PaTH – Pathways to Healing

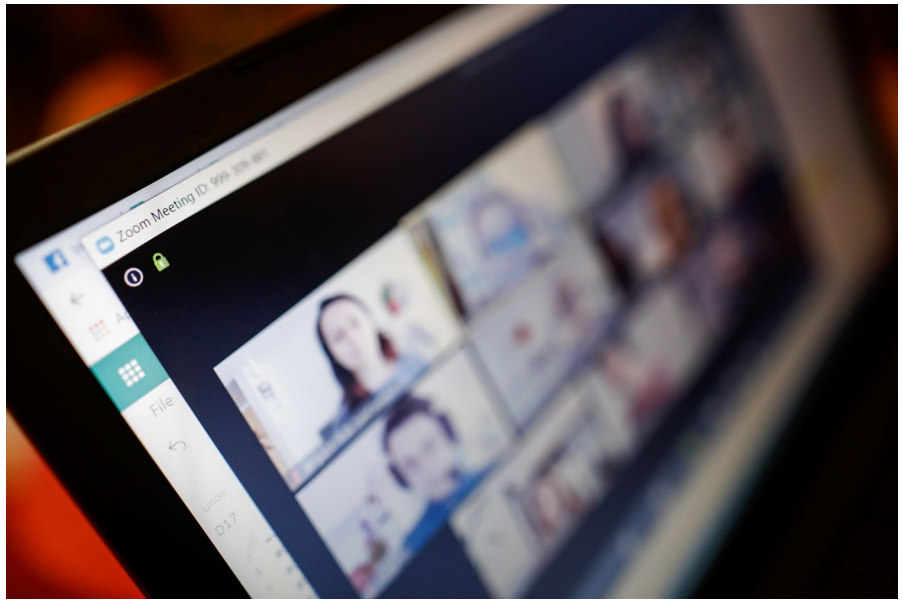
Indigenous Resilience: The Power of Tribal Culture & Community in Crisis Response

November 7, 2023
10:00 am – 12:00 pm PT

Sponsored and Hosted By:

California Department of Health Care Services (CA DHCS), Opioid and Stimulant Implementation Support-Training and Technical Assistance (OASIS-TTA)-MAT Expansion Project, UCLA Integrated Substance Abuse Programs (UCLA-ISAP), Kauffman & Associates Incorporated (KAI), and Pacific Southwest Addiction Technology Transfer Center (PSATTC), HHS Region 9

Notice: AI Features in Trainings



- Per University of California policy, the use of artificial intelligence (AI) features, such as meeting summaries, are not allowed in virtual meetings and webinars.
- Attendees who enable AI features will be asked to turn them off or they may be removed from the training.
- Thank you for your understanding as we navigate this new frontier!

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

Whose land are you on?
Option 1: Text your zip code to 1-855-917-5263
Option 2: Enter your location at https://native-land.ca
Option 3: Access Native Land website via QR Code:

