



# Keys to Understanding Unique Challenges and Strengths of American Indian, Alaska Native Veterans: Module 2

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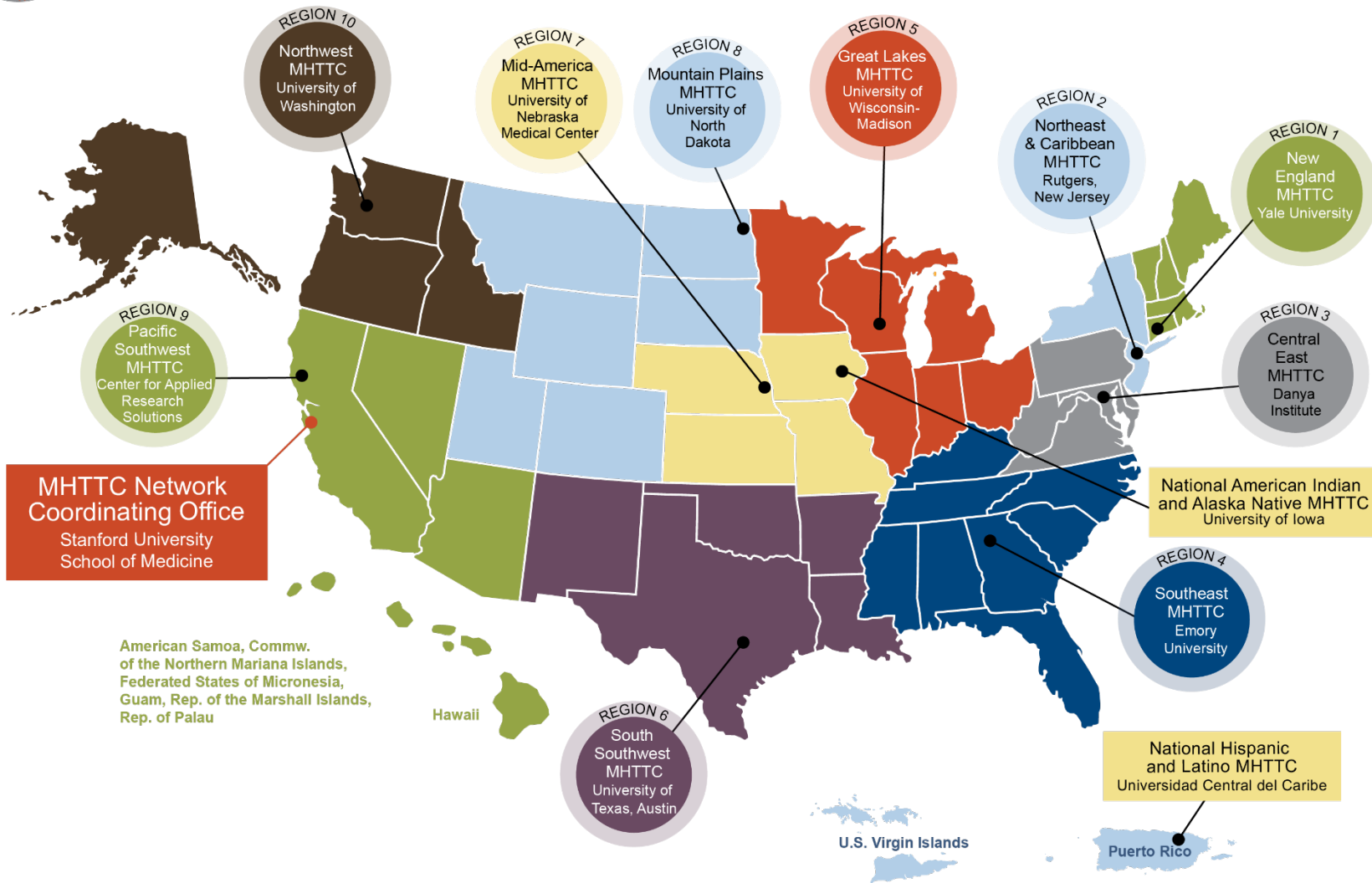


**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

**MHTTC Network**



# 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).

# ***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

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

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



# Webinar follow-up

## **Evaluation: SAMHSA's GPRA**

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).

