

Healing Our Protectors: Building Resilience Among Tribal Law Enforcement Officers

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Vice President of Academic Affairs

Turtle Mountain Community College

November 10, 2022



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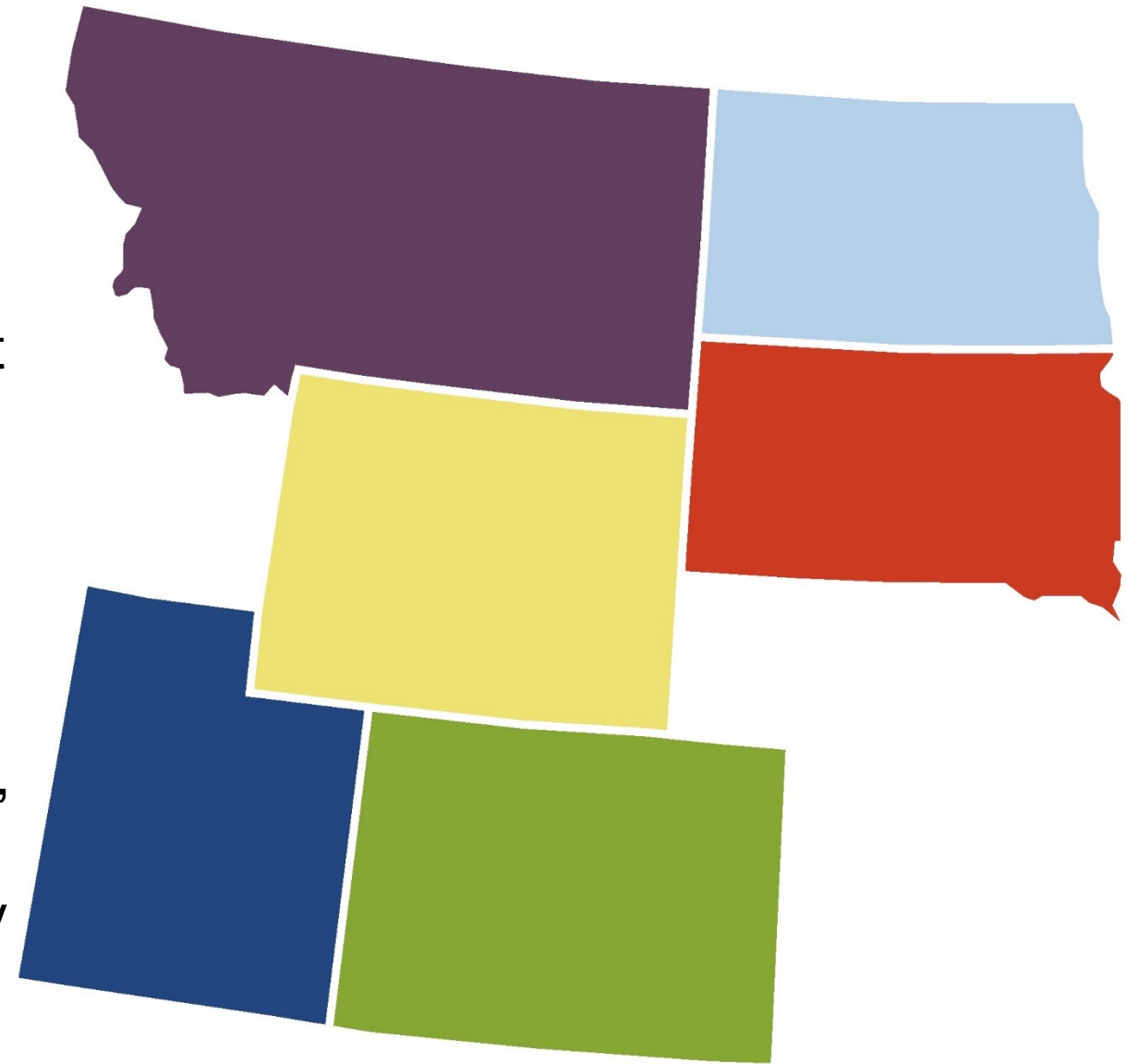
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses
affirming, respectful and
recovery-oriented language in
all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

