

# A TRAUMA INFORMED SESSION; HOW TO SUPPORT INDIGENOUS NURSING STUDENTS

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# Todays' Session



- Introduce the principles of trauma informed care that can be used in clinical and university settings.
- Review Indigenous values and worldviews
- Discuss how to acknowledge/support students who may be experiencing distress and/or adversity such as in the case of ongoing Residential schools investigations.
- Review supports and resources for Indigenous Nursing students
- Questions, Reflections & Answers





## We are All Learners









# What is Trauma-Informed Practice?



## Trauma Informed Principles

- SAFETY
- TRUSTWORTHINESS
- CHOICE
- COLLABORATION
- EMPOWERMENT



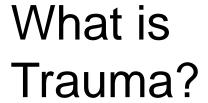
Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol

Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D.

#### November, 2011

Over the past fifteen years, there has been growing acknowledgement of several interrelated facts concerning the prevalence and impact of trauma in the lives of people in contact with various human service systems. We advocate for trauma-informed service approaches for a number of reasons.

- •Trauma is pervasive. National community-based surveys find that between 55 and 90% of us have experienced at least one traumatic event. And individuals report, on average, that they have experienced nearly five traumatic events in their lifetimes. The experience of trauma is not the rare exception we once considered it. It is part and parcel of our social reality.
- •The impact of trauma is very broad and touches many life domains. Trauma exposure increases the risk of a tremendous range of vulnerabilities: mental health problems like posttraumatic stress disorder, depression, excessive hostility, and generalized anxiety; substance abuse; physical health problems; interpersonal struggles; eating disorders; and suicidality, among many others. Trauma thus touches many areas of life not obviously or readily connected with the experience of trauma itself. This broad impact makes it particularly important to understand the less evident links between trauma and its sequelae.
- •The impact of trauma is often deep and life-shaping. Trauma can be fundamentally life-altering, especially for those individuals who have faced repeated and prolonged abuse and especially when the violence is perpetrated by those who were supposed to be caretakers. Physical, sexual, and emotional violence become central realities around which profound neurobiological and psychosocial adaptations occur. Survivors may come to see themselves as fundamentally flawed and to perceive the world as a pervasively dangerous place. Trauma may shape a person's way of being in the world; it can deflate the spirit and trample the soul.
- Violent trauma is often self-perpetuating. Individuals who are victims of violence are at increased risk of becoming perpetuators themselves. The intergenerational transmission of violence is well documented. Community violence is often built around cycles of retaliation.

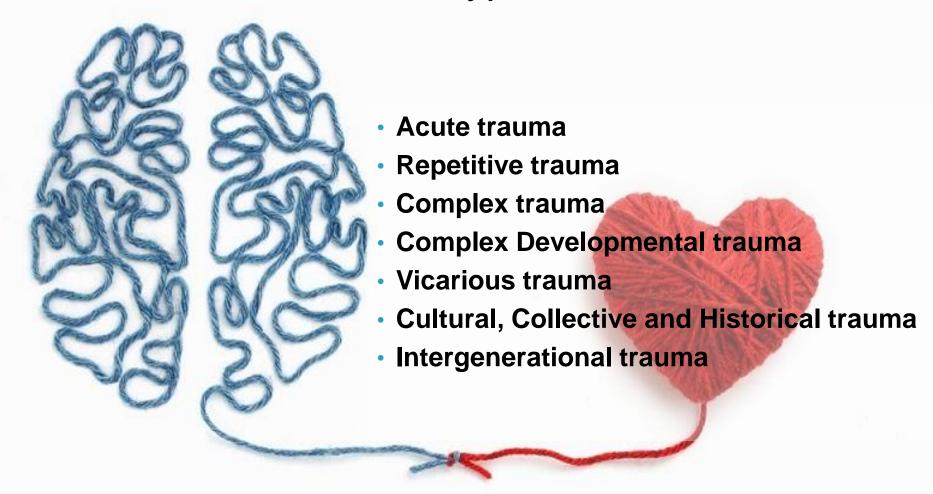




Trauma can be defined as anything that results from experiences that overwhelm an individual's capacity to cope such as abuse and neglect, sexualized violence, family conflict, poverty, having a life-threatening illness, undergoing single/repeated and/or painful medical interventions, accidents, natural disasters, grief/loss, witnessing acts of violence, experiencing war, intergenerational and historical acts.

