



# Native Veteran's Resilience & Wellness Skills

October 2020

**Sean A Bear I, BA**

**David Natseway, MA**

**Ray Daw, MA**

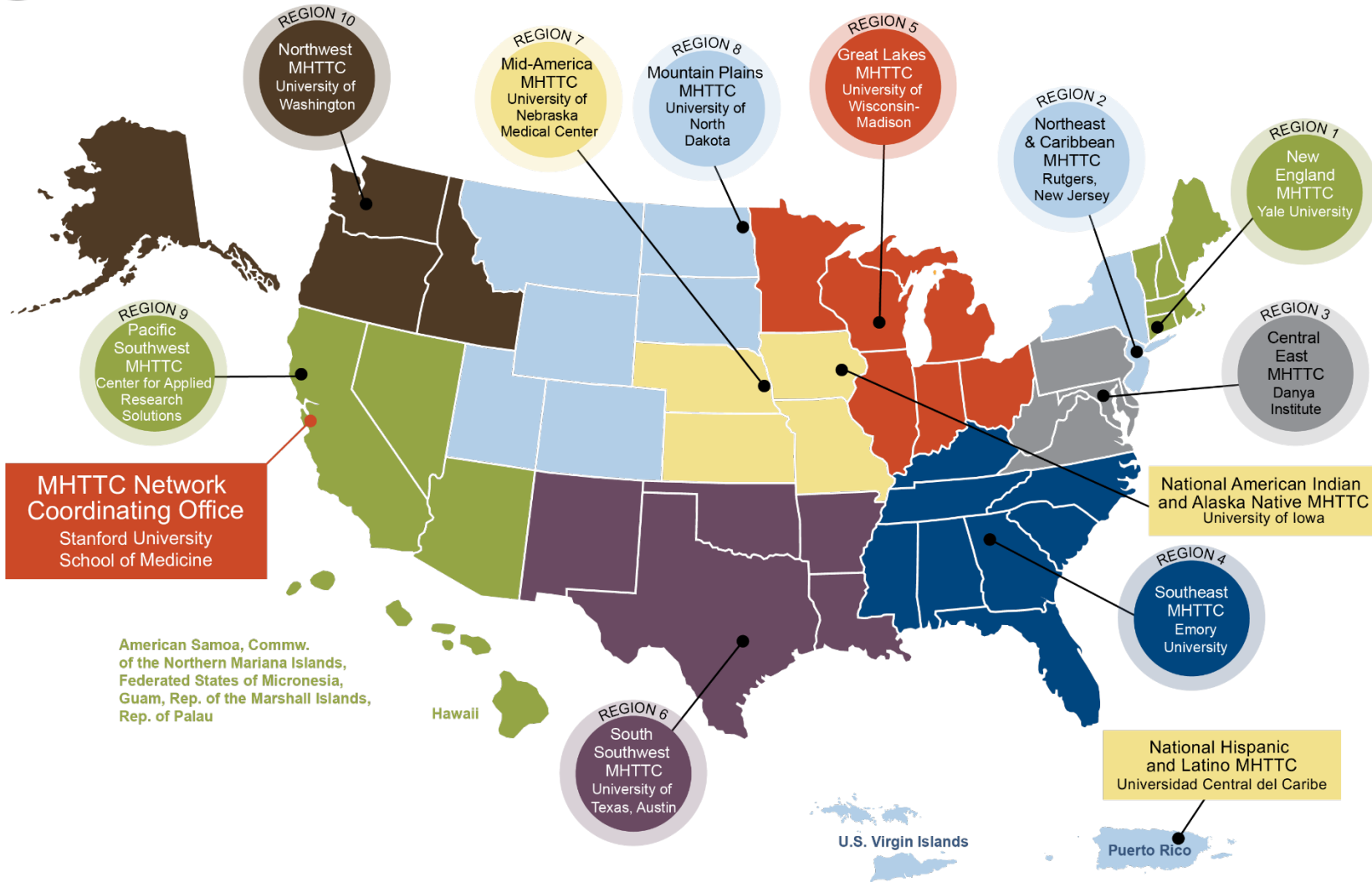


**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

**MHTTC Network**



# Mental Health Technology Transfer Center Network

This webinar is provided by the National American Indian & Alaska Native MHTTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

