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Healing Our Protectors:

Building Resilience Among Tribal Law Enforcement Officers Through Cultural Interventions

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Mountain Plains (HHS Region 8)

MHTTC

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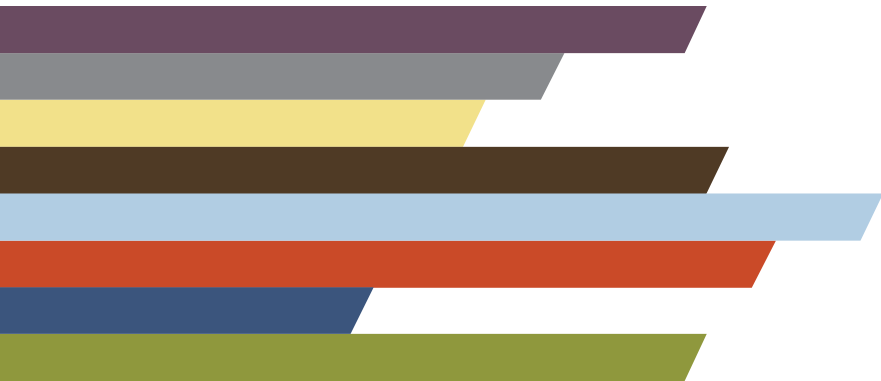


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DISCLAIMER

Leo's narrative includes details related to the death of children, witnessing death by suicide, other violent loss of life events, racism, and substance use. Readers may be concerned about triggering past grief and trauma. Leo's personal narrative has been separated from the recommendations for system improvements and traditional self-care practices so readers can skip to the interventions.

Land Acknowledgement

Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference. The authors are standing on the ancestral lands of the Anishinaabe/ Ojibwe/Métis, Assiniboine, Yanktonai and Očeti Šakówin People. The territory expanded into areas now known as Canada, North Dakota and Minnesota. We pay respects to their elders, past and present.

Introduction

The U.S. and Native Americans have a government-to-government relationship. The result of 375 treaties, established laws and instituted policies promote Tribal sovereignty and are intended to support the general wellbeing Indigenous persons and protect their lands and resources. The Tribal sovereignty includes law enforcement. This resource is intended to provide a broad understanding of the challenges both Tribal and Bureau of Indian Affairs (BIA) law enforcement officers face; many struggle dealing with the traumatic events they have experienced. We acknowledge that there is a scarcity of current information related to Tribal and BIA police officers' mental health. This document is in response to that concern.

In this product we present statistics on tribal and BIA law enforcement officers when and where data are available. We provide resources and strategies that focus on knowledge and skills development to build resilience and wellness among our protectors. Most importantly, this resource provides a review of stress through the narrative of the author Leo Belgarde, Sr. Leo was forced to retire from law enforcement due to post-traumatic stress disorder (PTSD). This resource shares Leo's story and provides suggestions for treatment and prevention using culturally responsive practices for providers of behavioral health treatment. The authors and contributors suggest using this content in training programs to underscore the realities and impact of stress with suggestions for both organizational and individual response. PTSD and historical, intergenerational, and transgenerational trauma will be reviewed.

Audience

This resource is intended to assist behavioral health providers in gaining a greater understanding of post-traumatic stress disorder (PTSD) among law enforcement officers, especially those working in and with tribal communities. It provides suggestions for a culturally responsive approach to treatment using the medicine wheel, and offers concrete exercises. It is also a tool for law enforcement supervisors and administrators who wish to gain a greater understanding of the unique needs of Indigenous law enforcement officers who are dealing with a host of job related challenges and stressors.

Mr. Leo Belgarde Sr. provides a valuable context of the experiences as a retired law enforcement officer. He served as a tribal officer, a BIA officer, a city officer, and a county police officer.

Traditionally law enforcement officers is abbreviated LEO; however, given this is Leo's legal name, we will spell out any reference to law enforcement officers.

Notice Regarding Retelling of a Trauma Narrative

Law enforcement officers are repeatedly exposed to highly traumatic events in the course of their work. This document provides a narrative about author Mr. Leo Belgarde Sr.'s experiences throughout his career as a law enforcement officer. The intention is to provide a true and accurate retelling of his experiences to contextualize the realities of life as a law enforcement officer with the goal of decreasing secrecy and stigma regarding mental health and wellness issues. He is sharing what he experienced and learned, hoping it may heal someone else's wounds and so others may come to the realization that it is not a problem within the person, but it is a problem within the system. The Mountain Plains Mental Health Technology Transfer Center (MHTTC) deeply appreciates the courage of Leo serving as a co-author and sharing his life story about some of his deepest and darkest experiences. It leaves a person incredibly vulnerable while understanding that many of those who read or hear this story will ignore or negate what is described.

Naming Communities with Challenging Work Environments

In his career, Leo protected people in many communities throughout North Dakota. Leo shares his story and his experience working for the city, the county, and for tribal law enforcement. The names of the cities and tribes Leo served and protected have been omitted from this report, by request. However, the authors would like to make clear that they are aware that many issues in Indian Country relate to misconstrued and false histories that continue to be the basis of historical, intergenerational, and transgenerational trauma. Omitting the names of these communities stalls progress and limits the reciprocity of risk and honesty that Leo graciously shared with the Mountain Plains [MHTTC](#).



Image provided by Bush Foundation:
<https://www.bushfoundation.org/native-nations>

TERMINOLOGY

TO GUIDE HEALING OUR PROTECTORS

Ambiguous Loss	A loss that occurs and lacks closure or any clear understanding. ¹
Bureau of Indian Affairs (BIA)	The BIA hosts the second most common type of police department in Indian Country. These law enforcement officers and staff are Federal employees.
Burnout	Burnout is defined by the American Psychological Association as “characterized by emotion exhaustion and negative attitudes and feeling toward one’s co-worker and job role. Burnout is associated with job dissatisfaction, low commitment to the job and absenteeism.” ²
Compassion Fatigue	A state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways: re-experiencing the traumatic events; avoidance/numbing of reminders; persistent arousal; and/or combined with the added effects of cumulative stress. ³
“Cost of Caring”	The challenges and vulnerabilities experienced by individuals working in caring professions. ⁴
Indian Country	The land within an Indian reservation or federal trust land. It is land technically owned by the federal government but held in trust for a tribe or tribal member. ⁵
Moral injury	This includes “traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations.” ⁶
Post-traumatic growth (PTG)	PTG is the capacity for positive psychological and psychosocial changes due to life events or crises. It can include “shifting priorities, strengthening inter-personal relationships, an increased sense of personal strength, a greater appreciation of life, or a deeper connection to spiritual, religious, or existential beliefs.” ⁷
Post-Traumatic Stress Disorder (PTSD)	PTSD is a “Mental health condition that is triggered by a terrifying event – either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrolled thoughts about the event.” ⁸ It can occur due to “a natural disaster, a serious accident, a terrorist act, war/combat, or rape, or who have been threatened with death, sexual violence, or serious injury.” ⁹
Protective factors	“Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.” ¹⁰
Secondary Traumatic Stress (STS)	STS describes the phenomenon whereby individuals are traumatized, not by directly experiencing a traumatic event, but by hearing about a traumatic event experienced by someone else. In the most severe instances, where symptoms result in significant distress or impairment in functioning, it may warrant a diagnosis of post-traumatic stress disorder. ¹¹
Stigma	Stigma is “an attribute that is deeply discrediting that reduces someone from a whole and usual person to a tainted, discounted one.” ¹²
Traumatic Stress	Unlike PTSD, traumatic stress is not a medical term nor official diagnosis. It describes the reactive anxiety and depression that may result from experiencing distressing events that do not quite rise to the level of post-traumatic stress disorder. ¹³
Tribal Law and Order Act of 2010 (TLOA)	This act addresses crime in tribal communities with a focus on decreasing violence against women and expands access to law enforcement databases. It encourages hiring more law enforcement officers for Indian lands and provides resources to address public safety. ¹⁴
Tribal or Public Law 93-638	Tribal or Public Law 93-638 under the Indian Self-determination and Education Act of 1975 (PL 93-638) tribes can contract with the BIA to provide services by the tribes including law enforcement. Officers and staff are tribal members and employed by the tribe.
Well-being	“Presence of positive emotions and moods (e.g., contentment, happiness), absence of negative emotions (e.g., depression, anxiety), life satisfaction, fulfillment, and positive functioning.” ¹⁵