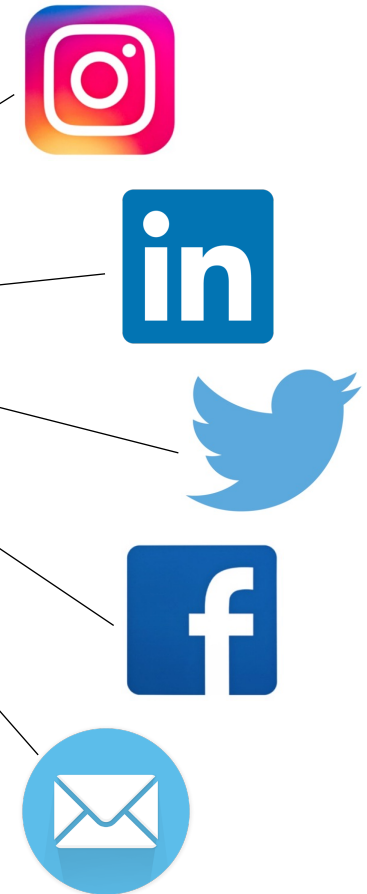
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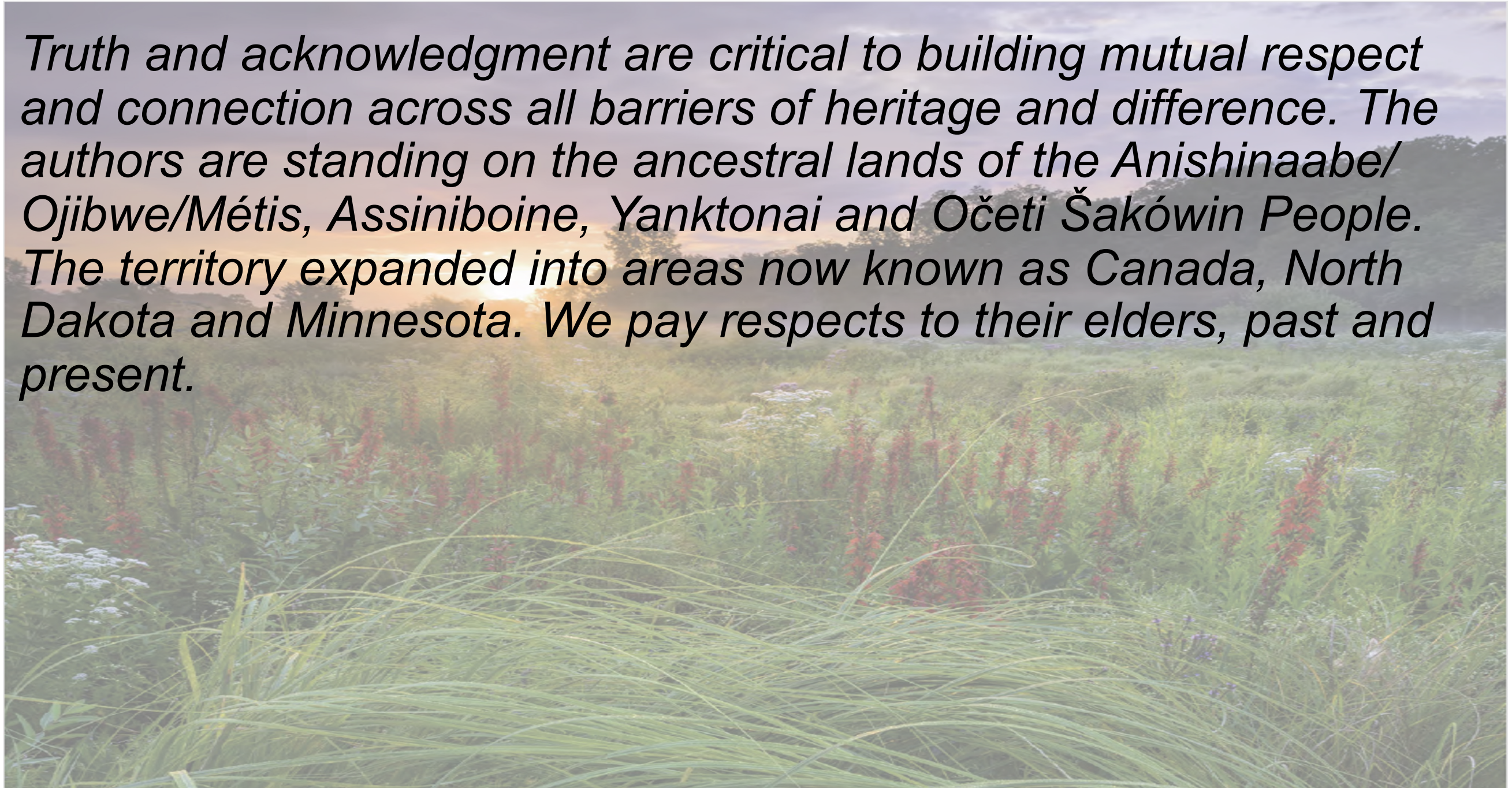
Turtle Mountain Community College

