

Addressing Trauma with Tradition and Humor — Tribal Veteran Perspectives

Friday, November 5, 2021



Tribal Healing to Wellness Court

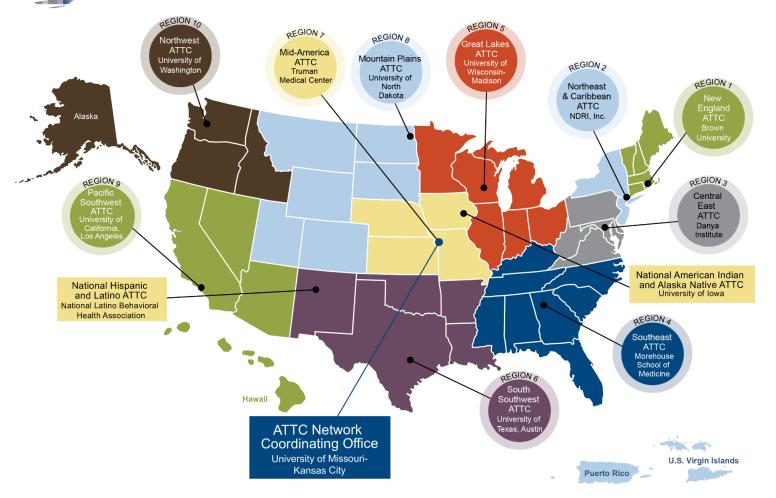
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DISCLAIMER

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U.S.-based ATTC Network



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Substance Abuse and Mental Health Services Administration

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The content of this webinar is the creation of the presenter(s), and the opinions expressed do not necessarily reflect the views or policies of SAMHSA, HHS, or the American Indian & Alaska Native ATTC.



Sean A. Bear, BA, CADC
Co-Director,
National American Indian and
Alaska Native Addiction
Technology Transfer Center,
University of Iowa College of
Public Health

Sean A. Bear earned his B.A. from Buena Vista University in 2002, majoring in psychology/human services. He also studied mental health counseling at Drake University for 2 years. He is a member of the Meskwaki Tribe, in Tama, Iowa, and has worked with Native Americans with Substance Use disorders for many years. He is an Army Veteran of 9 years, honorary discharged from the 82nd Airborne. He has worked as an Administrator/Counselor in EAP, a counselor in adolescent behavioral programs, substance abuse, and in-home family therapy. He has experience in building holistic; Native American based curriculum, and implementation with substance abuse clientele. He was the training coordinator for the National AI/AN ATTC from 2013.

His passion is to assist people in overcoming their substance use issues as well as other issues, and to return to the spiritual ways of their ancestors. It is his hope that one day, people of all nations will co-exist and live in peace and harmony, not just with each other, but within themselves, as well as to come to the realization of what our ancestor of long ago already knew, "that we are all brothers and sisters under one Creator". My passion is the lifelong education of Spirituality, particularly in Native American Spirituality.



David A. Natseway, BA, LSAA
Pueblo of Laguna Tribal Member
United States Navy Veteran

A native of Arizona, David Natseway, LSAA, holds a B.A. in Psychology with a concentration in Basics in Addiction Counseling (BAC) from the University of New Mexico, and A.A. in Communications from Central New Mexico College. David has worked as a Substance Abuse Counselor, and Addiction Support Group Facilitator with the Pueblo of Laguna Behavioral Health and Social Services. He is trained in Moral Reconation Therapy (MRT) and MRT-Trauma, and is a current member of the Laguna Healing to Wellness Court Team. David works as a Tribal Healing to Wellness Court Consultant for Tribal Law and Policy Institute (TLPI), and the National AI/AN. David served in the U.S. Navy as a Musicians Mate retiring in 2011 after more than 20 years of Honorable Service, and remains active as a musician. With his music experience, and great appreciation for the therapeutic power of music, he has been a Music is Healing Presenter for the Pueblo of Laguna Prevention Program. David also enjoys umpiring baseball for New Mexico Activities Association, New Mexico Officials Association, and holds a Professional Certificate as a Baseball Umpire from the Minor League Baseball Umpire Training Academy, Vero Beach, FL. David is an enrolled member of the Pueblo of Laguna and resides in Albuquerque, NM.



