COLLABORATIVE SAFETY PLANNING GUIDE

SUPPLEMENTARY TOOLS

SAFETY PLANNING WITH NATIVE VETERANS

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- VA Mid-Atlantic (VISN 6) MIRECC for Post-Deployment Mental Health
- VA South Central (VISN 16) MIRECC
- VA Rocky Mountain (VISN 19) MIRECC for Suicide Prevention
- VA (VISN 2) Center of Excellence for Suicide Prevention

This supplement was authored by:

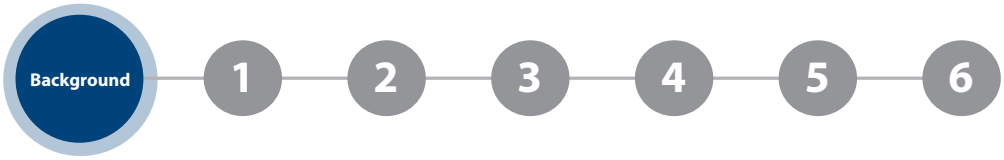
- **Nathaniel Mohatt, PhD** (VA Rocky Mountain [VISN 19] MIRECC for Suicide Prevention; University of Colorado Denver)
- **Charlotte McCloskey, PhD** (Kansas City VA Medical Center)

Special thanks to the following subject matter experts who consulted on this supplement:

- **Jay Shore, MD, MPH** (VA Office of Rural Health, Veterans Rural Health Resource Center Salt Lake City)
- **Bridget Matarazzo, PsyD** (VA Rocky Mountain [VISN 19] MIRECC for Suicide Prevention)
- **Catherine Rotolo, MSSA, LISW-S** (Office of Suicide Prevention)
- **Laurie LaMonde, PhD** (Office of Suicide Prevention)
- **Kathryne Coric, MSW**, LCSW (Office of Suicide Prevention)

The collaborative safety planning supplement project leads and coordinators were:

- **Summer Anderson, BS** (VA Mid-Atlantic [VISN 6] MIRECC for Post-Deployment Mental Health)
- **Ali Abbas Asghar-Ali, MD** (VA South Central [VISN 16] MIRECC; Michael E. DeBakey VA Medical Center; Baylor College of Medicine)
- **Mira Brancu, PhD** (VA Mid-Atlantic [VISN 6] MIRECC for Post-Deployment Mental Health; Durham VA Medical Center; Duke University)
- **Bethann Cleary, MSW, LCSW** (VA Mid-Atlantic [VISN 6] MIRECC for Post-Deployment Mental Health)



Note: *We recognize and honor Native Hawaiian and Other Pacific Islanders as Indigenous people of the United States; this supplement focuses specifically on American Indian and Alaska Native Veterans (hereafter referred to as Native Veterans).*

Background

- According to the National Center for Veterans Analysis and Statistics,[1] in 2020, 150,159 Veterans identified as American Indian and Alaska Native alone. It is unknown how many additional Veterans identify as American Indian or Alaska Native as a component of their racial identity.
- Veterans from American Indian and Alaska Native populations serve in the United States (U.S.) Armed Forces at higher per capita rates than other ethnic groups.[2]
- Native Veterans disproportionately experience negative consequences of military service, including higher rates of psychiatric disorders related to combat exposure (e.g., Posttraumatic Stress Disorder).[3,4]
- Native Veterans are younger and more likely to be female, live in rural areas, have lower incomes, and experience healthcare disparities than non-Native Veterans.[5,6]
- On average, Native Veterans are more likely than non-Native Veterans to face geographic barriers to care and less likely to receive specialized health care services or culturally congruent care.[7]
- While 26 percent of the U.S. Veteran population is rural, 39 percent of the Native Veteran population is rural.[8] Many Native Veterans must travel long distances, with few transportation options, to receive health care.
- Native American affiliation reflects a political group as well. Federally recognized Tribal Nations are sovereign entities that have an inherent right to exercise self-governance and self-determination apart from U.S. federal and state governments.[11] Though Congress can limit tribal sovereignty, Tribal Nations are within the constitutional fabric of the U.S. and federally recognized tribes have a government-to-government relationship with the United States.[12]
- There is great diversity among Native Veterans. In the continental U.S., there are 574 federally recognized tribes[9] and 63 state recognized tribes,[10] and more tribes with no federal or state recognition. Individually, Native Veterans have diverse histories, experiences and cultural backgrounds.
- Some Native Veterans may not identify with a single or any tribal community. Some may identify more strongly with some aspects of other cultures that may or may not be part of their biological family due in part to the complex and sometimes painful histories of Native communities in America.
- Native Veterans' race and ethnicity can be and is frequently misclassified,[13] which can have numerous impacts on health and well-being, including suicide prevention efforts. Making the effort to inquire about identity is paramount to avoid misclassification based on inaccurate and dated stereotypes of assumed physical appearance rather than personal identity.

