Oppositional Defiant Disorder: Considerations for Serving American Indian/Alaskan Native Communities

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Dr. Yellowhair graduated from Western Michigan University with a Ph.D. in Counseling Psychology and completed her pre-doctoral and post-doctoral training at the University of New Mexico. She also received her Master of Arts in Counseling Psychology from Western Michigan University and bachelor degrees in Psychology and English from Fort Lewis College.

A Diné/Navajo from Arizona, she has dedicated her research and studies to addressing historical trauma and multicultural, diversity, equity and racial issues; specifically, how systemic racism impacts mental health in American Indian (AI) communities.
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• The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), or the U.S. Department of Health and Human Services (HHS).
Learning Objectives

At the end of this presentation, participants will be able to:

• List three practical cultural considerations for working with youth presenting clinically ODD.
• Acquire new knowledge in understanding the impact of Historical Trauma within an American Indian and Alaska Native cultural context.
Question

• What are some ways ODD and CD can be misdiagnosed in AI/AN populations?
Historical Trauma

• Historical Trauma (HT) – Cumulative emotional and psychological wounding from massive group trauma across generations, including the lifespan.

• Historical trauma response (HTR) – Is a constellation of features in reaction to massive group trauma, including historical unresolved grief.
  – Survivors & descendants of massive group trauma including: Jewish Holocaust, Japanese American internment camp, Black/African American slavery/racism, American Indian trauma due to colonization.
Historical & Ongoing Trauma Exposure

• Intergenerational parental trauma traced back to legacy of negative boarding school experiences
• Constant trauma exposure related to deaths from alcohol-related incidents, suicides, heart disease, diabetes, cancer, etc.
• Surviving family members include individuals who are descendants of massive tribal trauma (e.g. massacres, abusive and traumatic boarding school placement)
• Cumulative trauma exposure – current and lifespan trauma superimposed on collective massive
Historical Trauma Response Features

- Survivor guilt
- Depression
- PTSD symptoms
- Hypervigilance
- Psychic numbing
- Fixation to trauma
- Somatic symptoms
- Self-destructive behavior
- Suicidal ideation
- Compensatory fantasies
- Death identity – fantasies of reunification with the deceased; cheated death
- Preoccupation with trauma, with death

- Loyalty to the deceased
- and internalization of ancestral suffering
- Vitality in own life seen as betrayal to ancestors who suffered so much
- Trauma response is activated
American Indian/Alaskan Native Considerations

- Youth who experience trauma are often unaware or disconnected from their emotional experience.
- Difficulty accurately discriminating among emotional states
- Physiological or behavioral expressions of emotional experience
- Lack of understanding of the connection between physiological states and experiences causing them

- Youth may be highly reactive to perceived danger, rejection, slights
- Insufficient attunement
  - e.g., missing other people’s cues
- Inaccurate reading of cues
  - Over-perception of negative affect
Cultural Formulation Interviews

- Culturally and Historically responsive assessments may include:
  - Acknowledge history, boarding school history and other traumatic events;
  - Discuss degree of involvement in traditional culture; explore tribal relocations, migrations, language, cultural practices;
  - Cultural explanation of symptoms, preferences for sources of care, including traditional healing – using HTR;
  - Role of spiritual practices & kinship networks in providing support
(Historical) Trauma Informed Care

• Understanding clients, families and communities through the HT lens;
• Does not pathologize but helps to understand HOW clients are impacted by historical and intergenerational trauma
• Creating Safety
  – Physical, Social, Emotional and Stability/Consistency
(Historical) Trauma Informed Care

Confronting Historical Trauma & Embracing Our History

Understanding Trauma

Transcending the Trauma

Releasing Our Pain

Return to the Sacred Path

Yellow Horse Brave Heart, 2003

CALIFORNIA AREA INDIAN HEALTH SERVICE Project ECHO®
References


The National Child Traumatic Stress Network, nctsn.org
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