Ray Daw, MA Diné United States Army Veteran

Ray is originally from Houck, Arizona and an Army veteran, field artillery. Graduated from boarding school and UNM. He has been in the behavioral health field for about 35 years working with the Navajo Nation, non-profits and most recently in Alaska. His work in behavioral health has been heavily towards developing Native trauma-appropriate approaches that are healing and effective in tribal behavioral health prevention, Intervention, and treatment services. He also trains in Motivational Interviewing and Historical Trauma.

SESSION DESCRIPTION

 Tribal veterans participating in wellness court programs often carry unique cultural identities that should be individually addressed by Tribal Wellness Court team members. This workshop will explore the therapeutic value of tradition and humor in tribal veterans court context. Facilitators will discuss Tribal warrior tradition, including the role traditional activities play in treatment. Additional topics of discussion will include a discussion of humor, unique to tribal veterans, and its therapeutic value.

LEARNING OBJECTIVES

- Attendees will learn about the unique type of humor shared among tribal veterans
- Attendees will learn about the therapeutic role humor plays in treatment
- Attendees will learn about the value of cultural inclusion in wellness courts

Learning Objective



Learning Object 1:

Attendees will learn about the unique type of humor shared among tribal veterans



INTER-SERVICE HUMOR









Learning Objective

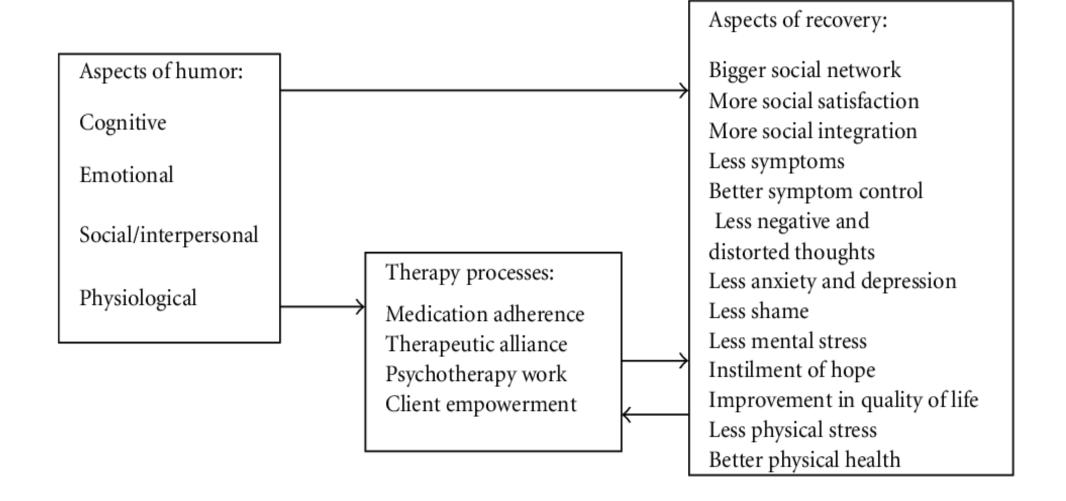


Learning Object 2:

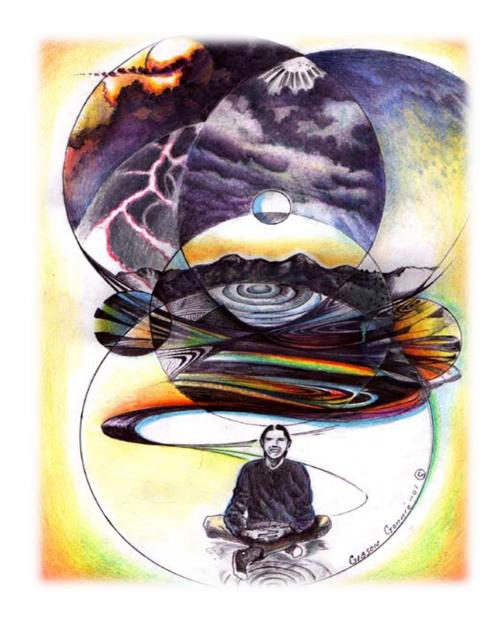
Attendees will learn about the therapeutic role humor plays in treatment



