Story Medicine:
A Cultural Adaptation of Narrative Exposure Therapy for Indigenous Clients

- **Tessa Colthoff** Drs., C. Psych.
- **Meggie Cywink**

Story Medicine: A Cultural Adaptation of Narrative Exposure Therapy for Indigenous Clients

To introduce specific Indigenous concepts and contexts regarding trauma

To highlight gaps in access to relevant and useful trauma prevention and treatment services and programming for Indigenous peoples in Canada

To share information regarding the design of an Indigenous Narrative Exposure Therapy

Why are we here?

Gaps in emotional, psychological and spiritual support to family members of the MMIWG

Manitoba

Manitoba MMIWG families say they want to see more support before they'll support inquiry extension

Manitoba MMIWG families say they have not received aftercare following their testimony in October

Jillian Taylor · CBC News · Posted: Mar 06, 2018 7:55 PM CT | Last Updated: March 6, 2018

MMIWG inquiry chief commissioner Marion Buller addressing the media during the Winnipeg community hearing in October. On Tuesday, she said the inquiry needs a two-year extension 'to do justice to our critically important mandate.' (Jillian Taylor/ CBC)

CBC News. (2018) Manitoba MMIWG families say they want to see more support before they'll support inquiry extension. Retrieved September 27, 2018. https://www.cbc.ca/news/canada/manitoba/manitoba-reacts-mmiwg-inquiry-extension-1.4565069

EDITORIAL • ÉDITORIAL

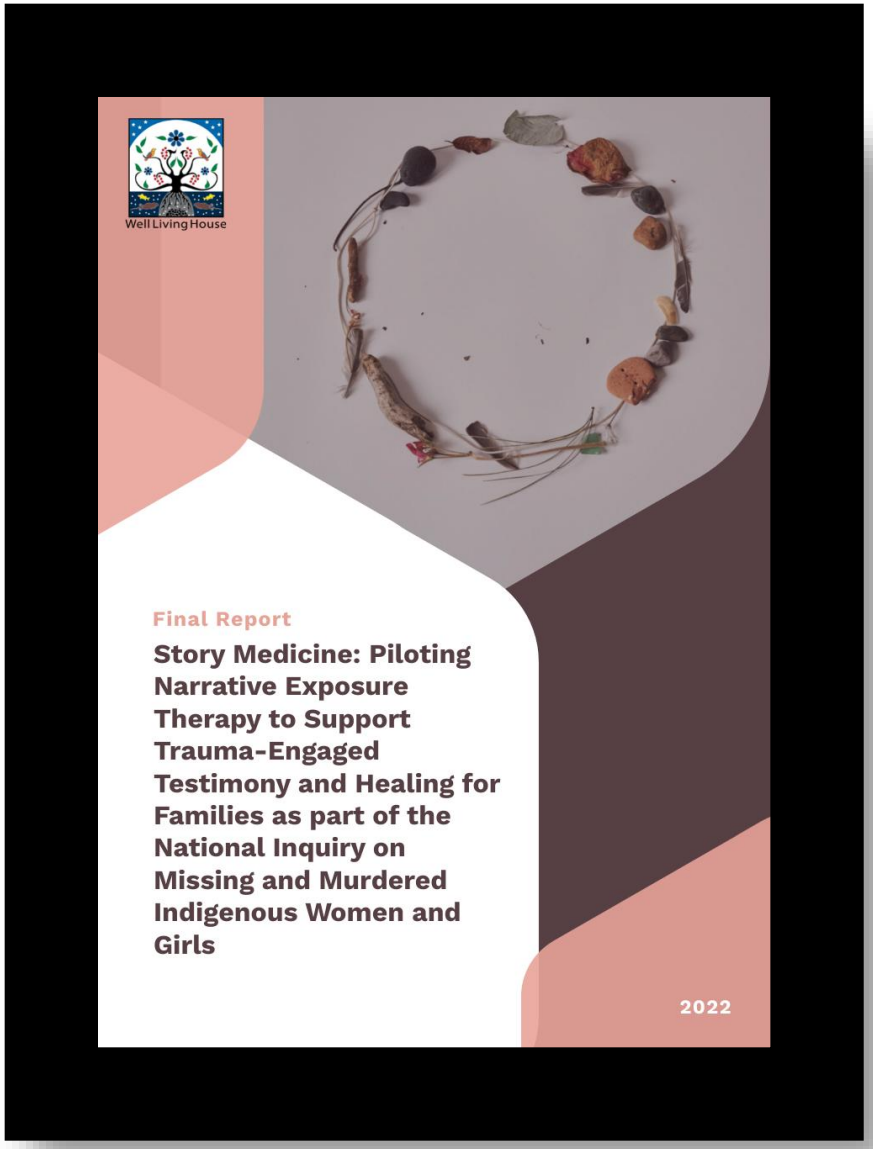
Missing and murdered Indigenous women: Working with families to prepare for the National Inquiry