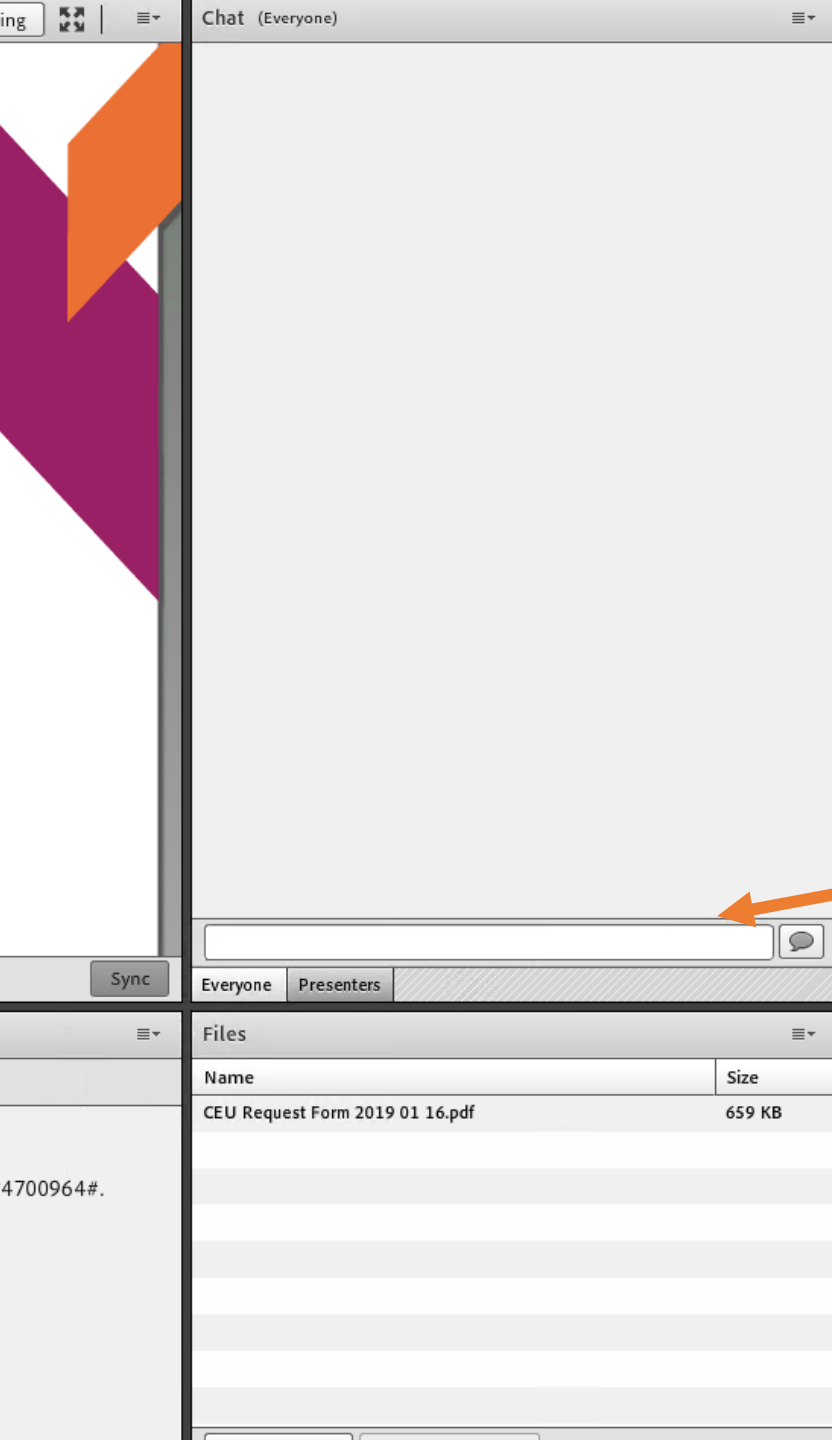
Participation in our evaluation lets SAMHSA know:

- 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.**





# 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."

# 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 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.





# 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



# Trauma, Historical Trauma, and PTSD & Treatment

Healing the Returning Warrior Module 2

# Module Two Objectives

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





# Objective 1: Define Trauma

- Purpose: Review what trauma is and how it is described .



# 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



# 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



# Trauma

How do I know when I, or another needs assistance with Trauma?

- Some people may experience difficulty forgetting or moving past this experience and getting on with their lives.
- They may experience fear or other difficult emotions that emerge unpredictably.
- These emotions may affect their lives, and the lives of others, as they interfere with relationships with others.
- Experiencing bad dreams, nightmares, or hallucinating related to the traumatic event.
- Persistent feelings of Hopelessness, distress which interfere with daily life functions, responsibilities, or those activities previously found enjoyable.



# Trauma

What are some Risk factors involved?

- Previously experiencing a traumatic experience
- Under stress
- Experienced a traumatic event as a child increases the risk may set the stage to experience further trauma if it was not resolved, as it can be carried over into adulthood.





# Trauma

- Trauma can be passed to family members through interaction with the survivors of trauma, not only children but parents, aunts, uncles, grandparents, and other significant relationships.
- Trauma can be passed through the genes, being heritable.
- This is called intergenerational trauma and can be traced back decades through the family.

