

prevention and treatment tracks

Supporting prevention and treatment efforts of Minnesota's Tribal and Urban American Indian

Mental Health: What It Really Means for You and Your Child

Sarah Jasken, LICSW, MSW
White Earth Tribal Mental Health Program

The term “mental health” can be a scary word for families to hear when discussing a concern about a person’s thoughts, feelings, and behaviors. The word “mental” is often associated with words like “crazy” and “insane”. However, the true meaning of the word “mental” is something that is related to, found in, or occurring in the mind. To have mental health, one must be able to maintain a mind and body balance in our lives and communities. This often means a balance in our spiritual, emotional, physical and intellectual selves, as all these parts together make us human.

Being healthy mentally, starts from the very beginning during pregnancy, as everything a mother encounters affects the growing baby in some way. Upon birth, an infant is very vulnerable and relies on its caregiver for its physical, emotional, and social needs, as well as for protection and survival. The first two years of a child’s life are particularly important for setting up a strong, supportive, relationship in which the child develops. When an infant receives sensitive, responsive and consistent care giving, it learns that the world is a safe place and that people are trustworthy and dependable. However, if an infant does not receive this type of care, the infant quickly learns that the world is a scary place and that people are hurtful, unable to help him/her, and not dependable. When a child receives insensitive care, it can lead to devastating effects on the child’s ability to have healthy relationships with others, regulate his/her emotions, and can eventually impact learning in school. Infants and young children are often unable to communicate their mental health needs with words as adults do, but they are able to express things through their behavior, here are some examples of when to possibly be concerned about your infant or young child’s mental health:

- Crying for no apparent reason, difficult to soothe
- Aggressive towards others
- Long-lasting temper tantrums
- Dislikes touch/closeness with caregiver
- Overly fearful of others
- Sleep struggles
- Under or overly active
- Exhibits a sudden change in behavior
- Concerns with developmental milestones

(It is important to note that children develop at different rates, and many of the behaviors listed above are very common in developing children. If you have questions/concerns, please contact your health or mental health care provider)

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If you have any comments or would like to contribute ideas for this newsletter, we encourage you to send an email to Cecil.Whitehat@state.mn.us. We would like to hear your stories and get your feedback. Thank you!



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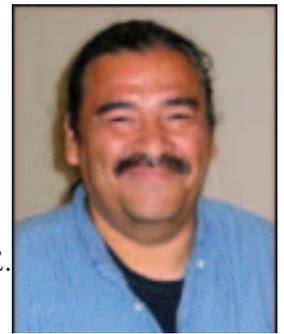
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DHS Employee Spotlight: Donald W. Moore Jr.

A 17-year DHS employee, Donald W. Moore Jr. is a licensed alcohol and drug counselor and the current supervisor of the Native American Section with the Minnesota Department of Human Services Alcohol and Drug Abuse Division. He spent the first 16-plus years working in Brainerd for the Four Winds Lodge treatment program. He started as a chemical dependency counselor and worked his way up to being the director of the C.A.R.E. Brainerd site. His passion is providing services for the Native American communities utilizing culturally specific formats.



Name: **Donald W. Moore Jr.**

Position: **Supervisor, ADAD American Indian Section**

Location: **Elmer L. Andersen Human Services Building, St. Paul, Minn.**

Background: Moore is an Ojibwe from the Lac du Flambeau Reservation in Lac du Flambeau, Wis. He has lived in Minnesota since 1979, when he came here for chemical dependency treatment. He has been married for the past 15 years and, with his wife, has been a foster parent for the past 13 years. The couple ended up adopting the first child placed with them and since then have legally adopted a total of five children. They have four other adult foster kids they still consider their children. His wife came into the marriage with seven children and Moore had one, for a grand total of 17, and counting. They also have 16 grandchildren so far. Both Moore and his wife come from large families so their family system makes sense to them.

