

Testing the captions.

>> Maureen Johnson: Hi, Dr. Joshuaa Allison-Burbank. I can give you control to share your screen and your slides. For those just joining, we will start shortly, but thank you for joining us for today's webinar.

All right, we are going to begin. I want to welcome everyone to today's webinar, Prioritizing Decolonization When Engaging with Indigenous Communities. My name is Maureen Johnson and I'm a program specialist here at AUCD. This is a webinar sponsored by the council at AUCD and I'm on that council. Because of the subject of the webinar, you will be muted throughout the call. There will be time for questions at the end of the webinar, where you will be able to un-mute and speak your question or put it through the chat. We also have closed captioning available. You can access them by clicking the C.C. button of the Zoom console. Please join me in welcoming today's presenter Dr. Dr. Allison-Burbank. I believe you are muted still.

>> Dr. Allison-Burbank: Yes, thank you for that warm welcome and setting up the space for us for having this conversation. I will pull up some slides and give you an introduction to me and who I am.

Great to be here. There we go. Good afternoon. [speaking foreign language]

Great to be here. My name is Joshuaa Allison-Burbank. I am joining you from from Albuquerque, New Mexico. My main post it is out of the southwest hub, which is a collaboration, ongoing collaboration between Johns Hopkins Bloomberg School of Public Health and tribal communities here in the southwest. I'm joining you as a Speech-Language Pathologist. I'm joining you as a father, farmer, a faculty member with the Vermont LEND program and the Kansas LEND program where I got introduced with the AUCD family and now I consider close family and mentors as I have returned to New Mexico to work with my communities.

Today, we will be in a conversation, I say conversation, because I want this to be interactive in a sense

where you are engaging in self-reflection and you are engaging in the work you have already when it comes to indigenous communities and the unique experiences that these people have had and I speak as a member of the Diné nation and a member of the Acoma Pueblo, but I also speak from the experiences I had as working as a science activity and speech therapist. I see many inequities. I have seen how the intergenerational admission of trauma impacts people of today.

I come to you with a virtual handshake, virtual hug, virtual high five for being here today and listening to what I have to say and again, do some self-reflection. Today's talk is called Prioritizing Decolonization When Engaging with Indigenous Communities, and how we can dismantle settler colonialism and oppression, but now can we do this with the work we're trying to do with indigenous communities.

If you have attended a talk of mine before or been an SLP alongside of me, I do a lot of teaching through my stories of growing up on the reservation, but also the reflections I had over the past few years as a junior clinician and still learning clinician, and I go back to my roots, because it wasn't until very recently that I did realize that it was important for me to do this and truly connect with my community and connect with families in the work I'm doing in research and as a clinician. I learned more from my western training as a Speech-Language Pathologist and research. I learned more from my time at the fireplace, these stories, these oral traditions that have been embedded in me as a native person have helped me to better understand child development, developmental trajectory, causal versus associations and what does that mean for us moving forward? How does it blend us into our work? I will share how I'm doing this.

When I was a young Navajo child growing up on the reservation, I heard many creation stories. Creation stories about the first woman and the twin warriors that she had and I don't have time for full story, but these key people in our Navajo, early creation stories were significant and important, because they represent at a time when humans are trying to understand behavior and understand the bad things that were happening and the inequities and understanding that were happening in the world. These monsters are still here today, they come in the way of disease, poverty, bugs, infectious diseases. That is what I reflect on over the past few years as we think about COVID-19, and how this has reviewed inequities across the community, but how has it revealed these inequities that have existed across different ethnic and affinity groups.

This picture is me in New Mexico. This landscape is a representation, an important landmark tied back to early Navajo creation stories in which the early warriors fought against these monsters, these

inequities that were out there. So, I come to you, kind of to close this gap between old Navajo creation stories and what is happening today, as we try to dismantle colonialism, as we try to fight back against oppression and racism, but these new monsters coming up, prejudice, gun violence, racism, discrimination, genocide, infectious diseases, when these coming up, what do we go back and try to build against these things. What we're doing right now is not working. I feel like there is important teachings that indigenous rules and ways of doing may be solutions to some of these things. So, this is what I hope to do today, define decolonialization and show this work.

After today, I hope you have a better understanding of what settler colonialism means and native health and native education. I want to have a better understanding of historical trauma and the intergenerational trauma impacts wellbeing of native people. I hope I can model some strategies or give you some ideas on where to start and how you can prioritize decolonialization, how you can prioritize native people walking through the stages of response to colonialization.

That term decolonialization is a buzz word. It gets misused. It gets spoken from the wrong mouths, so I hope to do today to show who is truly impacted by colonialism and who walks through the stages of decolonialization, and how do we hope those individuals go through these different stage of trauma response and trauma acceptance and work towards healing.

I speak freely again as a native person who has been on the receiving end of the intergenerational transmissions of trauma, abuse, genocide of my ancestors and how it trickled down to disparities, mental health and other challenges that I've experienced, my family has experienced.

In Navajo teachings, this concept of Ke, or kinship and is so critical for other tribal communities to make connections. When I introduced myself I spoke in the Navajo language and shared my mom's clan, my dad's clan and my maternal grandmother and grandfather's clan. I always asked why do we do that? It is meant to establish community as soon as possible, so if there is a Navajo listener in this webinar, I'm connecting with you as a relative. It helps to establish where my role is in our traditional homelands, the Navajo homelands. Different clans associate with different geographical regions, so we introduce and share where we're at. That is so important and this is what is missing from western society, western communities is this focus on independence, this focus on competition, getting a hold of one another. Not looking to your side to see who is there, not looking down to help the person up. I hope we can ground this. We're on native land and we're in spaces where it has always been a priority. We're losing it as a western society.

