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

Wellness: Mind ~ Body ~ Spirit

Post-traumatic Stress Disorder

June 27, 2023

Ray Daw

IOWA

SAMHSA
Substance Abuse and Mental Health Services Administration

MHTTC

Mental Health Technology Transfer Center Network

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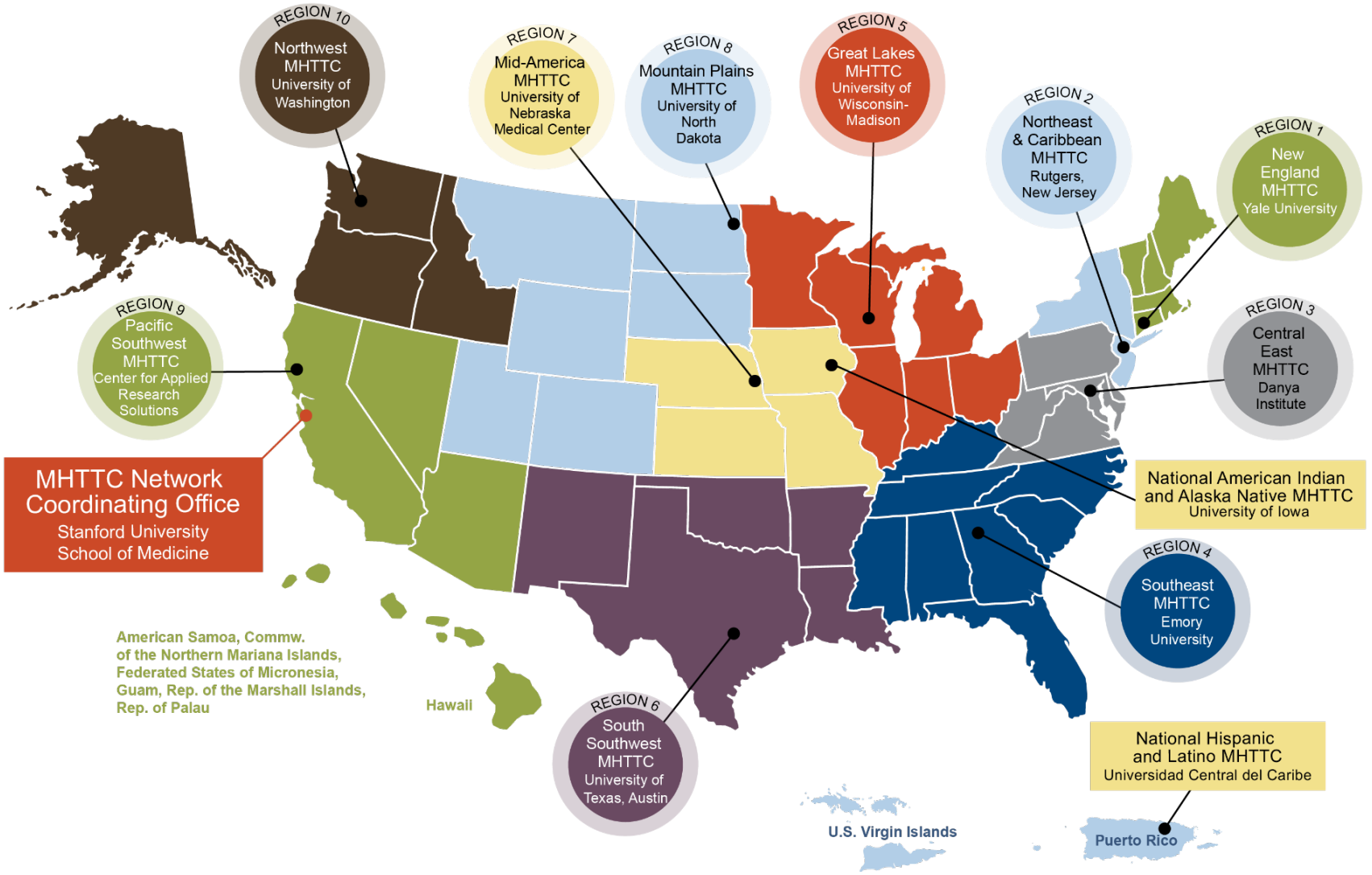
MHTTC Network

American Indian & Alaska Native Mental Health Technology Transfer Center



SAMHSA

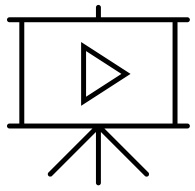
Substance Abuse and Mental Health Services Administration

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).

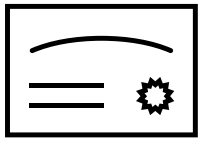
The content of this event is the creation of the presenter(s), and the opinions expressed do not necessarily reflect the views or policies of SAMHSA, HHS, or the American Indian & Alaska Native MHTTC.

