



National American Indian and Alaska Native
MHTTC

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

Pathway to Crisis Recovery & Resilience

The National American Indian/ Alaska Native
Mental Health Technology Transfer Center
and

Jacque Gray, PhD (Choctaw/Cherokee)

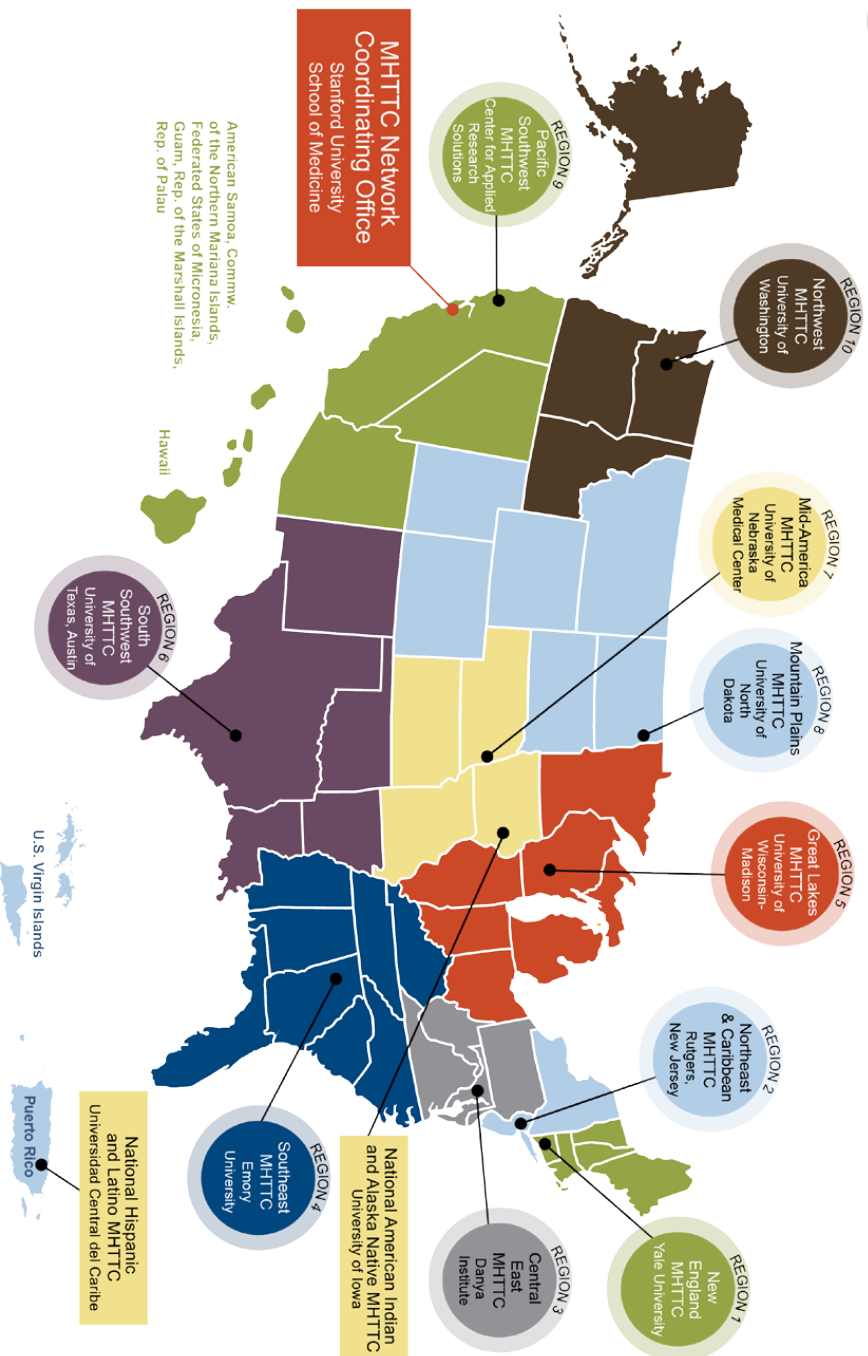
April 10, 2019



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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).

Webinar follow-up

CEUs are available upon request for \$15 per session.

- This session has been approved for 1.0 CEU's by:
 - NAADAC: The National American Indian & Alaska Native ATTIC is a NAADAC (The Association for Addiction Professionals) certified educational provider, and this webinar has been pre-approved for 1.0 CEU.
- To obtain CEUs for this session, please email:
natasha-peterson@uiowa.edu
- Participants are responsible for submitting state specific requests under the guidelines of their individual state.

Presentation handouts:

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

Webinar follow-up

Evaluation: SAMHSA's GPRRA

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 GPRRA survey in the chat box. If you are not able to complete the GPRRA 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.

