Creating Change by Building Connection and Capacity in Community

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"STRENGTH IN OUR PEOPLE, OUR LANDS, AND OUR CULTURE"

“As you walk with us on our journey you will be impressed by who are and what we have accomplished with what we have been given; but there is so much more to Long Lake #58 First Nation.”

- Chief Allen Towegishig
Learning Goals

• 1. Understanding of how the *Seeds of Hope Program* was created and the importance of a transactional model grounded in Anishinaabeg culture and wellness.

• 2. Provide understanding of the intergenerational nature of attachment and how the attachment relationships were disrupted through colonization and residential schooling.

• 3. Initial impressions of using a transactional model of intervention in a First Nation Community.
Use of a Transactional Model

- The transactional or ecological model of child development sees the child being impacted by all aspects of the child’s character and environment.
- Research highlights four domains which have considerable influence on early childhood development: child characteristics, the quality of early attachment relationships, parental style/socialization strategies, and family background.
- As all of these domains interact together, the more domains that are influenced to address risk factors, the more these influences can interact to produce positive outcomes.
- It is our understanding that many First Nations cultures view people, nature, life and death as all being connected (“All My Relations”), making the ecological model culturally sensitive and intuitive to the community.

Prepared by: Bell & Phillips 2016
Building an Attachment Village

- Child
- Parent
- School
- Extended Family
- Cultural & Spiritual
- Support Workers

Prepared by: Bell & Phillips 2013
Program Goals

• The *Seeds of Hope Program* (SOH) was developed to help create the possibility, and plant the seeds, for change by intervening at the level of the community, school, and family.

• Decades of indigenous knowledge and research have provided a solid foundation for early childhood care, particularly from an ‘All My Relations’ attachment perspective.

• Attending to the attachment has multi-leveled benefits that impact all generations—past, present and future.
Program Goals

• Increasing the level of security in attachment has a positive impact on brain development and addresses the impact of historical and/or unresolved trauma.

• There are multiple benefits to working with parents, grandparents, caregivers and teachers. Learning to connect with the children in the community increases everyone's feeling of security.

• However, this means that community involvement is key. Elders, grandparents, babysitters, teachers, counsellors, medical van drivers and all band members are crucial in building safety and resiliency.
Community Healing

1. Core group that addresses healing needs, increasing healing activities.
2. Recognition of root causes of addictions or abuse.
3. Build capacity by providing training.
4. Shift from fixing problems to transforming systems.

(Vukic, Gregory, Martin-Misener & Etowa 2011)
The Seeds of Hope Program

- Kindergarten curriculum adjusted to include an attachment perspective.
- Training and support for Elementary, High School & Early Learning Center staff and Band Office members.
- Parents of JK/SK children are provided with attachment based intervention:
  - Individual parent sessions
  - Parenting through Connection Training
  - Circle of Security Parent Training
- Community wide Parenting:
  - Parenting through Connection: Reclaiming our Parenting Instincts
- Elder and Youth Circles.

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Attachment Classroom

• Children were arranged into small groups according to developmental level for the delivery of curriculum.
• Sensory/neurodevelopmental model was included: motor breaks, rocking, swinging, drumming.
• Involvement of the OT for support.
• Greetings and good-byes were emphasized.
• Understanding of behaviour through the COS attachment model.
• Attending to the emotional needs as the primary objective.

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Where it Grew

• As the program grew, different pieces developed:
  – Informal discussions with the High School students, where a theme or topic of discussion was presented.
  – Circle of Security Group with the Parents of new babies (0-12 months).
  – Circle of Security Group with frontline workers at Dilico Anishinabek Family Care (Child Protection and Social Services).
  – Sweat Lodge Ceremonies with parents and children.
  – Individual sessions with school staff and band office members.
Pieces Still Needed

• Transitional programming for children who were disengaged from school.
• More after school programs and activities for children/youth: cultural and recreational.
• Grandparent workshops.
• Parent-Child Relationship intervention
• Individual play therapy for the SOH children.
• Individual and group trauma therapy for parents, school staff, and community members.
• Follow up support
• Members of the community trained to increase capacity and independence.

