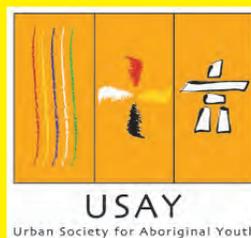




Intervention to Address Intergenerational Trauma:

Overcoming, Resisting and Preventing Structural Violence



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SECTION DESCRIPTION

SECTION	MAIN IDEA
Background	<ul style="list-style-type: none"> • What is Intergenerational Trauma and how does it affect the well-being of Aboriginal youth? • The Aboriginal Healing Foundation (AHF) and the idea of “Promising Healing Practices” • The AHF pillars of healing (intervention types)
Interventions	<ul style="list-style-type: none"> • Intervention Type results based on academic report
Recommendations	<ul style="list-style-type: none"> • Integrating Aboriginal worldviews or culture into efforts to address Intergenerational Trauma in youth • Using the formation of cultural identity as a healing tool • Promoting Aboriginal youth groups and organizations that deal Intergenerational Trauma to be autonomous • Integrating ongoing programs with mainstream health services and furthering overall collaboration
Consultation Results	<ul style="list-style-type: none"> • Question 1: Of the recommendations that were discussed today, do you have similar practices in your agency’s programs? • Question 2: How do you know what you do addresses Intergenerational Trauma? • Question 3: What would your agency need to better implement and evaluate your youth programming?
Discussion	<ul style="list-style-type: none"> • Incorporating Aboriginal worldviews or values in practices for youth is a well-established concept in healing • Collaboration has multiple benefits, but awareness of Aboriginal history and worldviews must be maintained • Evaluation of youth program can occur in many ways • Further knowledge of Intergenerational Trauma would create more opportunities for promising practices • Funding is interconnected with other recommendations and challenges found in this report
Next Steps	<ul style="list-style-type: none"> • Reporting and evaluation must increase for practices involving Aboriginal youth • Search for new evaluation methods and conduct more evaluations • Develop and share resources for educating about or addressing Intergenerational Trauma in Aboriginal youth • Seek new ways of collaboration, build new partnerships and addressing funding through connections

EXECUTIVE SUMMARY

This report discusses practices for healing the effects of intergenerational trauma in Aboriginal youth. Intergenerational trauma is the transmission of historical oppression and its negative consequences across generations. There is evidence of the impact of intergenerational trauma on the health and well-being and on the health and social disparities facing Aboriginal peoples in Canada and other countries. The effects on children of survivors of the residential school system are documented, but it is unclear whether there exist specific practices which effectively facilitate healing for intergenerational trauma in youth specifically.

The Aboriginal Healing Foundation in Canada released a report in 2006 entitled “Promising Healing Practices.” This report documents a holistic framework for facilitating healing for intergenerational trauma and also delineates categories of useful interventions. The framework and the categories are helpful in understanding promising practices in this context.



This paper describes a scoping review, (see Appendix E for more details) conducted to address the question of what defines best practice for addressing the impacts on health of intergenerational trauma in Aboriginal youth in Canada. The purpose was to identify recommendations for practices that can address intergenerational trauma in Aboriginal youth, to identify areas where more research is required to learn more about what may work, and to hear from community members what could be of greatest benefit to Aboriginal youth who are affected by intergenerational trauma.

Our scoping review consisted of sixteen papers or reports, describing practices related to intergenerational trauma. The papers were analyzed and sorted based on the health issue addressed, the Aboriginal Healing Foundation intervention type, and the recommendations provided. The recommendations and research gaps discovered in this process were presented to community members in December of 2011. Facilitated discussions followed the presentation and the general themes from the discussions were compared to the recommendations and themes from the academic process.

The major finding of this scoping review is that the research or reporting on practices for addressing intergenerational trauma in Aboriginal youth is minimal. In addition, evaluations of existing and future interventions will require more standardized and thorough approaches. The primary recommendations established from the reviewed papers in the academic report were to:

- Integrate Aboriginal worldviews into interventions;
- Strengthen cultural identity as a healing tool;
- Build autonomous and self-determining Aboriginal healing organizations;
- To integrate existing, but isolated interventions into mainstream health services; and
- Involve mainstream professionals learning more about Aboriginal approaches to healing.

The community discussion revealed similarities to the recommendations found in the scoping review. However, community members also felt there is a need for more holistic evaluations, more reliable funding and more resources to access information about addressing intergenerational trauma.

BACKGROUND

Many Aboriginal youth in Canada, who are defined as youth from “Indian, Métis or Inuit,” background in the Constitution Act of 1982, face devastating health and wellness consequences due to historical oppression. Ongoing discrimination and stereotypes that have health and wellness consequences, the effects of past injustices which have marginalized or collectively harmed Aboriginal peoples, have had lasting negative affects (Sotero, 2006). In Canada, historical injustice or oppression against Aboriginal groups began with contact with European settlers. It

“Many Aboriginal youth in Canada face devastating healthy and wellness consequences due to historical oppression.”

continued with the spread of disease that killed a large majority of the Native population, the stealing of land, the Indian Act of 1857 and most recently the residential school experience, where children of Aboriginal descent were taken

from their parents at a young age and sent to the boarding schools in order to force assimilation and abolish Aboriginal cultures (Aboriginal Healing Foundation, 2006). In addition to the cultural loss that occurred at these schools, there were also widespread cases of physical, sexual and psychological abuse that traumatized survivors of the school system (Smith et al., 2005; Sotero, 2006). The last residential school in Canada closed in 1996, and since then there has been a realization that survivors of the system have a host of personal, mental and health issues that require attention and intervention (Quinn, 2007).

A phenomenon, labeled Intergenerational Trauma (or also known as Historic Trauma, Collective trauma, Trans-generational grief, Historic grief) has been seen in the descendants of Survivors who may have not experienced the trauma of abuse themselves (BraveHeart and Debeurn, 1998; Quinn, 2007). A definition of intergenerational trauma can be found in Evans-Campbell(2008):

“A collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events.”(p.320)

Intergenerational trauma can seem complicated and academics have developed sophisticated modes to explain how it works. However there has been less of an effort to develop models of healing intergenerational trauma. It is acknowledged that the cumulative effects of trauma are passed down along generations and often are amplified or cause other unpredictable impacts.

With this in mind it can be understood why the residential school experience could have traumatic effects in the lives of children and grandchildren of Survivors. In addition, the effects of oppression and trauma on individuals can result in maladaptive parenting that can cause challenges for children (BraveHeart, 2003). Ongoing attitudes of bigotry or discrimination towards Aboriginals, including at a policy or government level can amplify the existing effects of intergenerational trauma. (Wesley-Esquimaux and Smolewski, 2004; BraveHeart, 2003; Whitbeck et al., 2004; Sotero 2006). Aboriginal people have unique histories and have had different aspects of trauma affect their lives, so it is not certain how prevalent intergenerational trauma is, but it is certainly a factor that affects the lives of a significant number of young Aboriginal people in Canada.

Negative outcomes of intergenerational trauma in Aboriginal peoples have been identified. For instance, establishing links between cultural discontinuity and mental health and violence in First Nations groups in Canada (Kirmayer et al., 2000). The response between historic trauma and substance abuse has been established through evidence that relatives of trauma Survivors develop symptoms of Post-Traumatic Stress Disorder and may abuse substances (BraveHeart, 2003). Intergenerational trauma, cultural alienation and ongoing depression were found among a sample of homeless Aboriginal men (Menzies, 1999). In youth, ideas of hopelessness coming from cultural alienation from parents were seen as a factor contributing to suicide (Strickland et al., 2006).

“It is acknowledged that the cumulative effects of trauma are passed down along generations and often are amplified or cause other unpredictable impacts. Ongoing attitudes of bigotry or discrimination towards Aboriginals, including at a policy or government level, can intensify the existing effects of intergenerational trauma.”

