

New Fellow Self-Statement

Dear Fellows Committee:

As an Assiniboine/Anishinaabe woman, writing this statement is one of the more challenging tasks that I have faced within APA. Speaking of one's accomplishments is frowned upon in indigenous communities. The proper, culturally appropriate, way of acknowledging accomplishments is done through clan aunts or uncles. They speak of one's accomplishments to others. Given my discomfort and going against cultural norms I will do my best to share. Please accept my materials for consideration toward New Fellow status in Division 35, Society for the Psychology of Women.

My father is Anishinaabe from the Lac Courte Oreilles reservation in northern Wisconsin. From my mother's side, I am an enrolled Assiniboine from the Fort Peck Reservation in Montana. I am of the Crane clan and one of our responsibilities is to be a spokesperson for the people. My original Indian name is Good Plants, my staff of many years asked for me to be named Woman Strong in Spirit and the last name that was given to me was Wisdom from the North. I am a Sundancer. As such, my greatest strength is perseverance in the face of adversity. I give hope to the distraught through my ability to be a stable grounded witness.

I am the first in my family to get a college education. I've been selected as an outstanding alumnus from the University of Montana Billings campus where I got my bachelor's degree. After I attained my master's degree from the University of South Dakota I went to work as a mental health specialist for the Indian Health Service. While employed with IHS, I received a few awards for outstanding service. Most of these awards were related to my work with child sexual abuse victims. More importantly, the work was a profound learning experience. I discovered what could be done when working with community allies.

For over 35 years I have been serving Alaska Native/American Indian communities in the field of behavioral health. When I first started many years ago, there were two serial sex offenders that wreaked havoc on the reservation where I was working. The closest Community Mental Health Center that employed a psychologist was over an hour away. There were so many child victims. Our cases alone would overwhelm their system. I was told they would not and could not accept our referrals. Thus began my work in community advocacy and my immersion in the treatment of child sexual abuse. Incredible things happened as a result of the grassroots advocacy. Unique challenges were faced. For example, sexual assaults against children were often rejected by the U.S. Attorney because there was no federal code to address the assaults. The tribal codes were weak and had extremely limited consequences. There could be identical assaults on reservation Indian children as on non-Indian off reservation children yet there was no or very limited recourse for the Indian child in the court. There were tribal taboos in some communities that limited education on sexual assaults in mixed company. The tribal criminal code on my home reservation was updated and other reservations followed suit; community education about sexual abuse became available throughout Indian country; our tribal advocates, me included offered testimony to Congress in Washington DC and that action contributed to the federal codes being updated to include sexual crimes against children.

After about 10 years with IHS, I decided it was time to pursue a doctoral degree. I was accepted into the first cohort of Utah State University's American Indian Support Project. After four years,

I was the first graduate of the program and attained my degree in the APA approved professional-scientific psychology program. This is a three track program, devoting one year each to school psychology, counseling psychology and clinical psychology. During this time, I was also fortunate to be selected as an APA Minority Fellow. I've been a member of APA since the late 1980s. The support of the APA Minority Fellowship Program was a godsend for me as I was working half-time while in graduate school to support my family. The Fellowship eased some of my concerns.

My professional life has been dedicated to serving Native populations in remote locations. Alaska is the most isolated area I have served in. It is the largest state in the union (570,641 square miles) yet it is also the most sparsely populated with about 1 person per square mile. There is no connecting road system; there are many island communities and communities only accessible by air. This leads to unique challenges in providing services. Year round weather can stop air travel. Many villages have limited support services such as local law enforcement officers or domestic violence shelters. One can visualize what happens if a woman with children is battered and needs shelter and there is no transportation out of the village. In the northern most areas the population is 75-100% Alaska Native. Although Alaska Native people make up about 14% of the population, they are disproportionately represented in social service programs and the jails and prisons. Some of the villagers still chop wood for heat and get water from a washateria. The weather and travel conditions may be harsh. There are no hotels for providers that itinerate. Serving the most underserved has required perseverance, flexibility, working together with local populations to help them discover their strengths. The lonely work of being a sole provider in a remote location without supervision readily available influenced me to dedicate a good portion of my time training and supervising paraprofessional behavioral health staff serving in these remote locations. The majority of the providers are female as are the clients. Violence and sexual assault are far too common. I supported a strategy to give the women voice. Much of my focus has been on developing local talent as the turnover rate for psychologists is high in these remote underserved areas, if a community is fortunate enough to be able to recruit a psychologist. Many find the work and work conditions despairing and need to develop strategies for thriving. It is a rare provider that can be present for the long haul and remain positive.