# ***SAMHSA***

Substance Abuse and Mental Health  
Services Administration

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



# Today's Speaker

**Sean A. Bear, BA, Meskwaki, US Army**

Sean earned his B.A. from Buena Vista University in 2002, majoring in psychology/human services. He also studied mental health counseling at Drake University for 2 years. He is a member of the Meskwaki Tribe, in Tama, Iowa, and has worked with Native Americans with substance abuse issues for many years. He is an Army Veteran of 9 years, and was honorary discharged from the 82nd Airborne.

Mr. Bear has worked as an Administrator/Counselor in EAP, as a counselor in adolescent behavioral disorder programs, substance abuse, and in-home family therapy. He has experience in building holistic, Native American based curriculum, and implementing these curricula/programs in substance abuse treatment and prevention program.



# Today's Speaker

**David A. Natseway, BA, LSAA, Pueblo of Laguna Tribal Member, USN(ret),**

A native of Arizona, David Natseway, LSAA, holds a B.A. in Psychology with a concentration in Basics in Addiction Counseling (BAC) from the University of New Mexico, and A.A. in Communications from Central New Mexico College. David has worked as a Substance Abuse Counselor, and Addiction Support Group Facilitator with the Pueblo of Laguna Behavioral Health and Social Services. He is trained in Moral Reconciliation Therapy (MRT) and MRT-Trauma, and is a current member of the Laguna Healing to Wellness Court Team. David works as a Tribal Healing to Wellness Court Consultant for Tribal Law and Policy Institute (TLPI), and the National AI/AN. David served in the U.S. Navy as a Musicians Mate retiring in 2011 after more than 20 years of Honorable Service, and remains active as a musician. With his music experience, and great appreciation for the therapeutic power of music, he has been a Music is Healing Presenter for the Pueblo of Laguna Prevention Program. David also enjoys umpiring baseball for New Mexico Activities Association, New Mexico Officials Association, and holds a Professional Certificate as a Baseball Umpire from the Minor League Baseball Umpire Training Academy, Vero Beach, FL. David is an enrolled member of the Pueblo of Laguna and resides in Albuquerque, NM.



# Today's Speaker

Ray Daw, MA, is Dine” (Navajo), US Army

Ray is originally from Houck, Arizona. Graduated from boarding school and UNM. He has been in the behavioral health field for about 35 years working with the Navajo Nation, non-profits and most recently in Alaska. His work in behavioral health has been heavily towards developing Native trauma-appropriate approaches that are healing and effective in tribal behavioral health prevention, Intervention, and treatment services. He also trains in Motivational Interviewing and Historical Trauma.



# Overview



PROVIDE OPPORTUNITY FOR NATIVE VETERANS TO SUPPORT EACH OTHER.



PROVIDE OPPORTUNITY FOR VETERAN FAMILY MEMBERS AND PROVIDERS TO LEARN AND SUPPORT.



PROVIDE A LEARNING COLLABORATIVE FOR VETERANS ON THAT EXPANDS SERVICE ACCESS AND RESOURCES.

# Objective: Define Trauma



WHAT IS TRAUMA?



HOW IT IS  
DESCRIBED?





# Soldier Suicide Prevention Tips

# Soldier Suicide Prevention Tips

Suicide

Suicide Prevention Tip 1: Speak Up If You're Worried



Suicide

Suicide Prevention Tip 2: Respond Quickly to Prevent an Attempt



Suicide

Suicide Prevention Tip 3: Offer Help and Support

# Suicide Prevention Tip 1: Speak Up If You're Worried

- ▶ If you spot the warning signs of soldier, veteran or civilian suicide in someone you care about, you may wonder if it's a good idea to say anything. What if you're wrong? What if the person gets angry? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

# Suicide Prevention Tip 2: Respond Quickly to Prevent an Attempt

- ▶ If a soldier, veteran, friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for suicide in the near future have a specific suicide PLAN, the MEANS to carry out the plan, a TIME SET for doing it, and an INTENTION to do it.