Today's Speaker


Jacque Gray, PhD

Associate Director/Research Associate Professor

Dr. Jacque Gray, a Choctaw/Cherokee research associate professor and Associate Director at the Center for Rural Health at the University of North Dakota, is the Principle Investigator of the Wac'inyyeya: The Hope Project.

She is director of the National Indigenous Elder Justice Initiative (NIEJI). NIEJI has been funded since the fall of 2011 to address the issues of Elder Abuse in Indian Country. The Wac'inyyeya: The Hope Project looks at Lakota youth and what gives them hope.

Gray has worked addressing health, mental health, crisis intervention, and health disparities across Indian Country and internationally working with Māori suicide prevention. Gray has worked with tribes across the U.S. for over 30 years. She received her doctorate from Oklahoma State University in 1998 and has been at the University of North Dakota since 1999.

A large red geometric shape, resembling a stylized arrow or a corner piece, is located in the bottom right corner of the slide. It has a diagonal edge from the bottom-left to the top-right.


Pilot Program Opportunity at the end of the webinar

Information about applying to be accepted into the pilot program will be presented at the end of the webinar.

What is a mental health crisis?




What is a Crisis?

1. A stage in a sequence of events at which the trend of all future events, especially for better or for worse is determined; turning point.
 2. A condition of instability of danger, as in social, economic, political, or international affairs, leading to a decisive change.
 3. A dramatic emotional or circumstantial upheaval in a person's life.
- 

What types of events are Crises?

- Accidental death
 - Abduction
 - Chemical Spill
 - Earthquake
 - Escape criminal
 - Fatal Auto Accident
 - Fire
 - Flood
 - Gun at school
 - Homicide
 - House Fire
 - Hurricane
 - Rape
 - Suicide
 - Teacher's death
 - Tornado
 - Tsunami
 - Wildfire
- 

Why a Crisis Recovery & Resilience Team?

1. Perspective/lack of direct involvement
 - a. Opportunity for local people to excuse themselves from responsibilities when they are emotionally involved with the crisis.
 - b. “Expert” backup in the trenches.
 - i. Support
 - ii. Confidence
 - iii. Debriefing
- 

Why a Crisis Recovery & Resilience Team?

2. Resources

- a. Know the local resources
- b. Local resources are more available
- c. Acknowledging/utilizing local expertise.
- d. Availability for follow-up
 - i. Counseling
 - ii. Workshops (in-service training)
 - iii. Support

Why a Crisis Recovery & Resilience Team?

3. Lack of local resources in rural tribal areas
 - a. Mental health professionals
 - b. Communications to deal with media
 - c. Hospitals/clinic services
 - d. Programs to support youth
 - e. Emergency needs






Why a Crisis Recovery & Resilience Team?

A group of people trained to facilitate and mobilize resources in an emergency situation to help stabilize and recover from the trauma and better deal with future emergencies

First Steps in Crisis Intervention

Making people aware

- The problem is serious
 - They do have skills to help
 - There is a support system (referrals) that protects/helps them.
 - Who is available long term in the community?
- 

