

The Opioid Response Network Presents

Transgenerational Trauma, Resilience, and
Recovery in Tribal Communities: Trends and
Promising Practices to Promote Healing and
Whole Community Health

Troy Montserrat-Gonzales, MA, LPC



Opioid
Response
Network



Working with communities.

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.



Working with communities.

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Overall Mission

To provide training and technical assistance via local experts to enhance **prevention, treatment** (especially medications like buprenorphine, naltrexone and methadone) and **recovery** efforts across the country addressing state and local - specific needs.





Approach: To build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not “re-creating the wheel.”

Contact the Opioid Response Network

✦ To ask questions or submit a technical assistance request:

- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Your Presenter



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Introductions



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- **Who's here?**
- **Your role and/or title?**
- **Tribal affiliation**
- **Work setting or department?**
- **Where you live?**
- **Favorite pandemic piece of clothing?**



Who the heck am I???

I'll get us started

- Counselor/
Medical Anthropologist
- BIPOC – AI (Lumbee-go,
Lums!!)/Chicana
- Consultant/Trainer
- Cat n' Dog Mom
- Oregonian
- Sweatpants. Yep. I've officially given
up.



Summary – What We'll Be Talking about Today

- ✧ Tribal communities have long faced (and surmounted) challenges to our health and survival
- ✧ Today, current stressors such as the opioid epidemic and the pandemic continue to disproportionately affect our Indigenous communities
- ✧ In response, we will discuss
 - the relationship between transgenerational trauma and
 - current trends in substance use in Indian Country
 - Tribal communities' responses - cultural strengths and practices for healing



Summary (cont.)

✧ We will also review

- current mainstream and culturally responsive interventions being used in prevention, crisis stabilization, and treatment including:
 - Effective treatments such as medications for opiate use disorder and (MOUD) and alcohol use disorder
- How Tribal communities are employing MOUD alongside spiritual and Tribal culturally responsive practices to bring healing to our communities
- The Community Readiness Model and how this model can support us in our efforts to heal and thrive in the face of current stressors.



Desired Outcomes for Today

✓ We'll have some fun! And...

By the end of the session, participants will be able to:

- ✓ Review key concepts from the workshop
 - ✧ Understand the connection between transgenerational trauma and current trends in substance use in Indian Country
 - ✧ Name three ways Tribes are integrating cultural strengths and practices with Western methods for prevention, treatment, and crisis stabilization
 - ✧ Name an advantage of using using MOUD in a culturally responsive manner to address opiate and alcohol misuse in Indian Country
 - ✧ Be able to define the Community Readiness Model and how this model can support us in our efforts to heal and thrive in the face of current stressors



A Note on Language

- ✧ We will use language to lift up and support rather than shut down or stigmatize
- ✧ Alphabet Soup
- ✧ Terminology in Indian Country



What's a Disparity?

- ✧ Let's discuss:
 - When I say the word, “disparity,” what comes to mind?
 - How do disparities show up in our communities?



Disparities (cont.)

- ✧ **The US Centers for Disease Control and Prevention (CDC) define Health Disparities as:** “A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health status, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability differences in health along social, economic, and racial or ethnic lines.”



Health Disparity

Epidemiological term to describe differences, variations, and disproportions in the health status of individuals or groups (Carter-Pokras et al., 2002)

- Descriptive term
- No value judgment necessarily implied



Source: [CDC Strategies for Reducing Health Disparities](https://www.cdc.gov/minorityhealth/strategies2016/index.html)
<https://www.cdc.gov/minorityhealth/strategies2016/index.html>



Data -
Disparities by the
Number



Data on Substance Use

- ✦ Let's take a look at some data on Substance Use in Indian Country...