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• Reclaiming our Parenting Instincts: Parenting Through Connection Workshops (Group)
  – Attachment
  – Parenting strategies
  – Self-regulation
  – Lateral Violence
• Circle of Security Parenting Education (Group)
• Individual parent consultation

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JK/SK Teacher

- JK/SK observation
- Individual consultation
- Individual training/support with attachment-based behaviour and activities
- In-class activities with the children (ongoing)
- Phone consultation between visits

Elementary & High School Staff

- Professional Development:
  - Attachment
  - Self-Regulation
  - Inter-generational Trauma
  - Grief
  - Lateral Violence
  - Mind Sets
- Phone consultation between visits

Prepared by: Bell & Phillips 2016
• Ceremony with the children, teachers and parents:
  – Sweat Lodges
  – Wiping of the Tears Ceremony
  – Tobacco Ties
  – Sacred Fire and Pipe Ceremonies
• Each visit included an Elder and Youth Circle, so that they could share together and guide the SOH team in a good way.
• Involvement of cultural and spiritual leaders: At least one Elder attended each teacher training event and would open and close each session in a traditional, land-based, way.
• Connection to the land.

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• The intent was:
  – Extended family were encouraged to attend workshops on an ongoing basis
  – Extended family or community Elders who would be willing to act as a mentor for each participating parent
  – Training in Attachment Play between parent and child
  – Mentors to help facilitate the attachment play time
  – Phone consultation as needed

• The reality was that this was very difficult to achieve.
• One of the strengths of this program was the inclusion of as many community support people as possible.
• The more people that participated and understood what the parents and teachers were working toward, the more support there was available, and the more sustainable it became.
• Social workers, child protection workers, all teachers, speech language therapists, occupational therapists, etc. attended both the teacher and some of the parenting workshops.
• Challenges with this came in the expected resistance to change, support workers often being in crisis themselves, lack of trust toward outsiders, lateral violence.
• The success of this came through relationships built. Given more time, this would have been even stronger.
It’s All Connected

Brain
- Self-regulation
- Neuro-developmental model

Attachment
- Attachment intervention
- Parenting
- School
- Community

Trauma
- Therapy
- Addictions treatment
- Community wellness
Aboriginal Wellness

• The historical colonization, oppression, displacement, and assimilation of Aboriginal peoples and communities arises as a central factor influencing the array of social, environmental, political, and health issues impacting Aboriginal communities.

• Critical factors such as how colonization impacted traditional diets, nutrition and ways of life have led to severe erosion of Aboriginal peoples’ health (Martin Hill, 2009).
Historical Trauma

• The complex trauma within the Long Lake #58 community included:
  – Physical abuse
  – Sexual abuse
  – Emotional abuse
  – Neglect
  – Complex grief and loss
  – Severe disruptions in attachment
  – Intergenerational and vicarious trauma
  – Addiction
Mental Health

Mental health issues are a consequence of the following historical and contemporary issues:

• Profound impacts of residential school experience on family functioning;
• Multigenerational losses among First Nations peoples;
• Emphasis on individualistic rather than collectivist perspectives in education and health;
• Relevance of community-based healing initiatives.

(Martin Hill, 2009)
Other Contributing Factors

Child Factors:
- Prenatal trauma
- Trauma
- Self-regulation
- Behavioral issues
- Multiple losses
- Vicarious trauma
- Lack of supervision

Environmental Stressors:
- Poverty
- Unemployment
- Lateral violence
- Multiple losses
- Nutrition
- Lack of social supports
- Continued colonization

Parental Challenges:
- Unresolved trauma
- Complex grief
- Attachment disruption
- Social isolation
- Substance abuse
- Mental illness
- Domestic violence
- Fear

Continued colonization
Vicarious and Intergenerational Trauma

• Vicarious trauma refers to trauma that is held in a person's body, but that is not derived from their own direct life experiences. In essence, they are experiencing someone else's trauma vicariously.

• Vicarious Trauma may take many forms, such as:
  • A symptom,
  • Emotion,
  • Piece of memory or flashback,
  • Mental illness,
  • Physical illness.

“We are wired to connect” (Goleman, 2006).
Vicarious and Intergenerational Trauma

• Children may not have clear self/other boundaries and may not be able to differentiate between what happened to them or another.