Moore has worked in the chemical dependency field for 32 years. He received his training as a chemical dependency counselor from the Hazelden training program and graduated in 1989 with a certificate in chemical dependency counseling. He is a trainer in chemical use assessments, including ethnic and cultural diversity, and for the state rule that governs the licensing of substance abuse treatment programs. He is currently a coach for person-centered treatment planning. He has worked in all areas, including detoxification, halfway house, inpatient, outpatient and extended care treatment settings, a “wet house,” sober board and lodge and nontraditional mental illness/chemical dependency programs. He has extensive counseling experience with both men and women. He joined DHS in 1995.

Describe the work you do.

I am responsible for directing the American Indian Programs Section for the Alcohol and Drug Abuse Division to ensure the effective development, implementation and evaluation of chemical dependency programs for American Indians; administer funds designated for American Indian groups, organizations and reservations within the state; and establish policies and procedures for American Indian Programs in cooperation with the Alcohol and Drug Abuse Division and the American Indian Advisory Council.

Current/historical accomplishments you're most proud of:

My family is my biggest accomplishment, raising them to be respectful, responsible and productive young adults. The most successful work and the best prevention work starts at home. I am extremely proud of my children and look forward to one day sitting back and watching them with their own successes. I am proud of the fact that I have personally taught other counselors and professionals on a variety

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of subjects, including how to complete assessments and improve interviewing skills, Rule 31 and cultural diversity. I like to think I have a good sense of humor and use this quality in all that I do.

I set up food stands at powwows and other outside events. I love to cook and my specialty is fry bread. I spend as much free time as I can with my children, just playing with them or going places with them.

White Hat recognized for work in addiction field

Cecil White Hat received a lifetime achievement award from the Minnesota Association of Resources for Recovery and Chemical Health at the organization's annual conference in October 2012.

White Hat, a principal planner/program consultant for the Alcohol and Drug Abuse Division in the Minnesota Department of Human Services, was recognized for more than 30 years of work in the field of addiction. His career includes teaching in higher education about American Indian issues and American Indian addiction, working as a licensed alcohol and drug counselor, serving as chairman on the American Indian Advisory Council and the Cultural Diversity Committee with the Minnesota Department of Health. White Hat was also a 2011 recipient of the Dr. Duane Mackey Waktayanaji Award for distinguished contributions to addiction treatment, education and advocacy for human rights among Native Americans.



Message from Kevin Evenson, Director

Alcohol and Drug Abuse Division



I wait for winter all year. I am one of those individuals who really appreciates living in Minnesota and all the state has to offer regarding winter activities. I am indeed an ice fisherman, I love the cold weather and I love being outdoors in it.

With cold days, this year we also have hot topics to address in the Alcohol and Drug Abuse Division. Several work groups are focused on topics to ensure those who suffer from addiction can get the quality help they need. Some of the topics we are currently addressing are as follows:

■ **Telemedicine**

The division is looking into the possibility of moving forward with telemedicine so those individuals living in rural Minnesota can receive the quality care they need and deserve close to home. This technological advancement within the field will also make available cultural specific programming to those who otherwise may not be able to receive it

■ **Electronic Healthcare Records**

Another advancement the division is studying is the beginning of electronic healthcare records. The federal government is mandating that all programs use an electronic healthcare record system by 2014. The state is looking into the numerous ways it can help in this process. This is a great opportunity to align some of the data requirements of both state and federal governments.

■ **Continuing Care, Recovery Supports**

The workgroup on this topic is looking into the ways case management services and peer recovery support can enhance treatment services to help those suffering from addiction. With the onset of the Affordable Care Act, the establishment of health homes and behavioral health homes, case management services are integral in moving addiction treatment services from an episodes of care to a continuum of care modality.

■ **Assessment/Access**

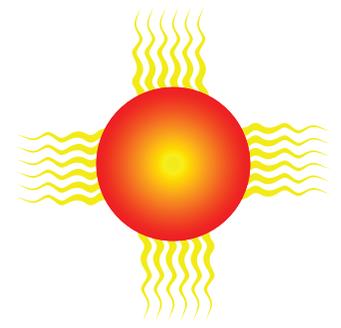
Looking at the current system for individuals accessing treatment services, it is clear we need to do something to help clients access services in a shorter time frame. Currently it can take up to 30 days for clients to access services. Work is being done to investigate all the issues surrounding access to services and barriers to services.