This slide is to remind how important Ke is, but also remind that everyone knows this is a safe place and I'm talk openly and inviting you to engage in this self-reflection and engage in further conversation after this.

So, decolonialization, buzz word that is out there. If you Google it, you will find websites and different interpretations, you can pay for workshops to pay someone to understand how decolonialization works. that is where you have to pay someone and get the training and that is part of settler colonialism. Where we have to go and work towards something that should naturally be happening, but helping someone heal and work through the stages of decolonialization shouldn't be something we have to purchase or something we have to go and seek. We can be doing that now, by first relearning history. Relearning the way American history has been told, but also understand how these historical events very recent events, how these atrocities and these attempts at assimilation impact people, not just native people, but other communities have experienced trauma and racism and discrimination, and we see it impact the communities and we see the inequities exist. Why do we still have them? Why do we still see native people with some of the highest rates of developmental delay?

Why is it we only have a handful of native Speech-Language Pathologists and audiologists out there. These are questions I ask all of the time? What is the solution? Where doe do -- do we start? We can all get grounded in learning the truth and better understanding decolonialization and what that means.

This is an important picture and if there is one thing that you take away today is decolonialization is the experience of those who have been colonialized. Unless you are an indigenous person sitting here on turtle island, North America, you are part of that system. This isn't meant to silo or push other people away, but when we're talking about helping people to decolonize, we have to recognize and understand that this is the experience of the indigenous person who has been colonialized. There are other experiencing that have been colonialized and those are unique. The colonialization of South America, Africa, the Aborigine. The facts of colonialization are real. The intergenerational transmissions of trauma are real. As we work towards trying to make things better and reconcile with ourselves as being a part of our colonial system, we have to acknowledge that and be okay with that. That is a hard lesson for many people to learn that the land that you're on, that you may own, that you may reside in, that you Mayock pie is just that, you're occupying space.

So, these are important things as we try to make things better. We're not getting our land back any time soon. As much as I would want to see that, and to see my people thrive and take back all of these

spaces that were once ours, it is not going to happen, at least any time soon. We can work with allies and people who are willing to listen. Tom how important it is for us to have access, to have the ways of doing, but forced away or been forced to forget.

So, I share this picture of myself and my young son here, because it is a reminder of how the native person walks in a unique path, a multicultural path. They are learning their indigenous ways. The western way and the academic way, the research way, the city way, these pathways that often intersect and conflict and often don't allow for intersection.

Then we're raising children and we're trying to raise children in a healthy way where we set them on that path where we can navigate different pathways and roadways as well and we pray where the pathways don't connect and don't intersect, our youth can find ways to make the pathways intersection that is what the native person hopes for. The generation down the path are able to come back and restore things and find new pathways to help us bust out of the inequities and disparities that we see across Indian country.

So, I acknowledge my son here, Caleb and I acknowledge other indigenous children here. They are survivors. They are taking on what we are leaving behind, a big mess. A big mess in our society and hopefully, they can clean it up and hopefully, they will be strong enough to fix things.

Again, I reflect a lot and use a lot of my personal pictures and I think in my stories here, because I learned more, again from going back to these and reflecting on.

Teacher :Ings and beliefs, -- teachings and help medicine understand, but it also reminded me how important teachings and ways of doing already exist in the communities that I'm tried to serve. If you're new or wanting to be an ally or want to present a new service, how do you make connections? How do you do this in a good way? You are here today to listen to me and understand kind of the importance of cultural humility, cultural competence, but also the pillar of decolonialization and how that needs to be right along the pillars of justice and equity and inclusion.

My work that I do now as a Speech-Language Pathologist and developmental scientist focuses on the developmental delay at the Navajo Nation. How am I going about this? I had to go back to these important routines, food systems, food preservation, ceremony, dance, storytelling, games during the wintertime, telling stories at night. Listening to my grandparents and other elders tell the stories of the stars and all of the stories that come from those stars. I think to those experiences that are still

happening in communities that have been able to fight back and maintain those practices that in those teachings and in those routines there is natural language exposure. There is rich, cognitive stimulation. There is allowing of the identity to form in native children and Ke is priority, the kinship, the connections.

So, big takeaway from today is connectedness. How are we connected to our profession, to our AUCD community, to the communities where we belong, where we identify as or the identifies where we're trying to build relationships with. Connectedness is an important teaching for today.

It still baffles me as researcher trying to find a guide, that is the researcher in me talking, in ways to best serve the indigenous communities. I thought this was interesting. It is an article, if you want to do research with native communities, we have to get their input. Pretty straightforward stuff. The process of doing it in a way that is meaningful, doing it in a way that is respectful but is uplifting and inspiring is what we're going to talk about today. Grounding again. Grounding ourselves to important teachers.

I grew up on the Navajo Nation, very sacred of the Navajo people. I was told and exposed to different beliefs and interpretations that children should be doing and what caregivers should be doing to help kids stay on this path of well positive, wellbeing, reaching their goals, but getting to the point where they can repeat that important cycle of community and kinship and establishing connection. The rainbow is a very important image to the Diné and the people in the southwest, but my teaching and I know and I tell my children and students I take in, the rainbow represents a cyclical path and we stay on this path of intersectionality and fluidity, and as long as we stay on this path, we reach and conquer everything we want. This rainbow path is there for everyone, every human, but things get in the way, racism, discrimination, stress, trauma. Relocation, all of those ISMS that are out there get in the way and in most cases, it is not the individual that causes them to fall out of balance. It is the outside influences.

