

The background of the slide is a scenic photograph of a rural Oregon landscape. It features a calm river in the foreground, lush green trees and bushes along the banks, and rolling brown hills under a clear blue sky with a few wispy clouds. The text is overlaid on this image.

2021 Virtual Series Forum on Aging in Rural Oregon

Welcome!

Please place in the chat

- 1) where you are from (work agency/role)
- 2) tribal affiliation if any

2021 Virtual Series Forum on Aging in Rural Oregon

Thank You, Partners:







The background of the top half of the slide is a scenic photograph of a rural Oregon landscape. It shows a calm river or lake in the foreground, with green trees and bushes along the banks. In the background, there are rolling hills and mountains under a clear blue sky with a few wispy clouds.

2021 Virtual Series Forum on Aging in Rural Oregon

Disclosures

- Kerri Smith Slingerland has no conflicts to disclose
- Darin Smith has no conflicts to disclose
- Derek Smith has no conflicts to disclose

2021 Virtual Series Forum on Aging in Rural Oregon

- Audio  and video  are muted for all attendees.
- Select  and  to populate Chat and Q&A features to your right. Please ask questions using the Q&A featured and use the Chat function for everything else.
- Presentation slides and recordings will be posted shortly after the session at:
<https://www.ohsu.edu/oregon-office-of-rural-health/forum-aging-rural-oregon>.
- If you'd like the CEU for this session, please complete the survey.



2021 Virtual Series

Forum on

Aging in Rural Oregon

Presents,
A Conversation About Resilience in Native American Communities

Speakers:

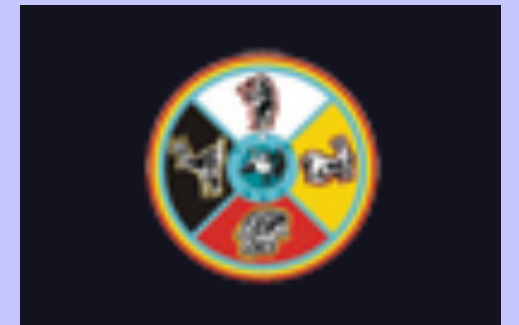
Kerri Smith Slingerland, LCSW, MS, CBIS, CADC III
(she/her/hers)

Darin Smith, MPH, MSW
(they/them/their)

Derek Smith, MSW, MPH
(he/him/his)

Resilience: American Indian and Alaskan Native Peoples

Kerri Smith Slingerland, LCSW, MS, CBIS, CADC III
Derek R. Smith, MPH, MSW
Darin Smith MSW, MPH



Acknowledgment

- First we wish to honor all the indigenous peoples of this land, particularly the 9 federally recognized tribes of what is sometimes referred to as Oregon. They are the very model of strength and resilience:
 - [Burns Paiute of Harney County](#)
 - [Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians](#)
 - [Confederated Tribes of Grand Ronde](#)
 - [Confederated Tribes of Siletz](#)
 - [Confederated Tribes of Umatilla Reservation](#)
 - [Confederated Tribes of Warm Springs](#)
 - [Cow Creek Band of Umpqua Indians](#)
 - [Coquille Indian Tribe](#)
 - [Klamath Tribes](#)
- Next we want to acknowledge our teachers- Elders, peers and our little ones

Introduction



Beginnings

- How we came together today
- Our commitments to you
 - Honor the time limits
 - We will speak our truth and honor the experiences of others.
 - We will commit to seeking answers to questions we are unable to answer today
 - Native folks are often asked to represent more than their own experience: we can commit here to draw similarities that are common to many Native people while acknowledging our differences
 - We encourage you to reach out to tribal members near you to offer collaboration and community building and to listen and learn.



