

Contextual and Culturally-Relevant Considerations for Assessment and Treatment with Indigenous Individuals

Dr. Elaine Toombs and Dr. Jessie Lund

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Meet The Presenters

- Elaine Toombs, PhD, is a Canadian Institutes of Health Research Banting postdoctoral fellow and adjunct professor in the Department of Psychology at Lakehead University. Her research primarily focuses on First Nations mental health using community-based methods, including how eHealth interventions can be used in a culturally-relevant manner with Indigenous people seeking treatment for substance use. In addition to her academic work, Dr. Toombs is a registered clinical psychologist at Dilico Anishinabek Family Care and provides on-reserve assessment, intervention, and consultation services for First Nation children, adolescents, and adults.
- Jessie Lund, PhD, is a clinical psychologist under supervised practice with the Operational Stress Injury Clinic at the Royal Ottawa Mental Health Centre. Dr. Lund completed her doctoral training in Northwestern Ontario with a focus on examining the underlying mechanisms linking childhood adversity to substance use difficulties among First Nations adults as well as developing culturally informed adaptations to evidence-based treatments for First Nations adolescents and adults.



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Disclosures/Conflicts of Interest

- We have no conflicts of interest to disclose.



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Learning Objectives

1. Identify rates and contributing factors of mental health disparities experienced among Indigenous communities.
2. Discuss evidence based and culturally-relevant psychological assessment and treatment approaches used within Indigenous communities.
3. Describe trauma-informed care within an Indigenous context.



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Wellness defined

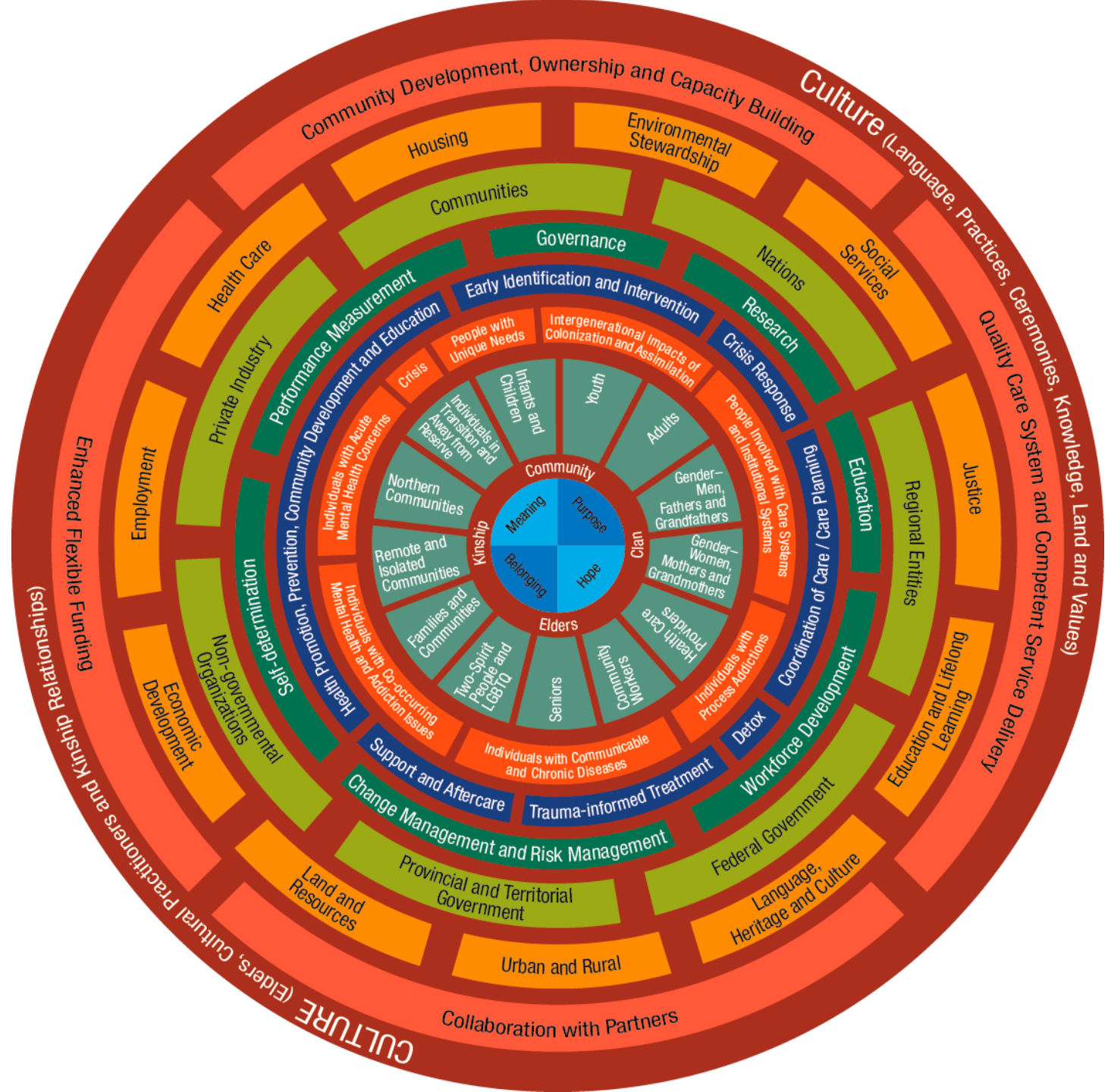
- **Mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as people have:**
- HOPE for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit;
- a sense of BELONGING and connectedness within their families, to community, and to culture;
- MEANING and an understanding of how their lives and those of their families and communities are part of creation and a rich history
- and finally, a sense of PURPOSE in their daily lives whether it is through education, employment, care-giving activities, or cultural ways of being and doing.



