

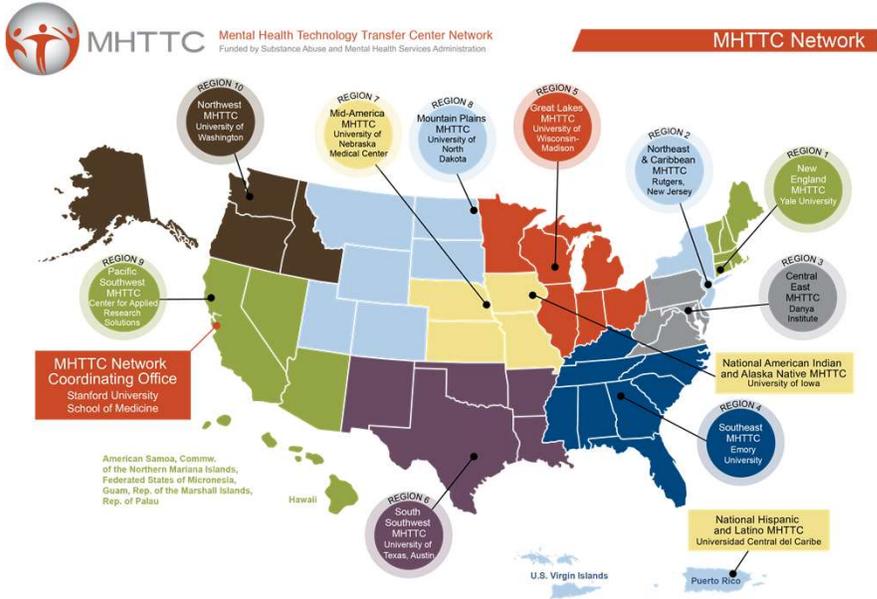


Native Center for Behavioral Health

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

Healing the Returning Warrior: Keys to Understanding Unique Challenges and Strengths of American Indian, Alaska Native Veterans: Modules 3 & 4

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 National American Indian and Alaska Native MHTTC
 Ray Daw, MA



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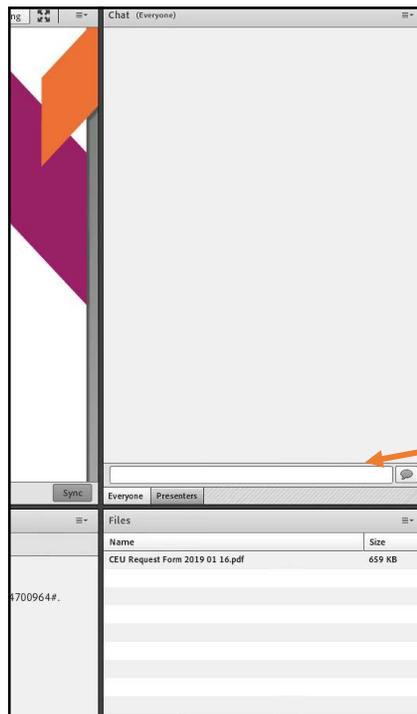
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Today's Speaker

- 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.

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 82nd 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.

Overview of the Training

5 Modules in “Healing the Returning Warrior” are designed for the 2.5 day Training Of Trainers (TOT).

- 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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Approaches to Assessment & Treatment

Healing the Returning Warrior Module 3

Module 3 Objectives

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

Objective 1: Acculturation Assessments

Purpose: to review the process involved in figuring out what problem or problems exist, assessment.

Assessment is always a part of Treatment

- This cannot be stressed enough. Assessing your clients'/patients' thoughts, feelings, and emotions should be considered paramount in all situations.
- Remember micro-counseling skills, verbal/non-verbal language, personal space.
- Make a Crisis plan with your clients/patients and rehearse. Plan ahead.

Assessment

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

- 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 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.
- Native leaders and healers were sometimes incarcerated in mental institutions.

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.

Trauma Assessment

- There are different areas looked at to assess trauma.
 - Measures for Trauma Exposure: The Life Events Checklist ([Blake et al., 1995](#)).
 - Traumatic Life Events Questionnaire ([Kubany et al., 2000](#)).
 - Trauma History Questionnaire; (THQ) ([Green, 1996](#)).
- If desired, available measures can be found on the National Center for PTSD website
 - <http://www.ptsd.va.gov/professional/assessment/te-measures/index.asp>



Assess Suicidality

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

Objective 2: DSM-5 Diagnostic Criteria for PTSD

Purpose: to review how the mental health field uses assessment information to assess PTSD and its severity.