In addition, studies have linked Hepatitis C and HIV/AIDS in youth to historical trauma and experiences of sexual abuse (Pearce et al., 2008; Craib et al., 2009). On a larger scale, health statistics of Aboriginal youth in Canada show many challenges as well (Cook and Guimond, 2008; Latimer and Foss, 2004; Chouinard et al., 2010; Health Canada, 2009). Research and advocacy by multiple researchers and stakeholders have increased awareness of the impact and intergenerational consequences of the residential school experience (among other events and policies) on Aboriginal communities, and have linked these ideas to a range of health consequences (AHF, 2006).

To understand healing in a Canadian Aboriginal context, a definition for healing provided by the Royal Commission on Aboriginal Peoples, states that Healing is:

“Personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not simply from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities and self-respect. The idea of healing suggests that to reach “whole health,” Aboriginal people must confront the crippling injuries of the past.”

ABORIGINAL HEALING FOUNDATION AND “PROMISING HEALING PRACTICES”

The Aboriginal Healing Foundation was set-up 1998 as part of the broader healing effort for Survivors of the Residential School System and their descendants. Its mission is:

“To provide resources which will promote reconciliation and encourage and support Aboriginal people and their communities in building and reinforcing sustainable healing processes that address the legacy of physical, sexual, mental, cultural, and spiritual abuses in the residential school system, including intergenerational impacts.”

Their work is very relevant, and we used many of their tools and ideas as a foundation for our research. In 2006 they released a report entitled, “Promising Healing Practices.” This report introduced the idea of “Promising Healing Practices,” in place of “Best Practice”. They defined “Promising Practices” as, “Models, approaches, techniques and initiatives that are based on Aboriginal experiences; that feel right to Survivors and their families; and that result in positive changes in people’s lives.”(p.7)

It is a more inclusive approach to healing from intergenerational trauma. The Aboriginal Healing Foundation definition will guide us in reviewing other practices found during the scoping review.

ABORIGINAL HEALING FOUNDATION - PILLARS OF HEALING

The Pillars of Healing as identified by the Aboriginal Healing Foundation are:

- Legacy Education;
- Cultural Interventions; and
- Therapeutic Interventions.

These are categories of interventions based on the type of techniques used in the program and the desired goal of the program.

LEGACY EDUCATION

Legacy Education seeks to raise awareness of the residential school (or other traumatic) experiences and consequences. This is beneficial because it builds an understanding of shared experiences, allows responses to trauma to be seen as a result of external forces, allows children to better understand the situation of their parents and generally uses awareness to facilitate understanding which in turn can motivate survivors and youth to pursue healing. It often involves just teaching youth about the past.

CULTURAL INTERVENTIONS

Cultural interventions work by infusing cultural awareness and teaching as the primary goal of interventions. Cultural activities are the keystone of these interventions. This category can include any type of cultural activity beyond already recognized healing ceremonies as an intervention. These interventions are meant to mold and reinforce identity, so as to facilitate the healing process.

THERAPEUTIC INTERVENTIONS

These deal directly with a specific outcome such as a health issue. The Aboriginal Healing Foundation report mentions western, traditional, and combined therapeutic approaches in this category. Western approaches generally favor medical models of disease that look at the individual level and act to alleviate suffering through physical means, although other forms of social work are part of this category. Traditional therapies are generally more holistic and view the individual as a part of culture and the environment. These therapeutic approaches are rooted in Aboriginal worldviews and have many possible variations. Approaches may include traditional practices, such as sweat lodges, pipe ceremonies or healing circles. Combined therapies attempt to effectively integrate Western and traditional approaches to healing by using traditional components in medical therapies or using Western models in a traditional setting.



SCOPING REVIEW RESULTS

In an ideal situation, these interventions would all be available to youth in the order listed above. Since many programs might only fit one category, the scoping review papers were sorted according to the category they best fit.

INTERVENTION RESULTS

Overall, the results of the various interventions are as follows:

- 1 practice fit under the label of Legacy Education;
- 4 were Cultural Interventions;
- 10 were Therapeutic Interventions; and
- 2 were described as other because they were not easily identifiable in any of these categories, but they did attempt to address an outcome related to intergenerational trauma in Aboriginal Youth.

Of the 10 Therapeutic Interventions, 2 were traditional therapeutic interventions, 3 were western interventions and 5 were seen as combined or blended therapeutic interventions. One of the traditional therapeutic interventions was also described as a cultural intervention because it combined multiple activities and programs within the broader intervention. It sought to address problems of HIV/AIDS in youth.

LEGACY EDUCATION APPROACH

This approach described a youth suicide prevention strategy that was piloted in New Zealand. The strategy for Maori youth in New Zealand hoped to explain high levels of suicide within the proper colonial, historical reality that affected the Maori population in order to re-form the existing strategies which treated suicide as an individual problem (Aho and Liu, 2010).

CULTURAL INTERVENTIONS APPROACH

For cultural interventions, these generally appear to either take the form of traditional excursions, community or large-scale gatherings or programs which introduce youth to the practice of traditional diets, special ceremonies or other similar ideas. One program, known as the Midwinter Harvest Food Program in Ontario, encouraged youth to learn how to prepare foods traditionally and also to distribute food to others in their community and the homeless. In addition, a center, established for this program, became a meeting place for cultural activities and a politically active youth council (Shantz, 2010).

Another cultural intervention, the Yiriman Project, in Western Australia, used the concept of exchange between generations in place of focusing on the negative transfer of trauma through time (Palmer et al., 2006). This emphasized the potential of Elders and other leaders to transmit traditions through guided interaction. Activities occurred during two week long trips, where both traditional ceremonies and practices were taught to youth. The trips allowed youth to take part in other positive activities, such as assisting with government research or helping with conservation efforts.

Both of these cultural interventions aimed to personally connect youth with their culture. The Aboriginal Healing Foundation identified traditional knowledge, language, traditional foods and a connection to the land, as vital to cultural interventions, and at least one of these themes was present in each cultural intervention (AHF, 2006).

THERAPEUTIC INTERVENTIONS APPROACH

These were focused on a single issue and the goal was to heal directly. Most common were substance abuse and some mental health issues. One combined-therapeutic intervention seeking to address alcohol use adopted a program used in schools and modified it specifically for Cherokee youth. A 10-step program that addressed alcohol use in students was modified to include a talking-circle and notions of self-reliance, which are important to the Cherokee community, was woven into some of the sessions (Lowe, 2006).

Another promising combined therapeutic intervention involved the use of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). This intervention was modified for use in an American Indian community and was found by the authors to be best practice for addressing Post Traumatic Stress Disorder and depressive symptoms for ethnically diverse youth. It was modified by reframing some of the sessions used in the interventions around topics of historical injustice, traditional history and coping through identification with their community. Parents were also involved in the intervention. While this example was somewhat Western, the authors explicitly aimed to address Post Traumatic Stress Disorder from an American Indian context and wanted the intervention to be seen as a synthetic process (Goodkind et al., 2010). Other Western and Traditional therapeutic practices seemed promising; however, it is combined approaches that were most common in the scoping review.

RECOMMENDATIONS FROM THE SCOPING REVIEW

Recommendations made by each author were collected and compared. There were four common recommendations:

RECOMMENDATION #1 - INTEGRATING ABORIGINAL WORLDVIEWS OR "CULTURE" INTO EFFORTS TO ADDRESS INTERGENERATIONAL TRAUMA IN YOUTH

Six papers recommended that Aboriginal worldviews and ideas of holistic interventions that integrate community and culture must be a part of any intervention. Some of the practices that were cultural interventions, such as those using excursions with Elders to learn more about traditional ways of life, were entirely built around Aboriginal worldviews. However, other papers explained that when they used an intervention method that may have been less traditional, ideas of holism and inter-connectedness to community and family were emphasized in the intervention. For example, certain reports claimed that promoting self-reliance and personal empowerment are part of Aboriginal ideas of healing and must therefore fit into the intervention. One author brought up the idea of "Cultural Relevance," as important for those interventions that borrow heavily from Western or other practices. This may or may not count as using an Aboriginal worldview in a program, but at least one author felt that it did.