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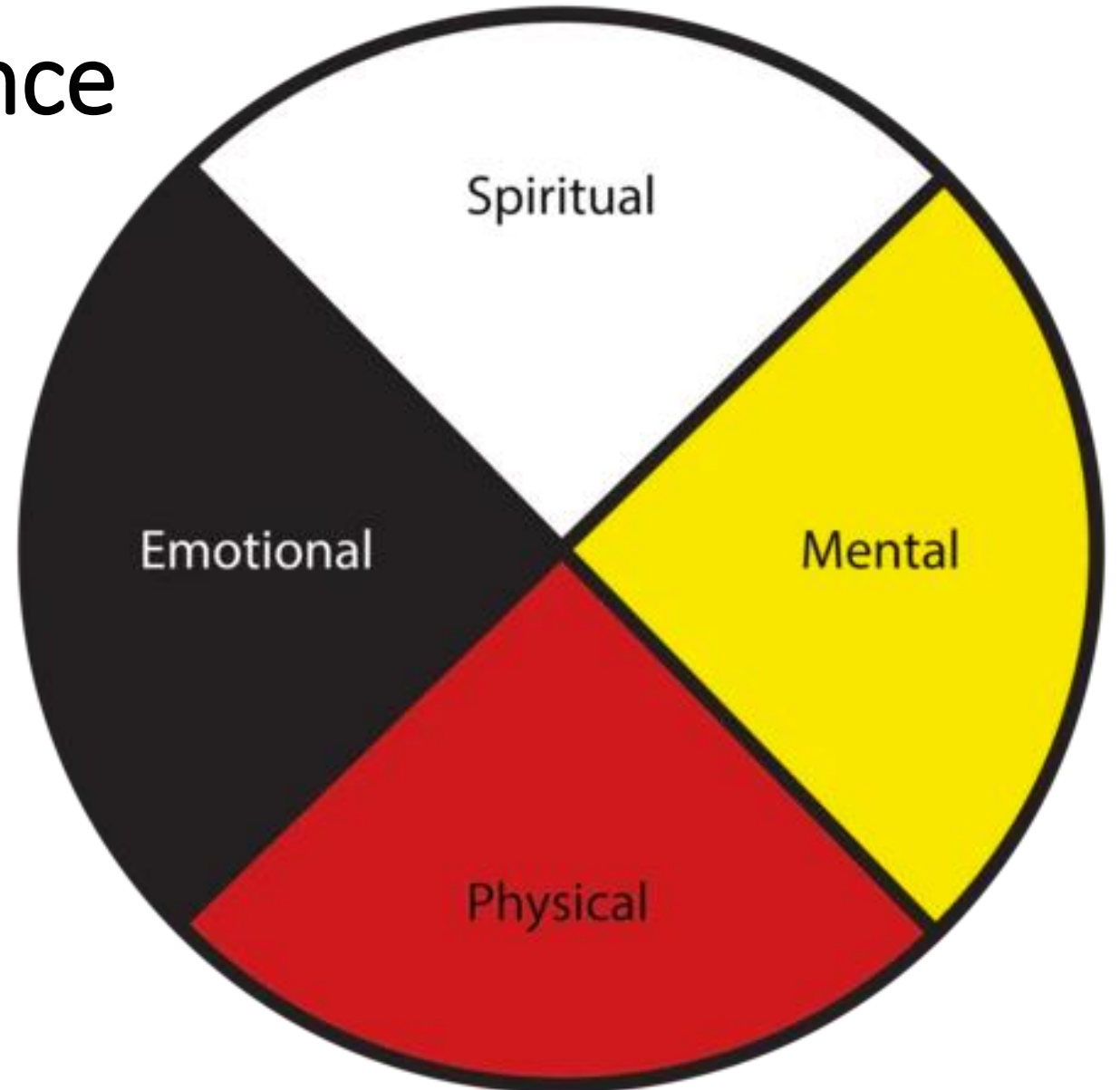
First Nation Mental Wellness Continuum Framework



