
Critical Incident Stress Debriefing as a Trauma Intervention in First Nation Communities

Megan L. Hughes

University of British Columbia

ABSTRACT

This study examines the appropriateness of a cross-cultural application of Critical Incident Stress Debriefing (CISD). Participant/observations were made of CISD workshops conducted for First Nations participants. The facilitator and five participants were interviewed using narrative methodology. Observations and interview data were examined using narrative analysis. Results suggest that CISD is not suitable for this population. It lacks First Nations content, structure, and orientation. Its short-term nature conflicts with the First Nations population's multigenerational, culturally pervasive trauma. Implications include examining cross-cultural applications of western interventions, documenting the therapeutic needs of First Nations populations, using qualitative methodology with CISD, and further research of CISD.

RÉSUMÉ

Cette étude examine la convenance de l'application de l'aide après un stress dû à un incident grave (ASIG) dans les populations des Premières Nations. Une observation-participation a été menée sur des ateliers d'ASIG tenus à l'intention de participants autochtones. L'animateur et cinq participants ont été interviewés en utilisant une méthodologie narrative. Les observations et les données de l'entrevue ont été examinées en utilisant une analyse narrative. Les résultats indiquent que l'ASIG ne convient pas pour cette population. Elle manque de contenu, de structure et d'orientation autochtones. De par sa nature à court terme, elle s'oppose aux traumatismes répartis dans toute la culture et sur plusieurs générations. Au nombre des répercussions, notons l'examen des applications trans-culturelles des interventions occidentales, la documentation des besoins thérapeutiques des populations de Premières Nations, l'utilisation d'une méthodologie qualitative avec l'ASIG et d'autres recherches sur l'ASIG.

When any intervention or technique is proposed for use in the healing of trauma in First Nations communities, it must be assured to be culturally, politically, and psychologically appropriate. Bridging the gap between majority and minority culture poses multilayered problems of knowledge, psychology, identity, ownership, and politics. One First Nations Services agency in Vancouver, British Columbia, has attempted just this by providing trauma services to First Nations communities across the province in the form of Critical Incident Stress Debriefing (CISD).

Introduced in 1983 by J. Mitchell, Critical Incident Stress Management (CISM) is a short-term intervention, designed to decrease trauma symptoms in emergency personnel and to educate about future symptom development. It consists specifically of immediate group debriefing that addresses the impact of witnessing distressing events (Mitchell, 1988, p. 48).

Critical Incident Stress (CIS) has been compared to Posttraumatic Stress Disorder (PTSD) across symptoms (Bell, 1995; Lewis, 1993; Tehrani & Westlake, 1994). The *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV, American Psychiatric Association, 1994) criteria for PTSD states that symptoms of hyper-arousal, avoidance, and intrusion must persist for at least 30 days to be diagnosed as PTSD (p. 426). CIS mirrors those symptoms, lasting less than or up to 30 days (Harkins, 1996). In that way CIS and PTSD exist along a continuum. CISD is designed to prevent the onset of PTSD by managing the onset of CIS.

The First Nations Services agency program addressed in this research began in 1995. The facilitator was a retired firefighter who trained in CISD in the United States. He was employed by the agency to provide training to First Nations firefighters, and later, in response to the frequency of critical incidents in First Nations communities, the program was extended to work with wider populations. Because CISD had not been used with this population before, there were no protocols for working with First Nations communities in the area of CIS. A few randomized controlled studies have been completed on the cross-cultural applicability of CISD.

Researchers have repeatedly stressed that First Nations peoples and their experiences are not comparable to any other ethnic population (Duran & Duran, 1995; Morissette, 1994; Ramirez, 1998; Sue & Sue, 1999; Weaver, 1998). The roots of the behavioural and emotional difficulties that First Nations peoples have faced throughout North America (alcoholism, domestic violence, depression, anxiety, suicide, substance abuse, and alienation) arose from the process of colonialization taking place over the last 500 years (Duran & Duran, p. 25). The language used to describe the severity, intensity, depth, and breadth of trauma in the history of First Nations peoples are words such as "holocaust," "ethnocide," "genocide," "multigenerational trauma," and "soul wound" (Duran & Duran, p. 24; Ramirez, p. 306).