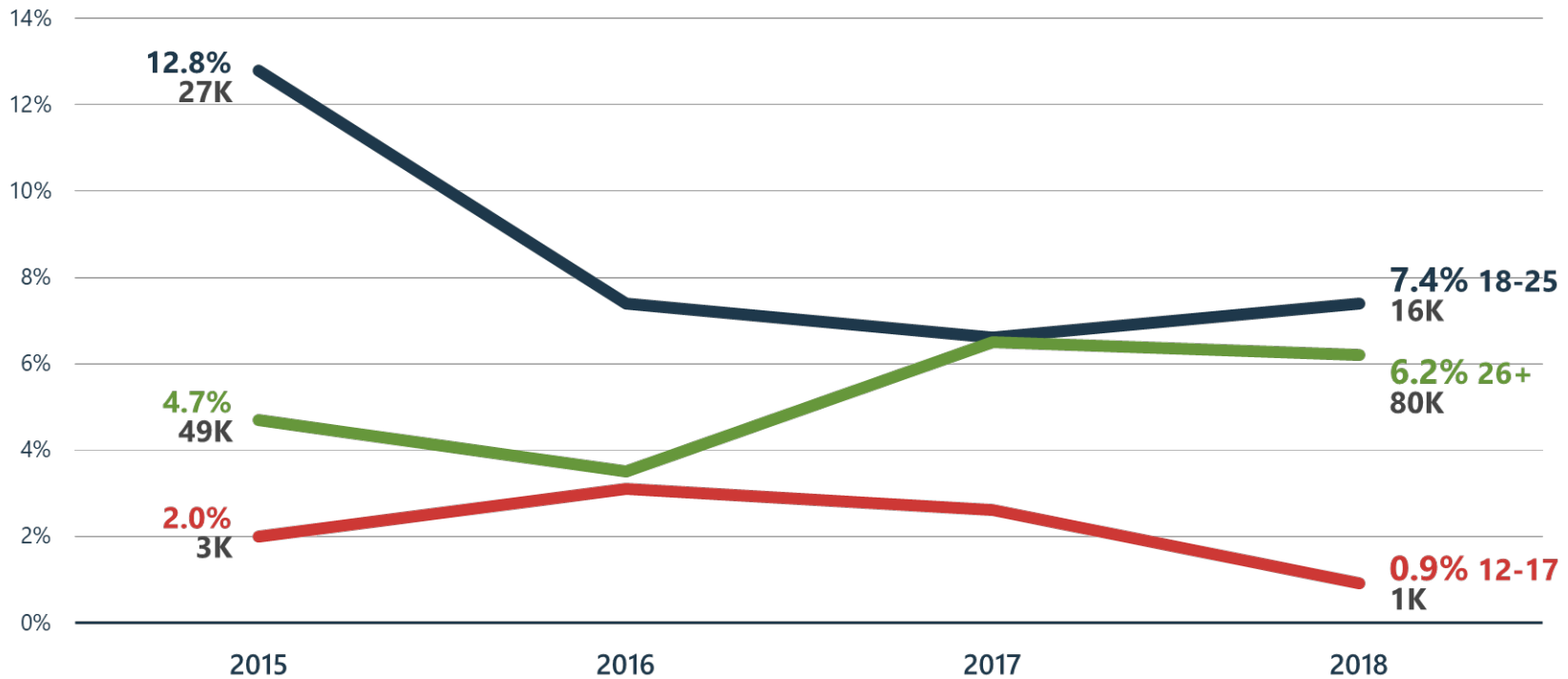


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Opioid Misuse among AI/ANs

PAST YEAR, 2015-2018 NSDUH, AI/AN 12+

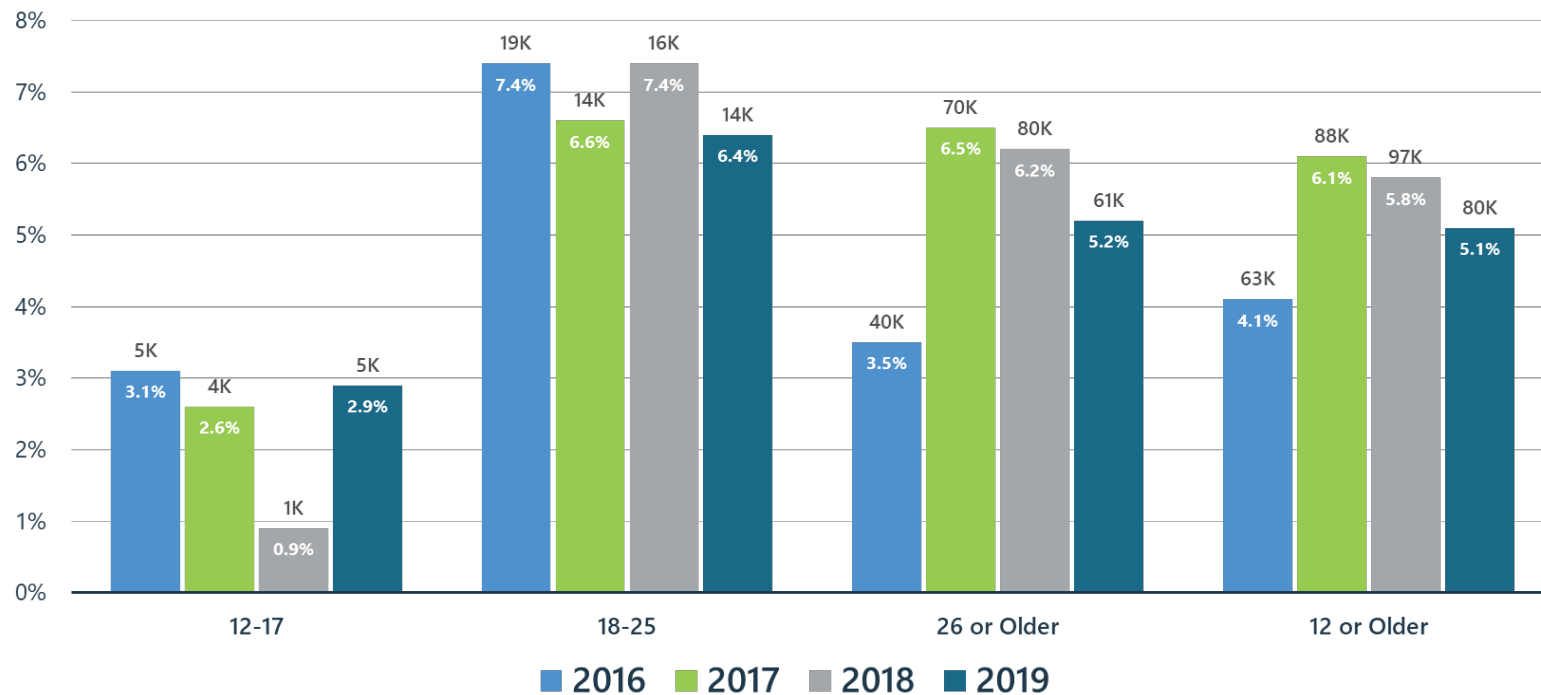