Aboriginal worldviews are diverse and no simple explanation of what they are exists. They may depend on geography, history, culture and much more, but it can be said that they do represent another element to consider when discussing healing. Since the Aboriginal Healing Foundation chose to outline this same concept as important to healing initiatives, their ideas of Aboriginal worldviews and values could further our understanding. The Aboriginal Healing Foundation (2006) describes important values to consider in healing initiatives as, "Values of wholeness, balance, harmony, relationship, connection to the land and environment, and a view of healing as a process and lifelong journey" (p. 34).

RECOMMENDATION #2 - USING THE FORMATION OF CULTURAL IDENTITY AS A HEALING TOOL

Strengthening cultural identity can help facilitate the healing process. Youth positive identity can reduce the stigma of some issues or allow youth to feel re-connected to their culture from which they may feel removed (Aho and Liu, 2010). In the recommendations made by papers, identity was seen as a tool for building self-reliance and encouraging political engagement. According to some authors, identity must be framed as a dynamic personal commitment to tradition that takes into account circumstances of the present and the past. Other findings reveal that youth well-being in response to intergenerational trauma can be facilitated by empowering cultural identities (Taylor and Osborne, 2010). Also, cultural continuity combined with community empowerment initiatives, has been found to be a protective factor against suicide in Aboriginal youth (Chandler and Lalonde, 2008).

RECOMMENDATION # 3 - PROMOTING ABORIGINAL YOUTH GROUPS AND ORGANIZATIONS THAT DEAL WITH INTERGENERATIONAL TRAUMA TO BE AUTONOMOUS

Two papers identified the need for youth groups to be agents of political advocacy. Youth groups have the ability to build resiliency and empower youth to combat ongoing discrimination and to advocate for more necessary attention and resources from government and others. Self-determining youth groups often could best identify needs for other in the communities who may be affected by intergenerational trauma (Shantz, 2010). This theme of autonomy is also recommended by others who believe that without it other institutions or agencies that serve Aboriginal youth can prevent the use of cultural ideas of healing in programs (Smith et al., 2005; AHF, 2006).

RECOMMENDATION #4 - INTEGRATING ONGOING PROGRAMS WITH MAINSTREAM HEALTH SERVICES AND FURTHERING OVERALL COLLABORATION

Collaboration and connections with other health or social services would allow for greater access to funding, treatment, or research capacity, especially in more rural, remote areas. It was also emphasized that mainstream health agencies and staff must learn more about Aboriginal worldviews and ways of healing. Additionally, there needs to be greater knowledge of intergenerational trauma among workers. Some authors recommended that their specific intervention be adopted (but modified if necessary) by larger health agencies or government bodies, in order to serve large communities.

One example of collaboration was on a project that sought to deal with rehabilitation for Aboriginal youth who had committed crimes. A group of University faculty teamed up with existing youth-serving agencies to profile and to evaluate what work was being carried out (Lafreniere, 2006).

Collaboration with mainstream health services should not interfere with organization autonomy and, it is important to note that there should be a balance between them.

COMMUNITY DISCUSSION

The questions posed to community members after the presentation of the academic findings were:

- Of the recommendations that were discussed today, do you have similar practices in your agency's programs? (Please see last section for recommendations).
- How do you know what you do is effective in addressing intergenerational trauma?
- What would your agency need to better implement and evaluate your youth programming?

Analysis of the discussion group conversations showed some common themes that are presented on the following pages. Appendix C lists a table of common themes.

THEME #1 - PRACTICES OR PROGRAMS THAT INCORPORATE OR USE ABORIGINAL WORLDVIEWS IN SOME WAY IN ADDITION TO ATTEMPTS TO STRENGTHEN YOUTH IDENTITY



Conversations revolved around the first and second recommendations, where community members often felt that their programs, including those that may not have addressed intergenerational trauma explicitly, included some element of Aboriginal values or culture or were holistic. Program participants view the programs as places where cultural identity is explored and strengthened. The idea of incorporating Aboriginal worldviews means many things, but examples included using traditional activities for healing purposes, involving families in programs, incorporating history into programs, and using holistic language.

One Aboriginal participant explained their approach in a specific program:

“[Our program] focuses on Aboriginal learning styles, specific to their needs in learning. How do we help them reconnect to their culture which was a huge issue for many of them and so we look at each of the barriers that were preventing them from engaging in the successes in education and employment and then tried to use research-based information for curriculum development that was specific to Aboriginal learning styles.”

The discussions reflected the academic theme of incorporating cultural elements into programs. This overlapped with the idea discussed by some respondents about having staff trained in Aboriginal awareness or hiring Aboriginal staff. Some responses outlined that staff had undergone competency training to work with Aboriginal people in vulnerable settings while others stressed the importance of hiring Aboriginal staff to work with youth. This broadly related to the academic recommendation of having mainstream professionals be trained further in the history and values of the people they work with and the programs and services they deliver.

THEME #2 - COLLABORATIONS OR CONNECTIONS TO OTHER GROUPS OCCURS IN PROGRAMS FOR A VARIETY OF REASONS

The other common recommendation shared by community members was collaboration. The general theme of working with other partners, whether by other youth agencies, government or academics, was discussed by some groups. The purposes of collaboration certainly varies; some community members spoke of it as a means to learn more about Aboriginal youth, while others talked about it for research purposes.

THEME #3 - ORAL FEEDBACK OR SIMILAR FORMS OF REFLECTION AND NARRATIVE FORMATION ARE A KEY PART OF PROGRAM EVALUATIONS

Talk of assessment generated many diverse responses and all types of relaxed or informal types of evaluation were brought up as well as more research-oriented methods. Oral feedback from participants was the most common form of evaluation. This meant that conversations, interviews, stories or other methods of assessment were important. The notion that conversations are practical for evaluation was seen to be valid by some only when there was a safe, trusting environment.

One respondent stated:

“The students feel safe when they come to our center. That’s how I know we’re doing a good job when they feel that they’re comfortable to say what they need to say whether they have a criticism of what’s happening at the Lodge or whether they have something very heavy on their hearts; it’s safe for them to share it.”

Oral feedback can also be combined with other measures of success. This response illustrates this concept:

“Every morning [the youth] have a sharing circle and, [we ask] how was your night, what went on, say for example one of the youth had a fight with their Mom or their boyfriend; you know then they’re asked well how did you address it, how did you deal with it, did you apply your life skills in that situation right and so they’re asked those types of questions and the youth are pretty honest.”

THEME #4 - COMMITMENT TO PROGRAMS OR UPKEEP OF ATTENDANCE BY YOUTH AS WELL AS PROGRAM GROWTH IS INDICATORS OF SUCCESS

Many respondents outlined that they felt ongoing participation and/or completion of programs indicated success. This generally meant that because the program was having a positive effect in the life of a youth, he or she was compelled to return and be an active participant. Also, the idea that the program was growing in size, in that more youth were attending, was seen as a positive outcome in terms of a quantitative evaluation.

THEME #5 - SURVEYS, QUESTIONNAIRES OR STRICT MEASUREMENTS CAN BE USED FOR ASSESSMENT

Some, but not many, community members outlined the use of studies and/or surveys in programs. Not many specific details about these measures were uncovered, but it was important to note their presence. Responses also emerged that outlined the involvement of family in assessments, including with surveys. As one participant outlined:

“We also do a risk provider survey at the end of service...there is one question about do we serve needs of families and that’s really the way we approach our work with any families - looking at what are their unique needs.”

THEME #6 - CONSISTENT AND APPROPRIATE FUNDING REMAINS A BARRIER TO FURTHER IMPLEMENTATION AND EVALUATION OF YOUTH PROGRAMS

The third question touched on what was needed moving forward. The question explored barriers to progress in promising youth practices and also how to better measure this progress. A single theme emerged from all the groups; funding was a barrier. This includes a lack of funding for successful programs, unreliable or inconsistent funding, funding that is not individualized to the needs of youth and the inability of funders and the government to fully comprehend the situation they are funding as well as how they can contribute funds in ways that actually reflect the desire and needs of communities.

Since funding was the most common response, then it may be the primary obstacle to more programs for healing intergenerational trauma. A desire for more flexible, appropriate funding that takes into account more holistic needs was expressed by some. One community member explained,

“Of course, funding is important and we’re always chasing that because we realize all of our cultural programs... exhausts funding so we have to go out every year and try to get that money, but I think even more importantly is having the buy in institutionally...that helps

direct the vision of the work and the approach [of the funder] and that it is respectful and empowering, for all.”

