ROCKY MOUNTAIN MIRECC FOR SUICIDE PREVENTION

VA U.S. Department of Veterans Affairs

CLINICAL TIPS FOR SUICIDE PREVENTION CARE WITH NATIVE AMERICAN VETERANS AT RISK FOR SUICIDE

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"Culturally responsive treatment requires establishing a standard of respect, focusing on strengths and addressing underlying personal and historical trauma issues as appropriate... Traditional interventions...and care that are integrated with mainstream treatment methods are recognized as best practices for native communities" (Substance Abuse Mental Health Services Administration, 2018, p. 6).

This guide is organized into the following sections:

*We recognize and honor Native Hawaiian and Other Pacific Islanders as Indigenous people of the United States, but this resource document focuses specifically on American Indian and Alaska Native Veterans.

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INTRODUCTION

This document offers clinical tips for suicide risk identification, assessment, risk mitigation, and strength building for providers working with Native American Veterans. Application of these clinical tips will be most effective when providers have foundational knowledge regarding Native American Veterans' military service, historical trauma, culture, resiliency, and healthcare needs. Providers interested in learning more about these topics can access the Resource Guide for Providers Working with Native American Veterans at Risk for Suicide.

The following background information was adapted from the Substance Abuse and Mental Health Services Administration's (2018) *Treatment Improvement Protocol (TIP) 61* titled "*Behavioral Health Services for American Indians and Alaska Natives"*.

- Views regarding suicide can vary greatly among Native American populations. Culturally responsive suicide risk management includes the provider collaborating with the Veteran to understand what suicide means to the Veteran and their community. Examples include:
    - Suicide may be viewed as a community-level response to historical trauma and marginalization rather than an individual act.
    - The underlying cause of suicide may be attributed to a loss of connection to traditional Native culture or conflict between Native American and mainstream cultures.
    - When one person dies by suicide in a Native American community, it may be experienced as death of the family or community.
    - Some communities may have direct prohibitions or varying levels of comfort in speaking directly about suicide or death.
- Suicidal thinking may be thought of as a consequence of the individual or previous generations breaking a cultural taboo or natural law, which can create disharmony and a resulting illness.
- Healing from suicidal thinking and behavior may entail restoring harmony both internally (mental, physical, and spiritual) and externally (affecting one's relationship with all living beings).
    - Healing is interconnected with others and comes from within, ancestry, stories, and the environment.
    - In some cases, it may be important to support Veterans in connecting with traditional cultural beliefs and practices. This may include tribal elders and healers who offer spiritual guidance and healing in a manner that is congruent with their beliefs.

SUICIDE RISK IDENTIFICATION

Method	Considerations
Suicide Risk Screening	• Consider sharing something about yourself prior to conducting suicide risk screening to help build rapport. • Acknowledge that comfort discussing suicide varies from person to person. ***Example: "I am going to be asking you some questions related to suicidal thoughts. I realize that this can be uncomfortable for some people. Please let me know if you need a break as we move through the questions."*** • The questions on validated screening tools may not resonate with all Veterans. As such, if a screen with a Native American Veteran is negative, but the provider identifies other warning signs, further assessment should be conducted. ***Example: A Native American Veteran has a negative suicide risk screen during a mental health intake. However, the Veteran shares that a primary source of suffering is feeling disconnected from their tribal community. The provider asks if these feelings of disconnection ever lead to thoughts about death and about killing oneself. The Veteran shares that this does occur at times and the provider conducts further assessment.***
Warning Signs	• Suicide warning signs are person-specific. There are, however, common direct and indirect warning signs that providers should attend to (e.g., those included in the VA/DoD Clinical Practice Guideline, 2024). • Be aware of warning signs that might be of particular relevance to Native American Veterans, such as feeling disconnected from community and/or spirituality. • Native American Veterans might express their warning signs through metaphors and images. ***Example: "There is a storm building inside."***

SUICIDE RISK ASSESSMENT

Component	Considerations
Suicidal Ideation	• Explore the Veterans' perspective of what led up to the decision to seek help or discuss suicidal ideation/behavior. • Ask about somatic symptoms or physical sensations. • Invite the Veteran to share the specific wording of the suicidal thoughts they are experiencing. • Ask the Veteran to share their understanding of why they are experiencing suicidal thoughts. ***Example: "We know that people can experience suicidal thoughts for many different reasons, including if important pieces of life feel out of balance. What is your sense of why you have been having these thoughts?"***
Suicidal Behavior	• Provide rationale for asking about history of suicidal behavior. • Ask permission to ask questions about their history. ***Example: "I typically ask Veterans if they have made any suicide attempts in the past. This helps me gain a better understanding of what has happened previously and how we might work together to prevent attempts in the future. Would it be okay if I asked you about any past suicidal behaviors you've had?"***
Risk Factors	Assess risk factors that might be more common among Native Veterans. These may include: • Experiences with or exposure to trauma (e.g., suicide in the community, interpersonal violence, assault, childhood abuse) • Symptoms of historical trauma (e.g., survivor's guilt, loyalty to ancestral suffering, Brave Heart, 2005) • Racial discrimination/prejudice • History of or current substance use • Psychosocial stressors (e.g., housing instability, financial vulnerability) • Health care inequities such as lack of access to preferred and/or culturally informed mental health/health care (e.g., long distance to a preferred clinic, medical center, or traditional healing services)
Protective Factors/Strengths	Emphasize protective factors and highlight strengths of the community. These may include: • Relationship and connectedness to community, elders, family, and ancestors • Religion/spirituality • Access to community-based interventions (e.g., specific suicide prevention programming within their community) ***Example: "What are your sources of strength? How does your community typically heal after challenging experiences?"*** For more information, please refer to TIP 61 (SAMHSA, 2018, pg. 89).

