Ceremonial Way of Life
Native American Ceremonial Values and the role of Mental Health Providers

Dino Haley, LMSW
Substance Use Disorder Social Worker
May 1, 2019
Presentation Objectives

Macro, Meso, Micro view to provide best practice

Cultural Competency for MH providers
Provider Support
Application for best practice
Case Vignette
Historical tragedies

- **Genocide** – annihilation, government policies, broken treaties, slavery
- **Land Cession** - forced removal, reservations – barren land
- **Dawes Act** – allowed government to dissolve land agreements/treaties
- Boarding school tragedy, Adoption *projects*
- **Civilization**- urbanization, border-town violence, team mascots
Historical Tragedies *cont.*

**Historical Trauma** - *emotional and psychological injury*

**Historical Unresolved Grief** - *not been expressed, acknowledged and resolved.*

**Disenfranchised Grief** - *loss cannot be openly acknowledged*

**Generational affect to the biopsychosocial**
Oppression in society

- Internalized Oppression - despair and suffering, **self-hatred**
  - Self-hatred is *externalized* - violence within the community
- Anger/Aggression are acted out upon oneself and others (members of one's group)
- Internalization of self-hatred is an outcome of oppression and the danger of direct expression of anger toward the dominant culture (non-native)
Studies of inter-generational trauma

- Biological pathways for historical trauma to affect health: A conceptual model focusing on epigenetic modifications. *Social Science & Medicine* 30:74-82 · April 2019

- The impact of historical trauma on health outcomes for indigenous populations in the USA and Canada: A systematic review. *American Psychologist* 74(1):20-35 · January 2019

- Exploring the Relationship between Sense of Coherence and Historical Trauma among American Indian Youth. *American Indian and Alaska Native Mental Health Research* (Online) 25(3):1-25 · January 2018

- Demographic, Social, and Mental Health Aspects of American Indian and Alaska Native Adolescents in Hawai‘i. *American Indian and Alaska Native Mental Health Research* online.

Be familiar of cultural differences

Historical distrust of outside population
Negative opinions to non-Native providers
Generational trauma still exists
Cultural sensitivity vs Cultural similarities

*cultural differences
Health Disparities

- Cardiovascular disease is leading cause of mortality
- Highest group prevalence for type 2 diabetes
- Highest rate of alcoholism compared to National average
- Mental Health
  - Increasing rate of co-occurring disorder and single depression dx in reservation health clinics and high schools
  - Increasing rate of suicide and attempts in youth and young adulthood
  - “Native Americans are at a higher rate for mental health disorders than other racial and ethnic groups in U.S." – Indian Bureau of Affairs

Indian Health Services, 2016
2016 - U.S. Surgeon General report:

- “U.S. mental health system is not equipped to meet the needs”
- Indian Health Service is limited (budget, recession) to provide “essential psychiatric care”
- Referred services to local mental health providers for substance abuse, depression, anxiety, violence, suicide
- Alcoholism and Depression in remote reservation areas lead to poverty, hopelessness, inter-generational trauma traits
Cultural Considerations

“Depression and Anxiety” are non-existent to Native languages

“Ghost Sickness and Heartbreak Syndrome” are used to describe mental illness disorders – not defined in the DSM diagnosis

Diagnosis of Mental Illness or “Sickness” may come from community healer or Medicine Man/Woman
Specifiers – intrusion of bad omen, war-time effects
Taboo, forbidden behaviors –

“should not have gone against the natural elements”
Wind, Water, Air, Earth
How many federally recognized tribes are in the United States?

Where is Arizona ranked in Native American population in comparison to other states?

How many federally recognized tribes are in Arizona?
Native America Today - Arizona

- 2010 Census – 567 federally recognized tribal governments
- 2010 – Arizona 295,437 out of U.S. 5.1 million
- Arizona is 7th out of 50 states for occupancy
- 22 federally recognized tribes in Arizona
- 48,835 Native American living in the Phoenix area

U.S. Census 2016
Results of cultural differences

- Historical distrust of outside population
- Negative opinions to non-Indian providers
- Generational trauma still exists

Compared to general population, the underutilization of MH services results:
  - Higher drop-out rates in MH services
  - Less likely to respond to treatment

*needed services and funding resources are redirected*

*creating a greater disconnect from MH services*
“Living in a stressful environment has negative MH consequences”

American Indians and Mental Health

- 26% live in poverty, compared to 13% of U.S. general population
- 2015 Northern Plains study concluded that 61% of Native American children experienced a traumatic event
- (2018) Alaskan Natives – 85% of men and 65% of women were assessed for further MH services from an initial substance use screening (2017)
Native Youth and Foster Care

- 500,000 youth in foster care placement
- Native children rate poorly in foster care
  - failure in social skills, education performance
- 3 times likely to enter foster care placement in custodial hearings, rather than family placement
- Most likely to lose heritage and language

Annie E. Casey Foundation, 2016
Ceremonial Healing Among Native American Veterans

Dino Haley
Needs Assessment Research
ASU 2010

• How important is traditional healing to the psycho-social well being for Native American veterans?