PTSD Assessment

- American Indian Vietnam Veteran with combat-related PTSD is more severe than those with noncombat-related PTSD, although this may be due to these Veterans having been less likely to seek treatment since leaving the military (Brinker et al., 2007).
- 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).

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 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.

Diagnostic Criteria (Marx & Gutner, 2015):

- 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. DSM-5.
- Several important changes were made to the diagnostic criteria for PTSD from the DSM-IV-TR to the newest edition, DSM-5.
- Criteria for the DSM-5.

DSM-5 Diagnostic Criteria for PTSD:

([American Psychiatric Association, 2013](#))

In order to be diagnosed, person must meet a specific set of criteria. The following is directly from the DSM-5.

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
1. Directly experiencing the traumatic event(s).
 2. Witnessing, in person, the event(s) as it occurred to others.
 3. Learning that the event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).
- *Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.*

DSM-5 Diagnostic Criteria for PTSD

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurring distressing dreams in which the content of the dream and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. Intense or prolonged psychological distress at exposure to internal cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked psychological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).



DSM-5 Diagnostic Criteria for PTSD

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event

DSM-5 Diagnostic Criteria for PTSD

- D. Negative alterations in cognitions and or mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
 2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," or "no one can be trusted," "the world is completely dangerous," "my whole nervous system is permanently ruined")
 3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.
 4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
 5. Markedly diminished interest or participation in significant activities.
 6. Feeling of detachment or estrangement from others
 7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

DSM-5 Diagnostic Criteria for PTSD

- E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
 2. Reckless or self-destructive behavior.
 3. Hypervigilance.
 4. Exaggerated startle response.
 5. Problems with concentration.
 6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).



DSM-5 Diagnostic Criteria for PTSD

- F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month
- G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

DSM-5 Diagnostic Criteria for PTSD

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

- *Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).*

Objective 3: Treatment of PTSD

Purpose: when PTSD is diagnosed, possible treatment approaches are discussed

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.

Strengths Model

- The Importance of Identifying Strengths
 - Although many American Indian/Alaska Natives may come from difficult backgrounds, including historical trauma and impoverished living situations, do not disregard their strengths.
 - Recognize the support systems and coping mechanisms that they have. Many may have started out in a bad situation, but they have come out with resiliency and strengths that may not be understood or found in the general population.

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."

Cognitive Approaches

- Cognitive approaches are based in cognitive restructuring, which involves confronting the unconscious or developed beliefs a patient has in relation to the trauma. Challenging these beliefs is typically combined with relaxation techniques and working through the traumatic event by writing or talking ([VA/DoD Clinical Practice Guideline Working Group, December 2003](#)).
- The most well-supported cognitive approach is Cognitive Processing Therapy (CPT). CPT involves two main parts ([Hamblen et al., 2014](#))
 - Challenging and altering dysfunctional beliefs associated to the trauma.
 - An exposure-based component through writing about the trauma.

Psychotherapy: Cognitive Behavioral Therapy

- Cognitive behavioral therapies (CBT) have been found to be the most effective treatment for PTSD and are recommended by the Department of Veterans Affairs, the Department of Defense, the Institute of Medicine, and other professional organizations (Australian Centre for Posttraumatic Mental Health, 2007; Edna B Foa, Keane, Friedman, & Cohen, 2008; Institute of Medicine, 2008; National Collaborating Centre for Mental Health, 2005; Ursano et al., 2004; VA/DoD Clinical Practice Guideline Working Group, December 2003).

Exposure-based treatments

- Exposure treatments essentially involves repeatedly exposing individuals to the experiences (thoughts, feelings, situations) related to their trauma that are causing distress. ([Hamblen et al., 2014](#); [U.S. Department of Veterans Affairs, 2015](#)).
- 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](#)).



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.