In general these words reflect the funding issue quite well,

“I think in our facility especially it comes down to the dollar. You can’t bring in a lot of things because of funding and we’re allotted certain amounts and just like, this one program that we had last week...it was a huge success, but will that ever come back? Most likely not, just because of the dollar.”

THEME #7 - COLLABORATIONS AND ESTABLISHING PARTNERSHIPS BETWEEN AGENCIES AND OTHERS

Collaboration related to all three questions. It came up as a recommendation in the first question and was seen as a necessity in the third question for evaluation. Simply put, one community member remarked,

“Connection, connection to the community, connection to the people around, connections with people that sit at this table...I think the greater numbers of people that are working, [know] better...building and building and creating relationships, true relationships with the community.”

Two other themes that arose were the involvement of families and access to Aboriginal staff. Family involvement was described as absent by some community members. They felt that by attempting to heal families facing trauma, positive effects could be felt by youth as well. The idea of using Aboriginal staff was echoed in the first question and meant that facilitation of cultural traditions can only really be done well by Aboriginal staff. An alternative explanation was that for youth to feel comfortable in a program Aboriginal staff or mentors should be present.

THEME #8 - MORE AWARENESS AROUND INTERGENERATIONAL TRAUMA AND HOW TO HEAL IT IN YOUTH ARE NECESSARY.

One general theme that came up across was the notion that intergenerational trauma was not explicitly addressed by programs. This meant that in the first question some community members said that their youth programs did not address it in any way and for the second question it meant it was not assessed. For the third question this meant that either participants might not see addressing intergenerational trauma as a primary objective, but more commonly it meant that they wanted to know more about the effects of intergenerational trauma and how to heal it in youth. The idea of expanding resources to address or educate about intergenerational trauma, can be summed up in this quote:

“This intergenerational trauma, where somebody was to say, here’s a curriculum... this technique.... this works well; we know it works well with this population and this situation. That would be super you know so that’s what we would like more of.”

DISCUSSION

The themes discussed above show that some ideas for dealing with intergenerational trauma are understood by multiple agencies and groups. However, there is some disconnect between the response to the questions, especially the second and third questions, and the findings of the scoping review.

INCORPORATING ABORIGINAL WORLDVIEWS OR VALUES IN PRACTICES FOR YOUTH IS A WELL-ESTABLISHED CONCEPT

The most common theme fits well with the recommendation and Aboriginal Healing Foundation idea. Integrating Aboriginal Worldviews was reflected by many community members. One community member, speaking of combining Aboriginal traditional perspectives with ongoing services, summarizes this well:

“Using the tools of what we already know as Aboriginal people and say yes there was that Western world view but now we’re going to look at the Aboriginal world view, the traditional world views of all our people and say let’s put that to work, combine the two at some level and... maybe policy makers and people of authority would slowly turn their head and say you know what, maybe we need to change the way we do business.”

COLLABORATION HAS MULTIPLE BENEFITS, BUT AWARENESS OF ABORIGINAL HISTORY AND WORLDVIEWS MUST BE MAINTAINED

Other responses discussed the importance of cultural identity, discussed the importance of collaboration between researchers, youth-serving agencies and government. One example was the use of Master’s of Social Work students to help with assessments. Other examples involved working with Community Elders or representatives to design programs. There is no prescribed way to “collaborate”, but its presence in community programs and in the academic recommendations adds value to it as a potential guideline for youth programs. This can be work with universities, communities or new funders. In the scoping review, some papers highlighted that individuals or groups working with Aboriginal youth should be more aware of the history, culture and language of the youth they engage with. The use of Aboriginal staff in some healing capacity was more common in discussion reports. Some participants were quite vocal about the need for Aboriginal staff, yet it was absent in the academic recommendations.

“There is no prescribed way to “collaborate”, but its presence in community programs and in the academic recommendations adds values to it as a potential guideline for youth programs.”

PROGRAM EVALUATION

Community discussions and the scoping review revealed that evaluations were diverse in youth interventions. Evaluating the effects of intergenerational trauma itself can be a challenge, and neither the papers we reviewed nor the themes in the discussions put forth a way to assess if intergenerational trauma is being healed through an intervention. The



presentation of academic findings to community members highlighted one practice found in the academic report that used well-known scales to measure substance abuse, stress and self-reliance in youth, to show participants what a quantitative evaluation could look like. Nothing similar, in terms of direct quantitative measurement, emerged in discussions. Instead, oral feedback remains a simple and necessary way to conduct evaluations. If this type of conversation occurs in a setting of comfort, it may also provide a way of receiving input about a program from a

cultural perspective. When dealing with intergenerational trauma and overall health it seems like quantitative and qualitative forms of assessment do not have to compete, and potentially may be combined for better evaluation, at least according to the Aboriginal Healing Foundation (AHF, 2006).

Further knowledge of intergenerational trauma would create more opportunities for promising practices. If agencies are not touching on this in their youth programming, there may be a need for wider education regarding this concept and its effects on well-being. Community responses indicated that their programs did not integrate intergenerational trauma, and they also indicated a desire to see more resources about intergenerational trauma and how to heal it. It may be that many healing initiatives for Aboriginal youth in Canada and the other three countries reviewed, also may not take into account intergenerational trauma in their programs. Evidence of this may be the lack of programs found that fit our research question, despite the greater number of programs available for Aboriginal youth, even in Canada alone (AHF, 2006).

The desire for intergenerational trauma resources, including workshops, toolkits, trauma training or other educational materials, fits with the idea that methods of addressing historic trauma in Aboriginal youth are still lacking. The fact that some discussions identified that historic trauma is not a part of programs and is not assessed may not be the result of an unwillingness to address it but rather a result of the lack of knowledge on how to integrate models of historic trauma into healing. This finding fits the idea that public health, community or other agencies serving Aboriginal youth in contexts where historical oppression is present should fit in models of intergenerational trauma into their practices (AHF, 2006; Sotero, 2006).



Funding is interconnected with other recommendations and challenges. Academic papers reviewed said little about funding and/or resources in their reflections on their interventions but the need for smart, pragmatic funding is explained well by one participant:

“Lack of funding is overarching barrier to wider programs and more evaluation since it is needed for more manpower, better training, greater research tools and much more.”

The source of what this funding should be varied among participants but it is certainly related to some of the academic recommendations, because following them may allow for greater ability to seek funding. This includes organizations working together to access funding and forming autonomous politically active organizations. In terms of cooperation between youth-serving organizations or agencies one participant stated:

“I think for funding and for manpower, it’s really difficult to get...the help you need, that’s why I think collaborating with other agencies is important... but when you work for somebody so small, to take on another thing on my plate is almost impossible. It’s just like you need more people to do those things but it’s impossible for funding so it’s kind of like a vicious cycle that keeps going around.”

This quote reveals one of the challenges of working together; joint initiatives themselves between agencies might require resources that aren't present.

Overall, it remains a challenge to say what a “promising healing practice” for addressing intergenerational trauma in Aboriginal youth. Even the recommendations from the scoping review are limited due to the few papers available. From an academic perspective a major finding of this academic process is that there is little written on the question we looked at and therefore there is a good deal of room for further research. However, from the viewpoint of those working directly with Aboriginal youth, it may be frustrating to hear that further research is a part of this report. There was some disconnect with the research felt by a few participants and it should not be overlooked, instead community agencies or healing groups should be consulted in order to better identify “Best Practice.” This model, followed by the AHF, to use community input along with investigative research to provide models of healing, is something that could be replicated for addressing intergenerational trauma in youth. In discussing next steps, the needs of researchers and community groups will be addressed in regards to what steps can be taken to establishing what constitutes promising practices and generally how to work with Aboriginal youth in Canada to heal intergenerational trauma and build resilience.

“Overall, it remains a challenge to say what a ‘promising healing practice’ is for addressing intergenerational trauma in Aboriginal youth.”