What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

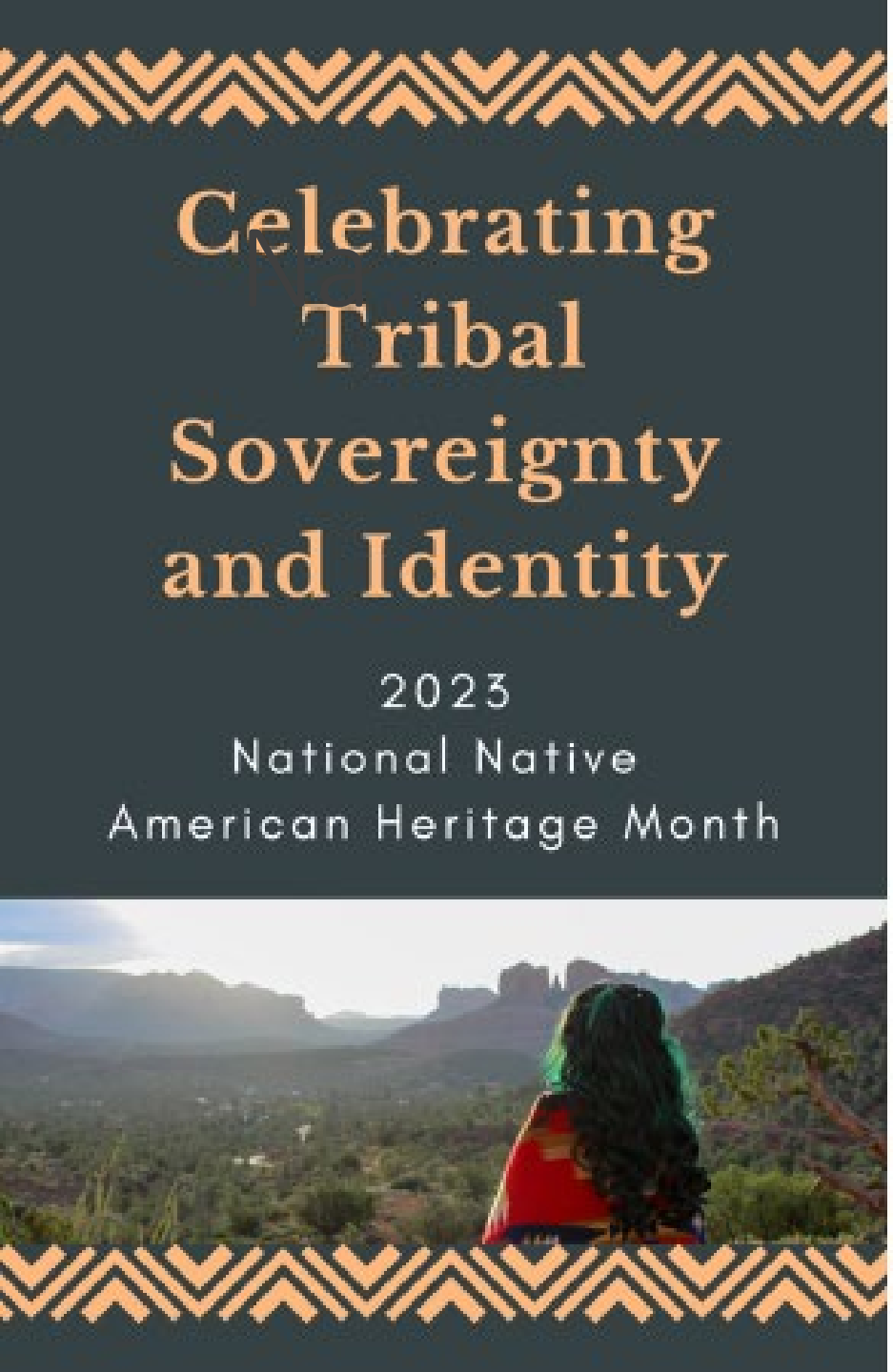
Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.

Pacific Southwest (HHS Region 9)
ATTC
Addiction Technology Transfer Center Network



National Native American Heritage Month 2023

Image Credit: SAMO Dancer NPS Photo by Connar L'Ecuyer

https://www.nativeamericanheritagemonth.gov/

Transgender Day of Remembrance

Transgender Day of Remembrance November 20th

Welcome from UCLA ISAP

Educational Objectives

IDENTIFY	Identify at least two (2) ways to integrate Tribal knowledge and resilience into crisis response.
EXPLAIN	Explain at least two (2) ways building relationships and cultural competency is important for crisis response, with emphasis on Pathways to Healing.
CONTRAST	Contrast at least two (2) differences between Tribal crisis response methods and mainstream approaches.
DESCRIBE	Describe at least two (2) ways historical and cultural narratives have shaped Tribal crisis response.

CULTURAL OPENER

Indigenous Resilience: The Power of Tribal Culture & Community in Crisis Response

Joshua Severns, MSW, LCSW, ACADC
Little Shell, Gros Ventre, Yankton Dakota
Behavioral Health/SUD Advisor
Kauffman & Associates Incorporated

Monica Super, CADC, CPS
Pit River, Modoc
TA Specialist
Kauffman & Associates Incorporated

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We Do Work That Matters

Indigenous Resilience: The Power of Culture and Community in Crisis Response

November 7, 2023
Pathways to Healing – UCLA ISAP

Joshua Severns, LCSW, ACADC, former NR/EMT-2011, FFT2, FF1
(Little Shell Chippewa)

Monica Super, CADC, CPS
(Pit River, Modoc)

Kauffman and Associates, Inc.

Jo Ann Kauffman
Founder/President
Nez Perce

Founded in 1990, Kauffman and Associates, Inc. (KAI), is an American Indian- and woman-owned management consulting company dedicated to improving the lives of Native communities and their people.

