



National American Indian and Alaska Native

**MHTTC**

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



**IOWA**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Signs and Symptoms of Anxiety

April 25, 2023

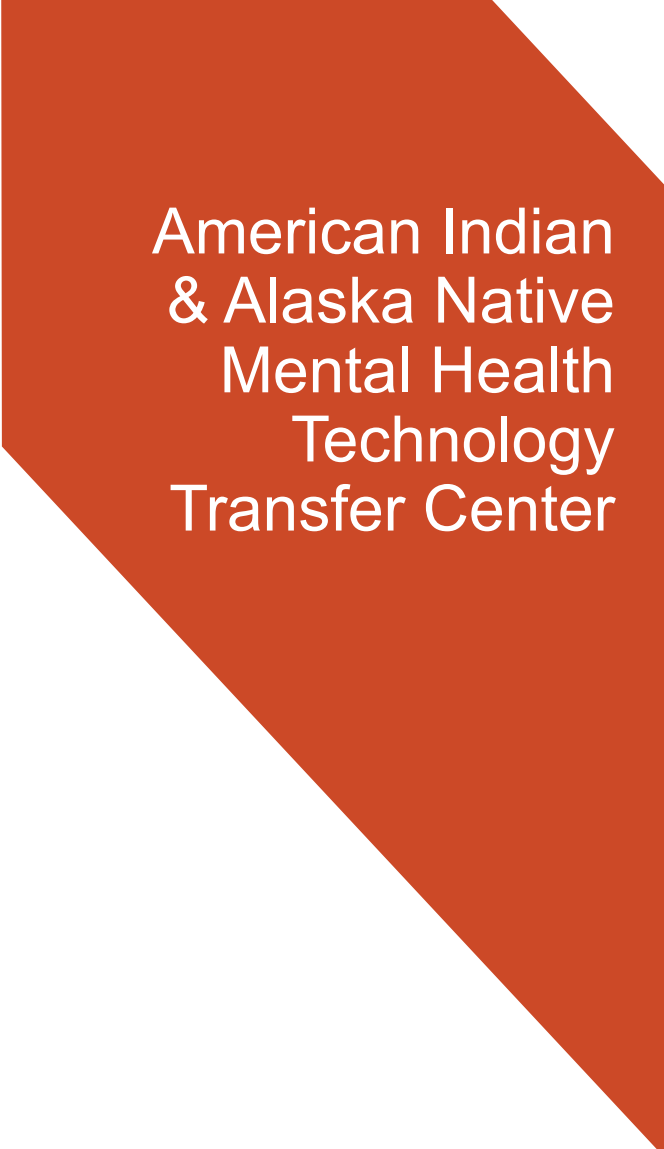


**MHTTC**

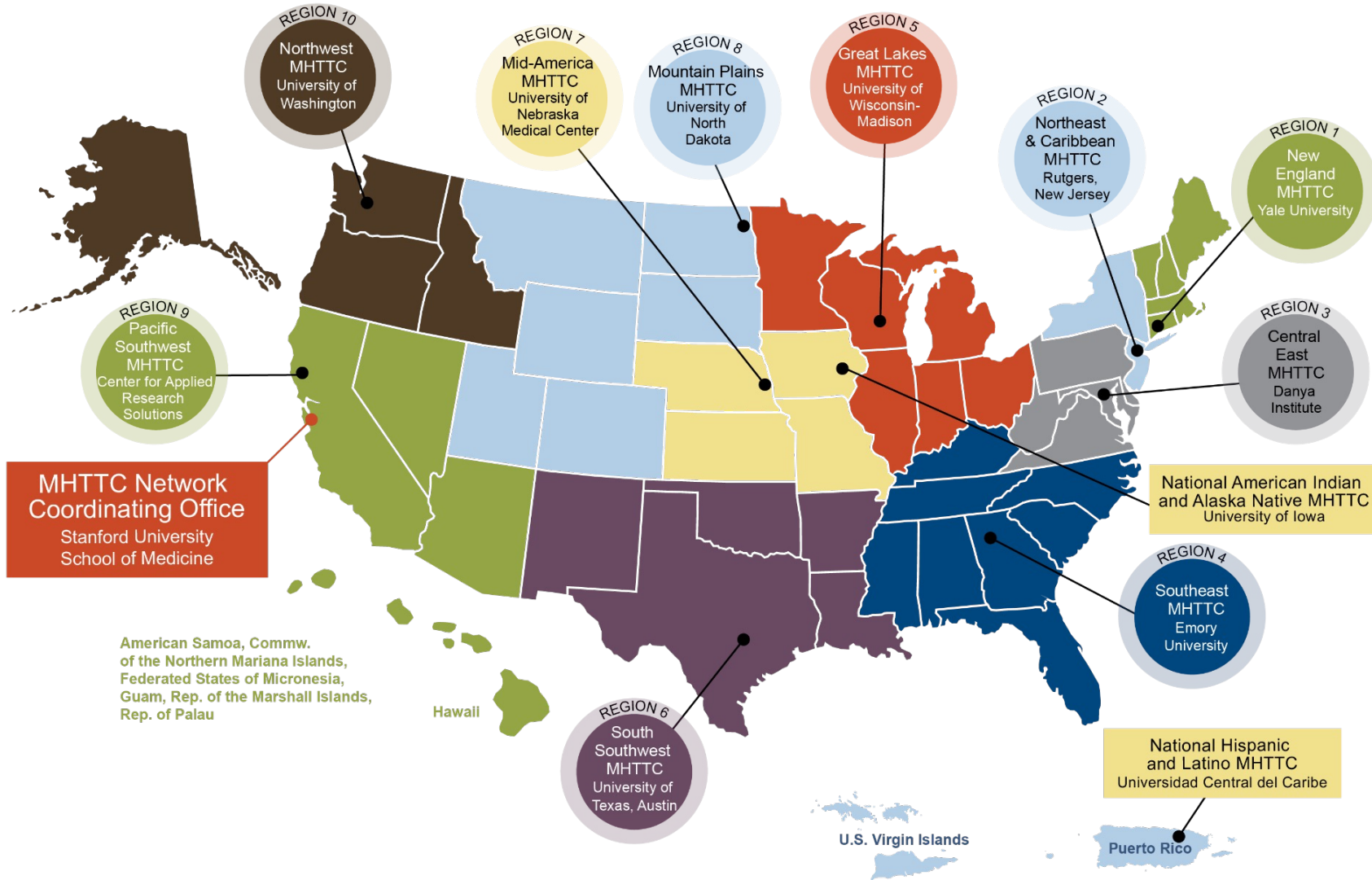
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**MHTTC Network**



**American Indian  
& Alaska Native  
Mental Health  
Technology  
Transfer Center**



# ***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

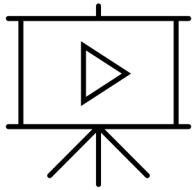
The National American Indian and Alaska Native Mental Health Technology Transfer Center is supported by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The content of this event is the creation of the presenter(s), and the opinions expressed do not necessarily reflect the views or policies of SAMHSA, HHS, or the American Indian & Alaska Native MHTTC.

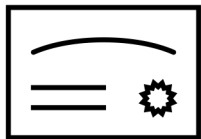


# Follow-up

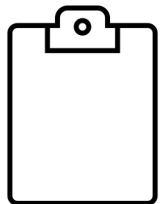
Following today's event, you will receive a follow up email, which will include:



Links to the presentation slides and recording, if applicable



Information about how to request and receive CEUs if applicable



Link to our evaluation survey (GPRA)



# Land Acknowledgement

We would like to take this time to acknowledge the land and pay respect to the Indigenous Nations whose homelands were forcibly taken over and inhabited.

Past and present, we want to honor the land itself and the people who have stewarded it throughout the generations.

This calls us to commit to forever learn how to be better stewards of these lands through action, advocacy, support, and education.

We acknowledge the painful history of genocide and forced occupation of Native American territories, and we respect the many diverse indigenous people connected to this land on which we gather from time immemorial.

While injustices are still being committed against Indigenous people on Turtle Island, today we say thank you to those that stand with Indigenous peoples and acknowledge that land reparations must be made to allow healing for our Indigenous peoples and to mother earth, herself.