Follow-up

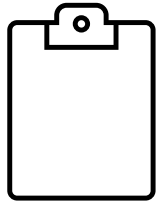
Following today's event, you will receive a follow up email, which will include:



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, 1st. Meskwaki

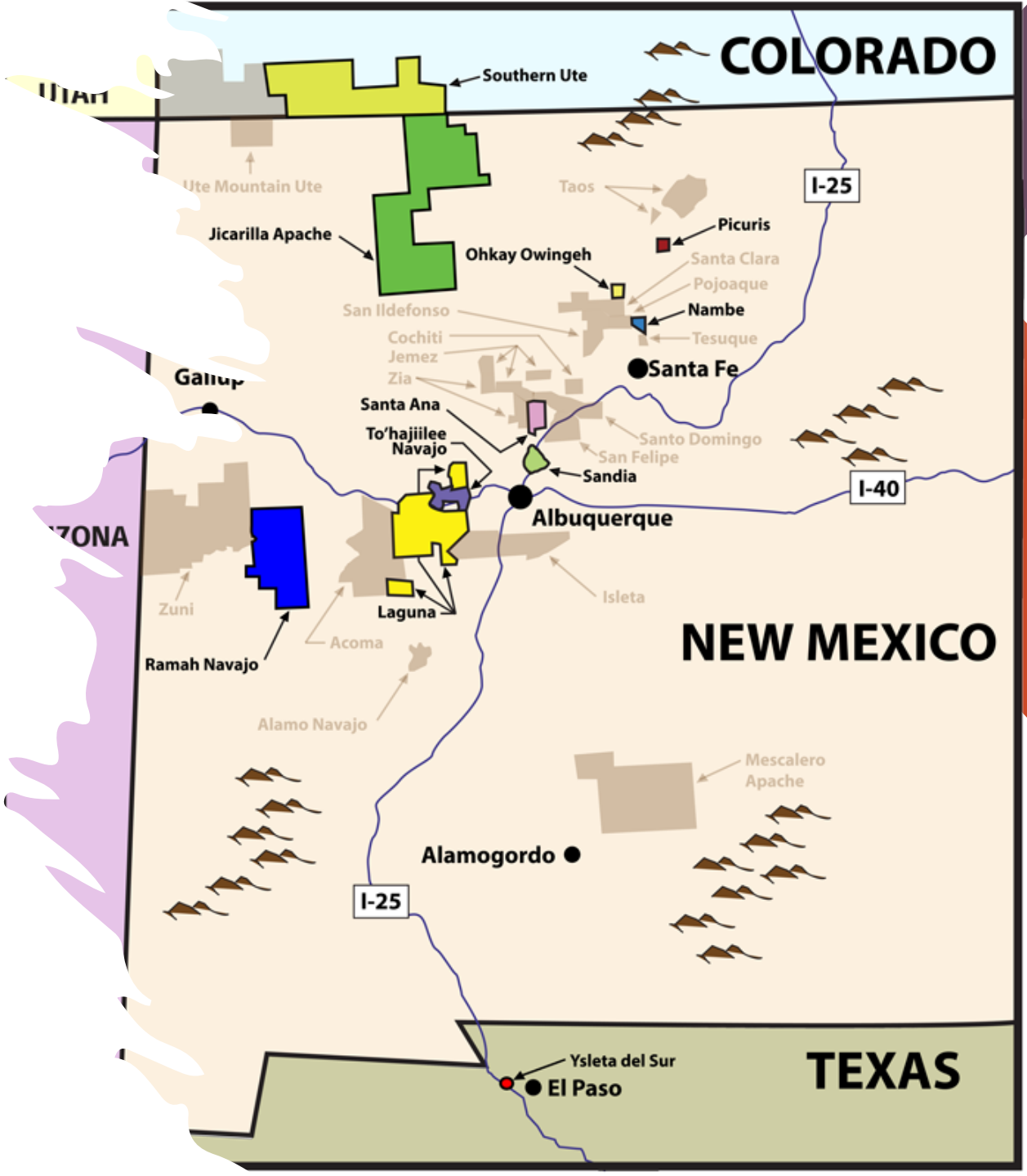
Today’s Speakers:

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.

- 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.

- 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.

- 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.



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 PTSD
- What traditional approaches exist to deal with PTSD?
- What Euro-American ways exist to help someone coping with PTSD?
- What resources are available locally to assist those with PTSD?