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Land Acknowledgement

Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference. The authors are standing on the ancestral lands of the Anishinaabe/Ojibwe/Métis, Assiniboiné, Yanktonai and Očeti Šakówin People. The territory expanded into areas now known as Canada, North Dakota and Minnesota. We pay respects to their elders, past and present.



Tribal Sovereignty

Healing our Protectors

- The U.S. government and Native Americans have a government-to-government relationship.
- The result of 375 treaties, established laws and instituted policies that promote Tribal sovereignty
- These laws are intended to support the general well-being of Indigenous persons and protect their lands and resources.
- The stipulations of Tribal sovereignty includes the provision of law enforcement overseen by Tribal entities.

Rationale for Toolkit

- MHTTC received supplemental funding to address provider well-being in November 2020.
- Request from our funder, SAMHSA, to provide training and technical assistance to Tribal Law Enforcement Officers and Bureau of Indian Affairs.
- Limitations of existing data on the topic of well-being for tribal law enforcement officers.
- Expansion of existing toolkits using a case scenario model with evidence-based and culturally responsive practices.

[Promoting Positive Mental Health in Promoting Positive Mental Health in Rural Schools: A Resource Guide](#)

[Strengthening Resilience: Promoting Positive Mental Health Among Indigenous Youth](#)

[Building Resilience Among Physical and Behavioral Healthcare Providers During a Global Pandemic](#)

Authors/Audience/Purpose

Authors:

Dr. LaVonne Fox
Leo Belgarde Sr.
Thomasine Heitkamp

Audience:

Behavioral health providers to gain a deeper understanding of post-traumatic stress disorder (PTSD) among law enforcement officers - especially those working in and with tribal communities.

Supervisors and administrators to underscore the unique needs of indigenous law enforcement officer and their unique stressors.

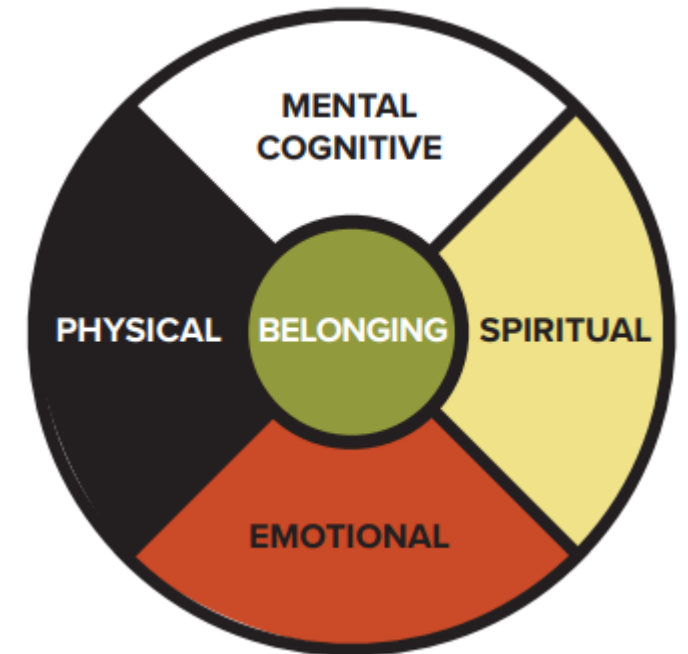
Purpose:

Provides suggestions for a culturally responsive approach to treatment of PTSD for Law Enforcement Officers using the medicine wheel with concrete exercises.

