

**Native Center for Behavioral Health**

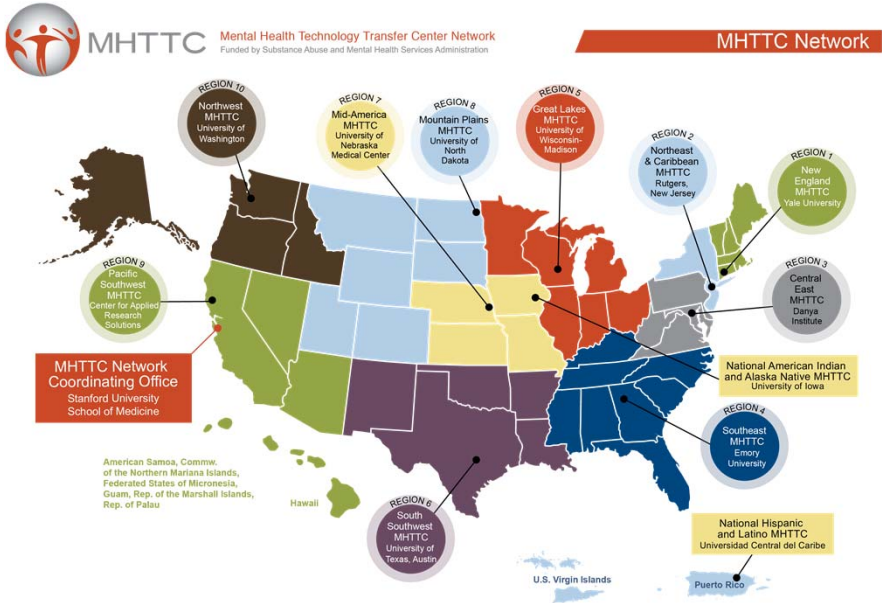
National American Indian and Alaska Native  
 MHTTC Mental Health Technology Transfer Center Network  
 Funded by Substance Abuse and Mental Health Services Administration

# Native American/Alaska Native Veterans

Keys to Understanding Challenges and Strengths of American Indian, Alaska Native Clients Whom suffer from PTSD

Sean A Bear I, BA  
 National American Indian and Alaska Native ATTC  
 Ray Daw, MA

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

**MHTTC Network**

- REGION 10: Northwest MHTTC, University of Washington
- REGION 7: Mid-America MHTTC, University of Nebraska Medical Center
- REGION 8: Mountain Plains MHTTC, University of North Dakota
- REGION 5: Great Lakes MHTTC, University of Wisconsin-Madison
- REGION 2: Northeast & Caribbean MHTTC, Rutgers, New Jersey
- REGION 1: New England MHTTC, Yale University
- REGION 3: Central East MHTTC, Darya Institute
- REGION 4: Southeast MHTTC, Emory University
- REGION 6: National American Indian and Alaska Native MHTTC, University of Iowa
- REGION 9: Pacific Southwest MHTTC, Center for Applied Research Solutions
- REGION 6: South Southwest MHTTC, University of Texas, Austin
- National Hispanic and Latino MHTTC, Universidad Central del Caribe, Puerto Rico
- MHTTC Network Coordinating Office, Stanford University School of Medicine

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## American Indian & Alaska Native Mental Health Webinar series

This webinar is provided by the National American Indian & Alaska Native MHTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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# **SAMHSA**

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- The National American Indian and Alaska Native Mental Health Technology Transfer Center is supported by a grant from CSAT/SAMHSA.
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## Webinar follow-up

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- This session has been approved for 1.0 CEU's by:
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- To obtain CEUs for this session, please email:  
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### Presentation handouts:

- A handout of this slideshow presentation will also be available by download

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# Webinar follow-up

## Evaluation: SAMHSA's GPRA

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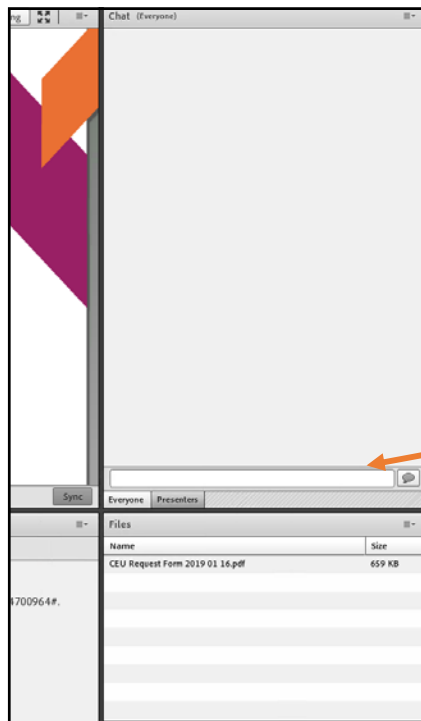
Participation in our evaluation lets SAMHSA know:

