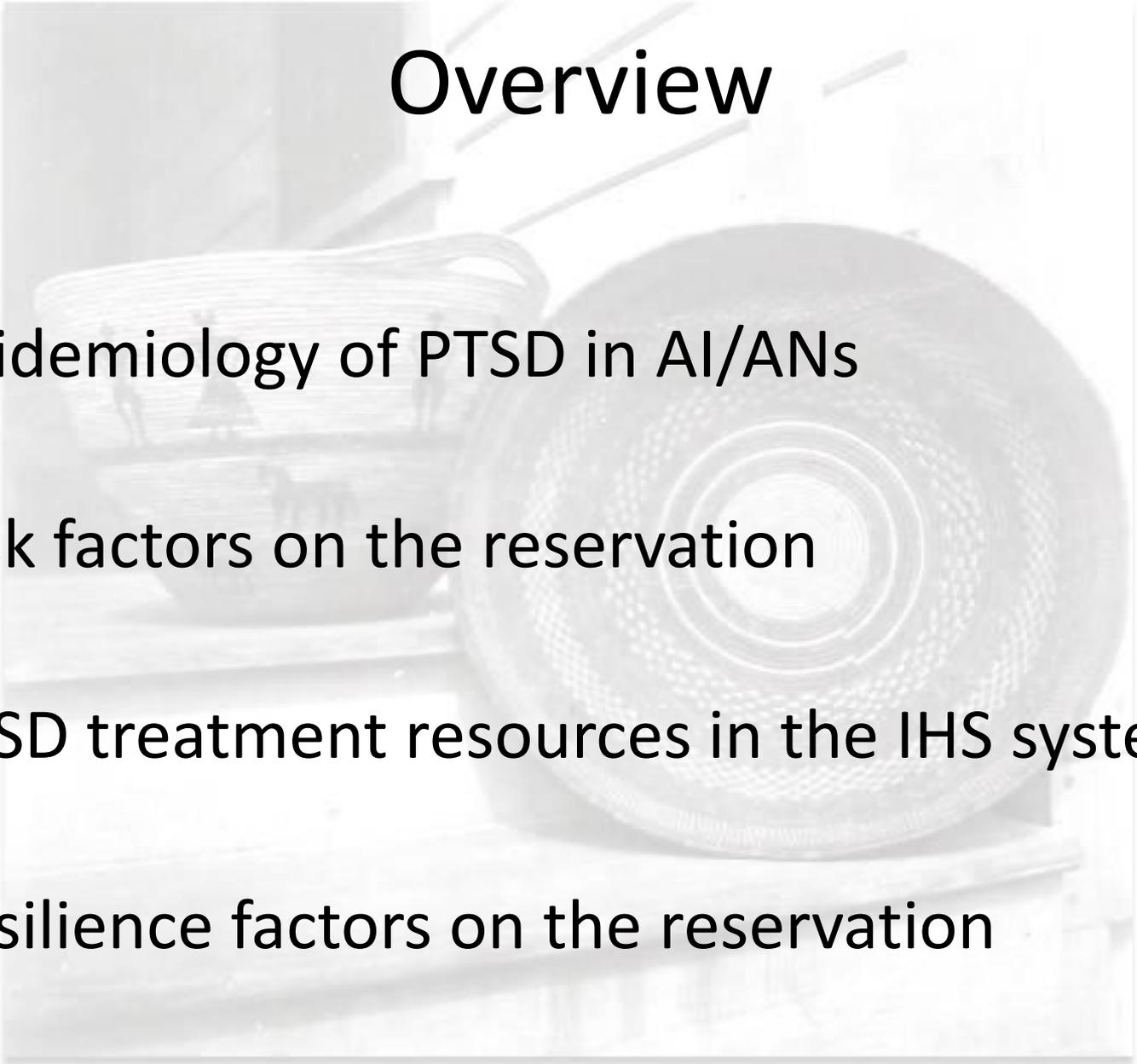


PTSD in AI/AN Veterans: Special challenges and strengths

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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):

Male			Female		
Northern Plains	Southwest	General US	Northern Plains	Southwest	General US
11.5	12.8	4.3	20.2	22.5	9.1

Prevalence of PTSD in AI/AN Veterans (%)