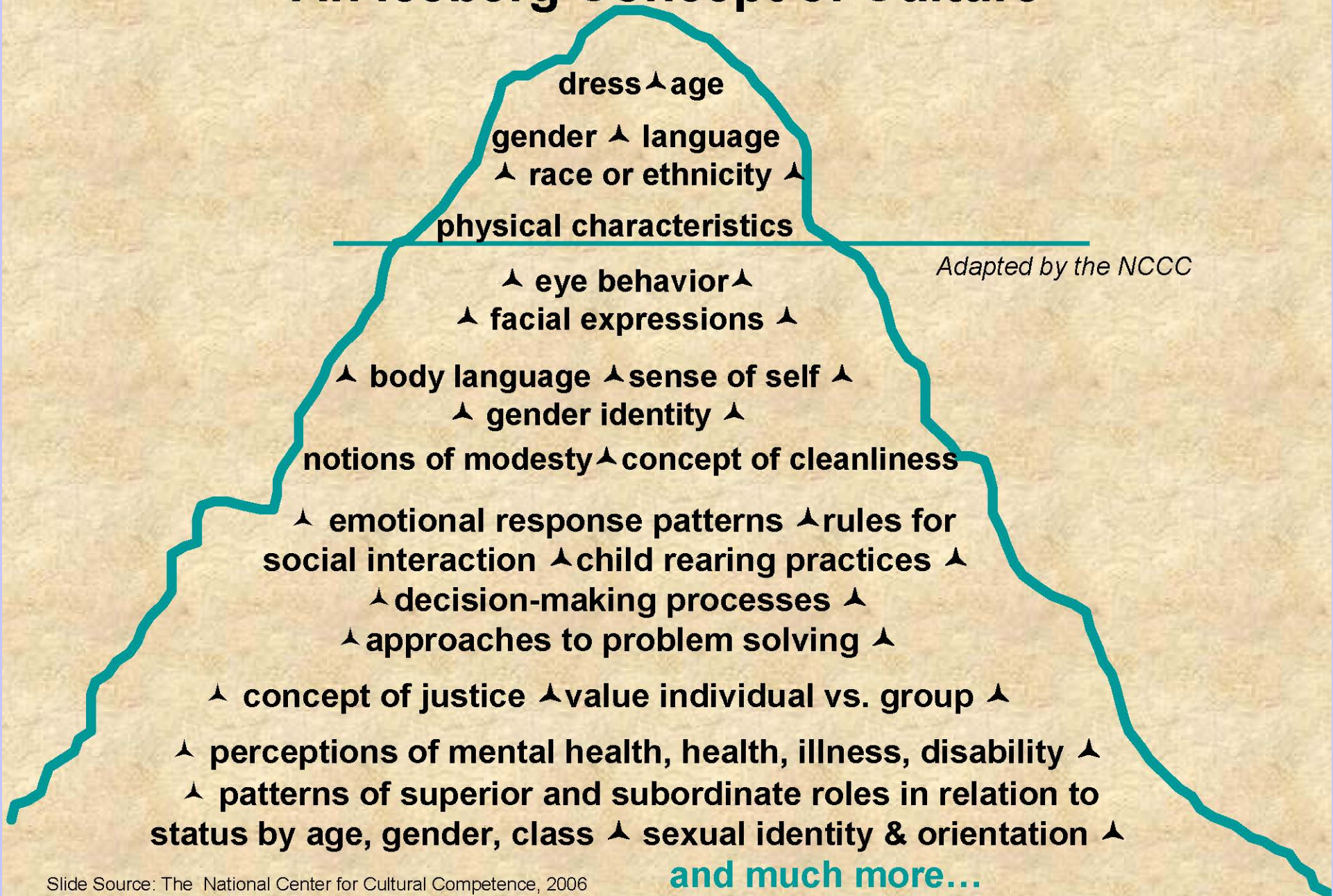
Objectives

- Explore an overview of American Indian/Alaskan Native (AI/AN) history to build understanding of intergenerational trauma, personal trauma, and mistrust of institutions which have resulted in health disparities.
- Discover several models/tools/resources that can be used to provide services with more cultural humility to our AI/AN patients.
- Use the chat to ask questions and create community conversation around serving Native Elders
 - Collect future questions and interest for Rose and the office of Rural Health to support ongoing conversation
- To honor and venerate Elders as a cornerstone of our communities; remember we each desire to learn from them and to ourselves earn the honor of becoming an Elder one day

