



National American Indian & Alaska Native

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Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



**Native Veteran Curriculum:
“Healing the Returning Warrior”
Keys to understanding unique challenges and strengths of
American Indian and Alaska Natives whom suffer from PTSD**

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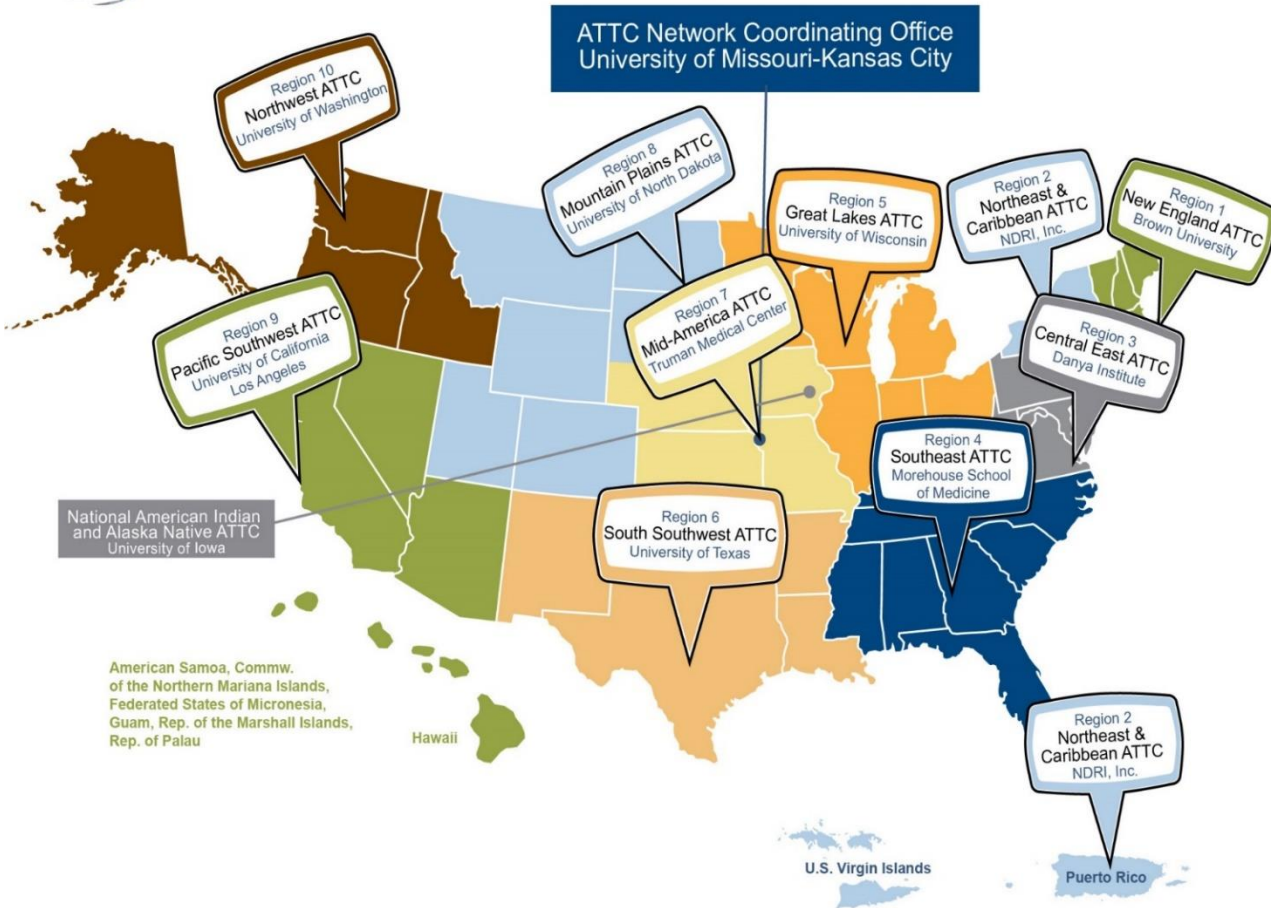
ATTC Network 2018 - 2022



