

What's New is Really Old: Trauma Informed Health Practices Through an Understanding of Historic Trauma

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Positioning Self in Presentation

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- Cree
- Practice ceremony
- Privilege Indigenous knowledge
- Reside in community (Nation)
- Married to Eugene
- Mother to Janice & James
- Kokum to Atayoh
- Servant leader
- Work at the University of Alberta

Dr. Margo Greenwood

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- Indigenous scholar (Cree)
- Academic Leader (NCCAH)
- Focus on health and well-being of Indigenous children, families and communities
- Vice-President of Aboriginal Health for the Northern Health Authority in BC
- Professor – First Nations Studies and Education programs at UNBC

Webinar Session

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- For staff who work front line with and for Indigenous Peoples (First Nations, Metis)
- Assumptions:
 - Work in community or with staff in community
 - Community members who desire deeper understanding of historic trauma
- Overview of session: (broad perspective)
- Strength amidst adversity (theme)
- Colonial impacts
- Historic trauma (defining and roll out)
- Community based impacts
- Trauma informed health practice (old/new)

“Let us put our minds together as one.”

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- If we sat in a circle and put an object in the center of the circle and we all described what we saw, everyone would see different points of view from each other. Some would even see opposites because they would be sitting on opposite sides of the circle. In other words, you don't have to see what I see for you to be right.
- In fact, everyone in the circle is right based on their own point of view. If we are willing to listen to everyone's point of view, then we can get a more accurate description of the object in the center. This is one way to put our minds together. When we get the clarity from each other, we should give thanks and be grateful to each other.

Irving Powless, Sr. Onondaga

Complex situation: Canadian History and Indigenous Peoples'

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RACISM
INDOCTRINATION
WHITE PRIVILEGE
INDIGENOUS KNOWLEDGE MISSING

Residential Schools & Inter-generational Trauma

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INDOCTRINATION

IDENTITY

SAVAGENESS

INFERIORITY

WHAT WERE WE TAUGHT IN SCHOOL?

INVISIBLNESS

Ph.D “why didn’t I know this”?

TAKE THE INDIAN OUT OF THE INDIAN

Understand Historic Trauma

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Dr. Maria Yellow Horse Brave Heart

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

- Klinic, 2013, p. 44 citing Yellow Horse Brave Heart, 2003

Canada's Most Horrific Secret History



PHYSICAL GENOCIDE

- Mass killing
- Targeted

BIOLOGICAL GENOCIDE

- Destroy groups reproductive capacity

CULTURAL GENOCIDE

- Destruction of structures and practices (governance – family systems)
- Destroy political / social institutions
- Land is seized
- Populations forcibly transferred
- Movement restricted
- Languages banned
- Spiritual leaders persecuted
- Spiritual practices forbidden
- Families disrupted to prevent transmission of cultural values and identity from generation to generation

John A. MacDonald - 1874

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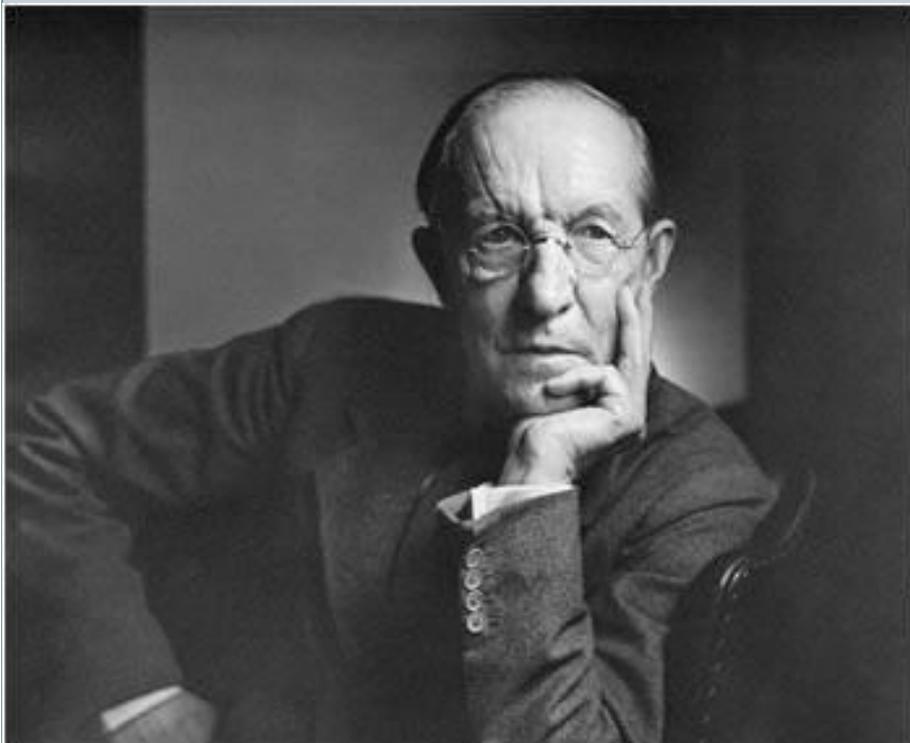


