



National American Indian & Alaska Native

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

Native American/ Alaskan Native Vets Project Round-Table

Keys to Understanding Unique Challenges and Strengths of American Indian Clients Whom suffer from PTSD

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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.*
- *Historical Overview of Natives in the Military?*
- *Trauma, Historical Trauma, and PTSD*
- *Approaches to Assessment and Treatment*
- *Native Veteran Models and Considerations*

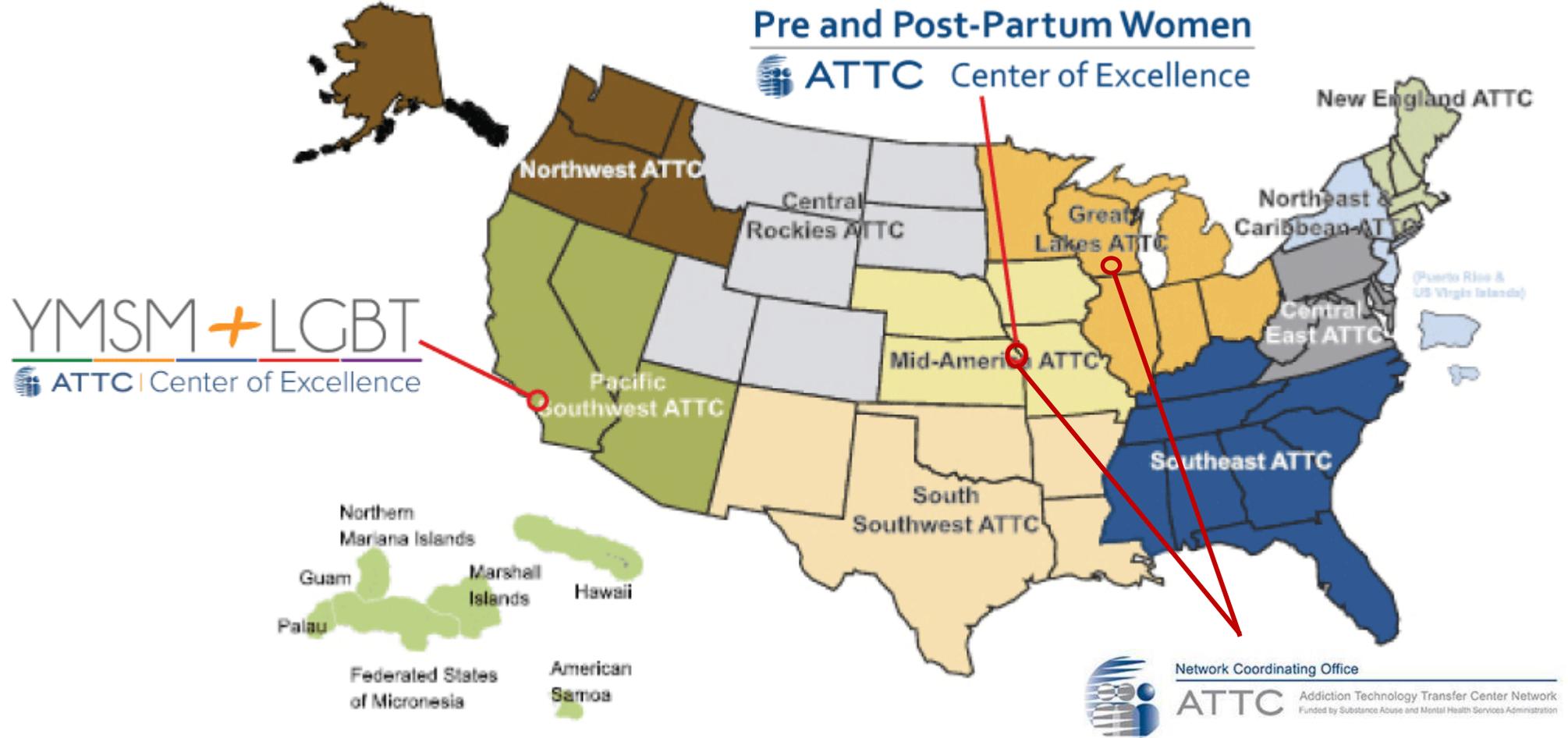