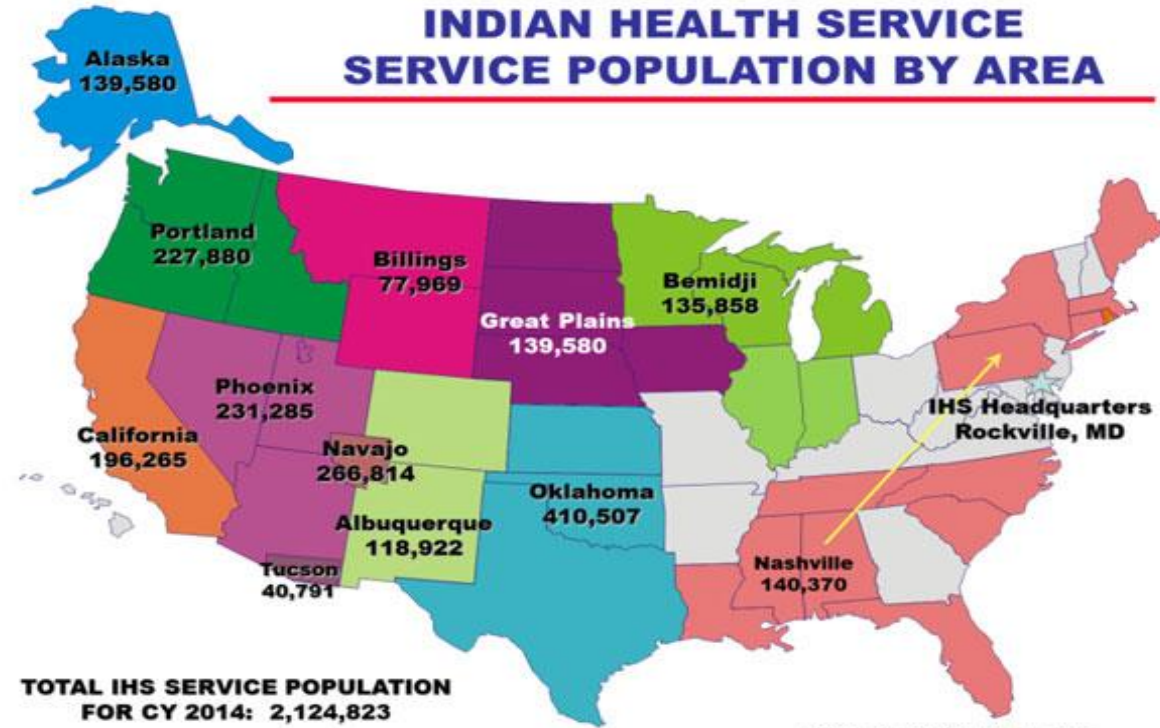
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U.S. Based ATTC Network



INDIAN HEALTH SERVICE SERVICE POPULATION BY AREA



SOURCE: Division of Program Statistics, OPHS



Network Coordinating Office

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*National American Indian/Alaska
Native Addiction Technology Transfer
Center (ATTC)*

N-AI/AN Mental Health TTC

N-AI/AN Prevention TTC

Tribal Opioid Response TA



Our Mission



Serve as the national subject expert and key resource on adoption of culturally legitimate and relevant addiction treatment/recovery services to support professionals working with AI/AN clients with substance use and other behavioral health disorders and the AI/AN behavioral health workforce



Our Goals

- *Advance the American Indian and Alaska Native SUD treatment field by enhancing communications and collaborations with stakeholders and organizations*
- *Conduct ongoing assessment of needs and workforce development issues*
- *Facilitate and promote the use of culturally legitimate Evidence Based Treatments and facilitate the sharing of Experience Based Treatment approaches developed by American Indian and Alaska Native Providers*
- *Use state of the art technology transfer principles in our educational events*





Our Goals

(continued)

- *Enhance the AI & AN workforce through a workforce development initiative*
- *Offer TA and training to AI & AN organizations on integrating behavioral health into primary care, based on SAMHSA and Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions (2012)*
- *Facilitate the development of ROSC in AI & AN communities*



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Native Veteran Curriculum: “Healing the Returning Warrior”

Native Veteran Curriculum Overview



Overview of Project Modules

- *Historical Overview of Natives in the Military?*
- *Trauma: Historical Trauma, and PTSD*
- *Approaches to Assessment and Treatment*
- *Traditional Beliefs & Healing Practices*
- *Healing the Healer*



Objectives

- 1. *describe the history Native warriors*
- 2. *describe characteristics of Native warriors*
- 3. *describe the history of Native soldiers*
- 4. *describe characteristics of Native soldiers*