SUICIDE RISK MITIGATION AND STRENGTH BUILDING

Strategy	Considerations
Safety Planning	• Collaboratively develop the Safety Plan with the Veteran and revise as trust builds and circumstances change. • Ask permission to share potential additions to the plan that others have found helpful. Include cultural, family, and spiritual (if previously brought up by the Veteran) ideas/resources. ***Examples of culturally relevant suggestions include engaging in community healing practices such as being on a drum or attending an event (Steps 2 or 3) or including specific Tribal Elders (Steps 4 or 5).*** • See the VA Safety Planning with Native American Veterans Supplement for additional tips.
Lethal Means Safety Counseling (LMSC)	• In addition to firearm suicide, Native Americans are also at increased risk of dying by suffocation (i.e., hanging, asphyxiation) and poisoning (Mohatt et al., 2022). • Ask about access to these methods and any other methods relevant to a specific suicide plan. Be patient and start with a basic plan at the outset. A more comprehensive LMS plan will develop with time and trust. • Consider the cultural importance of identified means and tailor LMSC conversations and plans accordingly. ○ ***Example: Firearms or other weapons may hold significance related to hunting, fishing, or other cultural traditions.*** ○ ***Example: In some families, the "head of the household" (which may not be the Veteran) is the person responsible for ensuring firearm safety (Wexler et al., 2023).***
Psychotherapy	• Ask if connecting with a traditional healer or culturally oriented program is desired (either before or to augment mainstream treatments). • Multiple approaches are well suited for Native American populations and can be adapted to enhance cultural relevance. See TIP 61 (SAMHSA, 2018, pg. 64) for examples of these techniques and how they have been adapted. • Evidence-based treatments for suicide prevention can be culturally adapted to enhance their impact when serving Native American Veterans. These include Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP), Dialectical Behavior Therapy (DBT), and Problem-Solving Therapy for Suicide Prevention (PST-SP). ○ ***DBT example: Ask the Veteran "What are some ways that we can incorporate your tribal practices into self-soothing?"*** ○ ***CBT-SP example: Therapist and Veteran collaboratively emphasize social connection to the Veteran's tribal or urban Native American community as a behavioral activation strategy.***

Strategy	Considerations
Psychopharmacology	• Native American Veterans may experience skepticism about taking medications prescribed by a government entity, particularly in the context of historical trauma. Acknowledge this as indicated. • Prescribers should work collaboratively with psychotherapists to cultivate an integrative experience for the Veteran. • Consider starting medication slowly and in lower doses (Roessel, n.d.).
Wellness Checks and Involuntary Hospitalization	• Wellness checks and hospitalization may be a necessary component of ensuring safety for some Veterans. Providers should be aware of the complex regulations and jurisdictional issues that may exist for Veterans located on a reservation. Authority to initiate involuntary hospitalization may be held by the tribe or the state, depending on local rules and regulations. • Providers should also be aware that some Native American Veterans and their community may have especially strong beliefs related to personal freedom, particularly in the context of historical trauma. • As is clinically feasible, provide a rationale for facilitating wellness checks or involuntary hospitalization. Ensure that Veterans are aware of their rights and have ample opportunity to ask questions. • Discuss these possibilities proactively at the point of consent into treatment.
Traditional Healing	• Gain an understanding of the Veteran's cultural beliefs regarding healing and any past experience with traditional healing practices. • Ask the Veteran if they would like to include traditional healing processes in the plan for bolstering strengths and mitigating risk. These practices may include, but are not limited to herbs, prayer, sweat lodge, song, and food. ○ ***Example: "Are there any traditional healing practices that you would like to include to support your wellness?"*** • If so, explore how they might connect or reconnect with their Native American community, healers, and elders.
Mental Health Treatment Engagement	• Building a relationship with a Native American Veteran might take longer than with other Veterans. It is culturally normative behavior to not readily engage and to not make eye contact at the outset. • Show respect to the Veteran and practice reflective listening. Explicitly communicate that they are in charge of their recovery. • Ask about the Veteran's unique experiences as a Native American person and their views about engaging in care and discussing suicide. • Utilize Motivational Interviewing strategies to support engagement. • With consent from the Veteran, consider engaging the Native American community and elders. • Ensure remote options are offered and be open to new or different ways of conducting treatment. ○ ***Example: Meet outside, walk/talk, walking meditation, sculpting, and artwork.*** • Consider why the Veteran might not be engaging. Keep in mind the historical distrust of governmental agencies. Is there culturally driven stigma about mental health care and suicide prevention?

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