Exploring how Traditional Healing Methods and a Western Treatment Model “Seeking Safety” can Co-exist in Assisting Aboriginal Peoples Heal from Trauma and Addiction

Dr. Teresa Naseba Marsh, Ph.D. MA, RN, RP, SEP
Conflicts of Interest

• No conflicts to disclose
Clarification of Terminology

• “Indigenous” refers to First Nations (status and non-status Indians), Métis and Inuit people as referenced in the Canadian Constitution;

• Respect status as the original peoples of Canada.

• Indigenous acknowledges shared cultural values, historical residential school experiences, and contemporary struggles with the aftermath of colonization and oppression.
Situating myself

- Cape Town, SA: Ancestry original inhabitants: Parents & Family
- Atrocities—Colonization—Assimilation—Oppression—Apartheid
- As a nurse, therapist, and healer here in Canada, I worked with various Aboriginal communities and became a witness to intergenerational trauma.
- It is thus with deep conviction and passion that I will embark upon this research project.
- The body has an innate ability to HEAL: DECOLONIZE
Background

• Today there are approximately 1.4 million Indigenous Peoples living in Canada of whom about 61% are First Nations, 34% are Metis, and 5% are Inuit.
• Rural areas 50%: shortages of healthcare service impact
• Impact of Colonization-- forced assimilation-- residential school --sexual, physical, and psychological abuse resulted in loss of traditional ways, culture, and land—Many affected have turned to alcohol and substances to cope
• The courage of the Indigenous peoples to finally find their voice and speak their truth about the experiences of Aboriginal children who attended Canada’s residential schools emerged in a sequence of events that shocked the world.
Cultural Genocide

- Destruction of political and social structures of group
- Premise-destroy & devastate & control
- Land taken, force relocation, restricted movement
- Banned Spiritual practices, Leader persecution
- Multiple losses, deep trauma
- Compromised CNS & incoherence
- Trauma is in the nervous system
- Indigenous woman from Cape Town, South Africa, I have witnessed, experienced, as well as treated these debilitating symptoms of trauma caused by cultural genocide.
- (Truth and Reconciliation Commission Canada, 2015)
Psychological Trauma

- Emotional and Psychological injury
- Response to an extremely stressful or life-threatening
- FIGHT—FLIGHT—FREEZE—TRAPPED—PTSD
- Damage & changes in chemical structure in BRAIN
- Response to future stress altered
- Intrusive thoughts, emotions, feelings, sensations
- Worldview—SELF & OTHERS
- Disconnection—Avoidance
- SPIRITUAL CRISIS “SOUL WOUND”
Intergenerational Trauma

- Intergenerational trauma caused by more than 400 years of systematic marginalization
- Gagne (1998), intergenerational trauma is the transmission of historical oppression and its negative consequences across generations.
- Brave Heart (1998) was the first to apply the concept of intergenerational trauma to the Lakota people in the United States, naming it “historical trauma.”
- Teresa Evans-Campbell (2008), three broadly defining features.
Why and How?

• As a witness to trauma and its horrific consequences -- degrade the human mind and soul

• I embarked upon this research thesis with the goal to bring healing and understanding about the devastating effects of intergenerational trauma (IGT) and substance use disorder (SUD) in Aboriginal peoples.

• The purpose of this study was to explore whether the blending of Aboriginal traditional healing practices and a Western treatment model, Seeking Safety, resulted in a reduction of IGT symptoms and SUD. The Seeking Safety model has been proven effective in other populations, but, prior to this study, there was no evidence on the efficacy of this model in Aboriginal peoples.
Theoretical Framework
An Indigenous Decolonising Methodology

• A Methodology guided by Traditional knowledge and teachings
• Reclaim Indigeneity and, in doing so, regain their power (Hart, 2010; Kovach, 2009; Wilson, 2008).
• Embracing an understanding of the history of colonization and rediscovering ancestral traditions and cultural values (Duran, 2006; Hart, 2010; Wilson, 2008).
• Encouraging essential dialogue that challenges and influence colonization
• OCAP: Principles of ownership, control, access, and possession.
• Outcome is liberation, emancipation, self-determination, change and empowerment
• Regain rights to self-determination, not only from an economic or political viewpoint, but also with respect to research (Bombay, et al., 2009; Crazy Bull, 1997a; Duran, 2006; Smith, 1999; Wilson, 2008).
• Cultural sensitivity-Rationality-Connection
• Bishop, 2008; Cote-Meek, 2010; Denzin, Lincoln, & Smith, 2008a; Porsanger, 2002; Wilson, 2001, 2002, 2008; Kovach, 2008; Absolon & Willett, 2004
Elder Albert taught that Two-Eyed Seeing is the gift of multiple perspectives treasured and respected by many Aboriginal peoples.