Dekibaota, Elleh Driscoll, Meskwaki and Winnebago Nations

Ttakimaweakwe, Keely Driscoll, Meskwaki and Winnebago Nations

Ki-o-kuk, Sean A. Bear, 1<sup>st</sup>. Meskwaki



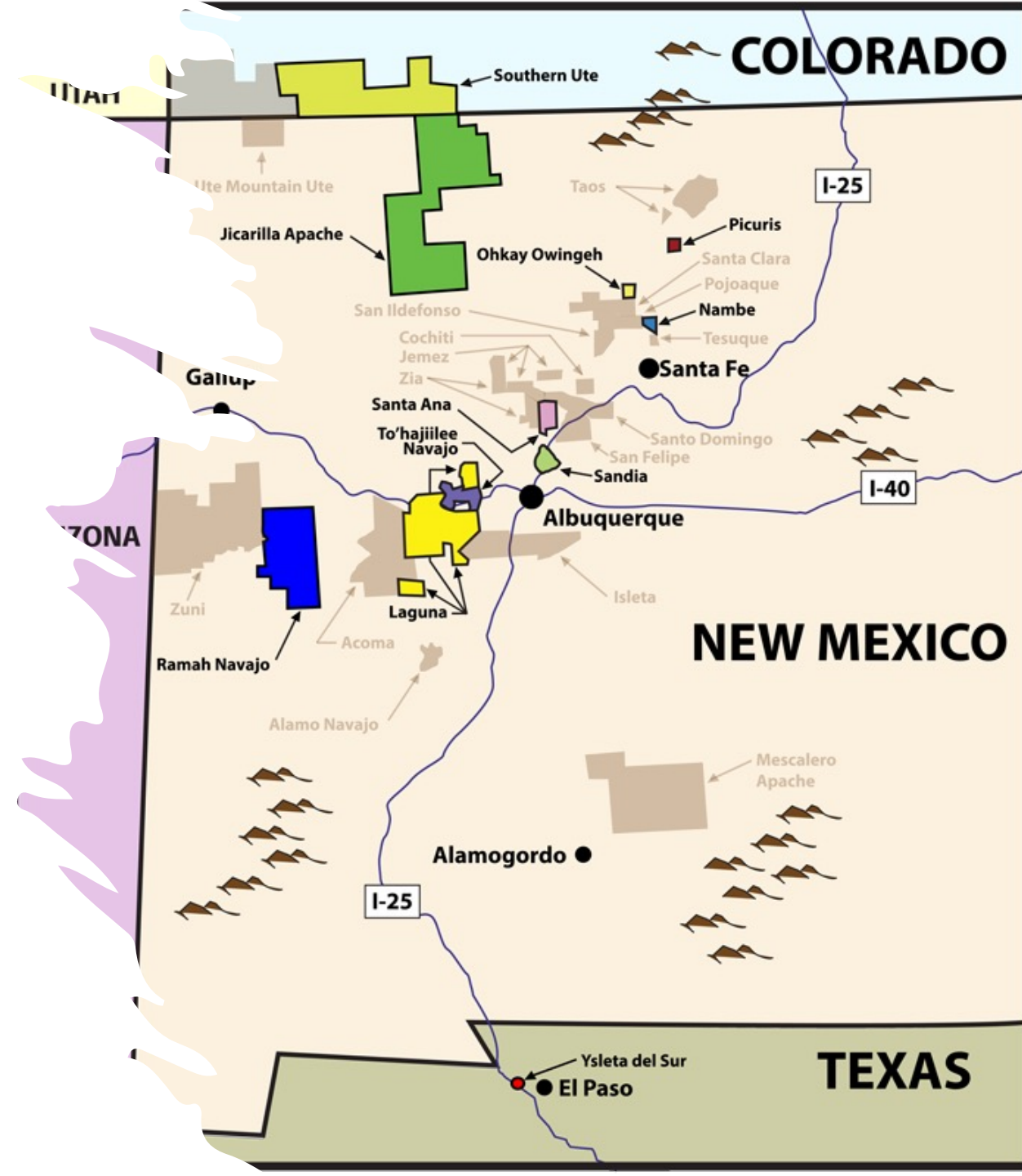
# Today's Speakers:

Ray Daw (Diné, Navajo), MA, is a Native behavioral health consultant. His career has been largely within and around the Navajo Nation, Native non-profits, and most recently in rural Alaska, in both inpatient and outpatient settings. His work in behavioral health has been geared heavily towards developing Native trauma-appropriate approaches that are healing and effective in tribal behavioral health prevention, intervention, and treatment services. Ray has extensive experience as a consultant with SAMHSA in program development and evaluation, culturally based prevention and intervention services, public policy, grant reviewing, and AI/AN modalities, along with training in motivational interviewing and historical trauma.





- The Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) is a program of the Albuquerque Area Indian Health Board (AAIHB), a tribally designated, non-profit organization. Established in September 2006, AASTEC's mission is to collaborate with 27 American Indian Tribes across New Mexico, Southern Colorado, and West Texas to provide high quality health research, surveillance, and training to improve the quality of life of American Indians. We offer diverse health promotion and prevention education programs, as well as specialized public health services. Our goal is to positively impact the health and well-being of the communities we serve.



