Cultural Awareness to Help While Serving Native Veterans

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Moderator:
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Outline of Power Point

- Brief Overview of Office of Rural Health’s Native Domain
- Native Veterans and their communities
- Cultural Aspects of work with Native Peoples
- Cultural Aspects of work with Native Veterans
- Collaboration with Traditional Medicine
Native Veterans and their communities
4,222,760 American Indians and Alaska Natives and 909,770 Native Hawaiian and Pacific Islanders in the U.S. and its territories (US Census 2007)

560+ federally recognized American Indian and Alaska Native tribes and villages

245 non-Federally recognized tribes many who are recognized by their States and are seeking Federal recognition

28% of American Indian and Alaska Natives 5 years old or older speak a language other than English at home
US Census Map
Native Americans Share a Proud Warrior Tradition

- Native Americans enroll in the armed services at a higher rate than any other ethnic population.
- Today over 346,623 veterans identify themselves as AI/AN (US Census 2010).
- 38% rural/highly rural, proportionately more than other racial/ethnic groups.
Challenges for Native American Veterans

– Disproportionately impacted by military services
  ▪ Higher Rates of PTSD due to higher trauma exposure
  ▪ Common medical co-occurring illnesses
– Rural Location
  ▪ Availability of specialized health care services is scarce
  ▪ Difficult to recruit providers
  ▪ Cultural access barriers
– Acquiring “culturally competent” providers within a Native community is an even greater challenge
Cultural aspects of work with Native Peoples
## Traditional Native American Values

<table>
<thead>
<tr>
<th>Dominant Society Values</th>
<th>Native-American Traditional Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self is the priority = Take care of #1</td>
<td>Tribe and extended family first, before self</td>
</tr>
<tr>
<td>Prepare for tomorrow</td>
<td>Today (is a good day)</td>
</tr>
<tr>
<td>Time (linear; use every minute)</td>
<td>Time – a right time, a right place, non-linear</td>
</tr>
<tr>
<td>Youth (value rich, young, beautiful)</td>
<td>Age (knowledge, wisdom)</td>
</tr>
<tr>
<td>Compete to “get ahead”</td>
<td>Cooperate</td>
</tr>
<tr>
<td>Be aggressive</td>
<td>Be patient</td>
</tr>
<tr>
<td>Speak up</td>
<td>Listen (and you’ll learn)</td>
</tr>
<tr>
<td>Take and save</td>
<td>Give and share</td>
</tr>
<tr>
<td>Conquer nature</td>
<td>Live in harmony (with all things)</td>
</tr>
<tr>
<td>Skepticism and logical thinking valued</td>
<td>Great mystery – the intuitive honored</td>
</tr>
</tbody>
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**Wounded Spirits, Ailing Hearts. PTSD and the Legacy of War Among American Indian and Alaska Native Veterans. [Independent Study] Produced with the National Center for PTSD by the Department of Veterans Affairs VA Employee Education System. Release Date: October 2000.**
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<td>Self is more important than group</td>
<td>Humility</td>
</tr>
<tr>
<td>Religion is a part of life</td>
<td>A spiritual life (religion not “separate”)</td>
</tr>
<tr>
<td>Be a critical thinker</td>
<td>Don’t criticize your people</td>
</tr>
<tr>
<td>Live with your mind</td>
<td>Live with your hands – manual activity is sacred</td>
</tr>
<tr>
<td>Orient yourself to a house and job</td>
<td>Orient yourself to the land</td>
</tr>
<tr>
<td>You’re in America: speak English!</td>
<td>Cherish your own language and speak it when possible</td>
</tr>
<tr>
<td>Discipline your own children</td>
<td>Children are a gift of the Great Spirit to be shared with others</td>
</tr>
<tr>
<td>Have a rule for every contingency</td>
<td>Few rules are best, loose written and flexible</td>
</tr>
<tr>
<td>Have instruments judge for you</td>
<td>Judge things for yourself</td>
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Understanding Native Culture

- Diversity of culture between and within communities
- Individual community members hold multiple cultural identities
- Elders and Veterans accorded important status
Understanding Native Culture

- **Family Relearned**
  - Family often includes grandparents, uncles/aunts, cousins and many others
  - Extended families in one household, grandparents often raise grandchildren
  - Sense of responsibility for providing for family (emotional, physical, $)
Community Revisited

- Community issues often have great effects on the individual
- Community problems are everybody’s problems
- Community is family
- Strength and support can be found in family and community networks for individuals in distress
Communication Norms