Due to the lack of study and because historical trauma is such a serious, complex, and misunderstood issue, it is of the utmost importance to ask whether CISD, originally created within a framework of a western majority culture to serve emergency services workers, is appropriate for the kind of trauma faced by First Nations peoples. Racial and cultural dynamics may intrude into the helping process, causing misdiagnoses, pain, confusion, and a reinforcement of the stereotypes both groups have of one another (Sue & Sue, 1999, p. 31). Duran and Duran stated that a therapist who approaches First Nations peoples in a way that "does not account for the history of ethnocide perpetuated against First Nations Americans is him/herself a co-conspirator with that history" (1995, p. 28).

Gaps in the literature on cross-cultural interventions have occurred on the topic of cross-cultural crisis interventions. Weaver and Wodarski (1995) stated that immediate reactions to traumatic situations differ according to cultural background and social context; culture is a primary determining factor in a client's assessment of the meaning, impact, and origin of a traumatic event, and in determining the resulting coping strategies (p. 217). Other cross-cultural trauma research has shown

that there are cultural differences in how people interpret and express trauma reactions (Duran & Duran, 1995; Ramirez, 1998; Sue & Sue, 1999; Weaver, 1998). These researchers argue that the meaning making of the event, as well as the traumatic link to past events, differs across cultures.

Despite the research done on the topics of trauma, coping, CISD, and cross-cultural interventions, there is a lack of knowledge on the application of CISD to First Nations populations. This study endeavoured to ascertain the appropriateness of utilizing the standard CISD design in First Nations trauma interventions.

METHODOLOGY

The researcher chose to perform a thematic analysis within a narrative framework for this study. The topic was cross-cultural, trauma-based, and situated within a context of oppression. To use quantitative methods would have been to further objectify the experiences of the participants. Also, while thematic analysis does seek to categorize, it is accomplished through meaningful participant/researcher co-construction. This made it particularly fitting for cross-cultural research (Kellely & Clifford, 1997) because it most closely fits a First Nations worldview; it is process-oriented, is bound by social context, and permits cultural influences to be included in the results.

The research followed methodological guidelines proposed by Clandinin and Connelly (1994). The researcher must understand the interaction between her story and the participants' stories at every stage of the research. For the purposes of transparency, the researcher's personal context was given before outlining results formed from data sources. She then engaged in participant/observations of a training session presenting a CISD model to a group of First Nations people. At that time, the presenting agency used the standard model for CISM training, which is defined by the International Critical Incident Stress Foundation. As a guideline for this process, the agency used the Advanced CISM workbook manual for training (Mitchell & Everly, 1997). In order to document the fit between this intervention and First Nations groups, observations of the material presented were recorded, as well as reactions of the participants and the researcher to this training session.

The field text consisted of conducting interviews with four volunteer workshop participants and the workshop facilitator. Because volunteer groups are self-selecting, there were no exclusion criteria for age, gender, years of work experience, or personal history. The size of the population was determined by volunteer self-selection. Participants chose the location of the interviews, and each interview took approximately one hour. Pseudonyms were used to ensure confidentiality.

Because the relationship between researcher and participant shapes meaning and form in the development of the text in narrative inquiry (Clandinin & Connelly, 1994), the researcher structured the interview with a minimum of leading questions and a maximum of reflecting, summarizing, and paraphrasing statements. The researcher determined the questions that were posed, but left room for spontaneously constructed conversation and participant-constructed

observation as well. Questions posed included the following: “What was your experience of the debriefing session?” “What did you like or dislike?” “What did you find meaningful culturally or personally?” “What was your impression of the ‘fit’ of this intervention with this group?” “Did you find this training meaningful and applicable to First Nations peoples? How?” “What was valuable to you in this program?” “What feedback would you like to give the facilitator regarding this workshop?” “In what ways do you think the training could be improved?” The researcher presented relevant observational findings in order to clarify the meaning ascribed by participants.

The interview questions for the CISD facilitator varied in order to include specific information about the agency, its procedures, and his role and also included the following questions: “What is your mandate or protocol when working with First Nations peoples?” “What are your agency’s goals in this area?” “How do you account for any difficulties that arose in the workshop?” Consistent with narrative methodology, no answers were identified before analysis. Open-ended interview questions elicited a discourse from which the participants’ impressions and processes of understanding as they relate to historical trauma interventions were ascertained.

