21st ANNUAL CONVENTION OF AMERICAN INDIAN PSYCHOLOGISTS AND PSYCHOLOGY GRADUATE STUDENTS

Recognizing the Issues of Historical Trauma & Intergenerational Post-Colonial Stress with a Healing Framework of Tribal & Cultural Values, Beliefs, and Strengths

June 25, 2008 Utah State University – Taggart Student Center Logan, Utah

Presenter: Joseph B. Stone, Ph.D., SAC Level III, ICADC, CADC Level III Chief Behavioral Health Services – Gallup Indian Medical Center

Dr. Joseph B. Stone is an enrolled member of the Blackfeet (Pukuni) tribe of northern Montana and has paternal lineage from the Lakota and Chippewa tribes. He is a licensed psychologist in Washington and Oregon, a licensed mental health counselor in Washington and an internationally certified alcohol and drug counselor working as Chief: Gallup Indian Medical Center Behavioral Health Service. He lives in Gallup, New Mexico with his wife Deanna L. Crask-Stone, a Social Worker and two adopted Navajo sons: Jerry (eight) and Jesse (seven). Dr. Stone's interests are in the development and integration of a clinical framework recognizing the issues of historical trauma & intergenerational,

post-colonial stress with a healing framework of tribal and cultural values,

Three Post-Test Questions and Answers:

beliefs, and strengths.

A. Define Historical Trauma, Post-Colonial Stress and discussion of the emerging historical trauma literature and theory?

Historical trauma and Post-Colonial Stress are the U.S. Government introduced historical conquering, displacement, assimilation, acculturation and oppressive interactions with First Nation communities and individuals and cumulative chronic stress of these interactions on family functioning and neurological development. These theories are articulated by a new generation of tribal and native researchers, authors and activists and are recognized and incorporated in a new generation of First Nations health care.

What specific intergenerational and current effects has trauma had and is trauma having currently with First Nation's relatives treated in the health care system?

Regulation of arousal in an infant is a critical factor for developing resilience versus compromised behavioral immunity and developmental psychopathology. Developmental trauma impacts the brain of First Nations relatives setting the biological stage for vulnerability and reduced Resilience or (compromised behavioral immunity).

Is historical trauma and post-colonial stress a diagnosable condition in the modern taxonomies and assessment and treatment criteria, such as the DSM-IV-TR or the ASAM PPC IIR.

No, it is not recognized in the DSM - IV - TR or and ASAM PPC IIR, however, recognizing the syndrome and incorporating the underlying symptoms into a diagnostic and treatment criteria is fair game and should be a goal of an informed clinician working with a Native or First Nations patient or client.

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Title of Keynote Presentation: Recognizing the Issues of Historical Trauma & Intergenerational Post-Colonial Stress with a Healing Framework of Tribal & Cultural Values, Beliefs, and Strengths

Course Level: Advanced, but, I will make certain the complex concepts are adequately explained and discussed for intermediate and beginning practitioners. I encourage administrators and program level workers to attend this training.

Abstract: A general model of historical trauma and the effects of post-colonial stress as antecedents for behavioral and spiritual vulnerability to addiction and both modern behavioral and traditional First Nations spiritual treatment mechanisms are described.

Detailed Description: Historical trauma, compromised behavioral immunity (risk for expressing behavioral disorders), unregulated arousal, post colonial stress disorder, chronic family stress, neuro-development and developmental psychopathology issues in tribal behavioral health are discussed. A theoretical perspective describing Post-Colonial Stress Disorder: the intergenerational chronic stressors affecting tribal families and parenting and the consequential neurological and histological consequences to brain development through unregulated arousal and compromised behavioral immunity that resulted in developmental psychopathology is presented. The current effects of trauma on the brain in the First Nation relative are described. The modern clinical, behavioral model of vulnerability to methamphetamine addiction and modern clinical behavioral treatment of methamphetamine addiction is described and contrasted to the ancient First Nations model of spiritual vulnerability and spiritual treatment of methamphetamine addiction and appropriate integration of these perspectives is recommended and discussed.

Room Set-Up: As arranged

Audio-Visual Request: Over head Projector and a set of flip charts and easel with colored pens or alternately, an overhead with access to a large projection screen.