



National American Indian & Alaska Native

ATTC

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



Native American/Alaska Native Veterans

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

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Overview of the Presentation

- *National American Indian and Alaska Native ATTC, funded by SAMHSA/CSAT*
- *The content of this publication does not necessarily reflect the views or policies of SAMHSA or HHS.*

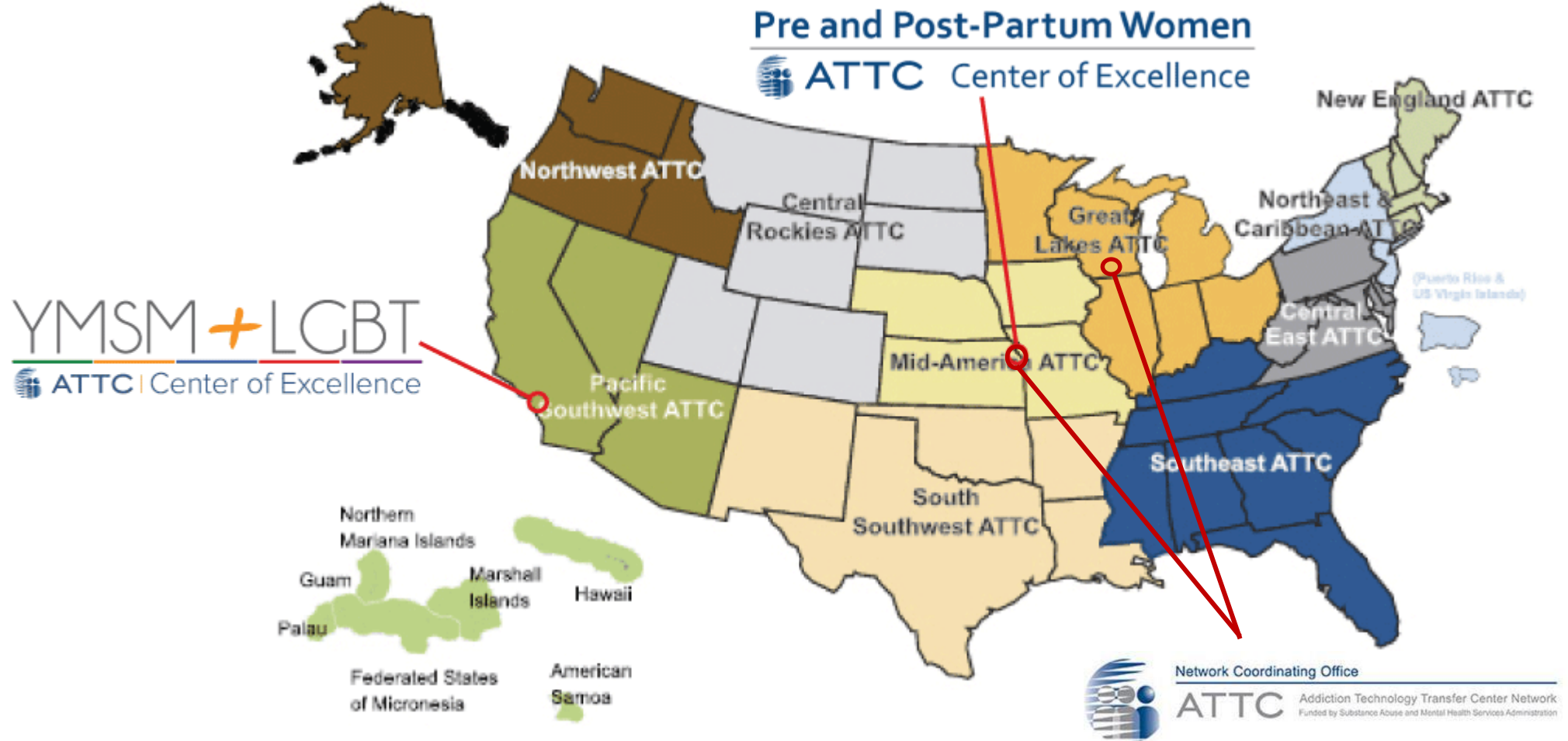


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- The National American Indian and Alaska Native Addiction Technology Transfer Center is supported by a grant from SAMHSA/CSAT.*
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ATTC Network 2012 - 2017





Four National Focus Areas

- *National American Indian & Alaska Native ATTC*
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- *National Hispanic & Latino ATTC*
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National American Indian & Alaska Native

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N-AI/AN Addiction TTC
N-AI/AN Mental Health TTC
N-AI/AN Prevention TTC
Tribal Opioid Response TA



Our Mission



Serve as the national subject expert and key resource on adoption of culturally legitimate and relevant addiction treatment/recovery services to support professionals working with AI/AN clients with substance use and other behavioral health disorders and the AI/AN behavioral health workforce



Our Goals

- *Advance the American Indian and Alaska Native SUD treatment field by enhancing communications and collaborations with stakeholders and organizations*
- *Conduct ongoing assessment of needs and workforce development issues*
- *Facilitate and promote the use of culturally legitimate Evidence Based Treatments and facilitate the sharing of Experience Based Treatment approaches developed by American Indian and Alaska Native Providers*
- *Use state of the art technology transfer principles in our educational events*





Our Goals

(continued)

- *Enhance the AI & AN workforce through a workforce development initiative*
- *Offer TA and training to AI & AN organizations on integrating behavioral health into primary care, based on SAMHSA and Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions (2012)*
- *Facilitate the development of ROSC in AI & AN communities*



Overview of the Training

5 Modules are designed for the 2.5 day 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*



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Healing the Returning Warrior

Module 1

Historical Overview of Natives in Warfare, Military



Module One Objectives



1. Describe the history of Native warriors



2. Describe characteristics of Native warriors



3. Describe the history of Native soldiers



4. Describe characteristics of Native soldiers



Objective 1: describe the history Native warriors

- *Purpose: This module will offer opportunity for tribal veterans and communities to recount their ancestral stories and traditional warrior practices.*



Objective: describe the history Native warriors

- *Pre-colonization conflict between tribal groups is not well-described in contemporary literature. However, within tribal oral accounts are numerous verbal stories of incidences of conflict.*
- *Tribal conflicts tended to be small scale and occurred when tribal resources were encroached upon by incoming or neighboring tribal groups.*



Historical Overview

- *Pre-Contact Warfare*
 - *Young men were trained in martial arts early.*
 - *Tribes developed ceremonies that healed, physically, emotionally, socially, and spiritually*
 - *Contemporary understanding of traditional warrior practices is very limited*
 - *Limited Warfare for Certain reasons, small-scale*

Story: Face to Face confrontations



Warrior Identity

With some tribes, males and females given "warrior" names early in life.

Weapons were learned early in life

Boys wrestled to become skilled and agile



Historical Overview

- *Precontact History of Native Americans; Most Native American Indian tribes used small-scale guerilla warfare. This was seen and documented as early as 1528 with the Apalachee's resistance to Spanish.*

Hand-to-Hand combat was the norm and created rules of conduct for Native warriors that were strictly followed.



Objective 2: describe characteristics of Native warriors

- *Purpose: to discuss what traditional characteristics of Native warriors were.*



Pre-Colonization Reasons Natives fought

- *Defense of tribal lands*
- *Defense of tribe/family*
- *Family warrior history*
- *Tribal warrior traditions*
- *Excelling as warrior*
- *Loyalty to tribe*



Warrior Attributes

- *Taking of body parts (scalps) was not Traditionally acceptable, but was a French bounty system.*
- *Opponents often respected for bravery and abilities*
- *Bravery and martial skills highly regarded within tribes*
- *Maintaining physical abilities always important*



Peace Leaders

- *Tribes commonly had war leaders and peace leaders*
- *Peace leaders sought to maintain peace with neighbors*
- *Peace leaders sought to resolve conflicts fairly*
- *Peace leaders were highly respected*



Objective 3: describe the history of Native soldiers

- *Purpose: discuss how Native warriors have fought alongside Europeans, since the beginning of European colonization.*



Historical Overview

- *Native Americans have played an integral part of the U.S. Military Conflicts since before it became America*
- *Colonists had recruited allies from Native tribes during the Pequot War (1634-1638)*



Historical Overview

- *Different approaches to conflict and warfare*
- *The Thin Red Line: in European warfare, armies would line up, as French and British soldiers were taught.*
 - *Soldiers lined up in rows shooting at each other.*
 - *Heavy casualties were the result*
 - *European battles were fought in open fields and were not accustomed to fighting in forests and certain terrains.*



Guerrilla Warfare

- *“Little War”*
- *Use of Ambushes, Sabotage, Raids, Petty War, Hit-n-Runs, Mobility, normally in the use of Larger, less mobile Military forces.*
- *Causes fear, disorientation, confusion, exhaustion, chaos, havoc among enemy forces making them less efficient*
- *Came to be utilized in the shaping of Special Operation within the Military and Insurgencies.*



Abenaki

- *The Abenaki tribe of Maine and Vermont, were a peaceful people, whom practiced the ways of healing. They did not want war or be part of it. Some had even left the area sooner, so as not to be caught in it, with the hopes of returning one day when it became more peaceful.*
- *They had very strong medicines of healing, one of which was the bear-dance.*



Native ways used against Natives

- *October 4, 1759 - An Abenaki village whom had converted to Catholicism, living around the area of St. Francis mission (Maine), was raided by more than 200 hundred of Roger's Rangers. 80 killed, including 24 women and children.*



Historical Overview

- *During the first 60 years of the 1700's while war between the French and British military, both sides had used Natives as scouts, sharpshooters(snipers), and skirmishers (Reconnaissance, Patrols, and Ambushes)*
- *“They Approach like foxes, fight like lions, and disappear like birds.” French Missionary*



Historical Overview

King Williams War (1689-1697) is considered the First of the French and Indian wars as the French and British utilized Natives to fight the other. “Fight for the Americas”

- Both sides were utilizing the Natives to fight with their own tactics in order to cause chaos among the enemy*
- By the end of the Revolutionary war, Native fighting tactics were seen as superior to those of the British and French, as they realized that the natives were not undisciplined, but could move as a unit, slow and silent, or with speed while going into the battle, but also with Ferocity in battle.*



Historical Overview

- *Under Thomas Jefferson, the first recognized United States of American treaty with the Delaware. This brought trade and a military alliance.*
- *After this, nearly every treaty with the Natives would include that they would be bound to fight against other Natives in order to guarantee boundaries.*
- *By exploiting the Natives through treaties, allies for the fight for the frontier were made.*
- *It was under Thomas Jefferson that the Indian Removal and Relocation began, which includes the Trail of Tears.*



Historical Overview

- *Native American Indians served with the U.S. Military and Cavalry against other natives in several wars.*
- *1812- Under Andrew Jackson, an all Cherokee Regiment was created to fight against the Muskogee Creek.*
- *1815-1861 Military Assistance Clause was added to guarantee that Natives would assist the U.S. Military against other Natives.*
- *This would allow Native guerilla fighting techniques to be utilized against other tribes, as they knew the areas and the tactics of the peoples.*



Congressional Medal of Honor

- *This is awarded “for conspicuous gallantry and intrepidity at the risk of of life, above and beyond the call of duty, in actual combat against an armed enemy force.”*
- *Of 3,469 awarded, 29 have been to Native Americans*
- *1869- First Native American Indian Recipient of the Congressional Medal of Honor was Co-Rux-Te-Cod-Ish, Pawnee*



Indian Scouting Service

- *In 1886, a bill was passed to establish the Indian Scouting Service (ISS)*
- *Battalion of Pawnee Scouts*
- *Scouts were used in Texas- Seminole*
- *Southern Plains- Ponca, Osage, Otoes*
- *Apache Scouts- late 1870's*
- *From their Value- Came the Scouts, Cavalry, and Sharpshooters in 1891, 2,000 Natives were placed in the regular Armed forces.*
- *ISS was disbanded in 1943*



1917

- *17,000 Native Americans had entered the Military. During past conflicts with Natives, stereotypes began in which Natives were to have natural instincts and being fierce warriors, which was a great fit for service as scouts.*
- *These beliefs and practices continued on into Vietnam, being placed in the most dangerous duties.*
- *Gen. John Blackjack Pershing, used Apache scouts in pursuit of Pancho Villa.*
- *Many were in the 358th Infantry, Dominated the 36th Infantry Div., and the all-Native American Echo Company of the 142nd infantry*



**What if I informed you, that
13,000 Native Americans fought
in World War 1 without US
citizenship....let that sink in**



**Some Natives who
fought in WWI did
so in hopes that
their people would
get citizenship**



A survey was conducted after World War One. Of those responding, their branch of service and duties are identified.