KAI delivers culturally responsive and innovative solutions - we do work that matters. KAI's areas of expertise include Native health services planning for SUD and behavioral health.

KAI has more than 70 employees who work remotely across Indian Country. Our California-based staff provide support for the California TMAT and traditional best practices grantee communities. KAI is also a partner in the California mobile crisis service implementation.

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About Josh

- Enrolled Little Shell Chippewa
  - Yankton Dakota & Anninin
- Former NR/EMT-2011, Firefighter, Wildland Firefighter
- Guardianship of younger cousins
- LCSW, ACADC, Tribal BH/SUD SME for KAI
- PhD in Indigenous Health in progress

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About Monica

- Enrolled Pit River (Hammawi & Atsuge) and descendant of Klamath, Modoc (raised)
- Entered addictions field in 2003 – SUD Counselor, CADC1
- Prevention Specialist, CPS, Technical Assistant for KAI
- Lifetime experience, 20 years in the field

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Kiiewas Breaks the Rocks and Frees the People

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Unique Strengths in Tribal Communities

Community Cooperation

- Balance of communal and individual responsibility
- Specific family and community roles, all members are cared for, particularly during times of crisis

Environmental Knowledge

- Tribes have intimate knowledge of their local ecosystems
- Seasonal changes, knowledge of our animal relatives
  - Hearing Owls – implications
  - Being in touch with the community and respond accordingly

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Unique Strengths in Tribal Communities (continued)

Traditional Healing Practices

- Storytelling
- Local plants for medicine
  - Natural symbiosis
- Connection to land is inherent strength and identity

Oral Tradition and Storytelling

- Deeper learning, passing on stories to next generation
- Shaped by all who share it, giving further life

Spiritual Beliefs

- Vital in crisis support
- Ceremonies and dances to seek spiritual guidance or protection

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Unique Challenges in Tribal Communities

Historical and Ongoing Trauma:

- Centuries of colonization, forced relocation, loss of cultural identity, and marginalization

Limited Access to Mental Health Services:

- Geographic isolation, inadequate infrastructure, & limited resources.
- Shortages of mental health professionals

Language and Communication Barriers

- Health literacy – dual nature

Sovereignty and Collaboration

- Federal recognition, disconnect with mainstream/state resources

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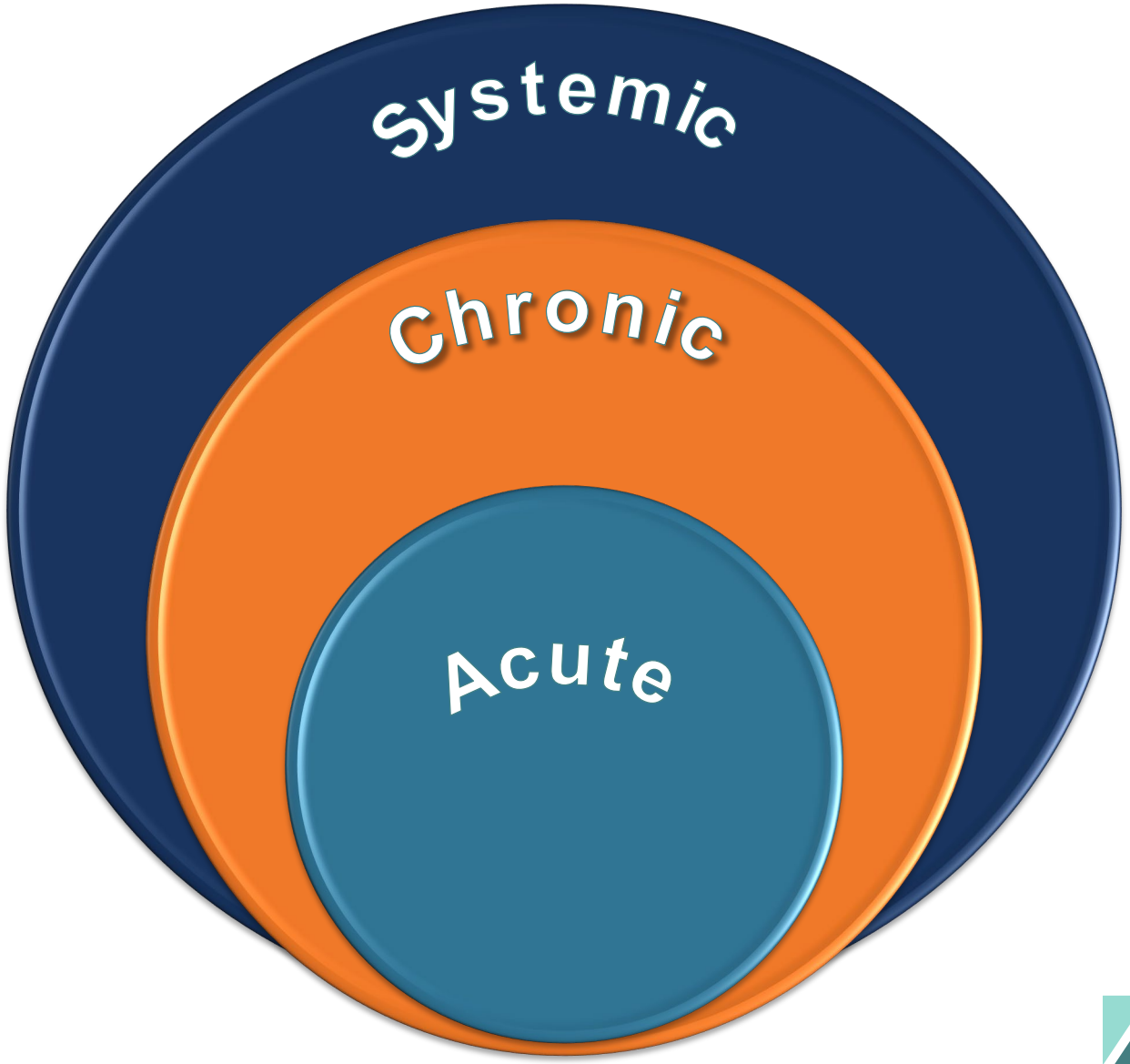
Three Types of Crisis