(BC MHSU, 2013)

# Some Common Types of Trauma



Trauma may happen at the personal, social, and collective/cultural level.

### Historical Trauma

- In the 1990's Dr. Maria Yellow Horse Braveheart began to examine the impacts of colonization on the Lakota peoples coining the term "historical trauma" which explored unresolved historical grief.
- Historical trauma: it is the "cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences"
- Dr. Yellow Horse Brave Heart explored unresolved historical grief and the effects of the separation of families and forced assimilation of residential schools.



(Webster & Dunn, 2005, Wiechelt et al, 2020)

#### The Three E's of Trauma



#### **EVENT**

An event or series of events that overwhelms a person.

#### **EXPERIENCE**

The person's reaction to that event determines if it is traumatic.

#### **EFFECTS**

When we experience an event as traumatic there are a range of effects that happen on a broad array of the human experience. The effects are not necessarily linear. In other words, we cannot draw a straight line from the event to one specific effect

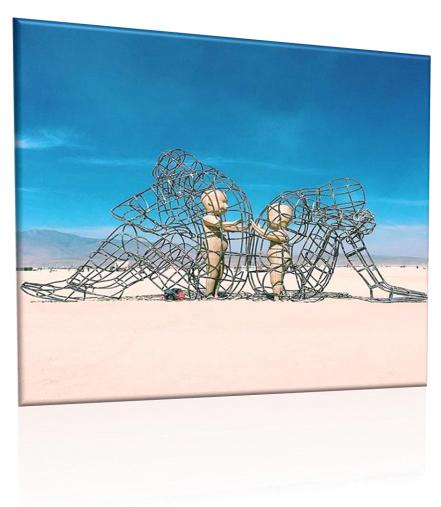






Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

### What are the Common Effects of Trauma?



#### **Behavioural**

Self harm such as cutting, substance abuse, alcohol abuse, self destructive behaviours, isolation, choosing friends that may be unhealthy, suicide attempts, hyper vigilance

#### **Interpersonal**

Frequent conflicts in relationships. Lack of trust. Difficulty establishing and maintaining relationships.

Revictimization.
Boundaries

### What are the Common Effects of Trauma?



### Physical

Eating and sleeping disturbances, pain, low energy, headaches, panic and anxiety

### **Spiritual**

Guilt, Shame, Self blame, Self hatred, feeling damaged, feeling like a "bad" person, questioning one's own purpose

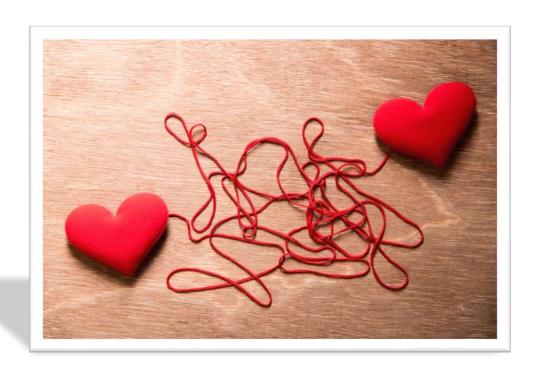
### What are the Common Effects of Trauma?

#### **Emotional**

Depression, crying, anxiety, extreme vulnerability, panic attacks, fearfulness, anger, irritability, emotional numbness, difficulties in relationships

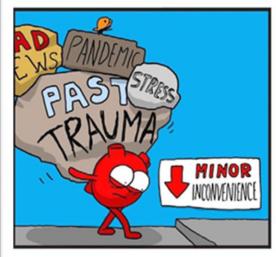
### Cognitive

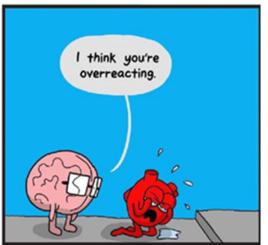
Memory lapses, loss of time, being flooded with recollections of trauma, difficulty making decisions, decreased ability to concentrate, thoughts of suicide











theAwkwardYeti.com

#### How Trauma Can Affect Your Window of Tolerance

#### HYPERAROUSAL

This is when you feel extremely anxious, angry, or even out of control. Unfamiliar or threatening feelings can overwhelm you, and you might want to fight or run away

#### DYSREGULATION

This is when you begin to feel agitated. You may feel anxious, revved up, or angry. You don't feel out of control, but you also don't feel comfortable.

