



Native Center for  
Behavioral Health

**IOWA**



# Native Warriors and Behavioral Health

Sean Bear, US Army

Ray Daw US Army

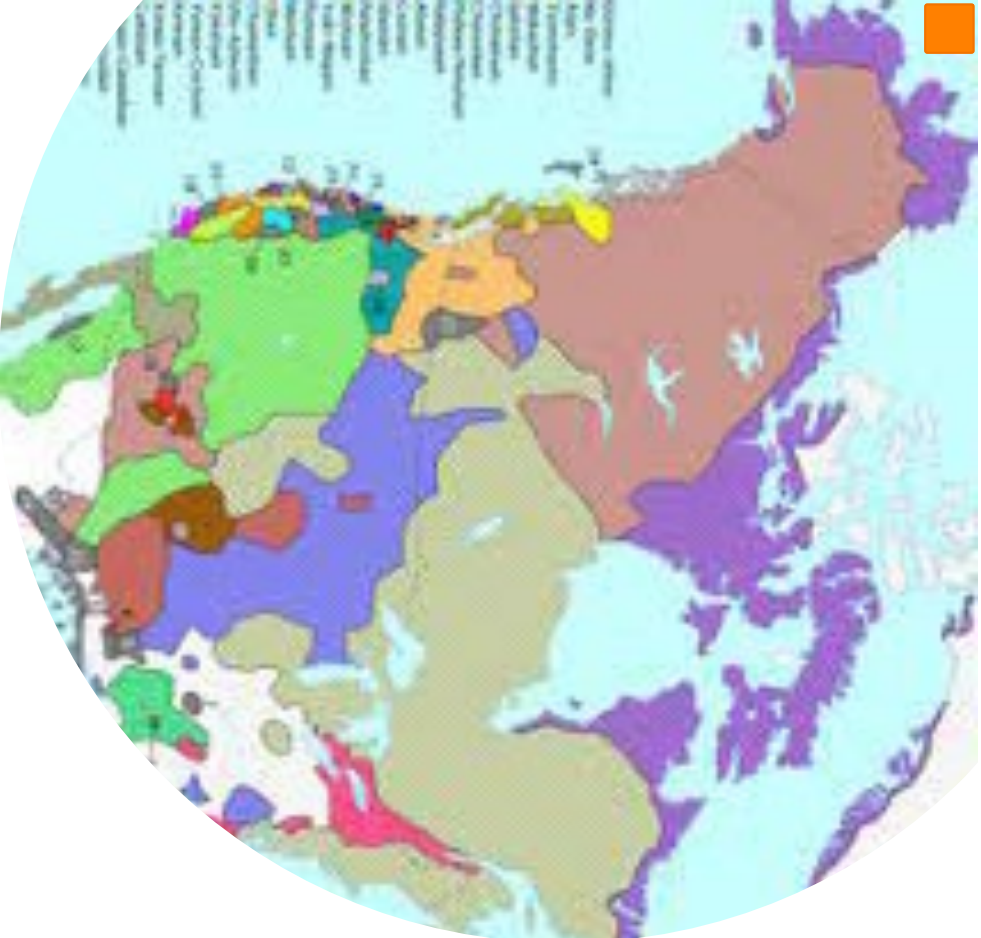
June 2022



# Native Center for Behavioral Health

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# Land Acknowledgement

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

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

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

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

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

Dekibaota, Elleh Driscoll, Meskwaki and Winnebago Nations

Takimaweakwe, Keely Driscoll, Meskwaki and Winnebago Nations

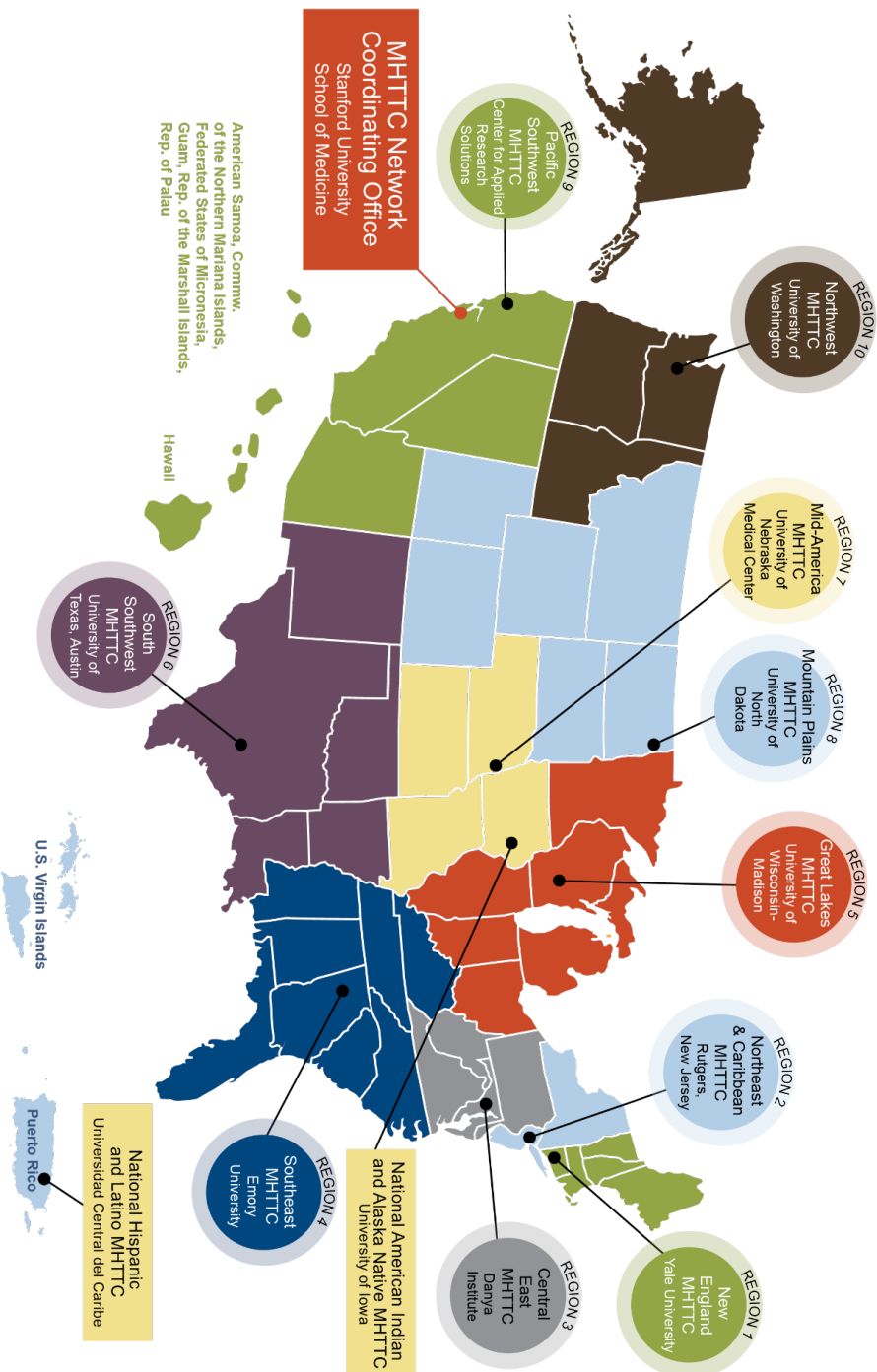
Keokuk, Sean A. Bear, 1<sup>st</sup>. Meskwaki Nation



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MHTTC Network



American Indian & Alaska Native Mental Health Technology Transfer Center



Substance Abuse and Mental Health  
Services Administration

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# Speaker

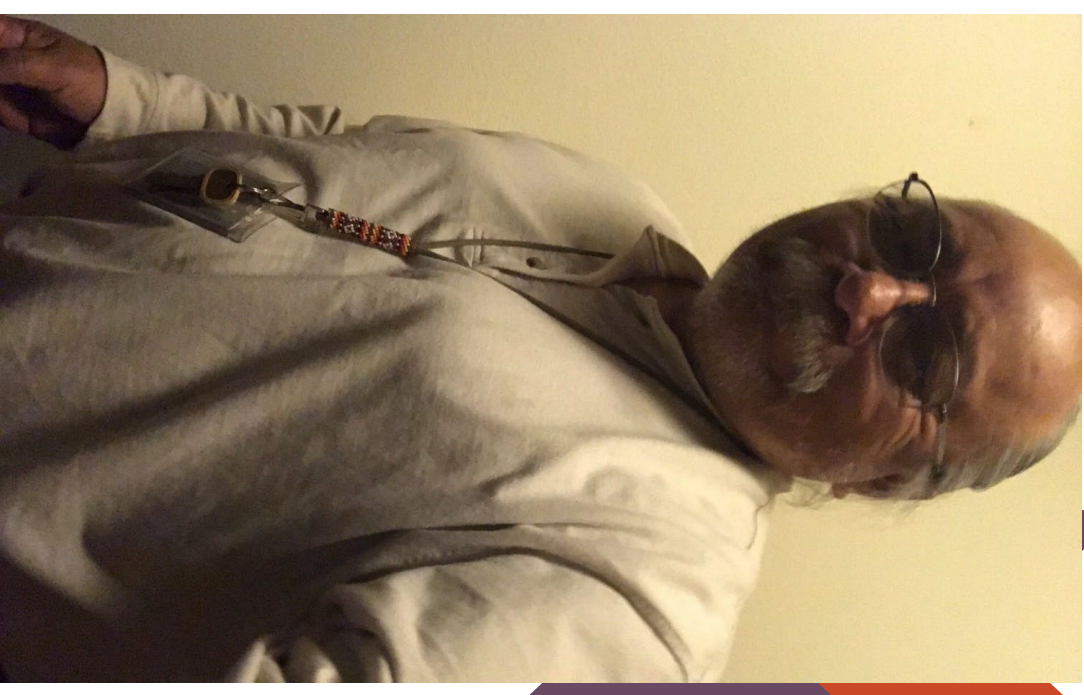
Sean A. Bear, BA, Meskwaki, US Army

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 after serving with 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.