- Charlene Poola, PhD, LCSW is a clinical research associate at the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC). She is Hopi-Tewa and Navajo and is from First Mesa, Polacca, Arizona. For the past 20 years, Charlene provided counseling, suicide, and substance abuse prevention services to AI communities in the Southwest. She has collaborated with tribes and tribal organizations in New Mexico, focusing on the development of behavioral health programs and systems change. Charlene utilizes community engagement strategies to build partnerships with tribes and tribal organizations while adhering to principles associated with Community-Based Participatory Research (CBPR). This work included creating a comprehensive tribal needs assessment to identify resources, types of therapy provided, and the range of support that would enable tribes and tribal organizations to build and strengthen their programs. She was responsible for working with tribal organizations to facilitate data interpretation and dissemination in culturally appropriate ways, compiling and presenting feedback to ensure understandability and usability, facilitated partnerships with academic collaborators to develop and implement needed resources to enhance behavioral health service delivery in tribal communities. In addition, Charlene supported tribes and tribal organizations to successfully apply for state and federal funding to enrich their workforce through organizational development and continuing education. Her health services research focuses on the impacts of behavioral health disparities on Indigenous communities, and she provides technical assistance to tribal communities to establish culturally congruent interventions based on Indigenous wisdom, values, and traditions to enhance the well-being of AI communities.