NEXT STEPS

STEP #1 - REPORTING AND EVALUATION MUST INCREASE FOR PRACTICES INVOLVING ABORIGINAL YOUTH

Community leaders and organizations may have valuable techniques to help heal youth, but if these ideas are not shared through accessible reports then many youth may not benefit from the techniques. This finding is valid for researchers and community members alike. The scoping review was very broad, searched a wide range of potential sources, and the result of 16 practices emerging as relevant to the search is minimal. This could be that either reports or papers are not readily available or that reporting on



ongoing programs is minimal. The issue of having too few papers to analyze makes it hard to recommend promising practices for healing intergenerational trauma in Aboriginal youth in Canada, especially when the need is pressing (Sotero, 2006). It may also be likely that programs are not explaining their use of intergenerational trauma, yet they still see its role in their work. As one participant commented:

“[The Research] missed the point that unless the article or academic paper didn’t specifically say this intervention was to address intergenerational trauma, then it wasn’t included but so then you’re, excluding all Indigenous ceremonies, you’re excluding most programs who are dealing with intergenerational trauma because it may not know it or specifically say this and all of those practices that are already happening.”

Reporting on intergenerational trauma and practices would make it much easier to conduct research like this in the future. One of the recommendations found in multiple papers was to support collaboration between agencies or institutions with Aboriginal communities to support healing efforts and integration of these efforts into mainstream health services.

STEP #2 - SEARCH FOR NEW EVALUATION METHODS

Evaluation is the least standard aspect that came out of our academic report and our discussions. This lack of consistency makes it very hard to say what programs are successful. One of the challenges in evaluation may be finding a balance between Western evaluation techniques that are rigorous and also integrating Aboriginal worldviews and ideas of what are indicators of success within communities (Robinson and Tyler, 2005; AHF, 2006). The diverse Aboriginal worldviews and notions of holism that are often unique to certain communities may rely on oral or narrative methods of evaluation and often improved relationships to one's land, one's community and Elders or community leaders will be part of a successful intervention (Robinson and Tyler, 2005; AHF, 2006). All of this is consistent with the theme of oral feedback that emerged as a major theme in the community discussions. The next step here might be finding ways of evaluating programs that effectively combine evaluation methods from Western, Aboriginal and other perspectives.

STEP #3 - DEVELOP AND SHARE RESOURCES FOR EDUCATING OR ADDRESSING INTERGENERATIONAL TRAUMA IN ABORIGINAL YOUTH

Based on the consultation, more tools specific to addressing intergenerational trauma need to be developed. This might include the production of easy-to-read educational materials or specific training developed to address trauma in youth. Greater effort has to be placed on how community agencies can access information about Aboriginal youth and the trauma they may face. Both the Aboriginal Healing Foundation and the Legacy of Hope Foundation have found ways of raising awareness of the intergenerational impacts of Residential Schools. Beyond this, it may be useful to also have resources that provide support to community organizations or health workers. As more ways



to address intergenerational trauma in youth are developed and implemented, it may be time for researchers and others to begin to find ways to address specific populations within the Aboriginal population. This means looking at Aboriginal youth in different settings, such as looking at Urban or Rural youth differently, or looking at the specific historical experiences of a given community. Gender is also important to consider.

STEP #4 - SEEK NEW WAYS OF COLLABORATION, BUILD NEW PARTNERSHIPS AND ADDRESS FUNDING THROUGH CONNECTIONS.

New partnerships among agencies, with funders and with researchers are a theme that came up in the discussions; it has many benefits. These may include increased political influence, access to more funding, greater visibility of the needs of Aboriginal youth and easier access to knowledge about healing from intergenerational trauma. Further collaboration and communication between existing youth-serving agencies, and government, universities and others, can help determine what types of partnerships are effective and how these partnerships can be formed and sustained.

For funding, which was seen as a major barrier to progress, funders might need to be more aware of how intergenerational trauma affects the service needs of some vulnerable Aboriginal youth. Organizations applying for funding also need to be able to explain how their practices address intergenerational trauma and why this is important. The idea of more appropriate, flexible funding is also an important aspect of theme that should be explored further. If there are clear benefits coming from ongoing activities that can be proven, then funders will be more likely to provide funding. In this regard, collaboration between groups, improving evaluation and increasing public knowledge of intergenerational trauma are all themes that are tied into funding.

CONCLUSION:

This research and community project emerged out of a need to look specifically at youth and the effects of the trauma of the Residential School experience as it relates to them. Significant work has occurred to heal from intergenerational trauma in Aboriginal populations, but there is certainly more work to be done. Developing better communication between agencies and increasing reporting will be of great value. The goal of this project was to initiate the search for promising practices for healing intergenerational trauma in Aboriginal youth. Although many gaps in understanding were found, the process also highlighted that it is realistic to have more concrete guidelines in the future and that community partners are certainly willing to be a part of this process.

BIBLIOGRAPHY

Those that are in bold are the sixteen papers analyzed in the scoping review.