Table 1. Branch of service for American Indian veterans

Branch of service	Number
Army (total)	2,315
Air service	47
Ammunition train	112
Engineers	76
Field artillery	275
Infantry	1,265
Other	540
Navy (total)	116
Other nations (total)	9
Canadian Army	7
British Army	1
French Air Service	1
Unknown	406
Total veterans documented by Dixon	2,846

Source; North American Indians in the Great War, Susan Krause



Choctaw Code Talkers of WWI

- *During World War I, the Germans had not been able to break the code of the Choctaw & Cherokee Code talkers.*
- *After the success of the Choctaw Code Talkers, they wanted to see if this would work with other tribes.*
- *In WWII Code Talkers utilizing different Native American Languages were used in both major fronts*



Pearl Harbor Attack

- *December 7, 1941. Honolulu, Hawaii*
- *Surprise attack by the Japanese, lead to 40% more Natives joining the Military voluntarily than had been drafted*



First Native American Woman to enlist in the Marines.

- *1943, Minnie Spotted Wolf, from the Blackfoot tribe was the first Native American Female to enlist into the Marines Corps Women Reserve*



First Native American Woman to be killed in Action

- *During World War I, Darlene YellowCloud was the first Native American Woman to be Killed In Action (KIA) in France when the city was attacked.*
- *Lori Ann Piestewa, a Hopi tribal member from the 507th Maintenance Company was the First Native American Woman killed in Iraq on March 23, 2003.*



U.S. Army Special Forces

- *In 1942, the first Special Service Force was formed, combined of Canadian and Americans that would gain fame in Vietnam*
- *The Special Forces would utilize the Indian Scouting Service's Crossed-Arrow Insignia.*





WWII

- *Raising of the flag in Iwo Jima- 1945*
 - *One of the flag raisers, Ira Hayes, of whom is left out in some historical monuments, which was of Native descent (Pima, Gila River Indian Reservation)*





Korean War

- It is reported that with the Korean war that military did not keep records of Natives who served, but it is estimated around 10,000 and fell under colored peoples.*
- 194 Native Americans are reported to have died in battle.*





Natives in Vietnam

- *It is estimated that approximately 42,000 – 82,000 Native men and women served during the War in Vietnam.*
- *90% of Native Americans who were in Vietnam volunteered*
- *1 of 4 eligible Native people served (Smithsonian)*
- *226 died and 5 received the Medal of Honor*





WWII All Female Eskimo Scouts

- *During WW2, a special unit of Scouts were developed by using the wives of the Scout battalion. They were trained in many of the normal Fighting tactics as their husbands and would patrol the Western Coastline between Alaska and Russia. One female who was trained as a sniper could shoot better than many of male Snipers in the Scout Battalion.*
- *In 1976, they finally became an official active duty national guard and began to receive pay.*



Objective 4: describe characteristics of Native soldiers

- *Purpose: Create understanding of Native warrior practices and European warfare practices.*



Reasons Natives join the military services

- *Patriotism to US*
- *Loyalty to tribe*
- *Defense of country*
- *Defense of tribe/family*
- *Family warrior history*
- *Family history of military service*
- *Tribal warrior traditions, being successful*
- *Excelling as warrior/soldier (better than others)*



Each soldier has his/her reason(s)

- *What does the veteran, or active duty soldier, describe as his/her reason(s) for being in the military?*
- *How does he/she view their role in the military?*
- *If a veteran, does he/she view their discharge?*
- *Does the veteran describe family military history?*



- *It is important to know our ancestor's history and attributes of being a warrior.*

- *Thank YOU*





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Healing the Returning Warrior

Module 2

Trauma, Historical Trauma, and PTSD & Treatment



Module Two Objectives



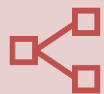
Define Trauma



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

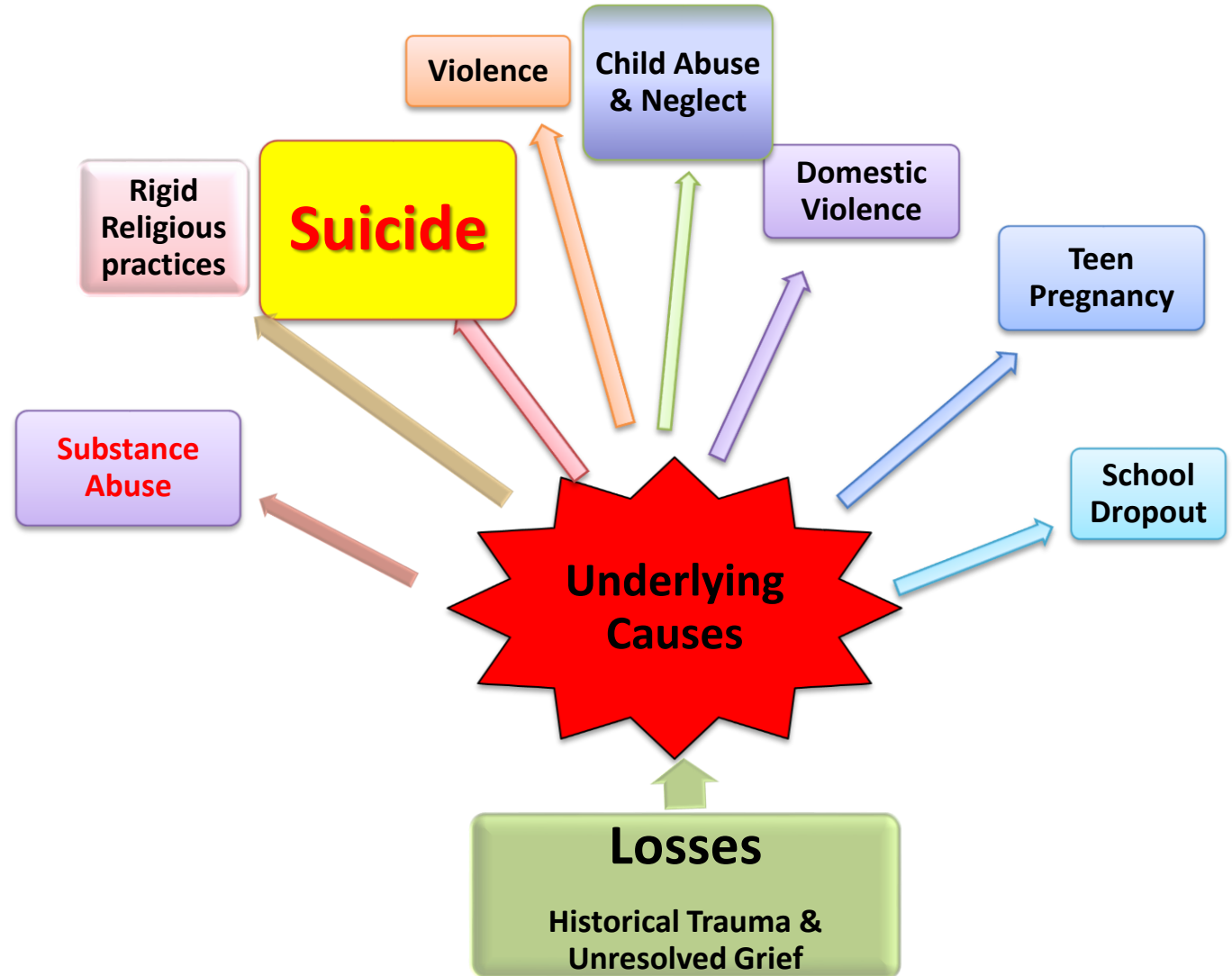
- *Trauma can be passed to family members through interaction with the survivors of trauma, not only children but parents, aunts, uncles, grandparents, and other significant relationships.*
- *Trauma can be passed through the genes, being heritable.*
- *This is called intergenerational trauma and can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





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

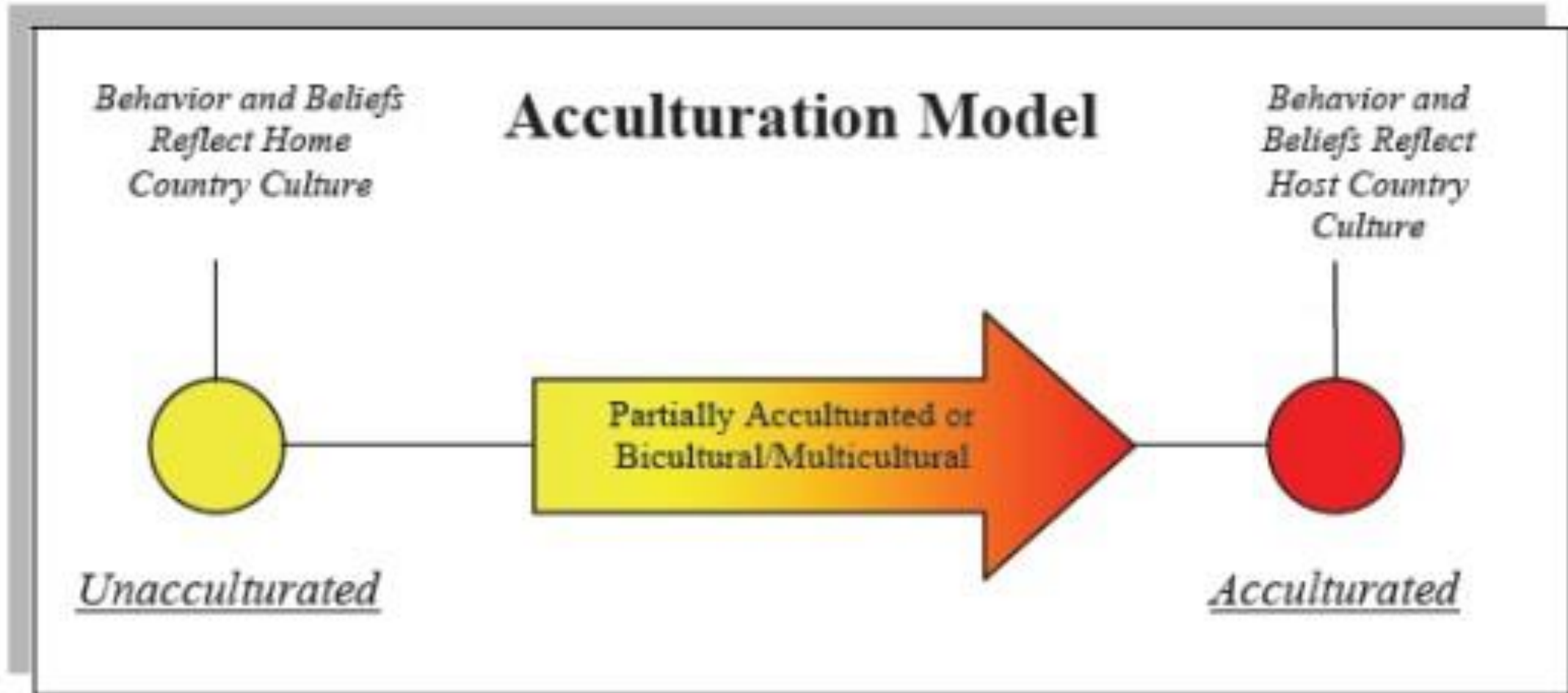


Fig. 1



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

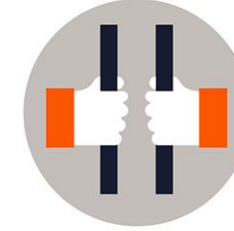


Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Health Disparities for Native Americans