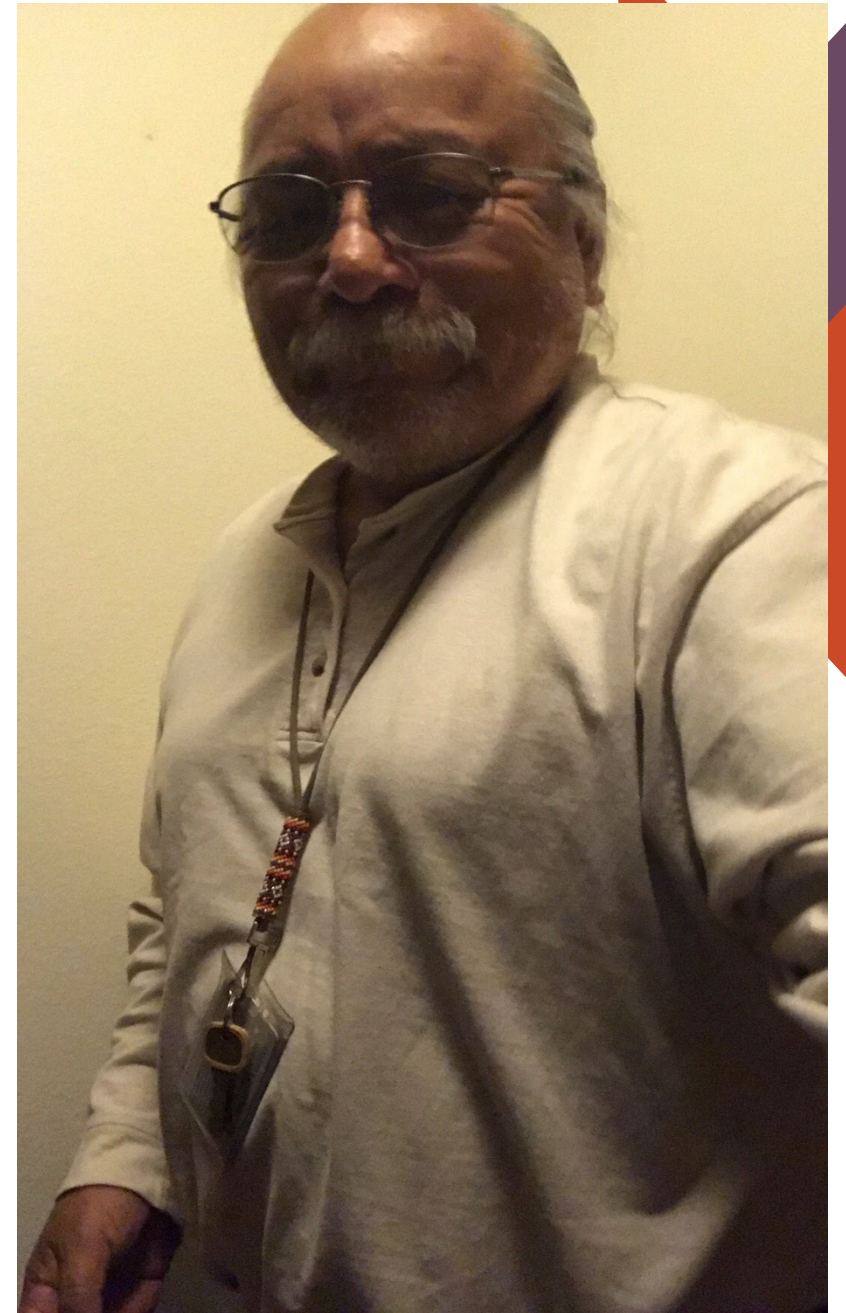


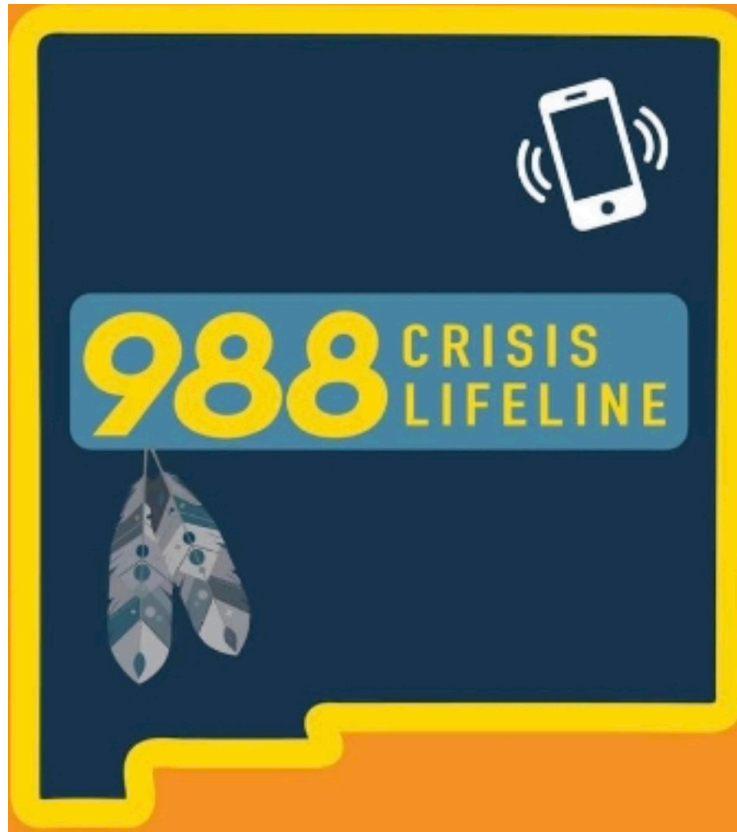


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- American Indian, Dan was born and raised in the West. He served as an Army Sergeant, 1969-71. He graduated from Willamette University, Salem OR, then on to his Doctorate (PsyD) from Baylor University in 1980. He received an MS in Clinical Psychopharmacology in 2011. He was a collegiate, national and international athlete.
  - He retired after 37 years of Federal Service, to include employment with the Bureau of Prisons and Indian Health Service. He was the first National Director of the Bureau of Prisons Drug Abuse Programs, overseeing drug treatment, behavioral health, forensic and psychiatric inpatient programs during his tenure.
  - His final 23 years, he served with the Indian Health Service at two locations, in Montana and South Dakota. He served in various supervisory, management and administrative roles with the BOP and IHS, working primarily in hospital and clinic settings.
  - He and his wife, a Ph.D. in psychology and American Indian, adopted numerous children, including special needs children. They contributed to the development of American Indian Graduate Education in Clinical Psychology. They have been advocates, research consultants, and educators as well. They live a Traditional and Ceremonial Life in contemporary times.