The field texts were reconstructed in order to create a research text by asking questions concerning meaning, significance, patterns, and themes both across and within individual experiences. To accomplish this, the field texts were subjected to thematic analysis, which fits within the narrative tradition (Bailey, 1996). The interviews and the participant/observation data were summarized, focusing on identifiable themes and patterns, then separated and categorized into those themes. Emergent themes were pieced together to form a comprehensive picture of the collective experience. The researcher then asked participants for feedback about noted patterns.

Once the researcher and participants reached a mutual agreement of the understanding of the meaning of participants’ experiences, the completed summaries were subject to peer review for verification. The peer reviewers were three colleagues within the researcher’s investigative group. Each read the field texts and the resulting thematic analysis and provided questions as to the researcher’s meaning, intent, bias, choices, comprehension, and standards of inquiry. The researcher proceeded with the inquiry after this group reached consensus on these issues.

Polkinghorne (Bailey, 1996; Polkinghorne, 1988) argued that validity in narrative analysis depends in part on “results that have the appearance of truth or reality” and are “well grounded and supportable” (Bailey, p. 5). Credibility is achieved by having a high degree of “face validity.” To obtain this, the researcher used two credibility checks in the research process: the member check and the peer review. These checks ensured the resonance, validity, and authenticity of the analysis.

Researcher’s Context

The researcher was born in Victoria, BC, in 1967, and raised in a middle-class, majority culture, United Christian family. The researcher had little or no direct

contact with First Nations culture during her childhood. Her family was politically and culturally “mainstream.”

At the University of British Columbia (UBC), the researcher earned a bachelor’s degree in cultural anthropology. She worked closely with and learned from First Nations colleagues; this was key to forming a cursory understanding of the minority experience. The researcher then entered graduate studies in counselling psychology at UBC, where she learned about trauma theory and began to connect it with cross-cultural theory. This research brought with it an increased understanding of personal power dynamics between people and between cultures, as well as constructivist theory.

RESULTS

Throughout this section, the analytic process is presented so as to be as transparent as possible by including direct quotes as they occurred. Quotations from the participants’ responses were chosen based on clarity, conciseness of opinion, and resonance with themes.

Performance of Facilitator

All participants in this research described the CISD facilitator as being capable and earnest. He was noted as being humorous, quick, and responsive to feedback, both positive and negative as exemplified in the following comments. “The leader’s response to feedback at the end of the first day was quick, supportive and showed an eagerness to learn.” “He was trying to perform as best he could.” “Effective and experienced and presented the information really well.” “I could have listened to him for a long time.” “I can feel that he has been around a lot of grief.” Participants also noted the facilitator was well liked by the group when he used personal examples in the material. However, they reported a lack of clarity in how the leader identified with the group: “He had said he was Métis, and yet used language such as ‘you people’, ‘your community’. He should say ‘we as a people’ and ‘our community’.” “I was surprised that he used different words for himself and for us.” One participant noted that when the facilitator used connecting language, “the material felt more relevant.” As well, the researcher observed that he frequently used language to differentiate between himself and the group and that when he used First Nations terminology, inclusive pronouns, and personal examples to make his points, the participants’ level of attention increased.

Workshop Goals

There was a discrepancy between the stated and observed goals of the group. Participants considered the training program a valuable therapeutic opportunity and wanted to address healing within the workshop. They said, “By healing ourselves we’re better able to help others.” “Even training sessions have to be healing because of the history of First Nations and they have to be ‘feeling-oriented’.” “Most people who are working in the community and helping have also been

through the same experiences so they need to look at personal relevance to integrate the information.” “There has to be more compassion and understanding and a willingness to talk about everything that happened around residential school and how that relates to us and the work we do and to trauma and critical incident stress management.”

These goals seemed to contradict the facilitator’s goals for the program. The facilitator stated, “The primary goal of my position is to impart information by instructing programs in communities,” and “I simply provide information from a ‘western philosophy’ such as CISD and debriefing.” He also stated, “The goal of the agency is not to get communities to do their own work, but to create teams for interventions.... [t]o provide a peer-driven, mental health guided intervention,” “Debriefing teams are not therapists,” and “The power of information is in normalizing experiences, but therapy is not the intention of the training.” He explained that his intention was “to create CISD teams to go into communities and facilitate interventions.” The researcher noticed his attempt to make cross-cultural modifications to the presentation. However, he also noticed a lack of room for participants to discuss their own experiences of trauma.