So, the rainbow has been important, because it represents the interconnection between different construct, different elements and different leaps, and we share this important teaching with the LGBTQ+ community for that reason. The rainbow has been indigenous and it always has been, it belongs to us. We have always had that understanding and we live that every day trying to help people, especially the youngest to stay on the path to balance and harmony. I share this picture here from the midst of the early months of the pandemic on the Navajo Nation when it was native youth that stepped up. Navajo children stepped up to help their community, young adults and adolescents who stepped up, but every hardship they were experiencing then. I acknowledge our native youth out there

and I hope you do that as well, these are the keepers and the healers and the ones that are going to bring justice to turtle island. It is the generation we should be prioritize, so I have this picture of my son with the rainbow around his heart. Helping every single native child and young adult to have what they need to be strong and step into the teaching roles. Our time has come. We messed up. We tried to try to address inequities, so we feed to prepare the next leaders.

So, how do we go about this? What steps do we take? This is a reminder that I'm a public health researcher and I'm always looking at disparities and inequities and not just looking at how far disparities have gone, but looking at cause, but why do we still see these inequities and we can take any of these case studies here, toddlers, preschoolers with various neuro, and developmental issues, but we can look across the lifespan, mental health and the coping that native people and other community members try to do to help address and respond to trauma.

So, that is what I want us to be doing. I want to take the lesson I learned from the University of North Dakota, a prominent leader in Native American health research and advocacy and decolonialization and the health sciences. His teaching and I'm not doing it justice by retelling, this but pretty much what his teaching is and it is taken from Lakota history and stories. We need to be going up stream to figure out what is causing things to float down the river? Something bad, no water coming down, if there are toxins in the water, instead of standing at the water and questioning and trying to solve it, what can we do to go upstream to figure out what is causing this. For each of the case studies, go upstream and figure out what is calling developmental delay? Preschool, same thing, substance abuse among teens, substance abuse among men.

For us to explore this and see the causes coming down river, we have to take and step -- take into account history and step into spaces that is uncomfortable that is -- step into new places and understand where communities have been doing this for sometime with prioritizing truth, working towards reconciliation and active attempts to dismantle structural difficulties and systems of oppression.

This picture is my two children taking a stand against a mistelling of history. Standing up and expressing themselves against a miss truth or mistelling that has been here for a long time in the southwest. These positive and exciting stories of Spanish conquistadors exploring the southwest for the nine cities of gold and being successful and coming and serving the native people, educating the savage and Christianizing them and teaching them ways in which they can leave those savage ways and become productive members of society.



There is a real history out there and I encourage you to do that. These histories are true and the mistellings are true. I'm telling you a story of misrepresentation that is specific to my children and my household. Every native person has one, a miss telling, a misrepresentation of them as people. We need to better understand this and see what we need to help again our youngest, step into a place where they know truth, but also where they can step up and fight back against these bringers of oppression, the misrepresentation, these stories that tell of misfortune, of grief, of genocide. This is a happy day for me when my kids are able to do this, to make that connection on indigenous peoples day and they took the stand, that white flag, the red colors that the helmet brought, the flag that means fitting into gender norms and a misrepresentation of our creator and our connections to the Earth. This makes me very proud that my kids can step into a place and be open and share this as well to say this is not our way and we're going to express ourselves and say this is not what we're going to believe. That's the goal. That is decolonialization.

We can apply this to education. We can apply it to health care, but we have to realize it going to look different from what we think. I think decolonialization gets very much intertwined with antioppressive work and antiracist work. We can throw out decolonial a syllabus, decolonize your classroom, decolonialize a bookshelf. That is not decolonialization. It is here when kids in the community can stand on their ancestral land and take a stand against the bringers of oppression. For us standing around and watching them to understand what is happening in their brain, but also to be supportive and understand that we want them to continue learning the truth. Decolonialization means truth. Decolonialization is the experience of our native youth who have the chance to fight back and step into a place that's no longer decolonialization, but then indigenous-ization that is a world, a world of their ancestors that is decolonialization.

In order to do this, we have to understand where does culture competence come into play? How do we do this work? How do we -- we can't get every native child, every native person to this point right away. How do we wherever we're at? We're lawmakers, we're advocates, what do we do? Cultural competence, when we help ourself to relearn, unlearn, to be open to listening to the person behind us, to prioritizing that and that means, those of us in clinical practice, those of us who are researchers also have to do this.

We have to remember that rainbow path is intersectional. There are competing forces all of the time. Sometime our great nation here will make decisions where we take big steps back and we hit big walls and we can't move forward and we have to adjust our services in the way we talk and the way we act.



Community needs always changed, always changed and we have to respond appropriately, so I ask you this question now for the next 30 minutes or so of our presentation. How do you adjust what you do after hearing me talk? After exploring and doing some self-reflection, how do you take what you already know, the social determinants of health, but then how do you dive deeper into systemic, historic influences who determine and predict health?

I hope this isn't new for most of us. If someone has experienced an intense amount of trauma, they are likely to have some type of after affect that is negative. We know that. But sometimes we don't always understand how historical trauma, events experienced by a grandparent or great grandparent and how that impacts the individual today, the child, the great grandchild, how is that impacted? I'm going to walk you there this.