- Indian children should be taken away from their parents so as to eliminate their barbarian influence and expose the children to the benefits of civilization. The teacher has been sent out as an educational missionary to introduce cultural changes in Indian societies.

(Source: Makokis, 2000 citing Pauls)

Dr. Duncan Campbell Scott

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- “Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic, and therein no Indian question.”

Source: Makokis, 2000, p.18 (citing York, 1990, p. 23)

Dr. Peter Bryce (Medical Officer – 1904)

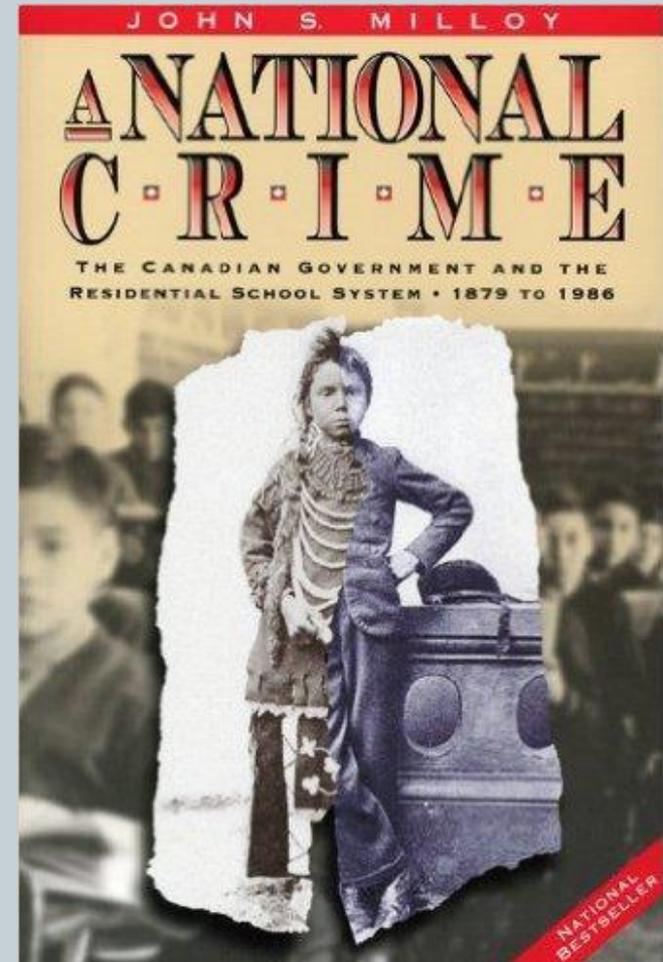
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- Inspected residential schools
1537 children (25% dead)
- 1 school (69% dead)
- Overcrowdness, inadequate heat,
ventilation, poor nutrition