The following questions can help you assess the immediate risk for suicide:

Do

Do you have a suicide plan? (PLAN)

Do

Do you have what you need to carry out your plan (pills, gun, etc.)? (MEANS)

Do

Do you know when you would do it? (TIME SET)

Do

Do you intend to take your own life? (INTENTION)

# Suicide Prevention Tip 3: Offer Help and Support

- ▶ If a friend or family member is suicidal, the best way to help is by offering an empathetic, listening ear. Let your loved one know that he or she is not alone and that you care. Don't take responsibility, however, for making your loved one well. You can offer support, but you can't get better for a suicidal person. He or she has to make a personal commitment to recovery.
- ▶ It takes a lot of courage to help someone who is suicidal. Witnessing a loved one dealing with thoughts about ending his or her own life can stir up many difficult emotions. As you're helping a suicidal person, don't forget to take care of yourself. Find someone that you trust—a friend, family member, clergyman, or counselor—to talk to about your feelings and get support of your own.

## More Tips

It's okay to be silent after you've started the conversation.

Give them room to breathe and time to get comfortable with the topic.

Be persistent. Don't let one attempt turned back be the end.

Use good judgement but be persistent in your caring.

Suggest or show them options to talk to someone.

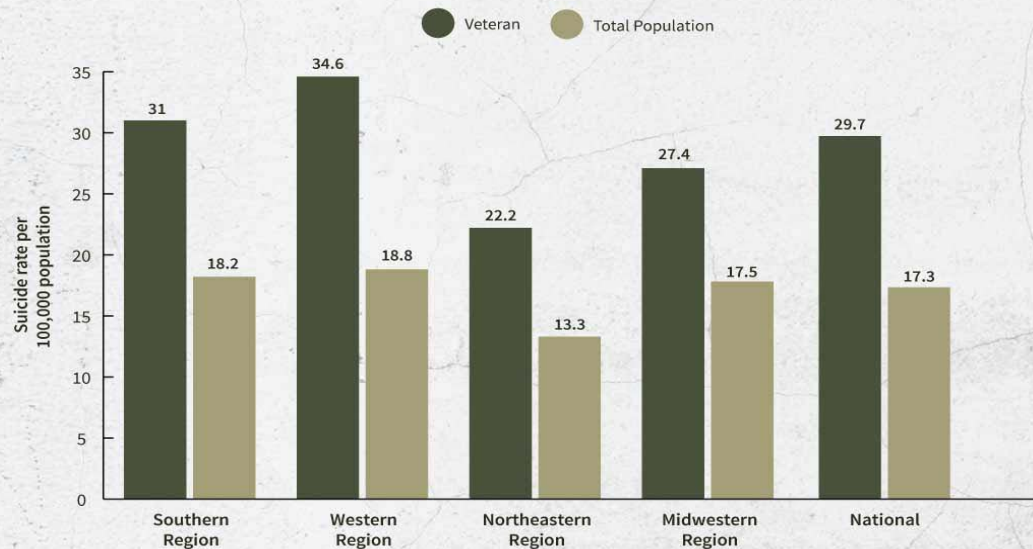
You're not the expert, so don't try to be. Others are ready to help you and use it.

## How Many are Affected PTSD?

- ▶ According to the U.S. Department of Veterans Affairs (VA) National Center for PTSD, the number of Veterans with PTSD varies by service era.
- ▶ It is estimated that between 11 and 20% who served in Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) have PTSD in a given year;
- ▶ about 12% of those who served in the Gulf War (Desert Storm) have PTSD in a given year.
- ▶ For Vietnam Veterans, about 30% are estimated to have PTSD in their lifetime.