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Maintaining Balance

- Harmony of quadrants
- Healing= finding balance
- “aakozi” = out of balance
- Emphasis on interconnectedness of mind, body, & spirit



Use of *Etuaptmumk* Approaches (Albert Marshall)

- **Two-Eyed Seeing** holds Indigenous and non-Indigenous ways of knowing together when engaging in clinical care and research
- Using strengths of both world views for broader success
- Can Inform:
 - Knowledge validation
 - Methods of inquiry
 - Mutual respect, understanding, and collaboration



Ethical Space

- Engagement of two societies with disparate views
- Provides a hypothetical "meeting place" and a neutral zone among cultures
- Cultivates respect for different knowledge systems



British Columbia

B.C. investigating allegations ER staff played 'game' to guess blood-alcohol level of Indigenous patients



Métis Nation British Columbia says game is 'very pervasive' but only fraction of the problem

Rhianna Schmunk · CBC News · Posted: Jun 19, 2020 9:45 AM PT | Last Updated: June 19, 2020

Montreal

Death of Indigenous woman who left ER without being treated leads to changes at MUHC



Kimberly Gloade, 43, walked out of ER after she was informed she would have to pay to see doctor

Kalina Laframboise · CBC News · Posted: Mar 03, 2018 6:00 AM ET | Last Updated: March 3, 2018

Saskatchewan / Local News

Saskatoon Health Region apologizes for forced tubal ligations, says report 'provides clear direction'

Betty Ann Adam · Saskatoon StarPhoenix
Jul 28, 2017 · July 28, 2017 · 4 minute read

CANADA

Treatment of Indigenous woman in Quebec hospital puts focus on systemic racism



By Amanda Connolly · Global News

Posted September 30, 2020 4:11 pm · Updated September 30, 2020 5:46 pm



WATCH: Joyce Echaquan's death and the abuse she faced in her last moments have angered and sadden...

Manitoba

Ignored to death: Brian Sinclair's death caused by racism, inquest inadequate, group says

Health Sciences Centre ER 34 hours after arriving

3 PM CT | Last Updated: September 19, 2017

Ermine (2007)

“Currently, the situation, and very often the plight of Indigenous peoples, should act as a mirror to mainstream Canada. The conditions that Indigenous peoples find themselves in are a reflection of the governance and legal structures imposed by the dominant society.”

“Indeed, what the mirror can teach is that it is not really about the situation of Indigenous peoples in this country, but it is about the character and honor of a nation to have created such conditions of inequity.”