Leo is experiencing symptoms of PTSD due to his work as a law enforcement officer. The United States Department of Veterans Affairs hosts a [National Center for PTSD](#) with access to resources and an educational center of excellence. It provides an understanding of PTSD, treatment options, and an “ask our expert” section.¹⁶



TRIBAL AND BUREAU LAW ENFORCEMENT OFFICERS FACTS AND STATISTICS²⁵

- There are more than 200 police departments in Indian Country. The departments range from 2-3 officers to more than 200 officers (Navajo Nation).
- Roughly 95% of law enforcement officers who are American Indian/Alaskan Native work for either the BIA Office of Justice Programs (2011), or Tribal law enforcement.
- Police in Indian Country function within a complicated jurisdictional net, answer to multiple authorities, operate with limited resources, and patrol some of the most desolate territory, often without assistance from partner law enforcement agencies.
- There are only 2,380 BIA and tribal uniformed officers available to serve an estimated 1.4 million Indians covering over 56 million acres of tribal lands in the lower 48 states.
- On tribal lands, 1.3 officers must serve every 1,000 citizens, compared to 2.9 officers per 1,000 citizens in non-Indian communities with populations under 10,000.
- A total of at least 4,290 sworn officers are needed in Indian Country to provide the minimum level of coverage enjoyed by most communities in the United States.
- Among the most important challenges facing these officers and departments is providing around-the-clock police coverage to their communities. These departments rarely have more than one officer on duty at any time, and their officers often work without adequate backup. They are true innovators, working across numerous police and administrative functions.

MENTAL HEALTH LANDSCAPE FOR TRIBAL AND BUREAU POLICE OFFICERS

Data and research related to mental health of officers primarily focus on larger jurisdictions. Considerable research has resulted in a poverty of statistics on the mental health impact on rural, tribal, and BIA officers. Although there are some generalities, there are also significant differences.

“POLICING IN INDIAN COUNTRY TODAY IS COMPLEX, CHALLENGING, UNDER RESOURCED AND MISUNDERSTOOD.”¹⁷

There are many complexities for these officers. The communities they serve are dealing with significant levels of historic, intergenerational, and transgenerational trauma. This can result in an increased fear and mistrust of responders outside of the tribal community and, at times, inside as well. The existence of unresolved grief creates additional challenges that evolve through suppressed unconscious grief and loss. It is often shared through storytelling.

The duties of tribal or Bureau police may be similar to other police departments, but there are exceptions. All law enforcement officers are at-risk of continual exposure to traumatic events including life-threatening situations and injuries or death of colleagues and civilians. Additionally, tribal or Bureau officers are often called to respond to cultural and/or spiritual matters of the tribe where they are employed.¹⁸

All law enforcement officers are at-risk of continual exposure to traumatic events that may result in PTSD, including life-threatening situations and injuries or death of colleagues and civilians. However, BIA officers (95.5% of which are Indigenous) compound this trauma by knowingly or unknowingly carrying the impact of their community’s historical legacy of trauma.¹⁹

RESPONSES TO PTSD AND HISTORICAL TRAUMA

POST-TRAUMATIC STRESS DISORDER (PTSD) RESPONSES	<ul style="list-style-type: none"> • Negative thoughts of self • Loss of Interest • Avoid people and everything related to the event 	<ul style="list-style-type: none"> • Difficulty concentrating • Feelings of hopelessness • Flashbacks and nightmares • Somatic complaints
COMMON PTSD AND HISTORICAL TRAUMA RESPONSES	<ul style="list-style-type: none"> • Panic attacks • Difficulty sleeping • Easily irritated • Emotional rollercoaster • Anxiety and/or depression • Suicidal ideation 	<ul style="list-style-type: none"> • Emotional numbing • Detachment or isolation from family and friends • May engage in self-destructive behavior like substance misuse
HISTORICAL TRAUMA IN THE COMMUNITY AND SELF RESPONSES	<ul style="list-style-type: none"> • Significant sense of loss which is still visible with land loss, poverty, ways of knowing, parental style, identity, health, unemployment, racism, discrimination, resources, loyalty to ancestral suffering, opportunities, etc. • Increased incarceration • Low self-esteem • Violence 	<ul style="list-style-type: none"> • Survivor guilt • Hypervigilance • Mistrust • Accidental deaths • Sense of shortened future • Thoughts of ancestors lost • Sensitive fight or flight response

CHALLENGES OF POLICING FOR INDIGENOUS OFFICERS

There is no denying that policing is a challenging and stressful job. In May 2020, States Attorney, Cheryl Laurenz-Bogue, provided a report to the U.S. Department of Justice President's Commission on Law Enforcement and the Administration of Justice.²¹ In her report she identified significant issues on a reservation. Specifically, she shared that this tribal police department is responsible for policing the entire reservation that is 4,267 square miles. Inadequate staffing endangers the public as well as the law enforcement officers. This results in department demoralization, undue officer stress, and significant issues for officer retention.²¹

According to the Justice Innovation Center,²²

- Inadequate workforce (patrol and highway safety officers) results in longer response times as well as insufficient backup for officers in crisis.
- Due to budget shortfalls, these agencies can only address equipment purchases, repairs, replacements, and upgrades on an emergency basis.
- Both rural and tribal law enforcement agencies need technology and equipment upgrades and replacement.
- Often police cars are replaced after the car is no longer reliable as opposed to regular rotation.
- Service arms are minimal. Most officers supplement their firearm needs out of pocket.
- Both rural and tribal officers usually have a small yearly stipend for uniforms and other personal gear. These stipends are often insufficient, so most officers supplement the costs out-of-pocket.



ESSENTIAL REQUIREMENTS FOR OFFICERS: EXAMPLE FROM ONE RESERVATION

Work requires the ability to pass the physical fitness standard as put forth by the BIA for police officers. Work requires walking, running, lifting, and climbing during efforts to catch or subdue hostile individuals. Exposure to hazardous, uncontrollable, and life threatening situations can occur.²⁰

UNDERSTANDING THE HEALING POWER OF STORYTELLING FOR INDIGENOUS PEOPLE

Tell me the facts and I'll learn.

Tell me the truth and I'll believe.

But tell me a story and it will live in my heart forever.

-Native American Proverb



Storytelling is a powerful tool to allow for deep healing to take place in our minds and hearts. Stories help us remember the message and feel a part of the situation/ experience. When we meet someone, we share a part of our story, looking for commonalities. We use stories to help us and others to understand where we fit in the world. It is strongly connected to our identity.