- *Major Disparities*

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

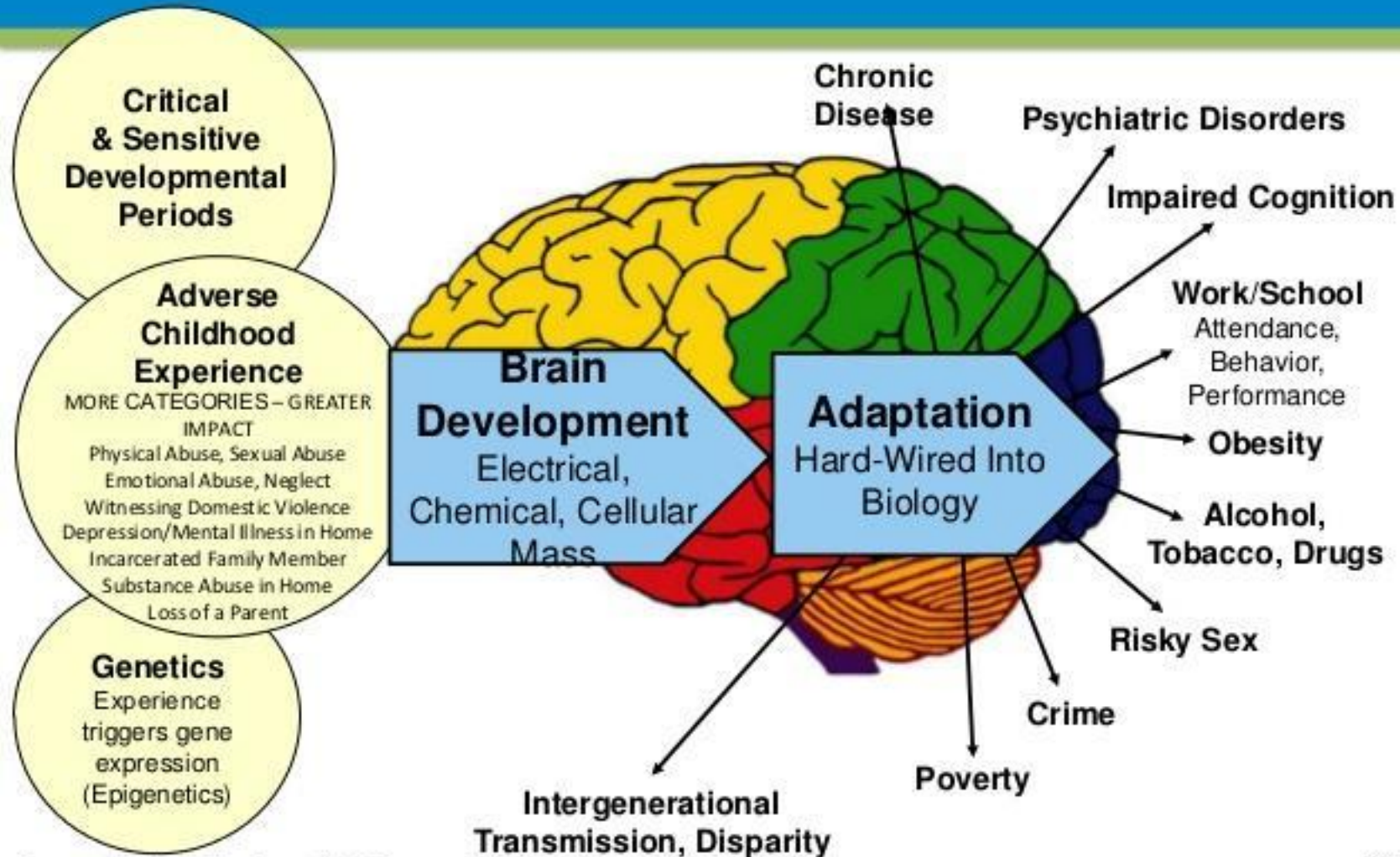
- *Moderate Disparities*

- Suicide

- *Low Disparities*

- Infant mortality
- Smoking
- Prenatal care
- Child vaccinations

Lifespan Impacts of ACEs



Overcoming ACES

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

Thinking
will not
overcome fear,
but action will.

W. Clement Stone

www.VERYBESTQUOTES.COM





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

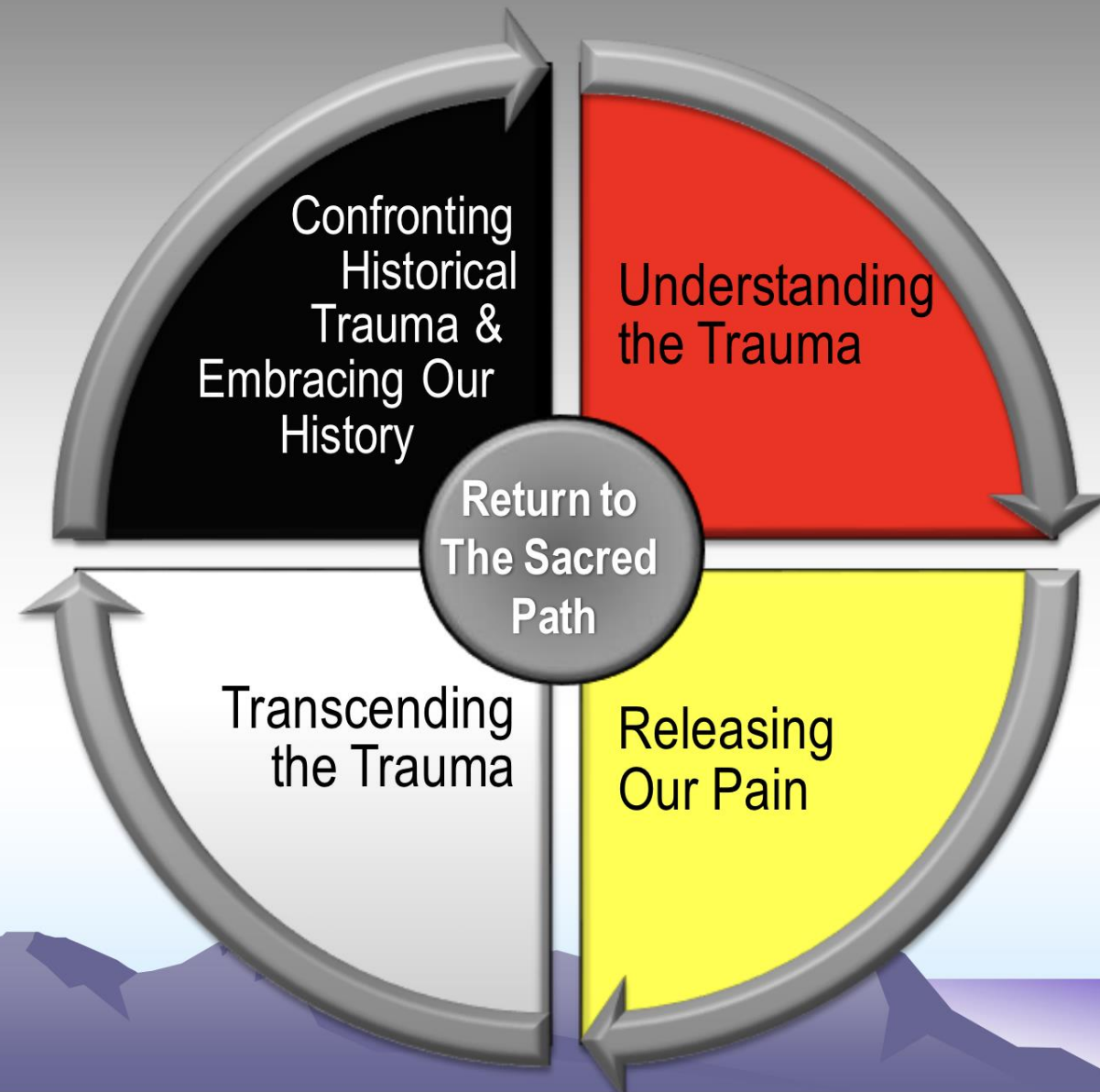
- Symptoms derived from the loss in which their ancestors, and then down to them, experienced traumatic life experiences, due to physical, emotional, and psychological hardships and undue change. This would include removed from lands - change in environment, laws making their practices illegal - not 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.

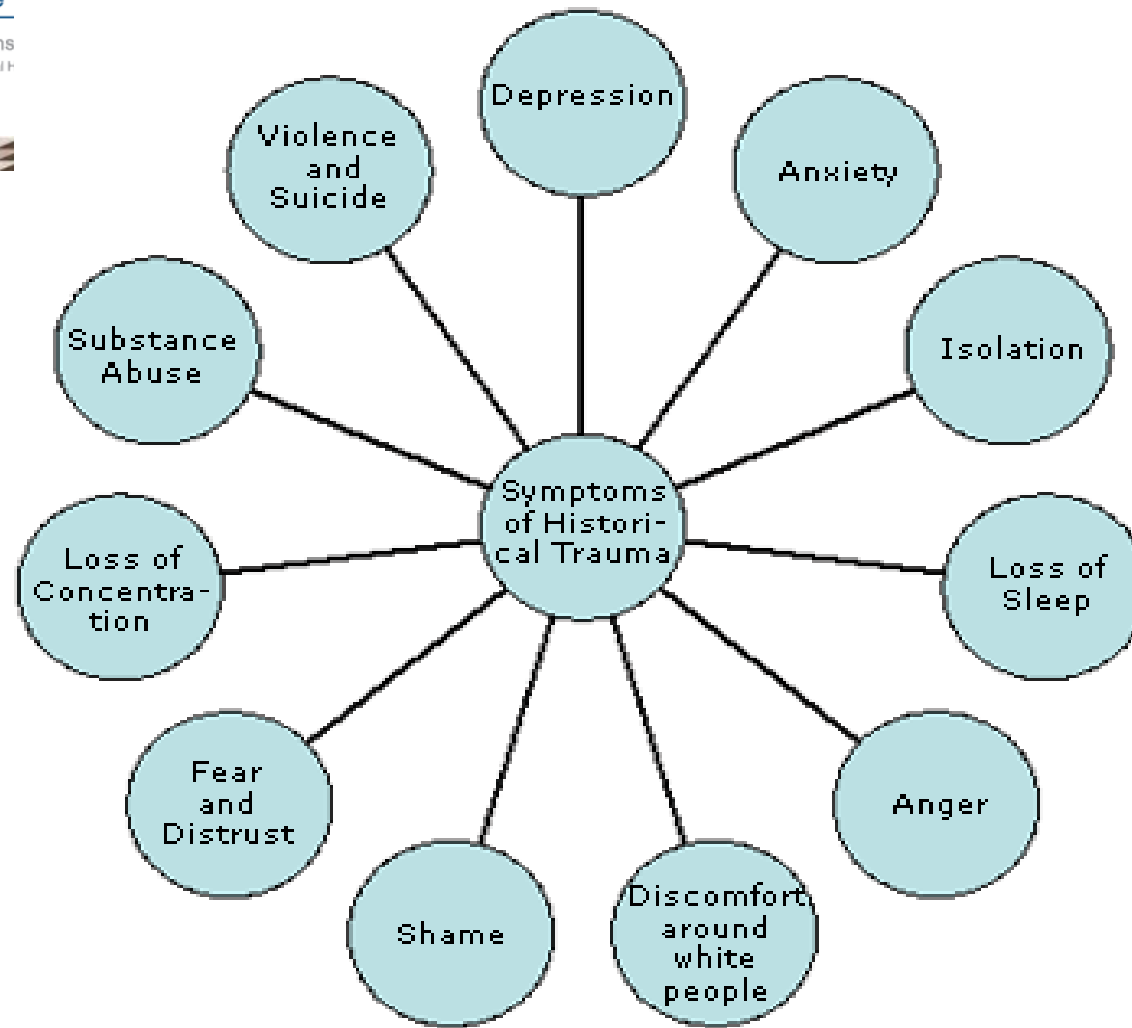
Four Components of HTUG



Confronting historical trauma

- *Colonization and forced migration of tribes*
- *Internment of tribes after conquest*
- *Repression of indigenous practices, beliefs, language, and identity*