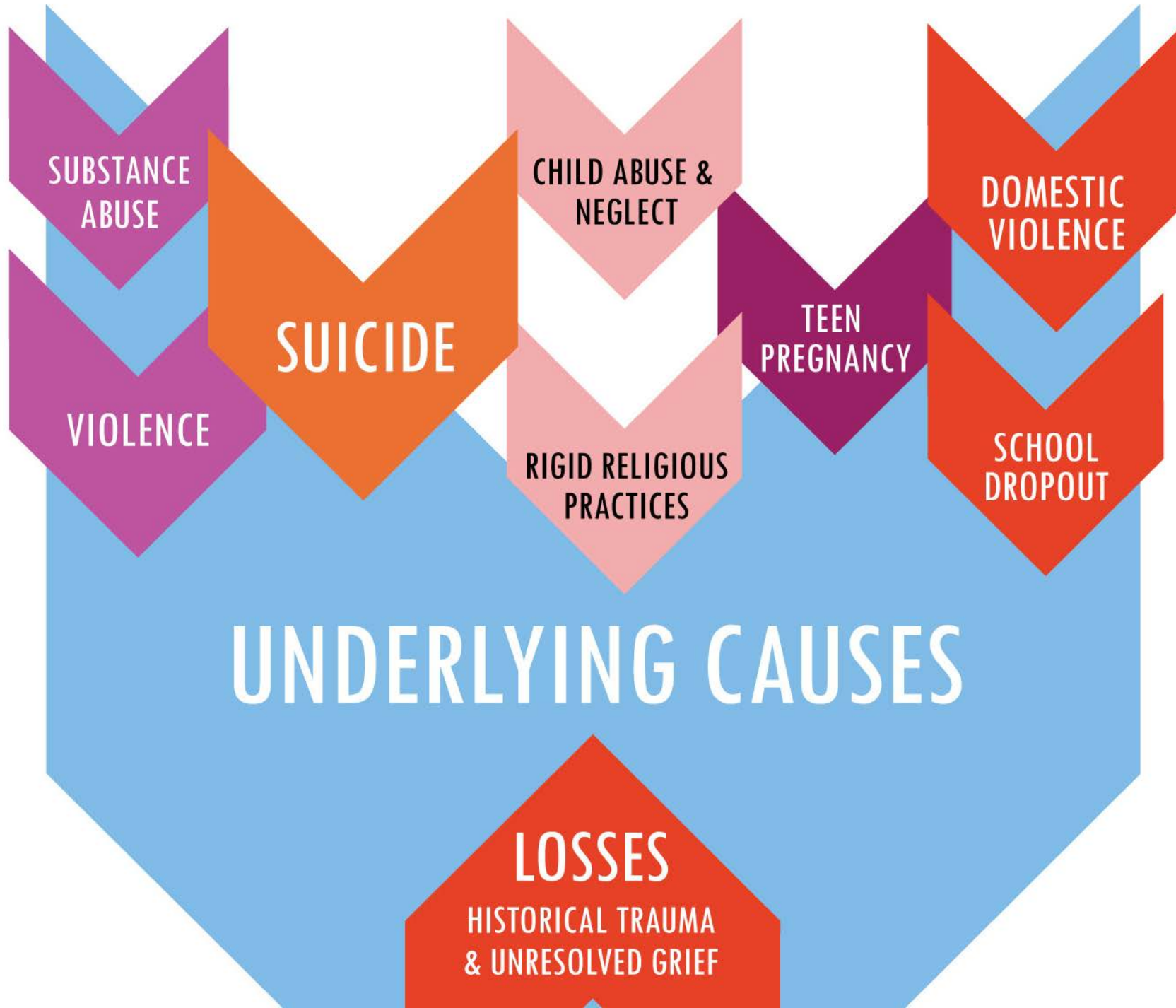
- Coyle, MSW, Social Work Today, Vol. 14 No. 3 P. 18



# Trauma

- American Indians appear to experience traumatic events at a higher rate than what was previously reported in the general population. (Beals, et al., 2005; Manson et al., 2005; Robin et.al., 1997)





Root Causes



# 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.
- Over time, correct placement may be made as self-reports may not always be accurate to tribal knowledge



# ACCULTURATION MODEL

BEHAVIOR AND BELIEFS REFLECT  
HOME COUNTRY CULTURE

PARTIALLY ACCULTURATED OR  
BICULTURAL/MULTICULTURAL

BEHAVIOR AND BELIEFS REFLECT  
HOST COUNTRY CULTURE



UNACCULTURATED



ACCULTURATED



E  
N  
C  
U  
L  
T  
U  
R  
A  
T  
E  
D

Enculturation is the acquisition of one's own culture

Enculturation is an essential requirement for survival

Enculturation is the very first familiarization process to a particular culture

Acculturation is the amalgamation of two cultures

Acculturation is not an essential requirement for survival

Acculturation is the second or third familiarization to various cultures

A  
C  
C  
U  
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# Enculturation vs. Acculturation



