PTSD in AI/AN Veterans: Special challenges and strengths

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Overview

• Epidemiology of PTSD in AI/ANs
• Risk factors on the reservation
• PTSD treatment resources in the IHS system
• Resilience factors on the reservation
Epidemiology of PTSD in AI/ANs (not combat specific)

- Large SAMHSA AI/AN mental health diagnostic study in 1990-92, followed National Comorbidity Survey. Rates of PTSD (Beals, Novins, J Am Psychiatry, et. al., 2005): 

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<th></th>
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<th>Female</th>
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<th>Male</th>
<th>Female</th>
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<td>Southwest</td>
<td>General US</td>
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<td>Southwest</td>
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<td>12.8</td>
<td>4.3</td>
<td>20.2</td>
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Prevalence of PTSD in AI/AN Veterans (%)

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<th>Hispanic</th>
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<tr>
<td>Current</td>
<td>25</td>
<td>22</td>
<td>22</td>
<td>19</td>
<td>10</td>
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<tr>
<td>Lifetime</td>
<td>56</td>
<td>45</td>
<td>34</td>
<td>36</td>
<td>20</td>
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(Beals, Homes, et. al., J Tr Stress, 2002)
Risk factors on the reservation

- Well established that early life traumas and adverse experiences increase the risk of PTSD

- Prevalence of traumatic events is higher in the AI/AN populations (accidents, assaults, etc.) – 75-90% at least one trauma in AI/AN vs 65% in gen pop

- Similar increase in prevalence in the Adverse Childhood Experiences (ACE) studies

- Role of historical trauma
Self-perpetuating nature of PTSD

• One of the conditions which significantly affects parenting and relationships

• Can make difference by interrupting the cycle
Treatment Resources

• All therapists in IHS/THPs have some experience counseling people with PTSD (most IHS/THP have BH dept)

• All psychiatrists have experience in the medication treatment of PTSD (about 1/3 of THPs in CA have at least part-time psychiatrist)

• Very few IHS/tribal organization have combat specific PTSD resources

• “Inadequate clinical expertise among clinical personnel” (Manson, Presentation “Being Male in Indian Country”, 2008)
Advantage of trauma specific PTSD treatment

- One of the clinical manifestation of PTSD is feeling isolated and detached from others, and that others do cannot understand them

- The above manifested to greater extent in more severe PTSD

- Many with PTSD, do better in trauma-specific group settings

- Greater expertise in treatment settings in which PTSD is a focus
Advantages of local IHS or THP treatment

• Many with PTSD have agoraphobia, and do better in familiar surroundings

• Convenience increases access

• Veterans talking circles in Indian country provide advantages of trauma-specific focus and familiarity/convenience
Role of culture in recovery from PTSD

- Resilience on the reservation

• Some victims of PTSD suffer dissociative symptoms, resulting in a fragmentation in sense of self

• Strong cultural identification can help patients to reintegrate missing pieces of self

• Cultural identification including ceremonies, art, language, close family ties, attachment to community
Treatment Recommendation

- Those veterans with less severe combat related PTSD may be adequately treated at IHS/THP

- Those veterans with severe combat related PTSD should probably seek treatment in the VA health system
Promising practices

- Telemedicine-based PTSD treatment from VA PTSD experts (successful collaboration for over 10 years by National Center for AI Mental Health Research at University of Colorado Health Sciences Center, Denver; VA in Denver and Vet Center on Rosebud, SD)
Summary

• PTSD is a complex condition, which can be incapacitating

• Those suffering with it deserve the best that our health systems and communities can offer