The Crisis Recovery & Resilience Team

- **Local Resources to the Support System**

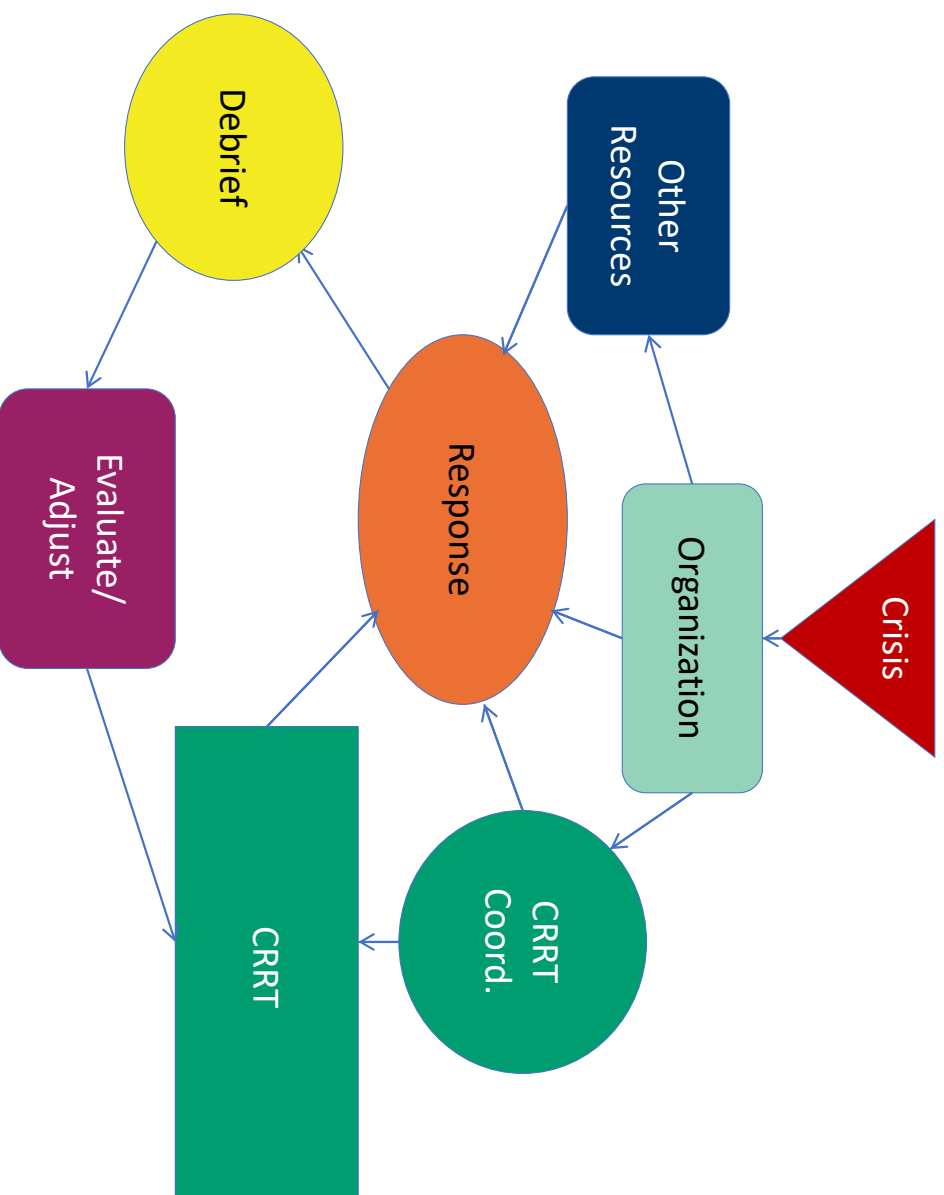
- **Expert Consultation**

- ✓ Why you don't have an assembly & keep students in small groups
- ✓ What is needed in terms of support personnel

- **Availability of “experts” to assist**

- **Availability of extra help as the community recovers**

How does it work?



How does it work?

➤ Roles

- ✓ Leader
- ✓ Resource Coordinator
- ✓ Media liaison/Communications Coordinator
- ✓ Support person (where & how needed)
- ✓ Rumor Control
- ✓ Crowd Control
- ✓ Counselor
- ✓ Mediator
- ✓ Interventionist

What is expected of team members?

1. Receive Training
2. Assist in Developing Structure (Flow Chart)
3. Practice procedure
4. Meet periodically
5. Willing to respond when needed in crisis
6. Assist in promoting the team




How much time?

1. The time needed for training
2. Sub-committees
 - a. Procedure (structure)
 - b. Marketing
3. Available to respond
4. Attend meetings for updates



Where do you go from here?

- Do you want to follow this path?
 - Form a procedure sub-committee.
 - Collect/identify resources
 - People
 - Materials
 - Plan and Schedule Training
 - Form a marketing sub-committee.
 - Set up and invite people to training
- 

Important Links

- National Child Trauma Stress Network
<http://www.nctsn.org/trauma-types/traumatic-grief/what-childhood-traumatic-grief/its-okay-remember>
- National Center for Mental Health Promotion & Youth Violence Prevention
<http://crisisresponse.promoteprevent.org/>
- National Center for Crisis Management
[Http://www.schoolcrisisresponse.com/download.htm](http://www.schoolcrisisresponse.com/download.htm)
- SAMHSA Disaster Technical Assistance Center
<http://www.samhsa.gov/dtac/>



Trauma Resiliency Training Pilot Study

Applications due May 1st

Paper application submission, followed by video interview

Pilot program to be implemented at 2 sites

What we're offering:

- 6+ learning collaborative opportunities (video conferencing sessions)
 - Identifying key stakeholders
 - Identifying traumas affecting community
 - Cultural considerations
 - Community engagement opportunities
 - Utilization of media
- 2 face-to-face trainings
 - early November and follow-up in March

Tentative schedule:

- Initial session in late May
- Follow-up session in early August
- 5 sessions from August through December
- 2 face-to-face meetings – early November and follow-up in March

Entire process: May 2019 - December 2019 (subject to change)

Applications can be found at:

www.mhttnetwork.org/native

Any questions?

natasha-peterson@uiowa.edu