No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.



Opioid Misuse among AI/ANs

PAST YEAR, 2016-2019 NSDUH, AI/AN 12+

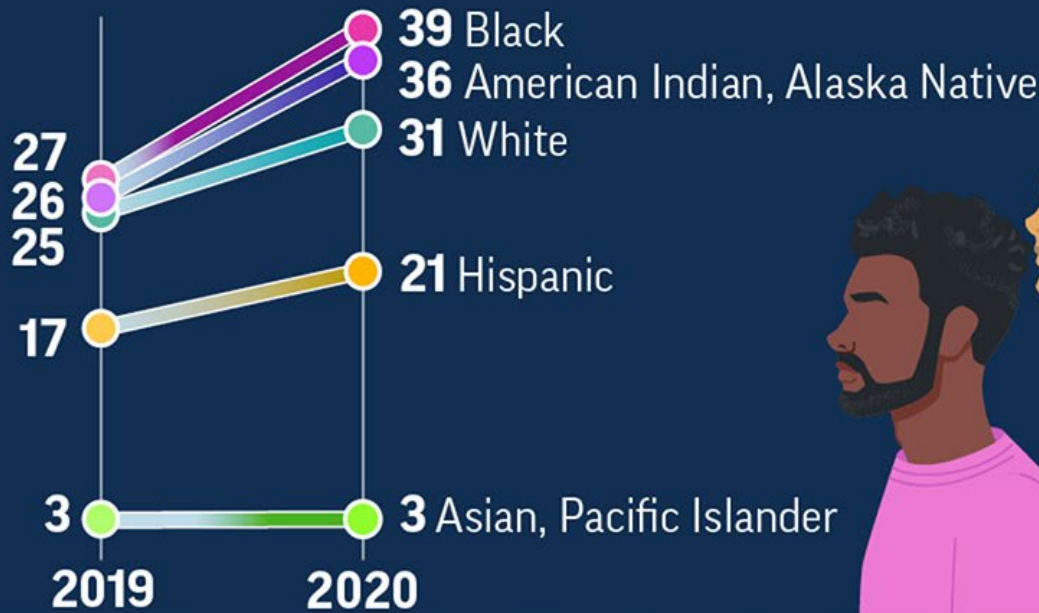


No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.



