

**WORKING WITH NATIVE AMERICAN  
WOMEN WITH POSTPARTUM DEPRESSION**

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**More Questions than Answers**

- Living and working in the Southwest, mental health workers will by definition see Native American Women
- Very little research exists, but research shows that 10-20% of Native American women will likely have PPD
- How can PPD be successfully treated without understanding the attributions and meanings that Native American women make around motherhood?
- What if a tribal language lacks a word for depression?
- How can this be communicated to Western caregivers?

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**Who is “Native American”?**

When the U.S. government enters into a treaty with a tribe, the tribe becomes “recognized” and tribal members become eligible for “Native American” status and benefits.

There are Native American tribes that are not granted governmental recognition, and those tribal members do not receive recognition or benefits. This is a problem of external definition.

There is no one “Native American Culture”.

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### Historical Trauma Casts a Long Shadow

- Historical trauma likely casts a long shadow over Native American women and their sense of themselves as mothers.
- Genocide, loss of language, loss of culture, loss of world-view
- Boarding School
- \*\*\*Need to understand these issues to know how to provide appropriate multi-cultural care to Native American women.

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### Study Methodology

- Purpose was to understand meaning-making around motherhood and how that might influence PPD
- Quantitative, Phenomenological method was consistent with the research question.
- Research data was to be interviews with Native American women, but that was not possible due to IRB (vulnerable population) time requirements, access to participants, time of year and cultural taboos about story-telling outside of winter.
- Additional interviews with Western caregivers

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### Research Methodology, Continued

- A new approach was needed.
- Interview only Western Caregivers: professional dominant culture women with at least 2 years experience working with Native American women.
- 2 types of questions: how did their Native American clients experience motherhood and how did they understand their own experience of providing multi-cultural care?

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### Phenomenological Research Steps

- Questions were asked to elicit the participant's own experiences and how they understand their reality.
- Systematically analyze the the data for themes and subthemes (this was done using NVivo)
- Describe the larger meanings that emerge from the themes to make them accessible and useful to others.

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### Journal the Researcher's Own Experiences

- Journal kept from the beginning of the process
- It was difficult to attend to the journal; painful subject matter
- Parallel process was difficult. Much personal growth working through the same thoughts and feelings that participants expressed about the difficulties of being a white person working with Native American people.

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### Research Questions:

- As described to health care providers, how do Native American women understand the meaning of motherhood inside their culture?
- Is the lived experience of the meaning of motherhood, as described to health care providers, informed by inter-generational trauma or other aspects of colonization and oppression?

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**Research Questions:**

- How does the meaning of motherhood inform the experience of new motherhood, especially in the early months postpartum?
- How does the cultural meaning of motherhood impact experiences that might be related to the western diagnosis of Postpartum Depression, if at all?

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**Research Questions:**

- What protective factors emerge that might be activated in treatment through the use of an empowerment model?
- What have healthcare providers noticed when Native American women seek health care services for help during the transition to motherhood?

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**Research Questions:**

- What commonalities might exist between Native American traditional perspectives and health care providers' view of the postpartum period? How might the commonalities inform treatment?
- What are the health care providers experiences of providing care to Native American women.

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### Participants

- Six participants. between the ages of 30 and 60
- Interviewed for approximately 60 minutes
- The six participants averaged 7.5 years of experience working with Native American women
- Experience with ten tribes, including Dine' (Navajo), Hopi, Tohono O'odham, Gila River Indian Community, Salt River Indian Community, Quechan, Apache, Yaqui, Havasupai, and Ah Chin, who lived in both reservation and urban settings

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### Results: Emerging Themes

- **Historical Trauma**
- Theme: Effects of Intergenerational Trauma, Colonization, and Oppression
- Subtheme: Interaction of Historical Trauma and Place of Residence
- Theme: The Lasting Effects of Boarding School

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### Results: Emerging Themes

- **Native American Understandings about the Transition to Motherhood**
- Theme: There are Multiple Meanings of Motherhood
- Theme: Biological Motherhood
- Theme: Cultural Responses to Pregnancy

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### Emergent Themes, Cont.

- Theme: Mothers may be Social Mothers, not Biological Mothers
- Subtheme: Becoming a Social Mother
- Subtheme: Social Mothers may Experience Difficulty with Transition
- Individual Theme: Difficulty when Biological Mothers Re-engage With Mother Role

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### Emergent Themes, Cont.

- Theme: Person, Community, and Tribal focus is on the Child, not the New Mother
- Subtheme: Lack of Positive Mother Role Models
- Theme: How the Meaning of Motherhood Informs the Experience of New Mothers
- Theme: Historical Trauma Distorts Cultural Understandings of Motherhood

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### Emergent Themes, Cont.

- Subtheme: Environmental Stressors
- Subtheme: High Rates of Incest, Sexual Abuse, and Rape
- Subtheme: Lack of Social Support

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### Results: Emerging Themes

- **Practices for Effective Therapeutic Work with Native American Women**
- Theme: Be aware of Assumptions and Expectations
- Theme: Adjust to a Native American sense of Time
- Theme: Take the time for Rapport Building
- Theme: Incorporate Traditional Healers and Practices

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### Emergent Themes, Cont.