Psychopharmacology

- Veterans may not be receptive to the use of medication, but it is important to communicate to them their potential benefits and role in recovery.
- The presence of nightmares may cause sleeping difficulties. Without sleep, it is difficult for patients to effectively process the trauma, which inhibits recovery.
- Speak with patients about the harm that can result from self-medication, such as the use of alcohol or other drugs as an avoidance mechanism. Although these substances may calm them down, they actually interfere with the recovery process by affecting memory recall and one's ability to process the trauma.

Psychopharmacology

- Medications 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.)

Complementary and Alternative Medicine (CAM)

- CAM includes treatment approaches that are generally “not considered to be standard... (J. Strauss & Lang, 2012).
- three approaches fall into the “mind-body” category of CAM treatments have been identified for PTSD treatment (J. Strauss & Lang, 2012):
 - Acupuncture: This involves placing needles into the tissue beneath the skin in certain areas of the body to “restore balance within body systems.”
 - Relaxation: This technique has shown promise for treating arousal symptoms of PTSD, but there is not support for its success in managing other symptoms.
 - Meditation: At its base, meditation involves the practice of deep mental focus or concentration.

Objective 4: Inclusion of family and community

Purpose: veterans experience a lot, some good and some bad, and the supportive roles families and community have is discussed

Inclusion of Family and Community

Family

- It is important to be mindful that many American Indian/Alaska Natives come from a culture that is collective and not individualist, making him or her part of a larger group.
- Moreover, the concept of family typically goes beyond the nuclear family. Family in most American Indian/Alaska Native cultures includes extended family members; it is a much broader definition.
- When treating an American Indian/Alaska Native Veteran it is important to include family members in the treatment as well. You cannot remove an individual from their family unit and expect the treatment to be effective.
- Including family may involve allowing family member to participate in the provision of therapy or educating family members about the Veteran's trauma experience and treatment.

Inclusion of Family and Community

Community

- Lastly, it is important to understand the impact an American Indian/Alaska Native Veteran's community can have upon their treatment.
 - A Veteran is typically placed in a high status in American Indian/Alaska Native communities, especially if they have served in combat.
 - This high status is an honor; however, it does come with higher expectations and responsibilities.
- These responsibilities may interfere with a Veteran's ability to attend care because they may be expected to attend a ceremony or other duty.
- These communities are often in the middle of nowhere, making transportation to care a barrier.
- Additionally, this may make it difficult to contact Veterans who live in tribal communities, due to inconsistent telephone contact.

Military Family

- They may have been in regular contact and in a supportive environment and community while the Service member was on active duty.
- After discharge, the family too, would have experienced loss of family, friends, loved ones, but also a certain way of life and assurance/support from the military community and groups.
- Wives may meet and spend time together during deployments or training, which would allow for an ear to listen, as well as provide support and knowledge of services



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

Esprit De Corps

By allowing veterans to re-involve themselves in military/ military-like practices within the Civilian world, may assist in rebuilding a sense belonging, feeling supported, and not alone.

Camaraderie

- Also, within the Military, there were comrades, friends, family, brothers, sisters, and others whom one known to have your back. (Battle Buddies, Buddy System, Teams, Squads, Platoons, that you spent pretty much every day with, All of which are no longer there)

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?



What are we missing?

- We have discussed some interventions to utilize for those whom suffer from PTSD.
- If we had one intervention or a magic pill with 100% recovery, then we'd stop here.
- But...



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Native Traditional Beliefs and Healing Practices

Healing the Returning Warrior Module 4

Objectives

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

Objective 1: Culture and Assessment

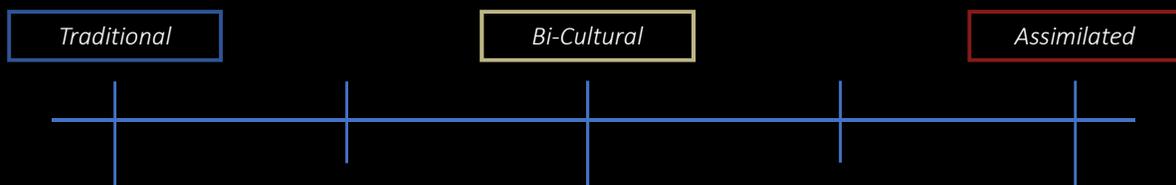
Purpose: to discuss how most Native Americans view culture as important in living and healing

Cultural Assessment

- 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.