Pandemic Era Increase in Overdose Deaths

Overdose Deaths by Race and Ethnicity Over One Year *Per 100,000 People*



Vital^{CDC}signs™

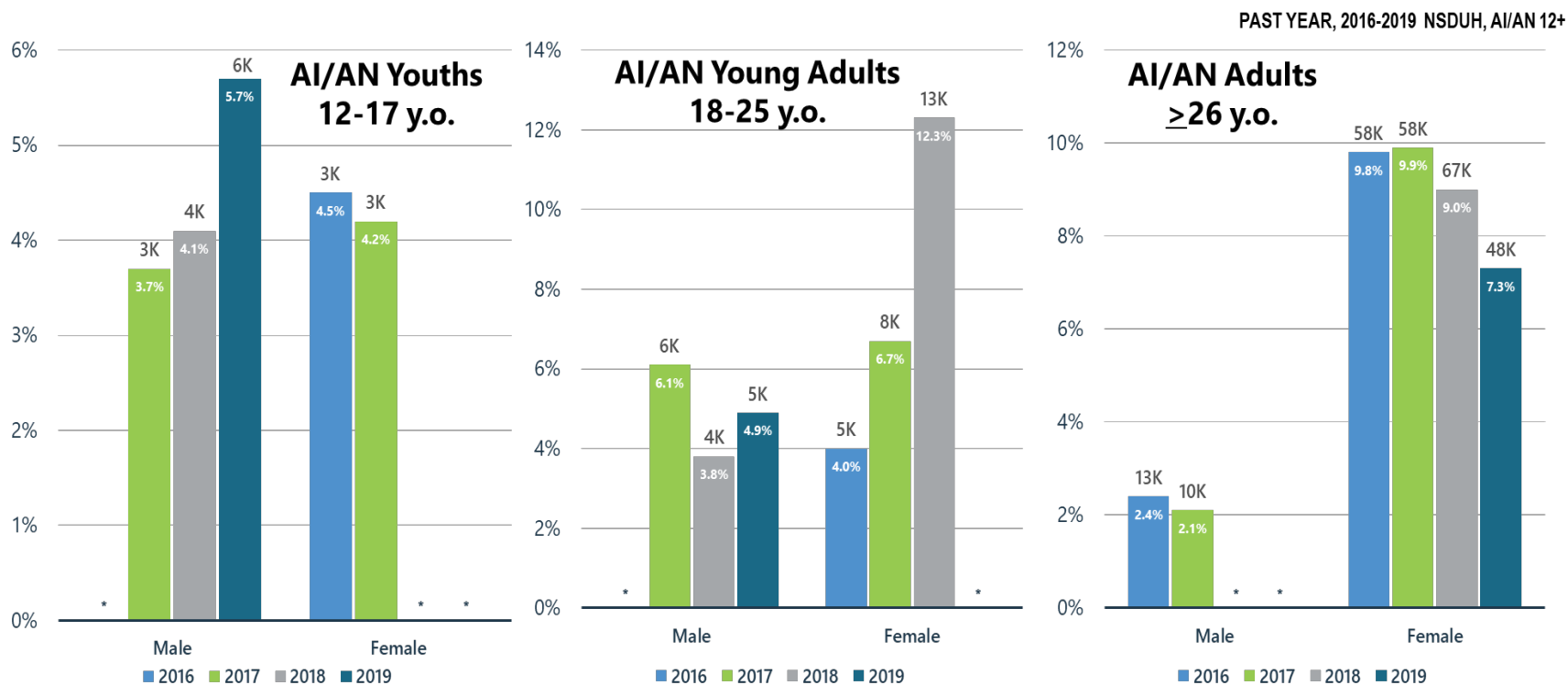
Source: July 2022 Vital Signs



CS331041



Summary: Other Substance Use in the United States in 2019 Compared to 2018



* Estimate not shown due to low precision.

No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.



Summary: Other Substance Use in the United States in 2019 Compared to 2018

- ✧ There was a significant decrease in cocaine use for ages 18-25 of the AI/AN population as compared to 2017.
- ✧ Methamphetamine use for 18 and older for the AI/AN population continues to decline.
- ✧ Prescription stimulant misuse has slightly increased for ages 12-17 and 18-25 of the AI/AN population.