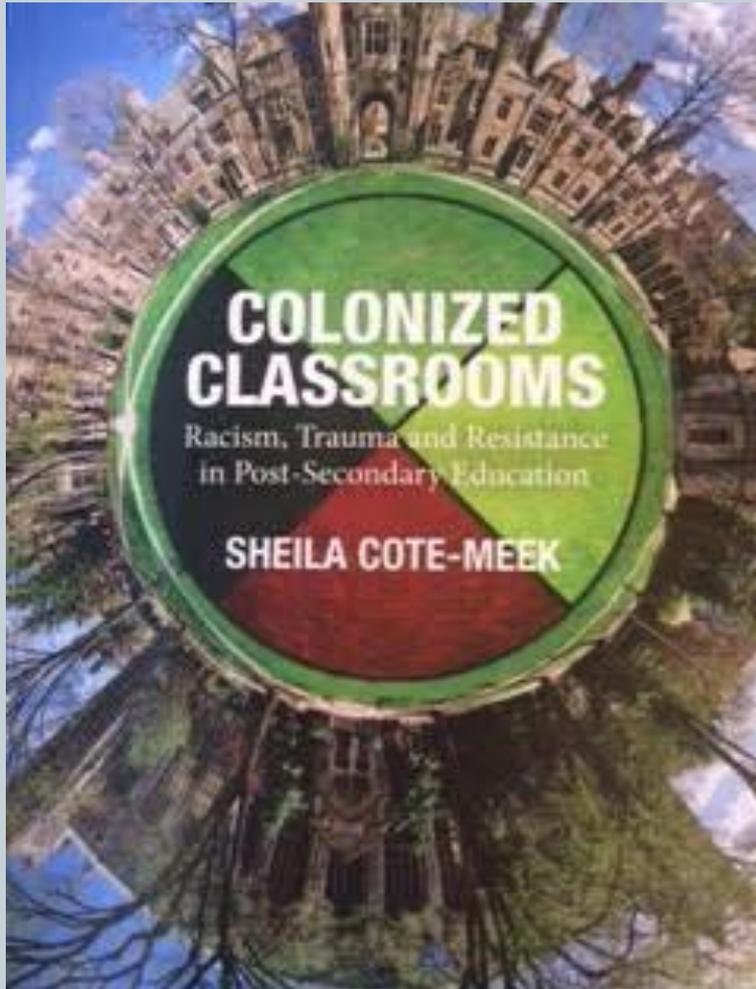
***His report was met with
hostility by government***

<http://ottawacitizen.com/news/local-news/beechnwood-ceremony-to-honour-medical-officers-tenacity>



Learning history: Colonized Classrooms

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- Colonization is violent, on-going and traumatic
- ...violence continues to shape current practices, behaviours and responses. (p. 18)
- How important is it for ALL of us to understand *trauma informed care and practice*?

Trauma Informed Care & Practice



Why?

- “People who have experienced trauma are at risk of being re-traumatized in every social service and health care setting.”

(Klinik Community Health Care Centre, 2013, p. 6)

- Ie: ACE study
- Mainstream America
- Poor health outcomes
- TRC presentation
 - **60-70 – maybe 10 hands up**

What?

- “...regardless of their primary mission – to deliver primary care, mental health, addiction services, housing, etc. – their commitment is to provide services in a manner that is welcoming and appropriate to the special needs of those affected by trauma.”

(Klinik Community Health Centre, 2013, p. 15)

A trauma informed service provider, system and organization: (ideal world)

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- 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
- Responds by fully integrating knowledge about trauma into policies, procedures, practices and settings

Source: Klinik Community Health Centre, 2013, p. 16

Core Trauma Informed Principles

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- Acknowledgment (trauma pervasive)
 - Safety
 - Trust
 - Choice and control
 - Compassion
 - Collaboration
 - Strength based
- **Challenges:**
 - **Internal readiness** (community capacity, leadership practices, staff professional development)
 - **External professional Development /readiness**