As you're thinking about your big visual or understanding of social determinants, age, ability, ethnicity, high school graduate rate, your zip code, I want you to apply the individual's history, any trauma they experience, settler colonialism and how does that predict and how does that impact health? As we know all of these things intersect and impact individuals in different ways. One individual may impact an individual more than another, but for the native person, there is added influences and outside influences that impact health and wellbeing.

And that's important to understand as we try to help these communities to heal, to help the youth, to help the young adults to recovery. And I've given many talks like this before, not just on the historical trauma, but solutions. How do we do this? I don't always have the recipe book and there is really no recipe book on how to do this or implementation guide.

What we can do is start by relearning and acknowledging that we, as a nation have done some horrible things and continue to do horrible things to children. This picture here is unique, because I trained at the University of Kansas and I spent some time at Haskell nations university teaching and working as a Speech-Language Pathologist and this picture is from the early 1900's on Haskell industrial boarding school, but it was many, many boarding schools across the nation and part of this U.S. government's attempt to solve the "Indian problem." Because we fought back and we fought back as hard as we could in the "Indian campaigns" when we tried to fight back for our lands, fight back for our important food spaces and try to protect our most vulnerable. We lost those wars, unfortunately, and so the U.S. government's response was let's absorb the American Indian, the Alaska native into American society, so that is how the Indian boarding school solution became abundant across Indian country, including Canada.

The affects of this are still very much apparent across Indian country. I have not been to a school where cemeteries are there, cemeteries where the students didn't survive and that is in the back of the Haskell boarding school. It is a reminder to faculty, staff and students that this wasn't long ago when native children were stripped from their homelands and moved very far across the country to be absorbed into American society. Each one of these faces here all represent a culture, a language, kinship, not all of them survived. Not all of them maintained the connections and we see those effects today, because if they were able to work through their trauma or cope with their traumas, if they were in good or bad ways, they had children and they told stories to their relatives when they were able to go home, stories of violence, abuse, assault.

So, that's where we're thinking of the boarding school era and how that impacted people today, that is the transmission of trauma that relived experience that the survivors had when they return home, so this is one snapshot of one of the boarding schools in Lawrence, Kansas, but there are many across the nation. Right now, I'm situated about a quarter a mile away from the Albuquerque boarding school, which has a burial site, an unmarked burial site where children attended, so this is real.

In the past, year or two years, we learned the after affects of these experience are reminders are coming up with the graves and mass graves becoming revealed in many of these communities and it is devastating. Every time one gets discovered, Indian communities take a hit. Every time it is revealed, we are reminded that Indian children were lost.

I start this part of the presentation with grounding us that our society has made bad decisions and the inequities and injustice that we see across Indian country are a result of what our government did and we're nowhere close to making it better.

Historical trauma refers to the negative experiences impacting multiple generations and I show a picture of my oldest, a true warrior, someone who is able to step into a confusing world and take the different pathways while carrying weight. The weight of myself and his other relatives and the trauma that those individuals have had and trying to understand how to heal or how to work towards healing in a way that is going to hopefully influence his peers.

And so, if this is all new to you, I have definitions to the right of my slides here. Making connections

between the challenges native peoples have experienced today, things like high rates of substance abuse, high rates of domestic violence, teen pregnancy, developmental delay, and the list goes on and on and on. It is significant across Indian country. So, we can't just disregard that and say, it is because of this, it is because of this, and try to undermine that. It is tied back mostly to historical trauma. If we're not there, we can't work towards decolonialization. It is just not possible if we don't consider how society has did Native Americans wrong. And that is such an important piece as we try to, again, dismantle the system, work towards decolonialization.

These before and after pictures of the Indian boarding school era are powerful. The words that we see being spoken from members of the military, being spoken from leaders, politician, even Presidents. What does that mean for that native person? For 11-year-old Caleb and 6-year-old in North Carolina, when the people they are supposed to be looking up to, the leaders who are supposed to demonstrate good behavior and those people in those roles of "kill the Indian, save the man." To me that gives me chills and that weight sits on my shoulders, because I'm an American Indian. I'm Diné. That is who they are talking about. They were trying to eradicate me. They were once trying to take away everything about who made me who I am in this before and after pic. This is Tom from Grand Point, New Mexico, which is about 20-22 miles away from where I grew up in Red Willow farms in New Mexico. This picture when I see this in history book or Martin Luther King, Jr. it is significant, but -- or museums, it is significant, but also insignificant. This is me, it could have much have been me. In a way it is, when I left the reservation and learn things, I was went through a similar experience and every native person has, too. They had to let go of their identity, their way of knowing to fit into western culture, and western communities.

So, as we think about this transmission, the reliving of these traumatic events, not only is it the retelling of these stories and experiences, it is the repetition that happens in our society, the discrimination, the setbacks, it is repetitive. We see it repeating all of the time. We cidaris Christmas nation. I draw attention to other communities, brothers and sisters, allies who have also experienced this as well and all of those experiences are unique to those people. If they have experienced the trauma themselves can speak on it and provide the solutions.

This collective phenomenon that we have seen of groups of people spokespersonning trauma and us seeing the connections to inequities and disparities is a very important process as we think about how to push back. How to empower communities, how to uplift those who need to be the speakers and the healers of their communities.

If we don't do this, if we think we can do it as outsiders and step, in then we're not working towards true empowerment. If we try to speak on behalf of someone else's trauma, if we try to take something that is not us, we run into trouble. I want us to think about this moving forward, how do we support these different communities out there? How do we make things better? How do we do thing unless a good way?