Historical Overview and Trauma

- *Pre-Contact Warfare*

- *Modern Authorities are in Disagreement*
- *Limited Warfare for Certain reasons, small-scale*

Native History passed down:

Taking of Life or parts (scalps) was not Traditionally acceptable

Story: Face to Face confrontations: Story of long ago

“The Art of Fighting without Fighting” Bruce Lee



Historical Overview

- *History of Native Americans in the Military*
 - *Native American Indians use of Guerilla warfare has been seen and documented as early as 1528 with the Apalachee's resistance to Spanish.*
 - *Seminole has been the only tribe never to have been defeated in battle, by their use of combat tactics*



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*Trauma, Historical Trauma, and
PTSD*



Objectives

- *Define Trauma*
- *Describe adverse childhood experiences*
- *Describe historical trauma*
- *Describe PTSD*



Trauma

What is trauma?

- *Emotional response to an event(s). Immediately after an event, it is common to experience denial or some sense of shock.*
- *Long term reactions may include flashbacks, emotions such as fear or anger or such, that may affect relationships with others.*
- *Physical symptoms may include headaches, nausea, which are normal responses to life changing events.*

- *American Psychological Association, Aug. 2013*



Adverse Childhood Experiences (ACEs).

- *Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. (CDC)*



THE 10 ADVERSE CHILD EXPERIENCES

1. Physical abuse

2. Emotional abuse

3. Sexual abuse

4. Physical neglect

5. Emotional neglect

6. Alcohol or drug abuse by a parent

7. Mentally ill parent

8. Divorce

9. Incarceration of parent

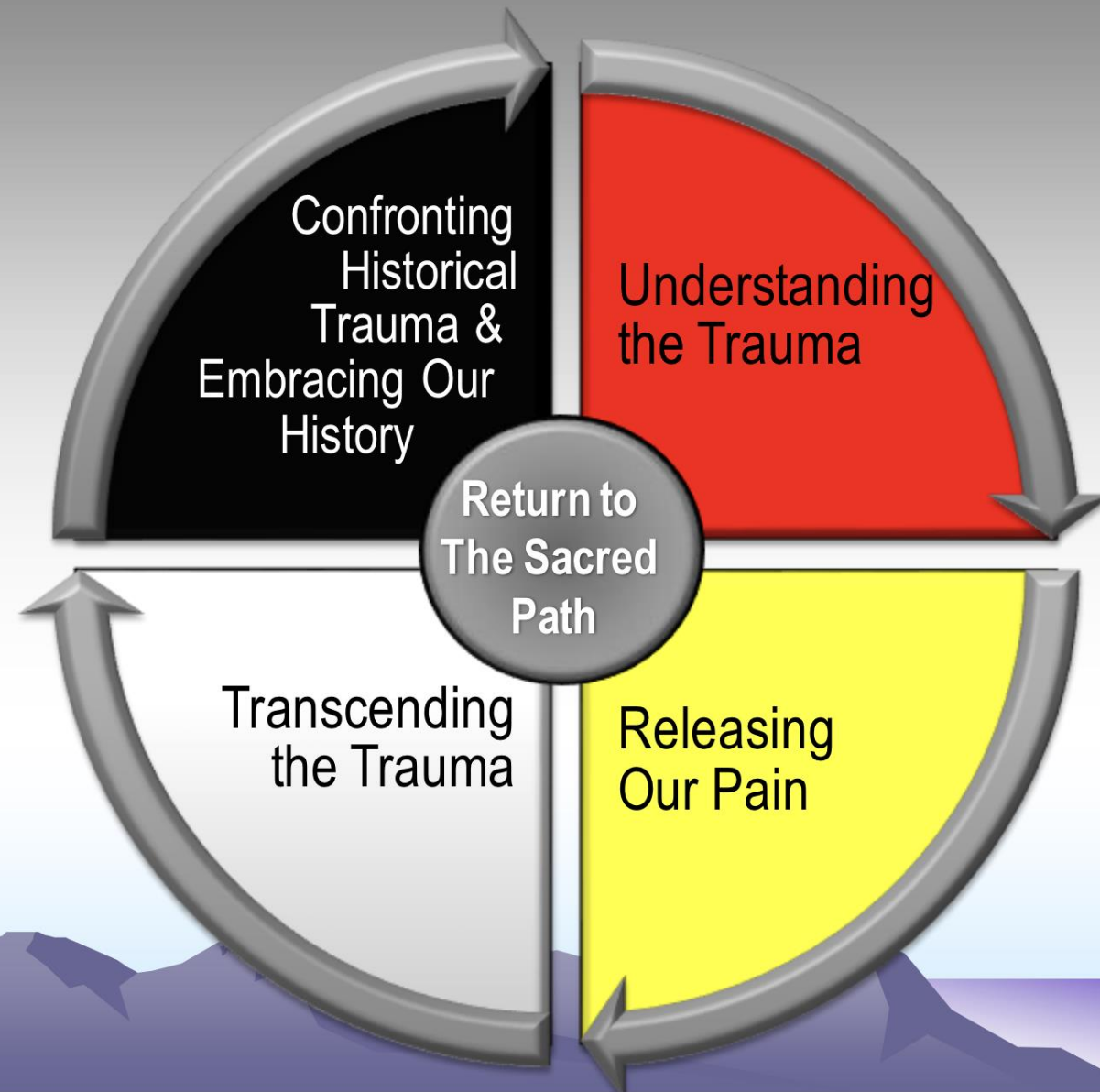
10. Childhood Domestic Violence



Historical Trauma

- *Historical Trauma - Result of “a legacy of chronic trauma and unresolved grief across generations,” enacted upon them by the European dominant Culture. (Braveheart & DeBruyn, 1998, p. 60)*

Four Components of HTUG





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.*



PTSD among the AI/AN Populations


- Overall studies have found higher rates of PTSD in most ethnic minority Veterans compared to White Veterans ([Loo, 2014](#)).
- Another study that compared rates of PTSD by ethnicity among male Vietnam Veterans found a higher prevalence of both 7-month and lifetime PTSD among American Indian compared to White Veterans. However, when exposure to war-zone stress was statistically controlled for, ethnicity was no longer a significant predictor of PTSD. These higher rates of PTSD may be due to higher rates of trauma exposure (Beals et al., 2002).



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Approaches to Assessment & Treatment



Objectives

- *Acculturation assessments*
- *DSM-5 Diagnostic Criteria for PTSD*
- *Treatment of PTSD*