# MULTICULTURALISM

All cultures coexist

Buzzle.com

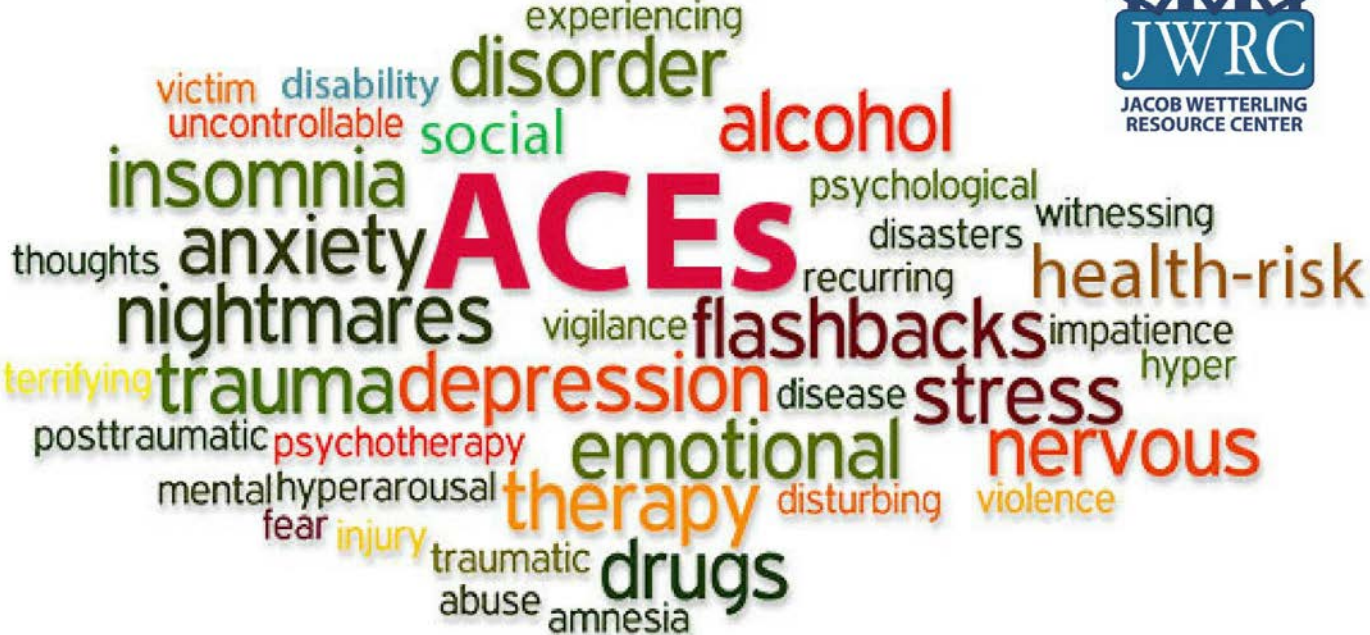


# ASSIMILATION

Everyone adopts dominant culture

# Objective 2: Describe adverse childhood experiences (ACEs)

- Purpose: childhood trauma has negative consequences, ACEs explains those impacts.





# 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



# ABUSE



Physical



Emotional



Sexual

# NEGLECT



Physical



Emotional

# HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse



# Adverse Childhood Experiences

- As ACE scores go up, so does risks for these diseases and injuries;
  - STDs, including HIV
  - Gynecological problems
  - Heart disease
  - Diabetes
  - Stroke
  - Cancer
  - Suicide



# Health Disparities for Native Americans

- Major Disparities

- Diabetes
- Adult Obesity
- Homicide
- Alcohol-related deaths
- Youth obesity
- Influenza and Pneumonia

- Moderate Disparities

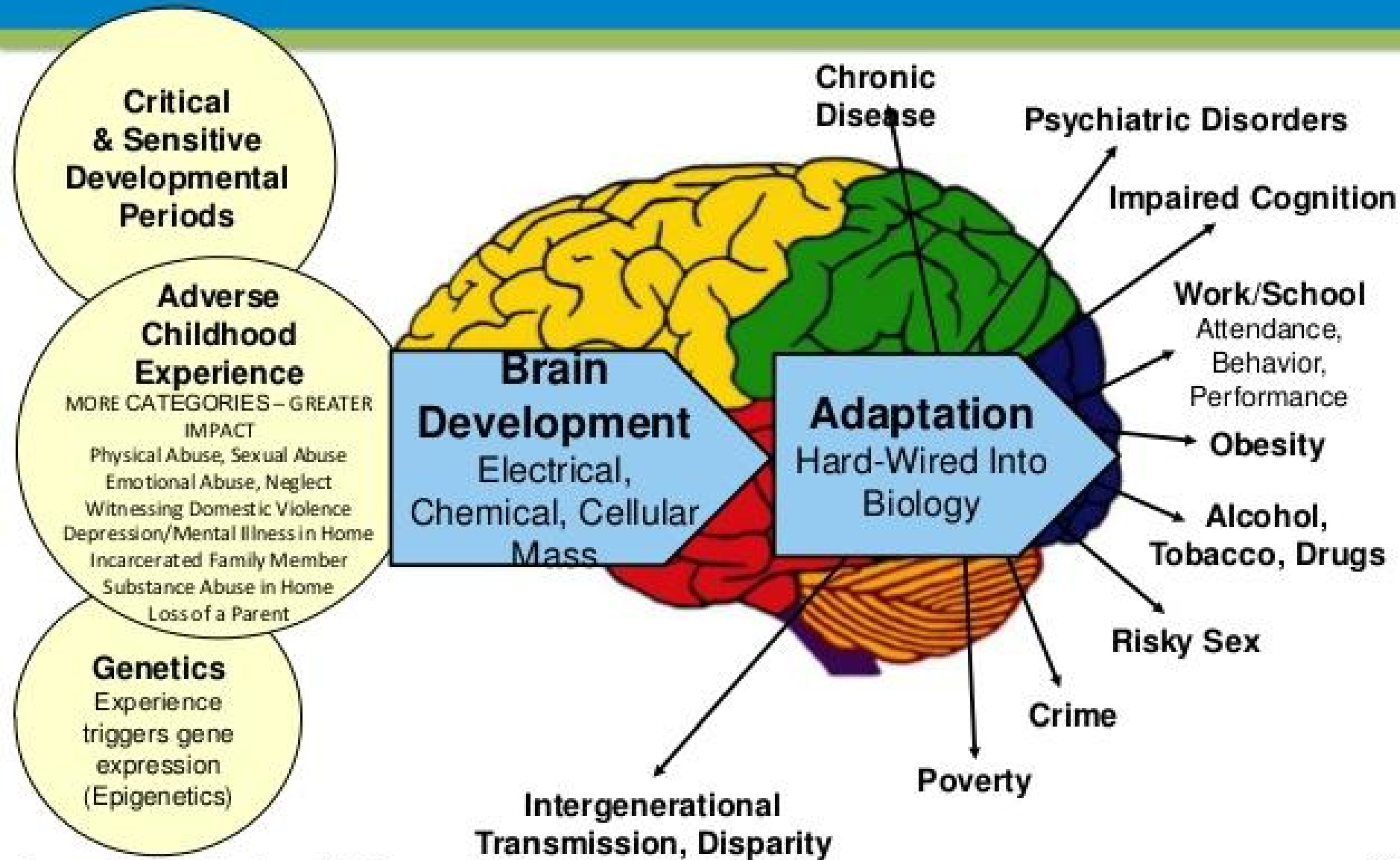
- Suicide

- Low Disparities

- Infant mortality
- Smoking
- Prenatal care
- Child vaccinations



# Lifespan Impacts of ACEs



**Thinking**  
will not  
**overcome fear,**  
**but action will.**

**W. Clement Stone**

[www.VERYBESTQUOTES.COM](http://www.VERYBESTQUOTES.COM)

## Overcoming ACES

- Stable, nurturing relationships with caring adults can prevent or reverse the damaging effects of toxic stress.