Because history always repeats itself until we do something as a community, unless we do a collective effort to make things right. We still put chains on people. We still imprison people. We still belittle people, we still judge by color. We still forget about power gaps. And we still forget about kinship and community and we continue to silo, we continue to let colonial constructs like papers, registration, earth is of Indian blood, citizenship, and we still determine who is allowed in.

We still as a government, as a community still bring and allow for systemic issues to become law and systemic issues to become the norm. And we do very little to understand how these programs impact the most vulnerable. Children, adolescents, young adults, those that can't speak up for themselves, those that have to acquire or those that benefit from alternative ways of explaining things. When have we in our work excluded people. When have we not paid attention to some type of social injustice out there. When we have decided that doesn't matter to us? We have all done it. I have done it myself.

And so, I show these pictures here, and we explore other communities and I tell and try to provide a glimpse of what other communities have experienced trauma go through. I do this, because colonialism is not just the determinant of inequity and social justice in our most vulnerable communities. It is this practice of beliefs and values that come from colonialism that contribute to further inequities. so, what I'm trying to say is that we can still, being part of colonial systems and part of the colonial infrastructures work towards social justice. If we look at what is already that exists in these communities and indigenous knowledge systems and beliefs and values that these diverse perspectives bring, then maybe we can make a different. Maybe we can help in addressing inequities and reducing disparities.

When we approach indigenous communities and attempt to understand these experiences and go into communities with research questions or very clever clinical solution, sometimes we're not always welcomed or sometimes the community is not ready for us to go in and that has always been an important reflection for me as a researcher and even as an indigenous researcher, that sometimes I have setbacks and sometimes I hit walls where I can't progress and it is because communities are at different levels of eenculturation and different stages of decolonialization.

Sometimes, if we don't take time to recognize where a community is at or where an individual is at, we can have further conflict and sometimes we can cause more harm than we give. I'm going to shift into research practices now. When I say research, I think of research as any time we're trying to modify a behavior in a community or any time we're trying to understand why someone makes a decision or why someone does something, that is my definition of research. When I go to a ceremony and I see young native children doing something, I watch and I observe and I see what is happening from the influences of learning, those teachers, what are they doing and what are they telling the child? Also, I look at my community and other communities and it is like, why doesn't this community have this routine there? What gets in the way of that? Why don't they have access to that? So, that is what I want us to be doing as we move forward now. First, make the connection between culture and language and identity, and connectedness and what that means for academic achievement, wellbeing, health and wellness, because there are connections and there are many studies that have explored this and explored cultural identity and make connections. People are allowed to learn this and have access to the community and they are going to do well. They are going to thrive. We have research and more studies coming out to show this as well, which is have exciting and it is important for me as an advocate, but also as someone who is trying to retell the story of the native person.

So, I share this picture with you early, but without the outside influences. For the native person who is trying to understand their behaviors, wellbeing in regards to life trajectory. To not only think of the traditional social determinants of health, but now we have to think about misrepresentation, stereotypes, racism, forced relocations, government policies that impact food ways and impacts access to important places. We also have to think about this concept of time and orientation to the indigenous person. Are we seen as someone who was there is a long time ago and no longer exists? Or we seen as the leathered and feathered individual, rather than the educated person who is able to master the native world, but also the white man's world? We are not yet where we're seeing the native people following in the spectra of misunderstanding and misrepresentation.

So, when we get to a point where we can see or try to understand these experience, then we can work towards the community change. And did I mention I was going to take a quick turn into research, but best practices and my definition of community-based participatory work and what that means and what that looks like when it comes to trying to improve wellbeing of young once disabilities. It takes a collaborative process that takings all partners in the research process and recognizes the unique strengths that each pattern, each community brings. It starts with the topic of importance identified by the community or by the tribal nation. That means we're not coming in as researchers and coming in with the research question and say we want to test this. We want to study that. I've been to many tribal

RIB meetings and many chapter house meetings and many council meetings where researchers and outsiders come in with their own research questions or other areas to explore.

We're not not guinea pigs. We're not here to be tested. Our own government has done that for decades, picked and probed and samples collected. We are sacred people. We are the keepers of water and the ground and animals here. If we're continued to be picked and probed, we're not going to be able to focus on the most important things which is health and wellness and learning our tradition always. So, this is an important piece. Work with the community to establish your questions.

CBPR works to equally involve all partners to work to eliminate health disparities. It involves a cyclical and I think about the rainbow on Caleb's shirt about how we come back to the work that we're going to change, to modify, but also to see if we're doing things in a way that is important and still meaningful.

This webinar is being recorded and I have my references here, too, so you can go and explore these topics more and see what are the pillars of CBPR. I just want to highlight keywords when it comes to CBPR, recognizing community as a unit, focusing on strength, co-learning, capacity building, integrating and achieving a balance between the knowledge of the community and things that we know, the research combining with indigenous beliefs and values. It is working towards addressing real life public health issues, real life education issues, focusing on those key multiple and most influential determinants of health. It is working at the systems level. It is also focused on equity and inclusion and it is looking at the long-term process of sustainable and long-term improvements to community health.

There's more here and there is more and more different interpretations of CBPR. It is also important for us who are educators and clinicians and scientists, too, what does the therapy session look like? What does treatment sessions, what do they need to represent? What do they need to include? So, Geneva Gay has an interesting approach on what responsive should look like when it comes to culturally and linguistically diverse populations. I learned a lot in the classroom of what CRT truly looks like. It is not just about native children books. It is not just about celebrating Native American heritage month. It is about active steps towards setting indigenous knowledge systems as being the main objective as the focus of the lesson.