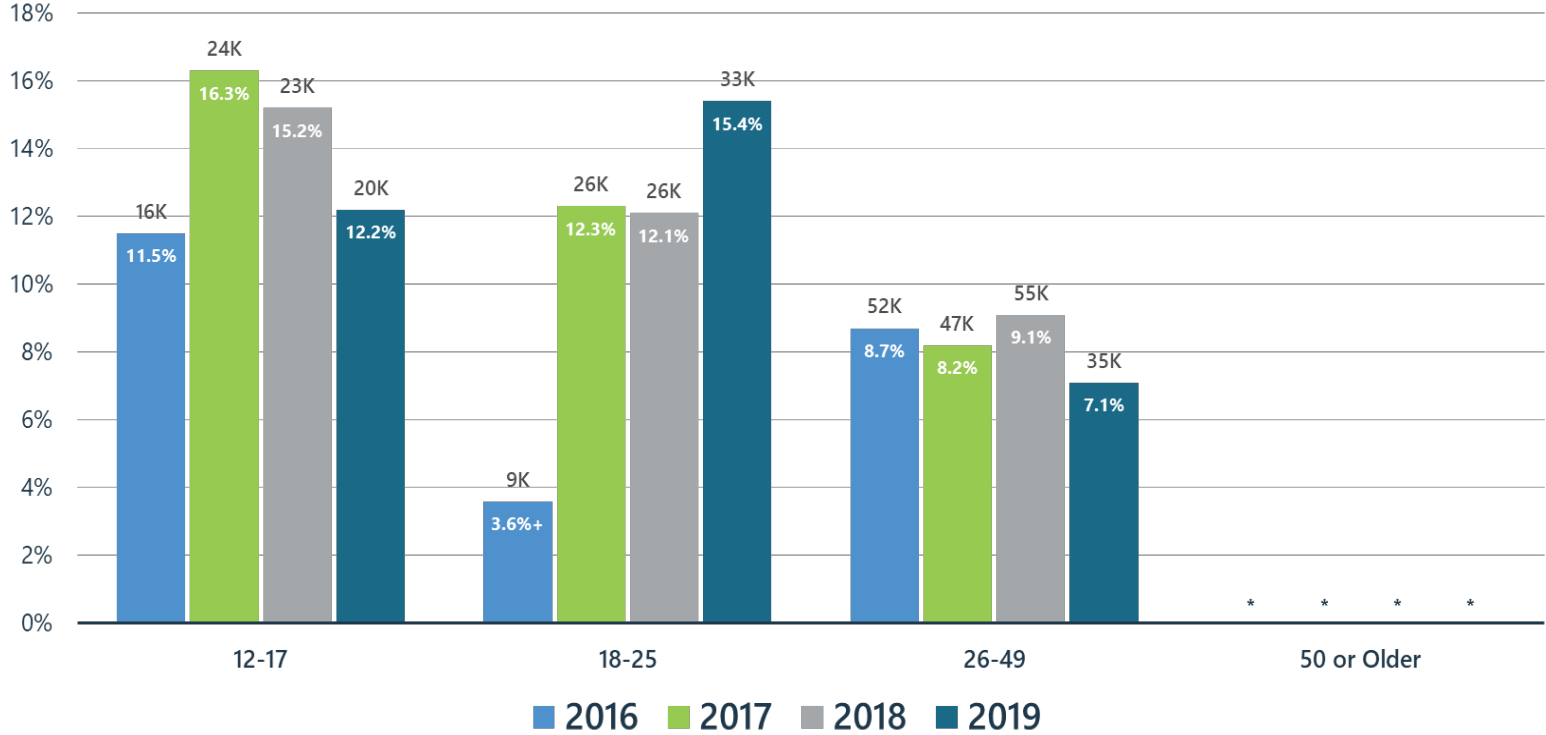
Pandemic Era Data in General - Scary

- ❖ More than 100,000 people died from drug overdoses in the US during the 12-month period ending April 2021, according to data from the US Centers for Disease Control and Prevention
- ❖ Overdose deaths in 2020 soared to 93,000 amid the COVID-19 pandemic, surpassing the 72,000 drug deaths from the previous year, according to US data.



Major Depressive Episodes among AI/ANs

PAST YEAR, 2016-2019 NSDUH, AI/AN 12+

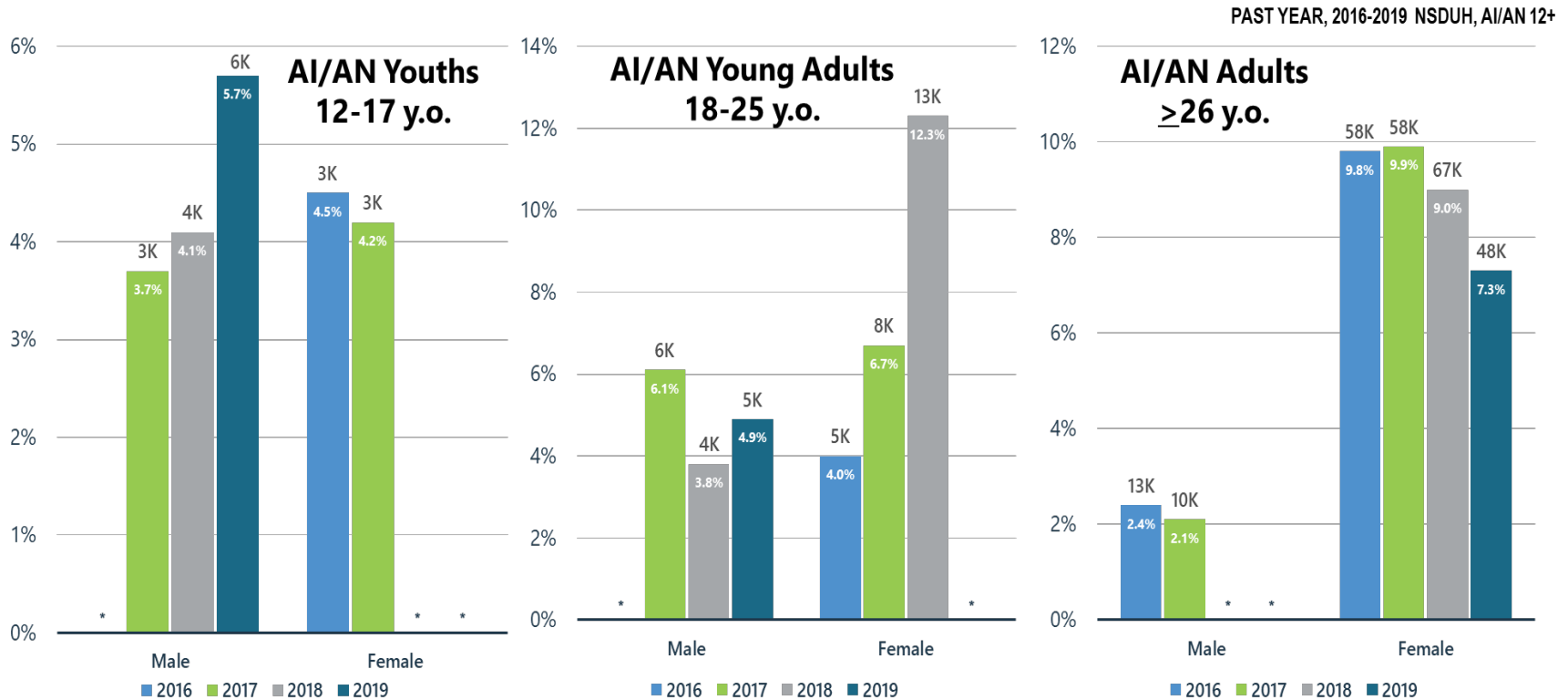


* Estimate not shown due to low precision.
 Note: The adult and youth MDE estimates are not directly comparable.