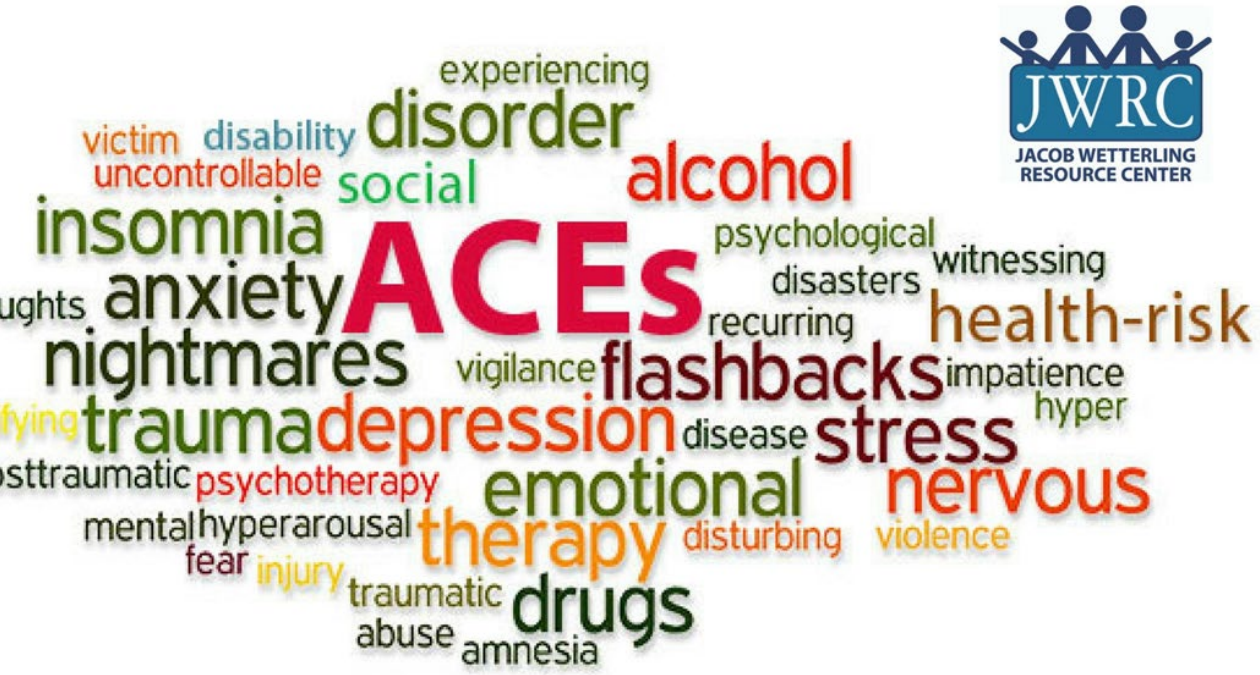
Development of PTSD

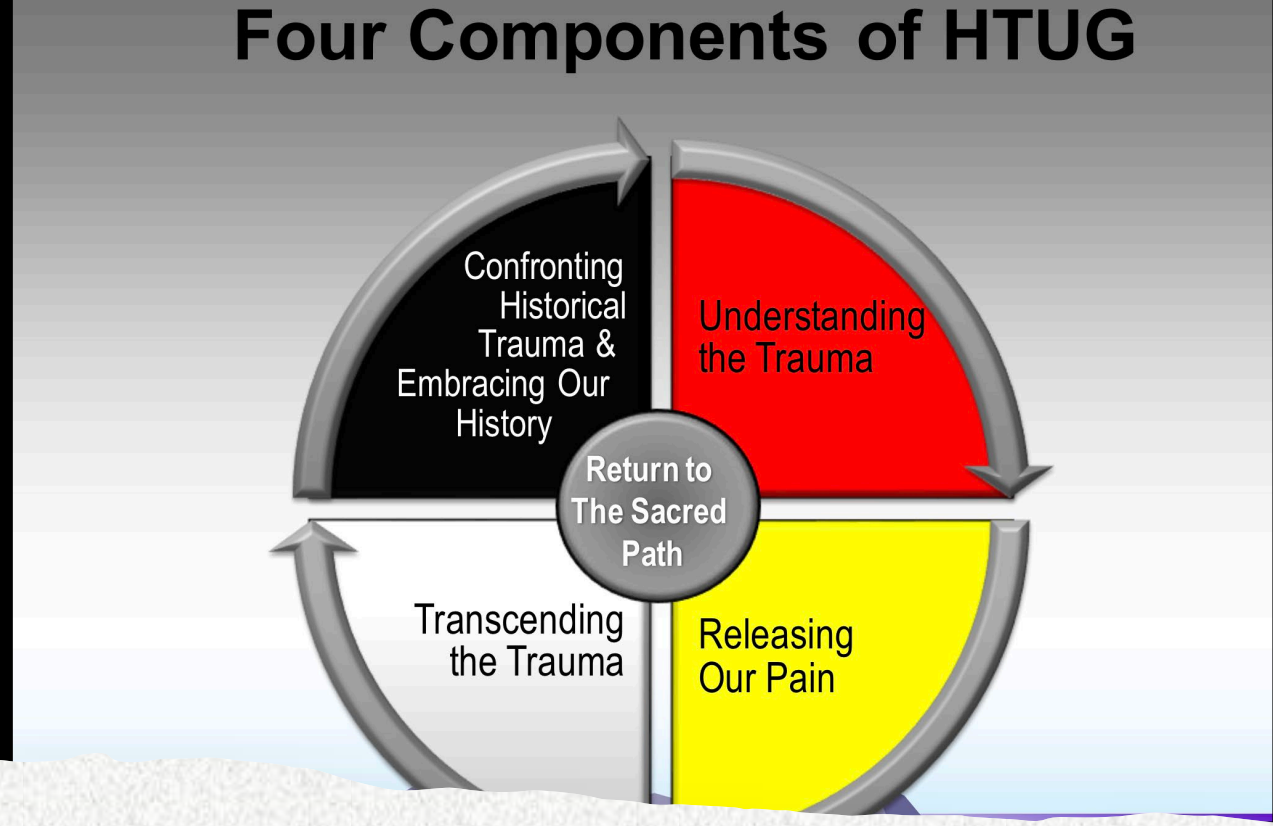
- Post-traumatic-Stress-Disorder (PTSD) occurs after exposure to a traumatic event; however, not everyone exposed to trauma develop PTSD.
- Several factors have been identified through research that increases the likelihood that one will develop PTSD (Ozer, Best, Lipsey, & Weiss, 2003).
- These factors are broken down into three categories: pretrauma, peri-trauma, and post-trauma.