Objectives of Toolkit

- Present concrete suggestions for providers to engage Indigenous law enforcement officers in treatment.
- Increase awareness of the mental health needs of Indigenous law enforcement officers (the toolkit can be used by non-Indigenous providers/communities).
- Offers a self-assessment process and intervention through a cultural lens.
- Examines interventions that bring a sense of balance.
- Examines the impact of PTSD on emotional, spiritual, cognitive, and physical self.

ASSESSMENT & INTERVENTIONS



Based in Reality/Focus

- This document provides a narrative about author Mr. Leo Belgarde Sr.'s experiences throughout his career as a law enforcement officer.
 - It is an accurate retelling of his experiences to contextualize the realities of life as a law enforcement officer.
- Effort by authors to decrease secrecy and stigma regarding mental health and wellness issues faced by law enforcement officers.

LEO'S STORY



Stressful Events Related to Policing

The five most stressful events officers identify are:

1. Exposure to abused or deceased children/babies
2. Killing someone in the line of duty
3. Fellow officer is killed in the line of duty
4. Situations requiring use of force
5. Physical attacks on one's person



Common Signs and Symptoms Following Exposure to Trauma⁵⁰

PHYSICAL	MENTAL – COGNITIVE
<ul style="list-style-type: none">• Fatigue• Headaches• Sweating• Heart rate increases• Weaknesses• Dizziness• Shaking• Pacing• Change in activity level• Change in appetite• Poor sleeping	<ul style="list-style-type: none">• Hypervigilance• Poor memory• Decreased abstract thinking• Poor attention span• Nightmares• Poor concentration• Poor decision making• Poor problem solving• Change in communication style or process
EMOTIONAL	SPIRITUAL
<ul style="list-style-type: none">• Guilt• Shock• Emotional rollercoaster• Feeling overwhelmed• Grief• Irritable• Anxious• Agitated, easily irritated• Withdrawal	<ul style="list-style-type: none">• Attributing traumatic event to punishment from a higher power• Anger with a higher power with perceived unfairness• Feel a lack of control• Spiritual struggle questioning beliefs and practices• Or, going too far into the spiritual aspect• May experience a greater appreciation of life• Guilt and moral injury• Grief• One loses their source of meaning and hope• Feel abandoned• Soul loss: the person is no longer there fully. Part have split off, fled or gotten lost. They are frozen in a person's unresolved past. Negative emotions cause soul loss.⁵¹

Indigenous Law Enforcement Officers: Facts and Statistics

- There are more than 200 police departments in Indian Country. The departments range from 2-3 officers to more than 200 officers (Navajo Nation).
- Police in Indian Country function within a complicated jurisdictional net, answer to multiple authorities, operate with limited resources, and patrol some of the most desolate territory, often without assistance from partner law enforcement agencies.
- There are roughly 2,380 BIA and tribal uniformed officers available to serve an estimated 1.4 million Indigenous peoples covering over 56 million acres of tribal lands in the lower 48 states.
- On tribal lands, 1.3 officers must serve every 1,000 citizens, compared to 2.9 officers per 1,000 citizens in non-Indian communities with populations under 10,000.
- A total of at least 4,290 sworn officers are needed in Indian Country to provide the minimum level of coverage enjoyed by most communities in the United States.

Complications of Indigenous Law Enforcement

- BIA officers (95.5% are Indigenous) compound trauma by carrying the impact of their communities' historical legacy of trauma with them.
- Additional stressors:
 - long hours
 - conflict with work and family roles
 - shift work
 - strain of watching family members and community cope with trauma
 - uneasiness in public as they often know arrestees

Complex, Under-resourced & Misunderstood

- There are many complexities for these officers. The communities they serve are dealing with significant levels of historic, intergenerational, and transgenerational trauma. This can result in an increased fear and mistrust of responders outside of the tribal community and, at times, inside as well. The existence of unresolved grief creates additional challenges that evolve through suppressed unconscious grief and loss. It is often shared through storytelling.
- The duties of tribal or Bureau police may be similar to other police departments, but there are exceptions. All law enforcement officers are at-risk of continual exposure to traumatic events including life-threatening situations and injuries or death of colleagues and civilians. Additionally, tribal or Bureau officers are often called to respond to cultural and/or spiritual matters of the tribe where they are employed. All law enforcement officers are at-risk of continual exposure to traumatic events that may result in PTSD, including life-threatening situations and injuries or death of colleagues and civilians. However, BIA officers (95.5% of which are Indigenous) compound this trauma by knowingly or unknowingly carrying the impact of their community's historical legacy of trauma.