- How many people attended our webinar
- How satisfied you are with our webinar
- How useful our webinars are to you

You will find a link to the GPRA survey in the chat box. If you are not able to complete the GPRA directly following the webinar, we will send an email to you with the survey link. Please take a few minutes to give us your feedback on this webinar. You can skip any questions that you do not want to answer, and your participation in this survey is voluntary. Through the use of a coding system, your responses will be kept confidential and it will not be possible to link your responses to you.

**We appreciate your response and look forward to hearing from you.**

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# Adobe Connect Overview

## Participant overview:

- To alternate between full screen mode, please click on the full screen button on the top right of the presentation pod. (It looks like 4 arrows pointing out)
- To ask questions or share comments, please type them into the chat pod and hit "Enter."

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## Today's Speaker

- Ray Daw, MA is Navajo , originally from Houck, Arizona. 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

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## Today's Speaker

**Sean A. Bear, 1st**, 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 abuse issues for many years. He is an Army Veteran of 9 years, and was honorary discharged from the 82<sup>nd</sup> Airborne.

Mr. Bear has worked as an Administrator/Counselor in EAP, as a counselor in adolescent behavioral disorder programs, substance abuse, and in-home family therapy. he has experience in building holistic, Native American based curriculum, and implementing these curricula/programs in substance abuse treatment and prevention program.

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# Native Veteran Curriculum: “Healing the Returning Warrior”

Keys to Understanding Unique Challenges and Strengths of American Indian, Alaska Native Clients Whom suffer from PTSD

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## Overview of the Presentation

### 5 Modules

- Historical Overview of Natives in Warfare, Military
- Trauma, Historical Trauma, and PTSD
- Approaches to Assessment and Treatment
- Traditional Beliefs & Healing Practices
- Healing The Healer

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# Native Veteran Curriculum: “Healing the Returning Warrior” Module One

Native Veteran Historical Overview

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## Historical Overview

- The Thin Red Line
  - Soldiers lined up in Columns shooting at each other.
  - Heavy casualties
  - The British and French were not accustomed to fighting in forests and certain terrains.

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## Guerrilla Warfare

- “Little War”
- Use of Ambushes, Sabotage, Raids, Petty War, Hit-n-Runs, Mobility, normally in the use of Larger, less mobile Military forces.
- Causes fear, disorientation, confusion, exhaustion, chaos, havoc among enemy forces making them less efficient
- Came to be utilized in the shaping of Special Operation within the Military and Insurgencies.

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## Indian Scouting Service

- In 1886, a bill was passed to establish the Indian Scouting Service (ISS)
- Battalion of Pawnee Scouts
- Scouts were used in Texas- Seminole
- Southern Plains- Ponca, Osage, Otoes
- Apache Scouts- late 1870's
- From their Value- Came the Scouts, Cavalry, and Sharpshooters in 1891, 2,000 Natives were placed in the regular Armed forces.
- ISS was disbanded in 1943

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## 1917

- 17,000 Native Americans had entered the Military. During past conflicts with Natives, there began a stereotypes that Natives had natural instincts and being fierce warriors, which was a great fit for service as scouts.
- These beliefs and practices went on well into Vietnam, being placed in the most dangerous duties.
- Gen. John Blackjack Pershing, used Apache scouts in pursuit of Pancho Villa.
- Many were in the 358th Infantry, Dominated the 36th Infantry Div., and the all-Native American Echo Company of the 142nd infantry

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## Choctaw Code Talkers of WWI

- During World War I, the Germans had not been able to break the code of the Choctaw Code talkers.
- Code Talkers utilizing different Native American Languages
- After the success of the Choctaw Code Talkers, they wanted to see if this would work with other tribes.
- Lead to 40% more Natives joining the Military voluntarily than had been drafted

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# Native Veteran Curriculum: “Healing the Returning Warrior” Module Two