Marx & Gutner (2015)

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)





Adverse Childhood Experiences

- Historical Trauma

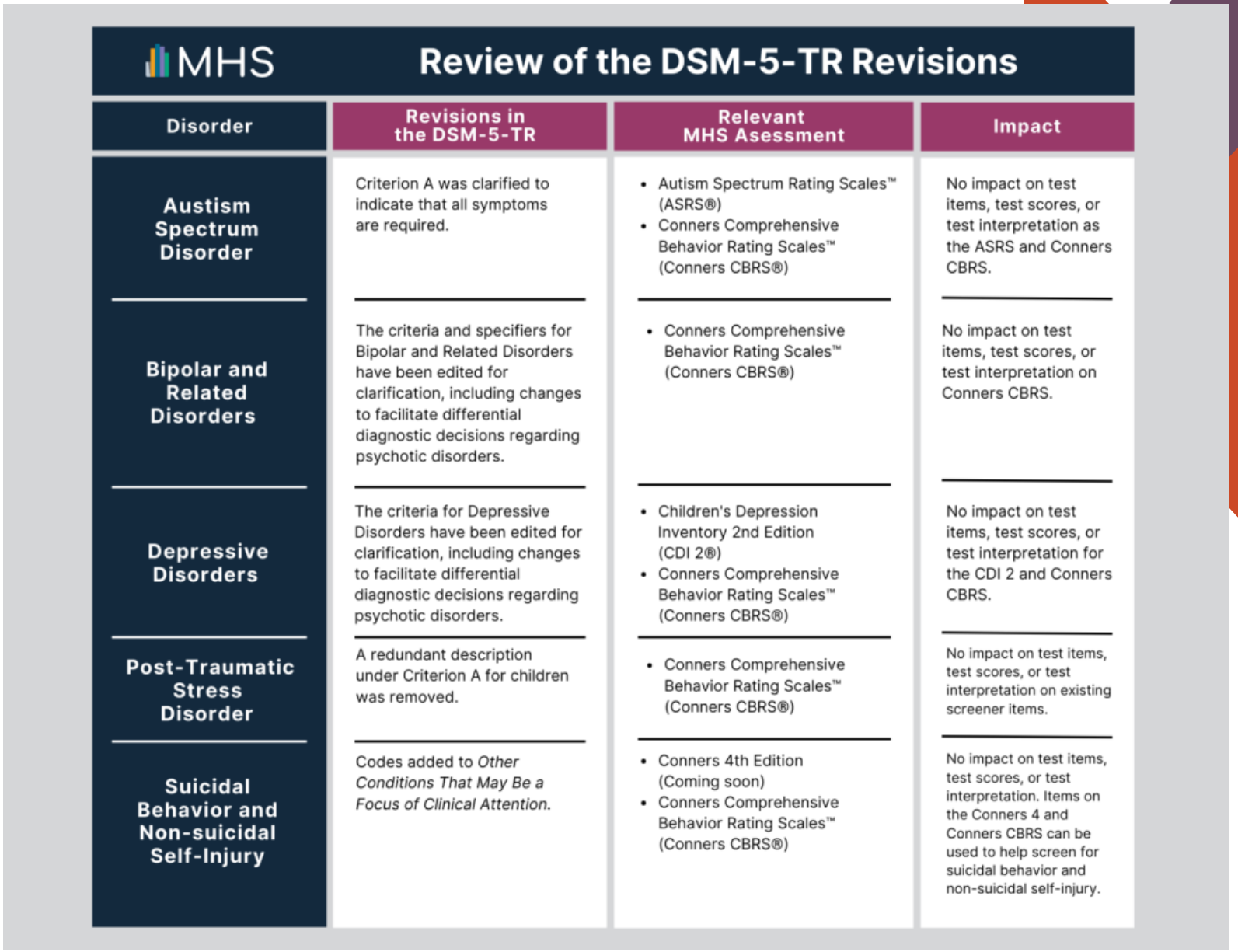
DSM-5 TR

MHS Review of the DSM-5-TR Revisions

Disorder	Revisions in the DSM-5-TR	Relevant MHS Asessment	Impact
Austism Spectrum Disorder	Criterion A was clarified to indicate that all symptoms are required.	• Autism Spectrum Rating Scales™ (ASRS®) • Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®)	No impact on test items, test scores, or test interpretation as the ASRS and Conners CBRS.
Bipolar and Related Disorders	The criteria and specifiers for Bipolar and Related Disorders have been edited for clarification, including changes to facilitate differential diagnostic decisions regarding psychotic disorders.	• Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®)	No impact on test items, test scores, or test interpretation on Conners CBRS.
Depressive Disorders	The criteria for Depressive Disorders have been edited for clarification, including changes to facilitate differential diagnostic decisions regarding psychotic disorders.	