#### Stress and Trauma Can Shrink Your Window of Tolerance.

This means that it may be harder to stay calm and focused. When you're outside your window of tolerance, you may be more easily thrown off balance.

#### WINDOW OF TOLERANCE

This is where things feel just right, where you are best able to cope with the punches life throws at you. You're calm but not tired. You're alert but not anxious.



#### Your Work with Your Practitioner Can Help to Enlarge Your Window of Tolerance.

They can help you stay calm, focused, and alert even when something happens that would usually throw you off balance.

#### DYSREGULATION

This is when you begin to feel like you're shutting down. You may feel a little spacy, lose track of time, or start to feel sluggish. You don't feel out of control, but you also don't feel comfortable.

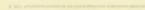


#### HYPOAROUSAL

This is when you feel extremely zoned out and numb, both emotionally and physically. Time can go missing, it might feel like you're completely frozen. It's not something you choose – your body takes over.

#### nicabm

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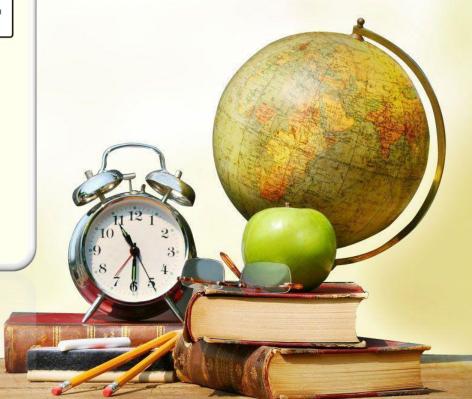


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A shift from asking ....

" What 's wrong with you" to

# Trauma Informed

# "What happened to you"

- Considers the individual's experience of trauma on the personal, interpersonal and societal levels
- Shift to acknowledging personal and collective strengths

Trauma Informed Practice Principles:

Safety Trustworthiness Choice Collaboration Empowerment



Trauma Informed Care is a universal, systematic, strengthsbased service delivery approach that is rooted in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and clients.

"After a traumatic experience, the human system of self -preservation seems to go onto permanent alert, as if the danger might return at any moment" Judith Lewis Herman The Nervous System Brain Central Nervous System Spinal Cord Peripheral Nervous System

### The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

#### Recognize

the signs and symptoms of trauma in clients, families, staff, and others involved with the system

#### Respond

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

#### Resist

re-traumatization of children, as well as the adults who care for them

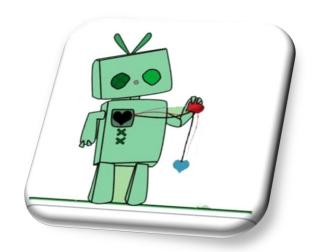
SAMHSA

This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

### What is "Re-traumatization"

- A situation, attitude, interaction or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them
  - Can be obvious or not so obvious
  - It is usually unintentional
  - It is always harmful often exacerbating the very symptoms that people are seeking help for



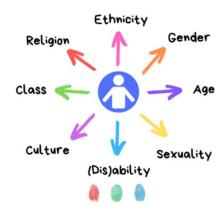




# Informed Adaptive Practice

- Adapts environments to be more physically, emotionally and culturally safer.
- Considers that symptoms or behaviours are not merely problems but adaptations to traumatic events.
- Encourages systems to adapt to people instead of expecting people to adapt to systems.
- Works towards changing and adapting to meet the changing needs of community members.
- Incorporates person centered care, diversity and inclusion and intersectionality.

(Harris & Fallot, 2001), (Grant, 2019)





### **Trauma Informed Work**









Trauma Informed Practice Principles:

Safety Trustworthiness Choice Collaboration Empowerment









### Trauma Specific Work





# DO NO HARM

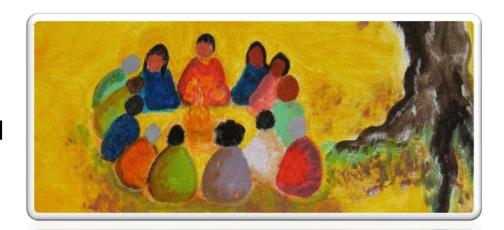
Individual, Family, Group Therapy, Assessment





# Resiliency

- People who have experienced trauma in their lives are very resilient to adapting to adversity and stress.
- Research indicates that it is not the objective severity of an event that makes it traumatic, but rather the person's perception of the severity of the event: "Events are not traumatic until we experience them as traumatic".