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.



Major Depressive Episodes with Severe Impairment among AI/ANs



* Estimate not shown due to low precision.

No differences between prior year estimates and the 2019 estimates are statistically significant at the .05 level.



Summary: Mental Health/Co-Occurring Issues in the United States in 2019 (Pre-Pandemic)

Major Depressive Episodes among AI/AN ages 18-25 significantly increased compared to 2016.

Substance use disorder significantly increased suicidality among AI/AN adults ages 18 and older.

Progress is being made, as co-occurring substance use disorder and any mental illness in AI/AN adults ages 18-25 and 26-49 is declining. There is a slight increase for ages 50 and older.

Opioid use disorder remains stable across all ages in the AI/AN population.



2019: A Year of Some Progress, but Ongoing Need for Americans Living with Substance Use and Mental Health Issues Continues

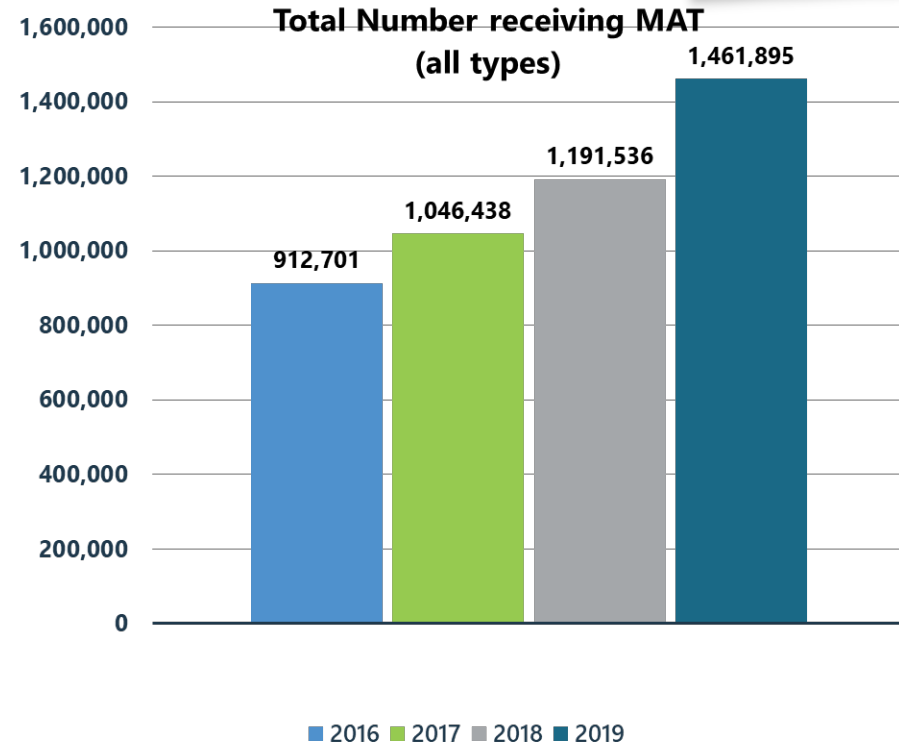
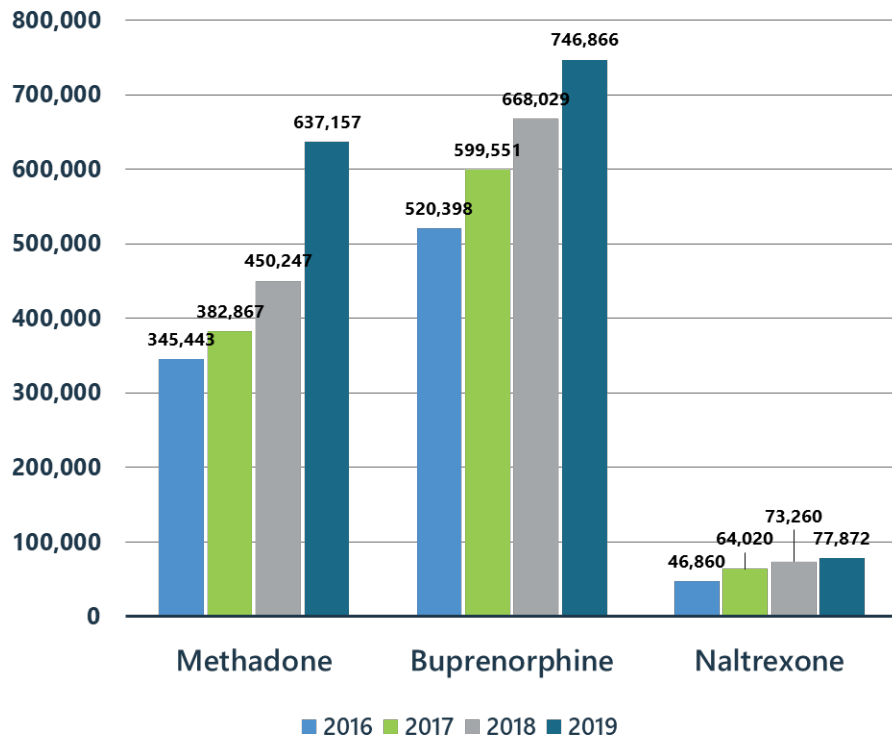
Continuing need to address the ongoing opioid epidemic in Tribal communities!!!!

