of Indigenous people.
- This means investing in culture as a foundation, culturally based, community based, and land based programs



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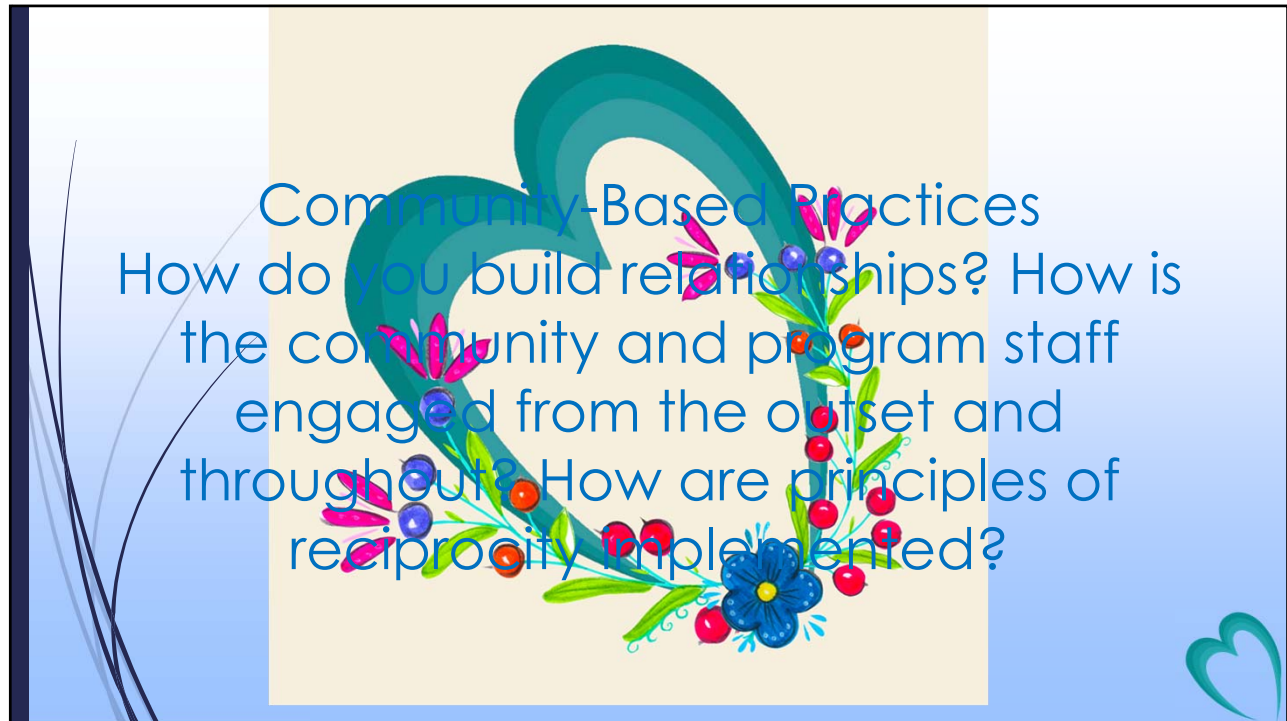
Ceremony, Protocols, and Knowledge Keepers

"If you cut corners with ceremony, it shows that you will cut corners with everything else"

Elder Peter Nippi



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Collaboration and Partnership

- A true Indigenous approach involves **authentic** relationships and input from Indigenous partners, leaders, and populations being served.



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Collaboration and Partnership

- Any attempts to improve Indigenous mental, emotional, spiritual or physical well-being must involve **co-participation** from community members for whom the programs, interventions, services or programs are designed (Snowshoe & Starblanket, 2016; National Aboriginal Health Organization [NAHO], 2007)

Design

- Work with community to plan program and evaluation in context

Data

- Community involvement for interpretation and idea development

Results

- All work must be used to produce a direct benefit the community

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Urban Gardening

- The volunteer team started getting requests for traditional food and traditional medicine.
- And with colder months approaching, the group is making plans to provide elders with traditional and healthy food throughout the winter.
- The goal was to go beyond just providing sustenance for elders, but to restore our own traditional practices and knowledge bases



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Traditional Food and Medicine

As a result of the pandemic, Elders and others have not been able to gather medicines that are needed in ceremony or for healing. With the permission of Elders,

The Regina COVID19 Volunteer Community Response Team is now growing traditional medicines, to give the Elders to make medicinal teas.



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"Food Security goes beyond just providing people with only their basic caloric needs"



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Expanding Capacity

- Drying racks
- Canning and preserves
- Dehydrating
- Composting



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Indigenous Ethic of Care & Resilience

- Restoring Old Ways
 - Traditional Practices
 - Hunting & Gardening
 - Farming, Harvesting, & Preserving
- New Paths Forward
 - Webinars
 - Online Discussions
 - Hydro and Aeroponic Gardening
- Community Empowerment
 - On-reserve and urban responses: In addition to the measures communities are taking to prevent the spread of the virus, there have also been initiatives to care for individuals who, in many cases, are dealing with states of emergency on the best of days.
 - Examples: Regina COVID Community Response Team launched out of a Wellness Wheel and FN matriarch response to take care of Elders and isolated due to COVID.
 - Communities have distributed food hampers to households as well as traditional medicine kits, art kits
 - Western Region III, Métis Nation-Saskatchewan partnership to plant a medicinal garden and to plant, preserve and harvest and distribute to the elders for the winter

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In Summary

► The principles of Indigenous healing and wellbeing are very dependent on the Indigenous group (First Nations, Metis, Inuit) which can vary considerably. Working with community partners, based on the project, the community needs, and the community's capacity and interest in engagement. There is no cookie-cutter approach, which often contributes to hesitancy among people doing things in a good way.

► There is, however, a simple solution – just **ask your Indigenous friends and colleagues**. If you do not have any, then that becomes your first step.

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Invited to Access these tools

Department of Justice Canada Exploring Indigenous Approaches to Evaluation and Research in the Context of Victim Services and Supports in Evans, J., Larkin J., Bremner, L., Johnston, A., Rowe, G., & Sasakamoose, J., (2020).

Sasakamoose, J., Summary: Exploring Indigenous Approaches to Evaluation and Research in the Context of Victim Services and Supports, Report prepared for the Department of Justice Canada, Government of Canada. Request at: rsd.drs@justice.gc.ca.

Sasakamoose, Bellegarde, T., Sutherland, W., Pete, S., McKay-McNabb, K., (2017). Miyo-pimātsiwin Developing Indigenous Cultural Responsiveness Theory (ICRT): Improving Indigenous Health and Wellbeing.: International Indigenous Policy Journal, 8 (3) p. 1-16.

LaVallie, C., & Sasakamoose, J. (2020). Reflexive Reflection co-created with Kehte-ayak (Old Ones) as an Indigenous qualitative methodological tool for data contemplation, First Nations Health Authority special issue of the International Journal of Indigenous Health, 16 (2) 208-224.

Federation of Sovereign Indigenous Nations (FSIN). (2013). Cultural Responsiveness Framework. Retrieved from <http://allnationshope.ca/userdata/files/187/CRF%20-%20Final%20Copy.pdf>