Furthermore, he taught that Two-Eyed Seeing refers to learning to see from one eye with the strengths of Indigenous knowledge and ways of knowing, and from the other eye with the strengths of Western knowledge and ways of knowing and to use both these eyes together, for the benefit of all (Bartlett, 2006, 2008, 2009, 2012).
Research Question

• This study seeks to address the question: Can the integration of Aboriginal traditional healing practices into Najavits’ (2002a) Seeking Safety model produce a feasible, suitable, and beneficial group treatment for Intergenerational trauma and SUD in Aboriginal women and men living in Northern Ontario Canada?
About Seeking Safety

- Seeking Safety (SS) Evidence based model
- Trauma & Addiction
- Safety is the goal
- Topics address cognitive, behavioral, interpersonal, and case management needs of persons with SUD and PTSD
- Empowers and encourages
- Inspires hope
- Groups or individual
- Respect, care, integration, and healing of self, and mirrors the similar concepts of the Aboriginal Grandfather teachings
List of Seeking Safety 25 sessions

- Safety
- PTSD: Taking Back Your Power
- Detaching from Emotional Pain (Grounding)
- When Substances Control You
- Asking for Help
- Taking Good Care of Yourself
- Compassion
- Red and Green Flags
- Honesty
- Recovery Thinking
- Integrating the Split Self
- Commitment
- Creating Meaning
- Community Resources
- Setting Boundaries in Relationships
- Discovery
- Getting Others to Support Your Recovery
- Coping with Triggers
- Respecting Your Time
- Healthy Relationships
- Self-Nurturing
- Healing from Anger
- The Life Choices Game (Review)
- Termination
Post Traumatic Growth

• The Individual can undergo positive changes as a result of life’s struggles.
• Focus is put on new possibilities, relating to others, personal strength, appreciation of life and personal change.
• Seeking Safety and Aboriginal Healing methods and Spiritual practices bring with same positive and supportive care.
Restoring Traditional Healing Practices and Knowledge

• The pathway to both empowerment and health for communities.
• The traditional knowledge once practiced in historical Aboriginal societies needs to be restored as an intervention to addictions, trauma, and the epidemics facing Aboriginal peoples (Duran, 2006; Thatcher, 2004).
• Malloch wrote that the Elders she spoke with were understanding of the need for Western medicine, but also expressed that it is vital that Aboriginal peoples return to core cultural values and traditional medicine. The Elders stated, “This is the only way the people will become strong again.”
Indigenous Healing

• Indigenous research framework, methodology and approaches were applied throughout the entirety of this project.
• Supervisor / committee member
• The application of Two-Eyed Seeing;
• Consultation and collaboration with Elders;
• Establishment of an Aboriginal advisory group
• Training Aboriginal facilitators and students
• Incorporation of Aboriginal traditional healing practices (Marsh et al., 2015).
Aboriginal Traditional Healing Practices

- Sweat Lodge ceremonies
- Tobacco bundle ties
- Smudging
- Drumming
- Sharing Circles
- Sacred bundle
- Traditional Healers
- Elder teachings
- Ceremony
- Seven Grandfather Teachings
- Feasts

(Lavallée, 2009; Marsh et al., 2015; Menzies, 2010; Robbins & Dewar, 2011).
Methodology

• A mixed-methods design was used to evaluate the impact of a 13-week Indigenous Healing and Seeking Safety implementation project with one group of 12 Aboriginal women and one group of 12 Aboriginal men ($n = 24$) in Northern Ontario.

• Ethical review by the following ethics review board: Laurentian University Research Ethics Board. Approved in May 2013

• Support from the Elders and both research sites
The Research Process Illustrated Through The Medicine Wheel

**NORTH**
- Old Age
- Purity & Wisdom
- Great Place for Healing
- Dreamtime
- Growing and Looking Deep
- Understand the Wisdom that was given

**WEST**
- Later Adulthood
- Sunrise - Twilight
- Day Fades - New Awareness
- Time to Prepare - Finish Things
- Family & Responsibility

**EAST**
- Beginnings
- Sunrise - Dawn
- Childhood - New Born
- Time of Change
- New Ideas
- Now Light

**SOUTH**
- Maturing and Growing into Adult
- Direction of the Fire
- We Rise From The Flames
- Transformation & Integration
- Time to Accept Change and Learn