- **Speech Pattern**
  - Adapt your tone of voice, volume, and speed of speech patterns to fit patients’ communication style.
  - In many cases speech may be:
    - Slower
    - Silence more acceptable
    - Learn not to interrupt
    - Let a story be finished

- **Defer to Elders**

- **Respect narrative style of communication**
Eye contact varies in many cultures

For many Native cultures, direct eye contact may be considered rude and disrespectful
  – Be familiar with community norms around eye contact
  – Be careful not to misinterpret lack of eye contact as a clinical sign (e.g., depression)
Importance of Body Language and Non-verbal Cues

- **Personal Space**
  - Wide variation in comfort levels with interpersonal proximity
  - Importance of body language and non-verbal communication

- **Dress**
  - Dress (esp. in rural communities) is often casual.
    “Over-dressing” may create an impression of aloofness
Cultural aspects of work with Native Veterans
What is Culturally Competent Care?

The culturally-competent caregiver acknowledges that societal differences impact patients’ behavior, beliefs, and values and the caregiver works to incorporate these differences into individual patient’s healthcare assessment, diagnosis, and treatment.

Tips on Incorporating Culturally-Competent Care with Native Populations

- Become familiar with local communication styles; modify yours as appropriate (slow down, listen, don’t interrupt)
- Ask patients about their tribe, their family history
- Ask patients about their ideas of healthcare (personal practices, expectations)
- Rapport building may take longer
  - When establishing rapport, use issues that matter to the patient
- Understand the possibility of “system transference”
Transference in mental health is when experience with past relationships influences impressions of current relationships.

“System Transference” is when past experience with a system(s) (e.g., VA, Federal Government) influences current feelings and reactions to a system(s):
- If past history is positive then more trust and optimism in interfacing with current system.
- If past history is negative then more distrust and pessimism in interfacing with system.
System Transference Historical Context

- Community
  - History of genocide, warfare and disease
  - Broken Treaties
  - Reservation Policy
  - Boarding Schools

- Individual
  - Military experience
  - VA experience
  - Institutionalized prejudice
Managing System Transference

- Balanced and open acknowledgement of past issues and problems without making excuses, rationalization or blaming

- Willingness to listen

- Willingness to help address, facilitate and navigate current system issues

- Be realistic, don’t overpromise, follow through and communicate back to Veteran

- Your behavior trumps your words
Collaboration with Traditional Medicine
Dancing to Restore an Eclipsed Moon

Creative Commons Photo: Permalink: http://photography.si.edu/SearchImage.aspx?id=5195
Repository: Smithsonian Institution Libraries.
Health – what a magic pill can’t cure…

– Many Native People focus on a holistic approach to healing (mind, body and spirit)
– Often incorporate traditional healing methods with Western medicine (e.g. Ceremonial sweats, talking circles)
– The “healer” is one who practices, teaches, and leads traditional healing methods
It must not be forgotten that our old ones aspired and dreamed, created and struggled, and cared for one another. This generation and future generations must remember that their greatest legacy is the teaching that everyone has healing gifts to build our common decency and wholeness.

-- Martin Waukazoo, Lakota

* Healing and Mental Health for Native Americans: Speaking in Red (p5)
  Ethan Nebelkopf, Mary Phillips
Dreams hold particular relevance for mental health care:
- Tremendous diversity and variability in the meaning, role, and context of dreams among different tribes but dreams often serve important spiritual and emotional functions in many traditional Native societies.
- Nightmares common, especially with Native Veterans.
Collaborating with Traditional Healers

Guidelines for individual providers interested in collaborating with American Indian traditional healers.

- Develop background knowledge of the traditional beliefs and practices in the community in which they are working
- Actively seek an opportunity for collaboration. This may come through clinical care, employment or personal relationships
- Become a serious student of healing practices of the American Indian culture in which the provider is working
- Develop a trusting relationship with a community member who has knowledge of traditional healing practices, and is connected with healers in the community
- Identify collaboration as major goal of ongoing relationships

Figure 1: Model for Process of Collaboration between AI Healers and Psychiatrists

- **Traditional Healer**
  - Willingness to collaborate
  - Experience with collaboration and Western medical model

- **Patient**
  - Traditional background (language, previous use)
  - Experience with Western medical model
  - Willingness to discuss issues with psychiatrist

- **Psychiatrist**
  - Willingness to collaborate
  - Ability to facilitate dialogue
  - Knowledge and experience with traditional healing practices

**Adopted from JH, Shore J (Sr.), Manson S. American Indian healers and psychiatrists: building alliances. In Psychiatrists and Traditional Healers., 2009.**
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