- *Inclusion of family and community*



Assessment

Historically, there has been a great distrust among American Indians when it comes to Mental Health, especially from older generations, which tend to underutilize these services.

- First of all, There are many instances in which American Indians have been misdiagnosed as having a mental health issue, such as Schizophrenia or other psychotic disorder.*
- Through generational trauma and laws against the use of indigenous ceremonial spiritual practices, the common knowledge of the practices were hidden, being for the elect few, passed down to relatives, or those whom developed “gifts”, much knowledge has been lost. This has caused usage of words, beliefs, and knowledge to be altered, which leads some members to think that someone with a mental health diagnosis to be stigmatized, rather than realizing that it stems from innate gifts of sight, ability to speak to spirits and nature, and foresee.*



PTSD Assessment

- *In order to determine if someone meets the criteria for PTSD it will be important to assess for both the presence of trauma exposure and the presence of symptoms.*
- *There are several different instruments that can be used for assessment. First measure of trauma exposure will be discussed.*



Cultural Context of Symptoms

- *It is important to be mindful that when asking screening questions or administering a self-report 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 many instances of when normal aspects of the American Indian/Alaska Native culture have been interpreted incorrectly and labeled 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.*



Diagnostic Criteria

- *In order to determine if an individual has PTSD, certain diagnostic criteria must be met according to the Diagnostic and Statistical Manual of Mental Disorders. There are two versions that are currently in use, the DSM-IV-TR and the DSM-5 (Marx & Gutner, 2015).*
- *Several important changes were made to the diagnostic criteria for PTSD from the DSM-IV-TR to the newest edition, DSM-5 (Marx & Gutner, 2015).*



Treatment of PTSD

- *When approaching the treatment of PTSD, it is important to consider not only the evidence-base available, but the unique characteristic of one's patient and the resources available to you ([Brownson, Fielding, & Maylahn, 2009](#)).*
- *Evidence-based treatments are those that have been shown to be effective in the treatment of PTSD through strong scientific evidence ([Brownson et al., 2009](#)).*
- *This is particularly relevant to treating American Indian/Alaska Native Veterans due to the scarcity of the research that evaluates culturally based treatments. It is important to keep in mind that the treatment that may be most effective for an American Indian/Alaska Native may not be considered as "evidence-based."*