2020 Report States Attorney, Cheryl Laurenz-Bogue

- Inadequate staffing endangers the public as well as the law enforcement officers resulting in:
 - Department demoralization
 - Undue stress
 - Significant issues for officer retention.

According to the Justice Innovation Center:

- Inadequate workforce (patrol and highway safety officers) results in longer response times as well as insufficient backup for officers in crisis.
- Due to budget shortfalls, these agencies can only address equipment purchases, repairs, replacements, and upgrades on an emergency basis.
- Both rural and tribal law enforcement agencies need technology and equipment upgrades and replacement.
- Often police cars are replaced after the car is no longer reliable as opposed to regular rotation.
- Service arms can be minimal. Most officers supplement their firearm needs out of pocket.
- Both rural and tribal officers usually have a small yearly stipend for uniforms and other personal gear. These stipends are often insufficient, so most officers supplement the costs out-of-pocket.

Transgenerational Trauma

The term 'transgenerational trauma' is used to refer to the generally subconscious transmission of traumatic experiences to subsequent generations and to society. People in the next generation find themselves showing the symptoms of trauma without having experienced the trauma themselves. Traumatic experiences can affect individual, single people or they can affect many people within a group. The term 'collective trauma' is used in this case where trauma affects many people within a group.

(Medica Mondiale, ¶12)



RESPONSES TO PTSD AND HISTORICAL TRAUMA

POST-TRAUMATIC STRESS DISORDER (PTSD) RESPONSES	<ul style="list-style-type: none">• Negative thoughts of self• Loss of Interest• Avoid people and everything related to the event	<ul style="list-style-type: none">• Difficulty concentrating• Feelings of hopelessness• Flashbacks and nightmares• Somatic complaints
COMMON PTSD AND HISTORICAL TRAUMA RESPONSES	<ul style="list-style-type: none">• Panic attacks• Difficulty sleeping• Easily irritated• Emotional rollercoaster• Anxiety and/or depression• Suicidal ideation	<ul style="list-style-type: none">• Emotional numbing• Detachment or isolation from family and friends• May engage in self-destructive behavior like substance misuse
HISTORICAL TRAUMA IN THE COMMUNITY AND SELF RESPONSES	<ul style="list-style-type: none">• Significant sense of loss which is still visible with land loss, poverty, ways of knowing, parental style, identity, health, unemployment, racism, discrimination, resources, loyalty to ancestral suffering, opportunities, etc.• Increased incarceration• Low self-esteem• Violence	<ul style="list-style-type: none">• Survivor guilt• Hypervigilance• Mistrust• Accidental deaths• Sense of shortened future• Thoughts of ancestors lost• Sensitive fight or flight response

LEO'S STORY

REACHING OUT

I really needed someone to talk to because of all the sleepless nights, and the nightmares of the bad accidents and other traumatic things. I would feel my heart racing with certain calls. The cardiologist diagnosed it as AFIB. I was told to resign by my doctors. Instead, I started seeing a mental health person off and on for about a year. She would send me to see other mental health professionals in cities two to three hours away (one way). That is when they told me I had PTSD bad and if I didn't quit my job, it was going to kill me. I argued with her that I still have more to offer to my profession. She told me you have given enough.