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Indigenous Health Outcomes in Canada

Infancy

↑ risk of pre-term birth

2x ↑ risk infant mortality

7x ↑ risk of sudden infant death syndrome

2x ↑ risk infant hospitalization

1.2x ↑ LBW at birth

Childhood

8x ↑ in child welfare system

2x ↑ living in poverty

3x ↑ living in house requiring major repairs

3-4x ↑ rates of unintentional injury causing death

Adolescence

0-800x ↑ suicide completion

3x ↑ tobacco use

2x more likely to drive after marijuana use

7x ↑ rate of STIs

4x more likely to experience injury

3x ↑ mortality rate

Adulthood

4-5x ↑ risk for diabetes

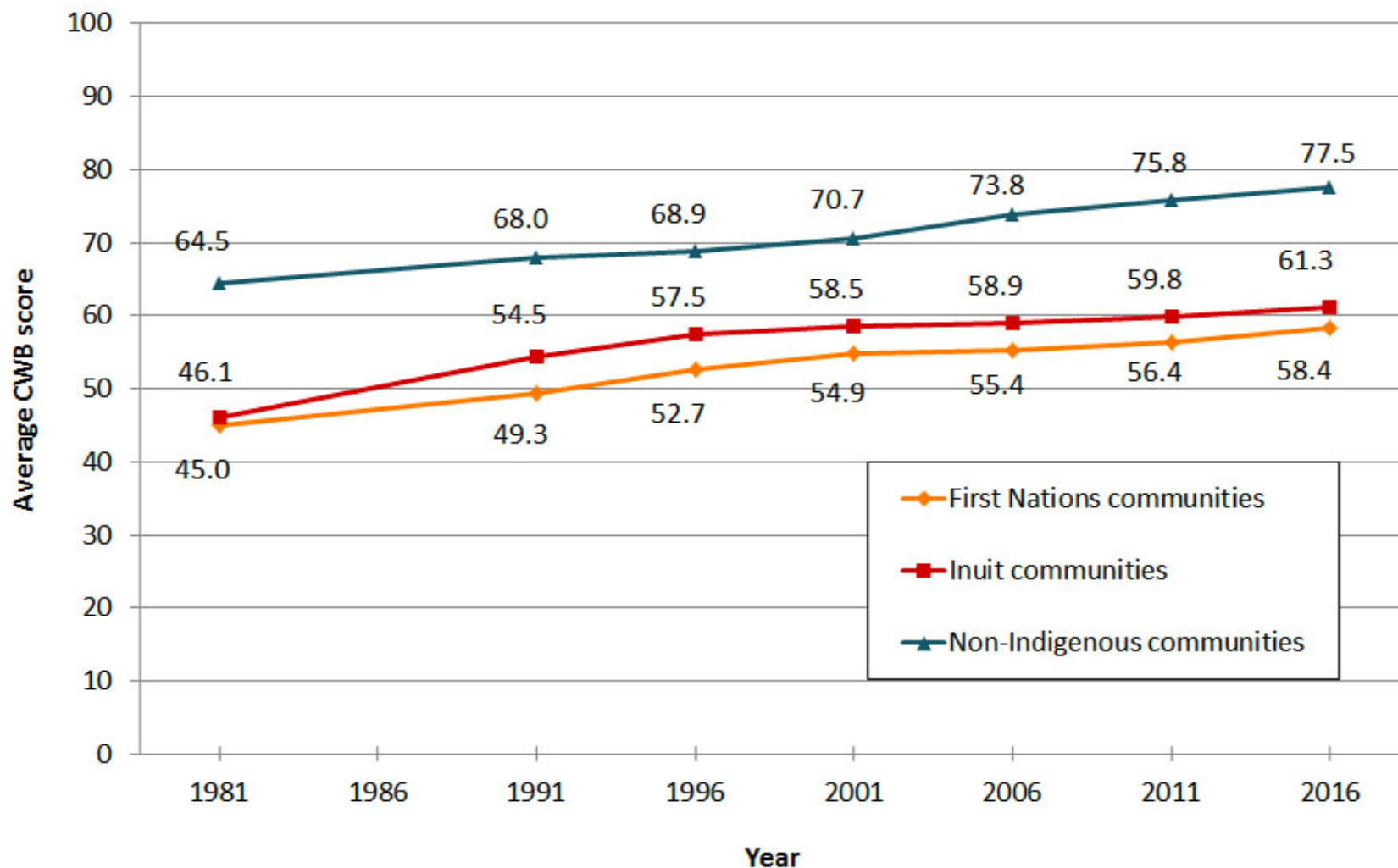
3x ↑ risk for heart disease

2x ↑ to have a long term disability

2-5x ↑ rates of IPV

7x ↑ hospitalizations for SUDs

Community Wellbeing Index



Improving Cultural Safety in Psychological Practice

Cultural
Competence

Cultural
Sensitivity

Cultural
Awareness

Cultural
Humility

Cultural
Relevant

Cultural
Congruence



Cultural Competence



**When you realize they're waving
at the person behind you.**



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A Personal Example...