• Historical trauma is unresolved grief; behavioural responses can be:
  – 1) withdrawal and psychic numbing;
  – 2) anxiety and hyper vigilance;
  – 3) guilt;
  – 4) identification with ancestral pain and death;
  – 5) chronic sadness and depression.

(Martin Hill, 2009)
Transmission of Trauma

Danieli (1998) highlighted the following mechanisms for the transmission of trauma:

1. ‘Conspiracy of silence’: Children may create their own myths about the traumatized parent(s) and subsequently act in accordance with those myths.

2. Identification: Trauma and its impact may be passed down as the family legacy.

3. Over-disclosure.

4. Re-enactment.
Lateral Violence

• A cycle of abuse.
• Based in fear.
• Roots lie in factors such as colonisation, oppression, intergenerational trauma and ongoing racism and discrimination; internalizing the values and behaviours of the oppressors.
• The oppressed become the oppressor within the workplace or community; anger is directed at peers and/or community members; ‘feel powerful in a powerless situation’.

(Native Women’s Association of Canada)
7 Antidotes to Lateral Violence

1. Increasing Positivity.
2. Reduce Toxins (blame, contempt, defensiveness, stonewalling).
3. Self-awareness and Awareness of Others (including triggers).
4. Address Issues Directly.
6. Ceremony.
Costs to the Community

- Reduced teamwork
- Lack healthy communications
- Triangulation
- Territorial
- Controlling behaviours
- Chaos
- Lack of trust
  - Favoritism- nepotism
  - Unwilling to change
  - Fear
  - Instability and insecurity
  - Unhealthy boundaries
  - There is something wrong so don’t talk about it
Trauma & The Brain

• The experience of trauma has an impact on brain development at multiple levels.
• Trauma causes an increase in the sensitivity of the stress response, which in turn causes elevated levels of cortisol.
• Cortisol is our stress hormone. If it is released just when we need it, it is helpful.
• If our brains over react to stress, we have too much cortisol.
• Cortisol is a neurotoxin. It is toxic to our brains.
Trauma & The Brain

• In childhood the experience of trauma can interfere with the development of healthy pathways in the brain—the pathways that lead us to view the world as a safe place to be.

• In adulthood, trauma can be problematic as well. We can also develop a heightened stress response in adulthood.

• Children will suffer the impact of trauma even if the trauma isn’t theirs directly.

• This is the legacy of intergenerational trauma that gets transmitted through the impact on the attachment relationship.
Trauma & The Brain

• The impact of trauma on the brain can have repercussions in multiple domains for the individual:
  – Challenges with interpersonal relationships
  – Negative world view
  – Negative sense of self and others
  – Impaired learning
  – Difficulty with self-regulation (hyper- hypo response)
  – Difficulty managing emotions
  – Inner- critic
“Bottom-up Hijacking"

- The intensity of trauma-related emotions and sensori-motor reactions often disorganizes the individual’s cognitive capacities, interfering with the ability for cognitive processing and top-down-regulation.

- When “bottom-up hijacking” occurs deregulated autonomic arousal contributes to generating strong waves of body sensations and affect.

- These can be interpreted as current rather than past data that confirm the cognitive conviction of threat, exposure, or helplessness (Ogden, 2006).
Learning When Hijacked

• When we are struggling with our emotions the parts of our brain responsible for cognitive activities may be overwhelmed by the parts of the brain processing strong negative emotions.
• The brain receives less glucose.
• It’s harder to learn or make good judgements.
• Numerous meta-studies show that self-regulation is more important than IQ when it comes to predicting a child’s ability to do well in school, make healthy friendships and work toward personal goals (Shanker, 2013).
Healing from Trauma

• Healing of trauma can occur in many domains of Body, Mind and Spirit:
  – Attachment relationships
  – Community
  – Body
    • Therapy
    • Exercise
    • Ritual/Ceremony
  – Brain
    • Self-regulation
    • Neurodevelopmental activities (e.g., rocking, rhythm, etc.)
    • Healthy nutrition
Neurosequential Model

CORTEX (3-6 years)
  • traditional insight or cognitive therapies

LIMBIC (1-4 years)
  • play therapy, expressive arts therapy, dreamwork/imaginal

DIENCEPHALON (6 mo – 2 years)
  • music, movement, massage, emotional warmth

BRAINSTEM (0-9 months)
  • rhythmic, patterned input (auditory, tactile), attuned responses