■ **Diversity**

Minnesota does not have enough diversity in its workforce to address substance use disorders. This group is making recommendations to help build a more diverse workforce across the state.

Message from Kevin - continued on page 5

Success Story: COPE Program, Minneapolis American Indian Center



The following letter was sent to Joe Estrada, director of the Minneapolis American Indian Center's COPE Program last year. The COPE Program is a prevention program focusing on wilderness trips for youth, funded in large part by the Department of Human Services. The names in the letter were edited for confidentiality purposes.

To whom it may concern:

I am writing about Joe and his wonderful program called COPE and with my personal plea and recommendation to keep this wonderful program going for those who need it. This program offers so many life-building skills that so many kids need and wouldn't normally without programs such as this one. There are so many kids and young adults in society who want to change their lives for the better but don't have any idea how to start building skills for self-preservation as well as for achieving life goals, work and self-sufficiency. This program offers such skills through wilderness trips to Wolf Ridge, teaching kids camping skills to survive in the wilderness. They also have group gatherings, make friends, receive camp counseling, meet peers who are often in the same dire situations, rely on each other to problem solve, hike, cook and build self-confidence so they can go back into society with a new attitude to give them direction in their next step in life. This program teaches disadvantaged young people who come from situations that you and I could never imagine with abuse, neglect, homelessness and gangs. It teaches them skills and guidance they could never normally get through whatever situation they come from. It teaches them to think for themselves and helps them take the right steps to get somewhere in life that is good and helps keep them off the streets, prison or death. More and more programs like this are being cut. Now is the time we need these programs to help these kids who will be taking care of us one day and running the country themselves.

My own boy suffers from Asperger's, a form of Autism. This exceptionally bright boy could be the next Einstein because of his intelligence and articulation. We live in rural Minnesota where there are absolutely no programs for boys like him to learn skills such as social friendships, direction and planning. Our son got a very rare chance to go up to Wolf Ridge with Joe and a group of our son's peers this past summer. My son has spent many days being sad and mad because of the lack of ability to make friends and to share and bond things with. When he came back, it was the difference of night and day. He was happy, chattered non-stop about the things he had learned, the friends he made. He still talks about the trip to this day. It has made

me want to take a trip up there myself with Joe to see for myself the magic this program creates for the kids it has helped. We have a medication issue and Joe offered many choices including driving one and a half hours to meet me to get our son the medication he needed. Joe kept in touch with me every couple of days to give me progress reports on how our son was doing. It was our son's first camping trip away from home and, of course, I was worried. Joe went out of his way to put my mind at ease telling about our son's enjoyment, things they were doing and how much Joe enjoyed having our son with him. I would not doubt that Joe spent a lot of time calling and reassuring other parents as well.

So you see Joe and his program are rare gems in this society that young people need. I would like to challenge those that will not give funding to programs such as this one that I believe with my whole heart that all people need at some point in their life. Included in this letter is a testimonial from my son about his experience, also on behalf of this program. Please keep programs such as COPE going for the teens and young adults of tomorrow. As Helen Keller quoted, "Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, vision cleared, ambition inspired, and success achieved." This program helps guide young peoples to find their path in life!

Sincerely yours,

A grateful parent

A letter from the son follows:

Dear Joe,

Hi! My name is: Wolf Ridge Participant. I have Attention Deficit Hyperactivity Disorder and Asperger's Syndrome. I have a hard time speaking. It's been hard doing stuff with these things.

But it was really fun going there. I had a good time. I accomplished many things that come once in a lifetime. I conquered my fear of heights. I learned how to talk to friends better. I learned how to speak better. It was really great being there.