Acculturation

- Assessing a patient's acculturation level can help to identify what treatment approach may be most beneficial to his or her recovery. A patient that is determined to be more assimilated may prefer Westernized treatment approaches; a patient who identifies with traditional practices may prefer more traditional healing approaches; conversely, a patient who is bi-cultural may prefer a mix of both types of treatment.



Acculturation Assessments

- Native American Acculturation Scale ([Garrett & Pichette, 2000](#)):
 - This instrument was developed because it was recognized that bicultural development is a possibility and, therefore, views acculturation as a continuum from traditional Native American to assimilated mainstream American.
 - Consists of 20 questions that cover various items, such as language, identity of self/parents, ethnicity of friends, preferences, and community participation.



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

Native American Culturally Specific Assessment Instruments

- Culturally Specific Demographic Information for Native American Clients
- Native American Cultural Comfort Assessment
- Native American Cultural Values and Beliefs Scale
- Native American Grief Assessment
- Native American Identity Assessment

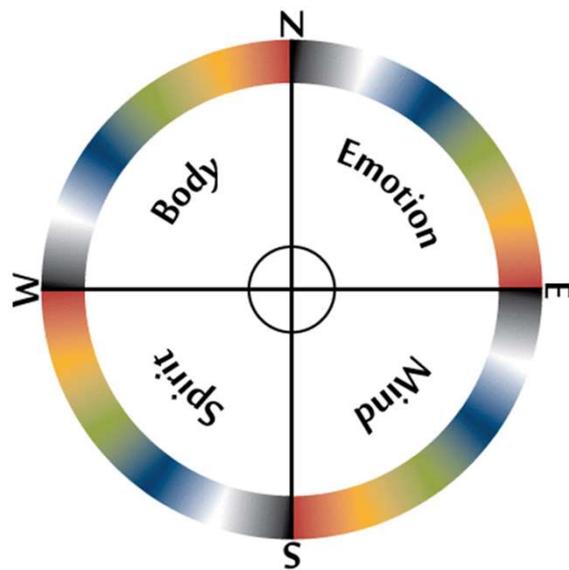
Sample Identity Assessment Questions

- How do you identify yourself -
 - Traditional?
 - Bi-Cultural?
 - Assimilated?
- Do you have other ways that you identify yourself?
- Are you okay with how you identify yourself?
- How do you think your friends would identify you?
- Have you ever experienced any feelings of inferiority related to your ethnic identity?
 - If so, how has this affected you?
- Have you ever experienced prejudice from –
 - Tribal members?
 - Non-tribal members?

Objective 2: Considering traditional beliefs and practices

Purpose: to identify how traditional beliefs and practices are difference across tribes and communities.

Consider Traditional Beliefs and Practices



Consider Traditional Beliefs and Practices

- Traditionally, when Warriors went into battle, they would 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:



The Red Road Approach

The innate cultural/spiritual resources of Natives peoples are a focus of this treatment approach. Cultural and spiritual information are a normal part of the treatment regimen. When and where appropriate, spiritual ceremonies are included in treatment and aftercare plans. Path around medicine wheel.

Life's Path

- Our Road in life seems to begin much the Same, yet no two are identical.
- In time, we meet an intersection and have to decide a path.
- Easy, Hard?
- Leader, Follower?
- Well used and worn- Less traveled?

- Another for certain people- The Bridge
- Path of Medicine Peoples- Far less Traveled
- Past, Present, Future
- Wisdom

Traditional Healing practices

- Medicine vs. Spirituality
- Ways of Life
- Creation is essential
- "Gifts" are Earned or given for a reason.
- You do not pick your medicines.
- Teachings are essential to understanding how creation works
- Teachings are essential to the healing, spiritual, medicine ways
- Connection to the Creator through these medicines/spirits is essential to healing.
- All of Creation has a spirit, which is dependent upon the rest, so too is the spiritual world and the physical

Objective 3: Traditional Healing Practices

Purpose: discuss how traditional healing practices with veterans can be healing

Traditional Treatment Approaches

“Trauma takes people out of the circle, healing takes them back” (D. Johnson & LaDue, 1994)

- The experience of war has the potential to harm the spiritual health of American Indian/Alaska Native Veterans, which may require the use of traditional practices to recover from the trauma of combat. Traditional processes help to restore harmony and balance, which is disrupted by war (D. Johnson & LaDue, 1994).
- It is important to consider how the patient’s cultural may impact what and how they experience the trauma.
 - For example, some tribes believe that if someone touches a dead person, he or she takes part of that person with them. In order to remedy this, a cleansing or other type of ceremony may be needed to make that person whole again.