• How important is it for service providers to address traditional healing needs of Native American veterans?
Research Objectives

Needs Assessment study with the purposes to:

- To improve current program design
- Bring attention to MH providers
- Address in the implementation of new programs and services offered to Native American veterans in mental health.
# Research Findings

## Table 1

*Characteristics of Participants*

<table>
<thead>
<tr>
<th>Demographics</th>
<th>N=39</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
<td>89.7%</td>
</tr>
<tr>
<td>Female</td>
<td>4</td>
<td>10.3%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>25</td>
<td>25.6%</td>
</tr>
<tr>
<td>31-40</td>
<td>7</td>
<td>17.9%</td>
</tr>
<tr>
<td>41-50</td>
<td>6</td>
<td>15.4%</td>
</tr>
<tr>
<td>51-60</td>
<td>12</td>
<td>30.8%</td>
</tr>
<tr>
<td>61-70</td>
<td>4</td>
<td>10.3%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College and above</td>
<td>30</td>
<td>76.9%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>12</td>
<td>23.1%</td>
</tr>
<tr>
<td><strong>Military Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Army</td>
<td>18</td>
<td>46.2%</td>
</tr>
<tr>
<td>Navy</td>
<td>2</td>
<td>4.0%</td>
</tr>
<tr>
<td>Marine Corp</td>
<td>12</td>
<td>30.8%</td>
</tr>
<tr>
<td>Air Force</td>
<td>9</td>
<td>12.8%</td>
</tr>
</tbody>
</table>
Importance of ceremonial healing for Native American veterans
Figure 2. Importance for service providers to address ceremonial healing
Implications for policy and research

- It is important to offer Native American veterans ceremonial healing practices in mental health services
- Policies to offer traditional ceremonial healing across the country
- Specific tribal ceremonies need to be incorporated into services
- Further research to evidence-based practice of Native American ceremonial healing is vital
Implication for practice

• Acknowledge the Native American healing ceremonial practices as an alternative method in mental health services

• Increase cultural competency of Native American values and ceremonial practice

• Native American ceremonial healing practice is vital to Native American Veterans
Phoenix VA and Native American veterans

VA health care to Native American reservations
Closing the gap of health disparities
Outreach to communities
Placing VA resources at Indian Health Service
Tribal HUD VASH

Dine’, Hopi, San Carlos Apache, Tohono O’odham

*Telehealth at Home services to remote areas
mental health services
Phoenix VA and Native American veterans

- Healing ceremonies at the Phoenix VA
- Linking veteran to tribal resources
- Providing ‘visual friendly support through displacing Arizona tribal flags’ at the Phoenix VA (walk way)
- Implementing the Native American Healing Program at the Phoenix VA
HOW DOES TRADITIONAL HEALING INTERACT WITH WESTERN MEDICINE?

• Traditional Healers have conflicting views about combining their methods with western medicine.
• Some may see the value in medical science or treatments.
• Western philosophy may not understand the value or importance to Native American traditional healing.
• If you combine western medicine and traditional healing, let your physician know about any treatments you are using?
• There may be difficult interactions using both.
• Your traditional healer may want you to use herbs to cleanse your system. These might interact with western medications that you are taking.
Best Theory Practice

Native ceremonial practice
- Individual tribal healing ceremonies
- Aboriginal Theory - ecological and holistic approach based on the Medicine Wheel or the natural cycle
- The Ecological Model – nature and the interrelationships of all living things
- The Transactional-Ecological Framework – social factors relating to individual
Aboriginal Theory

A social intervention from the indigenous cultures to promote health and wellness through the ‘fully ecological and holistic approach’

The social work profession has embraced the understanding, customs of the indigenous culture and implement into practice and professional support
Suicide Prevention