Agenda today for our convening

1. Throughout the conversation: What do you need to best serve Native American Elders?
2. Concept of Culture/Tribal Sovereignty
3. Abbreviated Native American History
4. Historical Trauma Model
5. Skills for Maintaining Relationships
6. Demonstrating Resilience/Trauma Informed Care
7. Resources & Questions and Answers

An Iceberg Concept of Culture



Tribal Sovereignty



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

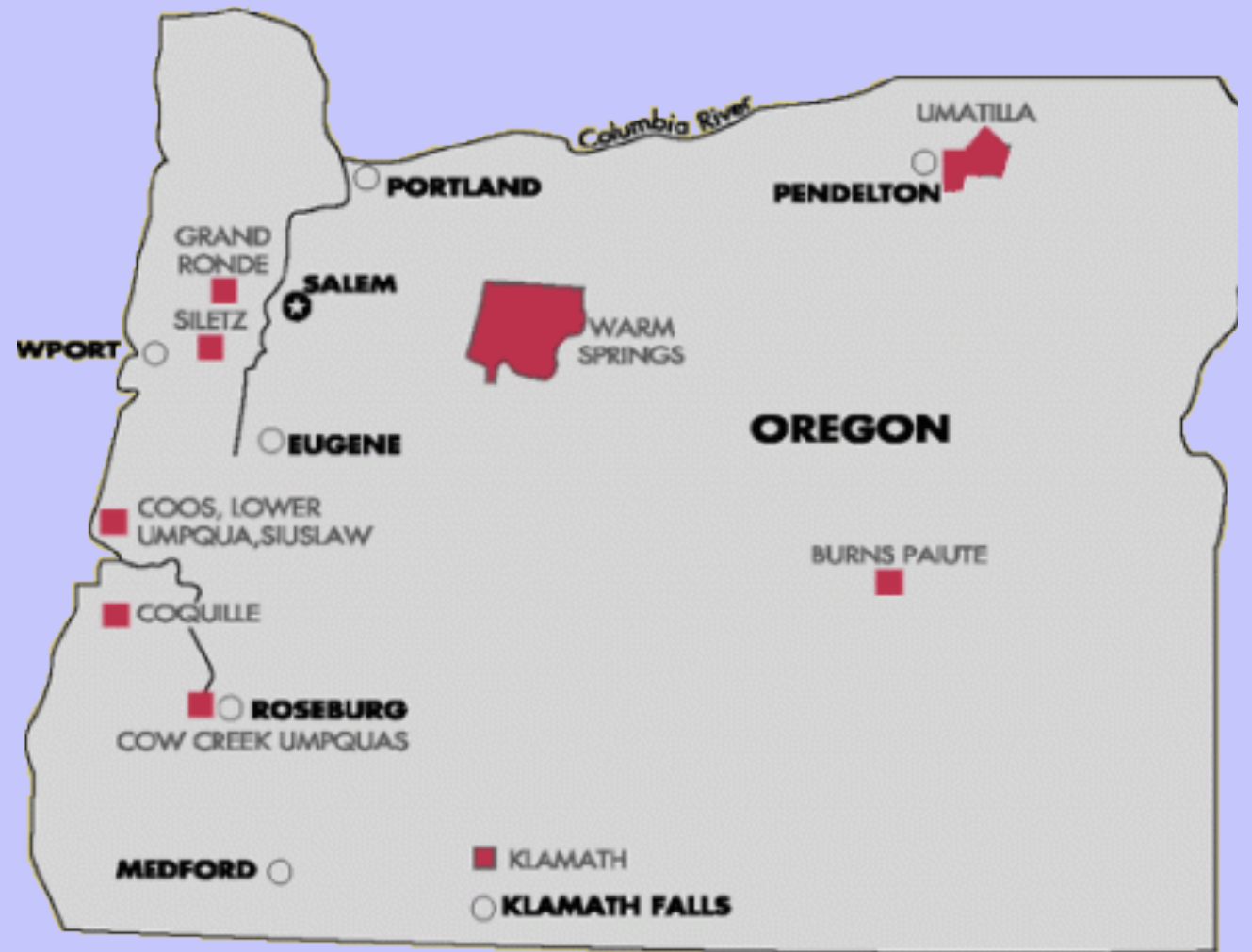
Tribal sovereignty refers to the right of American Indians and Alaska Natives to govern themselves.