BREAKING POINT

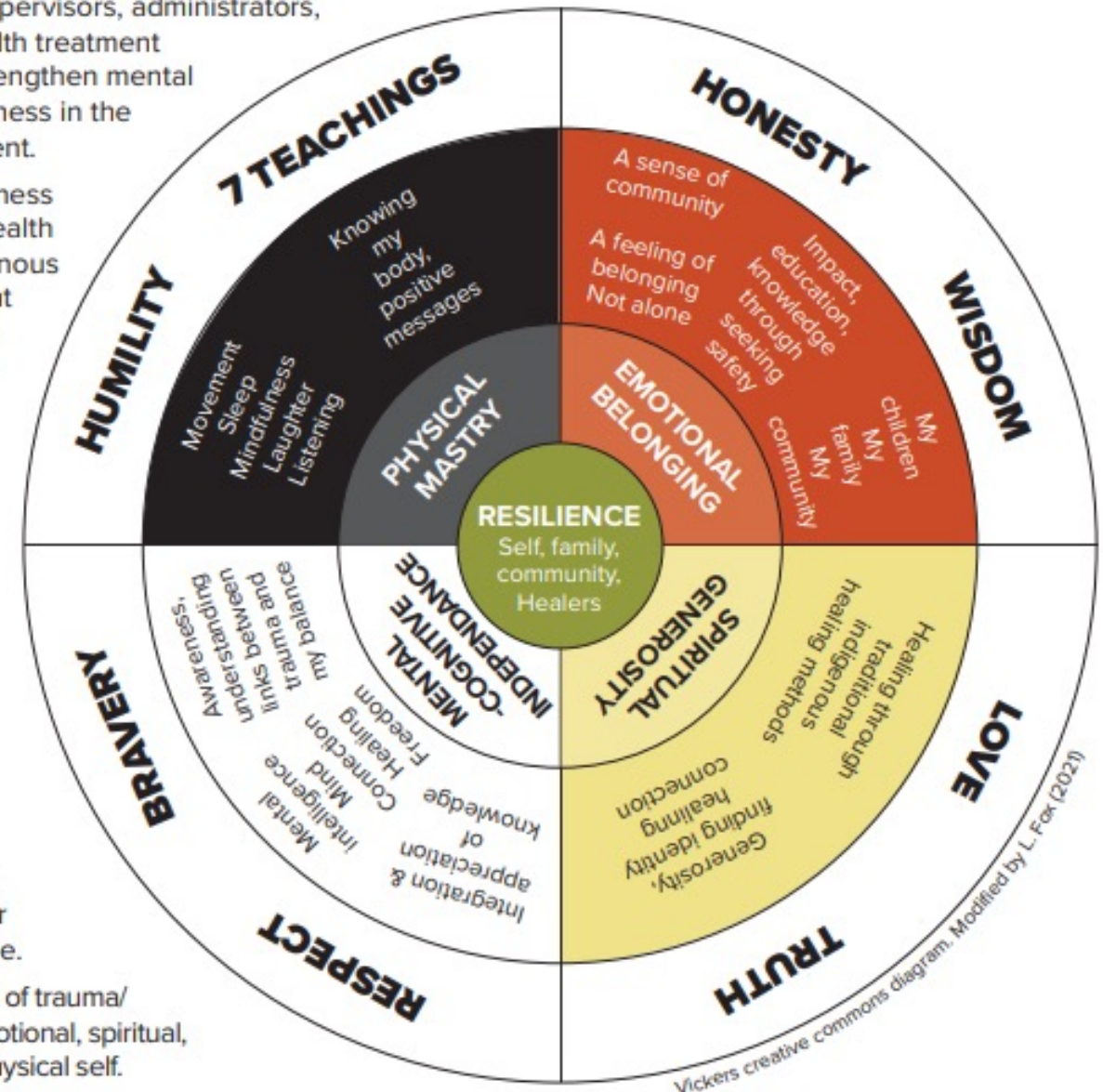
My final call was to a one-car rollover. My jailer was a good friend and it was his son who was killed in the roll over. His head was crushed, but I stayed with him until the ambulance and other officers came. No one wanted to tell his mom and dad so I did, since it was my call and responsibility. That was the end of it for me. I felt like I was having a heart attack. When I was going back to the station, I saw my doctor walking and I told her I really need to talk, so she had me go with her. She took my pulse and sent me down to the ER. They gave me a shot to calm down and get my heart rate to normal. She told me again that I needed to quit. She wrote me a paper requesting a 30-day leave to get my head back together to decide if I was going to stay in or not. She told me to take it to the Police Chief. I did not want to do that. She said I needed to do that or she would do it for me. I drove over and gave him the paper. We had a big argument. He told me it was bullshit. That I better be at work or I will be fired. I said okay, I would be at work in the morning even though it's against doctor's orders.

