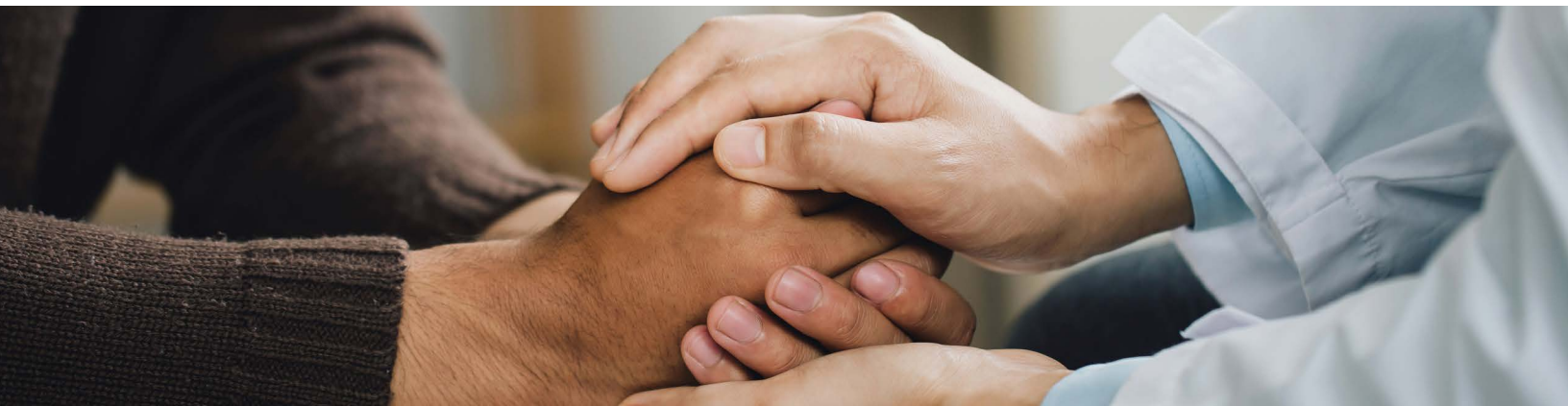


# Behavioral Health and Psychological Maltreatment of Native American Vulnerable Adults

This fact sheet and the Behavioral Health online educational module will help you gain an understanding of elderly behavioral health in Indian Country. This sheet will assist you in Identifying and understanding the issues of anxiety, depression, substance use, and dementias with vulnerable adults. You will also understand the warning signs accompanying emotional/psychological abuse and behavioral risk factors in Indian Country. Ideally, we can all play a role in preventing and protecting disabled or older adults from these types of abuse.

## Elder Abuse can take many forms:

- ◆ **Physical** – the use of physical force that may result in bodily injury, physical pain, or impairment
- ◆ **Emotional** – may include verbal assaults, insults, threats, intimidation, humiliation, harassment, or disrespect (such as “Elderspeak” when you talk to an adult like an infant)
- ◆ **Sexual** – sexual contact with any person who has not consented or is incapable of consent is sexual abuse
- ◆ **Financial** – the illegal or improper use of an elder’s funds, property, or assets
- ◆ **Neglect** – the refusal or failure to fulfill any part of a person’s obligations or duties to an Elder
- ◆ **Self-neglect** – the behavior of an Elder person that threatens his/her personal health or safety
- ◆ **Spiritual** – spiritual abuse among Native American older adults are actions that damage one’s experience and personal practice of the sacred
- ◆ **Abandonment** – the desertion of an Elder by an individual who has custody of or has assumed responsibility for providing care



## Behavioral Health

Although Native Americans are among the least studied racial minority group in the U.S., especially on mental health issues, there are several key areas to address including:



- ◆ **Depression** – The historical and ongoing oppression, stress and limited resources contribute to the higher rates of depression reported by Native Americans (Moon et. al. 2017). This is particularly important given that the suicide and mortality rates are 50% higher for American Indian or Alaska Native (AI/AN) populations than the general population (Burnette et. al., 2017). Depressive symptoms include the presence of sad, empty, or irritable mood accompanied by somatic or cognitive changes that significantly affect the individual’s capacity to function (APA, 2017). If you think you or someone you know is depressed, you should make an

appointment with a healthcare provider, or call or text 988 for immediate assistance. AI/AN rarely receive culturally responsive and adequate treatment from mainstream providers.