Psychopharmacology

- *Only a brief overview will be given on medications that may be used to address biological source of PTSD symptoms and other potentially co-occurring mental health disorder ([Jeffreys, 2014](#)).*
- *Medications are typically used to address the four core symptom clusters of PTSD discussed in the diagnostic section ([Jeffreys, 2014](#)):*
 - *Intrusion symptoms (nightmares, flashbacks, etc.)*
 - *Avoidance symptoms (avoiding driving due to reminders of being involved in the bombing of a convoy.)*
 - *Negative changes in one's thoughts or moods*
 - *Arousal and reactivity symptoms (difficulty sleeping, hypervigilance, etc.)*



Assess Suicidality

- *Columbia Suicide Severity Rating Scale (C-SSRS)*
- *Multi-Faceted Assessments, such as assessing family, work, SUD, Trauma, Sleep, ???? Me, just starting*



Suicide Prevention Plan

- *Crisis Intervention plans.*
- *Rehearsal*
- *By working with Clients, we also need to work on Self-Monitoring, including thoughts, feelings, and Emotions.*
- *Coping Skills, Strategies*
- *Important for Self control.*



Family Education and Support


The whole family may need Healing in order to remove/separate trauma, ghosts, sickness, energies from one another.



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Native Veteran Curriculum:
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*Native Traditional Beliefs and
Healing Practices*



Objectives

- *Culture and assessment*
- *Considering traditional beliefs and practices*
- *Traditional healing practices*
- *Traditional and non-traditional approaches*



Acculturation Assessments

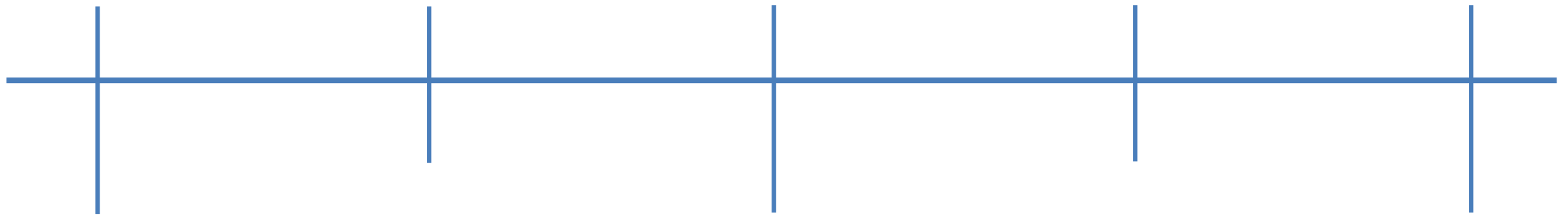
- *Acculturation Assessments allow for providers to assess the cultural identity of a patient, which can help the provider to gain a better understanding of the cultural context in which symptoms are rooted.*
- *Additionally, whether a patient identifies as traditional, bi-cultural, or acculturated may have an impact on their treatment preference.*