- I am Dine' (Navajo) From New Mexico. I'm currently a Native American behavioral health consultant. My career has been largely within and around the Navajo Nation, Native non-profits and most recently in rural Alaska, in both inpatient and outpatient settings. My 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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- My work includes extensive experience as a consultant with SAMHSA in program development and evaluation, culturally-based prevention and intervention services, suicide prevention & Postvention, public health, grant reviewing, and American Indian/Alaskan Native modalities. I'm also trainer in motivational interviewing and historical trauma.





# AASTEC SAMHSA 988 Grantees

- Jicarilla Apache
- Mescalero Apache
- To'hajiilee
- Ramah Navajo
- Ute Mountain
- Southern Ute
- Kewa Pueblo \*
- Zuni Pueblo \*
- Isleta Pueblo

# Objectives

- Signs and Symptoms of Anxiety
- What traditional approaches exist to deal with anxiety?
- What Western ways exist to help someone coping with anxiety?
- What resources are available locally to assist those with anxiety?





# What is anxiety?

- Generalized Anxiety Disorder (GAD)- GAD is characterized by persistent, excessive worry, about a number of different things, that is difficult to control and occurs most days for at least six months. GAD is also usually accompanied by three or more symptoms of anxiety.
- Anxiety- Extreme apprehension that is accompanied by unpleasant symptoms like feeling nervous, irritable or on edge; having a sense of impending doom or danger; increased heart rate; breathing rapidly, sweating or trembling; feeling weak or tired; difficulty concentrating; sleep disturbances; and gastrointestinal problems.
- Panic- A sudden episode of intense fear that triggers severe physical reactions.