We have identified four key bundles of unmet health, social service, and support needs that ideally would be addressed before Inquiry testimonials and media coverage begin. These include:

1. Adequate counselling, mental health, trauma recovery, and addictions services for families.
2. Community-led, trauma-informed and culturally-safe response teams to deal acutely with victims, families and perpetrators.
3. Community-led social safety nets for families.
4. Locally-tailored resource packages for families and service providers.

Smylie, J. & Cywink, M. (2016). Missing and Murdered Indigenous Women: Working with families to prepare for the National Inquiry. Canadian Journal of Public Health, 107(4-5), 342.

What We Did


Well Living House
Final Report
Story Medicine: Piloting Narrative Exposure Therapy to Support Trauma-Engaged Testimony and Healing for Families as part of the National Inquiry on Missing and Murdered Indigenous Women and Girls
2022

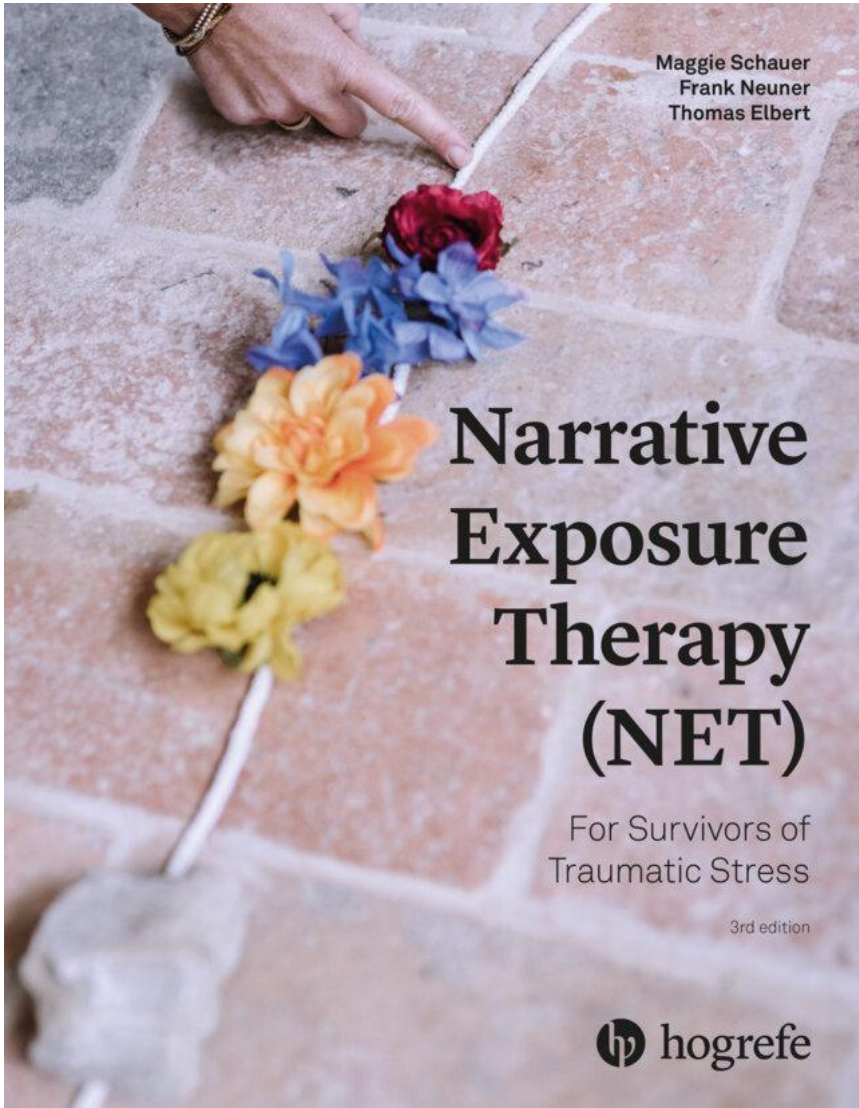
Meggie's Story

Meggie’s Lifeline

Narrative Exposure Therapy

Narrative Exposure Therapy

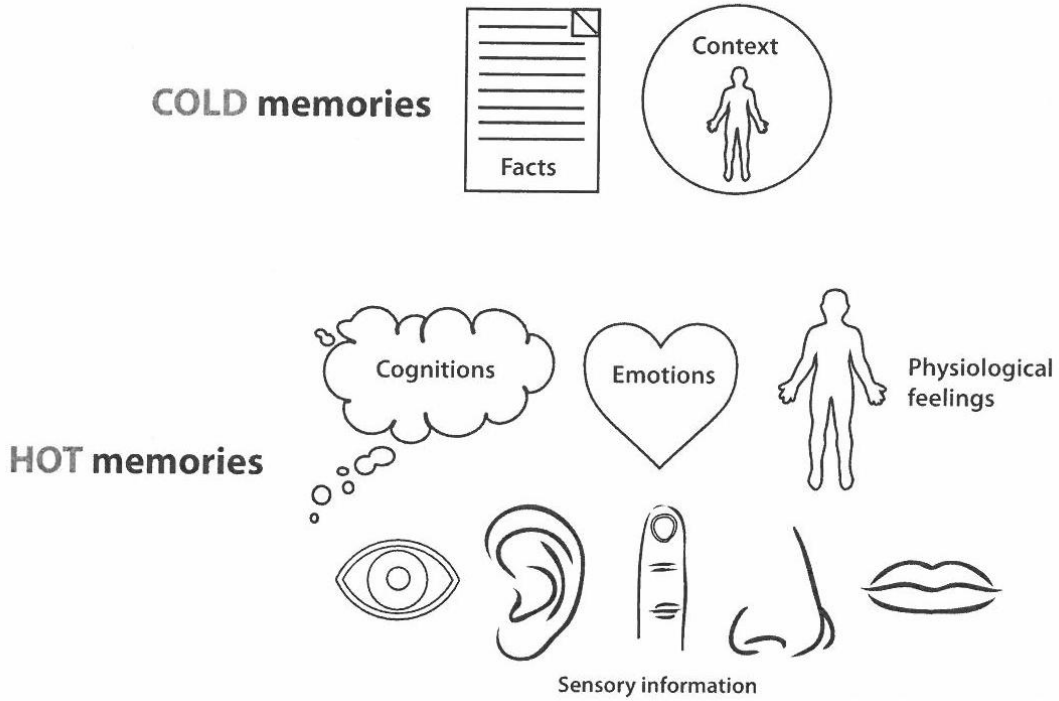
- Treatment for trauma-spectrum disorders in survivors of multiple & complex trauma
- 3 pillars: Exposure therapy, Narrative therapy, Testimony therapy
- Developed by Elbert & Schauer, associated with the University of Konstanz (Germany) & the NGO “Victim’s Voices”, ViVo