What I have seen in tribal head start programs and early child programs is a resurgence of indigenous land-based learning, but we're stepping away from these colonial spaces of circle time. Sitting on a carpet with letters and numbers stamped on it when we can be outside telling the story of the

hummingbirds, telling the story of the corn pollen and doing what is happening at story time. We're seeing more schools like that, which is exciting and that is what I think is decolonialization. It is not buying a bunch of books during cycle time or talking about different leaders during Native American heritage month in a classroom and that is important, and that is what we can do now. Our goal should be place where is those traditional learning spaces have been re-established or reintroduced.

These practices can be applied to medical and research as well. It can happen in the home, it can happen outside, and the work that we're doing with our advocacy is important at conferences and at the hill, when we make hill visits later this year that is important. That is how we bring about change and that is how we work the white man's world. We have to do that, but there are things that we can be doing at the local level, the community level as well to bring change. I hope I can model this now, about how I do this, how I blend both my western and my Navajo teachings, as well, try to do research in a unique way and try to be an SLP in a unique way, but also try to push back against the traumas that I have and that have been transmitted to me from this intergenerational effects.

How can we make things better? How can we do things in a good way? I mentioned upstream, they need to go upstream and public health researcher in me talking. We're spending way too much time waiting far young child to have an IEP, reach adulthood and have no meaningful transitional plans. We're waiting too long for a child to be identified as having developmental delay when we can be taking a more systemic approach to approve things like positive and responsive parenting, work towards creased mental health services for adults to have gone through and experienced intergenerational traumas. From the systems level down, we can have more of an impact and that is the essence of public health work. We're looking at the primary and secondary prevention levels and trying to stop that transmission of risk and trauma and chronic health disease. We have clinicians waiting at the tertiary level right now of someone who has a deficit, or already has a challenge. I hope we can work towards those efforts. Meet me upstream and we can fine solutions to the communities that we're trying to improve.

When I was first exploring decolonialization and trying to understand it, I was doing it from a western approach that I needed to take a class on decolonialization or I needed to go to the American speech inheritance conference and take a workshop. It was in front of me. I can see and make immediate decisions about families who are allowed to speak their native language and participate in ceremony and I can see those who don't have access to it and I can look at correlation between health outcomes and education outcomes and it was really apparent. In my work in northeast Kansas with the prairie bend, the Kickapoo nations where I learned to become a Speech-Language Pathologist that what it took was a blend of both western training, I needed to become a clinician, I needed to get licensed, so



I did that, but I needed to look at the traditional teachings and beliefs that were already there, to look at the different medicines and stories represented and what the healing existed in those ways of doing stuff, and that's what it took to be able to work towards providing solution to those and going upstream and trying to address systems.

My work right now focuses on developmental delays in communities. In northeast Kansas, I work with various members of the Kansas and New Mexico land programs and Vermont land programs to show how we can do this collectively and how we can demonstrate interdisciplinary practice as well and how we can modify the approach of people coming to us in universities or people coming to us in clinics and us going to them. Some child developments that I have done and not just in Kansas, but here in New Mexico in tribal communities have focused on the inequities that exist within these communities. How do we use a multi-tiered approach to bring about change? Obviously supporting those who need direct services and helping individuals to help access those, but for preventable thing, what can we be doing? Getting the skilled clinicians directly to parenting groups and childcare settings and child visits in the Indian health service to get the information there, so that transitional research part is so critical in C BPR and we can look at things that we can control there and how do we get it into community.

I'm going to close out now as I highlight what I'm doing now and that is a question that I get often. Where is Josh? Where did he go? I'm home now. In I'm New Mexico. I'm working with the Navajo Nation. I have my dream job where I can be an SLP and I can do research and I take my kids along with me and I can farm along the way. Language is medicine is something I thought of early in my graduate training at the University of Kansas. How can I make my work as a Speech-Language Pathologist medicine? How can I do that? And I already knew there were different concepts out there, like things like language nutrition, positive responsive parenting, parent-child interaction therapy, developmental delay prevention, these are out there, but how do I take that and deliver in a way that is going to be significant and really bring about community change. Language is medicine represents kind of this blend and that is the work I'm doing right now with the toddlers here on the Navajo Nation.

Working as a Speech-Language Pathologist with the Indian health service, I saw how prevalent developmental delay was amongst Navajo families and it was pretty evident and it continues to be pretty evident as I continue this work in early intervention as I see the effects of trauma and the historical trauma effect weigh on families, racism, food insecurity and how it impacts the ability to be responsive to a child. Something we don't think about. I feel like that is child development 101 and many of us know about is a child needs stimulation, needs good, positive role models in teachers. We know that is common sense. But what is not common sense for us is sometimes that lack of

responsiveness is the cause of society, the cause of these intergenerational effects that we're doing nothing to address.

My work focuses now on how do we bring back these old ways of doing things of teaching and helping young kids to learn in these place, but how do we help those that have been directly impacted by boarding schools and trauma? How do we help them along the way? So this work that we're doing and this is what I have learned is you can treat the toddler as much as you want. You can remediate developmental delay in a clinical setting, you can provide a lot of behavioral therapy and get rid of the behavior, but unless you're working with the influencers of learning or working with that community to change that understanding of child development and how to improve things, you're not going to get anywhere.