## HOW DO VETERAN SUICIDE RATES COMPARE TO NATIONAL SUICIDE RATES?



**Northeastern Region:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont.

**Midwestern Region:** Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin.

**Southern Region:** Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia.

**Western Region:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming.

Source: Department of Veterans Affairs; [https://www.mentalhealth.va.gov/suicide\\_prevention/Suicide-Prevention-Data.asp](https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp)

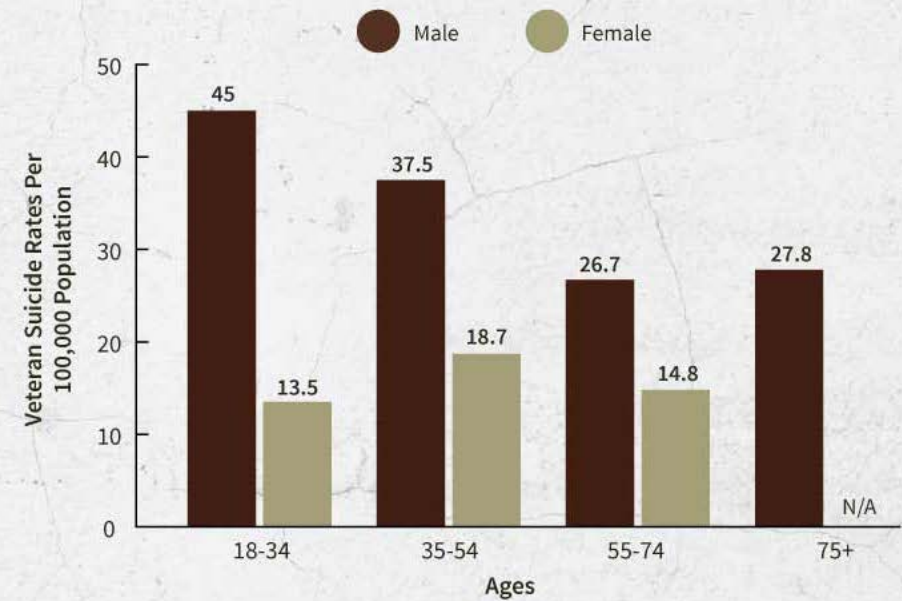
Created by the MSW@USC, the online Master of Social Work program at the University of Southern California.

# American Institute of Stress

# Gender & Suicide



## HOW DOES VETERAN SUICIDE DIFFER BY GENDER AND AGE?

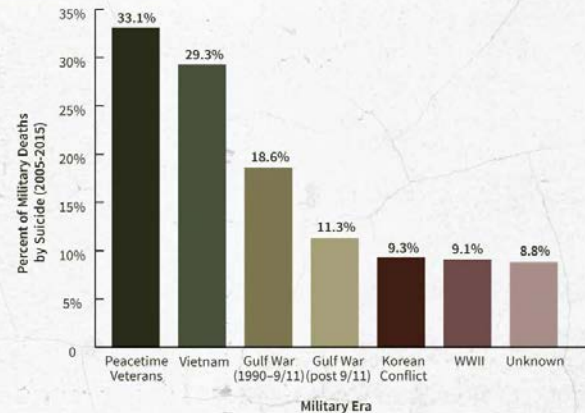


Source: Department of Veterans Affairs; [https://www.mentalhealth.va.gov/suicide\\_prevention/Suicide-Prevention-Data.asp](https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp)

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## HOW ARE VETERANS OF DIFFERENT MILITARY ERAS AFFECTED BY SUICIDE?

Veterans are counted in every era that they served.



### Where can active-duty service members or veterans struggling with suicidal thoughts get help?

#### The Veterans Crisis Line

A confidential 24/7 hotline (1-800-273-8255), text line (send a text message to 838255) and online chat. People with trouble hearing can call 1-800-799-4889.

#### The Department of Veterans Affairs

Identifies hotlines, outreach centers, program locators, screening tools and guides for treatment and benefit claims.

#### The VA self-help section

Offers educational materials to help veterans, service members, friends and families learn about depression, PTSD and substance use.