Narrative Exposure Therapy

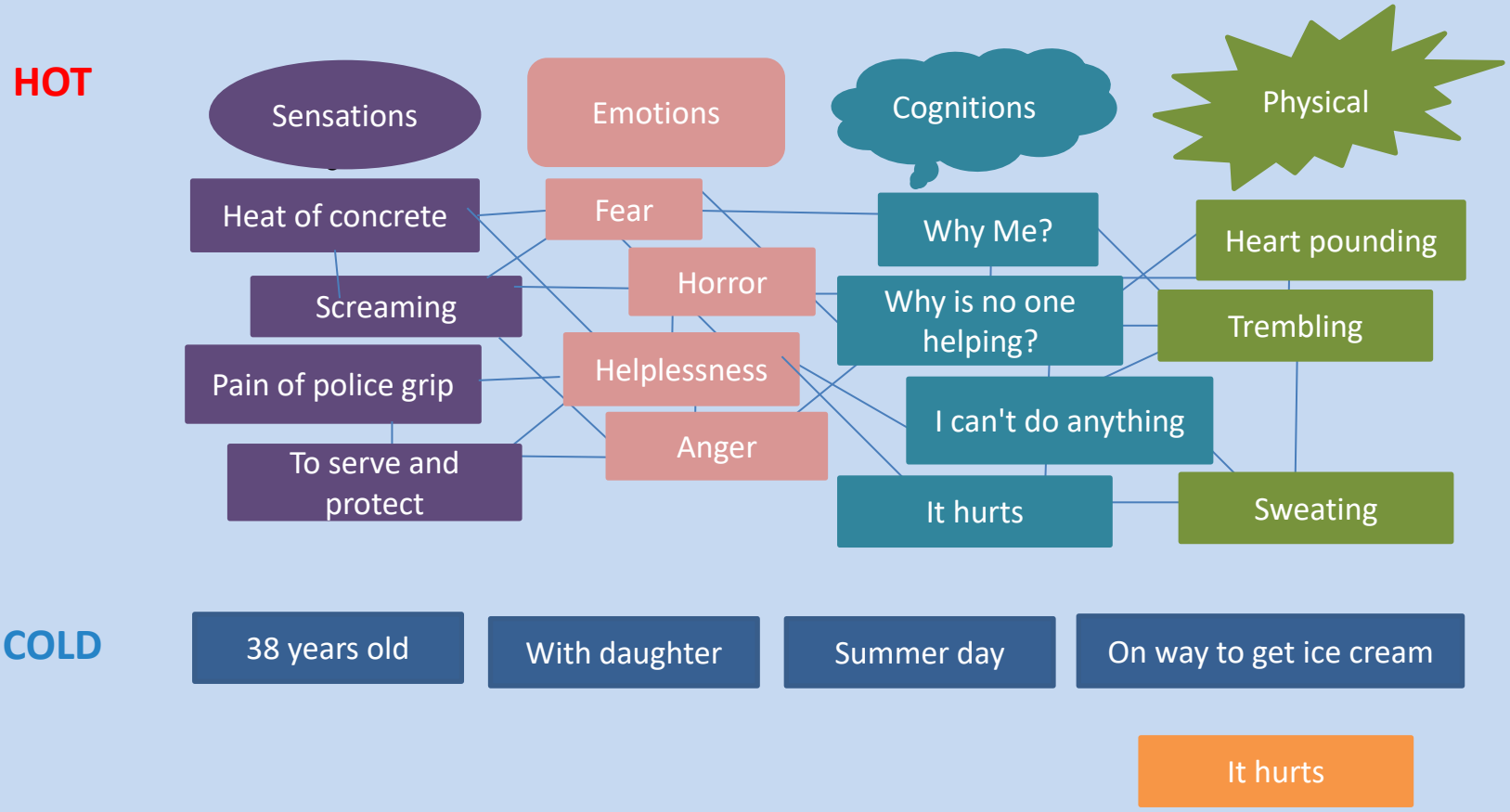
- Developed to treat survivors of organized violence, sexual or domestic violence, as well as war or natural disasters
- Appropriate for "low resource" communities (e.g., refugee camps)
- Appropriate for treatment of children (KIDNET) as well as offenders (FORNET)