HUMOR THERAPY RECOVERY



RELEASING OUR PAIN



ACCULTURATION ASSESSMENTS

- Acculturation Assessments allow for providers to assess the cultural identity of a patient, which can help the provider to gain a better understanding of the cultural context in which symptoms are rooted.
- Additionally, whether a patient identifies as traditional, bi-cultural, or acculturated may have an impact on their treatment preference.
- Rosebud Personal Opinion Survey (Hoffmann, Dana, & Bolton, 1985):
 - Was developed in response to a hypothesis that level of acculturation was influencing how Native American performed on the MMPI.

CULTURAL ASSESSMENTS

- Each person has a different understanding of their culture. One way to
 measure this is through an acculturation assessment of the patient. This
 will aid to determine where he or she falls of the spectrum of acculturation
 from traditional to assimilated.
- In its most basic form, this would include identifying the patient's tribe and affiliations:
 - What does this affiliation mean to the patient?
 - What does it look and feel like?
- There are formal Acculturation Assessment that can be used to accomplish this, two examples are discussed next.

CULTURAL CONTEXT OF SYMPTOMS

- It is important to be mindful that when asking screening questions or administering a selfreport questionnaire to Native American/Alaska Native, the assessment instrument may not be culturally appropriate.
- Approach answers with care and reflect on any potential cultural implications or considerations that may need to be made.
- There are instances of normal aspects of the American Indian/Alaska Native culture being interpreted incorrectly and labeling individuals as having a mental illness when this is not the case. For example:
 - The belief that the spirit of a past loved one is helping them and their family may be labeled as magical thinking and a delusion, when it is a normal part of their culture.
 - Other instances have involved individuals communicating with animals or hearing the voices of loved ones who have died. In the Western medical model, this may be interrupted as hallucinations and incorrectly label someone as schizophrenic.

LAUGHTER THERAPY

- Our ancestors have often told us that laughter is good medicine. Laughter is Healing.
- Traditional Teaching have said that evil hates us laughing, so we were to laugh more. That laughter can push the energies of hate, anger, sadness, grief, etc. away and help us feel better, just as love can.
- Well, the Mayo Clinic now suggests laughing for stress relief and may help reduce other complaints with both short-term benefits and long-term benefits.

TREATMENT APPROACH

- Patient as an individual
 - It is important to approach each patient as a unique individual, do not make assumptions.
 - Stereotyping a patient based on their race or ethnicity is inappropriate and has the potential to both harm the therapeutic relationship and the patient's recovery.
 - View the patient in their contemporary, not just from their historical context. Although they may have experienced historical trauma, it is important to see them in the present.
 - Do not fall into the view of "Pan-Indian" that all American Indian/Alaska Natives are the same. They are a very diverse group that come from varied backgrounds, tribes, beliefs, and practices

DEVELOPMENT OF PTSD

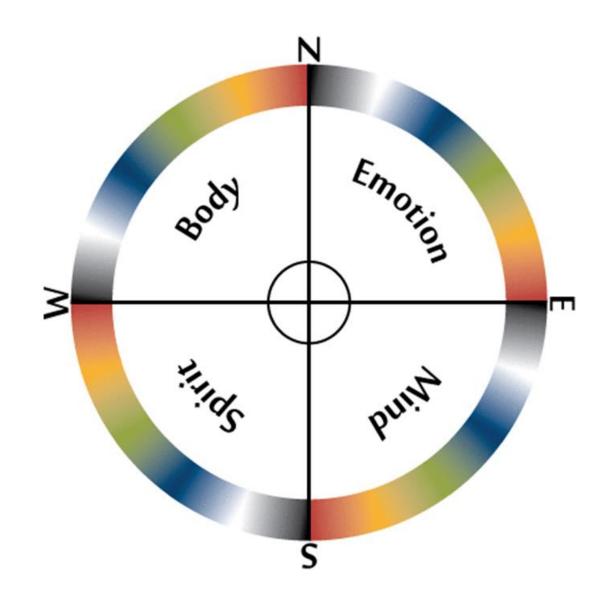
- Post-traumatic-Stress-Disorder (PTSD) occurs after exposure to a traumatic event;
 however, not everyone exposed to trauma develop PTSD.
- Several factors have been identified through research that increases the likelihood that one will develop PTSD (Ozer, Best, Lipsey, & Weiss, 2003).
- These factors are broken down into three categories: pretrauma, peritrauma, and posttrauma.