WHAT IS ANXIETY?

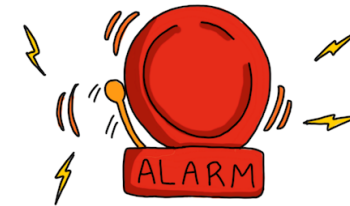


ANXIETY IS A NORMAL EMOTION... IT IS YOUR BODY'S DEFENSE SYSTEM TRYING TO TELL YOU THAT IT FEELS YOU ARE FACING A THREAT.

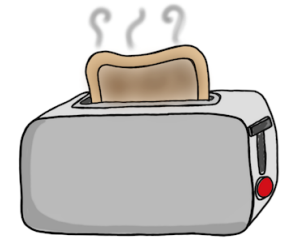
THIS DEFENSE SYSTEM ACTS A BIT LIKE A SMOKE ALARM...



SOMETIMES IT ALERTS YOU TO REAL DANGER, LIKE WHEN A SMOKE ALARM DETECTS FIRE. THIS IS USEFUL!



SOMETIMES IT IS A FALSE ALARM... LIKE WHEN YOU BURN THE TOAST! OUR ANXIETY CAN ALSO "GO OFF" ABOUT PERCEIVED THREATS THAT AREN'T TRULY DANGEROUS. IT IS JUST YOUR BODY TRYING TO KEEP YOU SAFE.



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Assessment: cultural influences on diagnosis

Culture shapes:

- Meanings and expression of emotions
- What symptoms are normal vs abnormal
- What comprises of health vs illness
- How we seek help or solve our problems

Defining Disorder:

- Ongoing dysfunctional pattern of thought, emotion, and behaviour
- Causes significant distress,
- Considered deviant in that person's culture or society



Assessment

- Exploration of a client's cultural connectedness
- Embedding hope, belonging, meaning, and purpose into assessment
- How do we determine an assessment tool as culturally valid?
- ACEs: relevance in assessing/ incorporation of psychoeducation



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Assessing for cultural connectedness

- Cultural connectedness is tied to positive mental health outcomes among both Indigenous youth and adults (Masotti et al., 2023; Snowshoe et al., 2017)
- Formal ways to assess cultural connectedness:
 - Cultural Connectedness Scale (developed in Canada; Snowshoe et al., 2015)
 - Native Wellness Assessment
 - Awareness of Connectedness Scale (developed in Alaska; Mohatt et al., 2011)
- Item examples:
 - “I have a strong sense of belonging to my community or nation.”
 - “I plan on trying to find out more about my [Indigenous] culture, such as its history, traditions, and customs.”
 - “I feel a strong attachment to attachment towards my community or nation.”



Identifying purpose

- What inherent purpose does the client carry with them?
- How do they view the purpose of this assessment? How does this differ from your expectations?
- **Two-eyed seeing perspective:** How does their purpose interact with your case conceptualization? How might your recommendations align with their purpose?



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Example

55-year-old Inuit woman attending residential substance use treatment program away from her remote community. She describes being inherently concerned by the extent of alcohol use in her community. She feels overwhelmed by the impact it is having on the younger generations. She is motivated to seek help with her own alcohol use difficulties so that she can return to her community and help address the broader community struggles.

How does understanding her purpose impact your approach to case conceptualization?



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Promoting belonging

- Does this client hold a strong sense of belonging?
- What are the barriers the client is facing that's preventing a sense of belonging?
- How are you creating a sense of belonging through the assessment process?
- **Two-eyed seeing perspective:** How does your client's sense of belonging fit into your case conceptualization? What resources are available to you to help the client develop a sense of community and belonging?



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Example

A retired First Nation RCMP veteran is experiencing a number of post-traumatic stress symptoms from his service working in remote First Nation communities across his career. He is divorced and living on his own with little social support. He describes experiencing a lot of self-blame and guilt for not being able to do more to support First Nations communities in his career. He tells you that he grew up in an adoptive family, and never had a chance to learn anything about his traditional culture.