My work has included being a healthy role model and training others in the field of behavioral health. I have had the privilege to be a part of the Rural Human Services Program, training natural helpers from remote villages in the field of human services. The communities identify the people they respect as being helpful and the university program provides factual information and proven strategies for helping along with the wisdom of Native elders in the classroom. A class will not take place unless an elder is present as the cultural component is integral to the curriculum. This is a gateway program to degrees in social work or psychology. I continue this work today by teaching a required "Native Ways of Knowing" class for doctoral students in the joint University of Alaska Fairbanks-University of Alaska Anchorage APA approved program in Clinical-Community Psychology. The University of Alaska is on the forefront recognizing and supporting the examination of non-western approaches in the field of psychology.

I have been able to shape this course to include an indigenous perspective of indigenous history, current events impacting indigenous communities, and research completed primarily by

indigenous researchers/psychologists on issues relevant to their culture. The inaccurate and incomplete representations of indigenous people are challenged throughout the course. There is a strength based focus at both the individual and community levels. We have been fortunate to have guest presenters that are well-known in the American Indian psychology community, such as Drs. Jacqueline Gray, John Gonzalez, and Melinda Garcia. Students are required to critically examine history, media and research. For some assignments, they assume an indigenous identity that they have chosen at the beginning of the semester (e.g., elder, child adopted out of their culture, indigenous LGBTQ youth) and respond to scenarios or readings. They are also required to identify positive Indian role models that are current or in the recent past. This is in part to move away from basically romanticizing Indian leaders of long-ago and keeping the focus on the past. A goal is to broaden the recognition of present day indigenous heroes. Stories are also used to teach and the students contribute stories from indigenous cultures as well. Oral traditions are highly valued as a means of shaping behavior in Native communities. Students frequently express surprise and dismay at how little they have been made aware of indigenous issues throughout their education. Many students who have taken the course have expressed a deeper valuing of cultural influences and deeper commitment to social justice.

For almost the past 20 years, my work has been centered in Alaska. I managed a multi-site behavioral health program in Southeast Alaska. This required providing training and supervision for staff that included paraprofessionals as well as other psychologists. During my tenure in the position, tele health hardware was installed in every office and training was provided to staff to best utilize the technology. A system of regular trainings and regular clinical supervision was implemented. At one time, every village provider had completed the Rural Human Services Program I mentioned earlier. Strengthening the local support systems rather than relying on “outside experts” to address local needs has been a goal of mine. I was on the Alaska Board of Psychologists before transitioning to Oregon. For several years I served as a commissioner on the Alaska Commission for Behavioral Health Certification. I found it is absolutely necessary to become allies with other behavioral health providers including addictions counselors. There existed and still exists a gap between mental health providers and addiction counselors, although the addiction professionals’ training and approach to clients has radically changed during the past 40 years. As part of my strategy to form a network of support, I also became certified as a Masters level addictions counselor, MAC. I wanted my colleagues to know I respected their work and wanted to partner to best meet the needs of clients.

Through my work in Alaska I came to the attention of Dr. Ellen Cole. At the time, Dr. Cole was the incoming president for APA Division 35, Society for the Psychology of Women. Dr. Cole asked me to take the lead in founding a new section for indigenous women within Division 35. This had been attempted before unsuccessfully but with the advent of the Internet it now became possible to find the women Indian psychologists and network with them. APA Division 35 Section 6 for Indigenous Women came into existence in 2010. Dr. Cole kept telling me it is time and suggested I learn from Asian women’s section and I took Dr. Cole’s advice. We, women Indian Psychologists, are few and far between and scattered across the United States. We started with a core group that had career experience and exposure and now the section is reaching out to female students in graduate programs. As the section for Indigenous Women, we attracted women who did not feel they had a place at the table for example women with Central and South American origins. We also reached out to our Canadian Native sisters. Our current President is

Native Hawaiian and organized the very successful traditional luau at our 2013 APA Convention in Hawaii.

My involvement in APA governance began with The Committee on Ethnic Minority Affairs in 2011. I served on CEMA for three years with one year as Chair. This was a politically charged time given the vote on inclusion of the four Ethnic Minority Psychological Associations (EMPAs) was coming to ballot for the third time. The coordination efforts and communication was time-consuming. It was the will of many to pursue inclusion of the EMPAs on the Council of Representatives. CEMA also posed the question "Should Middle Eastern groups be recognized as an Ethnic Minority group?" A working group was formed to examine this question. After my term with CEMA, I was selected to be on the Committee for Rural Health. I have enjoyed reviewing work and strategies to see if they truly infuse sensitivity to diversity, class and rural concerns. A great deal of work has been done by the Committee to educate others about suicide in rural communities. Addressing suicide in American Indian/Alaska Native communities has been a focus on my consulting work for many years. It may be apparent from my life's work that CRH is a good fit for me.

I continue to give back out of deep gratitude for all that came before me, for all I have been blessed to experience, and for the next generations.

Please accept my sincere thank you for your consideration.

Pinamaya,

Iva GreyWolf, Ph.D.