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



Body

Mind

Fatigue Worrying
Headaches Indecision
Taut Muscles Negativity
Skin Irritations Foggy Thinking
Frequent Infections Hasty Decisions
Constricted Breathing Impaired Judgement

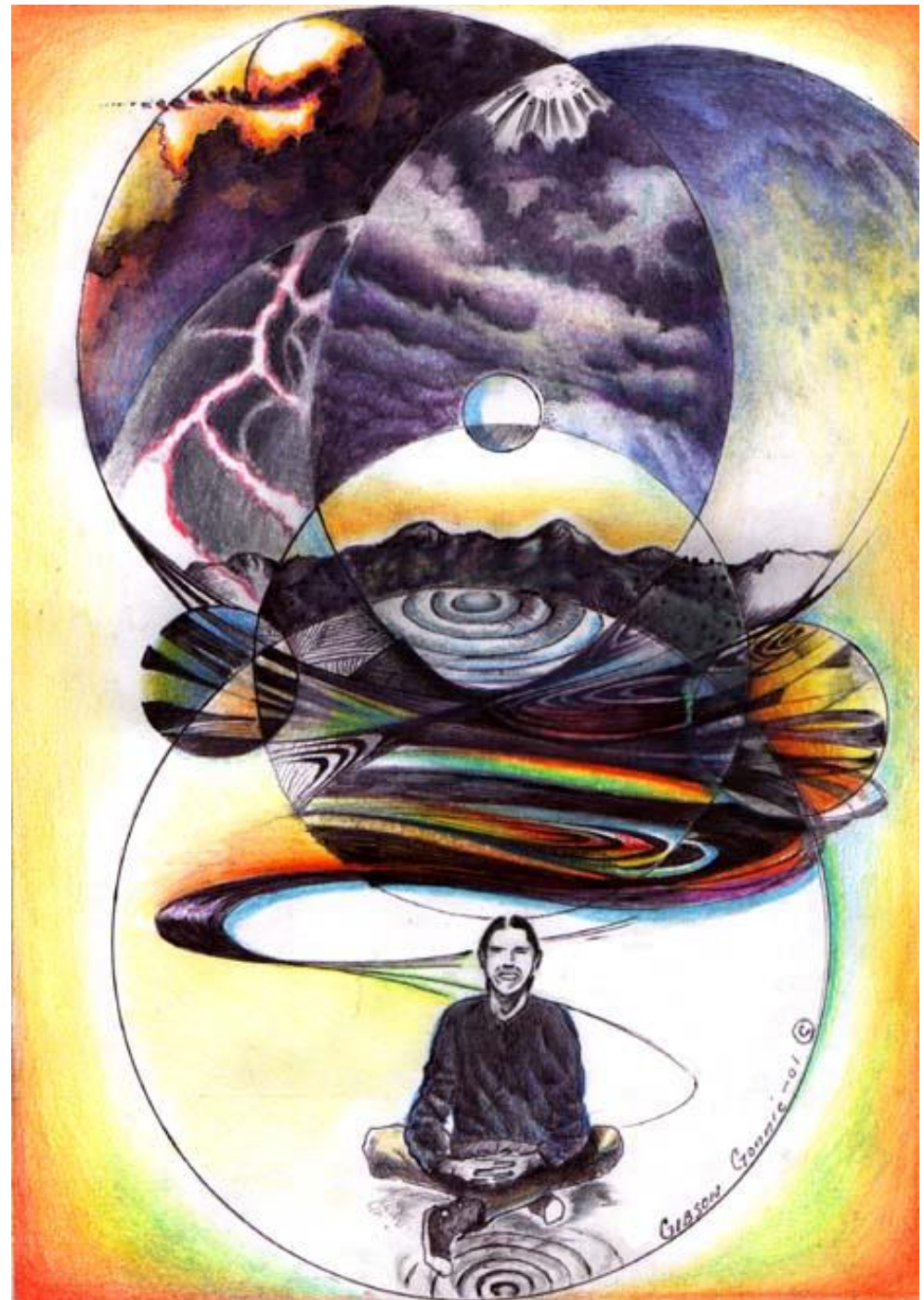
Stress

Loss of Confidence Substance Abuse
Apprehension Loss of Appetite
Indifference Accident Prone
Depression Restlessness
Irritability Loneliness
Insomnia Insomnia

Emotions

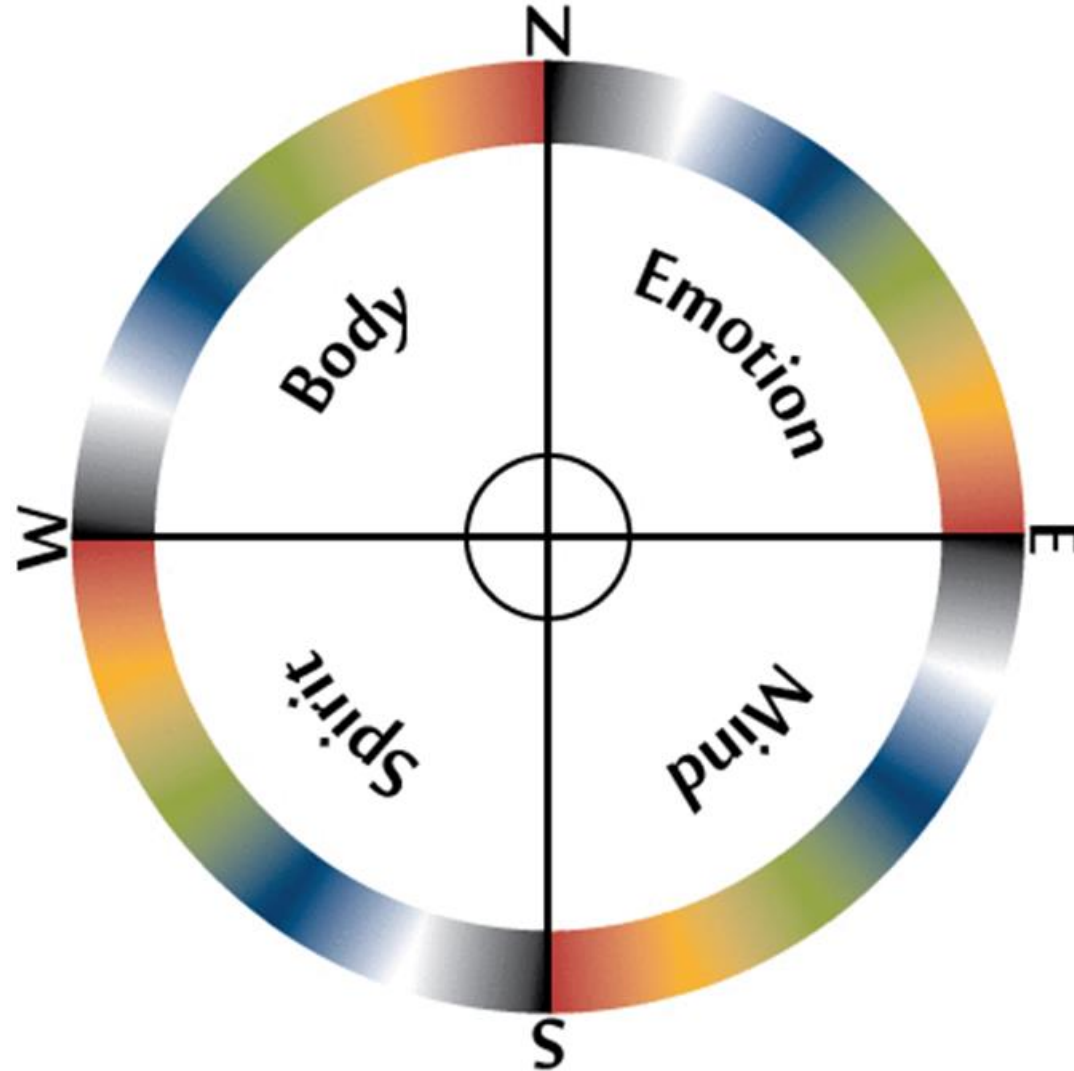
Behavior

Releasing our pain





Transcending the trauma



8 STEPS TO BECOME MORE RESILIENT



1

Accept Change



2

Learn Continuously



3

Take Charge



4

Define Purpose



5

Create Balance



6

Cultivate Relationships



7

Reflect



8

Reframe Skills

Spirituality and Healing





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](#)).

Post-Traumatic Stress Disorder (PTSD)

What is post-traumatic stress disorder, or PTSD?

PTSD is a disorder that some people develop after experiencing a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. This fear triggers many split-second changes in the body to respond to danger and help a person avoid danger in the future. This "fight-or-flight" response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people will recover from those symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are no longer in danger.





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).*



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Healing the Returning Warrior

Module 3

Approaches to Assessment & Treatment



Module 3 Objectives



Acculturation assessments



DSM-5 Diagnostic Criteria for PTSD



Treatment of PTSD



Inclusion of family and community



Objective 1: Acculturation assessments

- *Purpose: to review the process involved in figuring out what problem or problems exist, assessment.*



Assessment is always a part of Treatment

- *This cannot be stressed enough. Assessing your clients'/patients' thoughts, feelings, and emotions should be considered paramount in all situations.*
- *Remember micro-counseling skills, verbal/non-verbal language, personal space.*
- *Make a Crisis plan with your clients/patients and rehearse. Plan ahead.*



Assessment

Historically, there has been a strong distrust among American Indians when it comes to Mental Health, especially from older generations, which tend to underutilize these services.

- There are many instances in which American Indians have been misdiagnosed as having a mental health issue, such as Schizophrenia or other psychotic disorder.*
- Through laws against the use of indigenous ceremonial spiritual practices, the common knowledge of the practices were hidden, being for the elect few, passed down to relatives, or those whom developed “gifts”, much knowledge has been lost.*
- Native leaders and healers were sometimes incarcerated in mental institutions.*



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.*
- Rosebud Personal Opinion Survey ([Hoffmann, Dana, & Bolton, 1985](#)):
 - Was developed in response to a hypothesis that level of acculturation was influencing how Native American performed on the MMPI.