What resources are available to you to help support belonging?



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Harnessing hope

- What hope does the client bring into the assessment?
- How can your assessment foster hope?
- What information do they need to hear to be more hopeful through the assessment process?
- **Two-eyed seeing perspective:** What diagnostic considerations overlap with a lack of hope? How can your recommendations foster hope from a cultural perspective?



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Example

- A 22 year old First Nation woman is attending university away from her community with the goal of contributing to political change in the future. She has recently learned that her cousin has died by suicide. This is also the third community loss in the last two months. She notices herself becoming pessimistic for her future goals, often thinking “I’m never going to be able to make a change.” She becomes socially withdrawn, is sleeping across the day, and describes herself as “depressed.”

What diagnostic considerations overlap with a lack of hope?

How can your recommendations foster hope from a cultural perspective?



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Meaning making

- What meaning does the client hold to their existence and experiences?
- How can your assessment contribute to the meaning they already hold?
- **Two-eyed seeing perspective:** How does the meaning they hold impact the symptoms they're experiencing? How does this understanding impact your conceptualization and recommendations?



Example

A 34-year old Métis man tells you he has become increasingly anxious in social situations. He fears people are judging him when he is surrounded by unfamiliar people, and he has begun avoiding most public situations. He tells you that this is particularly upsetting to him because he has stopped attending church and is feeling disconnected from his beliefs.

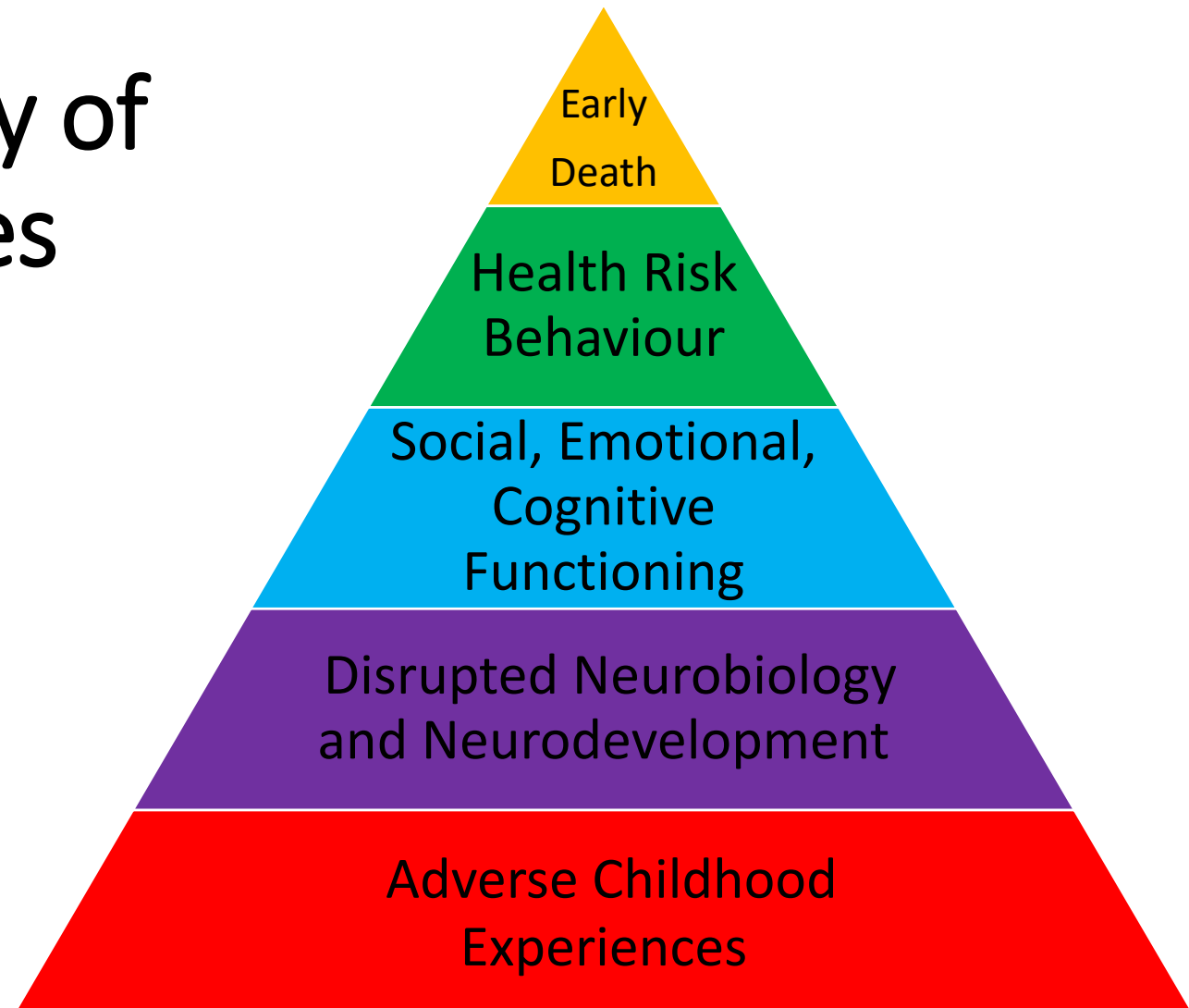
Where might this client derive meaning? How does this impact treatment recommendations?