	Northern Plains	Southw est	Hispanic	Black	White
Current	25	22	22	19	10
Lifetime	56	45	34	36	20

(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 not 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

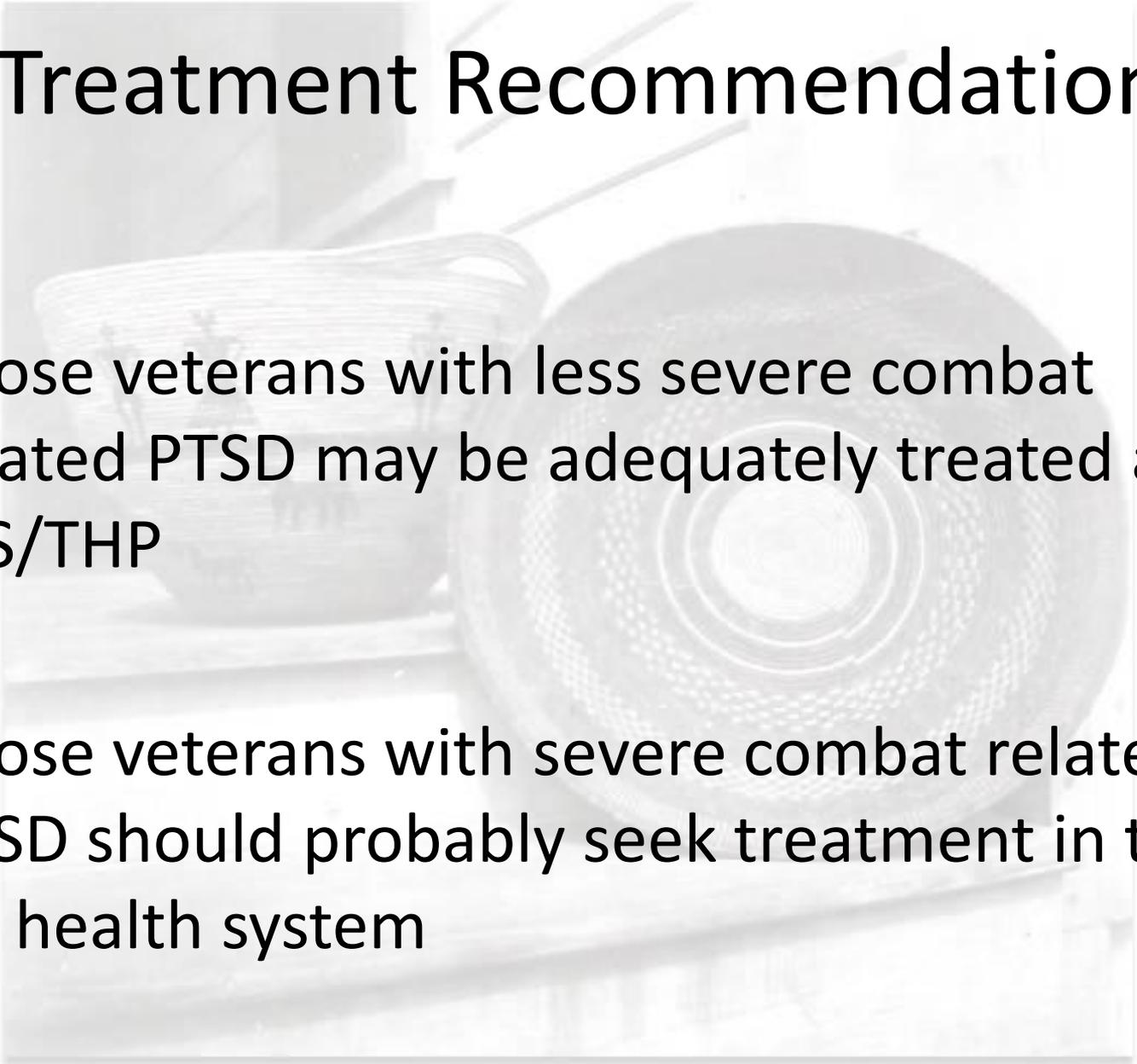
- Many with PTSD have agoraphobia, and do better in familiar surroundings
- Convenience increases access
- Veterans talking circles in Indian country provide advantages of trauma-specific focus and familiarity/convenience