The U.S. Constitution recognizes Indian tribes as distinct governments and they have the same powers as federal and state governments to regulate their internal affairs.

Sovereignty for tribes includes the right to establish their own form of government, determine membership requirements, enact legislation and establish law enforcement and court systems.

<https://www.ncsl.org/research/state-tribal-institute/an-issue-of-sovereignty.aspx>

Native American/Alaskan Natives in Oregon



An abbreviated review of US Government Policy regarding Native American People

- 1620-Saints land
- 1622-First major Indian response
- 1744-Treaty of Lancaster
- 1778- First treaty between Us and Indian tribes
- 1824-BIA established
- 1830-Indian Removal Act
- 1854-Indian Appropriation Act
- 1871-Treaties between US and Indian tribes
- 1887 General Allotment Act (Dawes Act)
- 1924-Indian Citizenship Act
- 1934-Indian reorganization Act
- 1947-Indian Claims Commission Act
- 1953-Liquor Prohibition repealed for Indians
- 1954-Termination and Relocation Act
- 1968-Indian Civil Rights Act
- 1972-Indian Education Act
- 1975-Indian Self-Determination and Education Assistance Act
- 1978-American Indian Religious Freedom Act
- 1978-Indian Child Welfare Act
- 1988-Indian Gaming Regulatory Act
- 1990-Indian Arts and Craft Act
- 1990-Native American Graves Protection and Repatriation Act
- 1992-Native American Languages Act

Historical Trauma History

- **Phase 1: Manifest Destiny (1492-1776)**
Colonization: introduction of disease and alcohol
- **Phase 2: Economic Competition (ongoing)**
Sustenance loss of physical and spiritual world; continues in contemporary issues, most recent economic policy in gaming and cannabis farming on Sovereign land with some Tribal communities with more than 80% unemployment and Standing Rock Sioux in current fight against oil pipeline in rural North Dakota.
- **Phase 3: Invasion/War Period**
Extermination and genocide (Largest mass hanging in US History – Mankato, Minnesota 38 Santee, 1862 – President Lincoln had ordered the execution of 303 Native American men by public lynching; Wounded Knee Massacre, 1890).
- **Phase 4: Reservation Period: (1887-1943)**
Confined and relocated, forced dependency on the oppressor, lack of security. Tribes were effectively stripped of self-determination.

Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108.

Historical Trauma History (cont.)

- **Phase 5: Forced Boarding School Period: (1880-1930s - continued)**

Thousands of children were forcefully removed from their families and placed in Christian boarding schools. The children were forced to learn English, cut their hair, and not allowed to practice traditional ways. This phase destroyed the traditional family system; children returned as young adults having experienced years of beatings and rape.

- **Phase 6: Relocation and Termination Period: (1950s and 1960s)**

Native people were moved from reservations to urban areas such as Los Angeles, San Francisco, New York City, Minneapolis, Chicago, etc. People moved into areas of extreme racism and viewed as second class with a loss of governmental system and community. Promises of economic opportunity never delivered; it was experienced as another example of broken treaties.

- **Phase 7: Child Welfare Policies: (Through the late 1970s)**

A significant number of Native children were removed from their homes and placed in non-Native adoptive or foster homes. Federally funded studies in the early 70s showed that in the states with the largest Native populations, between 25% and 35% of all Native children had been removed from their homes.

Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108.