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Acute Crisis: Tip of Iceberg

- Acute crises are often the tip of the iceberg, with underlying chronic and systemic issues that might not be immediately visible.
- Approach the situation through a multi-level lens when assessing crisis situations.
- Integrate multidisciplinary care options, including peers with lived experience, or tribal behavioral health staff.

Termination and Relocation Eras

TERMINATION ERA 1950-1960's

- Congress passed House Concurrent Resolution 108 (HCR 108) in 1953
- Called for ending the special federal relationship with tribes
- Terminating their status as tribes and ended all federal aid, programs, and healthcare as rapidly as possible.
- 109 tribes were terminated
- 1,365,00 acres of land removed from trust
- Directly affected upwards of 12,000 enrolled members
- California: 44 tribes terminated

RELOCATION ERA 1953-1969

- The Bureau of Indian Affairs started a relocation program that granted money to Indians to move to selected cities to find work.
  - This was another attempt to absorb Indians into mainstream society
  - Eliminating distinct cultures
  - Disconnecting Native people from their heritage.
- 33,466 American Indian and Alaska Native people had been relocated
- California Relocation Sites: Los Angeles, San Francisco, San Jose, and Oakland

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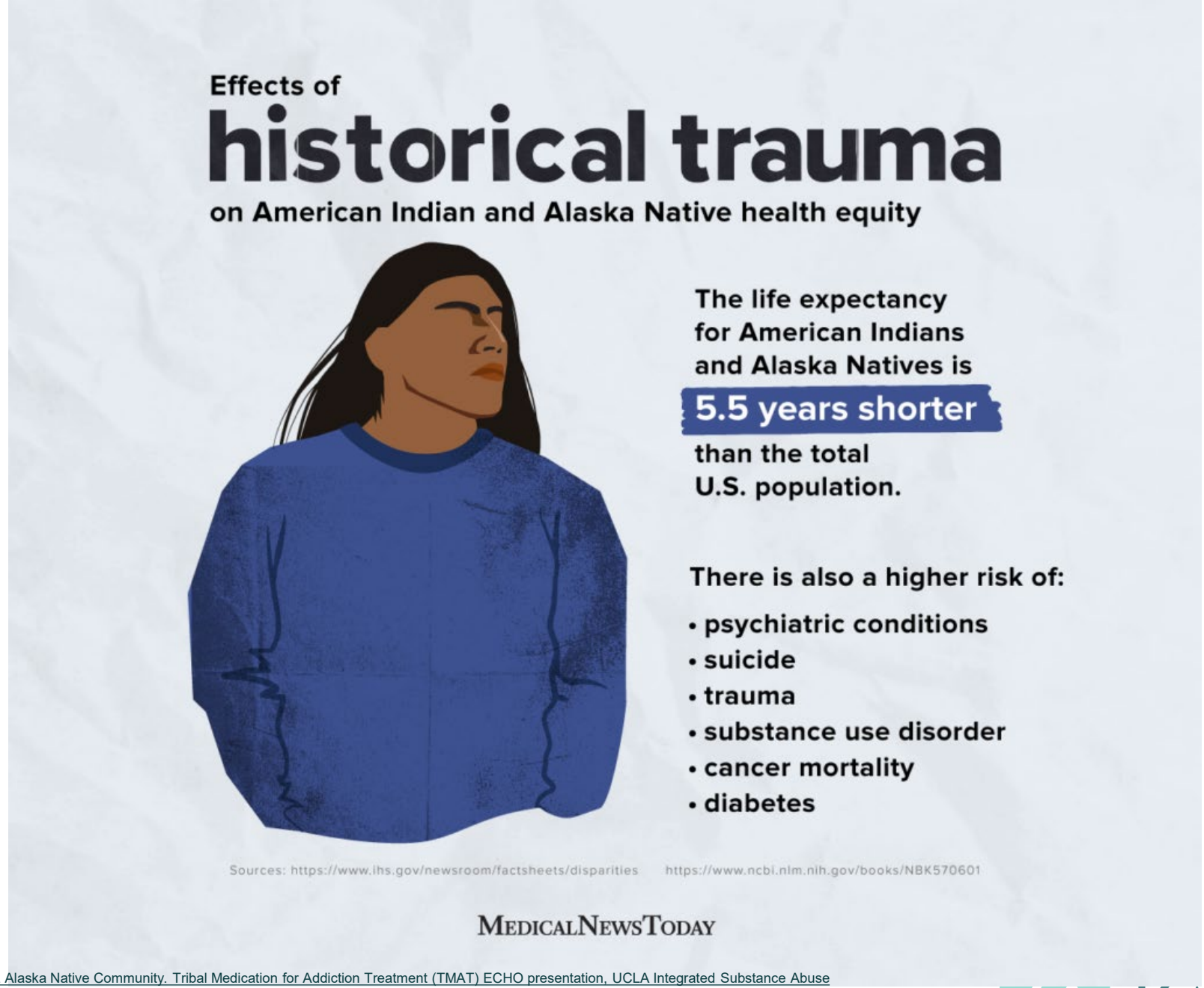

Villarreal, F. (2023). Health Inequities in the Native American & Alaska Native Community. Tribal Medication for Addiction Treatment (TMAT) ECHO presentation, UCLA Integrated Substance Abuse Programs.

https://www.medicalnewstoday.com/articles/the-impact-of-historical-trauma-on-american-indian-health-equity#The-historical-context:-almost-a-complete-genocide

Heart, M. Y. H. B., Chase, J., Elkins, J., & Altschul, D. (2011). Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. Journal of Psychoactive Drugs, 43(4), 282–290. https://doi.org/10.1080/02791072.2011.628913