• Children's Depression Inventory 2nd Edition (CDI 2®) • Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®)	No impact on test items, test scores, or test interpretation for the CDI 2 and Conners CBRS.
Post-Traumatic Stress Disorder	A redundant description under Criterion A for children was removed.	• Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®)	No impact on test items, test scores, or test interpretation on existing screener items.
Suicidal Behavior and Non-suicidal Self-Injury	Codes added to *Other Conditions That May Be a Focus of Clinical Attention.*	• Conners 4th Edition (Coming soon) • Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®)	No impact on test items, test scores, or test interpretation. Items on the Conners 4 and Conners CBRS can be used to help screen for suicidal behavior and non-suicidal self-injury.

What are the DSM-IV-TR symptoms of PTSD?

- DSM-IV Diagnostic criteria for PTSD included a history of exposure to a traumatic event and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms.



MHS

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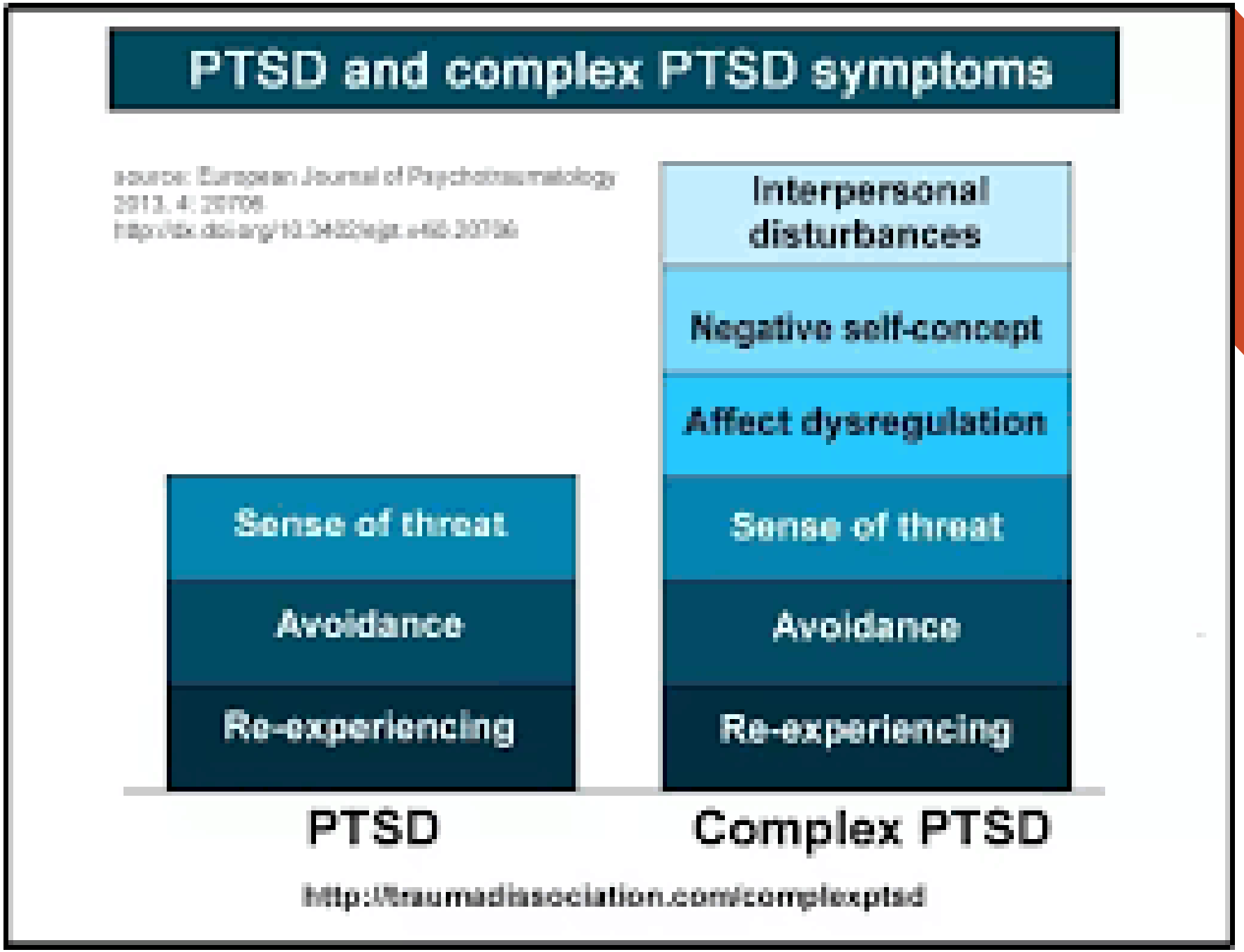