Challenges

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Internal challenges



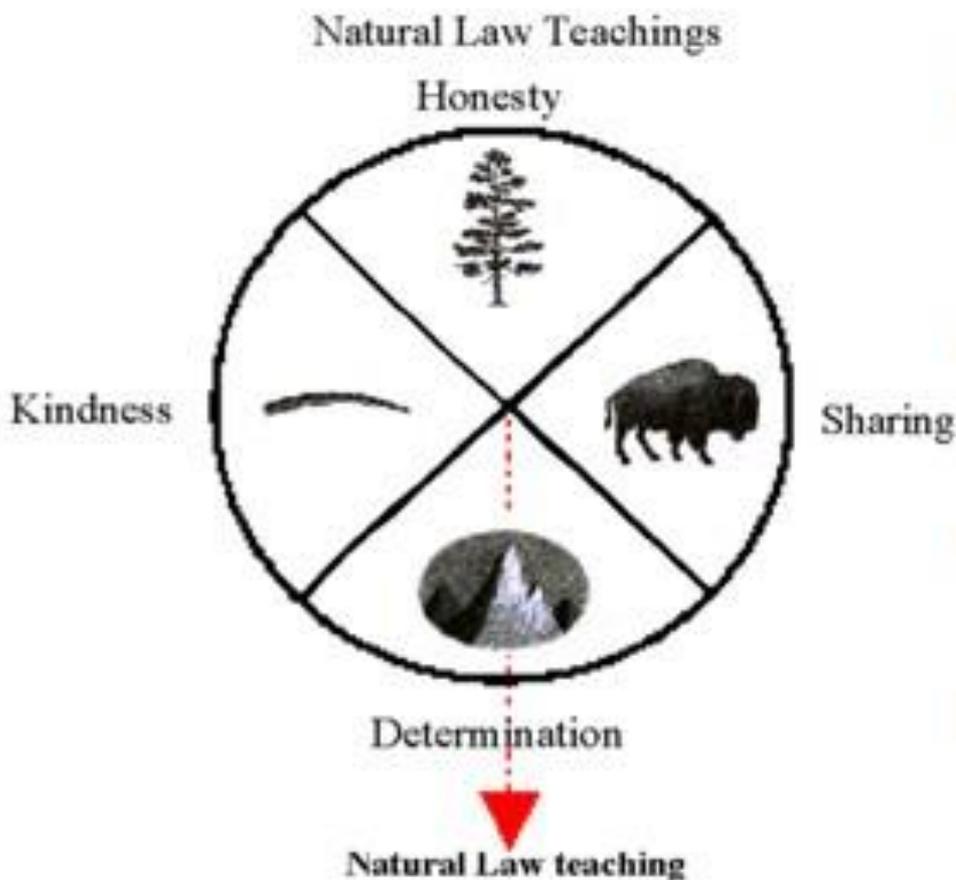
**Internalized oppression,
marginalization, lateral violence**

External challenges



**Share power, willingness to find a
way, challenge status quo**

Natural Laws of the Creator



- Sweetgrass (kindness)
- Animals (sharing)
- Trees (honesty)
- Rock (strength & determination)

Source of Indigenous Laws

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- Songs
- Ceremonies
- Sacred Bundles
- Sacred Sites
- Mountains and other Land/ Water sites
- Medicines (tobacco etc.)



Teachings embedded on the land

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- Land is our book
- Teachings carved into the landscape (petroglyphs)
- **IF the land is our book, how do we learn together?**

Colonization Impacts: Dr. Papaarangi Reid: U of Auckland (Dec/ 08) Vancouver Diabetes conference

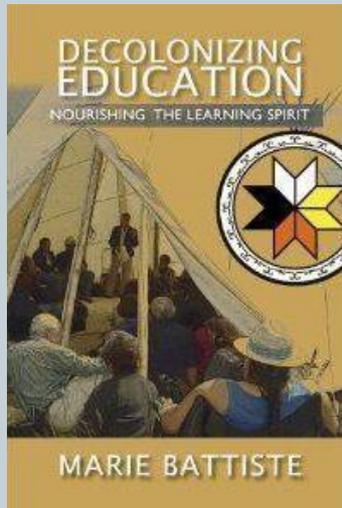
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- We need to know the power of colonization
- Our realities become “myths”
- Dominators stories become the “reality”
- Colonization transforms Nations
- Become “insiders and outsiders”
- Results in resentment, frustration, anger
- Social, political, economic resource depletion (including land / policy alienation)
- Social breakdown (unequal / inferior citizenship)
- Barrier to our development
- Leads to high crime, high risk behavior



Cognitive Imperialism

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“When Indigenous knowledge is omitted or ignored in the schools, and a Eurocentric foundation is advanced to the exclusion of other knowledge's and languages, these are conditions that define an experience of cognitive imperialism.” (Battiste, 2013, p. 26)

Adverse Childhood Experiences: ACE

(R. Anda, V. Felitti, J. Bremner, J. Walker, C. Whitfield, B. Perry, S. Dube, W. Giles, 2006)

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- **The ACE Study (San Diego, CA.)**
- 17,337 adult patients
- Assessed 10 adverse childhood experiences (ACEs) including abuse, witnessing domestic violence, and serious household dysfunction.
- The study makes a direct connection between a person's ACE score and later life chronic health conditions such as diabetes, heart disease, mental illness, and more