## Objective 3: Describe historical trauma

- Purpose: Native Americans have generations of trauma that can be discussed for healing.





# 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)

# Historical Trauma

- Nazi holocaust
- American Holocaust
- Hitler's inspiration for Jewish genocide to the study of the English and United States for how the American Indians and South Africans were treated, exterminated, and defeated by starvation, epidemics, and combat, but also his concentrations camps being placed in distant areas for death marches, like the forced migrations to Reservations, many of which were barren lands.
  - As Pulitzer Prize-winning author, John Toland, notes in his book *Adolf Hitler* (pg. 202):



# 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)

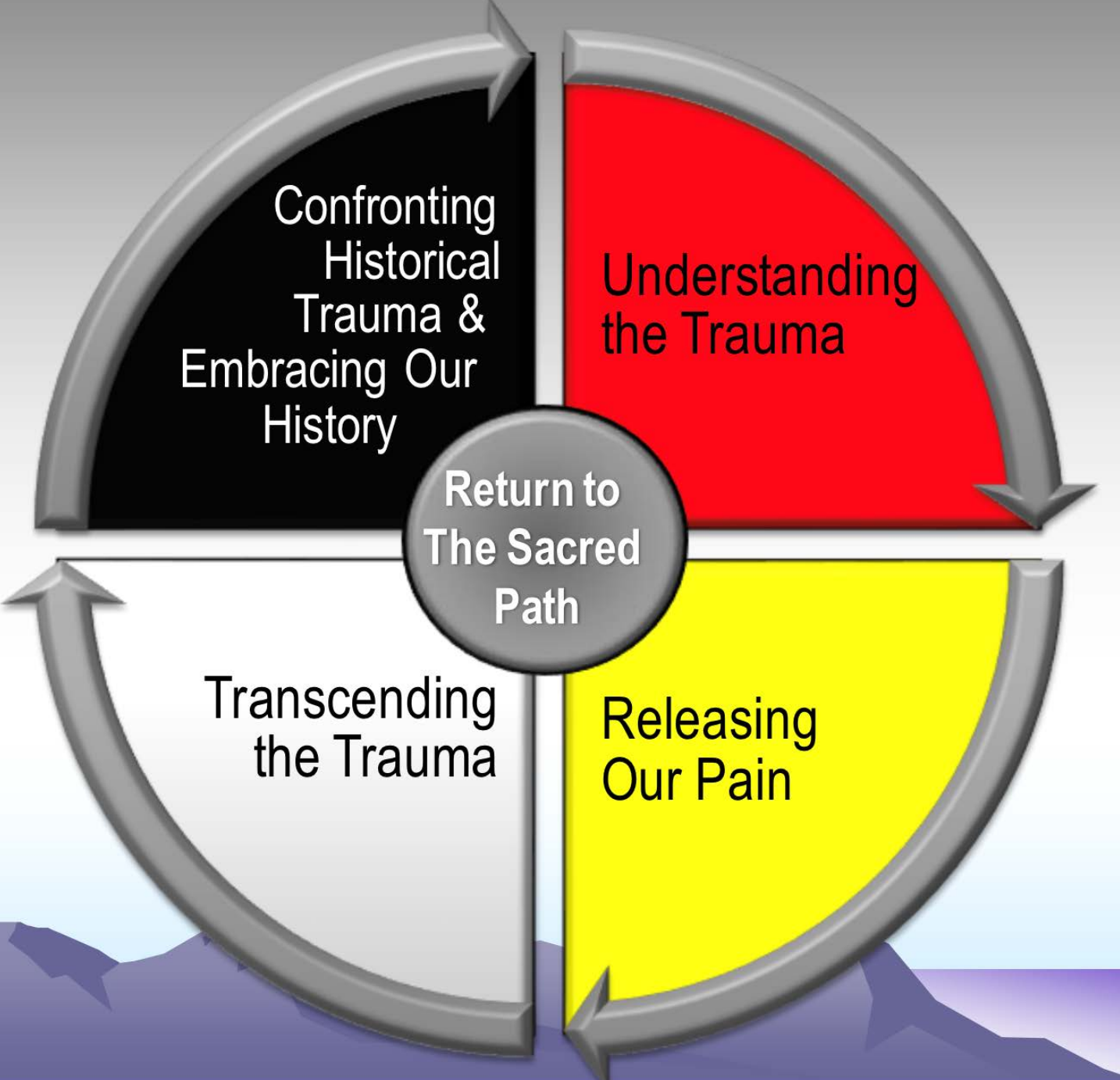


# Historical Trauma

- We now know that Trauma can be passed to descendants through the genes, biologically, but also psychologically through stories, the education system, the environment, such as other students or adults, and social means
- “Warriors”, “Chief” - With special supernatural spiritual powers that allows Natives to go unseen, sneak up on the enemy, feel no pain, speak to animals and nature, which points to them being picked for the most dangerous missions as being scouts, rangers, special forces, recon, or being “point” in LRRP/LRRS, other such missions.