- ◆ **Anxiety** – Although most contemporary American Indians have not directly experienced historical trauma, the cultural memories of the various struggles and atrocities may remain and can exert a detrimental effect on Native communities and people generations later. More than four in five (84.3%) AI/AN women have experienced violence in their lifetime. This includes 56.1% which have experienced sexual violence (Rosay 2016). Existing data indicate that anxiety-related factors such as environmental distress, acculturation, depression, substance abuse, suicide, and health problems are widespread among AI/AN populations. The lack of culturally-sensitive assessment tools and culturally-relevant definitions of anxiety may result in challenges for delivering relevant psychological services to the Native population. When discussing concerns about anxiety it is important





to provide explanations that are thorough and in terms that can be easily understood by those who may be from a different culture than your own.

- ◆ **PTSD** – Symptoms include recurrent, involuntary and intrusive memories of traumatic events. The individual may also experience dissociative reactions in which they feel or act as if the traumatic event is reoccurring. A trauma-informed approach to the delivery of behavioral health services includes viewing trauma through an ecological and cultural lens and recognize that context plays a significant role in how individuals perceive and process traumatic events. Providers of services should recognize that treating individuals with respect and kindness and empowering them with choices are key in helping people recover from traumatic experiences. Resilience has always been present among AI/AN people and a strong recognition and focus on this is recommended for practice, policy, and research endeavors.
- ◆ **Social Isolation** – Indigenous Elders are at risk of social isolation due to factors such as racism, marginalized language, poverty, and historical trauma. Reaching out to Indigenous Elders who are at risk of being socially isolated may reduce their risk of poor health and lessened quality of life. Loneliness is a long-standing public health concern among older populations and poses a comparable mortality threat as other well-established risk factors such as smoking, physical inactivity, and obesity. Interventions should aim to build positive factors such as hardiness, sense of coherence, optimism, social support, and self-esteem. Creating programs that promote respect for Elders and allow them to share their knowledge can benefit the younger generations and reduce feelings of isolation for the Elders.
- ◆ **Suicide** – Suicide rates can vary considerably by tribe, but rates among AI/AN's have been continuously higher than that among other U.S. races including Whites. Cultural disconnection, alienation, and intergenerational trauma contribute to higher rates of suicide among Indigenous people. The risk for suicide attempts in elderly is associated with interactions of factors

such as physical and mental illness, isolation, bereavement, and degraded socioeconomic support. Treatment providers working with AI/AN populations should utilize culturally-based clinical approaches, incorporate motivational interviewing, and be provided training on stigma, confidentiality, and barriers to accessing care faced by AI/ANs. If you or someone you know needs immediate assistance regarding suicide ideation, please call or text 988 or visit [988lifeline.org](https://www.988lifeline.org). Many aspects of Indigenous culture have been found to contribute to resilience against suicide including a strong connection between Elders and Native youth, speaking Indigenous language, and practicing spirituality.



# Addictive Behaviors

Many types of addictive behaviors can lead to poor social behaviors. The addictive behaviors may also contribute to abuse and neglect. This section will focus on addictive behaviors around drug use (alcohol, depressants, opioids, and stimulants), gambling, and hoarding.



## ◆ **Alcohol and Other Depressants** –

Depressants generally work by lessening the actions of the central nervous system. Combining depressants with other drugs, or sudden withdrawal from depressants, can be life threatening. Long term use of depressants can produce both psychological and physical dependence. The model of drinking displayed by many early trades and colonists was high-dose, prolonged collective binge drinking often combined with violent or other inappropriate behavior and imitated by some Indigenous people. Culture loss, history of abuse, physical health problems, and high rates of unemployment contribute to higher rates of alcohol use. The Substance Abuse Subtle Screening Inventory -3 (SASSI-3) is the only assessment that has been validated for use with American Indians. Culturally-relevant treatment options include the White Bison, Red Road, and Land for Healing approaches which use ceremonies and Indigenous beliefs of the interconnectedness of all things as concepts in the journey to sobriety. There are a number of negative stereotypical myths regarding Indigenous people and alcohol which often perpetuate racist stereotypes. There are some recent studies that actually show less drinking among the Indigenous population than the general population.