- Theme: Honor Cultural Boundaries or How Native Culture Differs from Counseling
- Subtheme: Be aware of culture differences in goals, values, and practices
- Theme: Assess and Treat All Mothers, Biological and Social, who Experience Difficulties
- Subtheme: Screening for Postpartum Depression

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### Emergent Themes, Cont.

- Subtheme: Screen Social Mothers regarding Adjustment, Mood, and Support
- Individual Theme: Psycho-education for Postpartum Depression
- Theme: Connect mothers to Community Support when available

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### Emergent Themes, Cont.

- **Dominant Culture Health Care Providers' Experiences of Providing care for Native American Women**
- Theme: Anger Responses to Clients
- Theme: Frustration with Systems and Lack of Resources
- Theme: Caregiver Hopelessness and Helplessness
- Theme: Shame and Guilt as a Representative of the Dominant Culture Benefiting from White
- Privilege

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### Emergent Themes, Cont.

- Individual Theme: Managing Shame and Gilt as a Member of the Dominant Culture
- Theme: Being Changed by Relationships with Native American Colleagues and Clients
- Theme: Secondary Traumatization, Professional Burn-Out, and Leaving the Work with Native American People
- Theme: Self-Care

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### Researchers' Experiences

- Feelings of anger, sadness, horror about historical oppression, on-going institutionalized oppression, difficulty of multi-cultural work, vicarious trauma and learning to manage those feelings.
- Coming to see the Dominant Culture Filter
- Being able to look "through time" to focus on historical trauma
- Surprise that PPD was a focus, but adjustment to maternal role was.

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### What about the original research questions?

- Less information about PPD but a great deal of information about how some Native American women experience motherhood.
- Social Motherhood was unexpected topic but needs further exploration
- Historical Trauma, especially boarding school, has had a profound effect

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### What about the original research questions?

- Empowerment: Understanding what women need, addressing the results of historical trauma (adjusting to motherhood and PPD are “just one more problem”)
- Critical importance of connection to tradition
- Caregivers’ experienced shame, guilt, anger, frustration, and joy. Managing these key to avoiding burnout.

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### Strengths of Study

- Added new information in areas that have been understudied.
- Through the phenomenological method important topics emerged that might have otherwise been overlooked (social motherhood).
- Adequate number of participants for research method.
- Highlights area for further research, guidelines for multi-cultural work

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### Limitations of Study

- Participants worked with a clinical population and the Native American mothers were likely less functional and healthy than the general population of Native American mothers.
- Participants' experiences were with members of tribes in the Southwest United States and may have limited generalizability, although the results of historical trauma and ongoing oppression occur across North America.
- Would have benefited from a theme audit.

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### Discussion

- Historical Trauma is a daily part of the lives of many Native Americans
- Important to move beyond Historical Trauma: Empowerment, Hope, Strengths
- Native American culture and western psychology's world views are very, very different, including concepts of health and illness. Caregivers need to understand this and learn to build bridges and then cross to the other side of the bridge, not just half-way.
- The Dominant Culture Filter is powerful!
- Self care is the most important part of multi-cultural work.

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### Recommendations: Meaning and Experience of Motherhood

- Create circles of support for Native American mothers; increase connections to each other and to traditional practices.
- Home visitation to screen for adjustment problems and PPD.
- Watch for problems: mothers (biological and social) may not self-report problems.
- Be aware that cultural definition of motherhood is fluid.
- Know resources to make appropriate referrals
- Become an advocate

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**Recommendations: Effective Treatment**

- More diversity training regarding working with Native American people is needed.
- Tribes and community mental health providers can work together to teach caregivers how to best work with tribal members.
- Adjust to tribal culture instead of expecting Native American people to adjust to the dominant culture regarding treatment. Learn about tribal culture.

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**Recommendations: Effective Treatment, Cont.**

- Connect clients to traditional resources if they want them
- Monitor self for the Dominant Culture Filter
- Focus on relationships; slow down. What does client want?
- Be a “real” person. Talk story, self-disclose. Use a soft handshake.
- Become an advocate

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**Recommendations: Dominant Culture Caregivers’ Experiences**

- Recognition and conversation about white privilege should be held across organizations and at all levels. People could be encouraged to recognize white privilege and to process their response that recognition.
- Organizations and caregivers should regularly assess practices for cultural appropriateness.

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### Recommendations, Cont.

- Dominant culture caregivers would benefit from supervision and/or collegial support to process thoughts and feelings evoked during multicultural work.
- Monitor for transference/counter transference issues regarding privilege.
- Plan for self care and resiliency resources.
- Consider sharing personal diversity awareness journey.

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### Future Directions

- More research is needed regarding the appropriate treatment for Native American clients and the effects of the Dominant Culture Filter, including work with perinatal women and families.
- Tribal/traditional and western caregivers can develop new and innovative partnerships to care for more Native American people, both urban and those living on reservations.
- More diversity training is necessary, as is an honest public discourse about the effects of historical trauma and white privilege.

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### Mahalos

- Thank you to the participants and the women and families that they represent.
- Aloha nui loa and Mahalo to my committee, Dr. Baca and Dr. Shrader. Your knowledge, guidance, and belief in my has been transformative.

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