- Aboriginal Healing Foundation. (2006). *Final Report of the Aboriginal Healing Foundation: Volume II Measuring Progress: Program Evaluation*. Ottawa: Aboriginal Healing Foundation.
- Aboriginal Healing Foundation. (2006). *Final Report of the Aboriginal Healing Foundation Volume III Promising Healing Practices in Aboriginal Communities*. Ottawa: Aboriginal Healing Foundation.
- Aguilera, S., & Plasencia, A. V. (2005). Culturally appropriate HIV/AIDS and substance abuse prevention programs for urban native youth. *Journal of Psychoactive Drugs*, 37(3), 299-304.
- Aho, K. L., & Liu, J. H. (2010). Indigenous suicide and colonization: The legacy of violence and the necessity of self-determination. *International Journal of Conflict & Violence*, 4 (1), 124-133.
- Brave Heart, M. Y. (2003). The historical trauma response among natives and its relationship with substance abuse: A lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7-13.
- Brave Heart M.Y. & DeBruyn L. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2):56-78
- Chandler, M. J., Lalonde, C. E., Sokol, B. W., & Hallett, D. (2003). Personal persistence, identity development, and suicide: A study of native and non-native North American adolescents. *Monographs of the Society for Research in Child Development*, 68(2), vii-130.
- Chouinard, J.A., Moreau, K., Parris, S., & Cousins, J. B. (2010). *Special study of the National Aboriginal Youth Suicide Prevention strategy*. Ottawa: Centre for Research on Evaluation and Community Services, University of Ottawa.
- Craib, K. J., Spittal, P. M., Patel, S. H., et al. (2009) Prevalence and incidence of hepatitis C virus infection among Aboriginal young people who use drugs: results from the Cedar Project. *Open Medicine*, 3, 220.
- DeGagne, M. (2007). Toward an aboriginal paradigm of healing: Addressing the legacy of residential schools. *Australasian Psychiatry*, 15(Suppl 1), S49-53.
- Dell, D., et al. (2011). From benzos to berries: Treatment offered at an aboriginal youth solvent abuse treatment centre relays the importance of culture. *Canadian Journal of Psychiatry - Revue Canadienne De Psychiatrie*, 56(2), 75-83
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316-338.
- Freudenthal, S. & Stiffman A. (2004). Suicidal behavior in urban American Indian adolescents: A comparison with reservation youth in a southwestern state. *Suicide & Life-Threatening Behavior*, 34(2), 160-171.
- Gilder, D. A., Luna, J. A., Calac, D., Moore, R. S., Monti, P. M., & Ehlers, C. L. (2010). Acceptability of the use of motivational interviewing to reduce underage drinking in a Native American community. *Substance use & Misuse*, 46(6), 836-842.
- Goodkind, J. R., Lanoue, M. D., & Milford, J. (2010). Adaptation and implementation of cognitive behavioral intervention for trauma in schools with American Indian youth. *Journal of Clinical Child & Adolescent Psychology*, 39(6), 858-872.
- Guimond, E., & Cooke, M. (2008). The Current Well-Being of Registered Indian Youth: Concerns for the Future? *Horizons*, 10(1), 26-30.
- Hallett, D., Chandler, M. J., & Lalonde, C. E. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development*, 22(3), 392-399.
- Health Canada. (2009). *A Statistical Profile on the Health of First Nations in Canada: Self-rated Health and Selected Conditions, 2002 to 2005*. Ottawa: First Nations and Inuit Health Branch.
- Higgins, D.J. (ed.). (2005). *Indigenous community development projects: Early learnings research report. Vol. 2*. Melbourne: Telstra Foundation.
- Hodge, D. R., Limb, G. E., & Cross, T. L. (2009). Moving from colonization toward balance and harmony: A native american perspective on wellness. *Social Work*, 54(3), 211-219.
- Holland, P., Gorey, K. M., & Lindsay, A. (2004). Prevention of mental health and behavior problems among sexually abused aboriginal children in care. *Child & Adolescent Social Work Journal*, 21(2), 109-115.
- Kirmayer L. J., Brass G. M., & Tait C. L. (2000) The mental health of Aboriginal peoples: Transformations of identity and community. *Canadian Journal of Psychiatry*, 45(7), 607-616
- Kye,W (2002). E.L.D.E.R.S Gathering for Native American Youth: Continuing Native American Traditions and Curbing Substance Abuse in Native American Youth. *Journal of Sociology and Social Welfare*, 29(1): 117-135
- Lafreniere, G., Diallo, P. L., Dubie, D., & Henry, L. (2005). Can university/community collaboration create spaces for Aboriginal reconciliation? Case study of the healing of the seven generations and four directions community projects and Wilfrid Laurier University. *The First Peoples Child & Family Review*, 2(1), 53-66.
- Latimer, J., & Foss, L. (2004). *A One-Day Snapshot of Aboriginal Youth in Custody Across Canada: Phase II*. Ottawa: Department of Justice Canada.
- Lowe, J. (2002). Balance and Harmony Through Connectedness: The Intentionality of Native American Nurses. *Holistic Nursing Practice*, 16(4), 4-11.
- Lowe, J. (2006). Teen intervention project—cherokee (TIP-C). *Pediatric Nursing*, 32(5), 495-500.
- Marlatt, G. A., Larimer, M., Mail, P. D., Hawkins, E. H., Cummins, L. H., Blume, A. W., et al. (2003). Journeys of the circle: A culturally congruent life skills intervention for adolescent Indian drinking. *Alcoholism: Clinical & Experimental Research*, 27, 1327-1329
- Menzies, P. (2006). Intergenerational trauma and homeless aboriginal men. *Canadian Review of Social Policy*, (58), 1-24.
- National Aboriginal Health Organization. (2008). *Cultural Competency and Safety: A Guide for Health Care Administrators, Providers and Educators*. Ottawa: National Aboriginal Health Organization.
- Palmer D., Watson J., Watson A., Ljubic, P., Wallace-Smith H., & Johnson M. (2006). Going back to country with bosses: the Yiriman Project, Youth Participation and Walking along with Elders. *Children, Youth and Environments*, 16(2), 317-337.
- Pearce, M. E., Christian, W. M., Patterson, K., Norris, K., Moniruzzaman, A., et al. (2008). The cedar project: Historical trauma, sexual abuse and HIV risk among young aboriginal people who use injection and non-injection drugs in two canadian cities. *Social Science & Medicine*, 66(11), 2185-2194.
- Quinn, A. (2007). Reflections on intergenerational trauma: Healing as a critical intervention. *First Peoples Child & Family Review*, 3, 722.
- Robinson, G. & Tyler, B. (2006) *Ngaripirriga'ajirri - An early intervention program on the Tiwi Islands: Final Evaluation Report*. Casuarina, Australia: School for Social and Policy Research, Charles Darwin University
- Shantz, J. (2010). The foundation of our community: Cultural restoration, reclaiming children and youth in an indigenous community. *The Journal of Social Welfare & Family Law*, 32(3), 229-236.
- 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.
- Smith, D., Varcoe, C., & Edwards, N. (2005). Turning around the intergenerational impact of residential schools on aboriginal people: Implications for health policy and practice. *Canadian Journal of Nursing Research*, 37(4), 38-60.
- Struthers, R., & Lowe, J. (2003). Nursing in the native american culture and historical trauma. *Issues in Mental Health Nursing*, 24(3), 257-272.
- Tsey, K., Whiteside, M., Haswell-Elkins, M., Bainbridge, R., Cadet-James, Y., & Wilson, A. (2010). Empowerment and indigenous australian health: A synthesis of findings from family wellbeing formative research. *Health & Social Care in the Community*, 18(2), 169-179.
- Usborne, D.M. & Taylor, E. (2010). When I Know Who I Am, I Can Be Me: The Primary Role of Cultural Identity Clarity for Psychological Well-Being. *Transcultural Psychiatry*, 47(1), 93-111.
- Wesley-Esquimaux, C. and Smolewski, M. (2004). *Historic Trauma and Aboriginal Healing*. Ottawa: Aboriginal Healing Foundation.
- Wexler, L. M. (2006). Inupiat youth suicide and culture loss: Changing community conversations for prevention. *Social Science & Medicine*, 63(11), 2938-2948.
- Veroff, S. (2002). Participatory art research: Transcending barriers and creating knowledge and connection with young Inuit adults. *American Behavioral Scientist*, 45(8), 1273-1287.

Appendix A

Literature Review Result Tables

1. Papers sorted by AHF intervention category(16 papers)

Legacy Education	1
Cultural Interventions	4
Traditional Therapeutic	2
Western Therapeutic	3
Combined Therapeutic	5
Alternative Therapeutic	0
Other	2

2. Papers sorted by illness/condition addressed(16 papers)

Substance Use/Alcohol Use	7
Suicide	4
PTSD/trauma recovery	1
Sexual Abuse prevention/recovery	1
Depression/mental health	1
Diet/Diabetes	1
HIV/AIDS	1
Offender Rehabilitation	1
General personal well-being/culture	1

Appendix B

Results from consultation and focus-group discussions, 6 groups in total

Question 1: Of the recommendations that were discussed today, do you have similar practices in your agencies programs?

General Theme in Discussion	Number of Groups Articulating Theme	Main Idea of Theme
Aboriginal worldviews are holistically integrated into programming	4	<ul style="list-style-type: none"> participants articulated in many ways that this was the recommendation that was most familiar with them stressed the importance of being holistic in specific approaches and understanding cultural notions of well-being in youth
Cultural programming used to build a sense of identity	3	<ul style="list-style-type: none"> responses stated that traditional and/or culturally relevant activities to the youth were used most participants stating this did establish a link between these cultural practices and youth identity.
Staff are trained/aware of specific contexts they are working(ie. They are	3	<ul style="list-style-type: none"> primarily expressed that staff or healers were often

skilled healers)		<p>themselves Aboriginal and this was felt to provide a more comfortable healing environment</p> <ul style="list-style-type: none"> • some programs discussed involved mentorship as a tool
Programming is connected or collaborates with other local health or social services	2	<ul style="list-style-type: none"> • partnerships between health, government or youth agencies was reflected in the groups by statements that referred to existing partnerships organizations • benefits of this including funding and/or research capability were discussed as well.
Youth programs do not deal with intergenerational trauma in any capacity	2	<ul style="list-style-type: none"> • this theme did not necessarily fit in with the recommendations but was important because it showed that agencies may feel that they need to expand on addressing intergenerational trauma before they can consider other recommendations.

Question 2: How do you know what you do works in addressing intergenerational trauma?

General Theme in Discussion	Number of Groups Articulating Theme	Main Idea of Theme
Oral feedback and reflection from participants can indicated success	5	<ul style="list-style-type: none"> • notions of using direct interviews, narratives or informal discussions as tools of gauging how effective programs may be came up • subjective, verbal assessment of a program by a youth participant could often be the best marker of change in that youth • some participants explained that this was a culturally-rooted tool of communication
Attendance and participation in programs as well as growth of the program shows success	4	<ul style="list-style-type: none"> • if participants return to a repeat healing initiative or program consistently is it likely that the youth see value in it and that active participation in programs shows that they are engaging • growth of the program, mainly based on positive reviews from others, shows how it may be filling a void or providing necessary support within a community

Consult and follow-up with the family of participants	2	<ul style="list-style-type: none"> involving families in youth programs and allowing them to present their thoughts on youth programs was brought up in certain cases
Surveys or questionnaires are used	2	<ul style="list-style-type: none"> few examples of surveys were brought up, and most respondents said that they asked questions both before and after programming some used questionnaires developed with the help of clinicians, while others were relatively informal.
Intergenerational trauma is not assessed	2	<ul style="list-style-type: none"> Responses here felt that there programming did not really work to address intergenerational trauma

Question 3: What would your agency need to better implement and evaluate your youth programming?