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

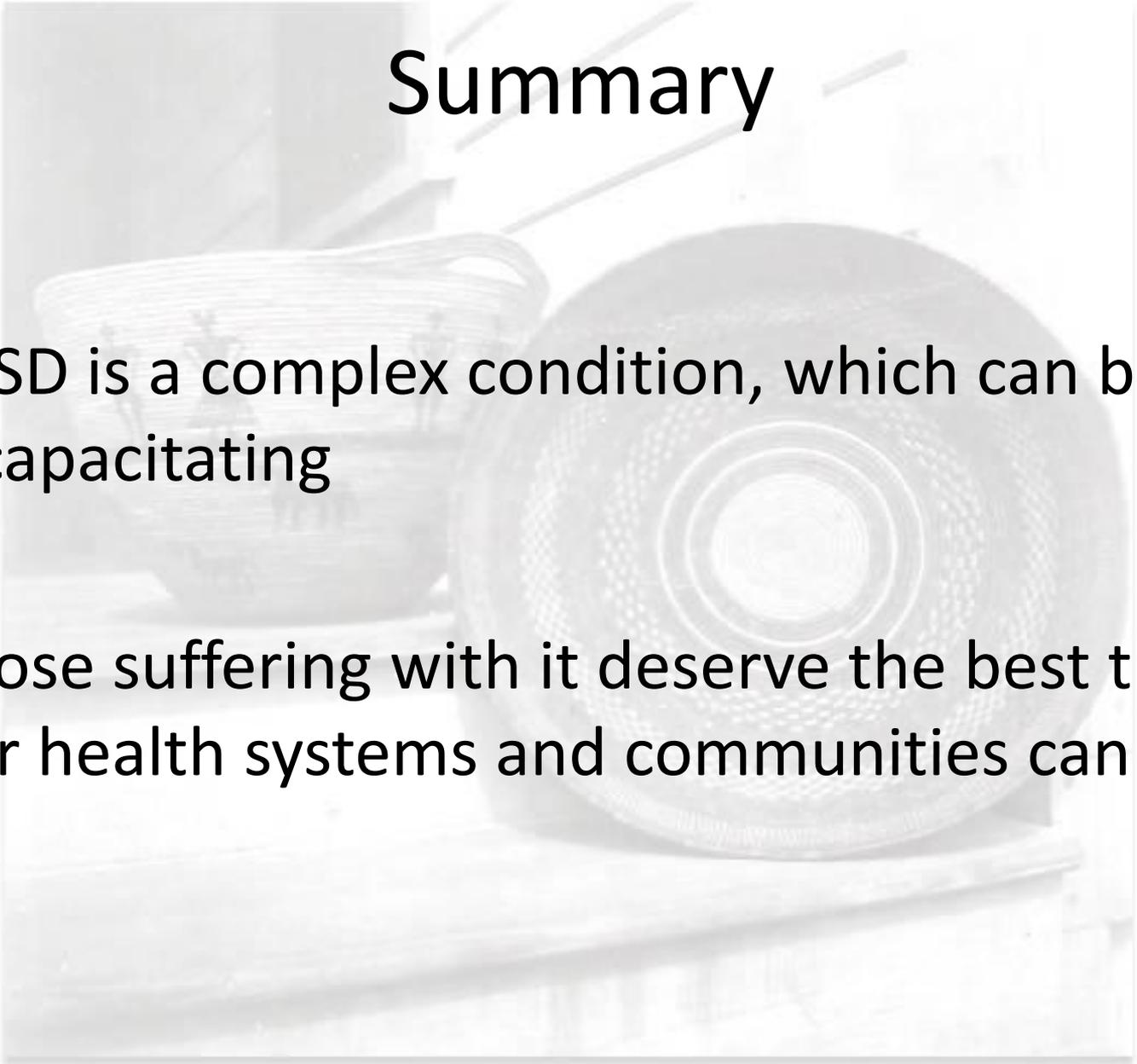


- Those veterans with less severe combat related PTSD may be adequately treated at IHS/THP
- Those veterans with severe combat related PTSD should probably seek treatment in the VA health system

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