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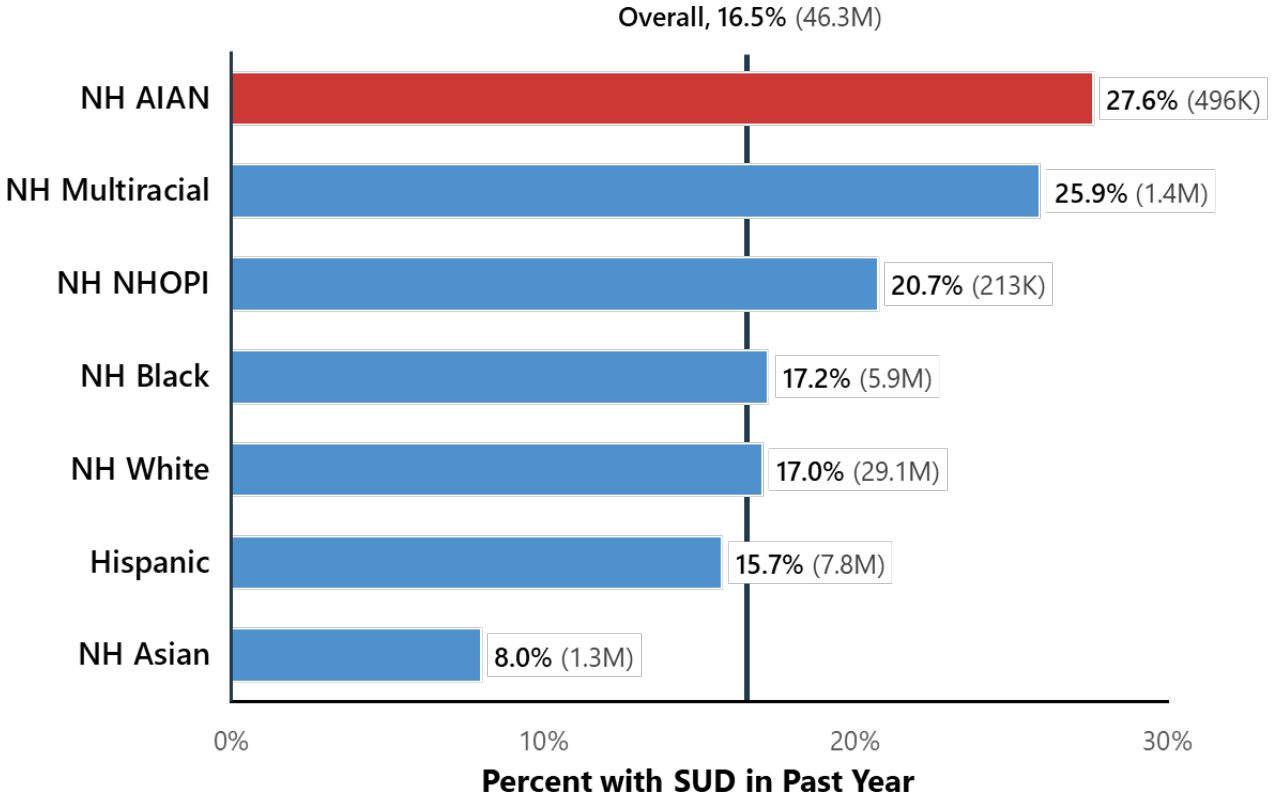
Substance Use Disorder (SUD) in the Past Year by Racial and Ethnic Groups: Among People Aged 12 or Older



- AIAN people were more likely to have SUD than White, Black, and Hispanic people

NH = Not Hispanic or Latino; AIAN = American Indian or Alaska Native; Black = Black or African American; Hispanic = Hispanic or Latino; NHOPI = Native Hawaiian or Other Pacific Islander.

Villarreal, F. (2023). Health Inequities in the Native American & Alaska Native Community. Tribal Medication for Addiction Treatment (TMAT) ECHO presentation, UCLA Integrated Substance Abuse Programs.

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Tribal Crisis Preparedness

- Indigenous people make up only 5% of the world's population but our land contains 80% of the world's biodiversity[1]
- Water management
- Fisheries management
- Wildlife management
- Lands management
- Medicine people, family roles, clan governance

[1] Food and Agriculture Organization of the United Nations. (2022). *Indigenous Peoples.* fao.org/indigenous-peoples/en

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The Foundation for Crisis Care: Building Relationships and Cultural Responsivity

- Relationships with tribal communities and partners are vital to understanding and responding effectively to crisis
- Tribal and grassroots programs provide culturally responsive care and are valuable partners

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The Importance of Community and Family

Collective well-being over individual needs

Engage community leaders, elders, and tribal organizations - tap into resources that are already there

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Indian health programs (IHPs) in crisis response and follow-up care

Indian Health Programs (IHP)

- Will have resources and insight of the community
- California Consortium of Urban Indian Health (CCUIH)
- California Rural Indian Health Board (CRIHB)
- California Indian Health Services