Traditional

Bi-Cultural

Assimilated





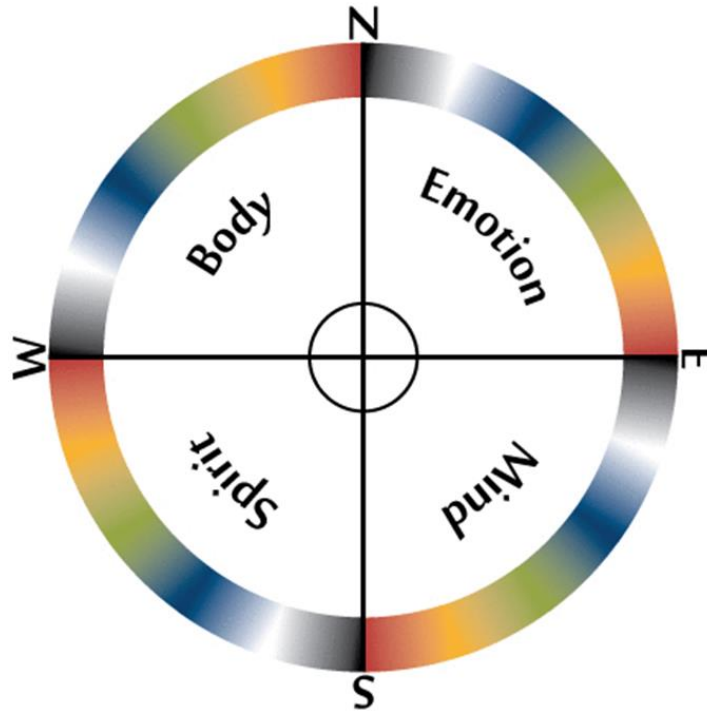
Cultural Implications in Assessment

Cultural knowledge and Understanding

- *Cultural Sensitivity*
- *Cultural Competency*
- *Cultural Humility*



Consider Traditional Beliefs and Practices





Consider Traditional Beliefs and Practices

- *Long ago, when Warriors went into battle, they had undergone war ceremonies both before and after, which would help them stay out of danger, protect them from internal/spiritual trauma, as heal them afterwards before entering into the tribal community.*
- *Story of Coming home from battle/war, long ago:*



Traditional Healing practices

- *Many American Indian/Alaska Native Veterans may prefer to use Traditional healing and spiritual practices over Western approaches to recover from trauma.*



Self Identification

- This is important to as well to ensure that an American Indian/Alaska Native Veterans can feel open to discuss their experiences. Many may feel misunderstood and not feel as if they are part of larger society as result. A person's identity is taken from their culture, which can cause difficulty if that culture is ignored or invisible to most members of society.



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*Healing the Healer:
Honoring Self through Native
American Teachings/Wisdom*



Objectives

- *Discuss the challenges of working with clients/patients*
- *Understand how healing creates resilience*
- *Describe compassion fatigue*
- *Understand the value of managing stress*



Healing the Healer

- *This training may be a promising means of providing culturally competent training to AI/AN treatment providers utilizing Native American Beliefs and practices*



While working with clientele

- *Death, client safety, and issues in life. Things bothering me all weekend, affecting my personal life and family... Working, need to rest.*
- *I remembered learning of this is school. Remembered balancing ones personal life and work. Remembered that we must not make their issues, Ours.*
- *What areas of information do you tend to remember? Positive, Negative? Which ones do you tend to take home with you?*
- *These are the ones that are affecting your home/personal life.*



What I did.

Each day, I began to take the last 15-20 minutes of work, or stay late to meditate on letting go.

At first this was very difficult, yet over time this began to work.

It got easier and easier, as I tried to make sure all things with clients were addressed to make sure I did everything I could and learn not to make their issues mine.



Healing

- *During healings, many things can be removed from others, much like removing a cup from the cupboard, dusting, or washing ones car, by use of healing objects like stones, feathers, medicinal herbs, teas.*
- *Some may require fasting, or doing something such as bathing, drinking tea, prayer for certain help*
- *Some may require a specific ceremony, such a sweat lodge, bear ceremony, dark room ceremony,... in which spirits will be doing the healings themselves*
- *Some things cannot be removed unless the person lets go of it, or with some things, the healer is used for it to pass through*
- *Taking time out*



Taking time out

With Native Healers and Medicine peoples.

- *They are taught that they must take time out of healing or they may become sick.*
 - *With healing others, they act as a filter at times for the people they help.*
 - *Much like a filter, they process may take time but also build-up can acquire over time, therefore for time must be taken to clean this out or the build up may have other affects, such as becoming clogged or drain much more slowly*
 - *Over time, healing can take a toll on healers, which a time out is required in order for them to heal themselves, or through the assistance of spirits or other healers.*
 - *If not done as instructed, this can become much worse and may develop into a physical sickness for themselves*



Compassion Fatigue

- *Compassion fatigue can be looked at much the same way as with healers, as knowledge of pain, sorrow, “the hurt” can be like a reflection of the one being healed. This is felt as it was their own. If unknowingly an empath, this may be interpreted as their own.*
- *Energetically, they may share energies within the bubble, especially if they are unaware of how to protect oneself or to control / have the capacity to feel their own energies going out or others coming to.*
- *Sickness for instance: Break up,...*



Managing Stress

- *Get away from your regular routine of work, not doing what you do for work, but to relax, have fun, peace.*
- *Get exercise, walking reduces stress. Walk during breaks, lunch. Build healthy, fun activities into your routines*



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Can we answer your questions?



How to contact us

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