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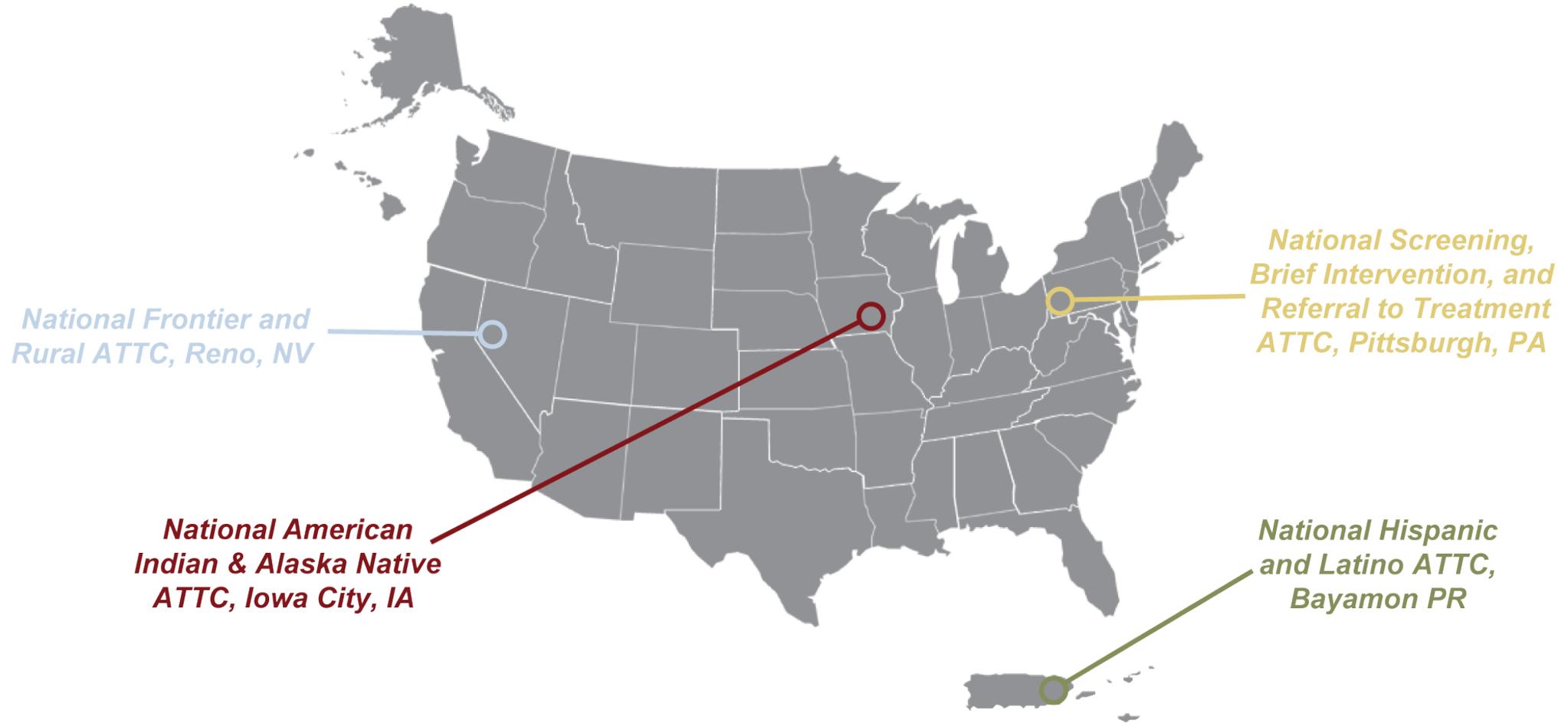


ATTC Network 2012 - 2017





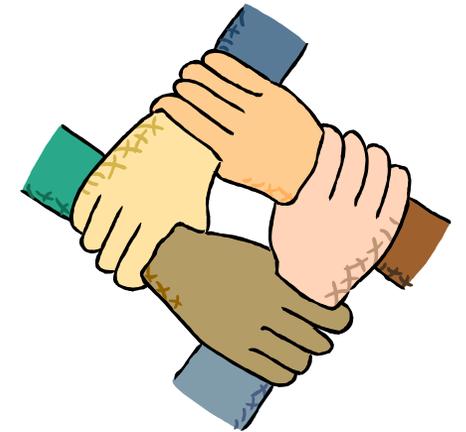
National Focus Areas 2012-2017





Four National Focus Areas

- *National American Indian & Alaska Native ATTC*
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- *National Frontier & Rural ATTC*
– email: frontierrural@attcnetwork.org
- *National Hispanic & Latino ATTC*
– email: hispanic@attcnetwork.org
- *National Screening, Brief Intervention & Referral to Treatment ATTC*
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National American Indian and Alaska Native ATTC