# Criteria for Diagnosing GAD

- When assessing for GAD, clinical professionals are looking for the following:
  1. The presence of excessive anxiety and worry about a variety of topics, events, or activities. Worry occurs more often than not for at least six months and is clearly excessive.
  2. The worry is experienced as very challenging to control. The worry in both adults and children may easily shift from one topic to another.
  3. The anxiety and worry are accompanied by at least three of the following physical or cognitive symptoms (In children, only one of these symptoms is necessary for a diagnosis of GAD):



## Criteria for Diagnosing GAD (Cont)

- Edginess or restlessness
- Tiring easily; more fatigued than usual
- Impaired concentration or feeling as though the mind goes blank
- Irritability (which may or may not be observable to others)
- Increased muscle aches or soreness
- Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep)



# Advice about General Anxiety Disorder

- In order to give a diagnosis of GAD, these symptoms also must be unrelated to any other medical conditions and cannot be explained by a different mental disorder or by the effect of substance use, including prescription medication, alcohol, or recreational drugs.







What other signs of anxiety do you see with clients or others?

# What traditional approaches exist to deal with anxiety

- Prayer
- talking to a trusted relative
- asking for help
- Fitness
- Songs



What Western ways exist to help someone coping with anxiety?

- Yoga
- Meditation
- Stretching
- Other examples

## How to Reduce Holiday Stress in Children



Stick to their usual routine as much as possible



Make sure they get outside



Don't overschedule



Make time for peace and quiet



Remind them the holidays are about gratitude and kindness



Manage sugar intake



# What resources are available locally to assist those with anxiety?

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- 988; call, text, or chat
- tribal BH programs
- Wellness Centers
- Support groups
- Recreation





- **Interpersonal Therapy** A type of behavioral therapy that focuses on past and present social roles, relationships and communication.
- **Cognitive-Behavioral Therapy (CBT)** This type of therapy has been found to be the most effective type for GAD and focuses on identifying, understanding, and then changing thinking patterns that influence certain distressing or problematic behavioral patterns.
- **Acceptance and Commitment Therapy (ACT)** A type of behavioral therapy that aims to help the patient accept the presence of negative thoughts while reducing their influence, rather than attempting to eliminate them.
- **Dialectical Behavior Therapy (DBT)** A type of cognitive-behavioral therapy, DBT aims to teach people to live in the moment, regulate emotions and cope with intense emotions in a healthy way.
- **Mindfulness** A mental training practice that involves paying attention to the present moment, on purpose and without judgement. Practicing mindfulness can be done through breathing techniques, mental imagery, body scans, relaxation exercises, gratitude practices and more.  
**Relaxation Techniques** Various tools that you can add to your anxiety-relief toolbox. You can talk to your doctor about what works best for you, but common relaxation techniques include meditation, yoga, breathing exercises, taking a walk, aromatherapy, music, and partaking in an enjoyable activity.
- **Buspirone** A medication that may help alleviate anxiety symptoms after a few weeks of taking it. Buspirone is non-habit forming and is not as sedating as other anxiety medications.

# Case Study- Youth

- Devon is a 15-year-old boy in 10<sup>th</sup> grade. He lives with dad and attends the local school. Mom left when Devon was 12 years old. Dad works full time as a mechanic in town and often Devon is alone until dad returns from work. Grandma will check on Devon from time to time. He is active on social media and enjoys posting dance videos on tiktok and checking facebook. Recently he was bullied on facebook for posting tiktok videos. He was told he looks ridiculous and he's stupid for posting such childish things and why doesn't he mind his own business. For the past 3 months he stopped posting videos on tiktok and became isolated. He doesn't do the things he enjoys and often is jumpy. He has racing thoughts that give him headaches and sometimes stomach aches. He mentioned he's not sleeping well because he can't shut off the stuff posted on facebook and it leaves him restless and irritable. Recently he got into an argument with dad for no reason and he feels bad about it. He came to see the school social worker to talk about these intense feelings.



# Case Study- Adult

- Mary and Jim have been married 7 years and have no children. They have seen fertility specialists to try and get pregnant but cannot afford the fertility drugs. Now they are considering adoption. Lately Mary reports severe stomach pain and brain fog. She cannot concentrate at work and is not sleeping well. She is drinking more coffee to combat the fatigue and her co-workers have noticed she is more irritable. Jim has noticed the mood changes, restlessness, and racing thoughts where she cannot finish a sentence sometimes. One time, Jim thought Mary was having a heart attack because she had trouble breathing. Jim wants her to see the doctor, but she says it's just stress. What is going on?