There is now science that tells us how important storytelling is. When you empathize with someone, your body releases oxytocin, which is bonding. If the person in the story faces challenges or stressors, then you release cortisol in response to the stress. Stories build connections because our brains become more active when we tell stories.

STORYTELLING IS HEALING²³

- Storytelling is our medicine. Our elders use storytelling to convey lessons, values, morals, traditions, and hope.
- When we tell our stories, we are reclaiming knowledge and identifying our resiliencies.
- “To heal the wounds that plague us from our pasts, we need to tell our stories, the tragic ones and the hopeful ones.”²³
- Storytelling allows us to share or learn cultural knowledge and create new knowledge for healing.
- Hearing others’ stories can provide hope; help us embrace strength and courage.

We are tired of others telling our stories. It is time for us to tell our own stories, the truth, and begin the healing process.



LEO'S STORY



Leo is willing to share his story in hopes that it helps existing law enforcement personnel. His aim is to decrease the stigma associated with mental health disorders to promote wellness among police officers, and to advance a greater understanding among behavioral

health providers of the inner struggles some officers deal with, especially in Indian Country. His story underscores the need for more officers in Indian Country and describes the mental health concerns for these officers who are overworked and under tremendous stress.

Leo was born on the Turtle Mountain Chippewa Reservation in North Dakota as the eldest son of Clifford and Ella Belgarde. He attended elementary and high school in the community. At the age of 17, he entered the National Guard where he served for six years and at the same time attended trade school where he learned to weld. Leo married when he was 18 and has four wonderful children who are now adults with families of their own. He has nine grandchildren who are the loves of his life. His only son is a police officer in a community in North Dakota where he has served for the past five years.

Following completion of his welding program, Leo was employed doing construction for several years. One winter while injured, a friend wanted him to work in the criminal justice field with him. He decided to go to United Tribes Technical College in Bismarck, North Dakota for additional training. He found the difference between the state and Indian law fascinating. It was because of that experience that he transitioned into law enforcement. Leo is the second author of the product and speaks in first person for his narrative.

FIRST JOB

I landed my first job as a district tribal officer working on a geographically large reservation in North Dakota. I was in my late 20s and this was the 1980's. I was the only officer on a 40 mile x 70 mile square from 6:00 pm to 6:00 am, but I often worked until 9:00 am to complete paperwork. I would sometimes be called on duty during the day. There were four sergeants that worked from 6:00 am till 6:00 pm but they would call me to work earlier if they were running behind or needed to do other things. There were two other openings, but officers would come and quit in a couple of days, maybe few weeks, mainly because of solitude and little to no backup.

I was responsible for policing six towns and two housing communities. It was nothing to put on 100-150 miles a night and sometimes double that if it was busy. I was constantly going from call to call. I averaged 50+ calls of duty per night that ranged from stabbings/shootings/beatings, to domestic violence, to deaths.

My very first call was to a house where a guy had died. It was stormy out and I had to sit there and guard the body for five hours waiting for the coroner. As far as ambulance services, it came from a surrounding community and would take 30-40 minutes depending on road conditions.

I was at this reservation for a year while my family lived in Bismarck, one of the larger urban cities in North Dakota. I was not allowed to bring my family with me for fear of retaliation against my family and poor living conditions. Just about everyday someone would drive by and shoot the house up when I was gone. When I would get home, I would see new bullet holes.

My best friend was sent to the northeast section of the same reservation. He was killed in a car accident going to a call. It was supposed to be his day off, but they had no one else so they called him back in. He was racing home to change and get his unit. While rushing, he missed a curve, rolled down a hill, and burnt in the car. The solitude was a challenge with no one to talk to or process anything with or help. Every day was stressful.

CRITICAL INCIDENT

A critical incident is any event that has a stressful impact and overwhelms the individual's usual effective coping skills.²⁴ The most common reported reactions after a critical incident include:

- Anxiety
- Fear
- Preoccupation
- Avoidance
- Flashbacks
- Guilt and/or self-doubt
- Problems with concentrating
- Physical symptoms: muscle tension, fatigue, (symptoms of PTSD)
- Feelings of sadness or loneliness
- Disbelief; feeling numb, unreal, isolated or detached
- Insomnia, disturbing dreams or nightmares
- Anger or irritability at what happened

In their line of work, police officers are routinely exposed to death and loss. When you think about the daily exposure officers may have to child abuse, domestic violence, car crashes, homicides,

LEO'S STORY

Around this time I knew I wasn't doing good mentally with dealing with so much death. It felt like death and life were the same. I just dealt with so much death from kids through elders that I just had to get myself really numb so it didn't affect me, but in reality it did affect me. I would walk up to people who had a gun pulled on me and take that gun because I began thinking that if I died, I wouldn't have to go to work anymore. I walked into the department, turned in my stuff and said I had enough.

sexual assaults, rapes, etc., one can see how related exposure to stressors and events can result in anxiety, depression, and burnout. Like everyone else, they also deal with the death of loved ones in their personal lives. Sometimes this includes the death of a co-worker, which blurs the line between professional and personal life. As these deaths/losses accumulate, the traumatic impact can result in emotional dysregulation.



Officers who are chronically exposed to work stress often results in feelings of hopelessness. Hopelessness is a risk factor related to suicidal thoughts and behaviors. This sense of hopelessness can occur when the officer feels that their experience is unchangeable and out of their control. This can include lack of control over their work duties, feeling of inadequate leadership/administration/organization, and negative office environment. These factors provide more feelings of hopelessness than working with the public. Another major contributor is feeling the inability to fully help victims or suppress crime.

LEO'S STORY

COUNTY LAW ENFORCEMENT OFFICER

After that first year as a district tribal police officer, I took about two to three months off from policing and worked construction. I then received a call from a County Sheriff. He needed deputies and he knew I was from the area. So, I took a county deputy job. I stayed in that position for one to one and half years.

CITY POLICE DEPARTMENT

I then worked for a City Police Department for about 4-5 months in the northeast quadrant of the state. This city bordered a reservation. I did not like two of their policies. The first policy was that if I saw an "Indian" drunk on the streets, I was to bring them in and charge them with drunk/disorderly. However, if I found a non-Indian drunk, then I was to bring them home. One time I brought in a Native American who was just drunk but not disorderly. He was just walking/staggering down the street. They booked him. I went right back out on patrol and there was a Non-Native who was passed out in the gutter. I brought him into the police department and booked him. The jailer told me I needed to take him home instead of booking him. I said no. I ended up getting in a real big argument with the jailer, which continued for about 30 minutes. He threatened to call the Lieutenant and the Chief and I said go ahead. The next morning they dropped all charges against the Non-Native and let him go but not the Native. I knew my time there was done.

During this time, the acting Chief of Police on the reservation boarding this city was trying to recruit me to work for him. He said they had to get rid of all of their officers because they were not qualified/certified. I agreed to work for them for one year. I put my two weeks' notice in at the city Police Department.

RECENT LEGISLATION

In fall 2020, Senator John Hoeven sponsored a bill and Congress authorized \$2.5 million for a U.S. Indian Police Academy Advanced Training Center at Camp Grafton near Devils Lake, North Dakota. This should help alleviate the shortage of officers and allow recruits to train near their home.²⁶

TRIBAL POLICE OFFICER

Within the first year, the Chief of Police moved me to a BIA Police Officer. Instead of the one year, I ended up working at this reservation for ten years. It wasn't a huge reservation so I ended up by myself constantly.