Workshop Structure

All interviewees noted the structure changed from the first to the second day. Comments included, “I felt the tension at the end of the first day and was surprised that the leader was presenting in a ‘mainstream’ way,” “The first day had zero culturally specific material,” “First Nations traditions were not acknowledged and practiced the first day,” and “I was taken aback by the presentation of it.” Observations suggested that the first day was predetermined, didactic, hierarchical, and information-oriented. Also noted were tension, distraction in the audience, and a general lack of connection between group members and personally with the researcher as well.

Tension decreased the second day because the facilitator attempted to use more First Nations structure in the workshop. Comments along this theme included, “The second day felt more integrated, more connected” and “It was a much more human day.” The researcher noted changes in the structure of the presentation: chairs were put into a circle, the overhead projector was removed from the room, and First Nations rituals and cultural practice were included. Participants described the overall structure of the workshop as “mainstream,” “academic,” “white approach,” and “white.” The facilitator said he was “thankful to get feedback and to learn that he needed to ask the questions first about how to structure the presentation and the information for them.”

Material Presented

There was general agreement that this training provided effective and useful information for all people working with trauma victims. Participants described the process as “an excellent learning experience,” “helpful,” “valuable because it increases awareness around trauma and reactions,” and “informative about trauma

at a basic level," and they said, "The information helped to make some sense of some of our own personal experiences." It appeared to be a normalizing experience for recipients to hear the universal symptoms of trauma.

Observations indicated a lack of First Nations content and a consequent disconnection of participants from the lessons. One participant stated that the facilitator appeared to make a "token recognition of First Nations culture with the mask, drum, and logo." The researcher noted the video presentation contained no references to First Nations culture, spirituality, or meaning making. The Elder in the group pointed out that the language of the workshop was not representative of First Nations understanding because concepts of trauma and damage were understood on an implicit, spiritual level. He stated, "They do not have words for these things because they just knew them." Of note is the lack of involvement of First Nations groups with this program and the difficulty the agency has in finding First Nations groups willing to participate.

With regards to meaning making and spirituality as a component of CISD, the facilitator said, "Because the CISD system is not therapeutic, exploration of meaning transcends the parameters of the program." Yet he also stated, "Trauma is about challenges to belief systems and recovery is about incorporating the event back into belief systems, and rituals can help this happen." He recognized that cultural practices were stopped in residential schools and said, "It is the debriefer's job to reconnect them with knowledge that is there." With regards to spirituality, he stated, "I did not include it at first, but I learned. I now feel it is important to consciously include spirituality. I was told I was missing spiritual components. But meaning to people transcends the parameters I look at."

Approach to Trauma

There was a clear divergence between the facilitator and the participants' comments on this theme. The researcher observed a group member asking, "Is residential school trauma a critical incident?" The facilitator responded, "No, because residential school trauma is not current trauma." Much negative reaction was observed in response to this explanation. An argument ensued and voices were raised. The facilitator explained his reasoning, but the group appeared fractured. Participants later commented,

Yeah, that ticked me off—I was choked about that.

That was a hurtful remark that only a white person could make.

The facilitator's response is technically correct. But despite the correctness, many in the community perceive residential school trauma and the fallout to be critical incidents because the incidents arising from it continue to occur on a daily basis.

I didn't feel the residential school issue was accurately addressed. "Not current trauma." This is a remark only a white person would say. I felt hurt by that comment and again must suppress my feelings. It is current emotional trauma!

In the interview with the researcher, the facilitator stated,

First Nations people don't see time the way we see time. Trauma in the past is the same as trauma today. The time difference means that the CISD program is not the appropriate tool for healing past trauma. But to Native people it's all trauma.

He emphasized that debriefing teams are not therapists. He said, "They only intervene with current trauma. If it triggers historical trauma, that's not the place of the debriefers." He went on to say, "Since this is traumatic stress education and intervention, the hope is dealing with current issues will prevent the layering of events, thereby providing energy and opportunity for community members to deal more effectively with past trauma through professional therapy."

Definition and exploration of the nature of trauma, acknowledgement of feelings about First Nations trauma, and recognition of victims' experiences were issues that were important to the participants. Participants expressed a need to address deeper issues, as exemplified in the following quotations.

