CURRICULUM GR. 9-12

INTERGENERATIONAL IMPACTS

Grade 10

MAIN IDEA

One part of the legacy of residential schools is they have impacted generation after generation of Aboriginal peoples in this country. The role and impacts of residential schools on Aboriginal traditional knowledge and mental, emotional, physical and spiritual well-being are linked to colonization and cultural genocide. The goal of residential schools was institutionalized assimilation by stripping Aboriginal peoples of their language, culture and connection with family. Although assaults on the first peoples of this land have been devastating and intergenerational, we still celebrate proudly through our resilience and tenacity of the holistic well-being of Aboriginal peoples. We are still here. – Modified, originally written by Cheryle Partridge -

ONTARIO SPECIFIC EXPECTATIONS Students will...

NATIVE STUDIES

- Identify significant events and issues that have had an impact on Aboriginal peoples and their communities (e.g., the introduction of European, Asian, and African diseases, such as tuberculosis and HIV; residential schools; the relocation of Inuit communities in the high Arctic):
- Evaluate the impact of social and demographic change on Aboriginal communities (e.g., relocation, urbanization, education, pressures to assimilate)

MATERIALS	RESOURCES & SOURCES		
Computers/Internet	Mental Health Profiles for a Sample of British Columbia's Aboriginal Survivors		
Elder or Healer	of the Canadian Residential School System http://www.ahf.ca/downloads/mental-health.pdf		
Tobacco Leaves	My Journey Into Motherhood, digital story		
Handouts	http://www.pwhce.ca/program_aboriginal_digitalStories.htm		
Rubric	Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People http://www.ahf.ca/downloads/healing-trauma-web-eng.pdf		
	Additional resources: Intergenerational Impacts from the exhibit Where are the Children http://www.wherearethechildren.ca/en/exhibit/impacts.html		
	Jigsaw explanation http://www.mlab.uiah.fi/polut/Yhteisollinen/tyokalu_jigsaw.html		

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ACTIVITIES

Please note due to the sensitive matter of this lesson students may need support from an Elder or Counselor.

- Inform the students that they are going to view a digital story (1 of 6) created by the Prairie Women's Health Centre of Experience. The project is called 'Intergenerational Effects on Professional First Nations Women who Mothers are Residential School Survivors.' The digital story is by Lorena Fontaine and it is titled 'My Journey into Motherhood'.
- 2. After viewing 'My Journey into Motherhood' have the students take some time to reflect and answer the My Journey into Motherhood Story Questions. Once students have completed their questions have an open class discussion.
- 3. Through a Jigsaw Activity, small groups of students will work together to become experts and 'teach' their classmates about their topic. The teacher will divide the students into 3 groups. Each group will receive a different topic. Group members are encouraged to work together, to highlight main points, create point form notes and practice 'teaching' their topic to each other (if time permits).

Topic #1 = Post-traumatic Stress Disorder/Residential School Syndrome

Topic #2 = Psychological Trauma

Topic #3 = Moving Forward Toward Healing

- 4. Once all group members are familiar with their topics, they are now considered the **'EXPERT'** of their topic. The teacher will form 5 or 6 new groups made up of 3 expert students from the 3 different topics. Each expert will teach the other group members about their topic. Depending on time, follow up activities may occur in the group setting or after all group teachings are complete. Teachers should ensure that the experts are teaching and communicating their topic material well.
- 5. Due to the sensitivity of the lesson content, students will learn about the significance of/and participate in a smudging ceremony. An **Elder** or Healer will explain the significance of smudging, the medicines used and what they represent, and the ease of incorporating smudging into your life, and so forth.

ASSESSMENT

Summative: Intergenerational Impacts Activity Questions Rubric

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TOPIC #1 HANDOUT

POST-TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder (PTSD) has been classified as a valid psychological condition only within the last twenty years (Briere, 1997). PTSD is a psychiatric disorder that can occur when an individual experiences or witnesses one or more severe traumatic events. There are many events that can trigger PTSD, including natural disasters and violent personal offences. This disorder is characterized by both psychological and physiological changes within the individual after a traumatic event. Anxiety and emotional numbness are characteristics of PTSD patients. Such individuals experience intensive and intrusive recollections of the event(s) when awake and asleep. In addition, they may find it difficult to concentrate and can feel an intense sense of detachment from their surroundings (Davison and Neale, 2001).

