#### **American Indian Combat Veterans**

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# House Keeping

- Please be sure to <u>sign in</u> and <u>out</u> on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

#### Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

#### Partnerships

- Traditional/ Cultural Spiritual Leaders
- Community Members
- Tribal/Indian Health Service Employees
- Department of Veterans Affairs
- Community Veteran Support and Housing
- Vet Centers
- American Indian Veterans

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# **Purpose of Presentation**

Examine pre-combat childhood experiences on post combat adjustment for American Indian Vietnam combat veterans.

#### Independent Variables

In Home/Out of Home Placement and is related to being consistently reared in one's biological or familial adoptive family during childhood or an American Indian foster home versus being placed in a non-American Indian foster home, boarding school, or orphanage.

Non Veteran/Veteran Primary Care Giver. To ascertain the second independent variable, participants were asked whether or not the parenting care they received was given by a military veteran. Having a veteran primary care giver will include residing in a home where at least one of the parents or custodial guardians was combat veterans.

#### Dependent Variables

Two trauma assessment instruments (Trauma Attachment Belief Scale and Mississippi-Post Traumatic Stress Disorder Short Form).

Post combat experiences: Incarceration, Alcohol and Drug Treatment and Experiencing actual or threat of Homelessness.

#### Vietnam Veterans

Approximately 700,000 to 800,000 Vietnam veterans experience PTSD and continue to have their lives affected in a variety of ways.

(Williams, 1980)

# Generational Impacts

Vietnam Veterans experienced emotional effects from being raised in a home where many fathers had been veterans.

This variable, according to studies reviewed by Rosenheck and Fontana, was found to be a significant factor in Vietnam Veterans, in general, developing PTSD.

(1998)

#### **Post Traumatic Stress Disorder**

Emotional reactions to trauma have been recorded since ancient times. In this century, these reactions have been categorized as:

- Shell Shock (World War I),
- Traumatic Neurosis (World War II),
- Gross Stress Syndrome (DSM-I, 1952)
- Transient Situational Disturbance (DSM-II, 1968)
- Post-Traumatic Stress Disorder (DSM-III, 1980)

(DSM-III, 1980; DSM-III-R, 1987; DSM-IV, 1994; DSM-IV-TR, 2000; Bentley,1997)

This historical overview and review of literature has examined the statistical overrepresentation of American Indians as it relates to both historical and current experiences of grief and trauma.

It is imperative to improve mental health services to American Indian Veterans that we bridge the past to current issues of adjustment so that mental health service providers may be better informed with the unique issues surrounding this population.

#### In Memory

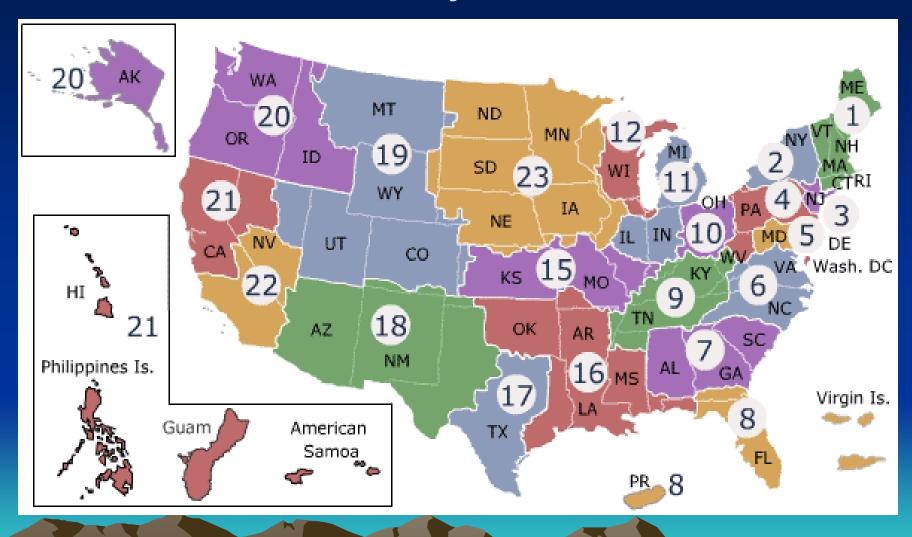
Sgt. Joseph Alfred Platzkoester E5
MIA-Korea on 5-30-1951
Army: ER55001215
Unit HCO 38th Infantry

# Utilizing Clinical Outpatient VA Services

#### The VA Mission Statement

To fulfill the US promise to the veterans:
 "To care for him who shall have borne the battle, and for his widow, and his orphan"
 by serving and honoring the men and women who are America's veterans.

# VA System



#### **VA Service Locations**

- Medical Centers
- Residential Rehabilitation Treatment Centers
- Community Based Outpatient Clinics (CBOC)
- Vet Centers
- Veterans Homes
- National cemeteries

#### Services offered

- Medical
- Mental Health
  - Psychiatry
  - Psychology
  - Social Work
  - Homeless Outreach
  - Substance Abuse
- Compensation and Pension Examinations
- Via telehealth all of the above services
- Chaplain ("oversees" inipi)

#### The VA and Tribal Veterans

- VA-IHS Memorandum of Understanding (2003)
- Individual facilities vary in level of involvement
  - Albuquerque VA-IHS Psychology Internship/joint trainings
- Tribal Veterans Service Officers (VSO's)
  - Enter office through appointment
  - Assist with benefits, access, liaison
- Minority Veterans Programs Coordinators at VAs:
  - Promote the use of VA benefits, programs, and services
  - Support/initiate education to staff
  - Target outreach efforts through community networks
  - Advocate for veterans

#### Mental Health Services

- Assessment
- Individual and group treatment
- Case management
- Psychiatric medication management
- Homeless outreach
- Home based primary care (MH Component)
- Caregiver support
- Traditional ceremonies (Through Chaplain)

#### Residential Treatment for MH

- PTSD
- SUD
- Dual Diagnosis
- General mental health concerns/homeless
- Psychosocial rehabilitation long term
- Ceremonies (*inipi*) are often conducted at these programs

# Treating Native American Veterans

- Barriers
  - Distance
  - Poverty
  - Mental health symptoms (e.g., isolation, paranoia)
  - Historical (mis)trust issues with government
  - Limited number of Native American providers
  - Focus on Evidence Based Practices, rather than Practice Based Evidence

# Hypothetical case scenario #1

- 24-year-old Native American male OIF/OEF
- Combat history of IED blast, foot amputation
- VA can offer
  - TBI evaluation and treatment
  - PTSD evaluation and treatment
  - Pain management
  - Compensation and pension examination
  - Family caregiver support
  - Ceremony may be available

#### Hypothetical case scenario #2

- 64-year-old Native American Vietnam infantry
- Combat history: heavy exposure
- Long history of heavy drinking
- VA can offer
  - PTSD evaluation and treatment
  - Compensation and pension examination
  - Ceremony may be available

# Overcoming barriers

- How do we change a system?
  - ✓ Advocacy
  - ✓ Education
  - ✓ Persistence
  - √ Collaboration
  - ✓ Dedication

#### Crisis Hotline Numbers

#### Suicide Prevention Lifeline Number:

• 1-800-273-TALK (8255)

#### National Domestic Violence Hotline:

• 1-800-799-SAFE (7233) or TTY 1-800-787-3224

#### National Child Abuse Hotline:

• 1-800-4-A-CHILD

#### **Sexual Assault Hotline:**

1-800-262-9800