(Perry, 2008)
All My Relations

“To say that mental illness is an imbalance of an individual is too simplistic, and does not capture holistic understandings of traditionalists or Elders. The Aboriginal wellness model involves the physical, emotional, mental and spiritual aspects of a person in connection to extended family, community, and the land.”
(Vukic, Gregory, Martin-Misener & Etowa, 2011)
Medicine Wheel

Mental

Emotional

Physical

Spiritual
Attachment Figure

• One of the primary goals of SOH was to reconnect the community with their own attachment instincts that were lost through colonization and residential schooling.

• Recognition that parents, grandparents and caregivers play many roles in children’s lives but that all of the roles are impacted by the quality of the attachment relationship.

• If adults in the community can work together to meet the attachment needs of the children, they will begin to see a shift in the challenging behaviour in the children.
Care Giver Role Hierarchy

Attachment Figure

- Nurturer
- Protector
- Teacher
- Playmate
- Limit Setter
- Role Model
What is Attachment?

- Attachment is the *RELATIONSHIP* between baby and caregiver.
- It is not the same as bonding.
- Bonding is the strength of the feeling the caregiver has for the child, or the child has for the caregiver.
- The Attachment relationship is a two way street. One cannot have an attachment relationship without the other person.
What is attachment?

• Attachment is a system of behaviours between infant and caregiver that serve to protect the infant and ensure the survival of the offspring.
• If the Attachment system is activated, the infant seeks proximity to the caregiver.
• This will happen in times of stress, upset, hurt, and fear.
• The infant demonstrates a set of predictable behaviours in order to receive a particular response from the caregiver.
Attachment Cycle

Stressor: Fear, Hunger, Tired, Anxious

Attachment System Activated

Baby Cries, Clings, Seeks proximity to Caregiver

Caregiver responds Comforts, Feeds, Protects

Baby is safe And Secure- Rest, Play, and Grow
What is Attachment?

- Attachment is a physiological response.
- It organizes our responses in human interactions.
- Our early organization of our attachments will impact us for life.
- If disruptions occur in the development of secure attachments, parents and children will likely need intervention to organize the attachment.
- Early intervention is best, but it is never too late.
Inter-generational Patterns in Parenting

• Our own attachment patterns can get passed down across generations.
• One’s own experiences with his/her mother can get repeated with the new baby.
• The parent needs to develop awareness of how these their own early experiences impact how one views his/her child, and how the parent interprets the child’s behaviour.
Culture and Attachment

• Attachment theory provides a lens that is multi-cultural in nature and evidence of consistent attachment styles have been found globally, making it a culturally sensitive lens.

• Attachment as a biological drive provides evidence for it to be relevant beyond westernized theoretical concepts that are colonizing by default.

• The link of attachment to nature, provides a culturally relevant viewpoint.

• When we look at traditional Indigenous approaches to parenting, we see those practices that support healthy or secure attachment patterns.
Why is Attachment Important in Situations of Trauma?

• It is important to bring the child to rest, because this is when growth and learning happens.
• If we want to teach, first we must soothe.
• It doesn’t matter how long it takes to soothe, what matters is that we are the facilitators of that process.
• It does not mean that we want to avoid upset, just that we need to understand upset.
• In situations where the child and/or parent has been exposed to trauma, this is the route to healing.
Making a Difference
-Hoffman, Cooper & Powell (1999)

• Enjoy more happiness with their parents
• Feel less anger at her/his parents
• Solve problems on his/her own
• Get along better with friends
• Turn to her/his parents for help when in trouble
• Have lasting friendships
• Have better relationships with brothers & sisters
• Have higher self-esteem
• Trust the people they love
• Trust good things will come his/her way
• Know how to be kind to those around them
• See me
• Hear me
• Love me
Remember!