Source: Department of Veterans Affairs; [https://www.mentalhealth.va.gov/suicide\\_prevention/Suicide-Prevention-Data.asp](https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp)

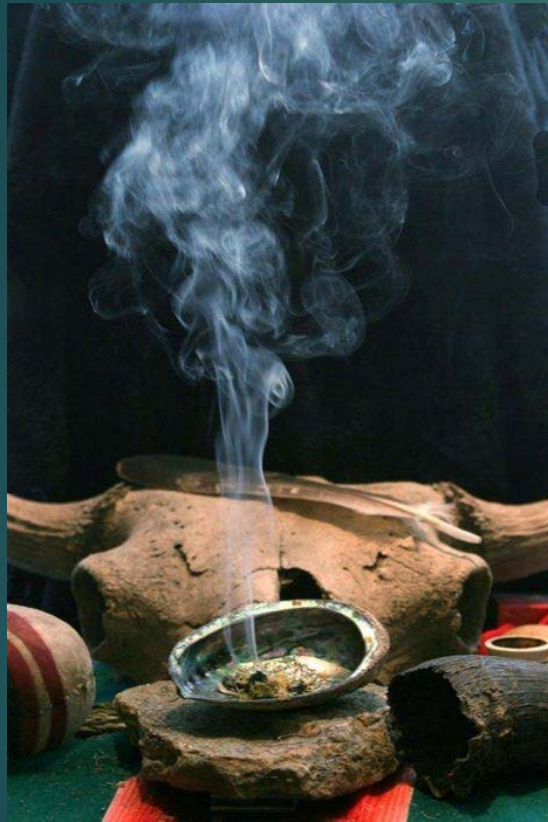
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# Military Eras

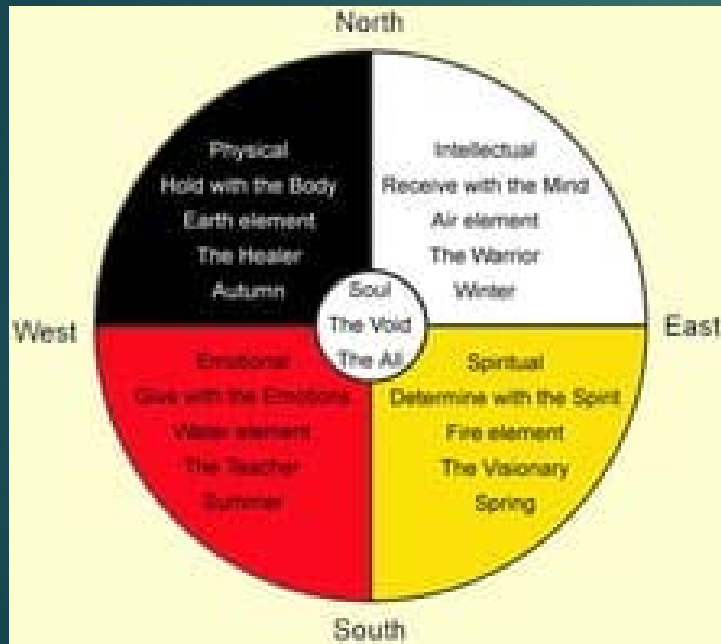
# Civilian Risk Factors



# Veteran Risk Factors



# Vets & Civilians



VETS MAKE UP

**7 PERCENT**

OF THE AMERICAN POPULATION.



BUT THEY ACCOUNT FOR

**20 PERCENT**

OF ITS SUICIDES.



SOURCES: DEPARTMENT OF VETERANS AFFAIRS,  
CENTER FOR NEW AMERICAN SECURITY

Mother Jones

# 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 MODEL

BEHAVIOR AND BELIEFS REFLECT  
HOME COUNTRY CULTURE

PARTIALLY ACCULTURATED OR  
BICULTURAL/MULTICULTURAL

BEHAVIOR AND BELIEFS REFLECT  
HOST COUNTRY CULTURE



UNACCULTURATED



ACCULTURATED



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Enculturation is the acquisition of one's own culture