PTSD and complex PTSD symptoms
source: European Journal of Psychotraumatology
2013. 4: 20706
http://dx.doi.org/10.3402/ejpt.v4i0.20706
Interpersonal disturbances
Negative self-concept
Affect dysregulation
Sense of threat
Avoidance
Re-experiencing
Sense of threat
Avoidance
Re-experiencing
PTSD
Complex PTSD
http://traumadissociation.com/complexptsd

PTSD Treatment Approaches

Cognitive approaches are based in cognitive restructuring, which involves confronting the unconscious or developed beliefs a patient has in relation to the trauma.

Exposure treatments essentially involves repeatedly exposing individuals to the experiences (thoughts, feelings, situations) related to their trauma that are causing distress

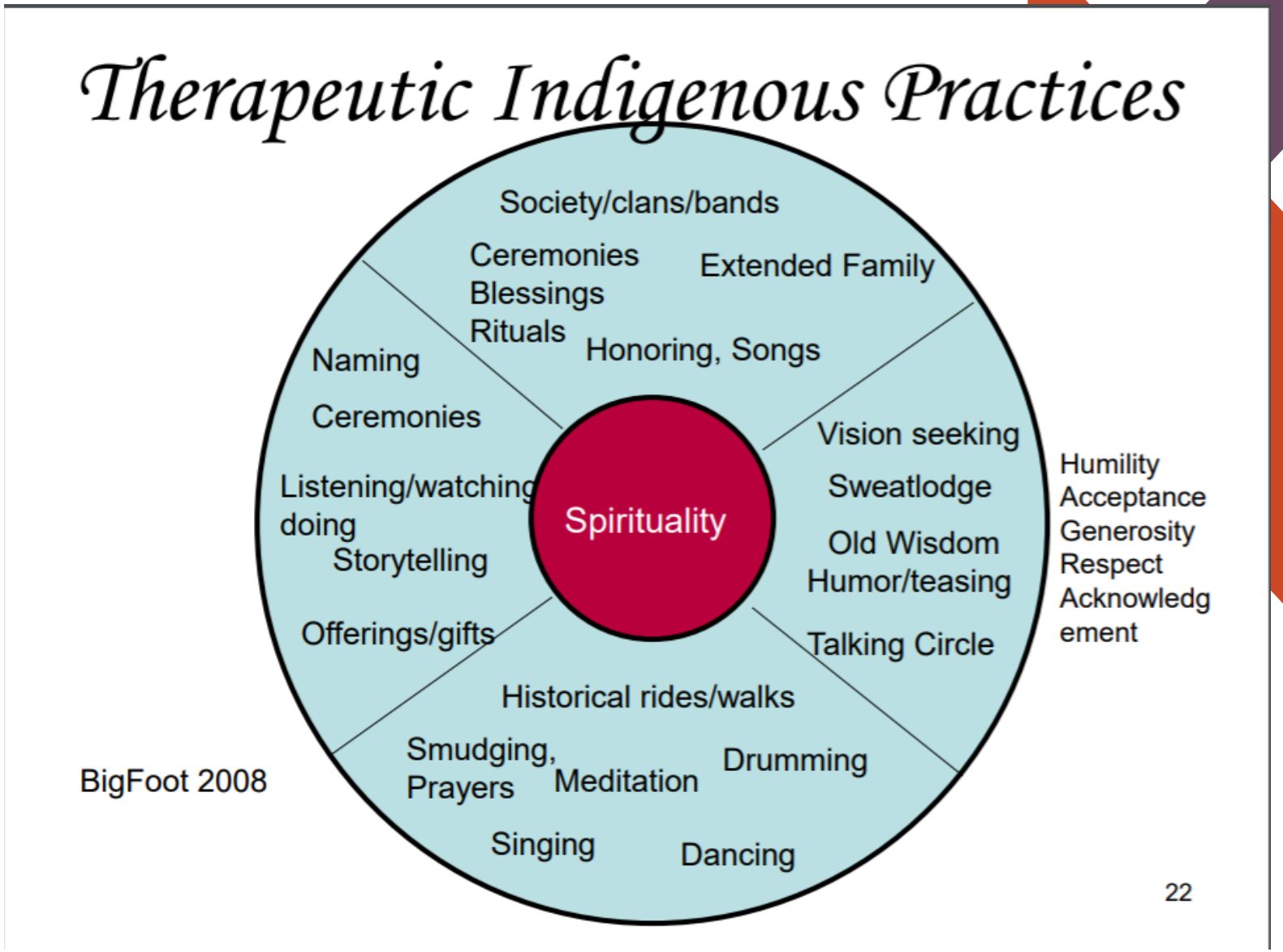
Medications may be used to address biological source of PTSD symptoms and other potentially co-occurring mental health disorder (Jeffreys, 2014).