(resilienceresearch.org, 2018)

Social Resiliency

resilience

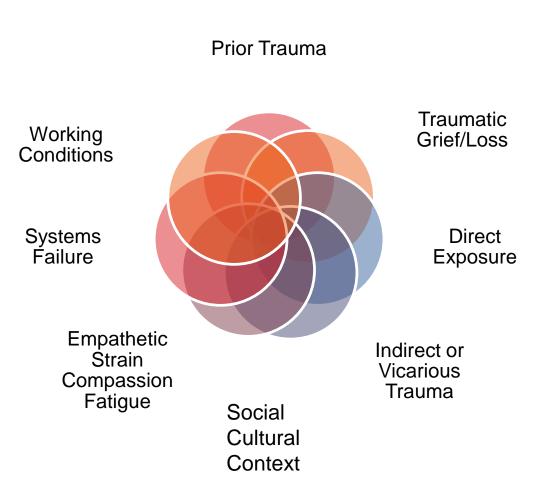




Recovery can only take place within the context of relationships; it cannot occur in isolation

Judith Lewis Herman

### Acknowledge the Reality of Caring Work







# Culture; Cross-Cutting Factors







### How Colonialism shows up and maintains in Indigenous Communities?

- Invasion and Settling
- Broken Treaties
- "Indian" Act of 1876 (First Nations)
- · Cultural Genocide
- · Hardship and death
- The Reserve System
- Residential Schools (First Nations)
- · Restricted access and autonomy
- Restricted livelihood
- Family Break up
- · Loss of livelihood
- · Loss of healing practices
- Loss of cultural practices
- · Loss of connections to land
- Loss of community
- Loss of language
- · Loss of identity
- Restricted or no voting until 1960
- "The Sixties Scoop"
- "The Millennial Scoop"
- Barriers to Self Government
- · Barriers to equal health care, employment and education.
- Overrepresentation in the Justice and child welfare systems
- Poverty
- Racism and Oppression. Societal and Institutional
- Propaganda
- · Historical and Intergenerational Trauma
- Increased suicide, mental health and substance use
- Increased violence for Indigenous women (Murdered and Missing Indigenous Women)
- Environmental racism



# Indigenous Values

- Permissiveness
- Extended family
- Interdependence
- Cooperation
- Humility
- Respect for elders
- Non-interference
- Children are gifts
- Communal living
- Emphasis on group/clan
- Emphasis on sharing
- Harmony with nature







(Ives, 2015)

#### H: NNAPF's Diversity Table

Diversity between traditional Aboriginal cultures and mainstream Western culture

MAINSTREAM WESTERN CULTURE
Individualism is the foremost value
Tradition of printing and literacy
The present is the dominant tense
The world is understood scientifically
Goals are met with aggressive effort
Ownership is reward for hard work
Gifts are regarded as holiday issues
Work is motivated by ambition
Aging is decay and loss
Eye contact is part of conversation
Silences are a waste of time
Assertiveness is a basic social skill
Communication skills are prized
Emphasis carries the day
Nodding signifies agreement
Handshake is firm, assertive
Collective decisions are put to a vote
A faith in scientific control of nature
Family is nuclear family
Tarring to reaction fairting



# Diversity Between Indigenous and Western Culture



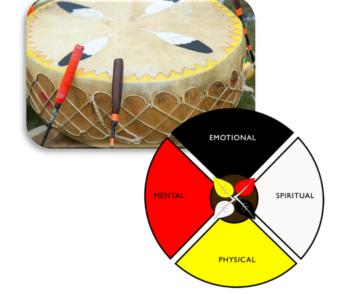
# Indigenous Healing



NATURE

"Mental wellness is supported by culture, language, Elders, families, and creation and is necessary for healthy individual, community, and family life."

- First Nations Mental Wellness Continuum Framework



### Co—Creating a Trauma Informed Class Environment

- Safety: Increasing physical, emotional and cultural safer spaces
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing choice and control
- Collaboration: Maximizing collaboration and sharing of power with students
- Empowerment : Prioritizing empowerment and skill-building





# Acknowledgments





- Land acknowledgement in class and on emails.
- Acknowledge adverse world/provincial/local events and/or ongoing oppressions at the beginning of school year or class.
- Acknowledge stress, distress, and trauma reminders/content for classes with difficult subject matter.