Trauma, Historical Trauma, and PTSD

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## Defining Trauma

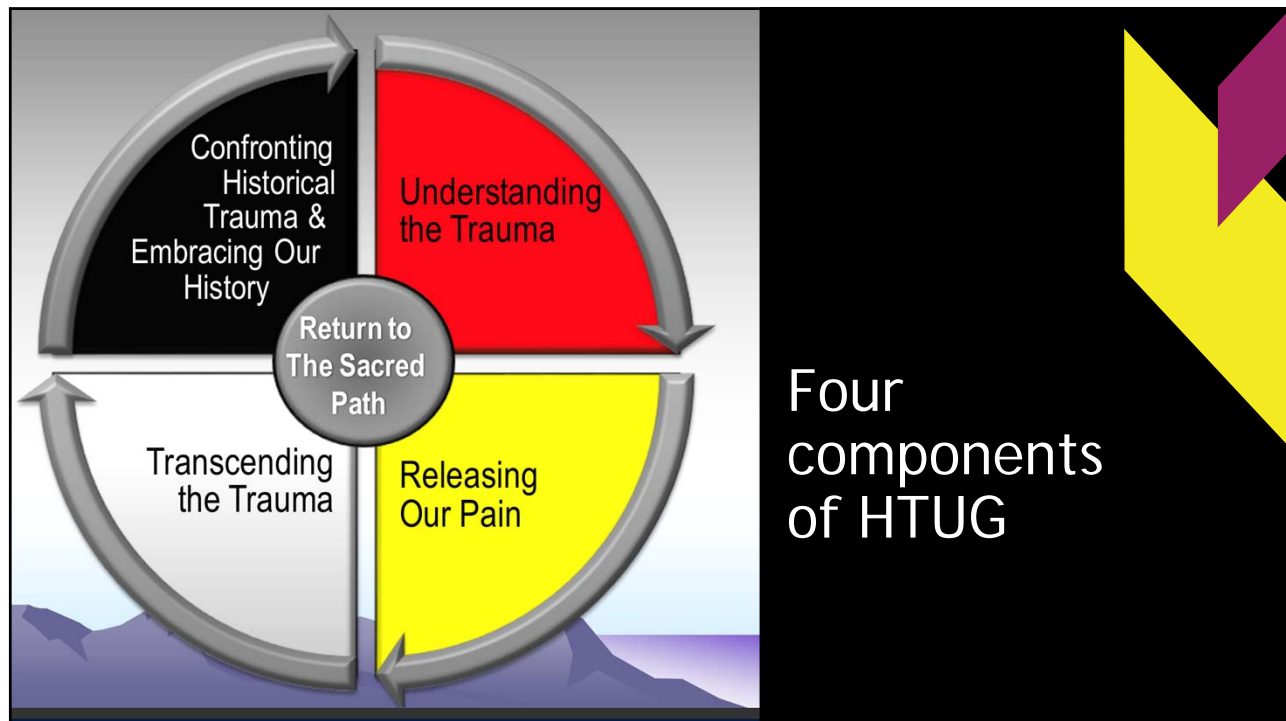
- Cultural Trauma – is an attack on the fabric of a society, affecting the essence of the community and its members
- Historical Trauma – cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations
- Intergenerational Trauma – occurs when trauma is not resolved, subsequently internalized, and passed from one generation to the next
- Present Trauma – What vulnerability, Native peoples are experiencing on a daily basis
  - Bigfoot, 2007

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# Historical Trauma

- Symptoms derived from the loss in which their ancestors, and then down to them, experienced traumatic life experiences, due to physical, emotional, and psychological hardships and undue change. This would include removed from lands - change in environment, laws making their practices illegal - not being able to mourn or pray in the manner they were used to.
- 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)

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## 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 1-month and lifetime PTSD among American Indian compared to White Veterans. However, when exposure to war-zone stress was statically 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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## Native Veteran Curriculum: “Healing the Returning Warrior” Module Three

Approaches to Assessment and Treatment

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## 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.

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## Tribal Cultural and Spiritual Assessment

- Cultural Assessments
  - Cultural Knowledge
  - Traditional knowledge
  - Family/Tribal lineage
- Ethnic Identity
- Ethnic Self-esteem
- Special Knowledge and Skills
  - Traditional Stories and legends
  - Ceremonial Songs
  - Ceremonial Dance
  - Traditional / Ceremonial
  - Traditional Medicinal Belief/Practices

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## 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."

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## 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.