Contributors – family violence 95%

Public Health Model (SAMHSA 2016)
1. Ceremonial and clinical interventions
2. “Arroyo Therapy” and “Cruise Therapy”
3. Proactive and Holistic
   a) live life well with HOPE & ACCEPTANCE
   b) community education and ownership
Traditions and Heritage

- **Tribal traditions**
  - Practice
  - Comprehension, differentiation amongst tribes
  - Validation of Existence
  - *Way of Life* – self, family, land, and environment

- **Language**
  - Essence of Existence, unique
  - Comprehension, differentiation among tribes
  - Identity
  - Historical facts transferred *Oral Stories*
Traditional Customs or *daily life*

- Returning to wisdom of elders
- Ceremonial practice – individual, family, community
- Identify risks and address within traditional practice
- Indian Health Service *Emergency Response Model*
  
  mental health support in communities
  crisis intervention plan
Preferred Direction

Deficit-Based Concepts vs. Holistic Model

“Don’t look at pathology, look at the person.”

Strength-based Approach

- Emphasize individual and family strengths
- *Healing Way* for intervention
  - Reduce “re-victimization” of generational trauma
  - Disempower authority figure (Therapist vs. Client)
  - Provide motivation/hope to therapeutic alliance
Lessons Learned (2004). ‘a non-native perspective’

Providing Psychiatric-Mental Health Care for Native Americans - “Lessons learned by Non-Native American PMHNP”

Amy G. Barnard, PhD, APRN

- Intergenerational Trauma
  - 500 years of colonization and assimilation
    - Substance Abuse, PTSD, mental health, family violence
    - Oppression, Segregation, Separation – Spirituality or “Way of Life” is not validated

- Acculturation and Enculturation
  - Enculturation – learning one’s culture
    - non-Native influence

- World Views Collide
  - Collectivity Versus Individuality

- Spatial Relationship vs Chronological Events
  - patient convenience vs appointments
Traditions vs. Modern Times

Way of Life and Taboos
  Directional path
  Self Awareness
  Guidance and Wisdom

Struggles with Modern Times
  Should not go against traditional values
  May cause bad omen
Norms vs. Tradition be aware of

- Norms of staff and environment may clash with traditional community belief system
  - How can we be more aware?
  - What kinds of considerations can be provided?

"Don't take it personal"
Ceremonial Healing *the way of life*

- Storytelling, Kinship = family harmony
- Healing takes time, time is healing
- Healing takes place within the context of a relationship (nurturing, kinship)
- Balance within "two worlds"
- Spiritual dimension for healing
  - Body, Mind, Spirit, Universe
Ceremonial Influences

Native American traditional ceremonies, ritual practice(s)
Various ceremonial perspectives – “not just one”
Many Individual tribal influence of ceremony, i.e.:
Sweatlodge
Talking Circle
Sacred Rites
Native American Church Peyotism
Powwow
Day Dance
Gourd Society
Case Vignette

- A 26 Y.O. Native American female
- Schizophrenia- paranoid, Delusional, PTSD, alcohol dependence
- Patient is receiving services from a local RBHA residential mental health facility
- Takes risperidone, trazadone, hydroxyzine (PRN)
- Native American ceremonies for psycho-social needs
- Family requests to bring patient home to the reservation to conduct a **peyote ceremony** for her wellness. The family are third generation with the practice of the **peyote religion**.
Case Vignette, cont.

What is the clinical recommendation?

What are your concerns with this request?

How would you go about servicing the patient and family?
Natural Laws vs. Man-made Laws

Orville Lookinghorse, Standing Rock Reservation

- Creator
- Man, Wife, Children
- Immediate Family, Relatives
- Community
Local Resources

Native American Community Service Center
  *Native American Connections
  *Phoenix Indian Center
  4520 N. Central Ave  Phoenix, Arizona
  602.254.3247

Native Health
  4041 N. Central Avenue  Phoenix, Arizona
  602.279.5262

Phoenix Indian Medical Center
  4212 N. 16th St  Phoenix, Arizona
  602.263.1200

Tribal Council of Arizona, Inc.
  2214 N. Central Ave  Phoenix, Arizona
  602.258.4822
Nationwide Resources

National Alliance on Mental Illness
  www.nami.org
Substance Abuse and Mental Health Administration
  www.samhsa.gov
American Indian Heritage Foundation
  www.indians.org
Indian Health Service Community Suicide Prevention
  www.ihs.gov/NonMedicalPrograms/nspn
Questions & Discussion

Thank You