# Speaker

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



Who am I?

Kinyaa'áanii

*nishiti*

T'í'izí Łáni

*hashishchin*

Tsi'naajinii

*dashichei'*

Tódich'ii'nii

*dashinai'*





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# Native Veteran Curriculum: “Healing the Returning Warrior”

## *Native Veteran Curriculum Overview*



## Presentation Overview

- *The Healing the Returning Warrior module explores the challenges and strengths within American Indian/ Alaskan Native veterans experiencing Post Traumatic Stress Disorder (PTSD). This session will enable participants to gain a deeper understanding of Native trauma appropriate approaches to work in tribal health prevention, intervention, and treatment services.*



## Learning Objectives

- *Gain a deeper understanding of the history behind American Indian/Alaskan Natives involved in warfare and military*
- *Gain a deeper understanding of PTSD and the caring kinds of trauma affecting American Indian/Alaskan Native veterans, culturally-relevant approaches to assessment and treatment, and traditional beliefs*
- *Gain a deeper understanding of culturally-relevant ways to address compassion fatigue in behavioral health providers working with American Indian/Alaskan Native veterans and families.*

# Overview of the Training

Historical  
Overview of  
Natives in Warfare,  
Military

Trauma, Historical  
Trauma, and PTSD

Approaches to  
Assessment and  
Treatment

Traditional Beliefs  
& Healing Practices

Healing The Healer



# Healing the Returning Warrior

## Module 1

# Historical Overview of Natives in Warfare, Military



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# *Module One Objectives*



1. Describe the history of Native warriors



2. Describe characteristics of Native warriors



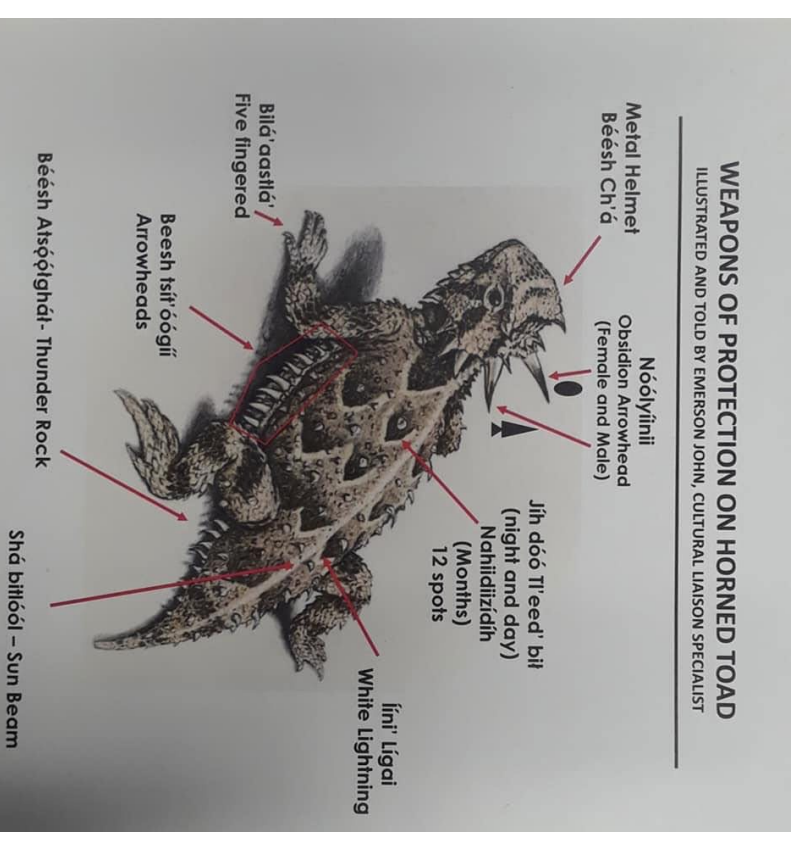
3. Describe the history of Native soldiers



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.



# 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

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- 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

- 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.

# 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

**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



## NATIVE-AMERICAN CODE TALKERS WWII



**NATIONAL MUSEUM  
OF THE  
PACIFIC WAR**

NAVAJO	MUSKOGEE
CREEK	SEMINOLE
CHOCTAW	HOP I
SI OUX	COMANCHE
CHEROKEE	ASSINIBOINE
CHIPPEWA/ONEIDA	
KIOWA	MENOMINEE
PAWNEE	
SAC AND FOX/MESIKWAKI	



## Choctaw Code Talkers of WWI

- During World War 1, 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



# Native American Woman in military

- During War War 1, Fourteen Native American women served as members of the Army Nurse Corps during World War I, two of them overseas.
- As of 1980, at least sixty Native American women were serving in the Eskimo Scouts, a special unit of the Alaska National Guard. The Eskimo Scouts patrol the western coastline of Alaska and the islands separating Alaska and Russia.
- As of 1994, 1,509 Native American women and Native Alaskan women were serving in the military forces of the United States.
- Lori Ann Piestewa, a Hopi tribal member from the 507<sup>th</sup> Maintenance Company was the First Native American Woman killed in Iraq on March 23, 2003.



## 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



# Congressional Medal of Honor

- This is awarded “for conspicuous gallantry and integrity at the risk 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



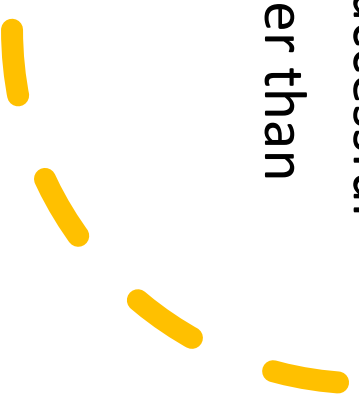
Objective 4:  
describe  
characteristics  
of Native  
soldiers

- 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?



# Healing the Returning Warrior Module 2

## Trauma, Historical Trauma, and PTSD & Treatment



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# Module Two Objectives



Define Trauma



Describe adverse childhood experiences



Describe historical trauma



Describe PTSD



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## Objective 1: Define Trauma

- Purpose: Review what trauma is and how it is described .





# 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 hereditary.
- This is called intergenerational trauma and can be traced back decades through the family.

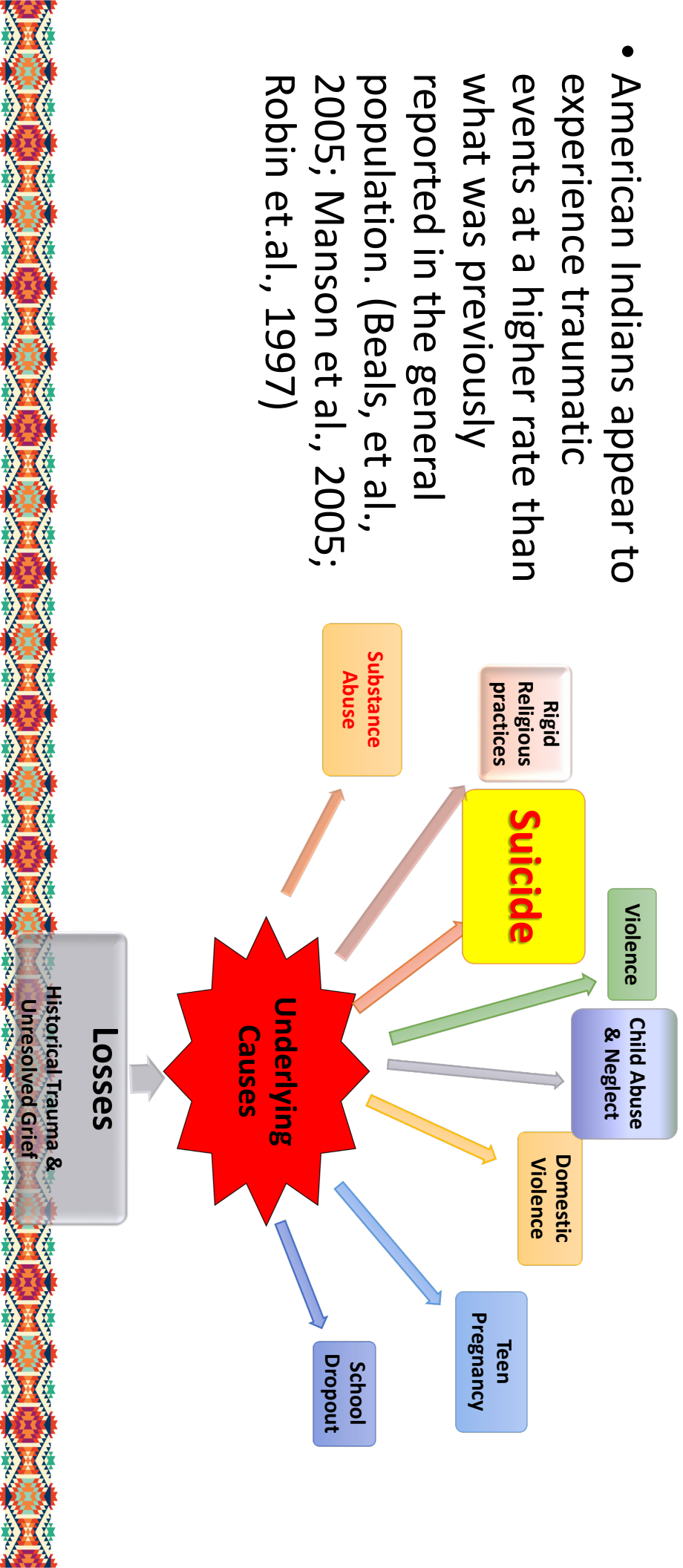
- Coyle, MSW, Social Work Today, Vol. 14 No. 3 P. 18