- Many Native communities celebrate and honor Native Veterans as protectors and warriors.[14,15] One example is at powwows, during which Native Veterans enter the arena first during grand entry and bring in an eagle staff and flags generally representing the U.S., the Tribal Nation, as well as Prisoner of War (POWs) of military service.[16] A dance to honor Veterans is the first dance before intertribal dancing begins.
- There may be dissonance for some Native Veterans in feeling proud about serving in the U.S. Military and protecting tribal communities, and at the same time holding negative feelings towards the U.S. federal government which once made efforts to eradicate Native peoples and communities.[14]
- Though there are cultural and personal differences, many Native American people and communities view health and wellness in holistic terms, where physical, mental, emotional, social and spiritual health are interconnected and all contribute to the balance and connection within all domains.[17] This can be a vast contrast to the medical model, with a focus on treating symptoms and where health is defined as the absence of disease.
- Holistic healing for Native Veterans may involve land-based and culture-based health practices,[18] that should be informed or provided by respected and knowledgeable community members or elders.

Notable Risk Factors for Suicide Among Native Veterans

- In 2021, the suicide rate was 46.3 per 100,000 for American Indian or Alaska Native Veterans, compared to 36.3 per 100,000 for White Veterans.[19]
- From 2020 to 2021, there was an increase of 51.8% in the unadjusted suicide rate for American Indian and Alaska Native Veterans.[19]
- Talking about suicide may itself be challenging in some Native American communities. The stigma surrounding suicide may contribute to reluctance to speak about those who have died by suicide, which also can be a taboo in some traditional communities. However, many communities and cultures are very open to discussing suicide directly.[20] It is important to be aware of possible cultural norms that may influence how to talk about suicide in a particular community or family, in order to identify culturally appropriate ways of having this dialogue.[21]
- Historical trauma and ongoing oppression are frequently cited as one explanation for behavioral health disparities, including suicide, among Native people.[20] Historical trauma, a term first brought forward by Dr. Maria Yellow Horse Brave Heart,[22,23] is known as a collective massive trauma of a Native community that has an impact from generation to generation and is cumulative. This wounding has a compounding effect on subsequent generations, and the additive effect is reflective in the pain and suffering of present day Native American people.[23]
- For the Indigenous peoples of North America, historical trauma is due in part to the effects of settler colonialism, in which European settlers and U.S. and Canadian governments attempted to eliminate Indigenous peoples to gain access to their land for permanent settlement and occupation on lands already inhabited by Indigenous peoples.[24]
- Historical trauma also refers to other large scale losses and tragedies including displacement from traditional lands; loss of traditional language, ways of living and knowing; physical and sexual violence toward women, children and the elders; termination of treaties; exposure to new deadly illnesses (e.g., influenza, small pox); religious persecution; and other long past, recent past, and ongoing traumas and discrimination.[25,26]

- A salient point regarding the discussion of historical trauma includes of the damage to Native families by the placement of children into government supported boarding schools.[27] For some Native Veterans, they may themselves have been placed in these culturally damaging boarding schools or may have been raised or impacted by family members who may have been.

Approach to Safety Planning with Native Veterans

Begin with a cultural assessment that includes exploring tribal affiliation and identity, languages spoken, and identification with and participation in cultural, spiritual, family, and community practices and roles. Strive to be holistic in examining where there may be both risk and protective factors across multidimensional identities. When given permission by the Veteran, make strong efforts to include family and community members in recovery.