# Four Components of HTUG





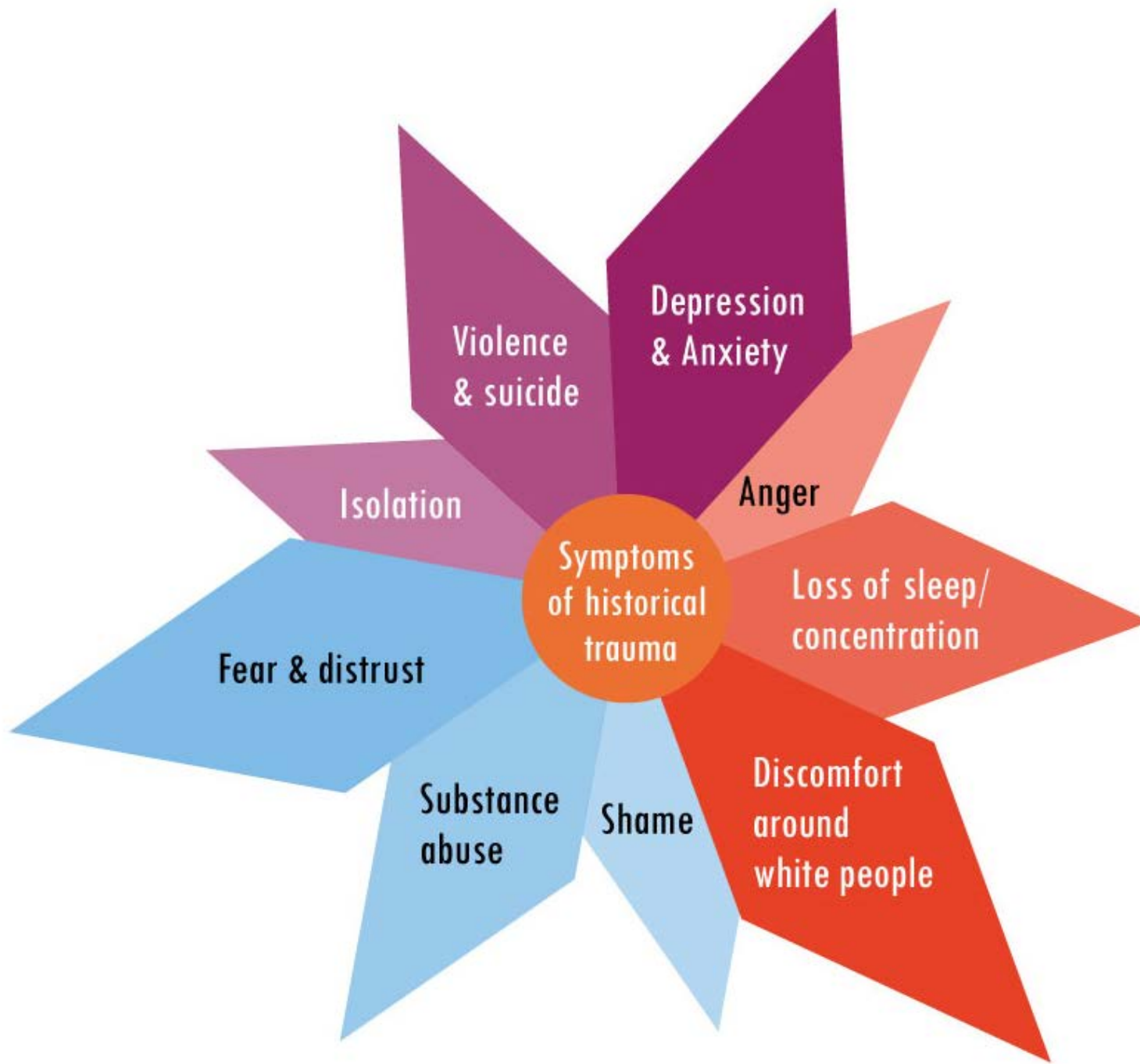
# Confronting historical trauma

- Colonization and forced migration of tribes
- Internment of tribes after conquest
- Repression of indigenous practices, beliefs, language, and identity
- Paternalism by governmental institutions, religious organizations, and reorganization of established governance.





**“Tradition is Enemy of Progress”**



© Takini Network





# Historical Trauma

- Soldiers may have been in Units that fought against Native Ancestors.
- Having to cut long hair, then later told that didn't have to, but now its too late.
- Being put in special units, squads, teams, or positions because beliefs about American Indians.
- Being called or thought of as: Chief, savage, scalping others, little body hair, drunkin indian, lived in tee-pees, wore moccasins, no/little fear of death.
- Being able to forecast weather, good runner, good fighter



# Understanding historical trauma

- Alcoholism
  - Poor health
  - Poverty
  - Suicides
  - Unemployment
  - Housing
  - Reservations
  - Discrimination
- \* High rates of abstinence
  - \* Improved healthcare
  - \* Urban employment
  - \* Culture-based services
  - \* Economic development
  - \* extended family housing
  - \* Expanding land holdings
  - \* Resilience



# Cultural Dissonance

- Children in education systems experience cultural dissonance, they become vulnerable to educational disadvantage, thus cultural dissonance can have a profound and negative effect on academic achievement and the personal development of students.
- Cultural dissonance may provoke the tendency either to resort to ethnocentrism, or to abandon inherent cultural values and adopt those of the school culture, in order to achieve success.
- Cultural dissonance may also lead to erroneous interpretations of parent behaviors, creating misunderstandings between home and school