It is a pattern of responding over time that causes the problem and the solution.
Parenting Through Connection
• See me
• Hear me
• Love me
Parenting Through Connection

The Goal
Parenting Through Connection

1. Make loving eye contact.
2. Identify the feeling.
3. Provide the solution.
4. Speak with a calm and gentle voice.
5. Do not withhold love—no matter how frustrated you are.
The “Arrow Down”

The more intense the child’s behaviour, the more calm the parental response – it’s an inverse relationship.
The Arrow down is essentially this:

[Diagram]

Parenting Through Connection
Common Parent Responses

• Time outs
• Sending the child to his/her room
• Removing privileges
• Spanking
• Yelling
• Reasoning
• Explaining
Common Parenting Practices (Why they don’t work)

• Time Outs – You are arrowing the child up by imposing separation.

• Sending child to \textit{his/her} room – You are arrowing the child up by imposing separation.

• Removing privileges – You are arrowing the child up by imposing separation.** And teaching them that you will use what ever is important to them against them, driving them away from you. Power (size) = Coersion (force).
Common Parenting Practices
(Why they don’t Work)

• Spanking—You are arrowing up by communicating that you are out of control and do not understand your child (and it’s dangerous).
• Yelling—You are arrowing the child up because you are arrowing up. You are no longer the anchor.
• Reasoning – The child’s brain is on over drive, and they can’t take in what you are saying. Can overwhelm the child and arrow them up.
• Explaining – The child’s brain is on over drive, and they can’t take in what you are saying. Can overwhelm the child and arrow them up.
The *Circle of Security Parenting* group teaches parents to recognize where their child is on the attachment circle.
“Always be Bigger, Stronger, Wiser, Kind.”

Circle of Security
“Be the agent of futility and the angel of comfort.”

-Neufeld
Self-Regulation

• Interventions such as *Parenting through Connection* and *Circle of Security* increases a child’s ability to self-regulate.

• Children who have a parent, grandparent, coach, or teacher who can act like an anchor in their storm of emotion, will be able to use that caregiver as model and regulating body in their life.

• The adult has to be able to model good self-regulation in order to be able to inspire it in others.
What is Self-Regulation?

- The ability to respond effectively to various stressors and return to a state of equilibrium.
- Central to the ability to learn.
- Studies of the brain tell us that learning occurs best when a child is calm, focused and alert (Learn, 2012).
Self-Regulation

• To deal with a stressor, the brain triggers a sort of gas pedal (sympathetic nervous system) to produce the energy needed; and then applies a sort of brake (parasympathetic system) in order to recover.

• The brain regulates the amount of energy that the child expends on stress so that the resources are freed up for other bodily functions (i.e. digestion, cellular repair, maintaining a stable body temperature, and paying attention and learning).

  (Shanker, 2013)
Self-Regulation

- A child who is able to return to a baseline state of equilibrium is much more likely to learn, form healthy relationships and be self-motivated.
- Self-regulation has nothing to do with being strong or weak, and to punish a child for a ‘lack of self-discipline’ when the problem has to do with an over-stretched nervous system risks exacerbating the self-regulatory problems the child is facing.

(Shanker, 2013)
Mental Health Promotion

• Involves the population as a whole in the context of their everyday life, rather than focusing on people at risk from specific mental disorders;
• Focuses on protective factors for enhancing well-being and quality of life;
• Addresses the social, physical, and socioeconomic environments that determine the mental health of populations;
• Adopts complementary approaches and integrated strategies operating from the individual to socio-environmental levels;
• Involves intersectoral action extending beyond the health sector;
• Is based on public participation, engagement, and empowerment.

(Vukic, Gregory, Martin-Misener & Etowa 2011)
Outcomes
- Valerie Pheasant School Principal

• There are a number of success stories on an individual basis but the ones listed are noticed by staff school wide.

• Students who were formally chronically absent are now attending school on a regular basis;

• Students who were previously non-communicative are now conversing with their peers and adults by asking questions and engaging with their learning on a regular basis;

• Students who were not able to transition into and out of the classrooms and school are doing so with ease now;
Outcomes
- Valerie Pheasant School Principal

• Students who were unable to focus on a teacher-directed activity for 5 minutes are now able to engage in a variety of learning activities for 15 – 30 minutes;
• Students are now willing to talk about what is “bugging” them, leading to greater reduction of angry or violent outbursts;
• Parents who were previously not engaging in their child’s education are participating in school activities more consistently;
• The number of whole class and whole school interruptions have been decreased drastically.
References