Complementary & Alternative Medicine (CAM) includes treatment approaches that are generally “not considered to be standard… (J. Strauss & Lang, 2012); acupuncture, meditation, relaxation.

What traditional approaches exist to deal with PTSD?

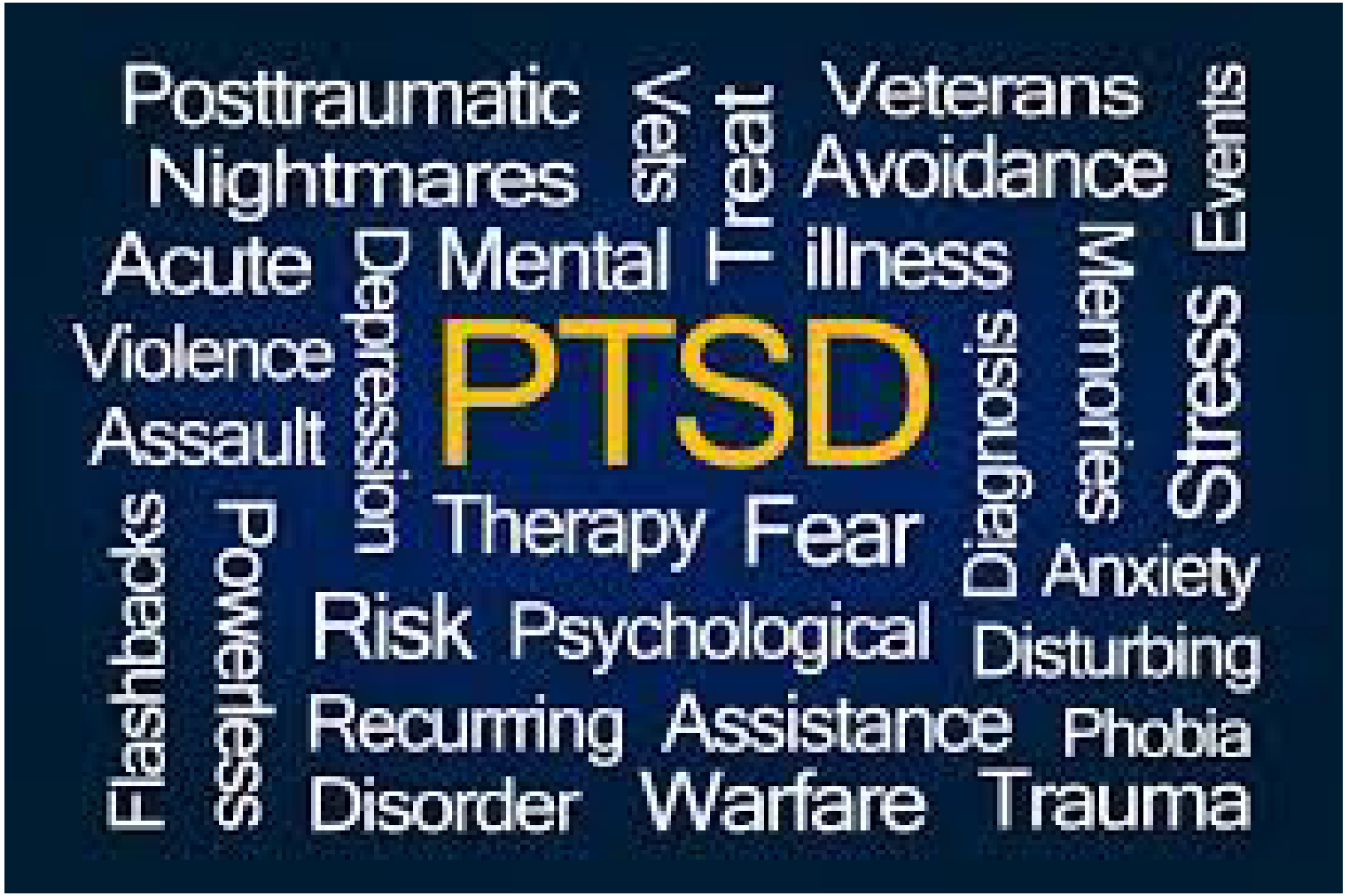
- Prayer
- Diagnosis
- talking to a trusted relative
- seeking for help
- Fitness
- Songs
- Meditation/mindfullness

Which of the following therapeutic indigenous practices might be beneficial for PTSD?




Resilience
vision
reaction
flexibility
obstacle
overcome
endurance
solution
attitude
trouble
prevent
education
positive
believe
determined
idea
power
business
experience
optimism
strength
persistent
empowering
grow
motivate
challenge
vitality
agility
growth
bounce
change
learning
action
success
persistence
leadership
optimistic
active
positivity
adversity
effort
possible
impossible
pressure
teamwork
hope
stronger
stability
defense

What Western ways exist to help someone coping with PTSD?