2012 to 2017



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*



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Native American / Alaskan Native Veteran project:

Native Veteran Project Overview



Overview of the Project

- *Historical Overview of Natives in the Military?*
- *Trauma, Historical Trauma, and PTSD*
- *Approaches to Assessment and Treatment*
- *Native Veteran Models and Considerations*

- *Round-Table Discussion*



Native American Indian / Alaskan Native Veteran Project

- *Melissa Fox- MPH practicum student*
- *Needs assessment*
- *Workforce Development Project*
- *Middle of the Grant*
- *Finished this last summer*



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Native American / Alaskan Native Veteran project:

Native Veteran Historical Overview



Historical Overview and Trauma

- *Pre-Contact Warfare*

- *Modern Authorities are in Disagreement*
- *Limited Warfare for Certain reasons, small-scale*

Native History passed down:

Taking of Life or parts (scalps) was not Traditionally acceptable

Story: Face to Face confrontations

“The Art of Fighting without Fighting” Bruce Lee



Historical Overview

- *History of Native Americans in the Military*
 - *Native American Indians use of Guerilla warfare has been seen and documented as early as 1528 with the Apalachee's resistance to Spanish.*
 - *Seminole has been the only tribe never to have been defeated in battle, by their use of combat tactics*



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 were added to guarantee that Natives Tribes would assist the Military against other Natives Tribes.*
- *This would allow Native Guerilla fighting techniques to be utilized against other tribes, as they knew the areas and the tactics of the peoples.*



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Native American / Alaskan Native Veteran Project:

*Trauma, Historical Trauma, and
PTSD*



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

- *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)*



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.*



Historical Trauma

- *Symptoms derived from the loss in which their ancestors, and then passed 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.*



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, drunken Indian, lived in tee-pees, wore moccasins, no/little fear of death.*
- *Being able to forecast weather, good runner, good fighter*



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.*



PTSD among the AI/AN Populations

- *Overall studies have found higher rates of PTSD in most ethnic minority Veterans compared to White Veterans ([Loo, 2014](#)).*
- *Another study that compared 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 statistically 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).*



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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American Indian / Alaskan Native Veteran Project

Approaches to Assessment & Treatment



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.*



Assessment

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

- First of all, 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 generational trauma and 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. This has caused usage of words, beliefs, and knowledge to be altered, which leads some members to think that someone with a mental health diagnosis to be stigmatized, rather than realizing that it stems from innate gifts of sight, ability to speak to spirits and nature, and foresee.*



PTSD Assessment

- *In order to determine if someone meets the criteria for PTSD it will be important to assess for both the presence of trauma exposure and the presence of symptoms.*
- *There are several different instruments that can be used for assessment. First measure of trauma exposure will be discussed.*



Measures for Trauma Exposure

- *The Life Events Checklist ([Blake et al., 1995](#))*.
 - *This can be used with a Clinician-administered diagnostic interview ([F. Weathers et al., 2012](#))*.
 - *17 questions that asks if a traumatic event has happened to the person, witnessed it, learned about it, or exposed to it as part of one's job. ([F. W. Weathers, Blake, et al., 2013b](#))*
 - *http://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp*



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 many instances of when normal aspects of the American Indian/Alaska Native culture have been interpreted incorrectly and labeled 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

- *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. There are two versions that are currently in use, the DSM-IV-TR and the DSM-5 (Marx & Gutner, 2015).*
- *Several important changes were made to the diagnostic criteria for PTSD from the DSM-IV-TR to the newest edition, DSM-5 (Marx & Gutner, 2015).*



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."*



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Native Veteran Models and Considerations



Psychotherapy: Cognitive Behavioral Therapy

- *Cognitive behavioral therapies (CBT) have been found to be the most effective treatment for PTSD and are recommended by the Department of Veterans Affairs, the Department of Defense, the Institute of Medicine, and other professional organizations (Australian Centre for Posttraumatic Mental Health, 2007; Edna B Foa, Keane, Friedman, & Cohen, 2008; Institute of Medicine, 2008; National Collaborating Centre for Mental Health, 2005; Ursano et al., 2004; VA/DoD Clinical Practice Guideline Working Group, December 2003).*