When I first started there, I worked from 4:00 pm to 8:00 am and the Chief of Police worked from 8:00 am to 4:00 pm. We could not find qualified people to hire. The person might not pass the BIA background check which will go all the way back to your teenager years, which they are not supposed to do, but they did. It took a long time for the background checks to be completed. It averaged 12-14 months before you heard back. By the time we heard, they often already had another job. They would talk to your neighbors all the way back. If you were past your 37th birthday, you could not apply, which cost us many good officers. It made it hard for Native Americans to get into those positions.

Sometimes another reservation would send police officers to help. They finally hired qualified people but then they would need to go for four months of training. For a police officer at the state academies, the training is 14 weeks but for tribal and BIA recruits, it is just shy of four months in New Mexico. New recruits often could not leave their families or wait for a paycheck for that long. No one could ever tell us why it was longer for Tribal/BIA. The reason I was hired quicker was because I was state certified as an officer and at that time they said that those who were state certified would not have to go to the federal academy. The Chief of Police and I covered the reservation for about six months and then finally were able to hire more police officers.

STRESS RESPONSE

The stress an officer experiences does have an impact on their personal lives. The contributing factors include: shift work, long hours, conflict between work and family roles, perceived changes in the officers personality, financial problems, and strain of watching a loved one cope with trauma. These issues can all have an adverse impact on police marriages and family relationships, resulting in emotional exhaustion and work-family conflict.²⁷

Specifically, negative public perception can increase stress in police families, as the officer may be recognized by witnesses and arrestees while off duty and when accompanied by their family. This reality can make the officer uneasy in public places that are enjoyed by other families.

LEO'S STORY

I did make friends at this reservation but my family remained in a community about two and half hours away. Family life became non-existent. I began to lose track of my kids and what they were doing. To have some kind of relationship with my kids I got permission to drive back and forth from work every day. I still kept my apartment there in case I ever had to stay, but after a year I let it go. The job hours and driving back and forth to work took a toll too, working a 10-hour day and then 2.5 hours of driving time one way to get home. I mainly worked nights so I could spend some time with my kids, sleep and then drive back 2.5 hours to work. It took a toll on my marriage too. The money was good because I was working all the time, but it came at a huge cost.

LACK OF SLEEP

As a result of demanding work schedules, shift rotations, and additional home life responsibilities, officers can experience significant lack of sleep. Lack of sleep can result in:²⁸

- Irritability with coworkers, family, or friends
- Inability to remain alert to respond to the demands of work
- Memory impairment
- Lack of concentration
- Lower frustration tolerance
- Accidents on the job or in the home
- Stress-related illness caused, in part, by a compromised immune system
- Inattention
- Obesity
- Hypertension
- Changes in metabolic functions



RUNNING ON EMPTY SOURCES OF OFFICER STRESS

There is growing research identifying four main sources of stress for officers.²⁹

1

PERSONAL

Includes sources of stress in personal lives or specific personality traits.

2

ORGANIZATIONAL

These stressors includes non-frontline job related aspects. This area has been identified as a greater source for police officers and includes:

- Lack of support
- Heavy work load
- Bureaucratic system
- Punitive toward staff
- Strictly managed
- Gross underfunding
- Complex jurisdictional structure
- Lack of resources and infrastructure
- Organizational culture and climate
- Job demands
- Long hours

3

OPERATIONAL

This stress results from interactions with victims and perpetrators.

4

TRIBAL

These stressors include extreme environmental conditions, communities with high rates of poverty, family disruption, and substance misuse, and lack of (or extremely limited) health and social services.

THE PRICE OF CARING

If law enforcement officers are not provided with effective coping skills and adequate organizational support and resources, the result is often burnout that transitions to compassion fatigue. The “price of caring” does have a significant cost for these individuals.

BURNOUT	COMPASSION FATIGUE	VICARIOUS TRAUMATIZATION
HALLMARK SIGNS		
<ul style="list-style-type: none"> • Anger and frustration • Fatigue • Negativity reactions towards others • Cynicism • Negativity • Withdrawal 	<ul style="list-style-type: none"> • Sadness and grief • Nightmares • Avoidance • Addiction • Somatic complaints • Increased psychological arousal • Changes in beliefs, expectations, assumptions • Witness guilt • Detachment • Decreased intimacy 	<ul style="list-style-type: none"> • Anxiety, sadness, confusion, apathy • Intrusive imagery • Somatic complaints • Loss of control, trust and independence • Decreased capacity for intimacy • Relational disturbances (crossover to personal life)
SYMPTOMS		
<ul style="list-style-type: none"> • Physical • Psychological • Cognitive • Relational disturbances 	<ul style="list-style-type: none"> • Mirror PTSD • Physical • Psychological distress • Cognitive shifts • Relational disturbances 	<ul style="list-style-type: none"> • Mirror PTSD • Physical • Psychological distress • Cognitive shifts • Relational disturbances • Permanent alteration in individual’s cognitive schema
KEY TRIGGERS		
<ul style="list-style-type: none"> • Personal characteristics • Work-related attributes • Work/organizational characteristics 	<ul style="list-style-type: none"> • Personal characteristics • Previous exposure to trauma • Empathy and emotional energy • Prolonged exposure to trauma material of clients • Response to stressor • Work environment • Work-related attitudes 	<ul style="list-style-type: none"> • Personal characteristics • Previous exposure to trauma • Type of therapy • Organization context • Healthcare structure • Resources • Re-enactment

Brenda Sabo, attribution to Reflecting on the Concept of Compassion Fatigue³⁰

STRESSFUL EVENTS

The five most stressful events officers identify are:³¹

1. Exposure to abused or deceased children/babies
2. Killing someone in the line of duty
3. Fellow officer is killed in the line of duty
4. Situations requiring use of force
5. Physical attacks on one's person

A National Institute of Health study (2014) found a disparity between small and large departments when looking at suicide rates among officers. Smaller police departments had a significantly higher suicide rate than large departments. The reasons could include a lack of availability for mental health assistance, increased workload and danger, and community visibility.³²

MORAL INJURY AND MORAL TRAUMA

- Moral injury describes the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control.³³ It happens because they are frustrated that they cannot provide the care they were trained for and took oaths to provide.³³
- Common among people who choose professions that expose themselves to suffering or evil in the world.³⁴
- It can end up shattering one's view of the world, one's belief and trust in others, and sometimes one's trust in oneself.³⁴
- Symptoms such as re-experiencing the event, avoidance of stimuli associated with the trauma, numbing of general responsiveness and symptoms of increased arousal and mood changes are all part of PTSD.³⁵

LEO'S STORY

I was called to a house about a baby unresponsive. When I got there, I started doing CPR. The ambulance was quite a ways out. Family members were screaming for me to do something. I honestly knew I wasn't going to save this baby but I was trying. As I did CPR, I got this taste of death in my mouth. I was trying to do CPR on the baby while driving to meet the ambulance. The baby was pronounced dead at the hospital. For weeks after that I would wake up in sweats and I would have that taste in my mouth, so I tried not to sleep. After one 18-hour day I went to my apartment and finally fell asleep. I had that dream again and in the dream the baby was lying next to me talking to me, and the baby was saying "I'm okay, it's okay." I woke up and my bed was soaked like someone poured water on me. I did not sleep for two days.