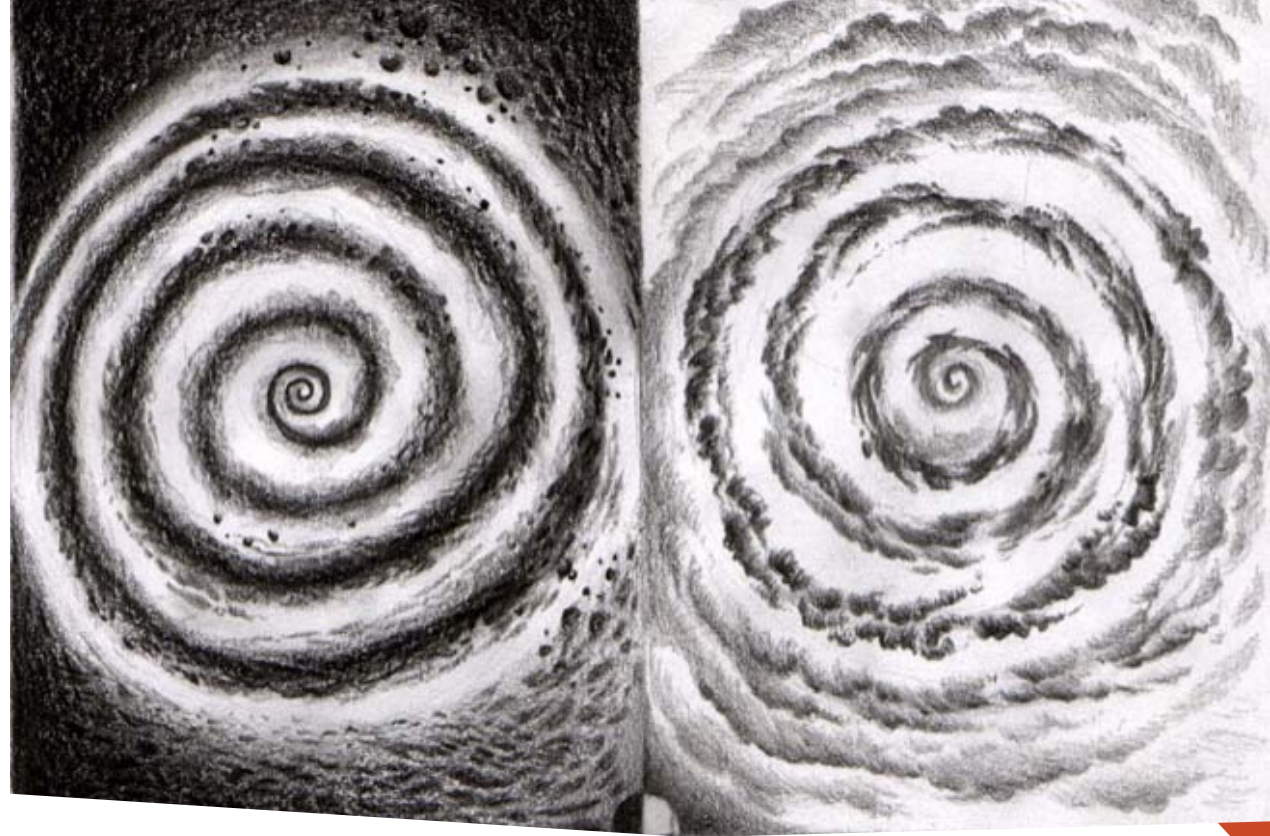
Call, Text, or Message

# 988

For Mental Wellness



-  988 NM Crisis Support
  -  988nmcrisissupport
  -  988nmcrisissupport
- <https://988nm.org/>