Multifocused

- This Document explores needed system changes.
- Provides suggestions for a culturally responsive approach to treatment using the medicine wheel and concrete exercises.
 - 46 pages, 52 references

OBJECTIVES

1. Present action items that can be used by law enforcement supervisors, administrators, and mental health treatment providers to strengthen mental health and wellness in the work environment.
2. Increase awareness of the mental health needs of Indigenous law enforcement officers and the non-Indigenous officers who are serving Indigenous communities.
3. Provide a culturally relevant model to structure self-assessments and interventions.
4. Identify interventions to bring a healthier sense of balance.
5. Learn the impact of trauma/PTSD on the emotional, spiritual, cognitive, and physical self.



Assessment and Interventions

Circle of Courage

The Circle of Courage is based on the principle that to be emotionally healthy, the individual needs to have a sense of four central values. The result is a sense of balance and individual resilience. With these values, protective factors are strengthened.



Use of the Medicine Wheel

- The Medicine Wheel is a very powerful resource. There are seven Following is a different interventions that utilize the Medicine Wheel in this resource.
- Each provides detailed focus on identifying imbalance in matters of the heart, the body, the head, and the spirit.
- Any of the interventions can be used for initial, mid, and final assessments and can allow for comparison overtime.

THE MEDICINE WHEEL

MODEL OF WELLNESS, BALANCE, AND HEALING

Dr. Jacque Gray provides another view of the medicine wheel and how it can be used for understanding and healing. This model is entitled the Medicine Wheel Model of Wellness, Balance and Healing.⁴⁷ It includes traditional activities but is broader with incorporation of

community, individual, family, and physical. It also incorporates aspects of the Seven Grandfather Teachings. It is an excellent example of how the medicine wheel can become whatever the individual needs to begin the journey of healing.