Trauma Assessment

- *There are different areas looked at to assess trauma.*
 - *Measures for Trauma Exposure: The Life Events Checklist ([Blake et al., 1995](#)).*
 - *Traumatic Life Events Questionnaire ([Kubany et al., 2000](#)).*
 - *Trauma History Questionnaire; (THQ) ([Green, 1996](#)).*
 - *If desired, available measures can be found on the National Center for PTSD website*
 - <http://www.ptsd.va.gov/professional/assessment/te-measures/index.asp>



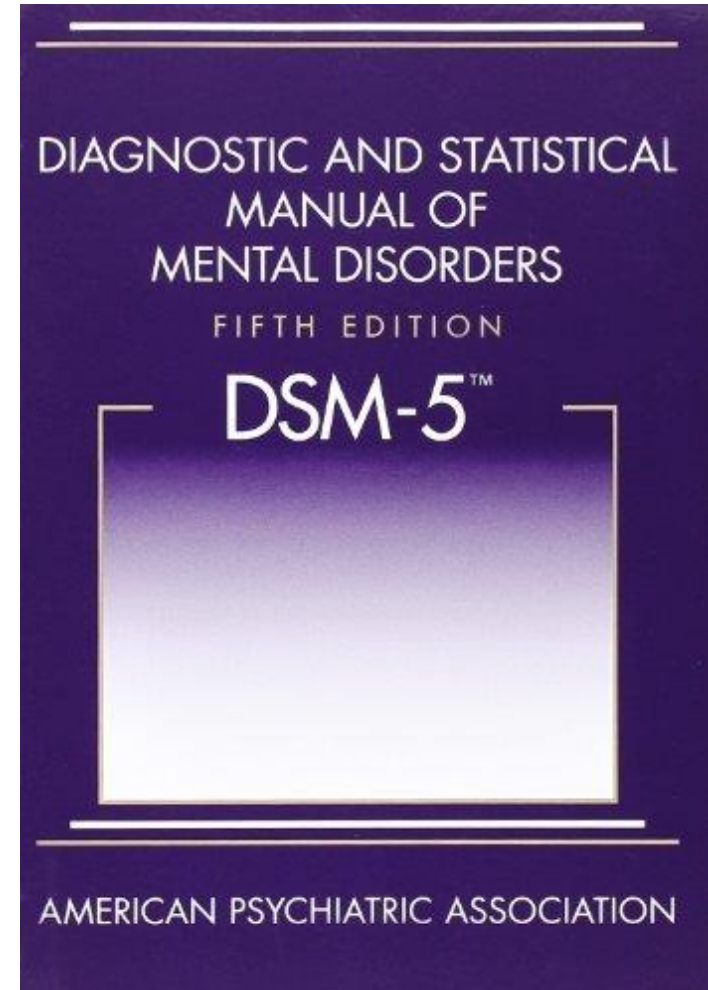
Assess Suicidality

- *Columbia Suicide Severity Rating Scale (C-SSRS)*
- *Multi-Faceted Assessments, such as assessing family, work, SUD, Trauma, Sleep, ????? Me, just starting*



Objective 2: DSM-5 Diagnostic Criteria for PTSD

- *Purpose: to review how the mental health field uses assessment information to assess PTSD and its severity.*





PTSD Assessment

- American Indian Vietnam Veteran with combated-related PTSD is more severe than those with noncombat-related PTSD, although this may be due to these Veterans having been less likely to seek treatment since leaving the military (Brinker et al., 2007).
- 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 statically 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).



Cultural Context of Symptoms

- *It is important to be mindful that when asking screening questions or administering a self-report questionnaire to Native American/Alaska Native, the assessment instrument may not be culturally appropriate.*
- *Approach answers with care and reflect on any potential cultural implications or considerations that may need to be made.*
- *There are instances of normal aspects of the American Indian/Alaska Native culture being interpreted incorrectly and labeling individuals as having a mental illness when this is not the case. For example:*
 - *The belief that the spirit of a past loved one is helping them and their family may be labeled as magical thinking and a delusion, when it is a normal part of their culture.*
 - *Other instances have involved individuals communicating with animals or hearing the voices of loved ones who have died. In the Western medical model, this may be interrupted as hallucinations and incorrectly label someone as schizophrenic.*



Diagnostic Criteria (Marx & Gutner, 2015):

- *In order to determine if an individual has PTSD, certain diagnostic criteria must be met according to the Diagnostic and Statistical Manual of Mental Disorders. DSM-5.*
- *Several important changes were made to the diagnostic criteria for PTSD from the DSM-IV-TR to the newest edition, DSM-5.*
- *Criteria for the DSM-5.*



DSM-5 Diagnostic Criteria for PTSD:

(American Psychiatric Association, 2013)

In order to be diagnosed, person must meet a specific set of criteria. The following is directly from the DSM-5.

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:*
 - 1. Directly experiencing the traumatic event(s).*
 - 2. Witnessing, in person, the event(s) as it occurred to others.*
 - 3. Learning that the event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.*
 - 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).*
- Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.*



DSM-5 Diagnostic Criteria for PTSD

- B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:*
- 1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).*
 - 2. Recurring distressing dreams in which the content of the dream and/or affect of the dream are related to the traumatic event(s).*
 - 3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)*
 - 4. Intense or prolonged psychological distress at exposure to internal cues that symbolize or resemble an aspect of the traumatic event(s).*
 - 5. Marked psychological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).*



DSM-5 Diagnostic Criteria for PTSD

- C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:*
- 1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).*
 - 2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event*



DSM-5 Diagnostic Criteria for PTSD

- D. Negative alterations in cognitions and or mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:*
- 1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).*
 - 2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” or “no one can be trusted,” “the world is completely dangerous,” “my whole nervous system is permanently ruined”)*
 - 3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead to the individual to blame himself/herself or others.*
 - 4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).*
 - 5. Markedly diminished interest or participation in significant activities.*
 - 6. Feeling of detachment or estrangement from others*
 - 7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).*



DSM-5 Diagnostic Criteria for PTSD

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

- 1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.*
- 2. Reckless or self-destructive behavior.*
- 3. Hypervigilance.*
- 4. Exaggerated startle response.*
- 5. Problems with concentration.*
- 6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).*



DSM-5 Diagnostic Criteria for PTSD

- F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month*
- G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.*
- H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.*



DSM-5 Diagnostic Criteria for PTSD

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

- 1. Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).*
 - 2. Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).*
- Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).*



Strengths Model

- *The Importance of Identifying Strengths*
 - *Although many American Indian/Alaska Natives may come from difficult backgrounds, including historical trauma and impoverished living situations, do not disregard their strengths.*
 - *Recognize the support systems and coping mechanisms that they have. Many may have started out in a bad situation, but they have come out with resiliency and strengths that may not be understood or found in the general population.*



Treatment of PTSD

- *When approaching the treatment of PTSD, it is important to consider not only the evidence-base available, but the unique characteristic of one's patient and the resources available to you ([Brownson, Fielding, & Maylahn, 2009](#)).*
- *Evidence-based treatments are those that have been shown to be effective in the treatment of PTSD through strong scientific evidence ([Brownson et al., 2009](#)).*
- *This is particularly relevant to treating American Indian/Alaska Native Veterans due to the scarcity of the research that evaluates culturally based treatments.*
- *It is important to keep in mind that the treatment that may be most effective for an American Indian/Alaska Native may not be considered as "evidence-based."*



Cognitive Approaches

- *Cognitive approaches are based in cognitive restructuring, which involves confronting the unconscious or developed beliefs a patient has in relation to the trauma. Challenging these beliefs is typically combined with relaxation techniques and working through the traumatic event by writing or talking (VA/DoD Clinical Practice Guideline Working Group, December 2003).*
- *The most well-supported cognitive approach is Cognitive Processing Therapy (CPT). CPT involves two main parts (Hamblen et al., 2014)*
 - *Challenging and altering dysfunctional beliefs associated to the trauma.*
 - *An exposure-based component through writing about the trauma.*



Exposure-based treatments

- *Exposure treatments essentially involves repeatedly exposing individuals to the experiences (thoughts, feelings, situations) related to their trauma that are causing distress. ([Hamblen et al., 2014](#); [U.S. Department of Veterans Affairs, 2015](#)).*
- *Most frequently used approach is Prolonged Exposure (PE), which consists of four main strategies ([U.S. Department of Veterans Affairs, 2015](#)).*
- *EMDR combines the use of exposure techniques (talking or thinking about the trauma), cognitive restructuring, and relaxation or self-monitoring techniques with the repeated “saccadic eye movements” ([Hamblen et al., 2014](#)).*



Suicide Prevention Plan

- *Crisis Intervention plans.*
- *Rehearsal*
- *By working with Clients, we also need to work on Self-Monitoring, including thoughts, feelings, and Emotions.*
- *Coping Skills, Strategies*
- *Important for Self control.*



Psychopharmacology

- *Medications may be used to address biological source of PTSD symptoms and other potentially co-occurring mental health disorder ([Jeffreys, 2014](#)).*
- *Medications are typically used to address the four core symptom clusters of PTSD discussed in the diagnostic section ([Jeffreys, 2014](#)):*
 - *Intrusion symptoms (nightmares, flashbacks, etc.)*
 - *Avoidance symptoms (avoiding driving due to reminders of being involved in the bombing of a convoy.)*
 - *Negative changes in one's thoughts or moods*
 - *Arousal and reactivity symptoms (difficulty sleeping, hypervigilance, etc.)*



Complementary and Alternative Medicine (CAM)

- *CAM includes treatment approaches that are generally “not considered to be standard... (J. Strauss & Lang, 2012).*
- *three approaches fall into the “mind-body” category of CAM treatments have been identified for PTSD treatment (J. Strauss & Lang, 2012):*
 - *Acupuncture: This involves placing needles into the tissue beneath the skin in certain areas of the body to “restore balance within body systems.”*
 - *Relaxation: This technique has shown promise for treating arousal symptoms of PTSD, but there is not support for its success in managing other symptoms.*
 - *Meditation: At its base, meditation involves the practice of deep mental focus or concentration.*



Objective 4: Inclusion of family and community

- *Purpose: veterans experience a lot, some good and some bad, and the supportive roles families and community have is discussed*



Inclusion of Family and Community

Family

- *It is important to be mindful that many American Indian/Alaska Natives come from a culture that is collective and not individualist, making him or her part of a larger group.*
- *Moreover, the concept of family typically goes beyond the nuclear family. Family in most American Indian/Alaska Native cultures includes extended family members; it is a much broader definition.*
- *When treating an American Indian/Alaska Native Veteran it is important to include family members in the treatment as well. You cannot remove an individual from their family unit and expect the treatment to be effective.*
- *Including family may involve allowing family member to participate in the provision of therapy or educating family members about the Veteran's trauma experience and treatment.*



Inclusion of Family and Community

Community

- *Lastly, it is important to understand the impact an American Indian/Alaska Native Veteran's community can have upon their treatment.*
 - *A Veteran is typically placed in a high status in American Indian/Alaska Native communities, especially if they have served in combat.*
 - *This high status is an honor; however, it does come with higher expectations and responsibilities.*
- *These responsibilities may interfere with a Veteran's ability to attend care because they may be expected to attend a ceremony or other duty.*
- *These communities are often in the middle of nowhere, making transportation to care a barrier.*
- *Additionally, this may make it difficult to contact Veterans who live in tribal communities, due to inconsistent telephone contact.*



Military Family

- *They may have been in regular contact and in a supportive environment and community while the Service member was on active duty.*
- *After discharge, the family too, would have experienced loss of family, friends, loved ones, but also a certain way of life and assurance/support from the military community and groups.*
- *Wives may meet and spend time together during deployments or training, which would allow for an ear to listen, as well as provide support and knowledge of services*



Peer Support

- *Allows other veterans with similar backgrounds to assist veterans.*
- *They can use team work to overcome common obstacles.*
- *Allows Natives to assist other Natives. Many times, this wont matter if they are from different tribes or clans.*
- *It has been well documented and supported that Veterans helping Veterans can help the therapeutic process*



Esprit De Corps

- *By allowing veterans to re-involve themselves in military/ military-like practices within the Civilian world, may assist in rebuilding a sense belonging, feeling supported, and not alone.*

Camaraderie

- *Also, within the Military, there were comrades, friends, family, brothers, sisters, and others whom one known to have your back. (Battle Buddies, Buddy System, Teams, Squads, Platoons, that you spent pretty much every day with, All of which are no longer there)*