General Theme in Discussion	Number of Groups Articulating	Main Idea of Theme
Greater access to appropriate funding	6	<ul style="list-style-type: none"> Aboriginal youth programming requires more financial resources to have programs that are sustainable and can be evaluated Funding should be allocated based on individual needs of youth in programs and how a program is impacting communities
Greater collaboration and partnership between various youth-serving agencies, funders and other groups	5	<ul style="list-style-type: none"> collaboration was important to participants because they saw that various agencies could share practices, participants and ideas amongst themselves Also collaboration could yield new funding possibilities two groups expressed the need for collaboration with researchers and/or universities in order to improve evaluation capacity.
Involvement of Families in youth programs	3	<ul style="list-style-type: none"> family involvement means parental buy in to programs as well as parental consultation as to what needs to be changed within programs
Greater education resources about intergenerational trauma in youth	3	<ul style="list-style-type: none"> For agencies to implement youth interventions that

		<p>address historic trauma it was first necessary for them to be more familiar with the concept and it's manifestations</p> <ul style="list-style-type: none"> • This could be done through training or specific educational materials discussing trauma in Aboriginal youth and how it can be addressed.
More access to skilled Aboriginal staff	2	<ul style="list-style-type: none"> • Aboriginal healers or staff could provide a more comfortable setting for youth and they themselves might bring more empathy to the situations faced by youth • respondents here felt that too often non-Aboriginal staff were not able to implement successful youth programming.

Appendix C

Table of intervention description, main findings and recommendations for each paper

<u>Paper Authors</u>	<u>Intervention</u>	<u>Main Findings</u>	<u>Recommendations</u>
Aguilera, S., & Plasencia, A. V. (2005).	Intervention for HIV/AIDS and substance abuse prevention among American Indian/Alaska Native Youth, done through Youth Services Program in the San Francisco Bay Area. Events such as the Seventh Native American Generation and the Gathering of Native Americans are used to teach youth about culture, history and some of the negative effects of intergenerational trauma.	The Holistic Model used through these events that acknowledges that historical circumstances, cultural loss and structural can cause pervasive trauma that harms well-being in youth. The cultural approaches used in this intervention are effective at reducing stigma of substance abuse and HIV/AIDS by taking away individual blame of being "sick" and re-focussing attention on the disharmony experienced by many Aboriginal youth.	1. Use interventions reduce stigma of HIV/AIDS or substance abuse by focussing on positive aspects of native youth identity
Aho, K. L., & Liu, J. H. (2010).	Explains "Kia Piki Te Ora o Te Taitamariki" the Maori aspect of the New Zealand Youth Suicide Prevention strategy that reconfigured the way Maori Suicide was addressed. Ideas that treated suicide as an individual, singular issue were replaced with policies that situated youth within larger cultural structures (i.e. Family, community etc.) . Self-determination was key to this strategy and was accomplished partly through decolonization training at some test sites. This was meant to allow youth to determine their own responses	The primary finding was that cultural identity was vital to suicide prevention. This strategy was vital in reframing the discourse of Maori youth suicide prevention towards decolonization, identity and community development as vital in building the capacity for self-determination.	1. Do not assume that Maori who are non-traditional in their lifestyle as having a deficit of any sort. 2. Work to connect Community development to nation/mainstream health services.

	to suicide in the context of community development.		
Dell et al. (2011)	Residential treatment for solvent abuse in Aboriginal youth, that takes place in Ontario is highlighted. The centre uses culturally-focussed treatment methods that incorporate both the family and community into individual treatment. This is done through involving parents in educational activities and counselling; as well as consulting community elders.	The treatment centre uses a method which is somewhat akin to the idea of “Health Promotion,” where a persons well-being is thought of in terms of balance across different aspects of ones life. It was found that establishing or integrating a connection to community, self and political context are vital for successful treatment.	1. Normalize holistic treatment as part of therapy 2. Introduce specific Aboriginal health determinants into therapy 3. Educate mental health providers about Aboriginal ideas of healing
Gilder et al. (2011)	Not a direct intervention, rather a consultation with community elders and representatives about the possibility of using Motivation Interviewing as a tool to encourage Aboriginal youth to curb alcohol use. Motivation interviewing is unique because it assesses the level of commitment and contemplation the individual has towards ending alcohol use. Once the technique identifies how ready an individual is to quitting a specific program is implemented. The technique is useful also because it can be tailored towards “cultural relevance” which in the aboriginal context may include situating the individual as part of a larger community and family context.	The consultation found that a majority of Elders believed youth would be willing to accept motivation interviewing to change alcohol related behaviour and in addition many believed that family involvement would be seen as a positive. The findings also suggested, that from the perspective of those who were consulted, most youth would be in the “pre-contemplation” phase of quitting alcohol use meaning that they may not be willing to admit alcohol use is a problem or are not seeking to change, however motivational interviewing is meant to adapt to whatever stage the participant may be at.	1. Motivational Interviewing may be a practical way to reduce youth alcohol use in American Indian Youth, especially if it is made “Culturally Relevant”
Goodkind, J. R., Lanoue, M. D., & Milford, J. (2010)	The intervention focussed directly on changing the response to trauma (all types including intergenerational). Cognitive Behavioural Intervention for Trauma in Schools (CBITS) program was used for the intervention, where maladaptive thoughts are meant to be more functional. A total of 10 sessions were used, which emphasized education, relaxation training, cognitive therapy, real-life exposure, stress or trauma exposure, and social problem solving. Two parental sessions were also held. Three and six month follow-up was used to measure PTSD, Anxiety and Depression symptoms as well as coping skills.	Anxiety and depression symptoms were decreased 6 months after the intervention, while the other measures were not. Some cultural adaptations of the intervention was done and this may have added to it's success. Overall, school based interventions was seen as having good prospects for treatment of PTSD. One other important finding is that PTSD symptoms, six months after the intervention, were not decreased and this may have been due to exposure to new trauma within that six month period.	1. Use political engagement and collective advocacy as a way of funding similar interventions
Higgins and Burchhill (2004)	The program is known as the <i>Early Intervention Program</i> and was implemented in order to provide indigenous specific treatment to those youth who may be seen as at risk. The goal of the program was to train teachers or mental health workers how to identify and measure depression in	Consultation was the key part of ensuring the program was successful in it's initiation. After this it was important to develop ways in which Aboriginal mental health could be measured in a way that other measures could not.	None