# 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

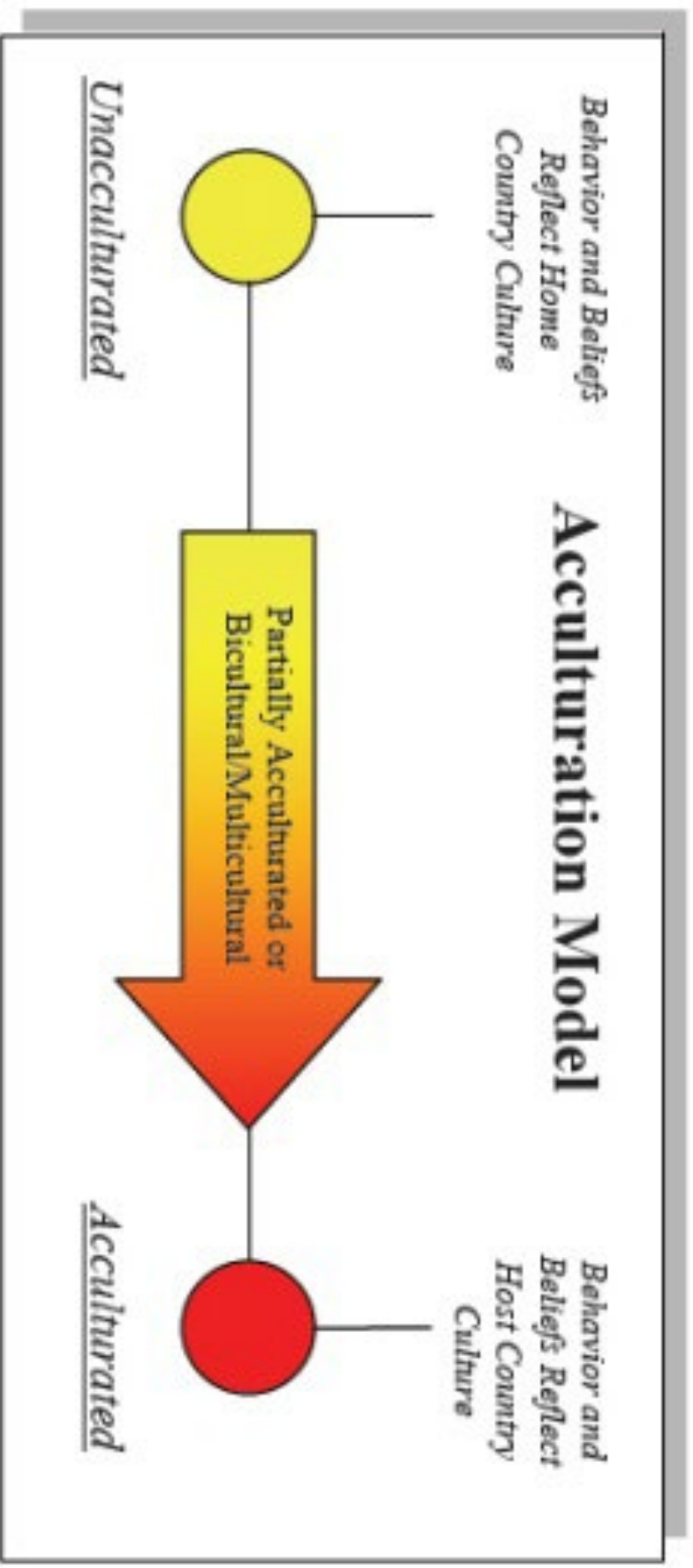


Fig. 1



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## Obj 2: Adverse Childhood Experiences (ACEs).

- Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. (CDC)