AI/AN communities continue to be disproportionately affected by health, mental health, and SUD issues!!!!

Good News: Access to MAT continues to increase.



Treatment Gains: Number of Individuals Receiving Pharmacotherapy for Opioid Use Disorder (MAT)



MOUD (Formerly: MAT)

- ✧ MOUD=Medications for Opioid (and Alcohol) Use Disorder
- ✧ “The Gold Standard”
- ✧ MOUD– How is it used? How’s it going in your community?
- ✧ What’s the “M” in MOUD
 - buprenorphine, naltrexone, methadone
- ✧ Studies are ongoing – go, Kamilla and Aimee!!!
 - “Culturally Centering Medications for Opioid Use Disorder With American Indian and Alaska Native Communities”



PREVENTABLE Causes of Death among AI/AN People

- ✧ **AI/AN Leading causes of death are PREVENTABLE**
 - The leading causes of death among American Indians and Alaska Natives are heart disease, cancer, and accidents.⁶⁹
 - In 2018, chronic liver disease was the fourth-leading cause of death for American Indians and Alaskan natives.⁷⁰
 - Lung cancer is the leading cause of cancer-related deaths among American Indians and Alaska natives.⁷¹
 - There are 9.2 infant deaths for every 1,000 living births among AI/ANs.⁷²
- ✧ In 2017, suicide was the second-leading cause of death among American Indian and Alaska Natives ages 10 to 34.⁷³



The Sum of It All – Oppression has Life and Death Consequences

American Indians and Alaska Natives born today have a life expectancy that is **5.5 years less** than the U.S. all races population!!!! (73.0 years to 78.5 years, respectively).

American Indian and Alaska Native people continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases

<https://www.ihs.gov/newsroom/factsheets/disparities/>

Retrieved April, 2022



In Sum – ACES as an Indicator

- ✧ What's an ACE????
- ✧ Oppression = Trauma = Health Impacts and Life or Death Consequences (i.e. health disparities, SDoH, ACES)
- ✧ According to a 2020 study, the average adverse childhood experience score among American Indians and Alaska Natives was 2.32, higher than those of individuals identifying as White (1.53), Black (1.66), and Hispanic (1.63).



In Sum – ACES (cont.)

- ✧ Female participants had a higher average adverse childhood experience score than male participants (2.52 vs 2.12).
- ✧ Generally, younger individuals and those with lower incomes reported higher adverse childhood experience scores, whereas those with higher educational attainment reported lower score.



Transgenerational Trauma

Trauma

Transgenerational Trauma

Historical Trauma

The legacies of pain and suffering

Trauma + Social, Cultural and Personal Strengths = Resilience, baby!!



Why these disparities? The Biology of Trauma

Transgenerational Trauma (a.k.a. intergenerational trauma):

- ✧ When the experiences of the parents affect the development and experiences of their children, grandchildren, and subsequent generations
- ✧ The effects can show up biologically, socially, mentally, spiritually, emotionally.
- ✧ Researchers don't yet fully understand multigenerational trauma, but
 - it seems that it changes not only the way parents raise and relate to their children, but also
 - how certain genes are expressed in future generations. It's related to the biological study of **epigenetics** developed in the 1990s.



The Science of Trauma



In one frequently cited study, mice were exposed to a certain smell, followed by an electric shock.



These mice “passed down” the fear of the *smell* to their children and grandchildren, even when the next generation had never been exposed to it.



Let's think together...

- ✧ What might the consequences be for communities of long-term stress?



The Science of Resilience



IPNB = Interpersonal Neurobiology



Indigenous ways build new neural networks/pathways



Trauma = Then. Healing, Safety, Control = Now



What to do?

- ✧ What works?
- ✧ What has your community and/or Tribe done to address disparities such as threats from opioid and alcohol use and mental health issues?



Prevention, Treatment, and Crisis Stabilization



What do these terms mean to you?



What is going on in your communities in terms of people in crisis and resources to address crises?



How do you see these issues being addressed in your communities?