How much does the debriefing help when you go in and you help a couple days and then you're gone? That's not the way we do things—to come in and put on a band-aid.

First Nations people are looking for another kind of information besides just about crises; they need to look at the history of First Nations trauma in order to address their own healing.

There were healers and grandmothers to take care of grieving people. And that still happens in communities but not always because of broken families and broken situations.

A thorough explanation of the short-term and long-term effects of trauma may have benefited the group, as well as a discussion on the context of trauma for this community and the triggering nature of current trauma to past trauma.

Cross-cultural Competence

Before the workshop, the facilitator explained to the researcher that he incorporates cultural aspects in his presentations to First Nations people. Yet the researcher observed a minimum of cultural modifications. The group requested and initiated a "mother earth" grounding exercise, a smudge, prayers, a check-in, and a talking circle.

Participant comments on this theme included

There must be trust, sharing and an awareness of traditional cultural knowledge before non-Natives can have a part in the healing process.

Unless you experience a culture you can't really get it.

The facilitator warned us that triggers might come up for people as we discussed trauma, but he didn't talk about what would happen if they do—what are we going to do? I don't know if people felt that level of safety.

The facilitator would have to be somebody who could lead a traditional circle and who could take the knowledge from training and express it and use it to do the work in a traditional way.

The facilitator responded to the observed lack of cultural specificity in the training by saying, "It's not for me to come in here and put emphasis on what to do. I can't possibly know all the cultural things about every First Nations community—it's too much." He also explained that each community is asked through

the liaison person to identify specific cultural issues and healing rituals that may be blended with the CISD information. It is his opinion that “because reactions to trauma are predictable, they are outside of culture. The cultural aspect is what action people take with trauma.” He admitted that there are no protocols for working with First Nations communities in the area of trauma and CISD and stated, “This was just a training session.”

The importance of integrating First Nations and non-First Nations approaches to healing and learning was emphasized several times. Participants noted this in the following quotations.

The facilitator should sit down with elders and healers in Native communities and redesign the presentation and the terminology to include more relevant material in a more culturally sensitive way.

Most First Nations people have a foot in each world.

As a member of a Native community, I felt the delivery lacked relevance.

As a group of First Nations people and the history of what we've been through over the years, our context was not acknowledged; this created defensiveness.

He should incorporate the medicine wheel and other kinds of First Nations healing into the program.

The facilitator reinforced these ideas during the interview with the researcher by saying, “The agency’s philosophy in relation to trauma is to respect the strong cultural healing activities that exist in communities already and to try to blend some ‘mainstream’ understanding of trauma with those practices.” Yet it was observed that the workshop information was “mainstream” and incorporated a minimal amount of cross-cultural content. One participant said, “After a crisis, the community could come together and do what they do around cultural beliefs and traditions of healing.” Another said, “I could imagine working in a First Nations community, that if it is more oriented to our culture and traditions we would use it more.”

Regarding the lack of rituals in this training session, participants stated,

First Nations people share in a circle so we can connect. Without being able to identify within ourselves the context of the information, it doesn’t work, it’s just letters on paper.

First Nations cultures view information through human experience, not outside of it—like the oral tradition of passing on information makes it human while written information objectifies it.

A balanced learning experience combines the emotional and the spiritual approach to information.

Residential school beat the identity out of them. There needs to be people who are still connected with their identities to help others reconnect, such as elders.

The facilitator agreed:

Rituals and traditions help to reintegrate the identity damaged by trauma with the identity of the culture.

DISCUSSION

Limitations of this research have undoubtedly occurred due to the cultural differences between the researcher and the participants. It is possible the researcher was considered by the participants to be incapable of understanding the cultural context in which trauma and healing take place. Also of note is the issue of trust between the majority researcher and the minority participants. Another important limitation is whether the results of this study can be generalized. This research has had a limited field: one First Nations group from one Nation, over one weekend with one facilitator. However, the results are consistent with the results of other cross-cultural research.