# 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



Mother treated violently



Incarcerated Relative



Substance Abuse



Divorce

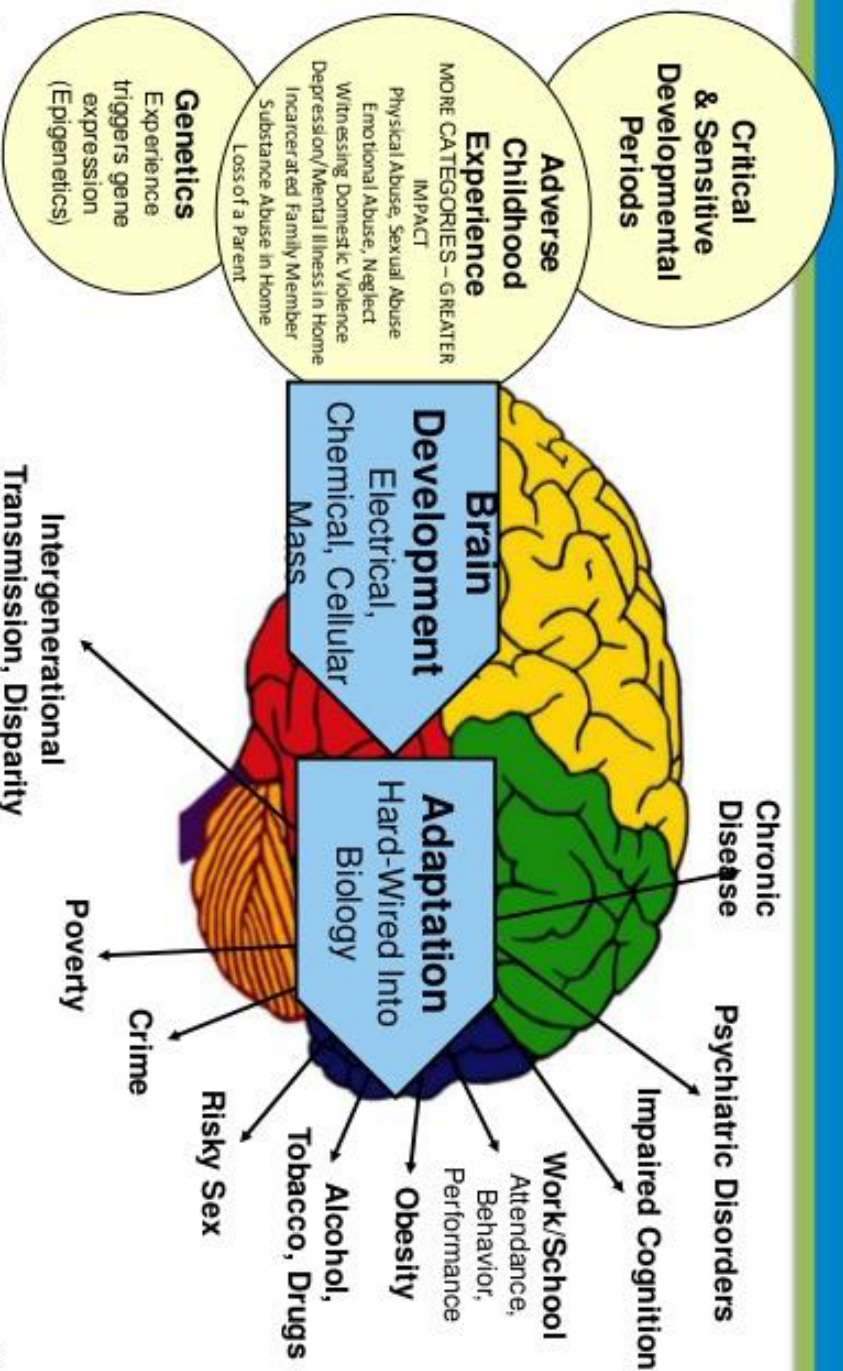


# Health Disparities for Native Americans

- 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

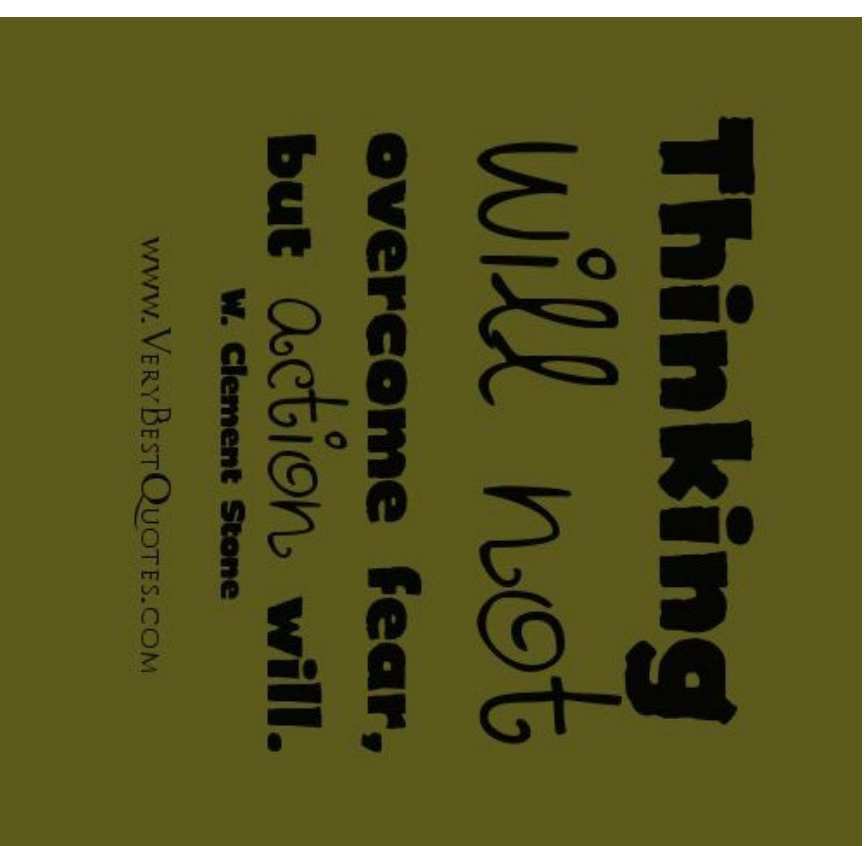


Source: Family Policy Council, 2012



# Overcoming ACES

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







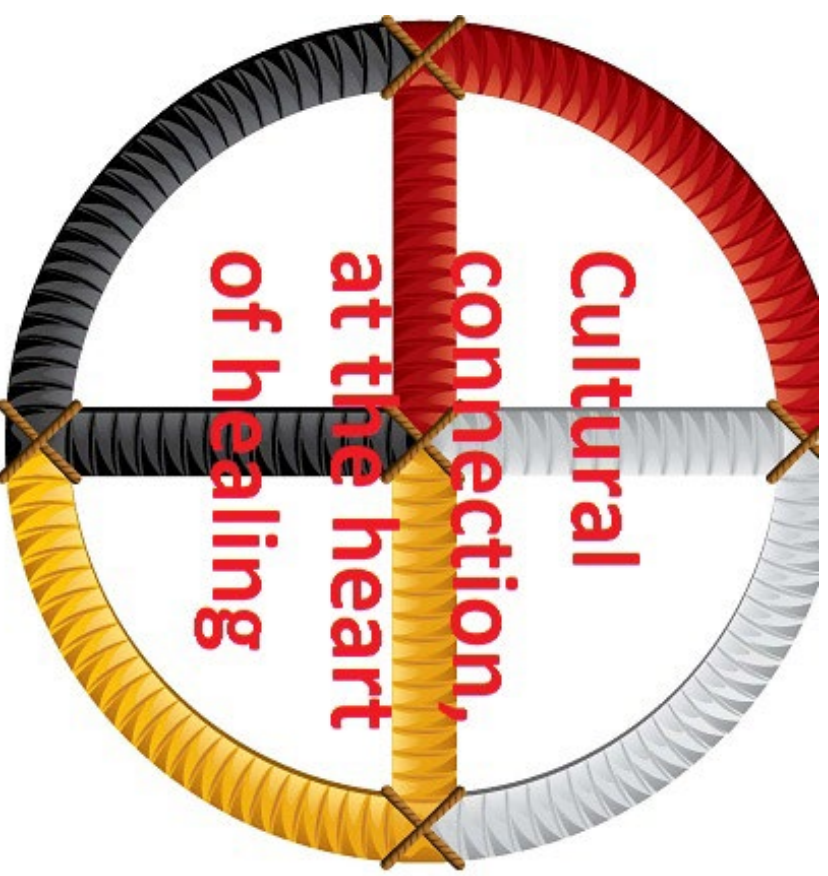
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## *Objective 3: Describe historical trauma*

*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)