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Considering the validity of assessment measures

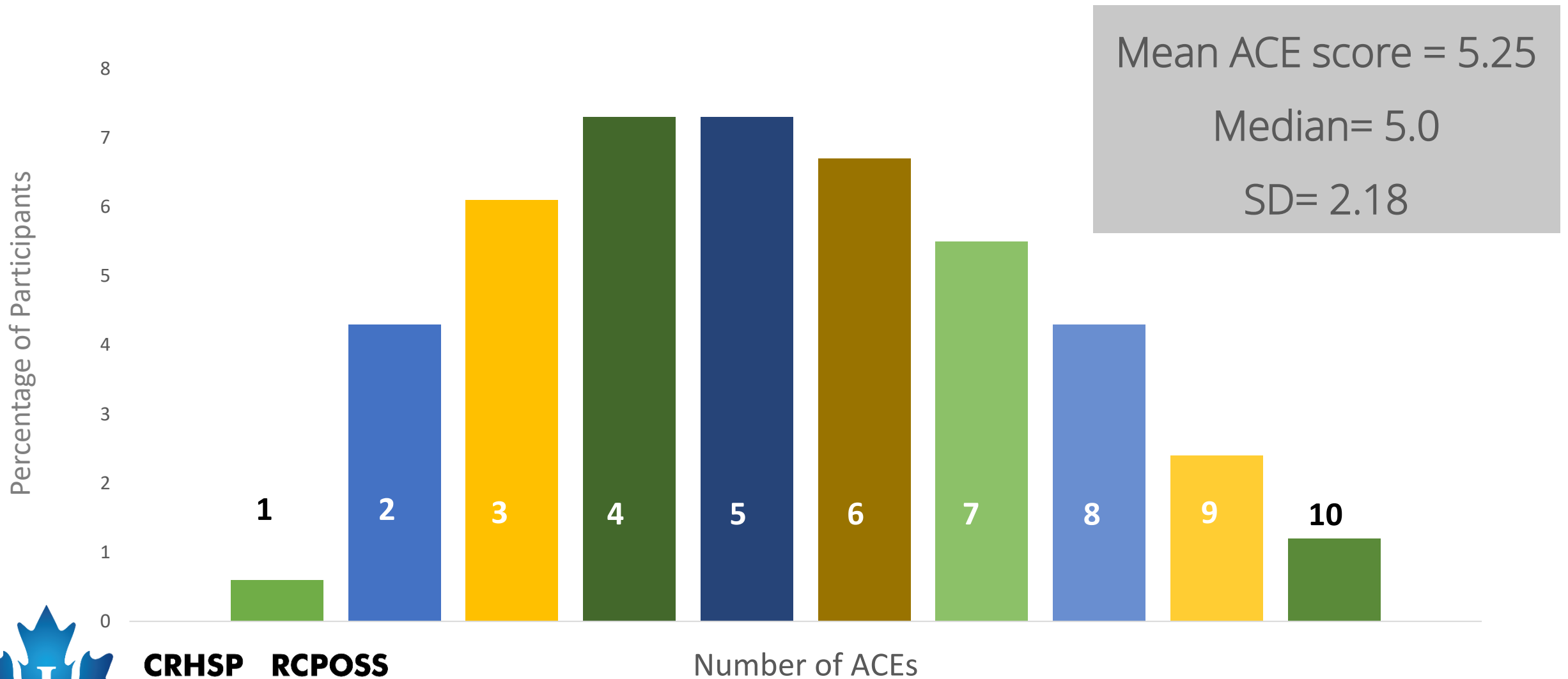


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Participant Mean ACE Scores



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Number of ACEs

Incorporating ACE assessment/psychoeducation

Adverse Childhood Experiences Information Sheet

What are Adverse Childhood Experiences (ACEs)?