So, I reflect on what I see happening in my household and my community and this need to focus on oral traditions is where I'm starting with coming up with my research questions. How to develop a study and how to work with my community, again, to prioritize that behavior change. So, I hope this video shows, I'm not sure if the audio will play right now, but what this is, it is a snapshot and I have several snapshot of what I have seen where I have seen the elder interact with the young child or I have seen the parent interact with the young child and it is always done in a way that is cultural teachings or cultural practice. This is what is happening here.

If you can't hear the audio, what is happening is the grandfather, my dad is telling the young child a story of how to restore balance after a hunting trip. When you are going out and connecting with the Earth. He explained this is a traditional Pueblo teaching of going into the woods and allowing time for quiet, allowing time for self-regulation, but also a chance to leave behind any stress that you have. Again, I'm a developmental scientist and I study co-regulation in native children and I feel like this is a perfect example of how we encourage co-regulation and how communities that aren't allowed time for parents and caregivers to teach to kids and how that community is likely to have an increase in conduct and behavior disorders and behavior challenges and the list goes on and on. I am going to show it again. You can see it again. I don't know if the audio is playing. They are not talking much. I want you to see that action there of what is happening.

The adult is imitating a behavior and the young one is modeling it, co-regulation. It is a beautiful thing.

And be done in the way of a traditional story, oral narrative. My work focuses on identifying cultural and home routines where the intervention can be delivered. We can go and continue to use the deficit focus or this helicopter approach where we hover around a family unit and we see what they are not doing and we come in and drop a potential solution or we hover around the family and drop this bucket of water that is meant to extinguish a behavior. Then we leave as a helicopter and we don't take time to understand what the parents are doing or that practice of what they are doing.

So, I want to do is come in and see what these routines are, to ask what is important to you, where do you read to your child? Where do you single to your child and if the family is comfortable enough, you what does ceremonial look like to you and where do you spend the most time with your child? It is things you would not anticipate as a trained clinician. A lot of these Navajo people, these language-rich routines are collecting wood, participating in ceremonies during food preparation, places, important routines. They are happening already and there are ways that we can effectively incorporate language and literacy and these other developmental interventions into these important and rich spaces. Furthermore, we can even look at what is already happening and highlight and complain traditional singing while a child is early, is language exposure or teaching a young child how to farm and learn how to provide for themselves is teaching the individual an important life skill and through a routine that is important.

And so, a study I have going right now in the northern agency of Navajo Nation is called language is medicine. Right now, I'm working with members of the community through a community advisory board to develop a curriculum that does just that, an intervention that focuses on language nutrition and does it through cultural and home routines, but also using traditional language, native languages, and parent coaching that focuses on teaching these things like early literacy, language, facilitation strategies, and social and emotional learning in these routines. The language is medicine curriculum module embeds important and evidence-based interventions, things like following your child's lead, social reciprocity, pivotal response training.

And what this language is medicine intervention is meant to do is address the high rates of developmental decrease I have seen as a Speech-Language Pathologist in these communities. It is more exciting that this research team and research significants are all Diné and we're seeing research clinicians take the lead and conduct the important research and incorporate traditional teachings and ceremonies into research. It is an exciting time across Indian country to see this. We can be successful in those places, but we can't forget how important these old teaching spaces are. Where children have learned and how they learn.

There is important Navajo teachings that are connected to timeout on the farm or timeout in the fields, and these connections to child development and child rearing is very aligned with how we take care of food and especially traditional corn. In Navajo, we have words for every part of the corn, the silk, the tassels, the corn husks even when the roots emerge from the ground wave way of explaining that. We have words that explain and tell the difference between different type of rain, the sprinkling rain, the gentle and chunky rain and we have stories when we look from the field and we see the rain coming, and these words are connected to social, emotional skills. When we see the rain coming, it is important to the farmer and the words I use to explain the rival of microbursts or rain clouds coming hint at excitement.

So, there is teachings in that as well, about what that means to the native person. And this is what is missing from western learning spaces, teaching spaces where young children are missing out on the opportunity to learn the connection between corn, corn development and their brain development and that is just one example. There are teachings and how we hunt, how we gather food, how we raise children, how we interact with other genders, there is teachings in then young native children are supposed to be learning that.

My final words to you on decolonization and strategies and methods for where you start is you can take a class. You can take a workshop, and you can get some strategies, some examples, and you can keep searching and try to find things. There is no one solution and I have been searching for that for a long time as well, but I realize the best way to learn is from going to the communities and looking at these indigenous ways of doing, assessing where the communities are at in regards to decolonialization and looking at what systemic issues are impacting the communities from thriving and those at a multi-tiered approach and learning what gets in the way. I learned a lot from being a father, being a farmer, I learned the most from reflecting on the traditional teachings as a Navajo and Acoma boy and it wasn't until recently they made these connections to science and research and started to talk openly about what these mean for other people following in my footsteps, researchers and clinicians. I have seen how successful it can be in modifying behavior, especially amongst parents, young native parents, but also how influential it can be on lesson plans when you you are de-prioritizing decolonialization. These processes of decolonialization are not unique to those who have been colonized, we have to remember those stepping through this place are the ones that have to be prioritized.

I hope this was meaningful to you as much as it has been meaningful to me to come back to the AUCD community and connect with other LEND colleagues and former trainees that have a couple of

direct messages already. I know I will get follow-up e-mails, but it is great to be back. I look forward to playing more of an active role with AUCD through the Vermont LEND program and I know New Mexico and Kansas are always involved and always supporting me as well in my work to improve developmental Disability Services across Indian country.