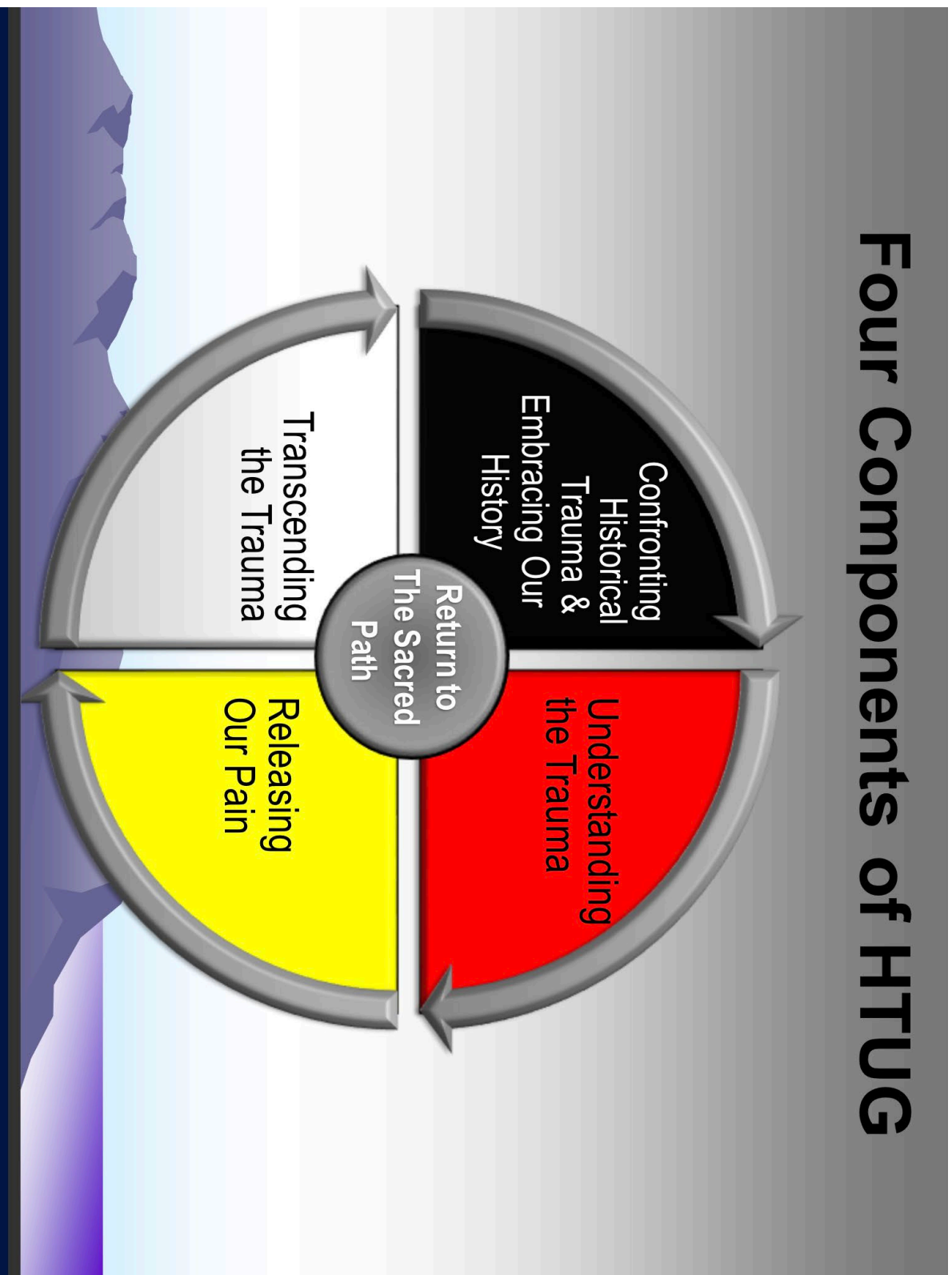


# Historical Trauma

- 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



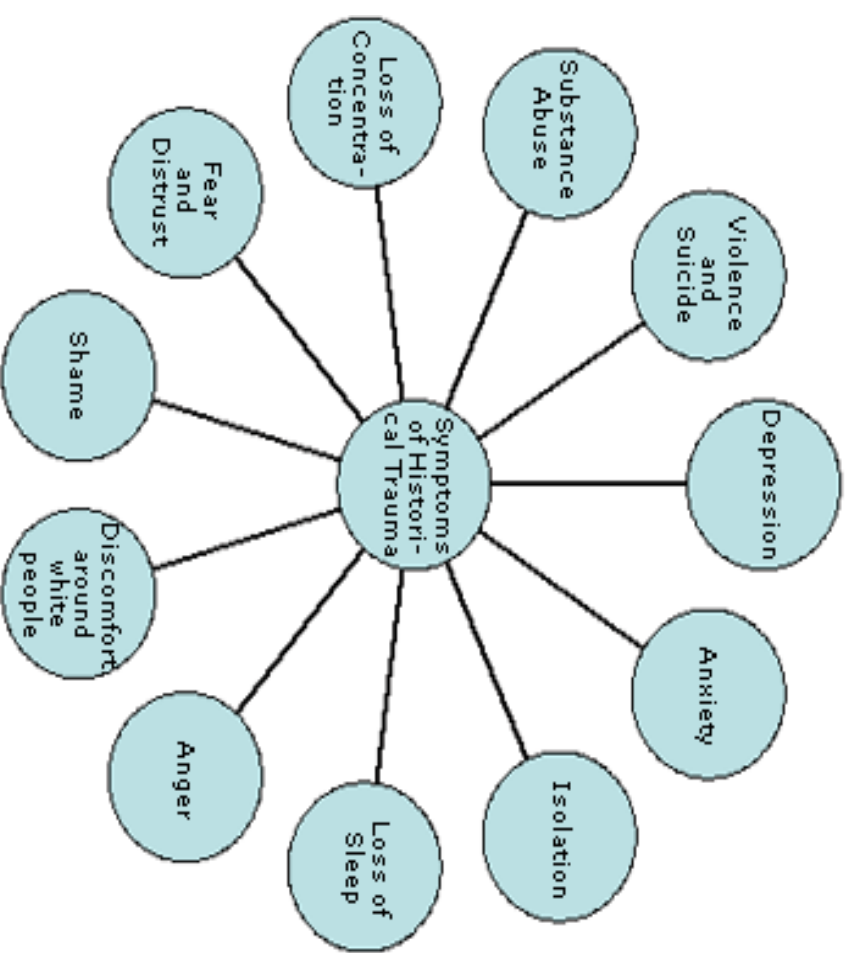
# Confronting historical trauma

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





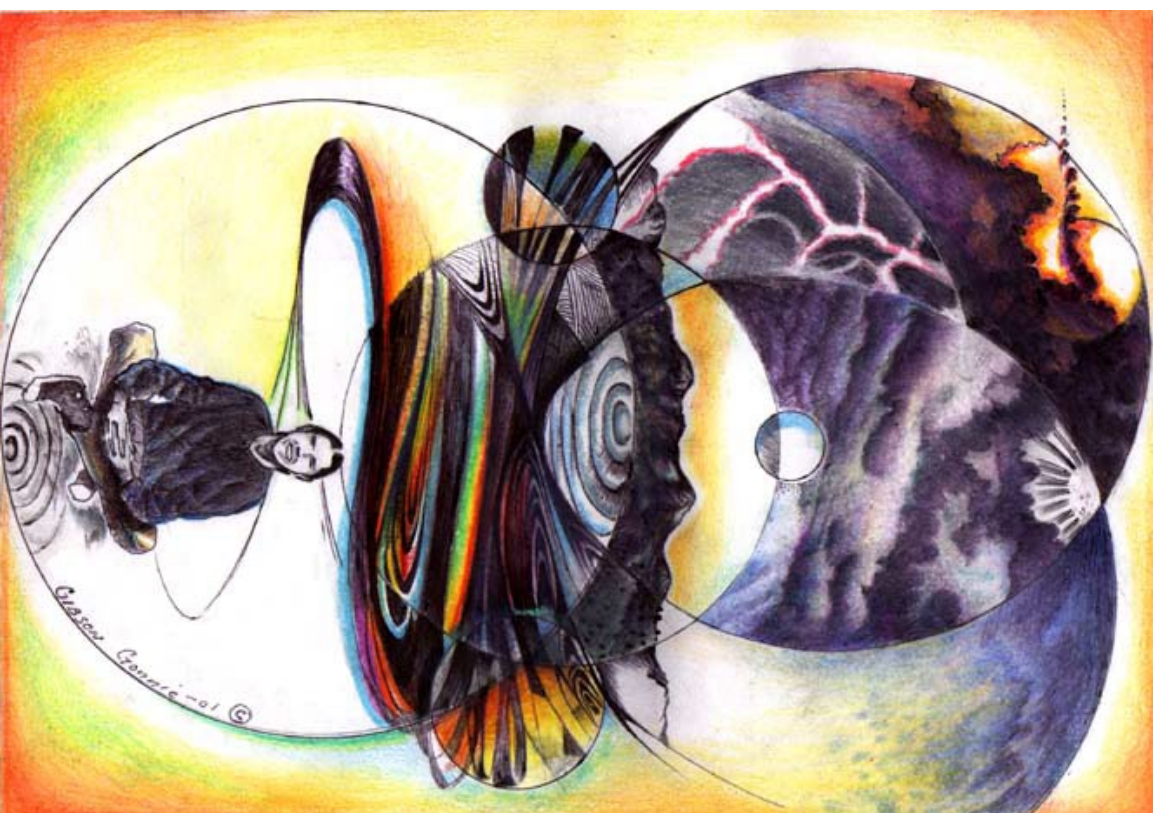
# Understanding the trauma



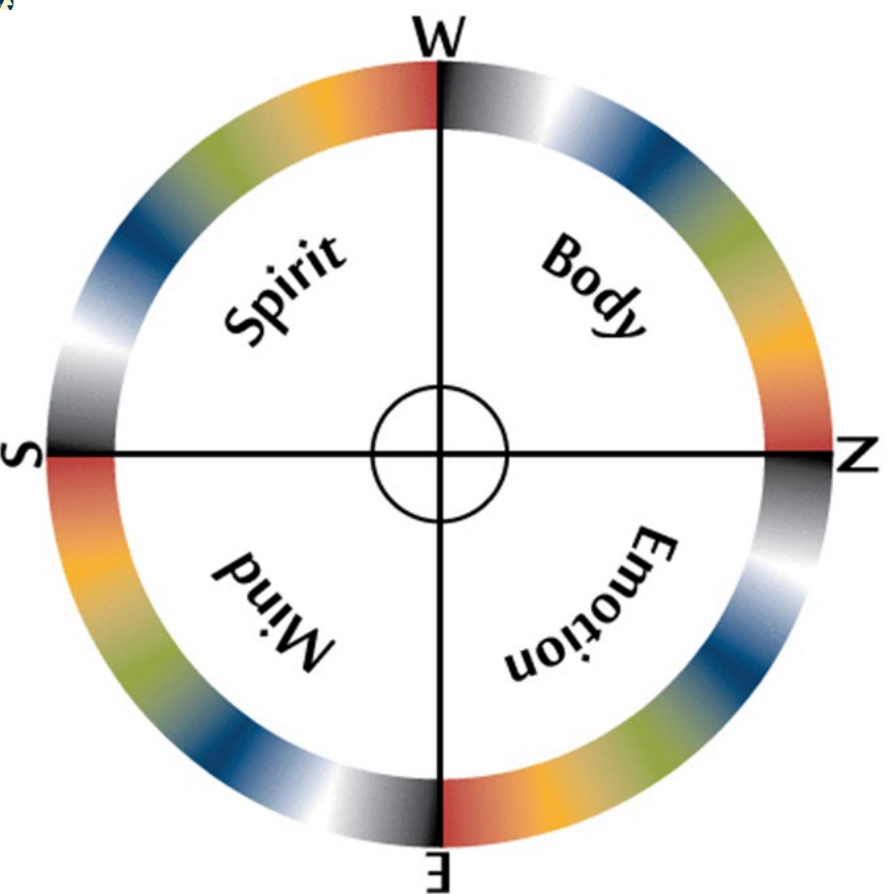
© Takini Network



# Releasing our pain



# Transcending the trauma







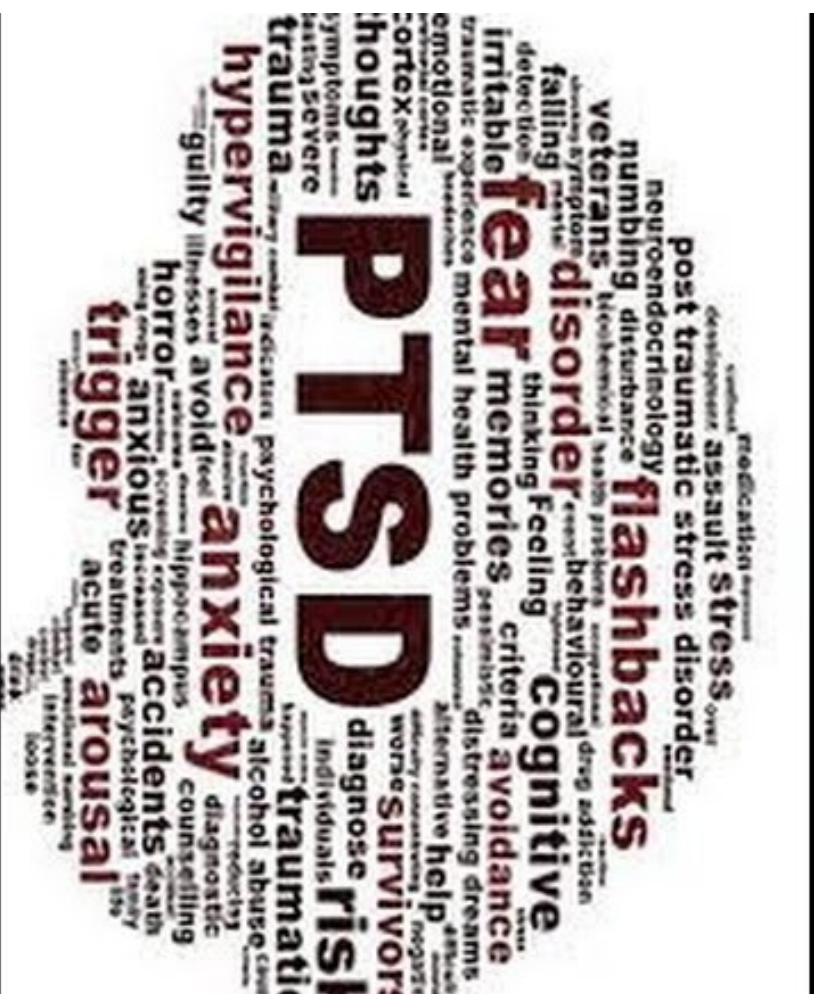
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## Objective 4: Describe PTSD