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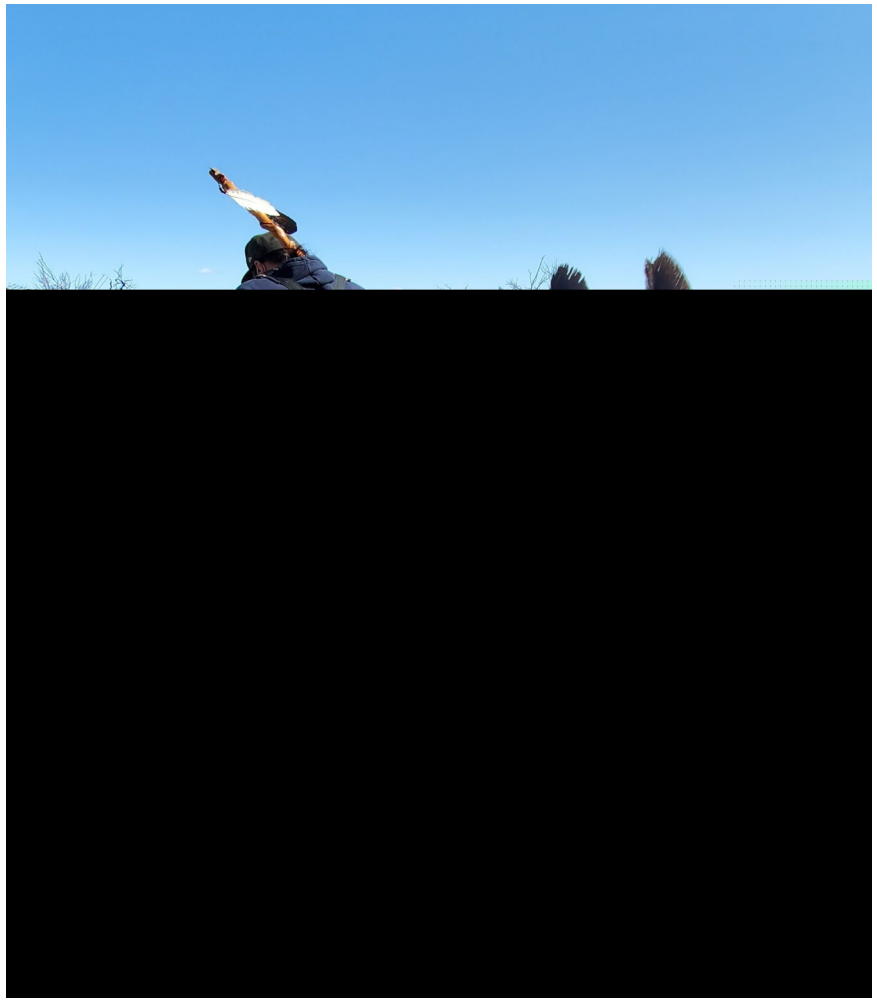
Tribal Crisis Response Resources

- Community members
- Community champions
- Informal-organizations

  "Neighborhood Watch"
- Medicine or Ceremonial People



- Tribal EMS/Police/Fire
- Indian Health Program Outreach
- Peer Supports
- Harm Reduction Groups
- Natural World

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Western Questions	Questions for a Native person
Can you provide a detailed account of what occurred leading up to this crisis?	Would you be willing to share the story of what happened that led to this difficult time?
On a scale of 1 to 10, with 10 being the highest, how would you rate your current distress level?	How would you describe your emotions and how they impact you right now? What colors do you see?
Have you experienced similar crises in the past? If so, how did you manage them?	Have you faced any challenges like this before? How did you find strength in those times?
Are there any specific triggers or stressors that you believe contributed to this crisis?	What do you feel has affected you deeply and led to this difficult situation?
What thoughts or beliefs are you experiencing right now that are related to the crisis?	How do you understand this crisis through the eyes of your life and community?

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Have you reached out to any support systems or professionals for assistance? If yes, who have you contacted?	What guidance or support from your community, elders, or traditional healers has helped?
Are you currently at risk of harm to yourself or others?	Are you feeling safe and secure, both physically and emotionally?
Have you noticed any physical symptoms accompanying this crisis?	Are there any signs or imbalances that your body is telling you right now?
Are there any immediate actions or decisions you are contemplating as a result of this crisis?	Is there something you are being guided to do or a path you feel called to follow at this moment?
How has this crisis affected your daily functioning (e.g., work, relationships, self-care)?	In what ways has this crisis impacted your daily life, relationships, and connection to yourself and community?
Have you been able to obtain adequate rest or sleep recently?	How have you been resting and taking care of your well-being, including sleep?