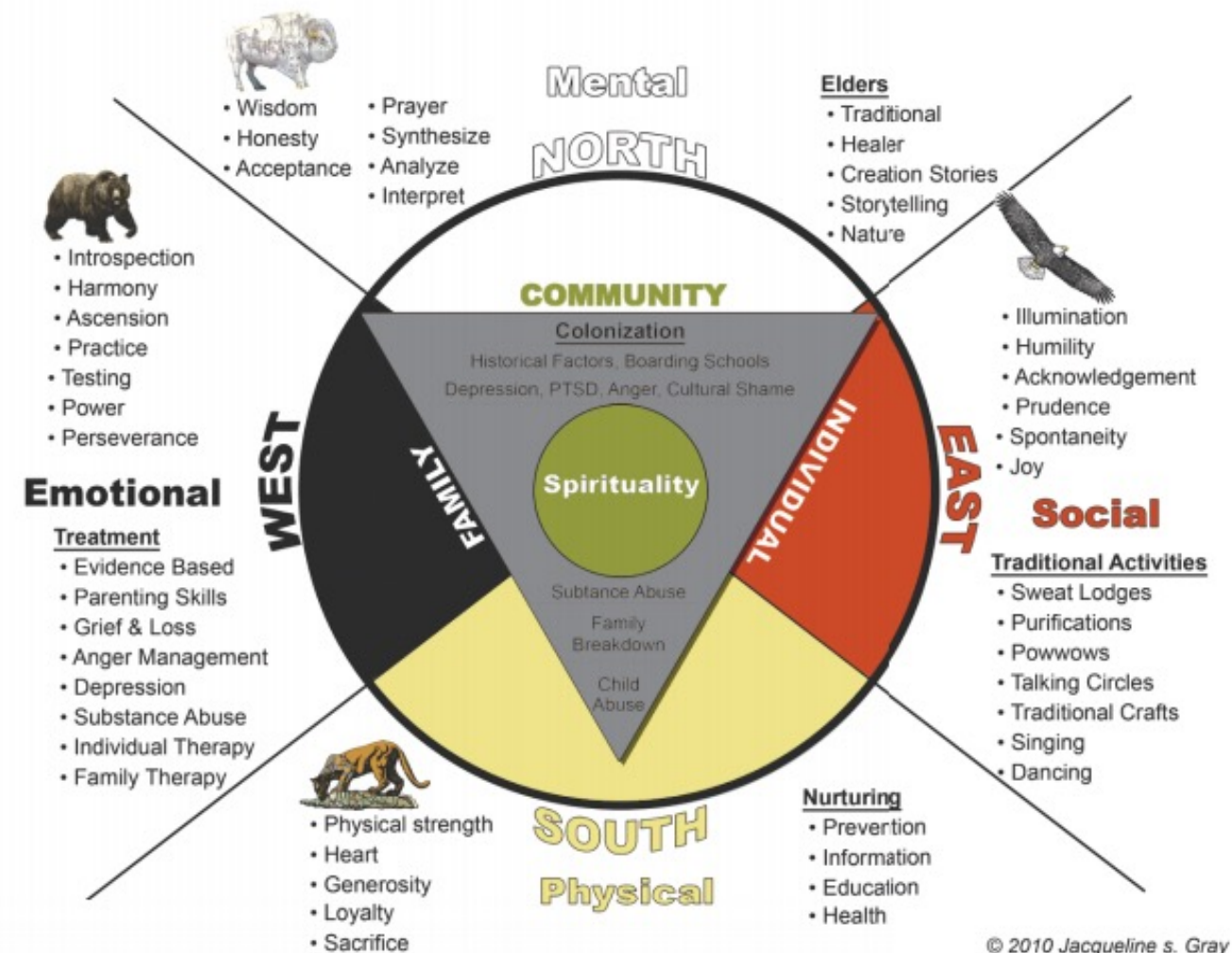


Figure 1 Medicine Wheel Balance, Healing and Wellness Model – Reprinted with permission, 202143

PROTECTIVE FACTORS

Decreases the potential harmful effect of a risk factor.

Individual

- Positive social skills
- Religious and club affiliations
- Positive self-image
- Self-control
- Easy temperament
- Humor
- Ability to manage uncomfortable emotions in a healthy way
- Awareness of own emotions and recognize how they influence behavior
- Healthy thinking

Family

- Stable home
- Stable relationships
- Secure attachments

Organizational & Operational Stressors

- Able to discuss concerns
- Have a sense of purpose so meaningful involvement in work and other roles
- Understanding of personal values and living in accordance with those values
- Procedural fairness
- Mental health and wellness services
- Support for positive connections – relationships with peers
- Prevention Program
- Control over work schedules or at least more flexible

Societal

- Inclusion
- Access to support services
- Economic security

Summary

- Provide more supports.
- Do not punish people for seeking mental health.
- Hire more Law Enforcement Officers.
- Ensure appropriate training and mentorship
- Experienced seasoned Officers.
- Respect and dignity.

Thank you and Q & A

If you would like to request a physical copy of the [Healing Our Protectors Toolkit](#) please email Casey Morton at casey.morton@und.edu

Include in this email your:

- Name
- Mailing address
- Number of copies requested

References

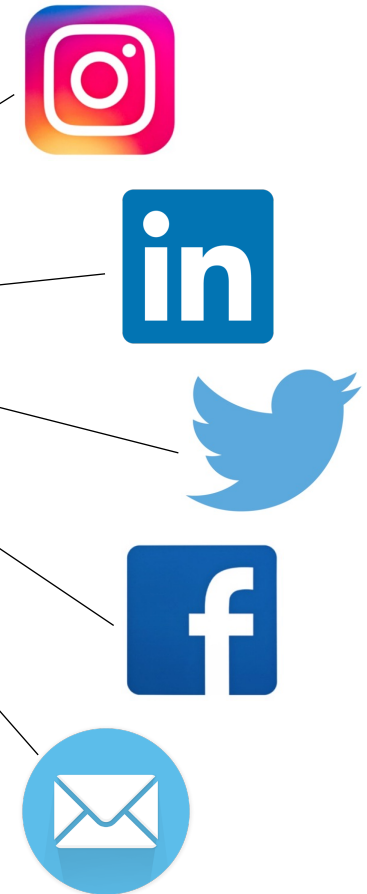
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- Medica Mondiale (nd). [Transgenerational Trauma](#).

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THANK YOU!