*Purpose: what kinds of problems can occur with people who have very bad experiences is discussed.*



# Development of PTSD

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

Marx & Gutner (2015)



# 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, & Shaley, 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).

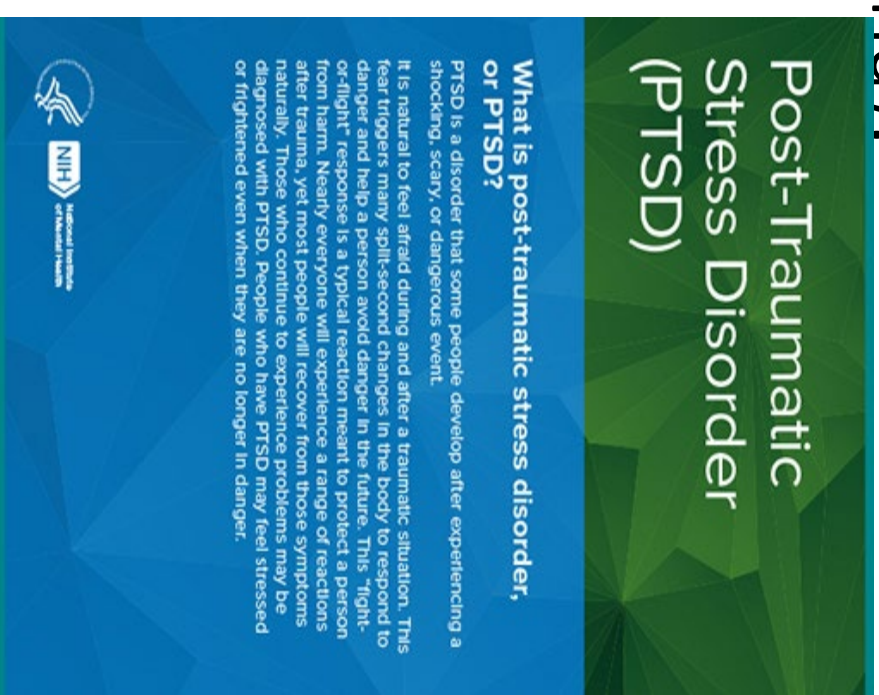
Strong emotional  
reactions (Ozer et al.,  
2003).

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.

 **NIH** National Institute of Mental Health



# 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 were they were unlikely to be exposed to trauma.
- This may changes with future generations of Veterans as women are increasing placed in combat zones (Westermeyer et al., 2009).



# Healing the Returning Warrior

## Module 3

# Approaches to Assessment & Treatment



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# Module 3 Objectives



Acculturation assessments



DSM-5 Diagnostic Criteria for PTSD




Treatment of PTSD



Inclusion of family and community







# Objective 1: Acculturation assessments

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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.





## 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.







# 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).

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."



# PTSD Treatment Approaches

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

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

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

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



# 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

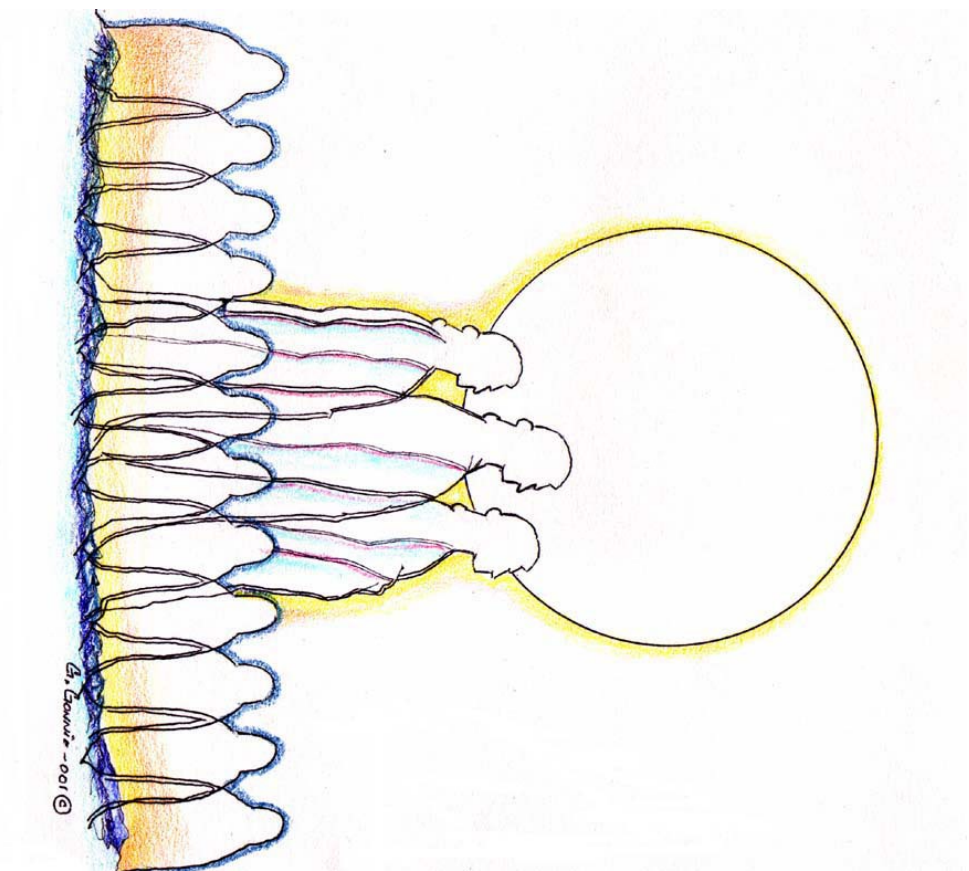
Important for Self control.



## Objective 4: Inclusion of family and community

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- 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 assisting an American Indian/Alaska Native Veteran, it is important to include family members as well. You cannot remove an individual from their family unit and expect 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