Sincerely,

Wolf Ridge participant





As children continue to grow and develop, they learn new skills, become more independent, gain language capabilities, and enter the social world. Children and adolescents are able to verbalize what is going on in their life, but their behavior is often a good indicator when things are not going well or they are struggling for a particular reason. Concerns with mental health are often first identified when a child enters the school system, as they may struggle to follow directions, have difficulty paying attention, struggle to get along with peers, and begin to dislike school. Early identification of behaviors that are not helpful to a developing child is crucial in being able to help them get back on a healthy path of development. Here are some examples of behaviors that may cause concern:

- Refuses to follow directions (Oppositional)
- Aggressive towards others
- Over active (Hyper)
- Sad, irritable, or moody
- Getting into trouble at home, in school
- Stealing, lying
- Skipping school, failing grades
- Using drugs/alcohol

It is important to remember that everything that happens in your family and in your community, affects your child in some way. Children may need help in adjusting to or coping with difficult and stressful situations, here are some examples of situations that may require assistance from a mental health care provider:

- Death of a loved one
- Divorce/separation
- Physical, emotional, or sexual abuse (past or present)
- Witnessing violence
- Removal from home/placement in foster care
- Threatening suicide
- Being bullied

Referrals for mental health services can come from anyone who is concerned about a person’s well-being at any time in their life, from birth to death. A referral is a request for assistance and can be made in- person, by going to your local mental health agency; by phone call; by fax or email. Mental health services are provided on a voluntary basis and are meant to be supportive and helpful in nature. If you have any questions or concerns about a loved one or about how/where to make a referral, please call White Earth Tribal Mental Health at 218-983-4703



While the groups addressing these issues are working very hard and coming up with helpful recommendations, the state is also looking at factors and issues that affect treatment services statewide. These include the Affordable Care Act, Medicaid, the Health Care Exchange and parity laws. These issues will have an impact on how we help those who suffer from addiction. The state is also looking into the most recent opiate epidemic identified by the Center for Disease Control. The division is making plans to educate individuals who prescribe opiates and those who treat chronic pain. These efforts are being coordinated with the medical community. The Alcohol and Drug Abuse Division is also making plans for a more widespread educational program for other health care professionals.

I see a lot of work being done in the next couple of years moving the treatment of substance use disorders into collaborative practice with primary care and mental health.

As we continue this work, take time to enjoy all seasons, as they are truly a gift.

Miigwetch – (Thanks in Anishinaabe)

Pidamaya – (Thanks in Dakota)



Prevention Resource

What is National Drug Facts Week?

National Drug Facts Week is a health observance week for teens that aims to shatter the myths about drugs and drug abuse. Through community-based events and activities on the Web, on TV and through contests, the National Institute on Drug Abuse is working to encourage teens to get factual answers from scientific experts about drugs and drug abuse.

<http://drugfactsweek.drugabuse.gov/index.php>

This is an interactive website. You can:

- Test your knowledge on drugs and drug abuse by taking the interactive National Drug IQ Challenge quiz.
- Share information with your family and friends that will shatter the myths about drug abuse.
- View a summary of NIDA’s 2012 Monitoring the Future Survey

Prevention Resource Submitted by Jo Lightfeather Director, Minnesota Indian Women’s Resource Center’s Learning Center

Success Story: Ain Dah Yung Center Ninjanisag Program

This success story is not about just one youth or one event but rather a story that reflects the long-term benefits of connecting our Native youth to their traditional ways and spirituality. This is a story of how this dedication can help move these youth forward and give them the tools to live a long and healthy life. The Ain Dah Yung Center's Ninjanisag (Our Children) program is a prevention program for youth located in St. Paul and funded in part by the Department of Human Services. The program uses traditional cultural teachings to instill a sense of pride in the youth to prevent alcohol and substance abuse. The program believes it is critical that youth not only experience these cultural teachings but are also equipped with a deeper understanding and knowledge base to gain the confidence they will need to access these teachings and participate in spiritual practices outside of the program and as they grow older.

The sweat lodge is one of the cultural practices the program focuses on. The program has the ability to facilitate sweat at least once a quarter but takes every opportunity to do it more frequently. Many of the youth who enter the program have never been to sweat and therefore do not know the protocol and teachings. Many also do not know how to use tobacco in a traditional way. Having sweat gives the opportunity to pass on multiple cultural teachings and allows the youth to experience their traditional spirituality. In addition, youth begin to build strong connections within the community as they get to know the consultants running the sweat.

The Ain Dah Yung Center is fortunate to have its own sweat grounds in Hugo. With owning the sweat grounds comes a large amount of responsibility to care for the land. The participants help take care of these grounds and each year the lodge is rebuilt. When youth are brought to sweat it is imperative that they understand the meanings and protocols for the sweat lodge. Each participant learns how to assemble a fire to heat the rocks, how to select the rocks, put them in order on the fire and in the lodge and how to offer traditional tobacco to the fire.