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.
- Traditional healing practices can include, but are not limited to the use of herbal remedies, purification ceremonies, sweats, (Scurfield, 1995) dream interpretations, and empowering rituals (Krippner & Colodzin, 1989), as well as healing ceremonies, fasting, prayer, etc.

Traditional Healing practices

- We must remember that tribes have their own healing practices, which may seem very different, as these gifts for healing, may/may not, be based upon area, tribal beliefs, family beliefs/teachings, medicine backgrounds, inherited family/relation medicine/gifts, or degree/understanding of “old knowledge.”
- These medicines/gifts seem to be passed through generations, from parent to child or grandparent to child, as well as great grandparents to child. May be very individualistic.
- May be “tested” by spirits/medicine to ensure that the right people are deserving, able, or will use the gifts correctly.

Traditional Healing practices

- Herb-Doctors
- Bone/Tube Doctors/Healers
- Paints/Markings
- Hand Shakers/Tremblers
- Hand healers
- Travelers
- Dreamers
- Interpreters
- Dancers, such as:
 - Various Animals/Birds/Nature, Jingle dress
 - Must have had the dream of this healing with the understanding/knowledge. Was not meant for Pow-Wows.
- Medicine Peoples
- Healers
- Indian Doctors
- Seers (Clairvoyants)
- Communication (Mediums)

Confronting One's Fears

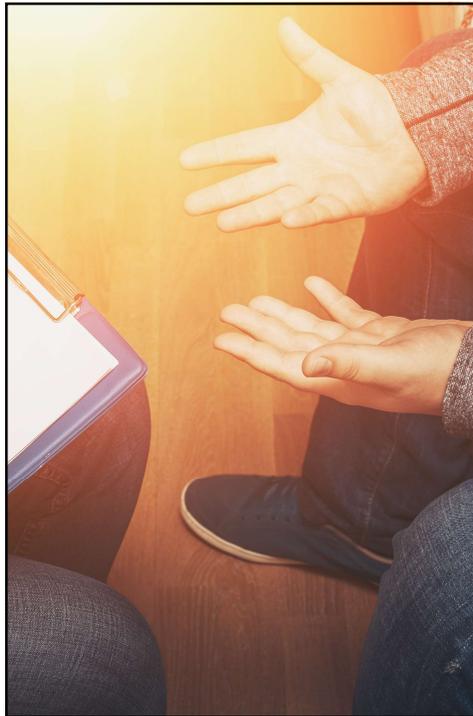
- There are Ceremonies in which one can confront one's fears, which were utilized long ago: The idea was to Fast for four days, then guided by a Medicine person in order to receive a vision of One's death.
- This was used so a warrior could enter any battle or circumstance with the knowledge that this would not be the day of ones death and face it without fear, or in order to go into battle knowing that One would meet his/her fate with courage knowing that He/She would that day, meet the Creator.

Not all Dreams are Dreams

- These may also come in a fashion that the dreamer may understand, using knowledge of the dreamer.
- Showing the dreamer what is happening in their lives
- Giving them a message of what they need to understand at the moment.
- This is the importance of knowing the background of the people we are assisting in recovery. Medicine seems to run in families, even skipping generations depending upon what they are to do in this life.

Purification, Healing Lodge

- Many will know this as a Sweat, Sweat Lodge, Inipi, Indian Church, etc.
- 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.



Dreams

- Dream Therapy/Analysis
 - Psychoanalysis: Dreams represent wish fulfillment, unconscious desires, and conflicts
- Dream Interpretation
 - Process of assigning meaning to dreams

Cultural Differences

- Culturally, Native Americans are different and assigning meaning to dreams must be looked at from a Native cultural perspective.