# 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)



# *“Healing the Returning Warrior” Module 4*

## Native Traditional Beliefs and Healing Practices



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# Objectives



Culture and assessment



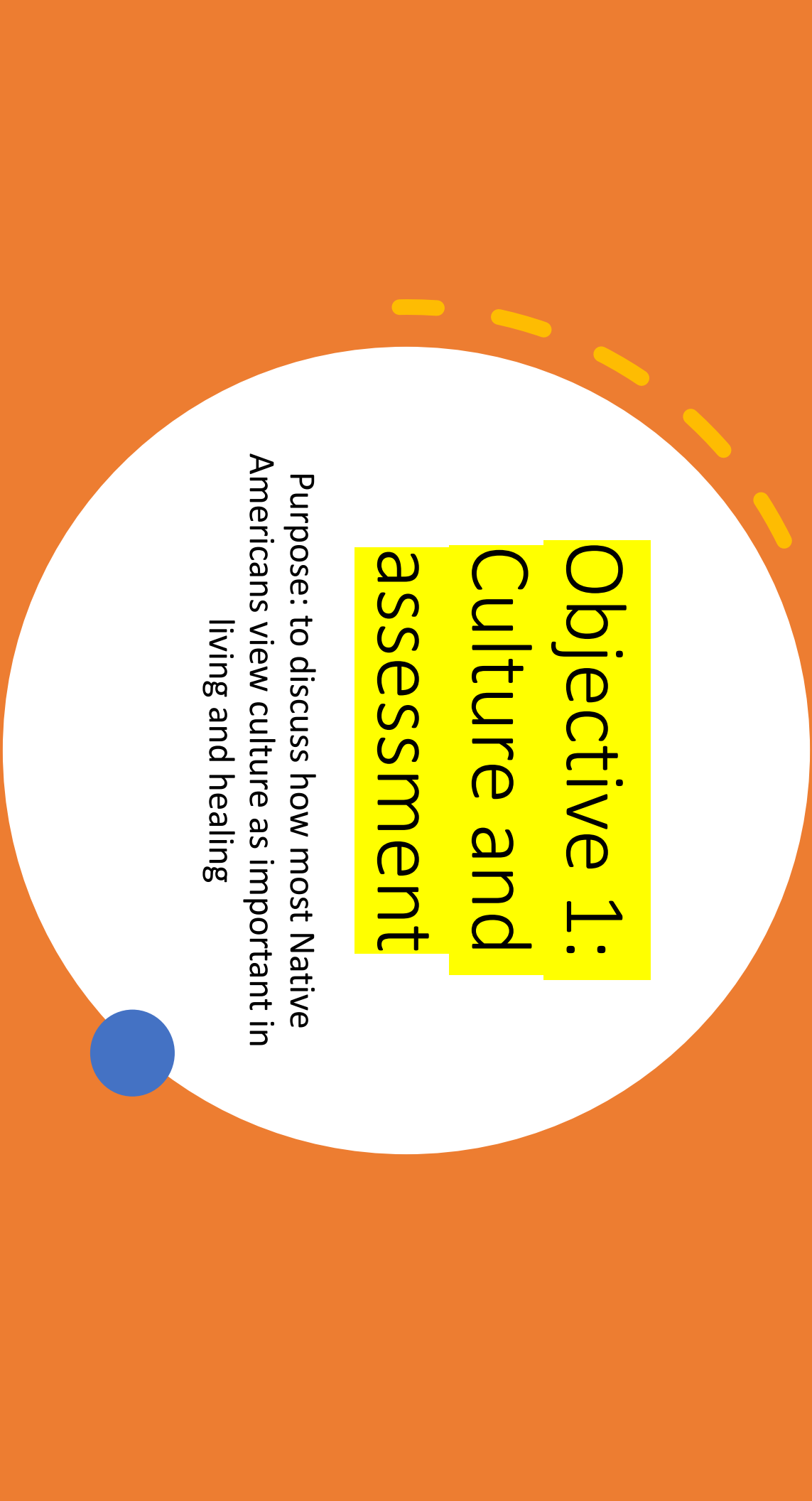
Considering traditional beliefs and practices



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.



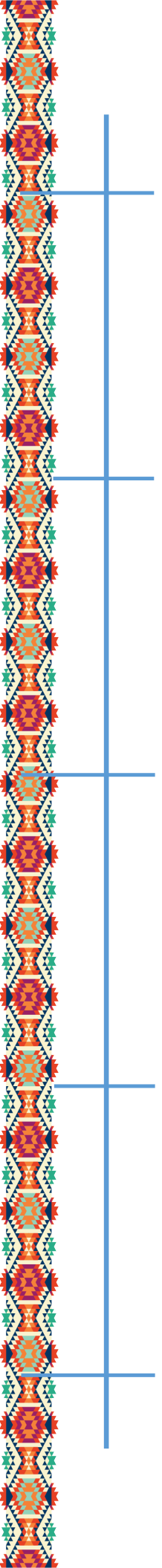
# Acculturation

- 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.

*Traditional*

*Bi-Cultural*

*Assimilated*





## 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



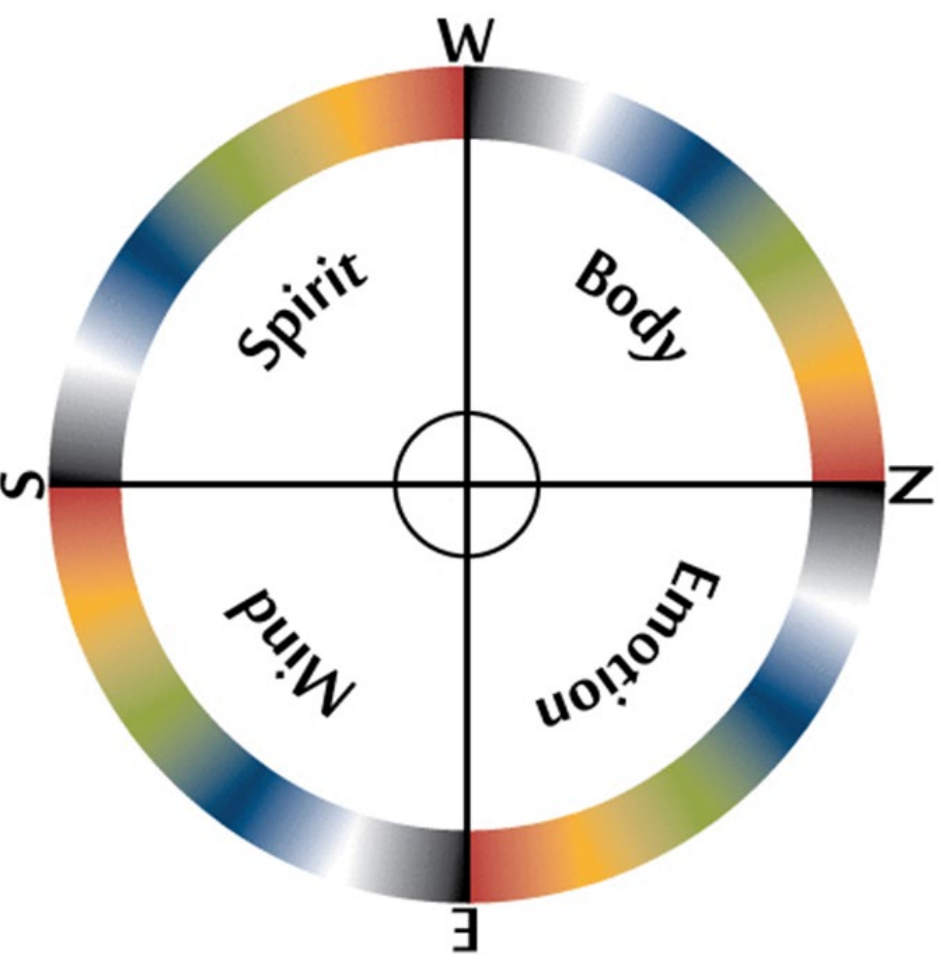
# Sample Identity Assessment Questions

- 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?
- 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?
  - Tribal members?
  - Non-tribal members?
- Have you ever experienced prejudice from –



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:





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## 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*



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## 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*



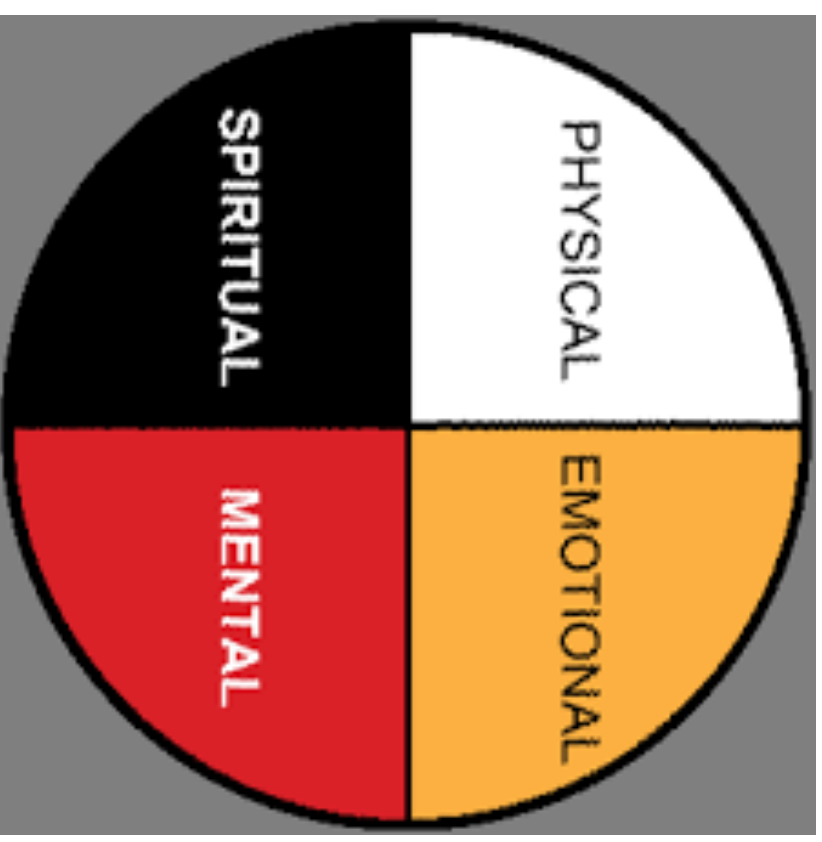
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## Objective 3: Traditional healing practices