Categories of adverse childhood events (middle class America)

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Abuse (by category) (%)

Psychological (by parents)
Physical (by parents)
Sexual (anyone)

Prevalence

11%
28%
22%

Neglect (by category)

Emotional
Physical

15%
10%

Household Dysfunction (by category)

Alcoholism or drug use in home
Loss of biological parent before 18
Depression or mental illness in home
Mother treated violently
Imprisoned household member

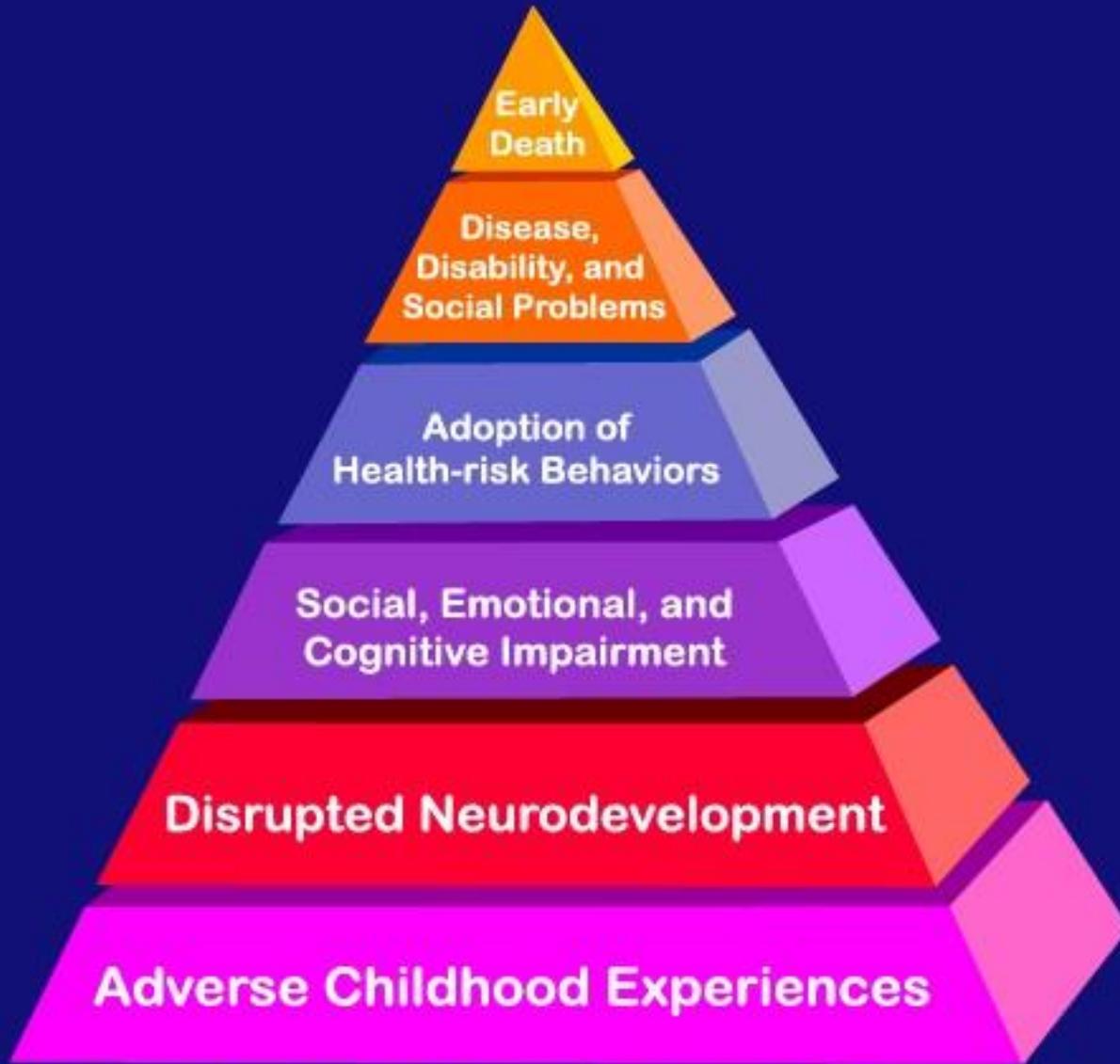
27%
23%
17%
13%
6%

(Source: ACE ppt, Edmonton, 2009)