Hot & Cold memories



EXAMPLE OF A FEAR NETWORK: TRAUMA NETWORK

- Broadened by multiple traumas (building block effect)
- Easily activated with great intensity
- Can be triggered by exposure to any of the cues contained in the network, from any of the traumatic events that a person experienced

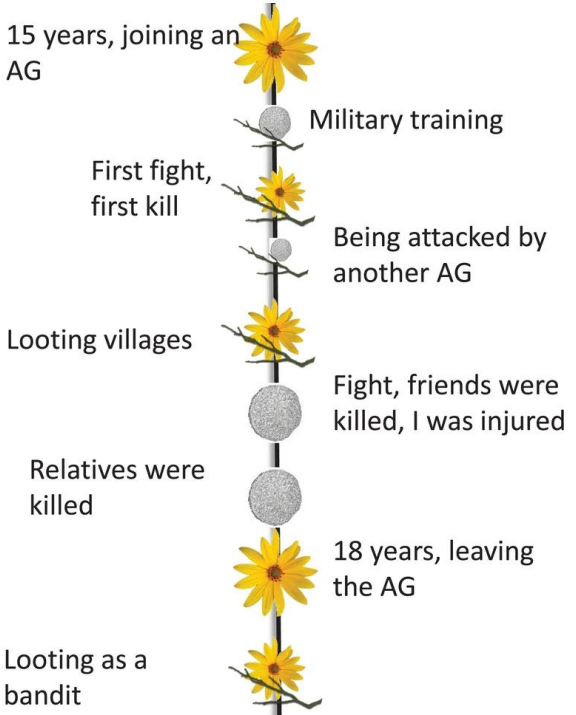


Aim of NET

- Integrate HOT and COLD memory
- Reconstruct life story through a focus on the traumatic events. Fragmented reports of the traumatic experiences will be transformed into a coherent narrative.
- The fear response is inhibited by exposure to the traumatic memory. The arousal decreases, giving the hippocampus a chance to be more easily accessible (provide context).
- Meaning-making occurs as a result of the re-visiting of the traumatic memory and allowing the client to see the event in the context of (from the perspective of...) their ongoing life, instead of an event being re-experienced in the present.
- Reduce “building blocks” in the fear network. When you take away the building blocks, there are less opportunities to activate the fear network: less chances of confusing the context (past vs. present).

NET Session Overview

- 1: Psycho-ed: reasoning, what to expect, consent, benefits, challenges
- 2: Lifeline
- 3: Narration/Exposure session. Re-read
- 4-15: Narration sessions
- Closing session: Read complete document; client & therapist (& translator) sign document; client decides what to do with the document


15 years, joining an AG
Military training
First fight, first kill
Being attacked by another AG
Looting villages
Fight, friends were killed, I was injured
Relatives were killed
18 years, leaving the AG
Looting as a bandit

Story Medicine

Story Medicine

- Story Medicine is a version of NET that has been adapted for Indigenous peoples in Canada**. It considers culture, context, and multigenerational trauma in its application & uses storytelling to heal.**

- The ***overarching goal:*** to demonstrate the effectiveness & feasibility of a tailored Indigenous NET intervention as a tool to support healing for Indigenous families who have lost loved ones.

- Made possible by a generous multi-year gift from the Patrick and Barbara Keenan Foundation

Study Team – Advisory Council and Staff

Meggie Cywink (MMIWG Advocate and Family Member)

Carol Terry (Traditional Knowledge Keeper, BA, BEd, Obishikokaang (Lac Suel)

Carol Hopkins (CEO of the Thunderbird Partnership Foundation)

Genevieve Blais & Jessica Syrette (Research Coordinators)

How is Story Medicine Tailored to Indigenous Community ?