PTSD often occurs in conjunction with other psychiatric disorders. Most common are major depression, substance use, memory and cognitive dysfunctions, and a variety of other physical and mental health problems (National Center for Post-Traumatic Stress Disorder, 2003).

Traditionally, PTSD is associated with the reaction that some soldiers have as a result of military combat. However, more common types of events can trigger PTSD, such as being the victim or witnessing a sexual and/or physical assault, a robbery, being kidnapped, being taken hostage, a terrorist attack, being subjected to or witnessing torture and natural disasters (Briere, 1997).

These kind of events are defined as stressors that trigger trauma in an individual following the event. The DSM-IV defines trauma as the:

Direct or personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person's response to the event must involve intense fear, helplessness, or horror, (or in children, the response must involve disorganized or agitated behavior) (DSM-IV, 1994:424).

Source: http://www.ahf.ca/downloads/mental-health.pdf

FOLLOW UP ACTIVITY:

- Use point form notes to define the main points of PTSD.
- Do you think the impacts of the residential experiences can be classified as PTSD? Explain why.

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TOPIC #1 HANDOUT continued...

RESIDENTIAL SCHOOL SYNDROME

The individual trauma of the residential school era has been so severe that clinicians have begun to identify a distinct cluster of problems and behaviours termed "residential school syndrome" to explain the mental health outcomes of some Survivors of the residential school system. While related to posttraumatic stress disorder, residential school syndrome is characterized by an "intense silence and a great fear of feeling" (Muller, 1991:4). Specifically, residential school syndrome involves:

... recurrent intrusive memories, nightmares, occasional flashbacks, and quite striking avoidance of anything that might be reminiscent of the Indian residential school experience. At the same time, there is often a significant detachment from others, and relationship difficulties are common. There is often diminished interest and participation in Aboriginal cultural activities and markedly deficient knowledge of traditional culture and skills. Often there is markedly increased arousal including sleep difficulties, anger management difficulties, and impaired concentration. As might be the case for anyone attending a boarding school with inadequate parenting, parenting skills are often deficient. Strikingly, there is a persistent tendency to abuse alcohol or sedative medication drugs, often starting at a very young age (Brasfield, 2001:79).

As detailed by Dr. Brasfield, there are some common criteria between residential school syndrome and post-traumatic stress disorder, such as having experienced or witnessed some trauma that resulted in feelings of helplessness or fear. However, a significant difference between residential school syndrome and post-traumatic stress disorder is that "there is a significant cultural impact and a persistent tendency to abuse alcohol or other drugs that is particularly associated with violent outbursts of anger" (Brasfield, 2001: 79). Another unique feature of residential school syndrome is deficient parenting skills (Brasfield, 2001).

Source: http://www.ahf.ca/downloads/mental-health.pdf

FOLLOW UP ACTIVITY:

 List the similarities as well as any differences between PTSD and Residential School Syndrome.

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TOPIC #2 HANDOUT

PSYCHOLOGICAL TRAUMA

Trauma can be a one-time event or a series of ongoing experiences over the life span of an individual, as well as across generations. Examples include life-threatening situations, such as: car accidents, fire, physical violence, threats or fear of harm to, or loss of, one's children or family members. It includes sexual abuse, separation from family and/or community, war, extreme poverty, deprivation and chronic neglect, as well as racism, genocide and other forms of oppression.

WHO ARE TRAUMA SURVIVORS?

In the context of residential school abuse and forced relocation, there are Survivors who attended residential schools, as well as their descendants who have suffered the historical or intergenerational impacts. All have experienced the traumatic, accumulated losses of extended family, culture, language and identity.