Death



Conception



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Losses (unresolved / perpetual grief)

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- Shame
 - Internalized pain
 - Loss of self
 - Loss of worth
 - Loss of personal identity
 - Loss of parenting skills
 - In-fighting (gossip, hatred, family feuds)
 - Self harm (suicide risk)
 - Group oppression
- (Oppressed – oppress others)



.....More about lateral violence (community context)

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- shaming - humiliating
- damaging - belittling
- sometimes violent behavior directed toward a member of a group by other members of the same group (**gossip, putdowns, competition, family feuds, religious wars, gang wars, turf protection, lack of cooperation, bullying, more.....**)

“workplace bullying”



Disrupted attachments : individually, families, community/culture

Individual:

Isolation / alienation
Shame
Anger toward school /
parents
Self-hatred
Internalized racism
Fear of authority
Low self-esteem
Self-destructive behaviors
(substance abuse, gambling,
alcohol)
Acting aggressively

Family:

Unresolved grief
Difficulty parenting
Family violence
Loss of stories
Loss of traditions
Loss of identity

Community / culture: (losses)

-connectedness with languages,
traditions and cultural history
-togetherness / collective
support
support from Elders
-lack of control over
land/resources
Increased suicide rate
Lack of communal raising of
children
Lack of initiative
Dependency on others
Communal violence

(Source: Trauma Informed Toolkit, p. 46-47)

Walking the path together: in respectful relationships

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- Integrative approaches
- **Indigenous and non-Indigenous allies**
- Multiple strategies -
 - individual,
 - family,
 - community
 - ***address relational stressors within and among groups***

PEOPLE
POWERED
CHANGE



Elder Teachings: We are all related!

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A COLLECTIVE LEARNING JOURNEY: Removing the shackles that bind

Strength of Indigenous Knowledge

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**WOMEN'S PIPE
TEACHINGS**

**SHARE
KNOWLEDGE
SYSTEMS**

**HUMANKIND
WILL BENEFIT**

Privileging Indigenous Knowledge

A unique Aboriginal Relations program that:

- Visits to places of historical significance
- Gathers Indigenous and non-Indigenous learners in an environment that promotes healthy, respectful discussions of sensitive issues
- Provides a Certificate from the Faculty of Extension, University of Alberta
- Offers a tuition award to a student who meets criteria

By the end of the program, learners will:

- Begin to understand Aboriginal worldviews
- Begin to understand the organizational culture of Industries in Alberta
- Understand inaccuracies regarding history and post contact impacts
- Have steps and strategies to promote and foster engagement
- Have skills for collective approaches to decision making and document preparation
- Have the ability to identify and seek out knowledge keepers

"uplifting the whole people"

— HENRY WILAMSHILL WAPIC, FORTINERRE PELOSHIC, 1888

Contact Us

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**ABORIGINAL COMMUNITY
INDUSTRY RELATIONS CERTIFICATE**
FACULTY OF EXTENSION

**Indigenous
scholars and
Elders (team
teaching)**

Land based

**Indigenous
knowledge
core with
western
knowledge**

Dr. Regan: Relationships are key!

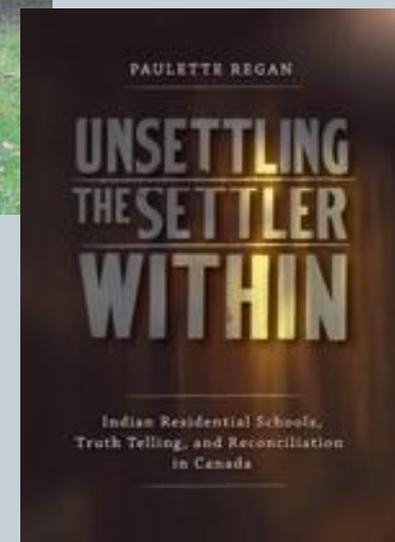
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All people (Indigenous and Non-Indigenous Canadians) need to take that “genuine leap of imagination” to guide our steps today and into the future

In reality, institutions do not lead social change.

The people do.

And so it is up to us.



Were in this together: Our collective responsibility!

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Remove fear, work together!

Window of opportunity and we must take it. Window: TRC, Calls to Action.

Thank you!

Dr. Patricia Makokis

Dr. Margo Greenwood

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