- It considers culture, context and multigenerational trauma in its application
- Strength-based conversation about purpose and worth; allow participant to self-locate with respect to preferred expression of Indigenous identity and spirituality
- Inclusion of multigenerational trauma in baseline assessment (ACE+) and therapist orientation

Examples of Cultural Adaptation

- Lifeline: materials include ribbon (*vs* rope), scarves, sweet grass
- Stones in NET represented trauma in lifeline; in Indigenous cultures, stones respected - Grandfather stones in sweat lodge
- Traumatic events: materials include shells, burnt wood
- Joyous events: materials include shells, tobacco ties, feathers, flowers, rosehip
- Safety: safety plans are completed including connections to local resources
- Accessibility: OTN for communities outside of Toronto

Examples of Cultural Adaptation

- Spiritual component included western religion & Indigenous spiritual beliefs- client's choice & could be used for grounding
- Therapist situate themselves e.g., Indigenous
- Manual adapted e.g., contains Indigenous creation story
- Smudging before, during, & after session as needed
- Components of colonialism could arise during sessions:
  - Abuse in residential school
  - Foster care, 60s Scoop
  - Lateral violence
  - Mistrust of healthcare

Cultural Adaptation in Therapy

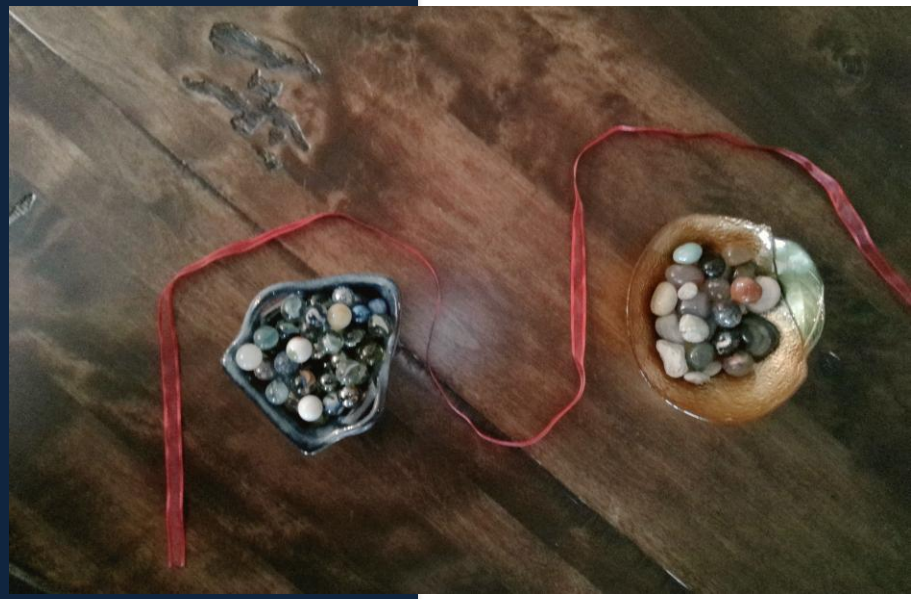
- Therapists reference context of colonialism
- Keep lifeline – and ancestors – in mind in the session
- Context of community kept in mind
- Residential school experiences can directly affect clients so having a good understanding of residential schools important
- Understanding how colonialism affects the mental wellness of Indigenous people
  - E.g., experiences of discrimination increases risk of psychological distress and PTSD (Brockie et al., 2013; Walters et al., 2020)

Who Can Deliver Story Medicine?
Ideal Therapist Profile

- Registered mental health clinician
- Completed NET/Story Medicine training
- Deep understanding of colonialism & Indigenous trauma
- Skilled in trauma-informed care & grounding
- Ideally Indigenous, or strongly allied with Indigenous communities
- Comfortable with complex, multilayered trauma

Lifeline Exercise

Start Your Lifeline



- Pick one or a few events in your life that hold significant meaning to you. It can be a joyous moment, or a traumatic or difficult one
- Pick an object that represents this event
- Questions that help you stay on the cold side of memory: who, what, where and when?
- Place it on the lifeline

Group Discussions

What did you notice as you engaged in this exercise?

Could you imagine your organization offering Story Medicine to your Indigenous clients?

What barriers might prevent your organization from offering Story Medicine *(i.e. staff capacity, funding, physical space, community trust)?*

What strengths or existing resources could you build on?