CISD does have potential for usefulness in cross-cultural work because of the flexibility of this approach and the group structure. It fits with the First Nations emphasis on social interconnectedness rather than individualism. Also, debriefing is set up and performed at a community level, a practice that is encouraged by cross-cultural theorists and practitioners. However, CISD theory clearly states that it is not a long-term trauma therapy. Although it appears to address trauma symptoms that exist along the same continuum as PTSD and is useful in short-term and situational contexts, trauma in First Nations participants seems to be embedded in a deeper, longer-term context. Cross-cultural research and practice asserts that at no time should the historical context of First Nations trauma be ignored within any intervention (Duran & Duran, 1995; Sue & Sue, 1999).

The agency facilitating the workshop has an understanding of appropriate and co-constructed goals for First Nations groups. A desire was expressed to work toward having First Nations peoples be able to heal their own trauma using their own knowledge, rituals, and ceremonies in order to rebuild their First Nations identity, traditions, and roots. In order to do this, a thorough needs assessment with all community stakeholders is vital. The community must be involved in assessing the needs of the group and planning training around those needs. Members of the community must be involved in the incorporation of their own cultural aspects into the program, and they should also take part in interviewing and orienting prospective facilitators in order to ensure safety and resonance with the participants. In the case of this workshop, it is clear that understanding the needs of the group and the members' positions on trauma and healing beforehand would have prevented many of the discrepancies that arose. The facilitator could have planned the group differently to include more information on trauma and more time for personal disclosure. Or, if he felt ill-equipped professionally to explore the area of personal trauma in the group, he could have taken the time to explain the limits of CISD and the limits of his expertise to the group and provided suggestions for follow-up.

The research in this area supports these goals. It is necessary to study how to make the blend between Western approaches and traditional First Nations knowledge. Duran and Duran (1995) believe that it is not enough that a program have traditional components; it must have traditional First Nations psychology as the

core of the program (p. 88). An example of a successful First Nations intervention occurred in the Alkali Lake Band of Shuswap in British Columbia. In 10 years this band decreased alcoholism from 95% to 5%. Tribal leaders rejected the use of alcohol on an individual basis and “revitalized traditional culture” by assuming their legitimate authority to govern and provide guidance to band members (Guillory, Willie, & Duran, as cited in Duran & Duran, p. 91).

Another suggestion to achieve a culturally competent program is to include a historical context. Any therapeutic program must take into account a historical overview because it has been suggested that a client is unable to begin to deal with issues of violence without understanding the dynamics of historical violence perpetuated against his or her culture (Duran & Duran, 1995, p. 106). Also, interventions should be group oriented to take into consideration the cultural context of trauma embedded in a group identity (Weaver & Wodarski, 1995, p. 26).

Although the results of this study suggest that the participants appreciated this facilitator’s earnestness, it is clear that he lacked cross-cultural skills, as exemplified by his statement that “trauma affects everyone the same way … trauma is trauma.” Many authors warn against the possible ill effects of group leaders who lack cross-cultural competencies. Sue and Sue (1999) suggest that one of the major reasons for ineffectiveness in working with culturally different populations is the ethnocentric assumption that the material taught in traditional mental health programs is equally applicable to all groups (p. 16). Although the physiological response in the brain and body may adhere to biological parameters across humans, the context for interpreting an event as traumatic varies across cultures. Danieli, Rodley, and Weisaeth (1996) show this through the vulnerability perspective of trauma. They show that there are different levels, different interpretations, and different reactions to trauma, according to culture and historical background.

It is clear that this presentation was culturally embedded considering that (a) CISD is based on majority culture standards of information and research, and (b) the facilitator was trained in the Western tradition. The clashing of worldviews between the Western content-oriented, linear, and empirical worldview, and the First Nations process-oriented, nonlinear, and holistic worldview may explain the discrepancies in perceptions regarding time and the nature of trauma.

However, it must be noted that the facilitator indicated that had he been approached beforehand and asked specifically to include certain cultural rituals and processes, he would have. He believes that one of the strengths of CISD is its structural flexibility and adaptability. His argument that the diversity of First Nations cultures even within British Columbia prevents him from making assumptions about rituals and structure for one particular group is a strong one. In such cases, the culturally sensitive approach is an open dialogue beforehand about participants’ needs that is initiated by the majority culture.

Applying a short-term intervention to historical trauma brings up several necessary questions. How can we best bridge the gap between critical incidents in First Nations communities and the historically and socially embedded traumas in

those communities? Is it possible to treat the current traumas themselves without becoming involved in therapeutic treatments of the historical context in which they are situated? Does teaching coping skills based on Western information gained from traditional Western research negate the pre-existence of non-Western coping skills? How well are researchers and practitioners communicating with the cross-cultural populations we serve? These questions put cross-cultural trauma research on a wider cultural and historical base.