The Best of Both Worlds

Healing can come from both Indigenous and Western worlds.

Let's take a look at some examples



Tribal Strengths + Western Medicine = Success!

Culture Is Medicine

- ✧ IPNB agrees with us: indigenous ways are HEALING to CNS
- ✧ Examples of local healing
- ✧ In Oregon (where I'm from)
 - ✧ IMCEs – Indian Managed Care Entities – policy and payment reform that centers Tribes
- ✧ Ponca Health Services Community Health Workers
 - ✧ “The goal of the CHW Program is to address health care needs through the provision of community-oriented primary care services, including traditional Native concepts in multiple settings, utilizing well-trained, community-based, medically-guided health care workers.”



Tribal Strengths + Western Medicine = Success! (cont.)

❖ Winnebago Tribe and Comprehensive Healthcare System

- CHWs
- Fitness
- Treatment
- Education
- Tribal Police
- Youth Shelter
- Medicine
- Chiropractic
- Land Management
- And more!!

Wow!!! Is there anything y'all don't do?!!



Healing Communities: Community Readiness Model



What is it?



Who's heard of it?



Did you know it was developed for communities of color?



A type of Community Based Participatory Research (CBPR)



Community Readiness Model

Community Readiness – Community Engagement

Successfully used by tribes such as the Choctaw Nation with positive results

Advantages

- Culturally responsive
- Starts with community driven readiness assessment
- Can be used with many types of issues
 - Health/nutrition
 - Social/personal
 - Environmental



Summing It Up

AI/AN communities are strong and resilient

Suffering = Trauma = Medical, MH, Physical Problems

Culture is medicine (duh!)

The story of science continues to catch up (IPNB)

There are ways to address suffering in our communities

- Treatment: MOUD
- Integrating Indigenous and Western Healing
- Community Readiness



So what have we learned today?

- ✧ **Name a thing or two you will take away from this workshop?**
- ✧ **Any burning questions?**
- ✧ **Submit a request to the ORN – we do organizational DEI trainings – for free!!!**



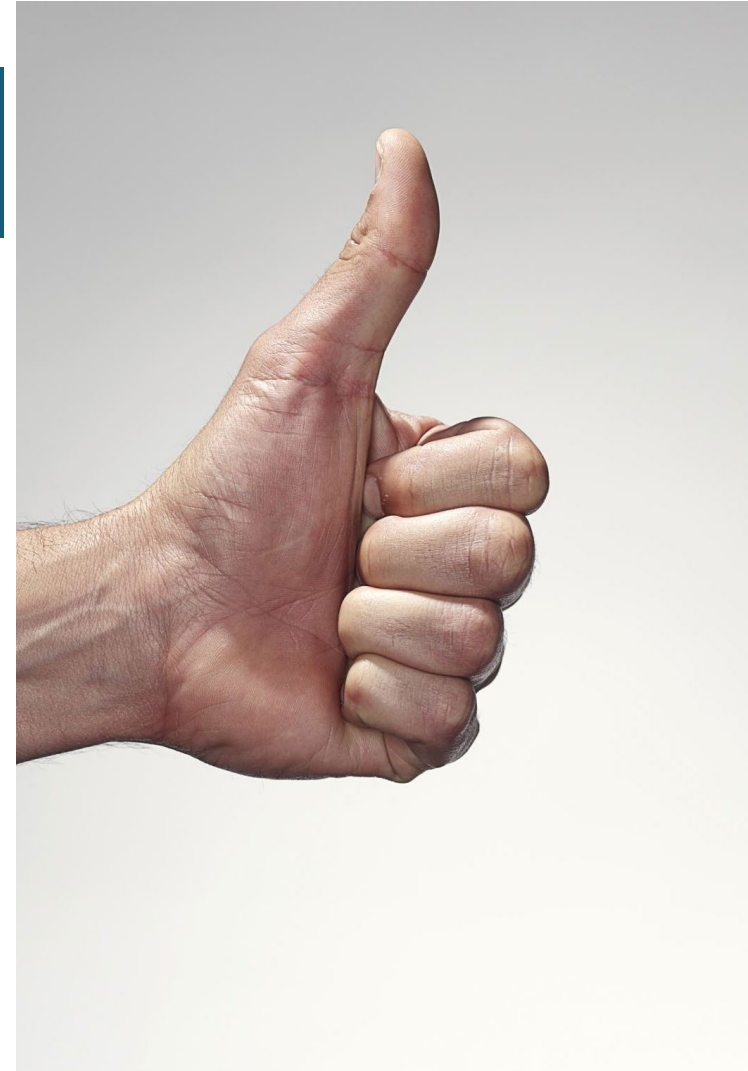
The end.

Thank
You



We Did It!!!!

Will you please evaluate our workshop???



https://orn.qualtrics.com/jfe/form/SV_3FdzXtRH7gogcHI?RequestID=4717&ActivityType=2&Intensity=2&Training=1





Submit a
request
so we
can
support
you!



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