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## Family education and support

- Children need to understand what is going on to fully understand what is causing the changes they may be experiencing.
- Moving from base to base, meeting new friends, teachers, and neighbors may be a common thing. Not only this, but moving to the parents home of record can be shock if they've only visited in the past.
- Family support groups and therapy may be needed.

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## Peer Support

- Allows other veterans with similar backgrounds to assist veterans.
- They can use team work to overcome common obstacles.
- Allows Natives to assist other Natives. Many times, this wont matter if they are from different tribes or clans.
- It has been well documented and supported that Veterans helping Veterans can help the therapeutic process

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## Tribes as a Resource and Partner in Care

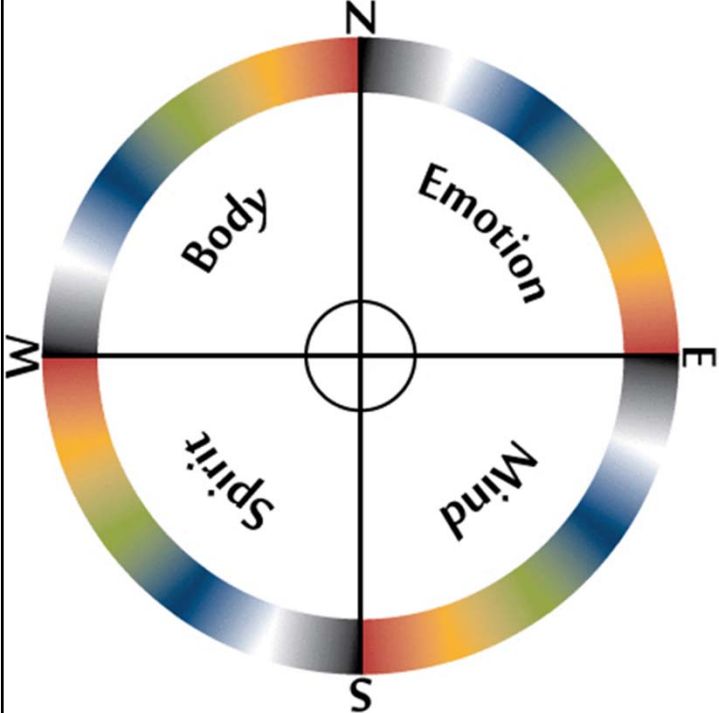
- Many American Indian/Alaska Native Veterans use their tribe as a resource for traditional healing, particularly when dealing with someone who has passed on or involvement in combat.
- In order to address spiritual wounds and use traditional healing, it is best to partner with the patient's tribe to provide this portion of treatment. These ceremonies should be done with the support of the tribal community and by a trained healer or medicine man in order to properly remedy the Veteran's pain (D. Johnson & LaDue, 1994).
- He or she may already have a "cultural tool kit", meaning they already have resources that they would be willing to discuss and use.
  - Do they have a trusted peer to speak with, such as another Veteran?
  - Do they have a spiritual advisor or elder they are comfortable with?

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## Native Veteran Curriculum: "Healing the Returning Warrior" Module Four

Traditional Beliefs & Healing Practices

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Cultural Implications in working with Natives

Cultural knowledge and Understanding

- Cultural Sensitivity
- Cultural Competency
- Cultural Humility

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Traditional vs. (Modern)

- Sum total of health knowledge, skills, and practices based upon theories, beliefs and experiences indigenous to different cultures. used in the maintenance of health... of physical and mental illness (WHO, 2015)
- Alternative medicine
- Homeopathic medicine
- Complimentary medicine
- Broad set of health practices, not part of that countries own tradition and not integrated into the dominant health care system. (WHO, 2015)

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## Medicine vs Medication

- Some medicine peoples do not believe in using medications, as they can be considered the reasons why people do not get better, or even die due to them.
- Medicine is what we may consider from the old, of spirit, of Creation, or natural.
- Medication is what we may consider new, ‘white mans way,” of science, or man-made, that only brings more problems.
- Other Medicine Peoples may tell patients to continue the Drs. orders, but follow the Medicine persons as well. When they are getting better, it will be up to the Dr. to lower or stop those medications.

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## Ways of Life

- **Spiritual Way**
  - Understanding the spiritual aspects of many things and the realization and respect of individual spirits. Some will communicate with spirits.
  - Much like a spiritualist, pipe carrier, even a spiritual leader depending upon their experience, medicines, or choice.
- **Medicine Way**
  - Living, interacting, utilizing, and cooperating with the realms of spiritual entities and nations of Creation. Will respectfully and conjointly interact with Creation.
  - Much like a Medicine person.