Tribes as a Resource and Partner in Care

- *Many American Indian/Alaska Native Veterans use their tribe as a resource for traditional healing, particularly when dealing with someone who has passed on or involvement in combat.*
- *In order to address spiritual wounds and use traditional healing, it is best to partner with the patient's tribe to provide this portion of treatment. These ceremonies should be done with the support of the tribal community and by a trained healer or medicine man in order to properly remedy the Veteran's pain (D. Johnson & LaDue, 1994).*
- *He or she may already have a "cultural tool kit", meaning they already have resources that they would be willing to discuss and use.*
 - *Do they have a trusted peer to speak with, such as another Veteran?*
 - *Do they have a spiritual advisor or elder they are comfortable with?*



National American Indian & Alaska Native

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“Healing the Returning Warrior” Module 4

Native Traditional Beliefs and Healing Practices



Objectives



Culture and assessment



Considering traditional beliefs and practices



Traditional healing practices



Traditional and non-traditional approaches



Objective 1: Culture and assessment

Purpose: to discuss how most Native Americans view culture as important in living and healing



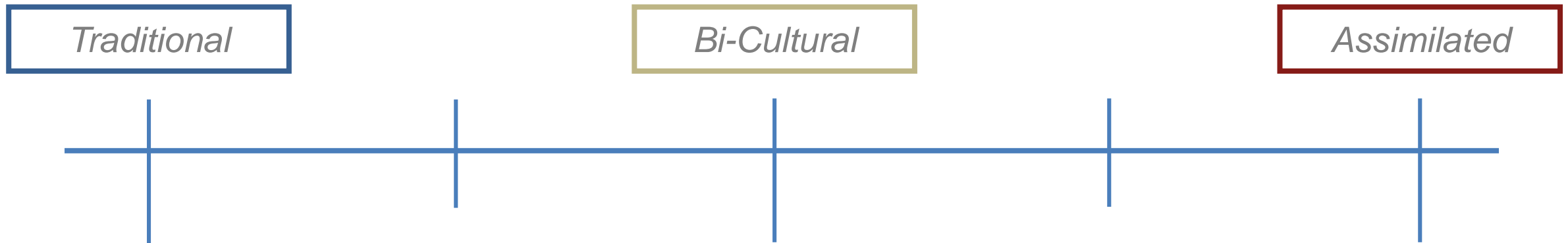
Cultural Assessment

- *Each person has a different understanding of their culture. One way to measure this is through an acculturation assessment of the patient. This will aid to determine where he or she falls of the spectrum of acculturation from traditional to assimilated.*
- *In its most basic form, this would include identifying the patient's tribe and affiliations:*
 - *What does this affiliation mean to the patient?*
 - *What does it look and feel like?*
- *There are formal Acculturation Assessment that can be used to accomplish this, two examples are discussed next.*



Acculturation

- Assessing a patient's acculturation level can help to identify what treatment approach may be most beneficial to his or her recovery. A patient that is determined to be more assimilated may prefer Westernized treatment approaches; a patient who identifies with traditional practices may prefer more traditional healing approaches; conversely, a patient who is bi-cultural may prefer a mix of both types of treatment.





Tribal Cultural and Spiritual Assessment

- *Cultural Assessments*
 - *Cultural Knowledge*
 - *Traditional knowledge*
 - *Family/Tribal lineage*
- *Ethnic Identity*
- *Ethnic Self-esteem*
- *Special Knowledge and Skills*
 - *Traditional Stories and legends*
 - *Ceremonial Songs*
 - *Ceremonial Dance*
 - *Traditional / Ceremonial*
 - *Traditional Medicinal Belief/Practices*





Native American Culturally Specific Assessment Instruments

- *Culturally Specific Demographic Information for Native American Clients*
- *Native American Cultural Comfort Assessment*
- *Native American Cultural Values and Beliefs Scale*
- *Native American Grief Assessment*
- *Native American Identity Assessment*

Sample Identity Assessment Questions

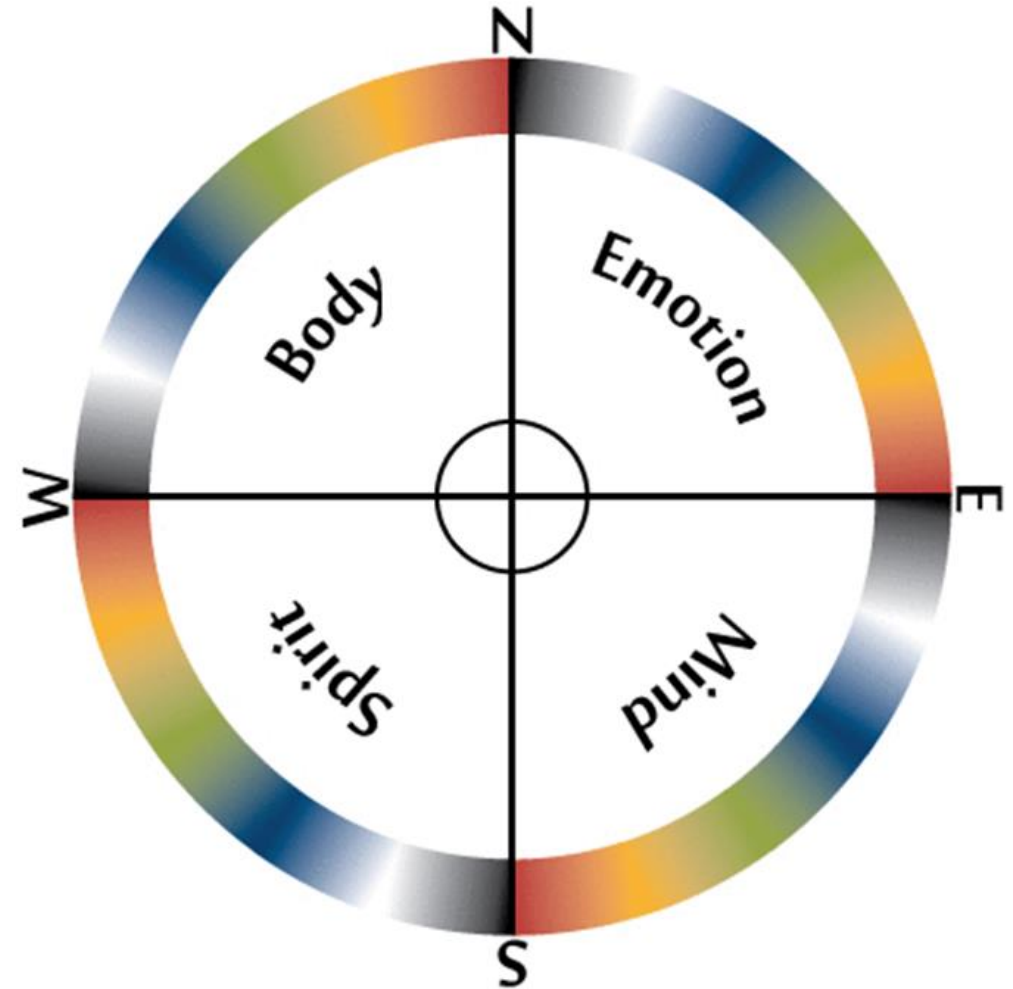
- *How do you identify yourself -*
 - Traditional?
 - Bi-Cultural?
 - Assimilated?
- *Do you have other ways that you identify yourself?*
- *Are you okay with how you identify yourself?*
- *How do you think your friends would identify you?*
- *Have you ever experienced any feelings of inferiority related to your ethnic identity?*
 - If so, how has this affected you?
- *Have you ever experienced prejudice from -*
 - Tribal members?
 - Non-tribal members?





Objective 2: Considering traditional beliefs and practices

- *Purpose: to identify how traditional beliefs and practices are different across tribes and communities.*





Consider Traditional Beliefs and Practices

- *Traditionally, when Warriors went into battle, they would undergone war ceremonies both before and after, which would help them stay out of danger, protect them from internal/spiritual trauma, as heal them afterwards before entering into the tribal community.*
- *Story of Coming home from battle/war, long ago:*



The Red Road Approach



The innate cultural/spiritual resources of Natives peoples are a focus of this treatment approach. Cultural and spiritual information are a normal part of the treatment regimen. When and where appropriate, spiritual ceremonies are included in treatment and aftercare plans. Path around medicine wheel.



Life's Path

- *Our Road in life seems to begin much the Same, yet no two are identical.*
- *In time, we meet an intersection and have to decide a path.*
- *Easy, Hard?*
- *Leader, Follower?*
- *Well used and worn- Less traveled?*

- *Another for certain people- The Bridge*
- *Path of Medicine Peoples- Far less Traveled*
- *Past, Present, Future*
- *Wisdom*



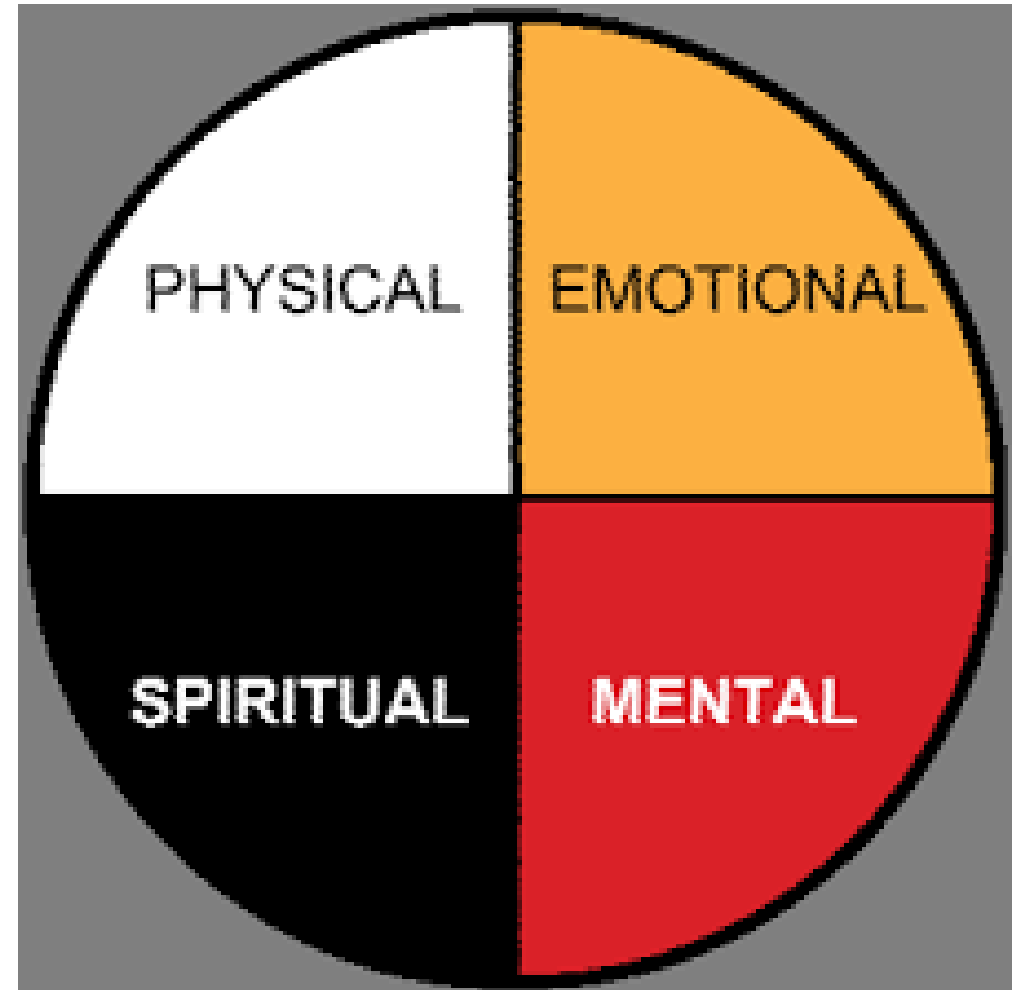
Traditional Healing practices

- *Medicine vs. Spirituality*
- *Ways of Life*
- *Creation is essential*
- *“Gifts” are Earned or given for a reason.*
- *You do not pick your medicines.*
- *Teachings are essential to understanding how creation works*
- *Teachings are essential to the healing, spiritual, medicine ways*
- *Connection to the Creator through these medicines/spirits is essential to healing.*
- *All of Creation has a spirit, which is dependent upon the rest, so too is the spiritual world and the physical*