Knowledge

- Intrinsic value, not wealth accumulation- gifting as a way of being
- Respect for natural world and Mother Earth, connection with Creator
- Approaching a family, not an individual
- Ways of Knowing
- Social tradition and ceremony
 - Rites of passage
 - Death
 - Religion
 - Lineage/Clan
 - Family



Indigenous wholistic framework

<https://opentextbc.ca/indigenizationfrontlineworkers/chapter/indigenous-ways-of-knowing-and-being/>

Skills for Building and Maintaining Relationships

- Listening and containment
 - Containment is the skill of using patience and refraining from speak or intervening
 - Ability to sit and listen, not talk
 - Comfort with silence
 - Acknowledge the speaker's emotions
- Storytelling
 - As a learning skill
 - As a teaching skill



Demonstrating Resilience

- Historical trauma
- Complex or one-time event trauma
- Systems-based trauma
- Vicarious trauma

- Acknowledge the strength and resilience to survive despite the experiences of poverty, attempted genocide, cultural losses, structural racism, disease, colonization



Guiding Principles of Trauma Informed Care

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014 <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Source:
Trauma
Informed
Oregon

Safety

Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency

Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

Peer support and mutual self-help

These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Collaboration and mutuality

There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Empowerment, voice, and choice

Organization aims to strengthen the staff, client, and family members's experience of choice and recognizes that every person's experience is unique and requires an individualized approach. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

Cultural, historical, and gender issues

The organization actively moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

RESPECT Model (Mutha, Allen and Welch, 2002)

- *Rapport*
 - Connect on a social level
 - Seek the patient's point of view
 - Consciously attempt to suspend judgment
 - Recognize and avoid making assumptions
- *Empathy*
 - Remember that the patient has come to you for help
 - Seek out and understand the patient's rationale for his or her behaviors or illness
 - Verbally acknowledge and legitimize the patient's feelings
- *Support*
 - Ask about and try to understand barriers to care and compliance
 - Help the patient overcome barriers
 - Involve family members if appropriate
 - Reassure the patient you are and will be available to help
- *Partnership*
 - Be flexible with regard to issues of control
 - Negotiate roles when necessary
 - Stress that you will be working together to address medical problems
- *Explanations*
 - Check often for understanding
 - Use verbal clarification techniques
- *Cultural Competence*
 - Respect the patient and his or her culture and beliefs
 - Understand that the patient's view of you may be identified by ethnic or cultural stereotypes
 - Be aware of your own biases and preconceptions
 - Know your limitations in addressing medical issues across cultures
 - Understand your personal style and recognize when it may not be working with a given patient
- *Trust*
 - Self-disclosure may be an issue for some patients who are not accustomed to Western medical approaches
 - Take the necessary time and consciously work to establish trust

Native American Resources

- Affiliated Tribes of Northwest Indians (ATNI) www.atniedc.com
- Chemawa Indian School www.chemawa.bia.edu
- Columbia River Inter-Tribal Fish Commission (CRITFC) www.critfc.org
- North Portland Area Indian Health Board

<https://www.npaihb.org/about-us/>

- Indian Health Service www.ihs.gov
- The National Indian Child Welfare Association (NICWA) www.nicwa.org
- National Congress of the American Indian <https://www.ncai.org>

- National Indian Council on Aging (NICOA) www.nicoa.org
- Oregon Native American Chamber www.onacc.org
- Oregon Native American Business Entrepreneur Network (OABEN) www.onaben.org

Nine Tribes of Oregon

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Question and answer sharing

- What is one thing you will do to improve your connection and knowledge to serve Tribal Elders?

Knowledge from community



Reverence for Life by Christi Belcourt

Please share in the chat box a

- Resource
- Program
- Speaker
- Event
- Lesson

that helps you and your program to better serve Native American Elders

Next Steps: chat if you would like to volunteer your support to Rose and her office or spotlight a strong model of partnering to best serve Native American people in your community and/or convening Elders

Miigwetch!
(Thank you!)



Fruit of Life by Norval Morrisseau