Fasting

- Fasting; going without food or water for four days or more, while in a state of prayer. Also may be seen as seeking a Vision of Healing, Power, Knowledge.
- Some Tribes have an old fasting practice which would last for Forty days and nights, which took a year to prepare.
- Part of fasting is about confronting one's fears, as well as, gaining abilities, healing, or knowledge for the person, another, family, tribe, or peoples as a whole.

Objective 4: Traditional and non-traditional approaches

Purpose: to look at some traditional and non-traditional approaches that are important for veterans.



Traditional vs. Non-Traditional

- What is considered traditional?

In Assisting clients

- Understanding the culture of our clients/patients is important in assisting them in overcoming substance use.
- It is not always easy to tell clients of deeper cultural teachings if they are not ready for it.
- They must be willing to ask or take the steps to recovery, but knowing healers, spiritual people, medicine peoples, or traditional leaders within treatment recovery is very important when needed.

Healings

- Medicine peoples have normally fasted many years and under many years of tutelage under a teacher to gain the gifts required to be able to heal another.
- All the books in the world cannot make one a healer, nor going to a school under such promises to become a healer, shaman, medicine person can give you the gifts for very powerful medicine or healing.
- Gifts/Medicines are gifted by the Creator, Spirits, Medicines, NOT BY MAN.
- The Creator controls the powers, gifts, and medicines. Man actually has not control or power over these, as with the European Church or religious practices.

Studies

- Raymond M. Scurfield, D.S.W., wrote of a study done by using two cohorts of all Native Veterans from the Korean and Vietnam wars.
- Native Veterans were not utilizing the VA for services.
 - History of Betrayal, Discrimination, and misunderstanding of culture and race.
 - Traditional and Assimilated
 - Traditional preferred more traditional activities
 - Purification Ceremonies, Healers, Spiritual Leaders,
 - Other Veterans, Native Providers, Native Spiritual leaders, Medicine people to speak of Spiritual topics, Cultural specific trainings for staff, Pow-wows.

Medicine vs Medication

- Many older generations or traditional peoples may not want to use medication, but would prefer **traditional** medicinal healing or Herbs.
- Traditional Medicine today is termed Non-traditional healing or herbs, which is different to American Indians (Old)
- Medicine is considered much more than medication to Native Americans, which comprises ceremonies, herbs, healing, knowledge, everything, or a way of life.
- To Natives, Old is better, as the Old ways held much more power, and capabilities than in the Medical ways of today.

Traditional (Modern) vs. Non-Traditional

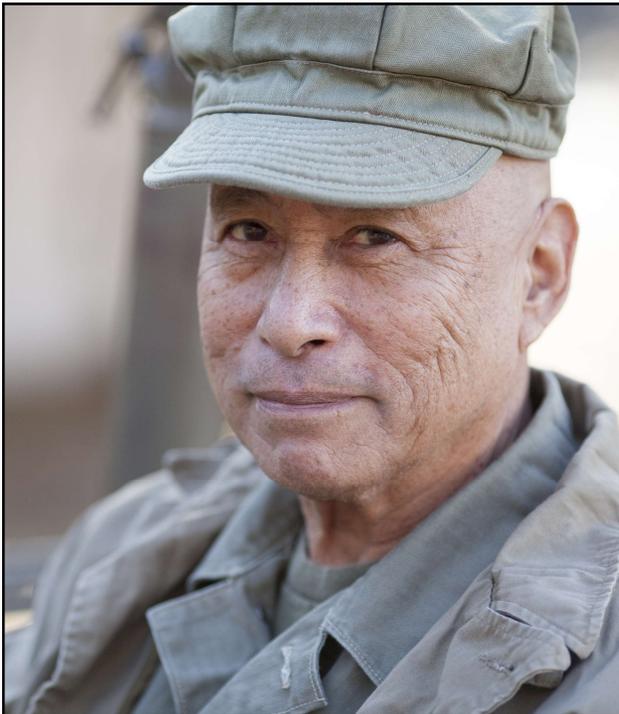
- Sum total of health knowledge, skills, and practices based upon theories, beliefs and experiences indigenous to different cultures.. used in the maintenance of health... of physical and mental illness (WHO, 2015)
- Alternative medicine
- Homeopathic medicine
- Complimentary medicine
- Broad set of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

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 student of spirituality.
- **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.

Follow-up

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



Can we answer
your questions?

- Thank YOU