# Webinar Training Calendar

**4<sup>th</sup> Tuesday of every month; 9am-10:30am (MST)**

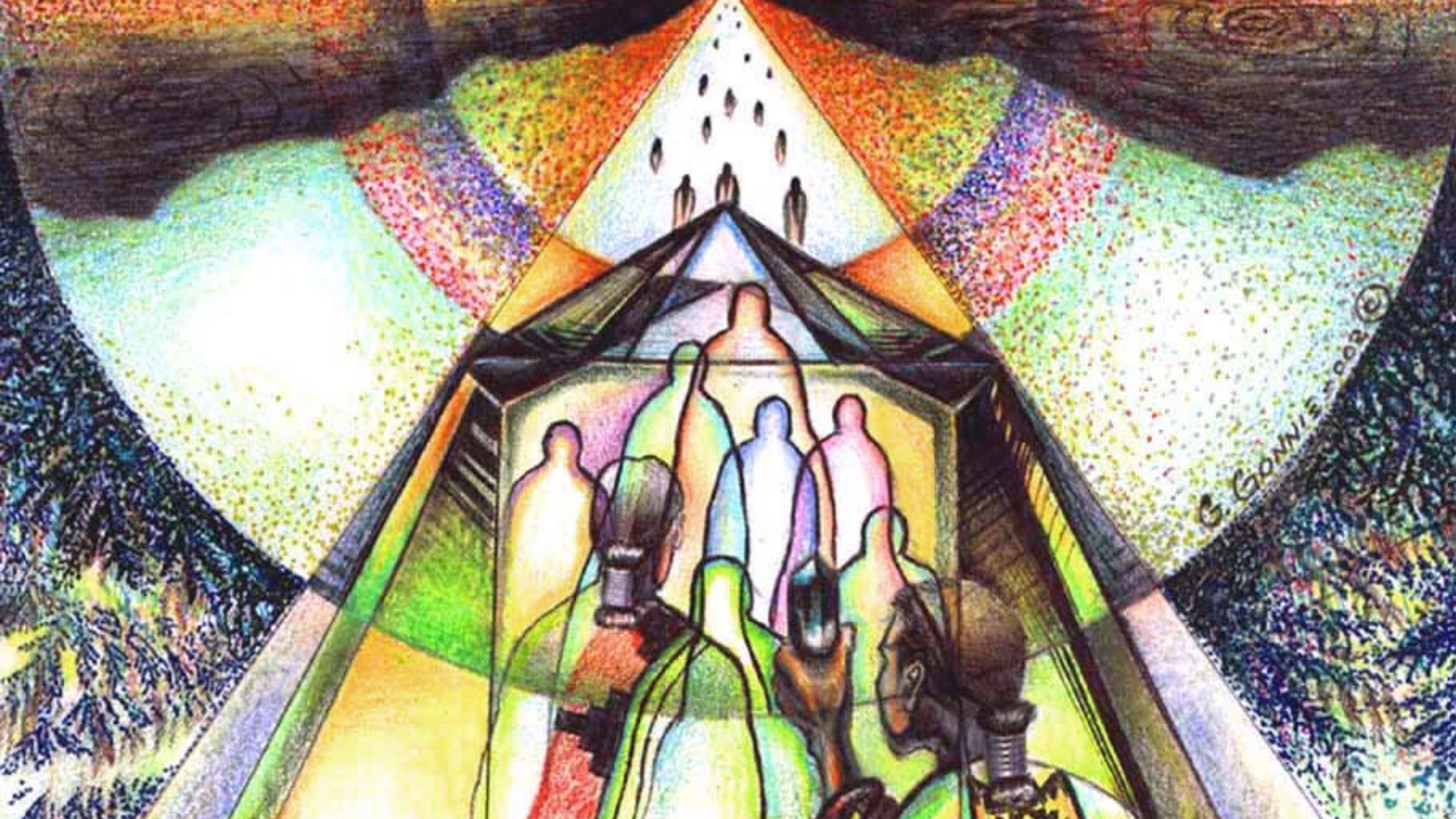
May 23 Signs and Symptoms of grief and loss; Ask audience what other signs they see with their clients; What traditional approaches exist to deal with grief and loss (talking to relatives or elders; asking for help); What Western ways exist to help someone coping with grief. What resources are available locally to assist those with grief and loss (988, tribal BH programs, etc....)

June 27 Signs and Symptoms of PTSD; Ask audience what other signs they see with their clients; Do they work with Veterans? What traditional approaches exist to deal with PTSD; What Western ways exist to help someone coping with PTSD (mindfulness, meditation, etc..). What resources are available locally to assist those with PTSD (988, Veteran resources, tribal BH programs, etc....)

July 25 Signs and Symptoms of Suicide ideation; Ask audience what other signs they see with their clients; What traditional approaches exist to deal with suicide ideation; What Western ways exist to help someone coping with thoughts of suicide (counseling, peer support workers, tribal BH programs). What local resources are available to assist those with having thoughts of suicide (988, peer support, trusted family member, tribal BH programs, etc...)

August 22 Signs and Symptoms of substance use and abuse; Ask audience what signs they see with their clients who are using alcohol and other drugs. Is opioid misuse (prescription drugs and fentanyl) prevalent in their communities. How are they addressing it? What traditional approaches exist to deal with substance use; What Western ways exist to help someone coping with thoughts of suicide (counseling, peer support workers, AA meetings, Red Road to Wellbriety; White Bison; tribal BH programs). What local resources are available to help those with substance use issues (988, peer support, AA programs, trusted family member, tribal BH programs,





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