	Indigenous youth and how to treat it. Overall the program looks to integrate clinical psychology with ideas of cultural support and historical trauma.		
Holland, P., Gorey, K. M., & Lindsay, A. (2004)	The intervention involved individual counselling, group work and family support to help individuals who had faced sexual abuse. Sixteen sessions were held with individual youth who had experiences sexual abuse in this specific community.	The outcomes of this program were compared to those of a similar group of children in Ontario who had not received any intervention. In the treated sample of children mental health and behavioural characteristics among others were seen as improved.	1. Integrate targeted intervention programs for children such as this one into existing child welfare support systems.
Lafrenière et al. (2005)	Two similar interventions that work with Aboriginal offenders who are intergenerational survivors of the residential school system. In the first program, individuals in the aboriginal community learn about traditional knowledge and holistic well-being. The second deals with offenders (and others to) find alternatives to the criminal justice system, where these individuals are given referrals to experts and specific healing plans that integrate holistic healing. This project was carried out as a University/Community Collaboration and this was the main focus of evaluation	These projects found that University/Community collaboration can be useful in supporting Aboriginal attempts at self-guided healing.	1. Use University/Community collaborations while considering following factors: <i>1. Collaboration grows out of shared commitments</i> <i>2. Unite through individual effort</i> <i>3. Find common denominators (ex. oppression)</i> <i>4. Community leaders laid out solid expectations of mutuality</i> <i>5. Academics provide positive environments</i>
Lowe, J. (2006)	The intervention, meant to address substance abuse in Cherokee youth, used a talking circle approach in schools to enforce notions of self-reliance. Tens sessions focussing on avoiding risk, coping skills and also fostering self-reliance were carried out by trained interventions. Drug use, self-reliance and stress were measured after the intervention and 90 days after as well.	The results, which shows positive results for self-reliance and decreased drug-use, support the notion that cultural alienation among Aboriginal youth has led to greater alcohol use. It also illustrates the effectiveness of a school-based intervention program.	1. Culturally congruent approaches such as the talking circle group approach used in this intervention are effective 2. Self-reliance is an important factor in interventions when treating substance abuse
Marlatt et al. (2003)	Intervention sought to reduce alcohol use or prevent alcohol use among youth. A culturally relevant life-skills program was developed which taught communication, decision-making and other skills. The metaphor of a canoe was used as representative of a "Life Journey." A 3 month-follow up of self-confidence and the ability to resist alcohol use was conducted.	The preliminary results show that positive trends in self-confidence. It appears however, even though this article reports very early into the process, that a life-skills program can be effective for alcohol prevention.	None
Shantz, J. (2010)	A very broad set of programs aiming at infusing culture into the lives of youth who have been to negative aspects of colonialism, including intergenerational trauma. The primary program looks at providing youth with traditional food	The author states that within this community suicide, depression and crime have decreased, all in light of a wave of youth resiliency. This is due to the self-sustaining, reclamation of culture primarily led	1. Empower youth to be politically active. 2. Let youth groups be self-determining and autonomous, not bound by government or other

	and also to train them to prepare and harvest traditional food. Also other youth specific programs are carried out such as the creation of a mural. A youth council was also born out of these interventions which has been important in organizing the youth and making them into community activists.	by youth. One more important finding and factor was that the group became autonomous early on and it was separate from external funding or organizational structures.	structures which may further perpetuate discrimination.
Tsey et al. (2010)	A learning process, intervention rooted in aboriginal worldviews that seeks to bring forth feelings of grief and despair in a safe context. A five stage process, focussing on Human qualities, the process of change, changing the patterns, opening the heart and further facilitation were carried out. Experiences were captured in interviews where answers to specific questions were given and sorted based on similarities in order to identify common response patterns. This intervention was not geared specifically to youth, but it was heavily rooted in intergenerational trauma relief and youth were certainly involved. The intervention could best be described as psychosocial empowerment.	The narratives of participants clearly showed a new sense of empowerment, along with a greater sense of identity, more self-respect, greater optimism, intellectual curiosity, belief in reconciliation and a self-described improved capacity to deal with substance abuse. The intervention was interpreted as a program which affected both individuals and the systems they are a part of.	1. Self-determination and control of program by Aboriginal community are important, including in conceptualizing the program. 2. Address Aboriginal understandings of holistic therapy. 3. Reframe negative aspects of an individual's life in terms of a challenge with a real solution (ie. Cognitive reframing).
Veroff, S. (2002)	An intervention in the form of Participatory art research with college Inuit students. The research purpose was largely to explore the collective unconsciousness present in Inuit students. Students were given the chance to produce cultural or symbolic art in the context of a college class. After this, the class worked together to deconstruct and ask some specific questions about their art. Techniques employed were in the form of artistic hermeneutics. A critical ethnographic approach was used by the researcher.	The author believes that through this art research a distinct Inuit subculture was expressed. The activities described much of what the students thought about their own cultures and the dominant culture they were immersed in and it was found that they sought a way to connect their collective past with their present. It was found that the relationship the researcher developed with students and the reflective techniques used in analyzing the art, made it a successful project.	1. Build relationships with students (cooperative learning) 2. Use discussions to encourage reflections on issues
Warren (2002)	A yearly camp, in rural areas, for Native American youth to explore traditional elements of culture including diet, beliefs and other traditions, all in the hope of using identity to curb substance abuse. Language, dance and traditional games are also part of these gatherings. The rationale is based around the concept of a "Good-mind" which states that the mind works with the "creator" to make healthy choices, all in the context of maintaining a holistic balance that can be passed down to further generations.	The youth, who leave this camp, appear empowered and more culturally aware. Also many youth who seem uninterested in the camp at first, leave with a further appreciation of the efforts being made towards them and also for their traditional culture. The gathering also serves as an important networking activity for many Native American youth, certainly those from urban areas who may not be involved with local Native American groups.	1. Use "good-mind" (holistic and balanced techniques) techniques 2. Increase continuity with youth participants and encourage them to take up leadership roles 3. Emphasis on dietary aspects in cultural intervention in order to offset diabetes

	Oftentimes, a “talking-circle” approach is used and integrated into the camp where participants can express personal thought sin a safe environment.	Many youth also return for multiple camps.	
Wexler, L. M. (2006)	A mixture of research and intervention. The researcher was attempting to understand more about Inupiat suicide using Participatory Action research methods, while at the same time delivering suicide prevention education. These sessions became the places of dialogue where much research took place.	The research found that there was certainly a perception that suicide was linked to historical oppression and that the youth feel the impacts of colonialism, but it is a tough impact to mitigate. The key findings of the sessions primarily restated this idea, that suicide prevention must continually be reframed in a colonial perspective and that suicide is something that involved the entire community. The best way to go about doing this may be to use cultural knowledge, in the most dynamic sense, to rebuild and reinterpret a sense of identity that will be the best suicide prevention strategy for these youth.	1.To foster new awareness and a sense of agency, oppression must be re-conceptualized as a modern phenomenon with historical roots 2.Colonization and oppression must be seen as continuous and youth must be seen able to resist discrete forms of colonization
Palmer(2006)	An intervention for remote aboriginal communities based around the concept of intergenerational exchange, where elder members of a community reinvigorate culture in the lives of youth. This project involves “back-country” trips with youth primarily in the hopes of building a stronger cultural sense of identity but also to curb substance abuse. During these trips youth participate in activities involving language regeneration, land care, scientific education, building life skills and more. Emphasis is also placed largely on the act of walking itself, where participants “Follow in the footsteps of those who go before,” which serves as a way to connect to their ancestors and culture.	The physical activity that comes out of this experience is something very beneficial to participants. More promising however, is the reconnection with Elders that occurs during the trips and the use of the trip as a positive diversion away for risky activities or anti-social behaviour. Other activities such as land care, working with external community members and carrying out scientific projects, build leadership skills in youth participants.	1.Let projects be guided and monitored by involved senior leadership. 2.Let information flow freely between participants, their families and the project planners. 3.Take advantage of digital technology 4.Involve other cultural groups.

Appendix D

Methods

How did we do this?

We followed a method known as a scoping literature review that allowed us to find out what types of academic papers or reports had been written that described, in some detail an intervention or program in Canada, the United States, Australia or New Zealand, that was meant for Aboriginal Youth ages 12-29 and spoke of how intergenerational or historic trauma were part of their programs. Also, we looked for government or organization reports that could also fit this category. Our search was very extensive, and it used multiple techniques to find papers that suited our research question. In total 16 papers were found. With these important information such as the age group, location of intervention, illness or condition being addressed and evaluation style were collected, and also the intervention type was determined using AHF guidelines and the broad recommendations from each paper were recorded. We will elaborate more on these last two aspects.

These findings were presented to a group of community members from Calgary, Alberta, many of whom work with agencies or organizations that run programming for Aboriginal youth. Others were members of various Aboriginal communities who work with youth and others were students or researchers. After presenting the findings, and spending a great deal of time on recommendations and next steps, six focus groups were created and three questions were posed to each group by a facilitator who led the discussion. The three questions were:

- Of the recommendations that were discussed today, do you have similar practices in your agencies programs?
- How do you know what you do works in addressing intergenerational trauma?
- What would your agency need to better implement and evaluate your youth programming?

We noted common themes coming out of the responses and reported on how these reflect the viewpoint surrounding each question.