This high level of involvement in the sweat grounds and knowledge of the sweat lodge has increased the youth's ownership over the grounds and their interest in participating in this ceremony. For the first time current and past members of the Ninjanisag program have begun to ask in the traditional way for a sweat. Some have come because they have been experiencing difficult life circumstances and others feel they just need to wipe down. Some have started attending sweats in the community through the resources staff have provided for them. Still others who have been out of program for several years are coming back to ask staff to help them find a sweat to attend. The Ninjanisag staff is amazed and hopeful to see these youth grow in their confidence and knowledge to access these resources on their own.

The Sweat Lodge purifies us on many levels, spiritually and physically. When we perform the ceremony, it is done with respect, honor, and a grateful heart because when you are sitting in a sweat lodge, you are at the center of the Four Directions in the presence of the "Grandfathers." This is a very sacred and important place with much to teach us about ourselves and the world.

http://www.algonquinfirstnation.com/ALGONQUIN_STORIES.html

On a similar and exciting note, one youth in particular told a staff member that he wanted to go "up on the hill." This refers to a very important Lakota ceremony linked to becoming a man. Ninjanisag staff explained to him what he would need to do in preparation and he is being guided in this practice. Taking this step requires a lot of dedication and commitment to the end goal. This has been a long journey for this youth, who the agency has watched grow and mature for many years. Staff are proud to be standing behind him as he takes this next step.

In the coming months, staff are looking forward to taking another group of youth to Sundance where they will also be given the chance to sweat. Attending Sundance and participating in the ceremony is happening because of requests from the youth.

In the past it was difficult finding consultants to pour water for sweat. Now a strong list has been compiled of community members able to do this for participants. If a participant has never been to a sweat before, it can be challenging to get them to attend their first one. However, usually once they've had this experience it is not difficult to get them to come back. The only change planned for this year is to have participants take more ownership for the sweat grounds as they are guided in understanding



that putting in the work before the ceremony is just as important as the ceremony itself.

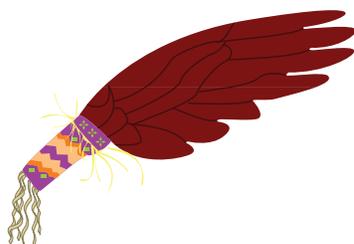
The examples outlined in this story reflect some of the development youth have experienced when made aware of traditional ways. Staff are honored to watch young people cultivate a positive self-image as Native youth and take pride in utilizing their spirituality to heal. These experiences, in conjunction with our other program components, are crucial to supporting chemically free lifestyles, respecting the use of traditional tobacco and creating overall healthy perspectives. The sweat is a gateway to the rest of their spiritual practices. It gets them comfortable with sharing what is going on in their life, speaking in front of people and connecting with the creator as well as their peers. As these youth grow and gain confidence, they can share these positive experiences with their families and peers, thereby assisting in the effort to heal and promote healthy communities.



Alcohol and Drug Abuse Division
 American Indian Programs
 PO Box 649777
 St. Paul, MN 55164-0977
 www.dhs.state.mn.us
 Phone: 651-431-2460
 Fax: 651-431-7449

Kevin Evenson, director
 Donald W. Moore, American Indian Programs supervisor
 Denise Estey Lindquist, American Indian Programs prevention and treatment counselor
 Betty R. Poitra, American Indian Programs prevention and treatment consultant
 Cecil White Hat, American Indian Programs prevention and treatment consultant