Understanding the degree to which a communal culture and interconnectedness are important to a Native Veteran will help in identifying culturally relevant warning signs and protective factors. Note that culturally, it is traditional for Native women to only speak with other women and for men to only speak with men regarding these issues. Additionally, Two-Spirit individuals may wish to only speak with other Two-Spirit individuals.

Culture-specific protective factors may include:

- Communal mastery (i.e., culturally-based problem-solving approaches involving social network like family, friends, and community)
- Reflective processes (i.e., cultural awareness of and thinking about consequences of one's actions)
- Awareness of connectedness with family, community, and natural environment, and an intergenerational connectedness between past, present, and future generations

Example: "My actions don't matter" as a risk factor versus "My well-being is important to the well-being of my family/community" as a protective factor.

Likewise, having pride in being Native or a member/citizen of a tribe and/or participation in cultural activities (i.e., enculturation) can be important protective factors. Of note, cultural values and activities may vary by a Veteran's Indigenous and familial background, as well as personal experience and preferences.[28]

Adapting the Safety Planning Process for Native Veterans

Please note that these "steps" do not and often should not be completed in ordinal order, but rather what you learn from the Veteran and what unfolds naturally in the therapeutic and safety planning interactions/interventions.

STEP 1 Triggers, Risk Factors, and Warning Signs

As stated previously, historical trauma and ongoing oppression and discrimination are frequently cited as contributing factors for the high rates of behavioral health challenges, including suicide, among Native people. Expression of collective suffering can be an additional suicide warning sign for Native people. One such expression of cultural suffering is the concept of historical loss; perseverating on historical losses caused by colonialism and genocide may be a warning sign for suicide, especially when combined with a lack of participation in traditional cultural activities.

> **Examples:** "We have nothing left to live for." "They took our land and life from us." "Your country is trying to kill us." "It will never get any better for our communities."

Racial trauma is another suicide risk factor for Native people. Experiences of racism and discrimination can be a direct stressor to Native people,[29] and they can also trigger thoughts of historical trauma, collective suffering and ongoing oppression. Thus, experiences of discrimination and prejudice should be assessed for impact on wellbeing.[30] Some culturally specific examples Veterans may describe related to this section of their safety planning may center around:

- Exposure to negative stereotypes and commodification of Native culture (e.g., Native themed sports team mascots, products misusing tribal nation names).
- Invisibility of Native peoples from society, media, and entertainment outside of gross and outdated stereotyping and racist characterization or bigotry.
- Structural racism, for example, broken treaties or economic isolation resulting in inadequate healthcare, infrastructure, poverty, etc.
- Violence incurred due to Native American racial identification due to hate and bigotry.
- Discrimination due in part to cultural identification in the military, workplace, academic settings or in public.
- Microaggressions (e.g., being asked if you're a "real Indian" and to prove your identity; being mistaken as non-Native; being asked questions that are common stereotypes about Native peoples – free college, casinos, etc.)

STEP 2 Internal Coping Strategies

There are many culture-based internal coping strategies that may be applicable to Native Veterans. It is important to assess a Native Veteran's cultural orientation and level of engagement with Native culture. When suggesting coping strategies, it is helpful to know Veterans' preferences and what activities are appropriate for involvement in a wellness plan or safety planning.

In brainstorming internal coping strategies, some Native Veterans may name social connections and culturally-based coping strategies that involve others, such as attending a community or spiritual event. Seeking social coping strategies (Step 3) may be a natural first step coping strategy for some, depending on the communal nature of a Native Veteran's given cultural background.

Employing internal coping strategies without involving others may be culturally incongruous. Awareness of the specific Native Veteran's social contexts and cultural orientations is important to knowing if pressing them to identify internal strategies will be productive or counterproductive.

STEP 3 Social Contacts Who May Distract from the Crisis

For some Native Veterans, it may be especially challenging to identify safe social environments in which to seek support. Help Native Veterans catalog the options available to them, which may include their extended family or family due to connection not biology, friends, elders, spiritual leaders, cultural or community settings (e.g., community centers), and community organizations such as Native Veteran organizations.

STEP 4 Family Members or Friends Who May Offer Help

In addition to seeking help from close family members and friends, Native Veterans may also identify other important community members who can offer help, including elders, or spiritual or community leaders.