**SOUTH**
- Sacred Items
- Language
- Traditional Teachings
- Feasts
- Ceremonies
- SWEATS

**END**
- Data Collection
- Data Analysis
- Writing
- Focus Groups
- Sharing Circles

**BEGINNING**
- Seeking Safety (SS)
- Drumming
- Elders Teaching
- Grandfathers Teachings
- Singing

**WINTER**
- Old Age
- Purity & Wisdom
- Great Place for Healing
- Dreamtime
- Growing and Looking Deep
- Understand the Wisdom that was given
- STOP - LISTEN

**SUMMER**
- Elders
- Aboriginal Peoples
- The Groups
- Training of Facilitators
- Advisory Group
- Teachers
- Community

**FALL**
- Elderly
- Elders
- Elders
- Elders
- Elders
- Elders
- Elders
- Elders
- Elders

**SPRING**
- Elders
- Elders
- Elders
- Elders
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- Elders
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**LEADERSHIP**
- Elders
- Elders
- Elders
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- Elders

**APPROACH**
- Elders
- Elders
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**IMPLEMENTATION**
- Elders
- Elders
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- Elders

**EVALUATION**
- Elders
- Elders
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- Elders
- Elders
Participants and Setting

• Recruitment: convenience sampling approach, 24 participants
• In total, 24 Aboriginal women and men started the program on the 3rd of September 2013.
  – The men’s group (n = 12) Rockhaven Recovery Home for men in Downtown Sudbury.
  – The female group (n = 12) N’Swakamok Native Friendship Centre in Sudbury Ontario.
  – Ojibway 16; Cree 2; Metis 6
• Two Aboriginal Health care workers / two students from the two mentioned treatment agencies facilitate each group.
• All facilitators had previous experience working with women and men who experienced both trauma and addiction. The facilitators facilitated these groups twice a week for duration of 13 weeks in total. Each group session was two hours long.
Data Collection

- Initial interview & Pre-Tests with researcher: 90min
- Demographics
- Participant’s retention (10 sessions)
- Addiction Severity Index Light (ASI-Lite)
- Trauma Symptom Checklist-40 (TSC-40)
- Historical Loss Scale
- Historical Losses Associated Symptom Scale
- End-of-treatment Sharing Circles and individual semi-structured interviews
- End of Sharing Circle Questionnaire (25 session)
Data Analysis
Qualitative

- All discussions from the end-of-treatment Sharing Circles and the semi-structured interviews audiotaped & transcribed verbatim using pseudonyms to maintain participant confidentiality.
- Qualitative thematic analysis was initiated to examine the data.
- Codes were developed to represent the identified themes and link the raw data as summary markers
- Finally, four emerging themes were identified (Bernard, 1998; Creswell, 2009)
Data Analysis
Quantitative

- Characteristics of participants at baseline were investigated using frequency data.
- Participants’ retention were defined attendance for at least 10 sessions
- Pre and post tests: TSC-40, ASI & HLC and HLASS
- Treatment outcomes were defined as change in current trauma symptoms severity (measured by the TSC-40 & HLC / HLASS) and alcohol and drug problems (measured by the ASI Lite) from the month prior to treatment. These outcomes were analyzed using paired t-tests on SPSS 22 for Macintosh.
At baseline, 12 Aboriginal males (n = 12) of average age 39 years and 12 females (n = 12) of average age 37.5 years entered the 13-week Indigenous healing and Seeking Safety implementation project.

Seventeen of the 24 participants completed the program. In the post-implementation group, the mean age of the eight retained males was 40 years. The mean age of the nine females retained was 37.2 years.
Results Quantitative Intergenerational Trauma

- Reduction was seen in the total composite scores TSC-40, with a mean decrease of 23.9 (SD=6.4, p=0.001) points, represented a 55% improvement from baseline.
- The change occurred without an increase in severity of any of the ASI subscale scores, supporting the conclusion that the participants were not triggered to substantial relapse through the treatment process.
# Quantitative Results