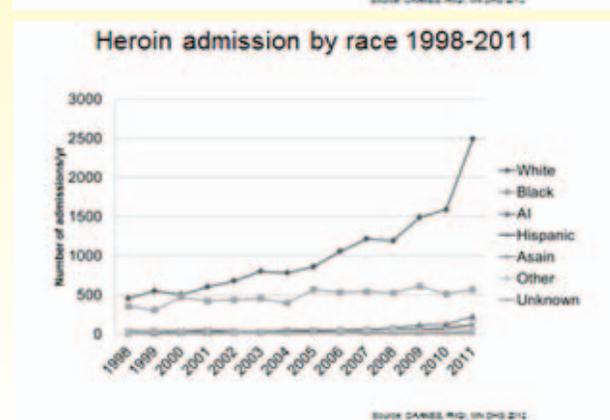
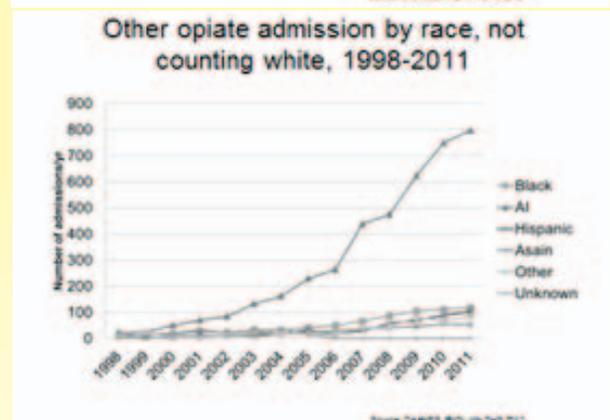
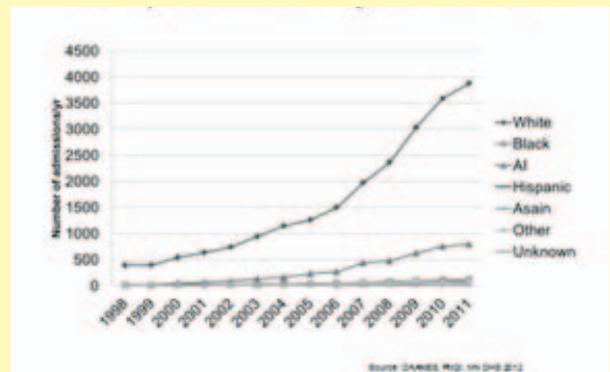
Office
 Elmer L. Andersen Building
 540 Cedar St.
 St. Paul, MN 55155



Opiate medication, heroin impact on Indians in Minnesota increases

By Rick Moldenhauer, DHS Alcohol and Drug Abuse Division

As the charts below demonstrate, the disproportionate number of American Indians admitted to substance abuse treatment in Minnesota for opiate medication abuse and heroin is staggering. As shown, from calendar years 1998 to 2011, the number of American Indians admitted to treatment for heroin has increased from 9 to 223. The number for other opiates has increased from 21 to 797. If you remove “white” from the “other opiate” discussion (slide 2 below), you see that there are more American Indians admissions for abuse of opiates than all other groups combined. With heroin (slide 3), the ethnic group with the largest rate of increase in admissions is American Indians although the American Indian population is not the racial group with the largest number of treatment admissions.





Minnesota Department of **Human Services**

Alcohol and Drug Abuse Division

American Indian Programs

PO Box 64977

St. Paul, MN 55164-0977

www.dhs.state.mn.us

Phone: 651-431-2460

Fax: 651-431-7449

Kevin Evenson, director

Donald W. Moore,

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and treatment counselor

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and treatment consultant

Office

Elmer L. Andersen Building

540 Cedar Street

St. Paul, MN 55155

prevention and treatment tracks

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Events

Summer events

- 32nd Annual Minnesota American Indian Institute on Alcohol and Drug Studies (MAIADS). "The Many Faces of Addiciton." July 29, 30, 31, August 1, 2. Fond du Lac Tribal and Community College. For more information contact Candi Broeffle at: 218-879-0743 and email: candibro@fdltcc.edu
- 14th Annual Joining Voices, Native American Prevention Program Sharing Conference. July 29, 30, & 31. Fond du Lac Tribal and Community College. For more information contact Candi Broeffle at: 218-879-0743 and email: candibro@fdltcc.edu

Research Pathways

Recommended resources

Minnesota Indian Women's
Resource Center

<http://www.miwrc.org/>

Department of Justice Office on
Violence Against Women

www.fletc.gov/osl

ADA2 (12-12)

This information is available in accessible formats for individuals with disabilities by calling 651-431-2460 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