A main stressor was dealing with death. No support to help deal with things. There would be horrific car accidents where several were dead and no one to help process it. I would get death threats by people over the years, but for the most part, I was treated with a lot of respect because I gave a lot of respect. I tried to treat everyone as though they were the same, from a Tribal chairperson or the local alcoholic. Many people said they respected me for that.



RISK FACTORS & PROTECTIVE FACTORS

DOMAIN OF CONNECTEDNESS	RISK FACTORS <i>When one's risk factors cross multiple domains, the likelihood of mental health challenges increase.</i>	PROTECTIVE FACTORS <i>Decreases the potential harmful effect of a risk factor.</i>
INDIVIDUAL	<ul style="list-style-type: none"> • Minority • Experiences racism, discrimination • Difficult temperament • Poor physical health • Sleep disturbances • Death of a family member 	<ul style="list-style-type: none"> • Positive social skills • Religious and club affiliations • Positive self-image • Self-control • Easy temperament • Humor • Ability to manage uncomfortable emotions in a healthy way • Awareness of own emotions and recognize how they influence behavior • Healthy thinking
FAMILY	<ul style="list-style-type: none"> • Home discord • Maltreatment and abuse • Large family size • Poverty • Divorce 	<ul style="list-style-type: none"> • Stable home • Stable relationships • Secure attachments
ORGANIZATIONAL AND OPERATIONAL STRESSORS	<ul style="list-style-type: none"> • Unpredictable events • Exposure to consistent trauma • Inconsistent shift work • Rotating shift work • Irregular work hours • Not feeling recognized and valued • Critical incidents • Deficit based motivation techniques • Low morale • Unsupportive • Exposure to suicide • Death of partner • Experience trauma 	<ul style="list-style-type: none"> • Able to discuss concerns • Have a sense of purpose so meaningful involvement in work and other roles • Understanding of personal values and living in accordance with those values • Procedural fairness • Mental health and wellness services • Support for positive connections – relationships with peers • Prevention Program • Control over work schedules or at least more flexible
SOCIETAL	<ul style="list-style-type: none"> • Discrimination • Isolation • Socioeconomic isolation • Lack of access to support services 	<ul style="list-style-type: none"> • Inclusion • Access to support services • Economic security

Developed by Dr. Lavonne Fox

LEO'S STORY

I began to get detailed out to other reservations for 30-60 days at a time because there were no officers or, enough officers. For example, at the one agency in South Dakota, I was the only officer for a month at a time. I was everything from the investigator to the dog-catcher.

Sometimes I would work 18 hours trying to finish reports, so lack of sleep was a huge issue. They had a support group for a 'critical incident.' None of them had

any training and it included jailers, secretaries, and some police officers. Most officers didn't want to talk about the incident either because they were trying to deal with it. Prior to that, there was no support at all. You never talked about it. You didn't want to show a weakness

- that something was bothering you. A lot of the people I worked with turned to drugs and alcohol. A few of my friends died by suicide.

I transferred out of this North Dakota reservation where I had worked for ten years and took a job in law enforcement closer to my family, still serving tribal communities. I was there for five and a half years. At this point, I had been in law enforcement 22+ years. I took breaks between jobs just to try to get a sense of normalcy. My marriage was in the tubes and my kids were

growing up so fast. Being home was the worst because I knew people; this reservation, where I am now policing, is where I grew up. I was dealing with my family members who died or were in car accidents. Instead of trying to mourn yourself, you needed to be professional and help them – need to do your job.

I would have flashbacks of different things. People who died in car accidents/suicides. I remember

there was a situation where a guy shot a woman. I was off duty and I heard an officer asking for help. He had two gunshot victims, one was shot in the face and one was dead. I got back into my unit and I raced back to help him. Just as I got to the area, he said the gunman was leaving in a car. I passed the gunman, turned around and chased him. Other



police officers joined the chase that spanned over 200 miles. The gunman went into the ditch and he had a shotgun. He would peek at us, and I remember thinking we are going to have to shoot him; he has nothing to lose. I remember watching him put the gun barrel under his chin and he blew his head off. Parts of his head and skull were coming through the air falling on us. We all put our heads down as the body parts fell. I then walked to the car and part of his brain was sitting in his lap. To this day, I do not know what he looked like or what his name was.

WITNESS OF SUICIDE³⁶

Officers are often called to help assist someone who is suicidal and many times, they are witness of suicide. However, when the person has a death by suicide in the presence of police officers, it can trigger a wide range of emotions in the responding officer because they are a witness to violence as well as a victim of violence. Reactions to witnessing a suicide death can include shock, numbness, onset of physical symptoms, difficulty sleeping, anxiety, chest pain, and breathing problems.

LEO'S STORY

REACHING OUT

I really needed someone to talk to because of all the sleepless nights, and the nightmares of the bad accidents and other traumatic things. I would feel my heart racing with certain calls. The cardiologist diagnosed it as AFIB. I was told to resign by my doctors. Instead, I started seeing a mental health person off and on for about a year. She would send me to see other mental health professionals in cities two to three hours away (one way). That is when they told me I had PTSD bad and if I didn't quit my job, it was going to kill me. I argued with her that I still have more to offer to my profession. She told me you have given enough.

BREAKING POINT

My final call was to a one-car rollover. My jailer was a good friend and it was his son who was killed in the roll over. His head was crushed, but I stayed with him until the ambulance and other officers came. No one wanted to tell his mom and dad so I did, since it was my call and responsibility. That was the end of it for me. I felt like I was having a heart attack. When I was going back to the station, I saw my doctor walking and I told her I really need to talk, so she had me go with her. She took my pulse and sent me down to the ER. They gave me a shot to calm down and get my heart rate to normal. She told me again that I needed to quit. She wrote me a paper requesting a 30-day leave to get my head back together to decide if I was going to stay in or not. She told me to take it to the Police Chief. I did not want to do that. She said I needed to do that or she would do it for me. I drove over and gave him the paper. We had a big argument. He told me it was bullshit. That I better be at work or I will be fired. I said okay, I would be at work in the morning even though it's against doctor's orders.

GRIEF AND LOSS

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. This sort of denial is no small matter. The way we deal with loss shapes our capacity to be present to life more than anything else. The way we protect ourselves from loss may be the way in which we distance ourselves from life and help. We burn out not because we don't care but because we don't grieve. We burn out because we've allowed our hearts to become so filled with loss that we have no room left to care."³⁷

LEO'S STORY

In the morning a lieutenant came out to the house and took my badge, unit, guns – everything but my uniforms. I asked if I was fired and he said no but you can't be on the road if you are seeing a psychiatrist, you're unstable. He told me to be at the office at 8:00 am. When I got there, they informed me that they were going to make me a dispatcher. I said I have never been trained as a dispatcher or a jailer, I'm a police officer, that's what I do.

I was told to go sit in the office and finish up my paperwork. I went to the department for a week doing paperwork. I would hear police calls on the radio and sirens and I would feel my heart going crazy. One day there was a really bad call. I stood up and said "shit" and sat down. Everyone was looking at me and I passed out. They rushed me to the ER and gave me something to calm me down.

After that, they offered me my retirement. The damn part of it, all the times I worked 24 hours a day, took care of reservations by myself, death--with all the bullshit I did – I never got a thank you, so I guess I should be glad I got my retirement which took a year to get to me. Tribes sent me thank you's but not my own department. I had enough to fill a wall. I was always honest. I was there to do a job. I never held a grudge. When I put my badge and the uniform went on, I had no friends, no family – everyone was treated the same. I did not care if you were someone with an alcohol use disorder or the mayor, you would all be treated the same.



