TESTIMONY SUBMITTED TO THE
SENATE COMMITTEE ON INDIAN AFFAIRS
FOR THE HEARING ON

Addressing Trauma and Mental Health Challenges in Indian Country

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Submitted by:
Tami De Coteau, PhD
Licensed Clinical Psychologist
DeCoteau Trauma-Informed Care & Practice, PLLC

Mr. Chairman and members of the Committee, my name is Dr. Tami De Coteau. I am an enrolled tribal member of the Mandan Hidatsa Arikara Nation and a proud descendant of the Turtle Mountain Chippewa. I have worked as a licensed clinical psychologist with an emphasis on the treatment of trauma disorders for more than a decade. In addition to maintaining a busy patient caseload, I own a Bismarck-based private practice that employs 6 mental health workers who are uniquely trained in the application of trauma-specific interventions for adults, children and families. Thank you for holding this hearing on trauma and mental health challenges in Indian country and inviting me to testify.

Senator Heitkamp, I would like to thank you for your key role in advancing Native American priorities, your efforts to improve the lives of Native American people and for illuminating the important but tragically overlooked issue of historical trauma. I would also like to thank you for drafting and advocating for S. 246, "The Alyce Spotted Bear and Walter Soboleff Commission on Native Children." S. 246 is essential to enhancing the lives of Native children.

I have been asked by members of the Committee to focus my testimony on my professional experience and my clinical perspective on trauma.

Professional Experience

I obtained a doctorate degree in Clinical Psychology in 2003 from the University of Nebraska-Lincoln with specialization in the cognitive-behavioral treatment of anxiety disorders, which at the time encompassed trauma disorders. My professional practice work has focused on providing services to trauma-survivors. I am certified in trauma-focused cognitive behavioral therapy. I have received training in the Neurosequential Model of Therapuetics (NMT; Perry), a developmentally sensitive, neurobiology-informed approach to working with at-risk children; Trust-Based Relational Intervention (TBRI; Purvis), a therapeutic model that trains caregivers to provide effective support for at-risk children; and Eye Movement Desensitization and Reprocessing (EMDR; Shapiro), an intervention approach that helps reduce the long-lasting effects of traumatic memories.

During my undergraduate and graduate training I received the honor of becoming a McNair Scholar and then an American Psychological Association (APA) Fellow. I also received the Indian Health Service 2009 Health Professional of the Year Award for outstanding service and the American Psychological Foundation 2010 Early Career Award for providing culturally

competent practice techniques for Native Americans and for developing training programs in rural, underserved areas.

My career began with the Veteran's Administration where I provided psychological services to traumatized Veterans. During my interim at the VA, Dr. Arthur McDonald (Ogala Lakota) and I joined forces to create psychology internship training and services for Native Americans. Our initial effort was funded by HRSA/BHP. During the 3-year grant phase we designed and implemented a model for training psychologists to provide culturally competent and relevant services in rural Native American communities. From this experience, evolved the stimulus for a much greater vision to develop reservation-based internship programs with unique missions to restore the individual and the collective sense of worth of Native American people by supporting the belief that the healing of Native Nations lies within the Nations themselves.

The Standing Rock Psychology Internship and Post-doctoral Program became the flagship model of our vision. The Program evidenced success in recruiting and retaining psychology providers for rural Native American populations and substantially increased accessible mental health services. Doctorate-level trainees worked collaboratively with tribal health, schools, and judicial departments. In addition to the well over 3,000 hours of direct patient care, trainees provided community education, suicide prevention, and even equine assisted psychotherapy. One of the highlights of the Program was the mobile crisis response team that worked to prevent and reduce suicides on the reservation. The Program was a tribally-driven initiative that provided an excellent example of Indian self-determination.

Unfortunately, it is difficult to sustain mental health services on the reservation. Mental health providers in Indian Country are at a particularly high risk for burnout. We work in an intense and crisis-oriented environment on a day-to-day basis. We face an unusual array of highly-stressful conditions including inadequate compensation, safety issues, lack of basic resources such as supplies and testing materials, professional isolation, lack of appropriate referral and consultation resources, excessive time demands, and inadequate funding. In addition, we serve a patient population that has an unimaginable amount of emotional trauma and social problems. These conditions cause us to experience a constant state of physical and mental exhaustion and lead to feelings of depersonalization and dissatisfaction. It is no surprise that decreased worker effectiveness and burnout are common among mental health professional in rural Indian Country.