# Supporting Disclosures with Students

- Believe and fully support people who share that they have experienced trauma.
- Hold space and listen intently.
- Environment. Consider the needs of the person in that environment. Be aware that some environments can cause trauma reminders. Is there privacy?
- Relationships. Be clear about your role and responsibility. Be clear on duty to report and on the limits of confidentiality. Be open, let them know exactly what information gets passed on and to who.

believe





### Supporting Disclosures with Students

- Never force disclosures. Someone sharing a traumatic experience that has happened to them is not the same as discussing this experience in detail. The person always leads the conversation and level of detail.
- What is the context of the conversation? How much time do you have now? Are you able to follow up with them in the future if appropriate? What is your role?
- How safe is the home/school environment?
   What supports do they have? Facilitate a conversation about safety, and supports as appropriate.





### Responses to Disclosures:

- "Thank you for trusting me enough to share such a personal and difficult story"
- "I appreciate the courage it took to share that with me."
- "I want you to know that what happened wasn't your fault. You did whatever you had to do to survive." (use only if person is blaming themself).
- "I am so sorry that you were hurt/mistreated/harmed."
- "You've just taken the first step. It would be my privilege to help you take the next one."
- "I believe you", "I'm sorry that happened to you"
- "Let's work together on a plan to support you with this"
- "Is there anything/anyone you need right now?" and/or "Is there someone you would like to share this with who could support you?" (Be aware of duty to report)

- · Genuine
- Listen Empathetically
- · Non judgmental
- · Compassionate
- · Supportive





### Trauma Informed Classroom

- Increase Cultural awareness. Be mindful of your own and Indigenous people's personal and collective experiences.
- Support Indigenous identity, values, and self/community determination. Respect collective strength.
- Support and value traditional ceremonies and and diverse healing modalities (smudging, healing lodges, healing circles and medicine wheels etc.)
- Advocate for resources and changes at the policy level.







- Understand the ongoing impacts of colonialism. Help to educate and share the truth. Acknowledge intergenerational trauma.
- Participate in reconciliation and do not appropriate culture.
- Question universal truths and explore multiple stories, perspectives and multiple worldviews. Be open to two eyed seeing projects or teaching.
- Trauma is often seen though a medical model, individual and pathology lens.
   Advocate for alternative meanings and alternative healing/recovery opportunities

- Please do not single out Indigenous students to speak on culture related topics.
- Be aware that Indigenous students may have different awareness and knowledge of family/community/ cultural adversity or traumas.
- Be mindful that hearing about class topics such as residential schools may cause distress, trauma or re-traumatization.
- Be aware that Indigenous students participating in lectures on their culture from non-indigenous professors with non-indigenous class mates could cause stress, distress, mixed emotions and trauma.
- Consider collaborating with Elders in residence, academic Indigenous staff and Indigenous guest lecturers.
- Consider working with students on creating accommodation plans.







### Possible Signs of Struggle



- Suddenly absent
- Person is overwhelmed and not reaching out for help or shutting down (maybe interpreted as apathy or disinterest).
- Stoic expression. Pain or happiness may not be seen on the face or reaction
- Looks unwell
- Emotional outburst
- Always alone

#### The Three E's of Trauma



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An event or series of events that overwhelms a person.

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# How Indigenous Students may reach out



- Variation. Students have shared values in addition to our own story and experiences.
- Students may go to people they know for support.
- Students may ask for support people to help them speak to others.
- Students may ask you to clarify words they are not familiar with. They may need more context not just the definition of a word.
- People to people. Meaningful conversations.
   Sharing to find common ground.
- Authority figures and hierarchies can be intimidating. In home communities' people are more equal.

# Indigenous Students Consideration

- Stories and story telling are very important. The whole story is important to share.
- Leaving home for the first time (excitement but there could also be anxiety, uncertainty or loneliness).
   Adjustment to new culture.
- If the home community experiences a life event or challenge (i.e., birth, death, dying stage tragedy, celebrations, illness etc.) the student is expected to return to the community. The community support is priority. Heart and mind are back home.
- Students may connect and group together. We find the common connections both within and outside of culture.