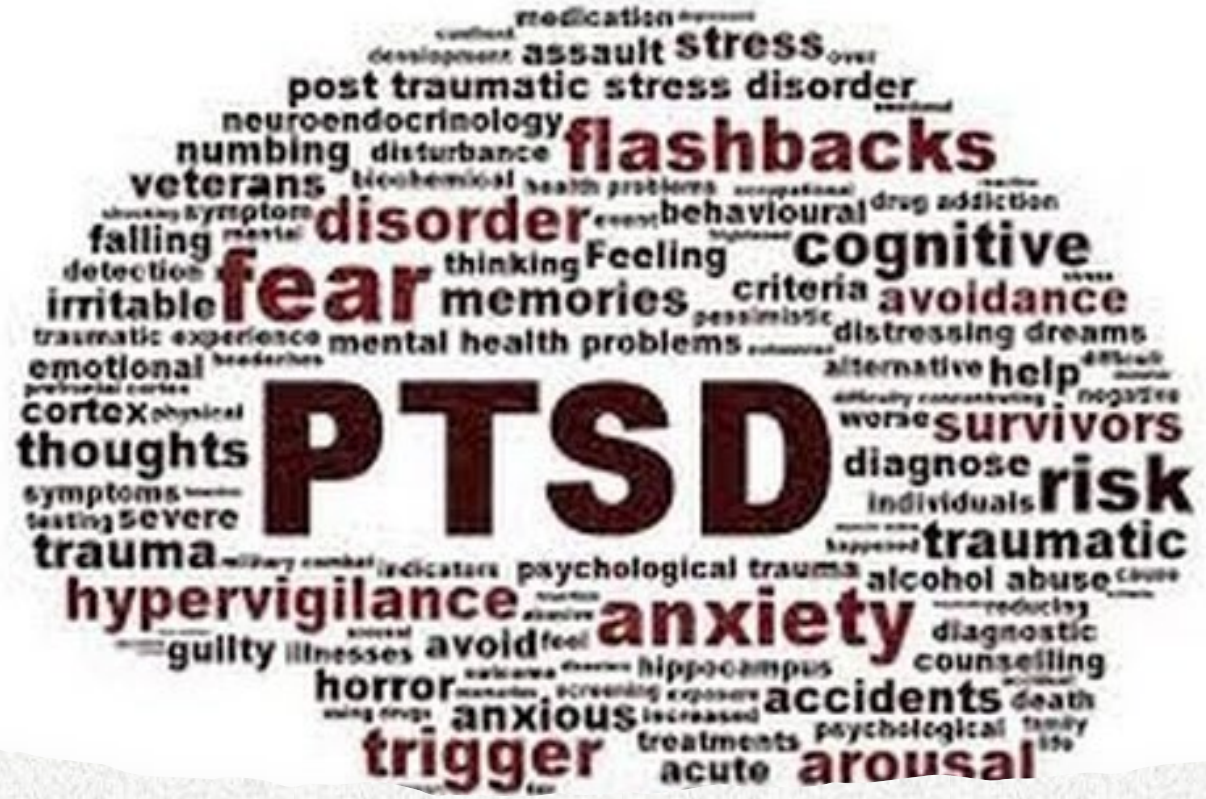
What resources are available locally to assist those with grief and loss?

National Resources

- **NAMI, the National Alliance on Mental Illness,** is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

- The Mission of the PTSD Foundation of America is to bring hope and healing to Combat Veterans and their families suffering from the effects of combat-related Post Traumatic Stress


seek
spirit
create
give
LIVE
family
guidance
LIFE
HOPE
gratitude
PEACE
laugh
health
LOVE
soul
thank you
om
JOY
kindness
healing
purpose
ASK
believe
divine
GROWTH
receive
forgive
TRUTH
JOURNEY
faith
NOW
CHANGE
community
abundance
ETERNAL
all that is
HARMONY



Achieving balance

Case Study

Catherine a 35-year-old single female was in a bad car accident two years ago. She was thrown out of her car when they were hit by a drunk driver. She does not recall much after they were hit. The other passenger survived the crash with her. She woke up at the hospital with bruised ribs, fractured neck, and a hand injury that required a cast. She was never formally diagnosed with traumatic brain injury. She still feels guilty that they were in a car accident.

- Before the accident, Catherine was in an emotional and physical abusive relationship for 5 years. Her boyfriend was very jealous and controlling, he would harass her at work, so she lost her job. She finally left him and was moving on with her life and then the accident happened. She worked on her physical recovery and realized that every car noise or backfire increased her heart rate and panic would set in. She rarely travels outside her house because she is afraid, she'll be in another car accident. She does not want to drive and must always know, where are we going, and what time will we back. She has flashbacks when she's on the road, hence the reason she does not drive. Lately she's had intense nightmares. She is easily agitated and has low feelings of self-worth, that she will never get better. She is not working because of these intrusive thoughts that raises her heartrate and keep her from moving forward in life.

Webinar Training Calendar
4th Tuesday of every month; 9am-10:30am (MST)

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, etc…)

August 25 is the last session. Close out in a good way with a quick review on what we learned. Remember the strengths in our community and the power of cultural teachings and how to incorporate that in the work we do.

Contact Information

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- **Dan Foster**
  - **fosterdan202@hotmail.com**