◆ **Opioids** – While opioids can be part of an effective pain management plan, they can also be addictive and lead to overdose if not taken as prescribed. Regular use of opioids may increase tolerance and dependence. Opioids were identified as a problem drug around 1998

and it is currently considered an epidemic in the U.S. Nationwide, from 2006 to 2014, Native Americans were nearly 50% more likely to die of an opioid overdose than non-natives. Indian Health Services is focused on promoting effective pain management, reducing overdose deaths, and improving access to culturally appropriate treatment. Disparities in healthcare, such as those among the Indigenous population, have implications for the assessment and treatment of opioid use disorder. Strengthening culture can help prevent opioid misuse. A culturally-sensitive, patient-centered system of services is needed to provide a continuum of opioid prevention and treatment services.

- ◆ **Stimulants** – Stimulants act by speeding up the body's systems. Long-term or high-dose use of stimulants can result in tolerance and psychological dependence. Although amphetamines might benefit some elderly patients, the available evidence on their efficacy and the risks must be considered. Death rates from stimulant use are elevated among Native American and African American populations despite evidence that their rate of stimulants use are comparable to those of other racial and ethnic groups. There are no approved medicines for stimulant use disorder, making its treatment challenging. Efforts should be made to divert individuals who misuse stimulants into treatment programs rather than the criminal justice system. Despite treatment challenges, a number of options exist including contingency management, community reinforcement approach, motivational interviewing, and cognitive behavioral therapy. The treatment method should be culturally appropriate to Native Americans. For instance, tobacco is one stimulant which is often used ceremonially and medicinally by Indigenous people.
- ◆ **Gambling** – Historically, gaming and some gambling were parts of traditional culture where the emphasis was on the game as a pastime, not necessarily winning. Organized gaming in reservation communities started around the 1970's with the operation of Bingo halls. Casinos, slot machines, and Bingo seem to be



the gambling activities of choice among the elderly. The National Indian Gaming Commission estimates more than 240 of the 562 Indian tribes in the U.S. engage in gambling. Tribes operate more than 400 casinos and bingo halls throughout 28 states which can generate large economic benefits for some Native American communities. A 2015 study by Patterson, et. al., found that the past year prevalence of gambling among Native Americans is similar to the rate for non-Native Americans in the U.S. but Native Americans had over twice the rate of problem gambling as the U.S. sample. Factors that contribute to gambling behavior include age, ethnic minority status, marital status, gender drug use, and alcohol use. The brief Biosocial Gambling Screen is a three-item survey designed to help people decide on their own whether to seek a formal evaluation of their gambling behavior. Any effective therapy for older adults must adjust for the fact that often older problem gamblers are motivated by grief and loss issues. Traditional Indigenous identity may be a protective factor against problem gambling.

♦ **Hoarding** – Within Indigenous culture there are many stories that emphasize how hoarding is bad and other stories that explain how sharing or gifting is good for the individual and the people as a whole. “Give-aways” are often a part of current traditional culture to show honor and respect. Sometimes what may look like hoarding of old or worthless items like stones, or feathers, or herbs may be spiritually meaningful items to the individual. The boarding school experience encouraged hiding items of cultural significance because being caught with such items would result in severe punishment. There is little information available on hoarding among Native Americans but personal reports lead to the conclusion that this is a problem particularly among the elderly. Extreme clutter, as well as unsafe and unsanitary conditions, hinder common senior goals such as remaining independent and aging in place. There are several hoarding assessments available but none of them are culturally specific. To help a senior who hoards, you can find support, establish trust, seek a medical evaluation, set realistic goals, and celebrate even the little successes. Strengthening culture can help lessen stress and feelings of isolation which contribute to hoarding.