Enculturation is an essential requirement for survival

Enculturation is the very first familiarization process to a particular culture

Acculturation is the amalgamation of two cultures

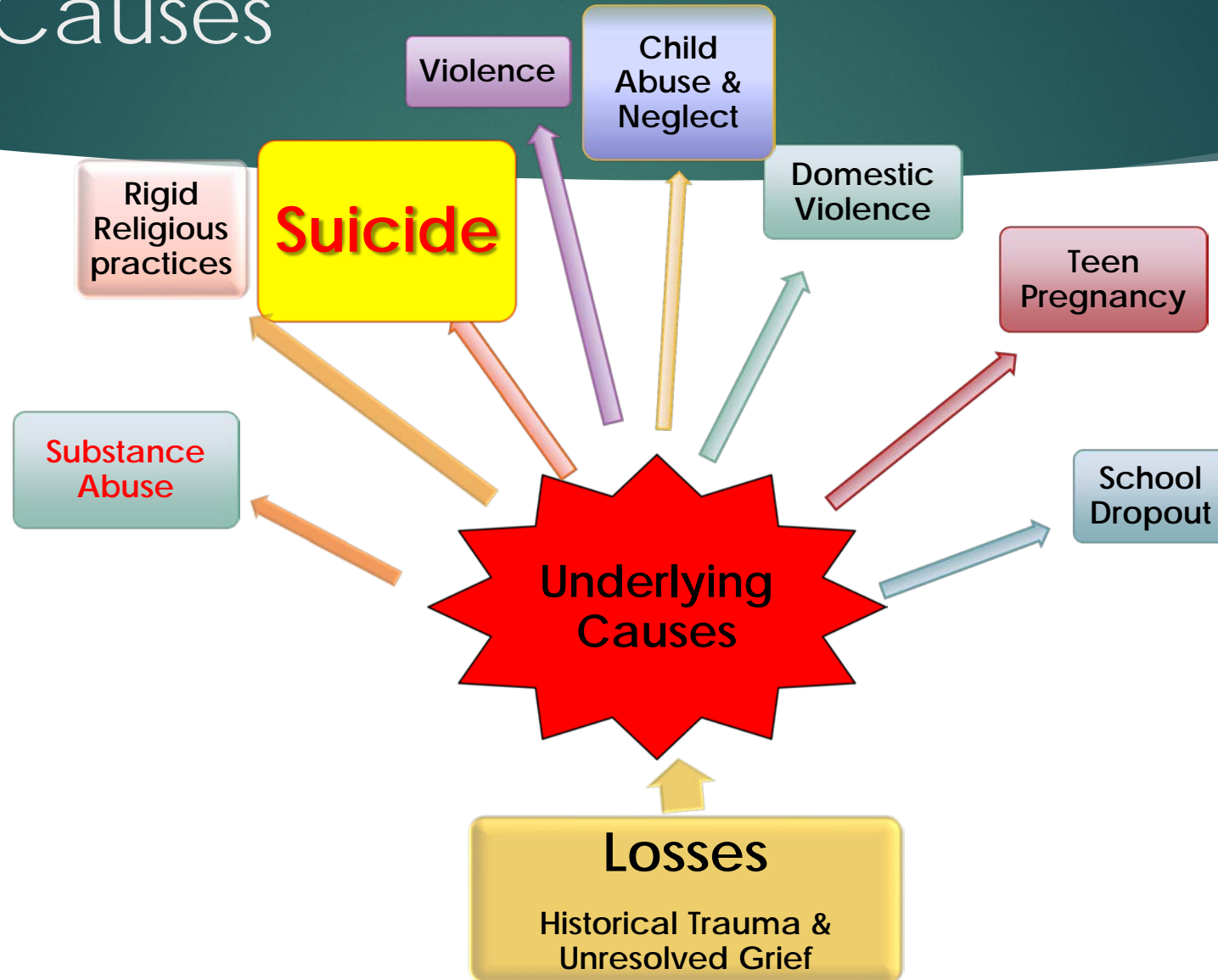
Acculturation is not an essential requirement for survival

Acculturation is the second or third familiarization to various cultures

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# Enculturation vs. Acculturation