- Source: Teacher Training Resource Bank, Glossary, Cultural Dissonance



**Body**

**Mind**

Fatigue  
Headaches  
Taut Muscles  
Skin Irritations  
Frequent Infections  
Constricted Breathing

Worrying  
Indecision  
Negativity  
Foggy Thinking  
Hasty Decisions  
Impaired Judgement

# Stress

Loss of Confidence  
Apprehension  
Indifference  
Depression  
Irritability  
Insomnia

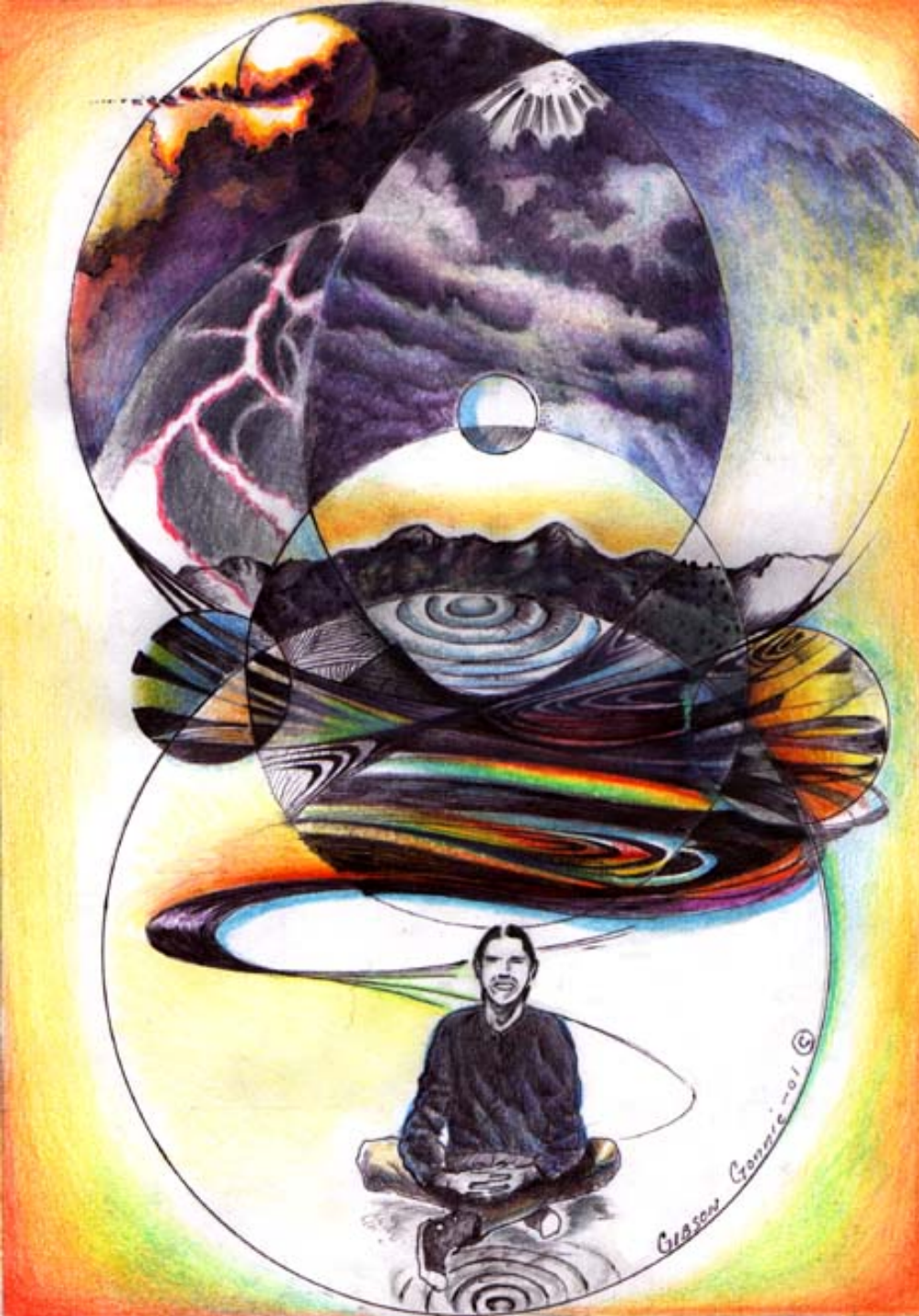
Substance Abuse  
Loss of Appetite  
Accident Prone  
Restlessness  
Loneliness  
Insomnia