Objective 3: Traditional healing practices

- *Purpose: discuss how traditional healing practices with veterans can be healing*





Traditional Healing practices

- *Many American Indian/Alaska Native Veterans may prefer to use Traditional healing and spiritual practices over Western approaches to recover from trauma.*
- *Traditional healing practices can include, but are not limited to the use of herbal remedies, purification ceremonies, sweats, (Scurfield, 1995) dream interpretations, and empowering rituals (Krippner & Colodzin, 1989), as well as healing ceremonies, fasting, prayer, etc.*

Traditional Healing practices

- *Herb-Doctors*
- *Bone/Tube Doctors/Healers*
- *Paints/Markings*
- *Hand Shakers/Tremblers*
- *Hand healers*
- *Travelers*
- *Dreamers*
- *Interpreters*
- *Dancers, such as:*
 - *Various Animals/Birds/Nature, Jingle dress*
 - Must have had the dream of this healing with the understanding/knowledge. Was not meant for Pow-Wows.
- *Medicine Peoples*
- *Healers*
- *Indian Doctors*
- *Seers (Clairvoyants)*
- *Communication (Mediums)*





Confronting One's Fears

- *There are Ceremonies in which one can confront one's fears, which were utilized long ago: The idea was to Fast for four days, then guided by a Medicine person in order to receive a vision of One's death.*
- *This was used so a warrior could enter any battle or circumstance with the knowledge that this would not be the day of ones death and face it without fear, or in order to go into battle knowing that One would meet his/her fate with courage knowing that He/She would that day, meet the Creator.*



Not all Dreams are Dreams

- *These may also come in a fashion that the dreamer may understand, using knowledge of the dreamer.*
- *Showing the dreamer what is happening in their lives*
- *Giving them a message of what they need to understand at the moment.*
- *This is the importance of knowing the background of the people we are assisting in recovery. Medicine seems to run in families, even skipping generations depending upon what they are to do in this life.*



Purification, Healing Lodge

- *Many will know this as a Sweat, Sweat Lodge, Inipi, Indian Church, etc.*
- *A Sweat is normally earned through many years of teachings by Medicine people, whom have fasted, given correct teachings, and eventually the right to lead this ceremony, surrounding: Stone, Fires, Placement, Spirits, Medicines, Healing, Doors, Building of, Where one sits according to the gifts, etc.*
- *This allows the leader to direct heat, healing, rounds, and be able to sense if there is an issue with individuals within.*
- *Has gathered spiritual gifts, guidance, helpers, and songs to call appropriate spirits and power for this sacred ceremony.*



Fasting

- *Fasting; going without food or water for four days or more, while in a state of prayer. Also may be seen as seeking a Vision of Healing, Power, Knowledge.*
- *Some Tribes have an old fasting practice which would last for Forty days and nights, which took a year to prepare.*
- *Part of fasting is about confronting one's fears, as well as, gaining abilities, healing, or knowledge for the person, another, family, tribe, or peoples as a whole.*



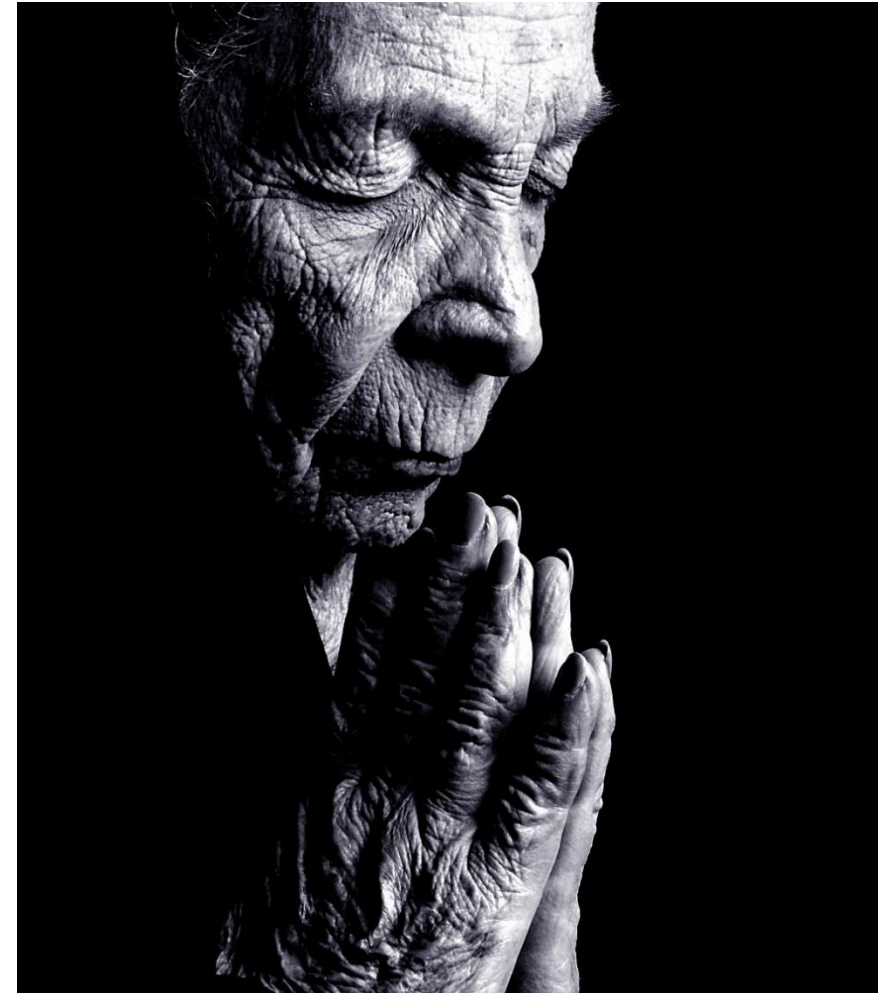
Objective 4: Traditional and non-traditional approaches

- *Purpose: to look at some traditional and non-traditional approaches that are important for veterans.*



Traditional vs. Non-Traditional

- *What is considered traditional?*
 - *Tribe specific*
 - *From other tribe*
 - *Regional teachings*
 - *From other spiritual ways*





In Assisting clients/relatives

- *Understanding the culture of our clients/relatives is important in assisting them in overcoming substance use.*
- *It is not always easy to tell clients of deeper cultural teachings if they are not ready for it.*
- *They must be willing to ask or take the steps to recovery, but knowing healers, spiritual people, medicine peoples, or traditional leaders within treatment recovery is very important when needed.*



Healings

- *Medicine peoples have normally fasted many years and under many years of tutelage under a teacher to gain the gifts required to be able to heal another.*
- *All the books in the world cannot make one a healer, nor going to a school under such promises to become a healer, shaman, medicine person can give you the gifts for very powerful medicine or healing.*
- *Gifts/Medicines are gifted by the Creator, Spirits, Medicines, NOT BY MAN.*
- *The Creator controls the powers, gifts, and medicines. Man actually has not control or power over these, as with the European Church or religious practices.*



Studies

- *Raymond M. Scurfield, D.S.W., wrote of a study done by using two cohorts of all Native Veterans from the Korean and Vietnam wars.*
- *Native Veterans were not utilizing the VA for services.*
 - *History of Betrayal, Discrimination, and misunderstanding of culture and race.*
- *Traditional and Assimilated*
- *Traditional preferred more traditional activities*
 - *Purification Ceremonies, Healers, Spiritual Leaders,*
 - *Other Veterans, Native Providers, Native Spiritual leaders, Medicine people to speak of Spiritual topics, Cultural specific trainings for staff, Pow-wows.*



Medicine vs Medication

- *Many older generations or traditional peoples may not want to use medication, but would prefer **traditional** medicinal healing or Herbs.*
- *Traditional Medicine today is termed Non-traditional healing or herbs, which is different to American Indians (Old)*
- *Medicine is considered much more than medication to Native Americans, which comprises ceremonies, herbs, healing, knowledge, everything, or a way of life.*
- *To Natives, Old is better, as the Old ways held much more power, and capabilities than in the Medical ways of today.*



Traditional (Modern) vs. Non-Traditional

- *Sum total of health knowledge, skills, and practices based upon theories, beliefs and experiences indigenous to different cultures.. used in the maintenance of health... of physical and mental illness (WHO, 2015)*
- *Alternative medicine*
- *Homeopathic medicine*
- *Complimentary medicine*
- *Broad set of health practices, not part of that countries own tradition and not integrated into the dominant health care system. (WHO, 2015)*



Ways of Life

• *Spiritual Way*

- *Understanding the spiritual aspects of many things and the realization and respect of individual spirits. Some will communicate with spirits*
- *Much like a student of spirituality.*

Medicine Way


- *Living, interacting, utilizing, and cooperating with the realms of spiritual entities and nations of Creation. Will respectfully and conjointly interact with Creation*
- *Much like a Medicine person.*



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Native Veteran Curriculum: **“Healing the Returning Warrior”** *Healing the Healer:* *Honoring Self through Native* *American Teachings/Wisdom*



Objectives



Discuss the challenges of working with clients/patients



Understand how healing creates resilience



Describe compassion fatigue



Understand the value of managing stress



Objective 1: Discuss the challenges of working with clients/patients

- Purpose: This training may be a promising means of providing culturally competent training to AI/AN treatment providers utilizing Native American Beliefs and practices*





While working with clientele

- *Death, client safety, and issues in life. Things bothering me all weekend, affecting my personal life and family... Working, need to rest.*
- *I remembered learning of this is school. Remembered balancing ones personal life and work. Remembered that we must not make their issues, Ours.*
- *What areas of information do you tend to remember? Positive, Negative? Which ones do you tend to take home with you?*
- *These are the ones that are affecting your home/personal life.*



What I did:

Each day, I began to take the last 15-20 minutes of work, or stay late to meditate on letting go.

At first this was very difficult, yet over time this began to work.

It got easier and easier, as I tried to make sure all things with clients were addressed, to make sure I did everything I could and learn not to make their issues mine, that they have choices too and that I can only do my part.

At times, as soon as I was done, or about to leave, I would remember again, so I would go back and meditate a bit longer.

Over time, this helped me, so as soon as I reached the front door and stepped out, it became more of my home/personal time.