## Intergenerational Trauma

### Changes in Specific Trauma Symptoms for Completers Pre- versus Post-Implementation

<table>
<thead>
<tr>
<th>TSC Subscales</th>
<th>Baseline</th>
<th>Post-Intervention</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Dissociation</td>
<td>7.8</td>
<td>5.0</td>
<td>3.8</td>
</tr>
<tr>
<td>Anxiety</td>
<td>9.2</td>
<td>5.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Depression</td>
<td>11.2</td>
<td>5.3</td>
<td>4.6</td>
</tr>
<tr>
<td>SATI</td>
<td>7.4</td>
<td>4.0</td>
<td>3.7</td>
</tr>
<tr>
<td>Sleep Disturbance</td>
<td>9.4</td>
<td>4.9</td>
<td>4.6</td>
</tr>
<tr>
<td>Sexual Problems</td>
<td>5.1</td>
<td>4.0</td>
<td>2.6</td>
</tr>
</tbody>
</table>
Composite ASI Scores for Completers Pre- versus Post-Implementation

ASI Subscales
- Alcohol
- Drugs

Mean

Baseline  |  Post-Implementation
---|---
0.15 | 0.20
0.05 | 0.15
Historical Loss and Historical Grief Symptom

- Understand changes in trauma symptoms within the specific context of Indigenous peoples’ experiences of loss of culture, identity, pride, land and language

- The culturally sensitive HLS and HLASS scales capture and explore these changes in trauma symptoms (Whitbeck, et al., 2004).
Composite Historical Loss and Historical Grief Symptom Scores for Completers Pre- versus Post-Implementation. (*: p=0.0015)
Satisfaction with the Seeking Safety Sharing Circles (not at all 0 to 3 a great deal).

• After each session all participants rated:
  – Helpfulness of the session—2.76
  – Helpfulness of the topic? – 2.81
  – Helpfulness of the handout-- 2.81
  – Helpfulness of the quotation—2.67
  – Helpfulness of the therapist? – 2.80
  – Helpfulness with PTSD? – 2.61
  – Helpfulness with substance use?– 2.61
  – How much of what you learned will you use?— 2.77

• Two qualitative questions (Marsh, et al, 2015c).
Results
Qualitative

• The following four core themes were identified: (a) healing through traditional Aboriginal healing methods; (b) impact, education and knowledge through the Seeking Safety Sharing Circles; (c) awareness, understanding, and the link between trauma, substance use, and the impact of colonization; and (d) integration and application of knowledge.
Healing Through Traditional Aboriginal Healing Methods

• The Sharing Circles and the presence of Elders, Aboriginal facilitators, Sacred bundles, Sacred teachings, Sacred medicines and ceremonies strengthened the experience of participants.

• Most participants reported that the inclusion of traditional healing approaches and the presence of Elders were helpful.
Healing Through Traditional Aboriginal Healing Methods

- Seven of the participants explained that they had lost their traditions by growing up off reserve, or that their families did not follow the traditional way:
  - P4 of the female group noted that, “it was really good to be brought back to my own traditional ways; I have never attended an addiction program that included my cultural beliefs and values; I could see how it helped all of the women.”
  - P16 of the male group reported that, “all the ceremonies helped me so much; it really grounded me when I felt scared; I could see how the spiritual and the presence of Creator was bringing the healing to others that really struggled.”
Healing Through Traditional Aboriginal Healing Methods

• “I loved it when the Elders came [and brought all the Sacred teachings and healing]; I wanted them to come to every session; the Elders facilitated the healing power of the Smudging, drumming songs and the Sacred Bundle; the Elders brought the spirituality to the Circle; the Elders gave everyone and me in the Circle that connection [with the Sacred medicine].” Participants also remarked on the benefit of the Sweat Lodge ceremonies. Most who attended the Sweat ceremony claimed that they felt the healing happening in their bodies and minds.

• For example, one participant said:

• “As I was sitting with the Elders in the Sweat ceremony, I could see my addiction and trauma pains melt away in the heat; the ceremony brought healing for us all and it is so powerful; I have not attended a Sweat ceremony in many years.” [P19 male]
Impact, education and knowledge through the Seeking Safety Sharing Circles

• Most of the participants identified that the information in the Seeking Safety handouts was written in a way that they could understand. They also reported that the language was clear, sensitive, positive, and supportive.