Determine whether the Veteran is active in a spiritual community (whether traditional Native American, Christian, or other), and consider encouraging engagement with this community, including with spiritual leaders or cultural mentors as appropriate. Contacts can include those in extended family networks, friends, fellow Veterans, elders, traditional leaders (e.g., clan or family leaders), and traditional healers.

Some Native communities have Native Veteran focused groups, sometimes referred to as Warrior Societies. Native Veteran organizations or groups can also be a a great source of connection and support.

STEP 5 Professionals and Agencies to Contact for Help

Some Native Veterans will seek help from traditional healers or spirtual/religious leaders in their communities in addition to or instead of medical professionals. It is important to validate this as an appropriate and fitting way of seeking professional help. Conversely, do not assume that a Native Veteran wants to seek traditional healing rather than conventional medicine. If you are uncertain how to access traditional or culturally-based healing communities, and the Veteran is unaware of local resources, contact your local Tribal Outreach Coordinator, Rural Outreach Coordinator, the Chaplain Service at your VA, or the VHA Office of Tribal Health.

As an example of this approach, instead of asking, "Are there other health care providers you can contact for support?" you can ask, "Are there other health care providers or healers you can contact for support?" Additionally, you may consider asking "Who do you typically see for medical or health-related concerns?"

Some Native Veterans, especially in rural communities, use multiple health care systems, including the Indian Health Service and tribal-run mental health services. Coordination and collaboration with local providers and systems is critical to Native Veterans' care.

STEP 6 Making the Environment Safe

For many subsistence-based Native communities, hunting might be an important cultural activity, social role, and means of communal survival. Given that hunting usually involves firearms, there can be conflict between lethal means safety and hunting. Discouraging or prohibiting hunting could increase a Veteran's suicide risk by impacting identity and cultural role, and limiting the ability to meaningfully contribute to the family and community. Likewise, Native Veterans disproportionately live in rural communities, and firearms are more common in rural communities than in urban ones.

If hunting represents a central identity and cultural role for a Veteran with thoughts of suicide, recommend that the Veteran go hunting only with others. If the Veteran owns or uses firearms, offer concrete firearms safety recommendations (e.g., to lock them and store them separately from ammunition).

It is important to assess for other lethal means among Native Veterans, as non-firearm suicides are more common in Native communities as compared to other communities. For instance, suffocation and poisoning are both more common lethal means for suicide among Native Veterans than non-Native Veterans; access to means for these methods should be examined to determine safety recommendations.

Additional Information for Those Who Work with Native Veterans

Key Terms

Native American: "All Native peoples of the United States and its trust territories (i.e., American Indians, Alaska Natives, Native Hawaiians, Chamorros, and American Samoans), as well as persons from Canadian First Nations and Indigenous communities in Mexico and Central and South America who are U.S. residents."[31]

American Indian and Alaska Native: Ethnologically, the terms "American Indian" and "Alaska Native" refer to persons who maintain tribal affiliation or community attachment to Indigenous tribes of North, Central, or South America, whether due to blood degree, familial kinship, connection with the tribe's history, language, or religion, or other cultural associations. In this sense, the terms can be used by individuals to self-identify their tribal affiliation. Legally and politically, however, the terms reflect a person's documented enrollment in a state- or federally recognized tribe that holds a government-to-government relationship with the United States.[32]

Native Hawaiian and Other Pacific Islander: Native Hawaiians are a unique and distinct indigenous people from the Hawaiian Islands with whom the United States has a unique political and legal relationship. Pacific Islanders are the indigenous people of the South Pacific islands, including the indigenous people of the American territories in the Pacific (the Chamorros of Guam and the Samoans).