Adverse Childhood Experiences (ACEs) are stressful or traumatic events in a young person's life that can have an impact on their future health and wellbeing. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance use problems.



ACEs include...

- Physical abuse
- Sexual abuse
- Emotional abuse
- Emotional neglect
- Parental separation or divorce
- Maternal domestic abuse
- Parental substance use
- Parental incarceration
- Parent with mental health issue

Individuals who have experienced 4 or more ACEs are ...

3x more likely to smoke

4.5x more likely to develop depression

11x more likely to use drugs intravenously



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Treatment

- Culture as treatment vs Culture in treatment
- Case examples



Culture “IN” Vs. “AS” Treatment

Culture IN Treatment

- Integrate aspects of culture into evidence-based treatments
- Modifying approaches to fit client need
- More frequently used in psychology models

Culture AS Treatment

- Leverage traditional and cultural activities as intervention
- Emerging empirical support
- Examples:
 - Drumming
 - Smudging
 - Sweats



Example

55-year-old Inuit woman attending residential substance use treatment program away from her remote community. She describes being inherently concerned by the extent of alcohol use in her community. She feels overwhelmed by the impact it is having on the younger generations. She is motivated to seek help with her own alcohol use difficulties so that she can return to her community and help address the broader community struggles.



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Treatment considerations

- Incorporation of purpose into treatment
- For example
 - Cognitive Behavioural Therapy for Alcohol Use Disorder
 - Consideration for how client's perceived responsibility for helping the community is contributing to her own relapses
 - Practical drinking refusal skills given likelihood of being exposed to alcohol
 - Practice returning to her purpose in moments of cravings
 - Exploration of other traditional practices that connect client to her purpose & her community



Example

A retired First Nation RCMP veteran is experiencing a number of post-traumatic stress symptoms from his service working in remote First Nation communities across his career. He is divorced and living on his own with little social support. He describes experiencing a lot of self-blame and guilt for not being able to do more to support First Nations communities in his career. He tells you that he grew up in an adoptive family, and never had a chance to learn anything about his traditional culture.



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Treatment considerations

- Incorporation of belonging into treatment
- Evidence-based treatment for PTSD
 - Cognitive Processing Therapy
 - Consider stuck points related to beliefs about his identity and the experience of guilt
 - Consideration for behaviour change related to learning about his culture
 - Prolonged Exposure Therapy
 - Incorporation of cultural learning as in vivo exposure tasks (e.g., connecting with an Indigenous organization, Elders etc.)



Example

- A 22 year old First Nation woman is attending university away from her community with the goal of contributing to political change in the future. She has recently learned that her cousin has died by suicide. This is also the third community loss in the last two months. She notices herself becoming pessimistic for her future goals, often thinking “I’m never going to be able to make a change.” She becomes socially withdrawn, is sleeping across the day, and describes herself as “depressed.”



Treatment considerations

- Incorporation of hope into treatment
- Evidence-based treatment for depression
 - Acceptance and Commitment Therapy
 - Use of the ACT Matrix to help client identify behaviours that are consistent/inconsistent with her values
 - explore cognitive defusion that is leading to current hopelessness
 - help her harness hope previously present through cultural engagement



Example

A 34-year old Métis man tells you he has become increasingly anxious in social situations. He fears people are judging him when he is surrounded by unfamiliar people, and he has begun avoiding most public situations. He tells you that this is particularly upsetting to him because he has stopped attending church and is feeling disconnected from his beliefs.



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Treatment considerations

- Incorporation of meaning into treatment
- Evidence-based treatment for social anxiety
 - CBT and mindfulness
 - Use of returning to church as motivator, potential to use church scenarios as behavioural experiments



Q&A



- We will now discuss questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.



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