## Physical Issues

There can be strong links between numerous health or physical issues which can lead to cognitive decline and result in behavioral concerns for Native Americans. We will focus on concerns around Alzheimer's Disease and related dementias and stroke and ischemic attacks.



### ◆ **Alzheimer's Disease and Related Dementias (ADRD)**

– Alzheimer's Disease is the 6th leading cause of death. In 2013 an estimated five million Americans aged 65+ had Alzheimer's Disease. Research about Native American Elders facing dementia-related disorders is limited. Changes in cognitive abilities can affect individuals differently and can gradually compromise their ability to care for themselves. More Native Americans now live into old age and advanced age remains the most significant risk factor for Alzheimer's Disease which is the most prevalent form of dementia. Currently there is no cure for Alzheimer's Disease. Current approaches focus on helping people maintain mental function and slow the progression of symptoms of the disease. Several prescription drugs have been approved by the U.S. Food and Drug Administration to treat people with Alzheimer's Disease. Tribal programs are producing improved health outcomes which indicate the importance of culture in customizing interventions. Keeping the older adult at home and providing care follows cultural teaching.

### ◆ **Stroke and Transient Ischemic Attacks (TIA)**

– AI/AN's have among the highest burdens of many stroke risk factors including hypertension, diabetes mellitus, obesity, and smoking. A TIA may be a warning sign of a future stroke. Symptoms include weakness on one side of the body, vision problems, slurred speech, or sudden severe headache with no known cause. Stroke was a leading cause of death among Native Americans in 1990. Research shows American Indian adults had a higher risk of stroke caused by a clot than people from any other racial or ethnic group. Regular preventive care such as screening and treatment for high blood

pressure and diabetes could reduce stroke risk. Strengthening culture can help improve diet and personal care activities.

- ◆ **Capacity Assessment** – Often with cognitive decline resulting from ADRD, TIA, and other related issues, it may be necessary for someone else to manage the individual's needs and resources. If previous arrangements have not been made, a guardianship may need to be established. This will take a court action and a capacity assessment may be needed to determine if the older adult can make their own decisions or not. Most assessments need to focus on particular task deficits rather than an overall finding. Assessments need to be adaptable to the circumstances and the person. There are no culturally-based assessments for Native American people. It is important to consider culture and values when conducting a capacity assessment. There are up to seven main areas to consider for assessment: medical (managing one's own healthcare and medication decisions), sexual consent (knowledge, understanding and voluntariness), financial (performance in managing financial resources), testamentary (knowledge and understanding of one's assets and heirs), driving capacity (cognitive and physical ability), independent living (cognitive and decision making abilities), and undue influence (when others use their powers to deceptively gain control). If compelled by capacity concerns, a formal assessment may be ordered. Seeking consent for the assessment and for the results to be released can be tricky since it requires the very ability that is under question. An informal consultation may be sought before or instead of a formal assessment allowing the opportunity to ask additional questions and offering suggestions to enhance capacity.
- ◆ **Advanced Healthcare Planning** – When discussing death or end of life, capacity may be a concern. Healthcare workers should respect cultural and traditional ways of knowing when working with Indigenous elderly to make arrangements and decisions. A culturally-grounded resource is the **My Advance Care Plan & Guide for Native Americans**.