- **Survivors are those adults who, as children**, suffered the trauma of forced removal or relocation away from families, home communities, languages and traditional ways of life.
- Survivors are those adults who, as children, endured multiple physical, emotional and sexual abuse and/or neglect by caregivers over many years of confinement in residential schools.
- Survivors are the generations of family and community members whose children were seized from them, depriving them of the love, joy and responsibility of raising their own children, grandchildren, nieces and nephews.
- Survivors are the descendants who have suffered the intergenerational impacts of the abuse endured by their parents and grandparents. Deprived of adults with any experience of parental and family roles and responsibilities or sense of community belonging, their own childhood abuse, trauma and multiple losses were, in turn, unexpressed and unresolved.
- Survivors are Aboriginal youth and adults who have been re-victimized many times
 through brutal treatment aimed at controlling their dysfunctional behaviour, whether in
 prisons, in the streets, in psychiatric wards, mental health facilities, hospitals, addiction
 treatment centres or schools.

Because residential school abuse was directed against both boys and girls; Survivors are of both genders and can be of any income level, sexual orientation or level of ability.

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TOPIC #2 HANDOUT continued...

Although, at present, the greater numbers of clients in trauma recovery programs are female, many Aboriginal men and boys also suffered childhood abuse and trauma. Under recognition and underreporting of male childhood sexual abuse, as well as Western socialization that teaches men and boys to deny or avoid feelings, are barriers to trauma recovery for Aboriginal men.

TRAUMA IN THE CONTEXT OF RESIDENTIAL SCHOOLS AND FORCED RELOCATION

Many Survivors of residential schooling have broken the long silence about their suffering and pain. Participants at a retreat for frontline workers spoke of the following experiences:

They spoke of witnessing the violence and cruelty inflicted on other children or younger brothers and sisters, and being helpless to stop it.

They spoke of being taken from their families and communities by force, some for ten months of the year and others for their entire childhood.

They spoke of ongoing feelings of abandonment, loneliness and isolation.

They spoke of trying to escape the abuse by running away, being tracked down by police, returned to school and brutally punished.

They spoke of families and communities who were powerless to protect them.

Source: http://www.ahf.ca/downloads/healing-trauma-web-eng.pdf

FOLLOW UP ACTIVITY:

• Fill in the medicine wheel by describing how each generation can be impacted by the residential school experience.

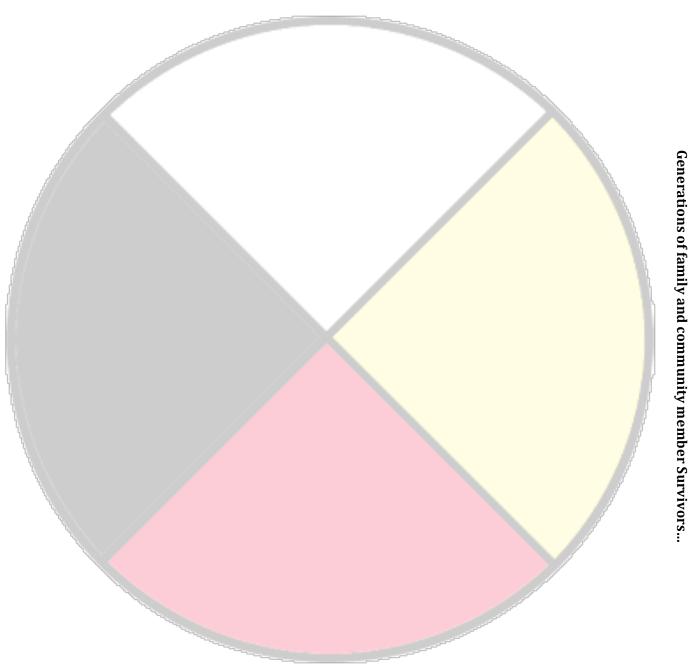


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MEDICINE WHEEL ACTIVITY

Name:			

Adult Survivors who as children...



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TOPIC #3 HANDOUT

MOVING FORWARD TOWARD HEALING

Working effectively to heal the impacts of residential school abuse requires a holistic, solutionfocused and sustained approach at all levels.

At the individual level: Survivors need non-judgmental support in creating strategies of empowerment to overcome their own traumas and transform negative coping strategies into self-care.

At the community level: Survivors need to re-connect with peers who share both an understanding of the past and hope for a new future.

At the political level: Counselors and frontline workers need to fully support the individual and collective rights to justice and self-determination of Aboriginal clients, communities and nations.