- 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

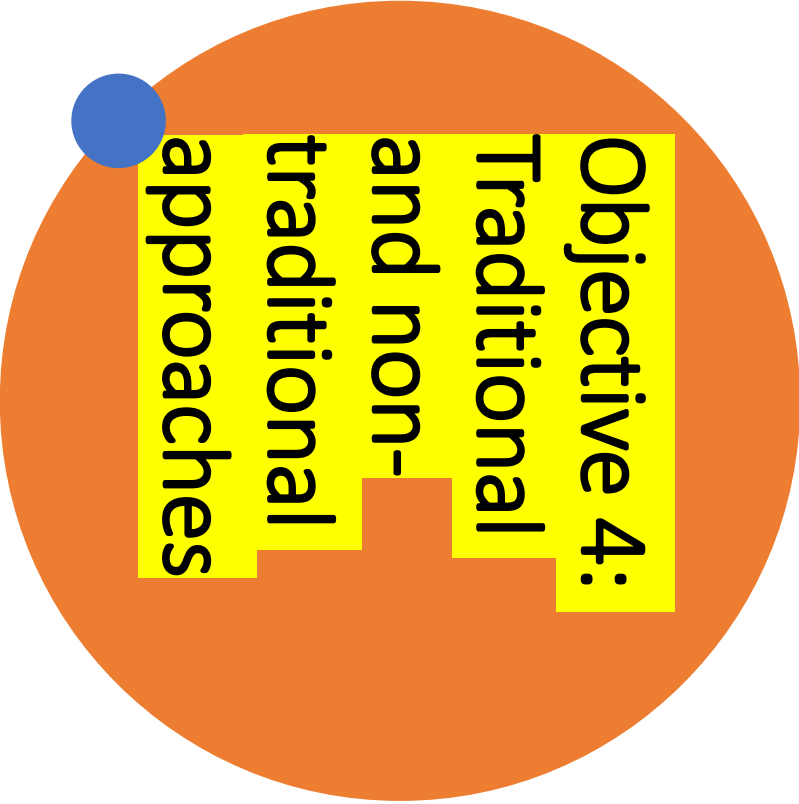
- There are Ceremonies in which one can confront one's fears, which were utilized long ago: The idea was to Fast for four days, then guided by a Medicine person in order to receive a vision of One's death.
- This was used so a warrior could enter any battle or circumstance with the knowledge that this 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.






## 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.



**Objective 4:  
Traditional  
and non-  
traditional  
approaches**

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



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## *Traditional vs. Non-Traditional*

- *What is considered traditional?*
  - *Tribe specific*
  - *From another 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.





# 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.





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

## *Medicine Way*

- *Living, interacting, utilizing, and*



# Native Veteran Curriculum: “Healing the Returning Warrior”

Healing the Healer:  
Honoring Self through Native American  
Teachings/Wisdom



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# Objectives



Discuss the challenges of working with clients/patients



Understand how healing creates resilience



Describe compassion fatigue



Understand the value of managing stress





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*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





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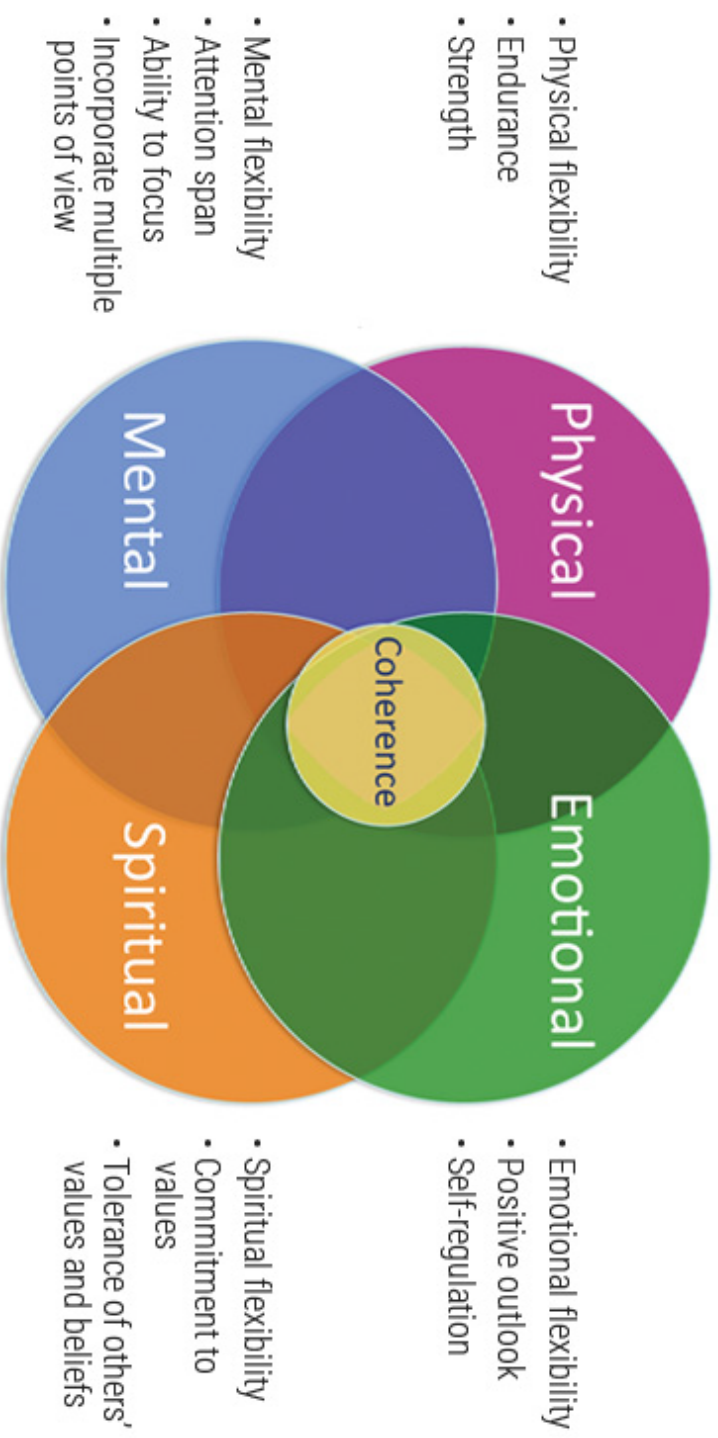
*Objective 2: Understand how  
healing creates resilience*

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




# Resilience

## Domains of Resilience








# 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 people are 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.”





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## 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, \_\_\_\_\_”?



## 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.



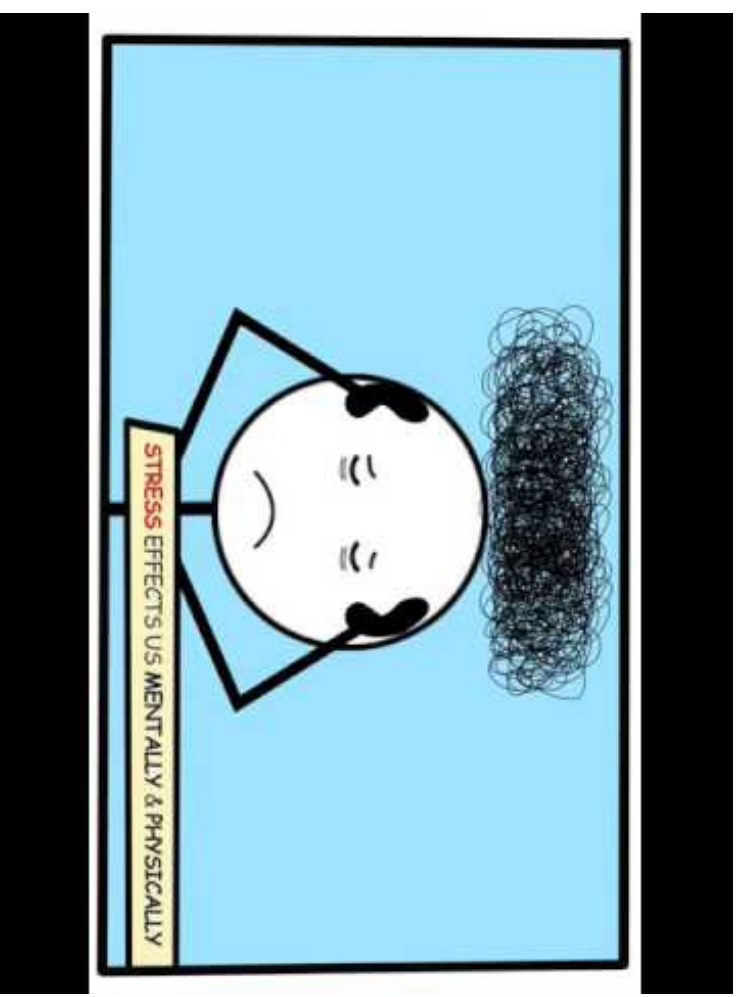
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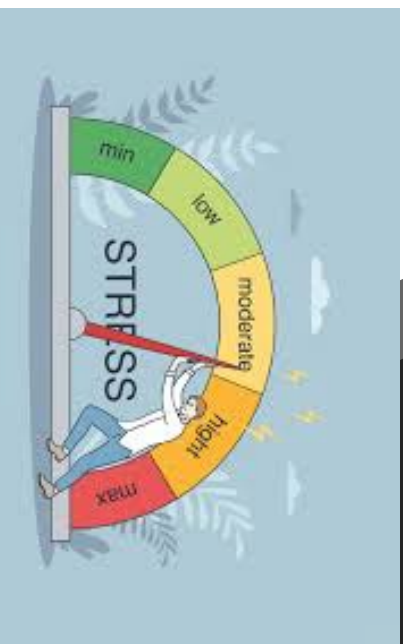
## Objective 4: Understand the value of managing stress

- 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 heal from stress.



# 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.



# 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 on-site 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.



In Q&A,  
present  
questions.



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