**Emotions**

**Behavior**



# Releasing our pain



# BECOME MORE RESILIENT



1

Accept change



2

Become a  
continuous learner



3

Take charge



4

Find your sense  
of purpose



8

Skill shift



7

Reflect



6

Cultivate  
relationships

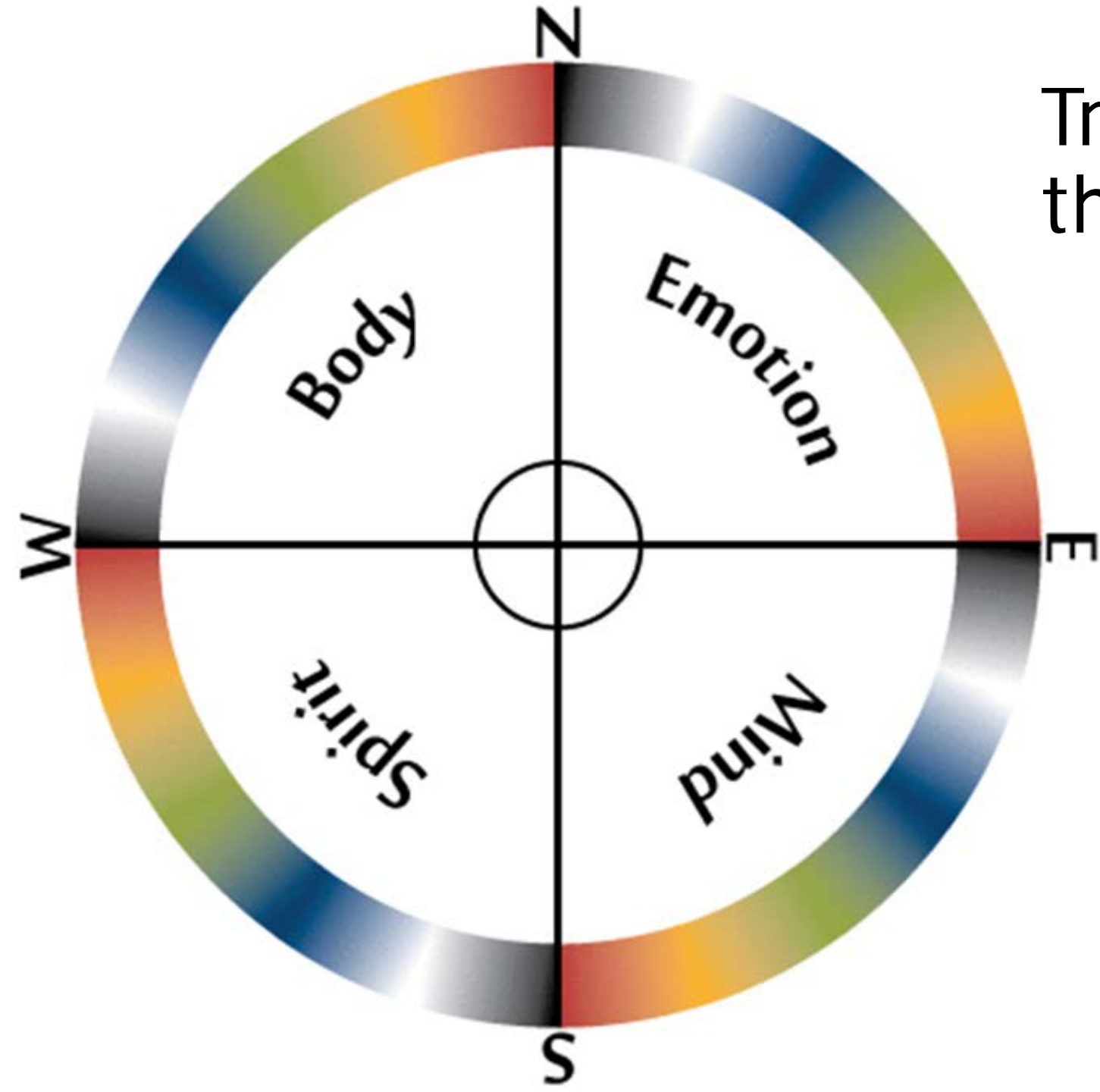


5

Pay attention to  
self-identity

Spirituality and Healing

Transcending  
the trauma



I  
AM

RESILIENT  
\*

[DODLEINVIGORATE.WORDPRESS.COM](http://DODLEINVIGORATE.WORDPRESS.COM)







# 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.



# Pre-trauma (before the trauma):

- Female gender (Brewin, Andrews, & Valentine, 2000; Ozer et al., 2003).
- Younger age at time of exposure to traumatic event gender (Brewin et al., 2000; Ozer et al., 2003).
- Racial/Ethnic minority status (Brewin et al., 2000; Ozer et al., 2003).
- History of trauma exposure (Delahanty, Raimonde, Spoonster, & Cullado, 2003; D. W. King, King, Foy, & Gudanowski, 1996; Nishith, Mechanic, & Resick, 2000).
- Familial history of psychiatric disorders (Breslau, Davis, Andreski, & Peterson, 1991).
- Pre-existing psychological disorder(s) (Blanchard, Hickling, Taylor, & Loos, 1995; Bromet, Sonnega, & Kessler, 1998).
- Unstable or abusive family experience during childhood (Andrews, Brewin, Rose, & Kirk, 2000; D. W. King et al., 1996).
- Genetic predisposition (Cornelis, Nugent, Amstadter, & Koenen, 2010).



# Peri-trauma (during the trauma):

- Severity of the trauma ([D. W. King, King, Gudanowski, & Vreven, 1995](#); [L. A. King, King, Salgado, & Shalev, 2003](#)).
- Perception of potential for injury/death ([D. W. King et al., 1995](#); [L. A. King et al., 2003](#)).
- Dissociation from traumatic events as it occurs ([Ozer et al., 2003](#)).
- Strong emotional reactions ([Ozer et al., 2003](#)).
- Exposure to horrific events ([Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995](#)).



# Post-trauma (after the trauma):

- Lack of social support ([Ozer et al., 2003](#)).



# 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 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).



# PTSD among the AI/AN Populations

- Only one study compared rates of PTSD between male and female American Indian Veterans.
- Significantly more PTSD symptoms were reported by male compared to female Veterans, although this is likely due to females having previously been placed in roles where they were unlikely to be exposed to trauma.
- This may change with future generations of Veterans as women are increasingly placed in combat zones (Westermeyer et al., 2009).



# 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.







Can we answer your questions?



# How to contact us

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