I leave you some homework to go and explore on your own. The self-reflection process is important. This is a resource that is available to anyone, but it is really taken from the American speech and hearing association self-reflection checklist. We know the MCH navigator, well, I hope everyone does being part of the AUCD community. There are great tools there with this toolkit and you may see my name and other names popping up with other resources that we have contributed to these navigator platforms. When you are thinking about cultures and working towards inclusion of our Disabled, we have to think about their perspective and listening to our self-advocates and those who have come to recognize them as Disabled and when we get there, we can have that Ke and we can work towards dismantle. It is not the clinicians or the therapists or the researchers who have all of the solutions, I think it is the opposite. Those who are self-advocates and those who identify as being Disabled are the ones who are doing thing. I look forward for you coming to me to continue teaching me and my colleagues on what is best practice. Happy to answer any questions. I'm happy to have a conversation during the last 10 minutes. Thanks for having me.

>> Maureen, you're muted.

>> Maureen Johnson: Thank you so much. I had a whole spiel and I was muted. Thank you so much, Dr. Allison-Burbanking for this presentation. You can un-mute and tell your question or put it in the chat.

>> Dr. Allison-Burbank: I'm also going to add my Johns Hopkins address, but you can e-mail at Johns Hopkins university.

>> Maureen Johnson: Wonderful, thank you.

>> Dr. Allison-Burbank: I'm looking to see whose name I recognize, I see Arizona, I see Alex.

>> Maureen Johnson: A lot of thank yous in the chat.

>> Dr. Allison-Burbank: Yes.

Jim Warren, how are you doing?

A story I referenced, it was his brother that told the story of the upstream.

>> Maureen Johnson: Feel free to put any questions in the chat or un-mute.

More people saying it was very informative and wonderful presentation. I definitely agree.

As a reminder, Dr. Allison-Burbank's e-mail is in the chat and a link to some resources mentioned.

>> Dr. Allison-Burbank: Before we close out, I want to acknowledge the multicultural constituent council, the subcommittee is a great resource and group of talent to reach out as well to continue the conversation, so wanted to give MCC a shout out. I have served as Vice Chair of MCC in the past, so I have to put in my plug.

>> Maureen Johnson: I did see, Eileen, you un-muted. >> Eileen: I do have a question for you, Joshuaa. What are some initial steps that LEND programs can do to help prioritize decolonialization? You know, you see in numerous individuals' e-mails an acknowledgment like the University of Arizona's built on Indian land, actually in Tucson, all of our land was Indian land. But aside from that, what else can we do if we're not directly conducting research. There is plenty that we can do working clinically with indigenous populations, but in teaching and training with regard to our LEND trainees, what advice to you have for training directors?

>> Dr. Allison-Burbank: Thank you for that question, eline. I want to highlight the difference between decolonialization and antiracist approaches. I think of those land acknowledgments and the inclusion in e-mail is being important steps, but I consider those being indirect steps towards antioppressive work. We should always be practicing inclusion. We should be open to making any environment a place of learning as inclusive that is the antioppressive piece. When we're really working towards decolonialization that means we are stepping away to allow those who are the keep overs land, of the water and where we sit, which is indigenous people to step into those places of leadership to be the ones teaching and talking. That is hard to do when we have limited workforce of native people but we're getting better and we're starting to see native people take on more leadership roles, taking on more faculty and teaching roles. I want us to think outside of the box if we're going to work towards decolonization, we have to ask ourselves how are we being exclusive? Am I am taking up space? Am I

teaching on topics that aren't significant or important to me? Am I contributing to continued colonial systems that are very much unwelcoming or unfavorable to the communities that we're trying to engage with?

So, that is a hard thing to reflect on. It is not an immediate solution. We can't address that quickly. We can't get out of the hospital model of kids and families coming to us for early Autism assessments and evaluations, but we could do other things to provide community-based services, thinking of ways on how to deliver interventions in a way that is culturally meaningful. If we could dedicate as much time as what we're going to replicate and duplicate research and look at the same things, we could dedicate more of the energy to alternative screenings method, alternative testing methods, but thinking of ways to prioritize responsive teaching. I think that is we can open up cultural spaces and move towards decolonialization.

We can spend more time, like what we did at the University of Kansas LEND program and the Vermont LEND program, where we have taken trainees out to communities to see what it is like themselves, but not just to be there and see, but to play an active role in fostering systemic change. So, I think these experiential learning activities for our trainees and faculty and finding different ways to deliver the core curriculum are steps towards decolonialization. Look to what University of New Mexico is doing and bringing in indigenous perspectives. Look at what the University of Kansas, University of South Dakota LEND programs are doing to getting services and being present in tribal communities. If you step into a community, and that community doesn't know your name, doesn't know who you are, doesn't know your clan, you are not doing CBPR, you're not doing cultural responsive services and you're not culturally competent. Think about where you're at in that piece there and work towards that and I'm happy to continue this conversation more as well.

>> Eileen: Thank you. I think that is helpful for a lot of individuals in this webinar and hopefully, those that will watch the archived webinar at a later date.

>> Maureen Johnson: As we approach the last couple of minutes, any other questions or comments?

All right, I think we can wrap up. Again, thank you so much, Dr. Allison-Burbank for this wonderful presentation. As noted, this webinar was recorded and will be available on AUCD's website, as well as the transcript. Thank you and have a great rest of your day.