Mole Puts the Sun Back, Achomawi Story

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Integrating Indigenous Wisdom with Crisis Response

- ✓ **Involve Family:** Include extended family in crisis response for their wisdom and cultural connectedness.
  - ***Ask:*** *"Are there any relatives or elders in your life we can bring in to help?"*
- ✓ **Use Cultural Practices:** Apply connecting practices like storytelling or attendance in community gatherings.
  - *Doesn't have to be tribal; connect on a human level*
- ✓ **Incorporate Traditional Healing:** Use traditional healing practices, if accepted and appropriate.
  - ***Ask:*** *"Is there any medicine that may be helpful for us right now in this space?" Note, some medicines are not to be used while Intoxicated*

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Integrating Indigenous Wisdom with Mainstream Crisis Response (continued)

- ✓ **Focus on Strengths:** Highlight the person's strengths and resilience.
- ✓ **Connect to Nature:** Encourage connection to the natural world and tribal land-based activities.
- ✓ **Learn and apply Cultural Responsivity:** Non-native responders should understand cultural nuances and history. It’s important to learn about the local tribal communities in your area. The best way to learn is through relationship with an Indigenous person. This can happen through presentations such as this one.
- ✓ **Promote Collaborative Care:** Develop a crisis response plan that respects the individual and familial cultural practices.
- ✓ **Respect Tribal Sovereignty:** Respect the autonomy of tribal nations in determining their best practices.
- ✓ ***Connect with Indian Health Programs!***

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Breakout Activity

1. Thinking about your **ancestors**: How would they respond to crisis in their **cultural ways**?

   (Think about the examples that Monica shared of how her people respond, or the stories shared)

2. Thinking about your **parents**: How do they respond to crisis in their **cultural ways**?

3. Thinking about our **young people**: How can Traditional & Cultural Ways of Knowing , **prevent** and **support** the response to crisis for **young people**?

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Conclusion and Call to Action

- **Build Relationships:** Be a Good Ally; Reaching out to tribes in your counties. Do they know who you are? Do they know how you can help? Attend local cultural events in a Good Way
- **Recognize the Iceberg:** Every Native person you meet is an Indigenous Iceberg
- **Holistic Approach**: Consider the crisis through a physical, mental, emotional, spiritual and communal lens
- **Community-Centered Response**: Important for the broader community to be part of planning, response, and recovery efforts
- **Traditional Healing Practices**: Support those who wish to incorporate storytelling, ceremonies, and use of their traditional medicines in their care

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Conclusion and Call to Action Cont'd

- **Respect for Nature and Land**: Promote sustainable recovery efforts and respects the community's relationship with the land
- **Include Extended Family**: Be open to the wisdom and experience of family members for guidance and connectedness, if permitted by the person
- **Storytelling and Oral Traditions**: Uses stories to share difficult concepts, teach positive behaviors, and provide hope (doesn't need to be a "Native" story) Share who YOU are
- **Inclusion of Native Languages**: Ensures clear communication and affirms cultural identity

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Discussion

Opportunity to ask questions, share thoughts, or seek clarification

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Miigwech! Sep’kee’ca!

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Resources

- CALHOPE RedLine: *Phone, chat, and video chat service providing National, State, and County resources, referrals, and trauma-informed support for Urban Indian and Tribal populations*
- Mishki'ki – The Natural World
- CRIHB – California Rural Indian Health Board
- CIOSC – California Indian Opioid Safety Coalition
- CCUIH – California Consortium for Urban Indian Health
- NATIVE CRISIS TEXT LINE: WE R NATIVE: Text "NATIVE" to 741-741
- Strong Hearts Native Helpline
- California DHCS Indian Health Program
- National Suicide Prevention Lifeline – https://988lifeline.org
- My Safety Plan

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Self-Paced Learning Opportunities

Providing Culturally Responsive Care for California Tribal and Urban Indian People

Courses specifically created for clinicians interested in learning how to better serve Tribal and Urban Indian communities in healthcare settings

Claim up to six (6.0) credit hours of CE/CME

- **Addressing Cultural Identity in Substance Use Treatment among American Indians/Alaska Natives** *(1.5 credit hours)*
- **A Sacred Trust: Decolonizing Screening and Assessment** *(1.5 credit hours)*
- **CommUnity Connections: Bridging Best Practice and Cross-Cultural Care** *(1.0 credit hour)*
- **Engaging Native People and Their Families in Healing through Relationships** *(2.0 credit hours)*

Scan the code or visit
https://bit.ly/HealingPATH

Accredited Courses

Individualized Learning Plan

Qualifies for MATE Act DEA Requirement

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