While my heart still resides in working on Indian reservations, I have been drawn towards education and advocacy for trauma-survivors including training local teachers, educating congressional leaders, and serving as the president of Council for Native American Trauma-Informed Initiatives which is hosting this afternoon's Roundtable on the Causes and Effects of Trauma In Native American Communities.

Thus, in 2011, I step away from my clinical work on the reservation and began work as a private practice and consulting psychologist in Bismarck, ND. In a very short amount of time my clinic schedule was full of patients, primarily children in foster care with complex developmental trauma. Whether it be on, or off the reservation the need for trauma-based psychological services in North Dakota is immense. Over the course of my career I have become acutely aware of the "culture of trauma" that is overwhelming Indian communities and inhibiting the traditional "healing culture" practices. I will discuss the culture of trauma first.

The Culture of Trauma

Historical trauma is the cumulative impact of historical losses caused by European settlers' efforts to exterminate Native Americans and our culture and transmitted across generations. The assimilation policies of the federal government, particularly the one that involved sending young Indian children to boarding schools, continue to have a tremendous detrimental effect on Indian people. This history has led to a generational pattern of trauma that perpetuates itself in the form of abuse, neglect, substance addiction, violence, mental unwellness, physical illness, and unresolved grief.

Trauma by definition is an unbearable and out of control sensation in the body. It leaves an imprint on the mind, body and brain and results in reorganization of the way the mind and brain manage perceptions. Trauma changes what we think, how we think, and our very capacity to think. Traumatized people have trouble deciphering what is going on around them. They superimpose their trauma on everything. Individuals who become conditioned to adversity come to believe they have no control over their lives so they give up trying – a response referred to as learned helplessness. Trauma affects those who are directly exposed to it as well as those around them. The current challenges in Indian country, including difficulties with social-environmental, physiological and psychological functioning, are evidence that the trauma that occurred long ago continues to impact Native Americans today.

The therapists in my practice serve hundreds of traumatized individuals, many of whom are Native American children. The gut-wrenching impact of trauma on these precious souls is evident in their persistent hyperarousal and hyperactivity. These children struggle to regulate their own emotions, attend to stimuli, and their capacity for learning is often greatly impaired. While they are desperate for love and affection, their persisting fear-response causes them to perceive everything as threating, and they are likely to lash out at even the most loving caregivers. Children who have such complex trauma cannot become functioning members of society without skillful trauma-focused intervention.

The Healing Culture

Research shows that helping trauma survivors to describe their trauma is helpful, but is often not enough. Since trauma is encoded in the mind and body, for healing to occur, mind-body communication is needed. Scientists have discovered that individuals can restore their arousal system through practices such as mindfulness, movement, and rhythm – principles that have been used by Native American cultures for centuries. Although Native principles in healing have long been regarded as nonsense by modern day medicine, we now have scientific proof that the ability to heal ourselves and our communities lies within our traditional cultural practices.

Recommendations

Recent scientific studies have developed some practical and effective interventions for trauma, and we now have a pretty good idea of what tribes can do to address the causes and effects of historical and childhood trauma. A comprehensive trauma-informed initiative that involves every institution on the reservation must be implemented. My recommendations are provided below.

1. Implement Comprehensive Trauma Informed Initiatives. There is no one single intervention that every tribe must adopt. Rather, there are a number of different ones that have been shown to be effective for a specific area - the schools, the mental health program, the law enforcement system, and so on. Each tribe needs to select the approaches that are most appropriate for its values and culture. The keys are that the initiative must be comprehensive and the community must be fully educated about trauma and involved in the initiative. The problem is that right now there is no place a tribe can turn to in order to obtain technical assistance in setting up a comprehensive trauma-informed program. I urge Congress to appropriate funds to create an institute that would provide on-going assistance to tribes that are seeking to implement a comprehensive trauma-informed initiative.

2. Provide funding for the use of interns. There is a desperate and immediate need for increased human service resources in order to address childhood and historical trauma. Although the Standing Rock Program is no longer in operation its model is universally applicable and has the ability to be reproduced in other underserved areas. By providing funding to enable tribes to implement psychology intern programs that bring pre- and postdoctoral psychologists to reservations we can expand the mental health workforce in our region.

Conclusion

Mr. Chairman and honorable members of the Committee, childhood and historical trauma are long-standing issues that have detrimental effects on our Federal and State budgets, health, and overall well-being. Indian Country needs maximum mental health power to deal with the trauma. Money must be allocated for tribal comprehensive trauma initiatives. I thank you for the time and opportunity to share my perspective on trauma and mental health challenges in Indian Country.