Learning from the Old

- *Long ago, our Ancestors knew that all of creation worked in a circular motion and that harmony with it, was key to living in harmony with one's self, that we are not separate from it/others, but connected through it by spirit, which is one of the teachings of the spider web. Through teachings of the medicine wheel, participants will learn to assist in their own healing by utilizing the importance of taking care of the whole person, ie., Mind, Body, Spirit, Emotions, in order to assist themselves in letting go, and honoring the person as a whole*



Objective 2: Understand how healing creates resilience

- Purpose: discuss how in Native culture resilience is taught.*



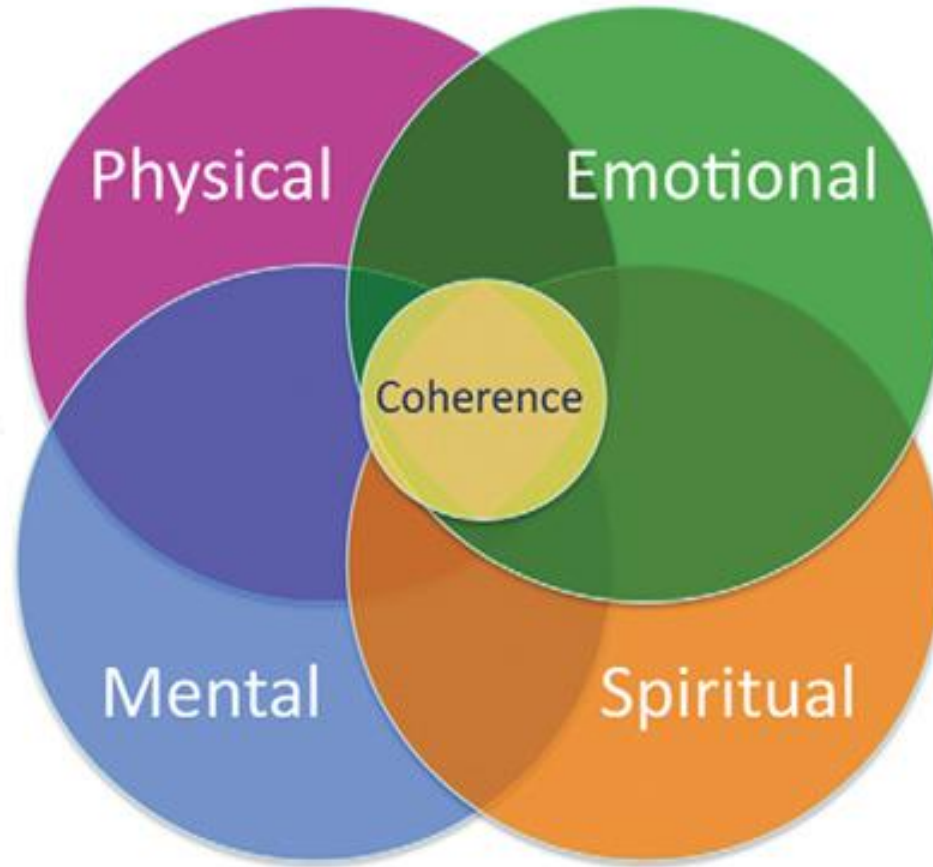


Resilience

Domains of Resilience

- Physical flexibility
- Endurance
- Strength

- Mental flexibility
- Attention span
- Ability to focus
- Incorporate multiple points of view



- Emotional flexibility
- Positive outlook
- Self-regulation

- Spiritual flexibility
- Commitment to values
- Tolerance of others' values and beliefs



- *Healing is said to be a mutual thing. Faith in the person, the healing... faith, belief.*
- *Teaching: Sage, Cedar, Sweet grass, or others may be utilized but you must believe in it, so your belief in it is important.*
- *We all have gifts.*
- *Self-healing.*



Taking time out

With Native Healers and Medicine peoples.

- *They are taught that they must take time out of healing or they may become sick.*
 - *With healing others, they act as a filter at times for the people they help.*
 - *Much like a filter, the process may take time but also build-up can acquire over time. Therefore, time must be taken to clean this out or the build up may have other affects, such as becoming clogged or draining much more slowly.*
 - *Over time, healing can take a toll on healers. A time out is required in order for them to heal themselves, or through the assistance of spirits or other healers.*
 - *If not done as instructed, this can become much worse and may develop into a physical sickness for themselves.*



Acknowledge the Old

- *We must remember that long ago, people were taught not to do things that would harm others. This may be through:*
 - *Words*
 - *Thoughts*
 - *Feelings*
 - *Emotions*
 - *Acts*
- *All things have a spirit, such as a tree, stone, animals, birds, water, fire, people, ... but even so, there is also Energy which is comprised in all, even in words, thoughts, feelings, emotions, and behaviors. These can also be positive or negative, so these may affect other individuals, groups, communities, and the environment*



The Mind is stronger than many think

- *A medicine man had said, “If a person cannot get in control of their thoughts of fear, the thoughts will overwhelm the person, making them seem crazy”*
- *“Thoughts can guide the spirit into the future or the past”*
- *“What they may experience then, is not from the physical”*
- *“Some of the people with Diagnoses, such as Schizophrenia, have actually wandered too far into the spirit world, without knowing or proper instruction.”*
- *“Even some Medicine peoples have difficulty in maintaining a balance between the physical and the spiritual”*
- *“With these, they need to learn how to control this by focusing on the other, until they learn to turn it on/off at will.”*



In Contrast

- *To Help heal the Therapist if we are to continue helping clientele through one's own self-healing in relationship to Native American teachings, wisdom, and the Medicine Wheel.*
- *If we don't keep ourselves healthy and in balance, we won't be as successful in promoting the healing and wellness of others."*



Objective 3: Describe compassion fatigue

- *Purpose: describing how healers experience compassion fatigue.*





Compassion Fatigue

- *Compassion fatigue can be looked at much the same way as with healers, as knowledge of pain, sorrow, “the hurt” can be like a reflection of the one being healed. This is felt as it was their own. If unknowingly an empath, this may be interpreted as their own.*
- *Energetically, they may share energies within the bubble, especially if they are unaware of how to protect oneself or to control / have the capacity to feel their own energies going out or others coming to.*
- *Sickness for instance: Break up,.....*

Mind over Matter

- *Depression:*
About the Past
- *Anxiety:*
About the Future
- *Living:*
 - “When I grow up, I want to be, _____”?
 - “Life is about, _____”?





Peacefulness

- *To me, Peace meant a quiet mind.*
- *I began to fully believe that to find peace within chaos would be a great achievement, so it became one of my personal goals in life.*



“Letting Go”

- *Think of something that frightens you.*
 - *Example: Mice, Snakes, Worms*
- *For the people who don't have fear, something that gives you the willies?*

*For this exercise, you must not think or place meaning. Detachment.
You are in a safe place, so don't worry.*

- *Sit, Close your eyes, and envision your fear before you. Watch it, observe it, until it is over/becomes funny.*



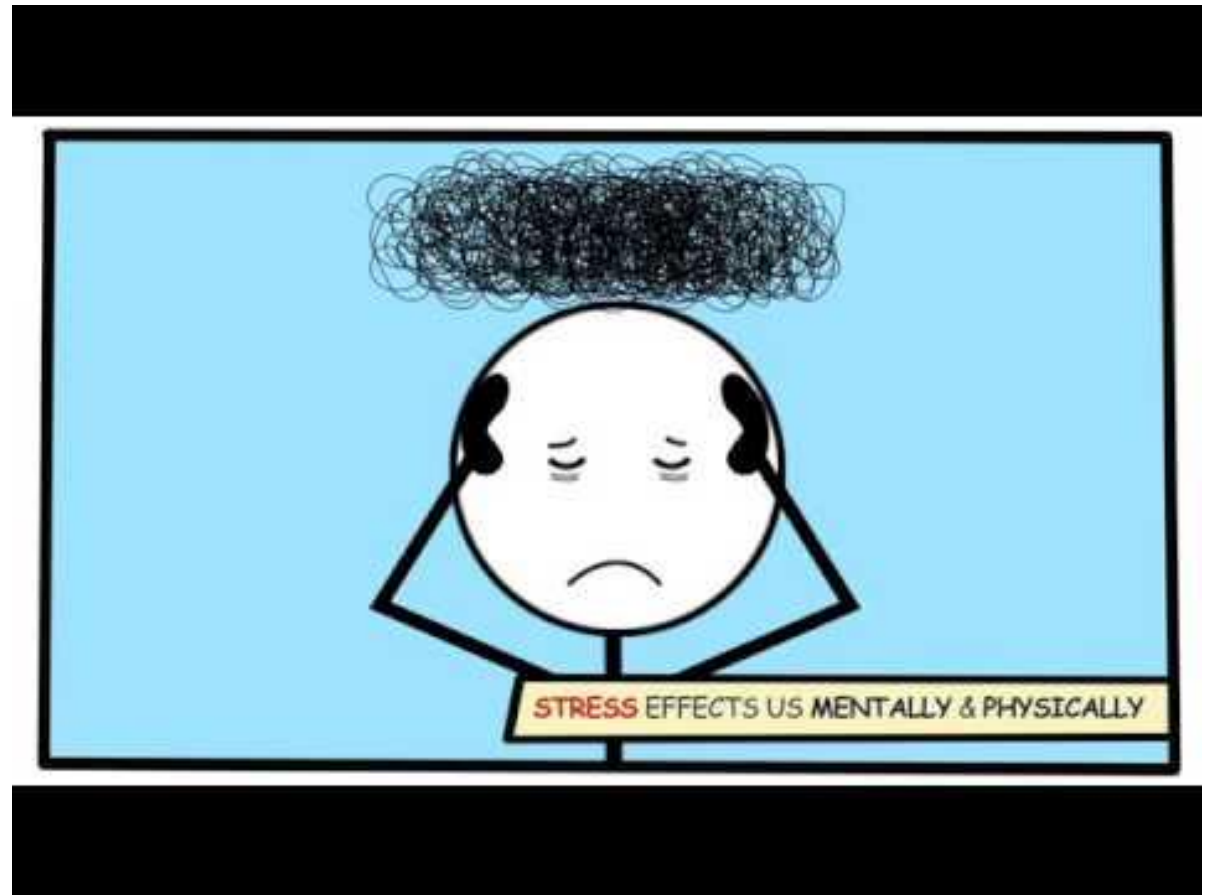
Spiritual lives were learned and Lived.

- *In the past, Native's Lives were not something we only did on certain occasions or on Sundays.*
- *This was our way of Life.*
- *Many times today, People base their Religions around their lives, while, at least before Columbus (B.C.), Natives lived their lives based upon Spiritual Beliefs.*
 - *It was not something that was just for certain things, but something to be cognizant at all times. All Lives Matter.*



Objective 4: Understand the value of managing stress

- *Purpose: understanding how stress can be identified and resolved.*





Stress

- *Stress is a normal part of our lives, yet learning from Nature, we learn that those animals in close quarters become ill if the population becomes too large.*
- *Teachings:*
- *Energies affect each other, but also based upon which types of energies those are.*
- *Stress takes a toll on you physically, mentally, emotionally, spiritually*



Traditional Healing practices

- *Many American Indian/Alaska Native Veterans may prefer to use Traditional healing and spiritual practices over Western approaches to recover from trauma.*



While working with clientele

- *Death, client safety, and issues in life. Things bothering me all weekend, affecting my personal life and family... Working, need to rest.*
- *I remembered learning of this is school. Remembered balancing ones personal life and work. Remembered that we must not make their issues, Ours.*
- *What areas of information do you tend to remember? Positive, Negative? Which ones do you tend to take home with you?*
- *These are the ones that are affecting your home/personal life.*



From Teachings

- *Fear, Anger, Shame, Guilt, Jealousy, Greed, Envy, and etc., were meant to be fought and overcome.*
- *We often worry about things that don't even really matter*



Managing Stress

- *Get away from your regular routine of work, not doing what you do for work, but to relax, have fun, peace. Get exercise, walking reduces stress. Walk during breaks, lunch. Build healthy, fun activities into your routines*
- *End of day activities. Changing your clothes, shoes, or hat as a move from work-life into home-life.*
- *Also taking a shower, and visualizing yourself as washing away worries and energies of others off you and out of you. Visualize the water flowing through you and cleansing you.*



National American Indian & Alaska Native

ATTC

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

Can we answer your questions?

• *Thank YOU*





Follow-up

- *National MTTC can do introductory presentations with tribal leaders and providers on the Veterans Wellness Curriculum*
- *National MTTC can adapt the Veterans Wellness Curriculum to be tribally-specific with tribal leaders, providers, and tribal veterans.*
- *National MTTC can provide local training with tribal co-trainers that be up to 2.5 days.*
- *National MTTC can do trainer-of-trainers to develop tribal trainers to incorporate the modules within tribal systems, courts, etc.*



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