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## Purification, Healing Lodge

- Many will know this as a Sweat, Sweat Lodge, Inipi, Indian Church, etc.
- Unlike what many have read about the disastrous circumstance in Sedona, AZ: A Sweat is normally earned through many years of teachings by Medicine people, whom have fasted, given correct teachings, and eventually the right to lead this ceremony, surrounding: Stone, Fires, Placement, Spirits, Medicines, Healing, Doors, Building of, Where one sits according to the gifts, etc.
- This allows the leader to direct heat, healing, rounds, and be able to sense if there is an issue with individuals within.
- Has gathered spiritual gifts, guidance, helpers, and songs to call appropriate spirits and power for this sacred ceremony.

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## Native Spiritual Combat Concerns

- In some Native Tribes, warriors and/or combat veteran have been seen as having their spirits affected by the killing of an enemy. Because of this, after their return to their communities, it was understood that they would need to be cleansed/healed through ceremonies to clean them.
  - “You come back from war with things attached to you,” he said. “And some of those things may not be good. They could be memories. Or It could be somebody you killed, and that person attaches himself to you and comes home with you. Ceremonies help wash those things off, send them back to where they came from and get you back to who you are.” Craig Falcon, Blackfeet

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# Native Veteran Curriculum: “Healing the Returning Warrior” Module Five

Healing the Healer

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## Learning from the Old

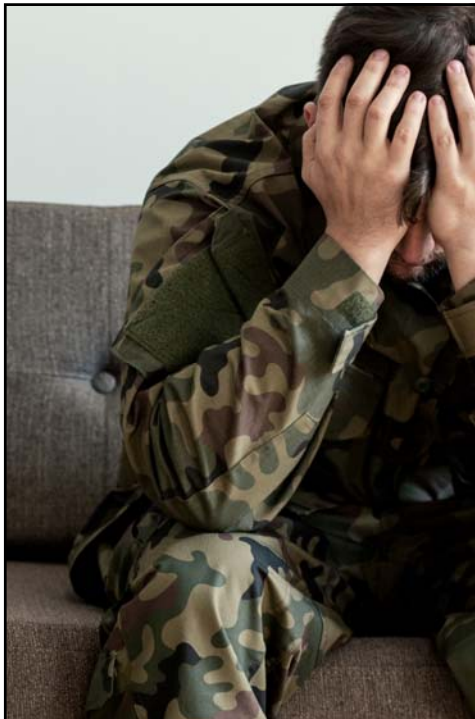
- Our Ancestors knew that all of creation worked in a circular motion and that harmony with it, was key to living in harmony with one’s self, that we are not separate from it/others, but connected through it by spirit, which is one of the teachings of the spider web.
- Through teachings of the Circle of Life, participants will learn to assist in their own healing by utilizing the importance of taking care of the whole person, ie., Mind, Body, Spirit, and Emotions.

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## In Contrast

- As you know, Therapists are continually helping others, much like a filter, yet we must also remember to rid ourselves of these as well. Take care of yourself or you won't be able to take care of others.
- Many times, the therapist may hold on to clienteles' issues, worrying about what may/may not happen, which brings more stress upon the therapist.
- We must stay healthy in mind, body, spirit, emotions if we are to continue helping clientele. By honoring the whole person, "US" and learning to "let go," will allow us to focus our efforts in harmony, so as not to be inhibited by our own issues.

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## 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,.....

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## Stress

- Stress is a normal part of our lives, yet by learning from Nature, we learn that those animals in close quarters become ill if the population becomes too large.
- Teachings:
  - Energies affect each other, but also based upon which types of energies those are.
  - Stress takes a toll on you physically, mentally, emotionally, spiritually

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## Follow-up

- NATTC can do introductory presentations with tribal leaders and providers on the Veteran's Wellness Curriculum
- NATTC will adapt the Veteran's Wellness Curriculum to be tribally-specific with tribal leaders, providers, and tribal veterans.
- NATTC can provide local training with tribal co-trainers that be up to 2.5 days.
- NATTC can do trainer-of-trainers to develop tribal trainers to incorporate the modules within tribal systems; courts, etc.

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Can we answer your questions?

- Thank YOU