## Literature Review and Study



- Decreased knowledge in university preparedness similar to other students.
- Flexible to adapting to learning styles/ needs. The Australian Indigenous students did not learn differently to non-Indigenous students.
- Family support is a key factor affecting retention and attrition of Indigenous students.
- Tutoring, counseling, mentoring, support for at risk students and culturally appropriate accommodation are important. **HOWEVER** the study found that stigma caused lack of engagement with Indigenous support services because people did not want to be seen as different or being perceived that Indigenous peoples "get everything".
- Indigenous lecturers, teaching support and academic staff is important.
- Stigma and stereotyping of Indigenous people in classroom settings is a barrier.
- Feeling different. Not relating to the university environment and/or not wanting to be singled out or perceived as different.
- Students did not want to disclose their identity or it was difficult being questioned about identity.
- Feeling pressure from community to succeed as an Indigenous Nurse.
- Decreased peer supports and relationships in the university setting.
- Difficult balance of academic and family/community responsibilities.

(Kelly & Henschke, 2019)

### Three Critical Recommendations



Post-Secondary Experience of Indigenous Students
Following the
Truth and Reconciliation Commission

Summary of Survey Findings





- 1. More funding for Indigenous students and Indigenous campus resources.
- 2. The ongoing monitoring and evaluation of implementation of the TRC Calls to Action in post-secondary spaces.
- 3. The strengthening of Indigenous Culture, Identity and Belonging through Mentorship on campus and beyond.



# Resources for Indigenous Students

Dalhousie Indigenous Student Centre

Elders in Residence

Dalhousie University - Mental Health Resources

 Truth and Reconciliation - Calls to Action <a href="https://www.dal.ca/faculty/law/about/truth-reconciliation">https://www.dal.ca/faculty/law/about/truth-reconciliation</a>

- Class Accommodations
- Dalhousie Student Accessibility Centre
- Dalhousie Student Writing Centre





L'nu Nursing Initiative, NS Chair in Indigenous Health Nursing

MN student

Dalhousie University

Email; dawngoogoo@dal.ca

Follow: L'nu Nursing Twitter or Mi'kmaq Nurses on Facebook





# MENTAL HEALTH RESOURCES FOR INDIGENOUS STUDENTS

Research shows social connections and supports protect and promote good mental health. This can feel limited with Public Health asking us to stay at a distance. Below is a list of some supports and numbers to call if you need to talk.

#### INDIGENOUS-SPECIFIC SUPPORTS

#### **CRISIS LINES**

Indian Residential Resolution Health Support Program 24/7 crisis and support line Phone: 1-866-925-4419

Hope for Wellness Help Line 24/7 crisis and support line Phone: 1-855-242-3310

Family, Friends, & Communities Impacted by MMIWG 24/7 crisis and support line Phone: 1-844-413-6649

#### **PRIVATE COUNSELLORS**

(note: below are two known Indigenous providers, but there may be others)

Alsusuti Aboriginal Crisis & Counselling Services Phone: 1-844-694-1382

Circle Works Counselling Phone: 902-889-7469

#### FIRST NATION & INUIT HEALTH BRANCH (FNIHB)

FNIHB has mental health provisions for Status & Inuit and IRS Health Support funds for Status. Anyone identifying as Indigenous can access MMIWG funds with FNIHB but the provider has to be listed with them.

sac-isc.gc.ca

#### DALHOUSIE CAMPUS SUPPORTS

Dalhousie's Student Health & Wellness
Appointments are available with counsellors,
doctors, nurses and the Dal social worker. Many
online and mobile resources are also available to
support students from home, including Ask A Nurse,
Therapy Assistance Online, COVID Connections,
and Support Through Brightspace.
Phone: 902-494-2171 (Halifax) or 902-893-6369 (Truro)

Chaplains in the Multifaith Centre

George Bedwell, Mixed, Mi'kmaw Pipe Carrier Phone: 902-471-3487

Email: georgedoylebedwell@gmail.com

Elders in Residence

Phone: , | Email: Elders@dal.ca

Indigenous Student Advisor-Michele Graveline Phone: 902-494-8863 | Email: mgraveline@dal.ca

#### **OFF-CAMPUS SUPPORTS**

24-Hour Provincial Mental Health Crisis Line Phone: 1-888-429-8167 (toll free within Nova Scotia) or 902-429-8167 (Halifax area)

Kids Help Phone

Phone: 1-800-668-6868 | Text: 686868

Good 2 Talk

Phone: 1-833-292-3698 | Text: 686868

Trans Lifeline

Toll free (Canada): 1-877-330-6366 Toll free (USA): 1-877-565-8860