Federally recognized tribe: Federal recognition establishes a formal government-to-government relationship between a tribal nation and the U.S. government and recognizes that a tribal nation exists politically as a domestic dependent nation. Once federally recognized, a tribal nation has access to federal benefits and programs and is generally exempt from state and local jurisdiction. Federally recognized tribes possess "certain inherent rights of self-government (i.e., tribal sovereignty) and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States."[11]

Reservation: "A federal Indian reservation is an area of land reserved for a tribe or tribes under treaty or other agreement with the United States, executive order, or federal statute or administrative action as permanent tribal homelands, and where the federal government holds title to the land in trust on behalf of the tribe. Approximately 56.2 million acres are held in trust by the United States for various Indian tribes and individuals. There are approximately 326 Indian land areas in the U.S. administered as federal Indian reservations (i.e., reservations, pueblos, rancherias, missions, villages, communities, etc.)." [33]

Historical trauma: "Historical trauma refers to a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance."[34] Historical trauma among Native Americans is related to the repeated traumas and cultural genocide perpetrated

against tribal groups, is often viewed as ongoing through various forms of systemic discrimination, and is used as an explanation for persistent physical and behavioral health disparities experienced by Native populations.

Traditional healer: For thousands of years, people throughout the world have maintained their own health, healing, and medicine practices. These indigenous healing practices vary widely from culture to culture, but some practices include smudging, spirit-based healing, sweat lodges, prayer, song, use of healing objects (e.g., healing robes, natural elements), energy healing, and use of natural herbs. A traditional healer is an individual who provides these culture-based healing, medical, and spiritual services within an indigenous community or cultural tradition.[18] Traditional healers may be referred to by many names, including the common designations of healer, shaman, and medicine man/woman.

Resources

- Native American Veterans Benefits
  https://www.benefits.va.gov/persona/veteran-tribal.asp
- Tribal-VHA Partnerships in Suicide Prevention Toolkit:
  https://www.mirecc.va.gov/visn19/clinical/#tools
- SAMHSA American Indian and Alaska Native Culture Card:
  https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/SMA08-4354
- Indian Health Service Division of Behavioral Health:
  https://www.ihs.gov/dbh/
- Training – Overview of Trauma Informed Care and Historical Trauma Informed Care:
  https://www.ihs.gov/mentalhealth/ticmandatorytraining/
- VHA Office of Tribal Health
  https://www.va.gov/health/vha-tribal-health.asp
- Culture Forward: A Strengths and Culture Based Tool to Prevent Our Native Youth From Suicide:
  https://cih.jhu.edu/programs/cultureforward/
- We R Native:
  https://www.wernative.org/
- Urban Indian Health Institute Resources and Reports:
  https://www.uihi.org/resources/
- Northwest Portland Indian Health Board "You Protected Us, Let Us Walk with you" AI/AN veteran suicide prevention social marketing materials:
  https://www.npaihb.org/wp-content/uploads/2023/07/Veterans-posters-All-for-printing.pdf

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APPENDIX

A. Safety Plan

Please follow the steps described below on your safety plan.

If you are experiencing a medical or mental health emergency, please call **911** at any time.

If you are unable to reach your safety contacts or are in crisis, call the **Veterans Crisis Line** at **988 (Press 1)**.

STEP 1: Triggers, Risk Factors, and Warning Signs

Signs that I am in crisis and that my safety plan should be used:

1. _____
2. _____
3. _____
4. _____
5. _____

STEP 2: Internal Coping Strategies

Things I can do on my own to distract and keep myself safe:

1. _____
2. _____
3. _____
4. _____
5. _____

STEP 3: Social Contacts Who May Distract from the Crisis

Who I can contact to take my mind off my problems/help me feel better:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
4. Name _____ Phone _____
5. Name _____ Phone _____

Public places, groups, or social events that help me feel better:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

APPENDIX

STEP 4: Family Members or Friends Who May Offer Help

Who I can tell that I am in crisis and need support:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
4. Name _____ Phone _____
5. Name _____ Phone _____
6. Name _____ Phone _____

STEP 5: Professionals and Agencies to Contact for Help

Mental health professionals or services I can contact for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
4. Name _____ Phone _____

Veterans Crisis Line: 988, Press 1

Veterans Crisis Line Text Messaging Service: Text to 838255

Veterans Crisis Line Chat: www.VeteransCrisisLine.net/Chat

DIAL 911 IN AN EMERGENCY

If I need to go to an emergency room or urgent care, I will go to:

_____

ER Address _____

ER Phone _____

STEP 6: Making the Environment Safe

These are the ways I will make my environment safer and barriers I will use to protect myself from lethal means:

_____

_____

These are the people who will help me protect myself from having access to dangerous items:

1. Name _____ Phone _____
2. Name _____ Phone _____