Perhaps, since short-term and long-term interventions co-exist on the trauma continuum, it is possible to use both interventions, taking care to consider cultural context. As the facilitator stated, "Any intervention after a traumatic event is helpful." The important issues are (a) to recognize how the short-term response may be embedded in long-term culturally pervasive experiences, and (b) for facilitators to know when to move from short-term stabilization to long-term treatment. The results of this research suggest the question of whether it is possible to create one system of trauma intervention that spans the continuum of crisis to genocide across cultures. If the answer to this question is "no," then are the implications too demanding for practitioners?

CONCLUSIONS

The purpose of this study was to examine the appropriateness of using CISD in First Nations communities. The results suggest that if CISD can be incorporated into the existing First Nations cultural context and presented by a cross-culturally competent facilitator, this appears quite possible.

Suggestions presented by participants to improve the CISD experience mirror suggestions made by other researchers in this area. These include (a) blending Western and First Nations information and approaches in both training and debriefing; (b) approaching trauma as a continuum from crisis to post-traumatic stress and being able to discuss the relationship between current crisis responses and deeper trauma; (c) having at the ready appropriate referrals for dealing with ongoing trauma issues; (d) having a group facilitator who is cross-culturally competent; (e) including a second facilitator or liaison who is well-educated in the areas of First Nations trauma and healing; (f) using traditional healing approaches, such as the medicine wheel, to make the information relevant and practical for First Nations communities; (g) having CISD training groups sit down with Elders and healers in First Nations communities to redesign the presentation and the terminology to include First Nations and Aboriginal cultures; (h) approaching healing in these communities from a First Nations perspective first and a Western perspective second; and (i) working to discern what Western research can be added to the existing First Nations knowledge of healing.

Implications for future research are vast. Future exploration of CISD is needed using qualitative methodology, focusing on cross-cultural applicability, and considering the usefulness of CISD as an intervention. A second implication is that it is important to do an accurate needs assessment of the participants to ensure

their expectations are met. Questions must be asked before beginning any intervention, including questions of meaning, understanding, interpretation, and definition. Some examples of questions include the following: What are trauma, critical incidents, stress, and healing in your culture? What words are meaningful to describe these? In your experience, is trauma different from critical incidents, and if so, how is it different?

A third implication is related to who should conduct research and treatment. This research focused on a group of First Nations people, their reactions to crises, their history of trauma, and their responses to trauma interventions. What role does the majority play in healing? How can majority researchers be a part of the First Nations healing process?

Fourth, the results have important implications for how trauma is currently conceptualized. There is a case to be made for viewing CISD and PTSD as existing on one continuum of trauma intervention, but how do critical incidents influence the experience of complex trauma? What is the best way to bridge information and experience with complex-trauma survivors in a critical incident situation? Further study should be done regarding the effect of crises on historical trauma survivors and the development of effective cross-cultural interventions. Some work has been done with Jewish Holocaust survivors, but more needs to be undertaken with First Nations people.

Most importantly, research needs to be undertaken into the area of how to blend Western therapeutic knowledge with First Nations healing knowledge. It would be fascinating and important work to research what aspects of recovery theory are truly necessary for First Nations peoples to heal and what information is already present in traditional First Nations knowledge.

It is hoped that the results of this research and other inquiries will inform agencies such as the one that participated in this study, ensuring a thorough understanding of the needs of their community stakeholders prior to the intervention. This will potentially reduce many discrepancies and the triggering of experiences for participants. It will also contribute to the participants' experience of a sense of ownership of their own learning and empowerment in the determination of the direction of their own healing.

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About the Author

Megan Hughes graduated from the Graduate Program of the University of British Columbia Department of Educational and Counselling Psychology and Special Education in 2000. She is a Registered Clinical Counsellor who works with multi-ethnic youth in alternate education programs with the Vancouver School Board. She has a private practice and volunteers at Friends for Life Society, a nonprofit agency providing services for people with life-threatening illness.

Address correspondence to Megan Hughes, MA, RCC, 3-4772 Main Street, Vancouver, BC, V5V 3R7, e-mail <meganhughes@shaw.ca>.