Marx & Gutner (2015)

EXPOSURE-BASED TREATMENTS

- Exposure treatments essentially involves repeatedly exposing individuals to the
 experiences (thoughts, feelings, situations) related to their trauma that are causing
 distress. (<u>Hamblen et al., 2014</u>; <u>U.S. Department of Veterans Affairs, 2015</u>).
- Most frequently used approach is Prolonged Exposure (PE), which consists of four main strategies (U.S. Department of Veterans Affairs, 2015).
- EMDR combines the use of exposure techniques (talking or thinking about the trauma), cognitive restructuring, and relaxation or self-monitoring techniques with the repeated "saccadic eye movements" (Hamblen et al., 2014).

TRANSCENDING THE TRAUMA



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Learning Objective



Learning Object 3:

Attendees will learn about the value of cultural inclusion in wellness courts

CONTRASTING VALUES

- Native American
- Harmony-live in harmony with all things
- Balance
- Great Mystery/Intuitive
- Humility
- Spirituality (a way of life)

- Non-Native
- Conquer: nature
- Skeptical/Logical
- Self: ego/attention/success
- Religion (daily/a part of life)

Source; Donna Humetewa Kaye, TLPI Consultant

WHAT TYPE OF WELLNESS COURT ARE YOU CURRENTLY PLANNING?

Adult

Juvenile

Family

Veterans

Source: "Planning a Healing to Wellness Court: Inspiration and Vision to Get Started", Lauren van Schilfgaarde (Cochiti Pueblo), Hon. Carrie Garrow (Akwesasne Mohawk), Hon. Jay Pedro (Gila River Indian Community)



CREATE A CULTURE OF WELLNESS

Photo source: Tulalipnews.com

INCLUSION OF CULTURAL GATEKEEPERS



NATIVE CULTURAL DIVERSITY



Wellness has areas for consideration

EMOTIONAL

Coping effectively with life and creating satisfying relationships

WELLNESS

ENVIRONMENTAL

Good health by occupying pleasant, stimulating environments that support well-being

INTELLECTUAL

Recognizing creative abilities and finding ways to expand knowledge and skills

PHYSICAL

Recognizing the need for physical activity, diet, sleep and nutrition

Adapted from Swarbrick, M. (2006). A Wellness Approach. Psychiatric Rehabilitation Journal, 29(4), 311–314.

FINANCIAL sfaction with co

Satisfaction with current and future financial situations

SOCIAL

Developing a sense of connection, belonging, and a well-developed support system

SPIRITUAL

Expanding our sense of purpose and meaning in life

OCCUPATIONAL

Personal satisfaction and enrichment derived from one's work

Integration.samhsa.gov

NATIVE VETERAN'S REZILIENCE AND WELLNESS SERIES A 2020 REVIEW

- Ongoing Discussions with Ray Daw, Sean Bear, and David Natseway on Native Veteran Issues biweekly June-August 2020
- Equine Therapy August 28 and September 11
- Use of Sweat Lodge in Therapy w/ Dr. Eynon September 25
- Therapeutic and Healing Experiences with Native Veterans with Dr. Foster October 9
- Desperation, Trauma, and Success: A Personal Story November 6
- An Approach for Working with Cultural and Experiential Diversity within the VA system November 20
- Interacting with Family Members During a Pandemic: Helping Families Support Their Veterans December 4
- Link to the ATTC YouTube video Archive: https://www.youtube.com/channel/UCgoI2Ma-kcD9caCrXISHQ4Q?view_as=subscriber

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THANK YOU!

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