(i.e. Indigenous staff or allies, community partnerships, telehealth infrastructure)

What would your Indigenous clients need to feel safe enough to try this therapy? *(i.e. referral pathways, language access, trust-building time, cultural safety of your space)*

Your commitment:
One Step You Can Take

Individual: Share what you learned today with one colleague. Tell them what Story Medicine is and why it matters for Indigenous clients.

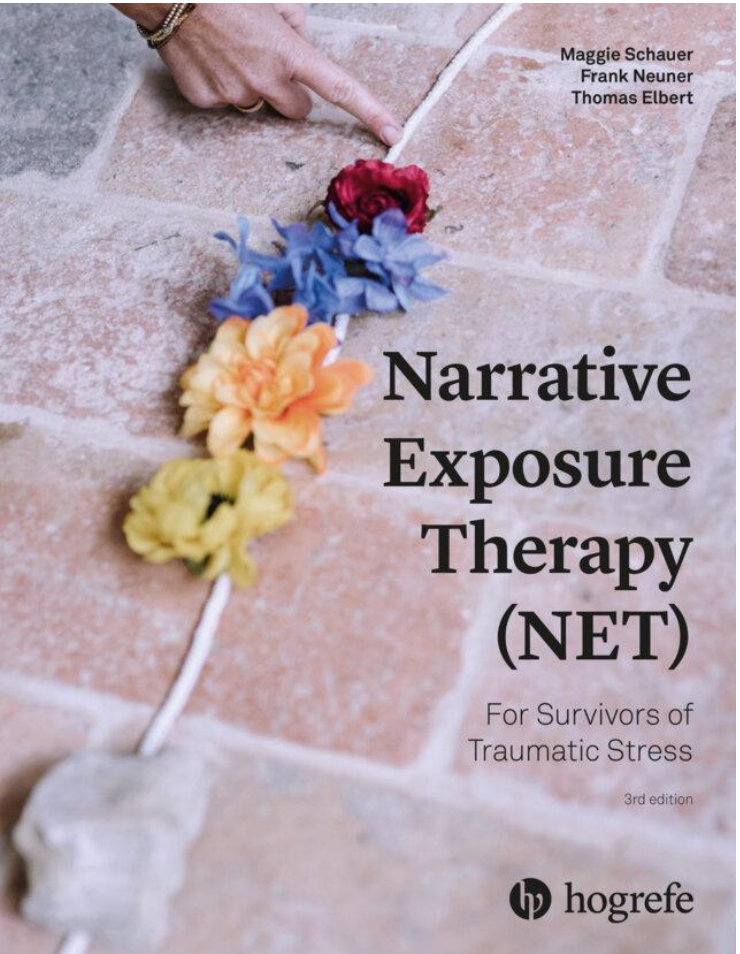
Team: Bring Story Medicine to your next team meeting. Ask: 'Who are our Indigenous clients? Are we serving them well? Could we explore offering something like Story Medicine?'

Organization: Initiate a conversation with leadership about resources for NET/Story Medicine training. Connect with an Indigenous organization to begin relationship-building.

Q&A

Any Questions?

Resources & Further Learning



Narrative Exposure Therapy (NET) ***for Survivors of Traumatic Stress***

Schauer M., Neuner F., Elbert T. (2025, 3rd edition). Hogrefe Publishing.

Training in NET

vivo.org — international NET training.

net-institute.org – The NET Institute

National Inquiry MMIWG

Calls for Justice & Resources for Families

mmiwg-ffada.ca — Final Report, Calls for Justice, survivor testimonies, and resources for families of Missing and Murdered Indigenous Women and Girls.

Well Living House

Story Medicine Pilot Project & Indigenous Health Research

welllivinghouse.com — publications, reports, and information on the Story Medicine project and ongoing Indigenous health research at Unity Health Toronto.

Thunderbird Partnership Foundation

Indigenous Wellness Programming Across Canada

thunderbirdpf.org — Indigenous mental health, addictions support, wellness programming, and professional training resources.

Story Medicine Community Report

Thank you for being here

cywinkmm@outlook.com
Tessa.Colthoff@wchospital.ca