# Good Mental Health and Resilience

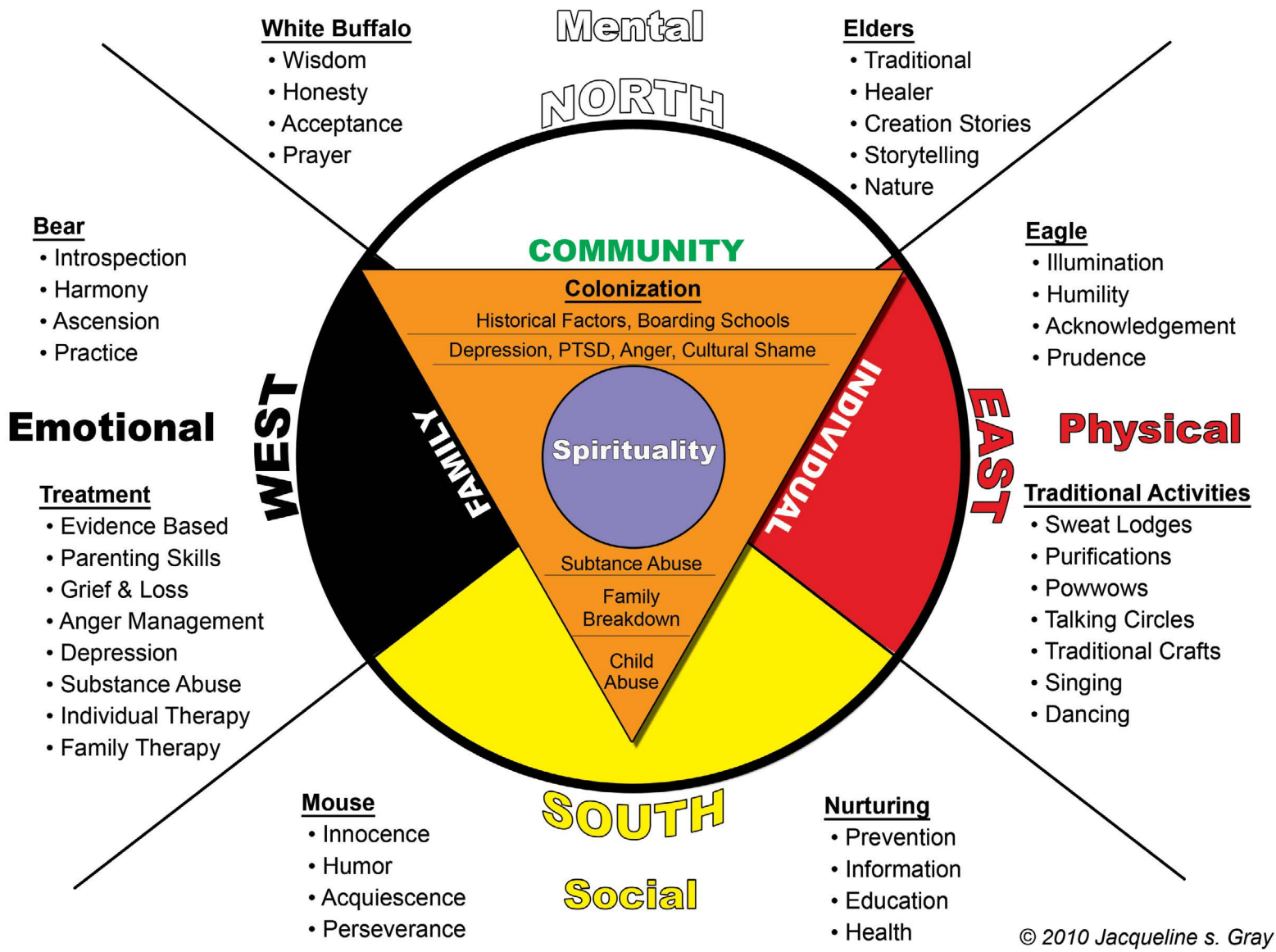
Behavioral health problems were addressed with a culturally respectful approach. Now we want to look at good mental health and resilience.



- ◆ **Spirituality** (ceremonies and living your best life), mental (cognitive activity and learning new things) and physical health, generosity, and culture can impact resiliency and good mental health. Finding ways to provide positive mental health activities is important to staying healthy and active well into the Elder's later years.
- ◆ **Staying involved with family, tribal, and community events** can promote good mental health. Having opportunities (including reliable transportation and resources) to continue spiritual practices can be an important aspect of good mental health.

- ◆ **Staying mentally active** can be accomplished by teaching others something you know such as a cultural craft, language, or story.
- ◆ **Approaching life** with a positive attitude can also improve mental health and resiliency. A positive attitude can be maintained through gratitude, exercise, spiritual reflection, and positive affirmations.
- ◆ **Numerous Elder-approved opportunities** should be available in communities so Elders can feel comfortable sharing their wisdom and being involved. This can provide good mental health across the generations.





National Indigenous Elder Justice Initiative

[www.nieji.org](http://www.nieji.org)

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