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.*



Eye Movement Desensitization and Reprocessing (EMDR)

- *EMDR is another treatment that is frequently recommended by most guidelines as well, including the Department of Veterans Affairs and the Department of Defense ([Hamblen et al., 2014](#); [VA/DoD Clinical Practice Guideline Working Group, December 2003](#)).*
- *In its most basic form, 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](#)).*
- *It is thought to operate similarly to other exposure and cognitive treatments for PTSD; however, why it is effective is not yet well understood ([The Management of Posttraumatic Stress Working Group, 2010](#)).*



Psychopharmacology

- *Only a brief overview will be given on medications that 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.)*



Psychopharmacology

- *Selective serotonin reuptake inhibitors (SSRIs) are the class with the strongest evidence-base, with only two that have FDA approval for use in treating PTSD at this time: sertraline (Zoloft) and paroxetine (Paxil) (Brady et al., 2000; Jeffreys, 2014; Marshall, Beebe, Oldham, & Zaninelli, 2001)*
- *Benzodiazepines are contraindicated for PTSD. They are typically prescribed for anxiety, but with PTSD they may actually make it worse.*
- *The use of antidepressant may be beneficial because they may help the Veteran feel normal.*
 - *A note of caution: if a Veteran starts this medication, they should remain on the medication until they can be tapered off correctly.*
 - *Many may feel that the medication is not working because they feel normal; however, they are feeling normal because the medication is working.*



Traditional Treatment Approaches

“Trauma takes people out of the circle, healing takes them back” (D. Johnson & LaDue, 1994)

- *The experience of war has the potential to harm the spiritual health of American Indian/Alaska Native Veterans, which may require the use of traditional practices to recover from the trauma of combat. Traditional processes help to restore harmony and balance, which is disrupted by war (D. Johnson & LaDue, 1994).*
- *It is important to consider how the patient’s culture may impact what and how they experience the trauma.*
 - *For example, some tribes believe that if someone touches a dead person, he or she takes part of that person with them. In order to remedy this, a cleansing or other type of ceremony may be needed to make that person whole again.*



Traditional Treatment Approaches

- *Many American Indian/Alaska Native Veterans may prefer to use this type of holistic healing and spirituality over Western approaches to recover from the 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).*
- *VIDEO: PTSD and Native American Medicine - This video shows a Navajo/Dine medicine man using traditional healing practices to help restore Veterans to themselves and their communities.*
- *https://www.youtube.com/watch?v=scAgN_svvY*



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Can we answer your questions?



How to contact us

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References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: Dsm-5*. Washington, D. C.: American Psychiatric Association.
- Australian Centre for Posttraumatic Mental Health. (2007). *Australian guidelines for the treatment of adults with acute stress disorder and posttraumatic stress disorder*. Melbourne, Victoria: National Health and Medical Research Council.
- Beals, J., Manson, S. M., Shore, J. H., Friedman, M., Ashcraft, M., Fairbank, J. A., & Schlenger, W. E. (2002). The prevalence of posttraumatic stress disorder among American Indian Vietnam veterans: Disparities and context. *Journal of Traumatic Stress, 15*(2), 89-97.
- Beals, J., Novins, D. K., Whitesell, N. R., Spicer, P., Mitchell, C. M., Manson, S. M., & American Indian Service Utilization, P. E., Risk and Protective Factors Project Team. (2005). Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: Mental health disparities in a national context. *The American Journal of Psychiatry, 162*(9), 1723-1732.
- Blake, D. D., Weathers, F. W., Nagy, L. M., Kaloupek, D. G., Gusman, F. D., Charney, D. S., & Keane, T. M. (1995). The development of a clinician administered PTSD scale. *Journal of Traumatic Stress, 8*, 75-90. doi:10.1002/jts.2490080106
- Brady, K., Pearlstein, T., Asnis, G. M., Baker, D., Rothbaum, B., Sikes, C. R., & Farfel, G. M. (2000). Efficacy and safety of sertraline treatment of posttraumatic stress disorder: A randomized controlled trial. *Journal of the American Medical Association, 283*, 1837-1844. doi:10.1001/jama
- Braveheart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research, 8*(2), 60-82.
- Brownson, R. C., Fielding, J. E., & Maylath, C. M. (2009). Evidence-based public health: A fundamental concept for public health practice. *Annu Rev Public Health, 30*, 175-201. doi:10.1146/annurev.publhealth.031308.100134
- Coyle, S. (2014). Intergenerational trauma — legacies of loss. *Social Work Today, 14*(3), 18.
- Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (2008). *Effective treatments for PTSD: Practice guidelines from the international society for traumatic stress studies*. Guilford Press.
- Hamblen, J., Schnurr, P., Rosenberg, A., & Eftekhari, A. (2014, February 27, 2014). Overview of psychotherapy for PTSD. *PTSD: National Center for PTSD*. Retrieved from <http://www.ptsd.va.gov/professional/treatment/overview/overview-treatment-research.asp>
- Institute of Medicine. (2008). *Treatment of posttraumatic stress disorder: An assessment of the evidence*. Washington, DC: The National Academies Press.
- Jeffreys, M. (2014, July 28, 2014). Clinician's guide to medications for PTSD. *PTSD: National Center for PTSD*.
- Johnson, D., & LaDue, R. (1994). A cultural and community process. *Am Indian Alsk Native Ment Health Res, 6*(1), 34-38.
- Krippner, S., & Colodzin, B. (1989). Multi-cultural methods of treating Vietnam veterans with post-traumatic stress disorder. *Int J Psychosom, 36*(1-4), 79-85.
- Loo, C. M. (2014, January 3, 2014). Ptsd among ethnic minority veterans. *PTSD: National Center for PTSD*. Retrieved from <http://www.ptsd.va.gov/professional/treatment/cultural/ptsd-minority-vets.asp>