At the service system level: Survivors need strong, vocal advocates within "the system" who are knowledgeable about the impacts of residential abuse and the potential for revictimization, who themselves model a healing path and who are committed to reempowering Aboriginal people.

At the cultural level: Survivors need to re-connect with history, culture and language through Elders, traditional people, workshops, field trips and ceremonies.

HEALING IS SACRED: STORIES, DREAMS, DANCE, DRUM AND CEREMONY

In Aboriginal cultures, individual health and healing is integral to a balanced family and community life. In this context, healing is a group process involving all those who are impacted by an individual's disease, whether of the mind, body, heart or spirit.

The Elders teach that, if a problem is due to ignorance, meaning the person lacks the knowledge or skills required for balanced relationships or a balanced life, the situation requires teachings. If the person possesses the knowledge and skills, but the problem persists, the situation requires healing.

Through Elders, traditional healers and cultural teachers, these beliefs and customs live on whether in remote, rural or urban Aboriginal communities.



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TOPIC #3 HANDOUT continued...

"Traditional teachings have always included behaviour modification, cognitive therapy and narrative therapy. Our children learned through the stories of the Elders, making the connections from the stories to their own life journeys."

(Frontline Worker Retreat Participant, 2000)

EXAMPLES OF TRADITIONAL HEALING

Healing circles	Vision quest		
Prayer/giving thanks	Fasting		
Sacred items	Humor and play		
Sacred medicines	Seven sacred gifts/teaching		
Dreams	Art		
Sweat lodge ceremony	Storytelling		
Dance	Smudging		

SMUDGING

Smudging is a sacred ritual using smoke from burning medicine such as sage, sweetgrass, cedar or tobacco, to cleanse people, places, food and objects.

When used to cleanse people, a smudge is usually led by an Elder or traditional healer who may have a helper or may engage one of the participants to assist. Smudging is used to dispel negative energy, creating an opening for positive healing energy.

Depending on the preference of the Elder or traditional healer, elements such as fire and water may be placed in the centre of the circle to help participants stay focused.

Once everyone has smudged, the burning medicine may be placed in the centre of the circle. Fire in the centre of a circle symbolically connects participants to their inner sacred fire.

Source: http://www.ahf.ca/downloads/healing-trauma-web-eng.pdf

FOLLOW UP ACTIVITY:

Answer the following questions on lined paper:

- 1. How can we heal after trauma?
- 2. What are some advantages to using traditional methods?
- 3. Describe the main purpose of smudging.

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RUBRIC

Name:	
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INTERGENERATIONAL IMPACTS ACTIVITY QUESTIONS

Categories	Level 1 (50-59%)	Level 2 (60-69%)	Level 3 (70-79%)	Level 4 (80-100%)
Content: Answering questions.	Answers are partial or incomplete. Key points are not clear. Question was adequately answered.	Answers are not comprehensive or completely stated. Key points are addressed but not well supported.	Answers are accurate and complete. Key points are stated and well supported.	Answers are comprehensive, accurate and complete. Key ideas are clearly stated and well supported.
Organization: Answers are clearly thought out and articulated.	Organization and structure detract from the answer.	Inadequate organization or development. Structure of the answer is not easy to follow.	Organization is mostly clear and easy to follow.	Well-organized, coherently developed and easy to follow.
Writing Conventions: Spelling, punctuation, grammar and complete sentences.	Displays over five errors in spelling, punctuation, grammar and sentence structure.	Displays three to five errors in spelling, punctuation, grammar and sentence structure.	Displays one to three errors in spelling, punctuation, grammar and sentence structure.	Displays no errors in spelling, punctuation, grammar and sentence structure.
Application: Share knowledge and understanding in the assignment and presentation.	Shares knowledge and understanding of the assignment and presentation with limited effectiveness.	Shares knowledge and understanding of the assignment and presentation with some effectiveness.	Shares knowledge and understanding of the assignment and presentation with considerable effectiveness.	Shares knowledge and understanding of the assignment and presentation with a high degree of effectiveness.

Note: A student whose achievement is below Level 1 (50%) has not met the expectations for this assignment or activity.

This Rubric has been modified from RCampus:

 $\underline{http://www.rcampus.com/rubricshowc.cfm?sp=yes\&code=E33X44}$