• As some participants stated: “at this point in the program, I have been able to relate my experiences on trauma and honoring myself through the culture and the support of people;” “today was a real eye opening experience realizing how substance abuse is connected to [my] trauma;” “it was such an eye opener to realize that all these symptoms I’ve had all my life are a normal result of my childhood trauma;” “I am very thankful.”
Impact, education and knowledge through the Seeking Safety Sharing Circles

- I finally found my voice; I can be safe doing my healing work and I need not be re-traumatized; my workers understand that my addiction and trauma must be treated at the same time; I now know how to ask for help; I realized in this Circle that I was never alone and I have all the resources that I need; I now understand how that addiction and trauma work together.
Awareness, Understanding, and the Link between Substance Use, Trauma and the Impact of Colonization

• Most of the participants stated that even though all the Seeking Safety topics were different, each of the sessions and topics helped them to understand trauma, the impact of colonization, substance use disorders and their interrelatedness. Participants expressed their learning and understanding through “a-ha” moments. They remained in awe of the new knowledge and understanding as they began to realize that they could control their self-destructive behaviors.
Awareness, Understanding, and the Link between Substance Use, Trauma and the Impact of Colonization

• “When I completed that historical loss scale, I realized that I never thought about these losses in this way; yet now that I am asked about it, I realized that it had a profound effect on me and my family; I understand now why I get so very angry, because we are still living it [the historical trauma]; we live it every day.”

• P17 male also shared the impact of these realizations:
  • “I can see now why it is so important for me to have compassion for my trauma and addiction; I witnessed how my parents used alcohol and how they hurt themselves; both my parents went to residential schools and they never talked about it; they only drank, and hurt us and themselves and they died when I was a boy.”
Integration and Application of Knowledge

• When participants were asked about their experience in the Sharing Circles, both men and women discussed traditional healing elements and the Seeking Safety topics. These elements included Smudging, drumming, teachings by the Elders, the Seven Grandfather teachings, and the Sweat Lodge ceremonies. Participants discussed how the Seeking Safety topics informed them about trauma and the use of substances.
Integration and Application of Knowledge

• “I realized that I was healing and that I can heal; as I heal, my children will heal also; as my children heal, my family will also heal; as my family heals, so will my community.” Other participants said, “When I was in the Circle, I was held [feeling safe and supported] by all the ceremonies, the Sacred medicine, the teachings by the Elders, and the love of the facilitators;”

• “Other aspects that I found helpful were that we were given tools to help us in our recovery; we were given topics that helped us with self-care; I thought that was important, as many people suffer with trauma and only know to cope using substances; the topics that were covered not only shed light on our illness, but also gave us tools to cope with it.” These statements continued throughout the transcripts and in the end-of-session questionnaires.
Five Women Gained Custody of Their Children

• A profound outcome of this implementation project included the five women who gained custody of their children. This took place within the third month of and some toward the end of the implementation project. To date, these women are substance free and fully engaged parents.
• During the early data collection period, six female participants shared many painful stories about trauma and the impact of the substances on their lives and their children.
• These six women were highly emotional as they reported losing their families to the Children’s Aid Society (CAS).
• Furthermore, the women reported how they had numbed themselves with substances to ease the pain of missing their children.
• While they were in the program, I wrote letters to CAS to explain how the loss of their children impinged on their healing. I also explained the impact of intergenerational trauma on the women’s well-being and how well they were doing in the Sharing Circles.
Limitations

- Small sample size
- Two agencies in Northern Ontario
- Views of participants-not representative of all AP
- Self-reported trauma & SUD-underreporting
- Difficulties with painful memories / fears of Stigma / shame / guilt
- No controlled condition
- Differences in outcomes/ pre-existing differences
Strengths of Study

- The authenticity and cultural sensitivity of the Indigenous decolonizing methodology and the Two-Eyed Seeing approach;
- The academic rigor of the project, due to the inclusion of Elders, community informants, an Aboriginal advisory group, an Indigenous supervisor and an Aboriginal committee member;
- The voices of Indigenous peoples through the qualitative research approach;
- The historical lens used throughout the project;
- The presence of Indigenous facilitators and students in Sharing Circles.
- Several Aboriginal communities are using this model
- Thus far 90 professionals trained to use this model
Conclusion

- Evidence from this quantitative & qualitative data suggests that blending Indigenous Healing and Seeking Safety was beneficial as demonstrated by a reduction in symptoms related to intergenerational trauma and SUD.
- There is a need for future studies to help understand the impact of Indigenous practices combined with other Western treatment models.
In Conclusion

- My participation in this research process and as a PhD Student encouraged & humbled me to dedicate my life to this healing work. As Marshall and Barlett (2009) so eloquently stated, “Two-eyed seeing signifies learning: to see from one eye with the strengths of Indigenous knowledge and ways of knowing, and from the other eye with the strengths of Western (or Eurocentric or mainstream) knowledge and ways of knowing, and to use both of these eyes together for the benefit of all”
Published Papers & Thesis

- temarsh@nosm.ca