POLICE CULTURE

Policing often perpetuates a culture of silence around mental health issues. This silence results in officers not seeking treatment and counseling. Long standing procedures such as removing an officer's service weapon, limited duty time, suspension and loss of benefits underscores the legitimacy of these fears regarding seeking help.³⁸

Jetelina, Molsberry and Gonzalez³⁹ identified several areas for consideration. About one-fourth of the officers stated they were used to the stress and traumatic events and had become numb to it. Leo mentioned this early in his career when he stated, "I just dealt with so much death from kids through elders that I just had to get myself really numb so it didn't affect me but in reality it did affect me." As with Leo, the officers in the

study were also unaware of how their work was affecting their mental health and the need to seek treatment.

- Officers did not seek services because of concerns about confidentiality in the department.
- Many felt that psychologists would not understand their line of work.
- Law enforcement officers do not want to feel that they are not fit for duty, or for others to make this judgment, so they avoid anything that would feel like confirmation.
- The stigma associated with accessing mental health services.
- The lack of support from management, supervisors, and administrators in their work environment.

LEO'S STORY

Whenever you call for a first responder, you are counting on them to respond as quickly as possible and perform their job effectively and efficiently. More often than not, these individuals, their skills, dedication and services are taken for granted. Many rarely consider what their day has been like but it is likely they have had to deal with accidents, deaths/loss, pain, and trauma. When you think of it in that context, you can see why I tried reaching out and sadly I felt I had to travel over 100 miles or more to access a mental health professional. So, what can we do to develop a work environment that supports positive mental health as well as physical health?



LAW ENFORCEMENT MENTAL HEALTH AND WELLNESS ACT

In 2017, Congress passes the Law Enforcement Mental Health and Wellness Act (LEMHWA). It was signed into law January 2018. The purpose of this Act was to address the mental health and wellness needs of police officers. The Act was passed with awareness of the impact of stressors on physical, mental, psychological, and spiritual health.

SYMPTOMS OF GRIEF CAN INCLUDE

- Crying
- Headaches
- Difficulty sleeping
- Questioning your purpose or the purpose of life
- Question your spiritual beliefs
- Feelings of detachment
- Difficulty concentrating
- Signs of depression
- Lack of motivation
- Isolation
- Worry
- Anxiety
- Frustration
- Guilt
- Fatigue
- Anger
- Stress
- No appetite
- Low morale



DENIAL
ANGER
BARGAINING
DEPRESSION
ACCEPTANCE

STAGES OF GRIEF

Leo moved through the five stages of grief. The five stages are a simplified model but can provide a context to understanding traumatic events as well as how we deal with changes and personal transitions. The process is not linear and some may not experience any of the stages or only experience two or three instead of all five. These stages do not only apply to death and dying, but to other losses in our lives including career/job change/loss, relationships, illness, forced retirement and identity, and financial security for example.

HEALING OUR PROTECTORS

A CULTURALLY RELEVANT TOOLBOX

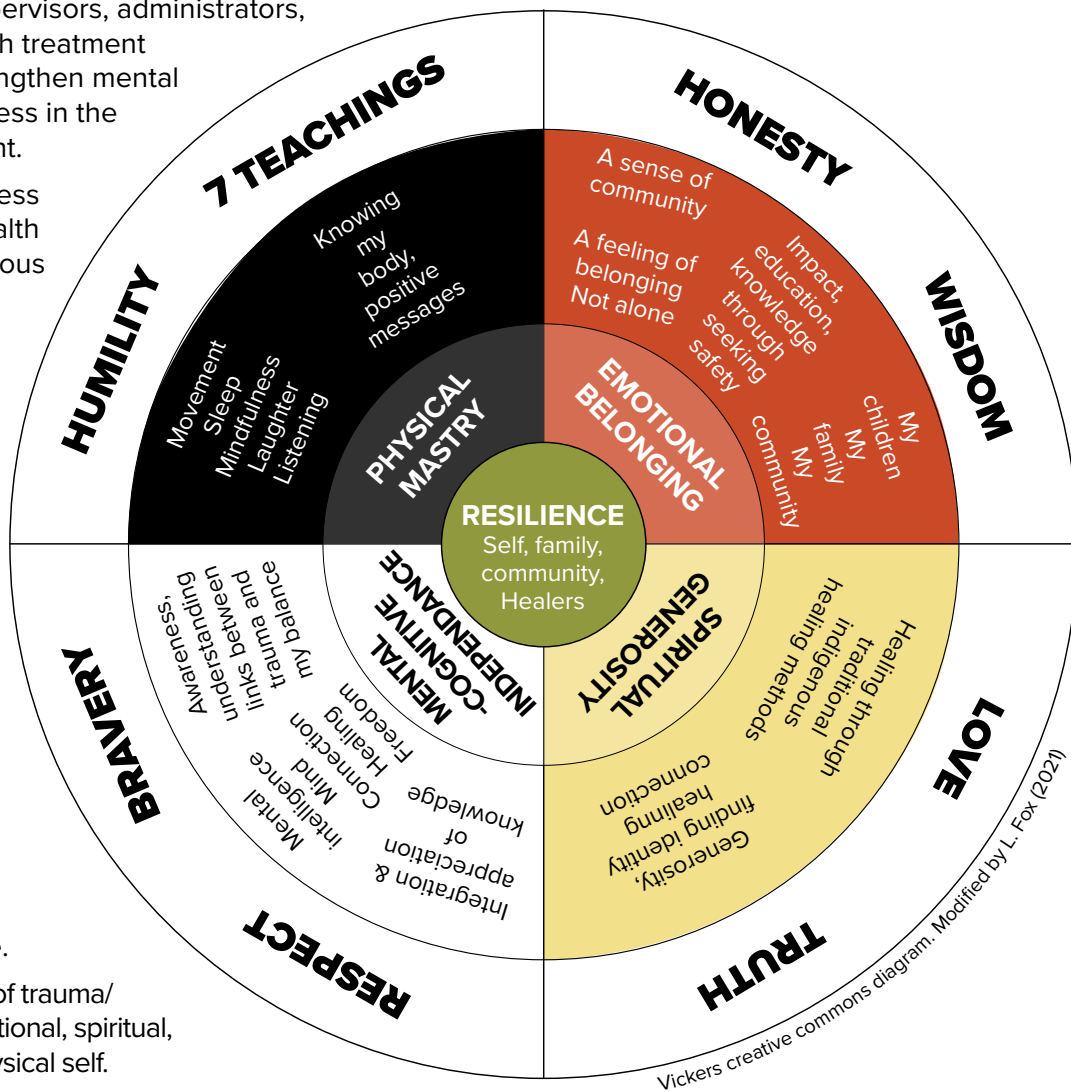
LAW ENFORCEMENT MENTAL HEALTH AND WELLNESS

Healing our Protectors: A Culturally Relevant Toolbox is a resource that has been developed to provide strength-based, positive, culturally responsive strategies for Indigenous law enforcement officers. If the officer does not connect with this aspect of their culture, this resource still supports a cultural representation of where they are policing and can be modified to meet their needs.