# Root Causes



# Acculturation Assessments



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# Acculturation

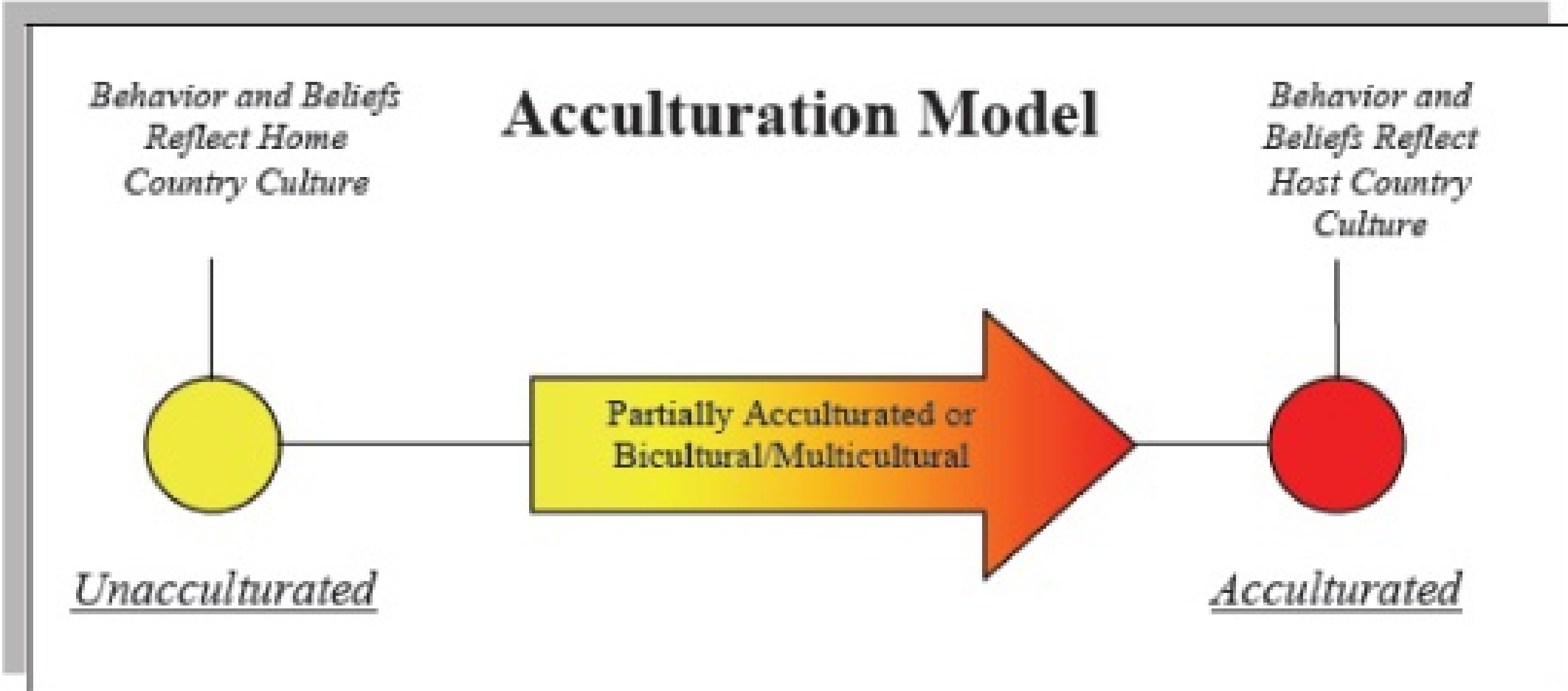


Fig. 1

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Enculturation is the acquisition of one's own culture.

Enculturation is an essential requirement for survival.

Enculturation is the very first familiarization process to a particular culture.

Acculturation is the amalgamation of two cultures.

Acculturation is not an essential requirement for survival.

Acculturation is not the first but second or third familiarization to various cultures.

Pediala.com

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NATTC can do introductory presentations with tribal leaders and providers on the Veteran's Wellness Curriculum

NATTC will adapt the Veteran's Wellness Curriculum to be tribally-specific with tribal leaders, providers, and tribal veterans.

NATTC can provide local training with tribal co-trainers that be up to 2.5 days.

NATTC can do trainer-of-trainers to develop tribal trainers to incorporate the modules within tribal systems; courts, etc.



## Follow-up



Can we answer your  
questions?

# How to contact us

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