References

- Manson, S. M., Beals, J., Klein, S. A., & Croy, C. D. (2005). Social epidemiology of trauma among 2 American Indian reservation populations. *American journal of public health, 95*(5), 851-859.
- Marshall, R. D., Beebe, K. L., Oldham, M., & Zaninelli, R. (2001). Efficacy and safety of paroxetine treatment for chronic PTSD: A fixed-dose, placebo-controlled study. *American Journal of Psychiatry, 158*, 1982-1988. doi:10.1176/appi.ajp
- Marx, B. P., & Gutner, C. A. (2015). Posttraumatic stress disorder: Patient interview, clinical assessment, and diagnosis. In N. C. Bernardy & M. J. Friedman (Eds.), *A practical guide to PTSD treatment: Pharmacological and psychotherapeutic approaches* (pp. 35-52). Washington, DC: American Psychological Association.
- National Collaborating Centre for Mental Health. (2005). *Post-traumatic stress disorder: The management of PTSD in adults and children in primary and secondary care*. Gaskell.
- Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Bulletin, 129*, 52-73. doi:10.1037/0033-2909.129.1.52
- Robin, R. W., Chester, B., Rasmussen, J. K., Jaranson, J. M., & Goldman, D. (1997). Prevalence and characteristics of trauma and posttraumatic stress disorder in a southwestern American Indian community. *American Journal of Psychiatry, 154*, 1582-1588.
- Scurfield, R. M. (1995). Healing the warrior: Admission of two American Indian war-veteran cohort groups to a specialized inpatient PTSD unit. *Am Indian Alsk Native Ment Health Res, 6*(3), 1-22.
- The Management of Posttraumatic Stress Working Group. (2010). *VA/DOD clinical practice guideline for the management of post-traumatic stress. Version 2.0*. Washington, DC: Veterans Health Administration, Department of Defense.
- Ursano, R. J., Bell, C., Eth, S., Friedman, M., Norwood, A., Pfefferbaum, B., . . . McIntyre, J. (2004). Practice guideline for the treatment of patients with acute stress disorder and posttraumatic stress disorder. *Am J Psychiatry, 161*(11 Suppl), 3-31.
- VA/DoD Clinical Practice Guideline Working Group. (December 2003). *Management of post-traumatic stress (10Q-CPG/PTSD-03)*. Washington, DC: Office of Quality and Performance.
- Weathers, F., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2012). *Clinician administered PTSD scale for DSM-5*.
- Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2013). *The life events checklist for dsm-5 (lec-5)*. Instrument available from the National Center for PTSD at www.ptsd.va.gov
- Westermeyer, J., Canive, J., Thuras, P., Thompson, J., Crosby, R. D., & Garrard, J. (2009). A comparison of substance use disorder severity and course in American Indian male and female veterans. *Am J Addict, 18*(1), 87-92. doi:10.1080/10550490802544912