The framework for this Toolbox is the medicine wheel, also known as the sacred hoop or sacred circle. In the center of the medicine wheel is the law enforcement officer. The Circle of Courage® values surround the officer and the Seven Grandfather Teachings are on the outer edge, because they integrate throughout the medicine wheel. The combination of these three models results in a solid culturally strength-based mental health and wellness framework. It underscores that a cultural connection is at the heart of healing.

OBJECTIVES

1. Present action items that can be used by law enforcement supervisors, administrators, and mental health treatment providers to strengthen mental health and wellness in the work environment.
2. Increase awareness of the mental health needs of Indigenous law enforcement officers and the non-Indigenous officers who are serving Indigenous communities.
3. Provide a culturally relevant model to structure self-assessments and interventions.
4. Identify interventions to bring a healthier sense of balance.
5. Learn the impact of trauma/ PTSD on the emotional, spiritual, cognitive, and physical self.



RECOMMENDATIONS FOR BEHAVIORAL HEALTH PROVIDERS

Therapeutic Environment Through Cultural Safety

The aim of cultural safety is to create an environment that is free of racism and discrimination, where people feel safe receiving care and there is no challenge/denial of their identity or who they are and what they need.⁴⁰

- A reciprocal and mutual sharing of ideas
- Feeling heard
- No judgement
- Integrate the Seven Teachings into what you do and say

Connectedness and Relationships

- Provide opportunities for individuals to find a connection and relatedness to each other and culture.
- Promotion of connectedness and relationships is what supports mutual obligations and responsibilities for each other and the community.
- Emphasis is placed on social relationships and extended family. This is why you will hear people ask, “Where are you from?” “What tribe are you?” Each person is important and has a role in the community.

Cultural Humility

A lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.⁴¹

Humor

You need to understand humor from the cultural perspective. “Indian humor is unique and, as such, is the heart of our resilience and survivability.”⁴² “Indian humor is medicine. Like ‘chicken soup for the soul’ kind of medicine.”⁴² To outsiders it may seem that we are laughing an incident off or minimizing its traumatic impact. Indigenous laughter and humor are powerful antidotes to the trauma, hurt, pain, fear etc. It is a form of resistance and survival. Vine Deloria, Jr. once said, “The more desperate the problem, the more humor is directed to describe it.”⁴³ If you are new to an Indigenous person or reservation, you may be teased and often given a nickname. It is a good sign. Taylor shared a descriptive example of Indigenous humor. “An elder from the Blood Reserve in Alberta once told me humor is the WD-40 of healing.”⁴⁴

Storytelling

It is essential to understand the cultural value and practice of storytelling. For many Indigenous groups, storytelling is foundational to holistic learning and relationship building. The stories vary from sacred, historical, and humorous, of family and community experiences and entire nations. Some reflect on social ways, relationships, political and cultural ways. You need to listen and try to picture yourself in these stories. You need to be patient. “Listen with three ears: two on our head and one in our heart.”⁴⁵

Silence

Practice becoming comfortable with silence. All people need time to think, especially with the difficult questions we often ask of them.

LEO'S ADVICE TO POLICE DEPARTMENTS & OFFICERS



Provide more supports. With any critical incident, it should be mandatory that you see professional people trained in addressing stress and trauma. This is a suggestion for all law enforcement because

"You put on your shell and bury your feelings and that gets you in trouble."

Do not punish people for seeking mental health supports.

"I was punished. When you come and take a person's everything like I had done to me, it is a punishment. I took it that I was worthless now--that I could not do what I'm supposed to do. I never understood why some of my friends died by suicide, but when you look at the losses of your family over the years because you are trying to do your job, no support, and they even took my identity as a police officer. It just hits you. I questioned my religion, my God, with some of the things I had to see and do. I would think, if there's a God, how he can let some of these things happen to people."

Hire more law enforcement officers to prevent burnout and moral injury due to lack of supports and resources.

Ensure more qualified mental health people are available.

"The first counselor I saw, it took a year to bring out what she brought out of me. When I look back, I can see where she was baiting me to share and process. It took me a long time to get comfortable with her, and to trust her."

Ensure appropriate training and mentorship. Young officers teaching young officers is a problem.

"So much of it was favoritism, nepotism, bullshit, political shit."

Someone with limited road time/experience should not serve as a training officer. You need the experienced and seasoned officers to do this.

"I always believe they didn't want us to tell them what to expect and help to prepare because then they might not go into police work."

Don't create a culture where people are proud that they are taking someone to jail. The importance of doing your job and maintaining respect for dignity is important.

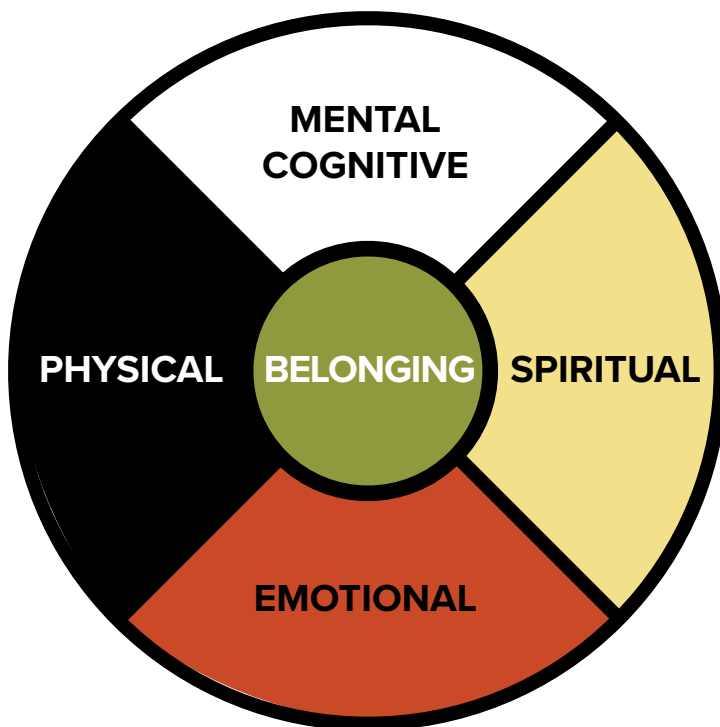
THE MEDICINE WHEEL

Western beliefs and practices largely focus on medicine as existing outside of who we are. Indigenous view of medicine as what is inside us - our relations and connections.

The medicine wheel:

1. Helps us orient ourselves so we can become who we are.
2. Helps us understand the cyclic nature of life and the importance of universal principles of behavior which are often connected to the Seven Teachings. The Seven Teachings are sometimes referred to as the Seven Grandfather Teachings.

Each of the four states of being makes up a part of the whole person and without one of these states, the others cannot be balanced. Neglecting one aspect of the self can throw off balance and cause symptoms of illness.



SPIRITUAL

The part of self that believes all things are connected. The connectedness allows for self-awareness. Spirituality does not mean formal religion but formal religion can be a part of the healing if the individual chooses.

EMOTIONAL

The part of self that can touch other things through feeling. We find joy in discovery and learning. Emotional is where there is generally the greatest imbalance in peoples' lives.

PHYSICAL

The part of self that nurtures the body. This is also the area that focuses on respect, kindness and activities that nurture the self and others.

MENTAL – COGNITIVE

The part of self that seeks knowledge, understanding and wisdom. It is the part that provides the direction for learning about caring.

The medicine wheel's healing function is to bring you back to the center. Those who struggle with reliving traumatic events want to forget the past and never have to remember it or re-live it. Rael believes that to stop the recurrence, we need to learn more about ourselves. This will bring balance and is healthier than repression, denial, or forgetting.⁴⁶

THE MEDICINE WHEEL

MODEL OF WELLNESS, BALANCE, AND HEALING

Dr. Jacque Gray provides another view of the medicine wheel and how it can be used for understanding and healing. This model is entitled the Medicine Wheel Model of Wellness, Balance and Healing.⁴⁷ It includes traditional activities but is broader with incorporation of

community, individual, family, and physical. It also incorporates aspects of the Seven Grandfather Teachings. It is an excellent example of how the medicine wheel can become whatever the individual needs to begin the journey of healing.

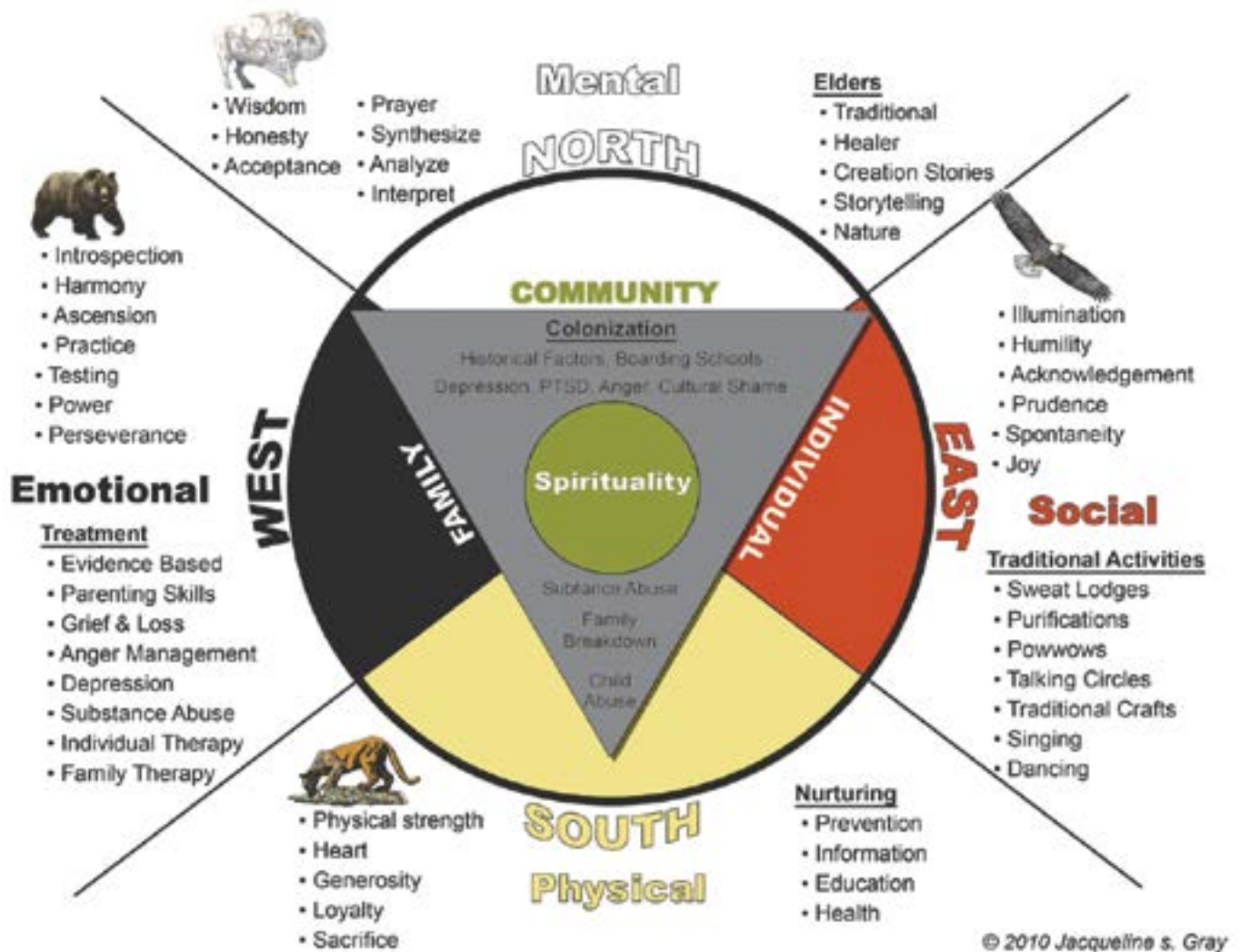


Figure 1 Medicine Wheel Balance, Healing and Wellness Model – Reprinted with permission, 202143

THE SEVEN GRANDFATHER TEACHINGS

The Seven Grandfather Teachings is a set of teachings about how humans should treat themselves and others. These are placed at the edge of the medicine wheel because they represent who we are. There is need to faithfully apply the teachings into our lives in each of the

four quadrants and to always be sincere in our behavior, character, and words. These teachings can be incorporated into the individual's medicine wheel as their strengths, their goals, or their cultural reconnection to their values and beliefs.

LOVE | EAGLE

To know love is to know peace. Love must be unconditional. When people are weak, they need love the most. Love one another, ourselves, and future generations.



HONESTY | SAGE

Always be honest in your words and actions. Be honest with yourself first and then you will more easily be able to be honest with others.



WISDOM | BEAVER

To cherish knowledge is to know wisdom. Wisdom is given by the Creator to be used for the good of people. We must use good sense and with a positive attitude. We must remember to listen and that wisdom comes in all shapes, sizes, forms, and ages. Recognize differences in a kind and respectful way.



HUMILITY | WOLF

To know yourself as a sacred part of creation. You are equal to others but you are not better and you are not worse. Humility is an excellent tool for embracing change and listening to different perspectives.



BRAVERY | BEAR

To find our inner strength to face difficulties and find the courage to be ourselves. To do what is right even when the consequences are unpleasant. To stand up for your convictions and have courage in our thinking and speaking.



TRUTH | TURTLE

Speak the truth. It is an essential part of character development and building emotional intelligence. It is to have the knowledge of our cultural teachings.



RESPECT | BUFFALO

To honor all creation is to have respect. We value all people and things with courtesy, consideration, and appreciation. We honor the traditional roles we fill. We honor our families, others, and ourselves.



ASSESSMENT & INTERVENTIONS

The Medicine Wheel is a very powerful resource. Following is a presentation of seven different interventions that utilize the Medicine Wheel and other traditions to gain more information about the individual, and to help them heal. These interventions can be especially beneficial in working with someone who has experienced trauma or injury. All eight interventions detailed below focus on the use of the Medicine Wheel in identifying imbalance in matters of the heart, the body, the head, and the spirit. Each of those dimensions has its own symptoms of injury and need for medicine. Any of the following interventions can be used for initial, mid, and final assessments and can allow for comparison overtime.

INTERVENTION 1 DISCUSSION AND INTRODUCTION

Present the individual with the Medicine Wheel and share the following, or choose a reading to introduce this concept.

Share with the individual that, walking the Medicine Wheel means:

- Transforming the way you view life.
- Moving from a passive role to an active role; from the victim to the hero.
- Moving away from “looking for powers outside of yourself to fix or save you” and instead look “within yourself to regain a healthy sense of personal empowerment and walk your own road. No one can walk your road for you.”⁴⁶
- Make it your own. Medicine Wheels should be different for each person because we are all unique. Do not use a linear perspective. There is no one right way.

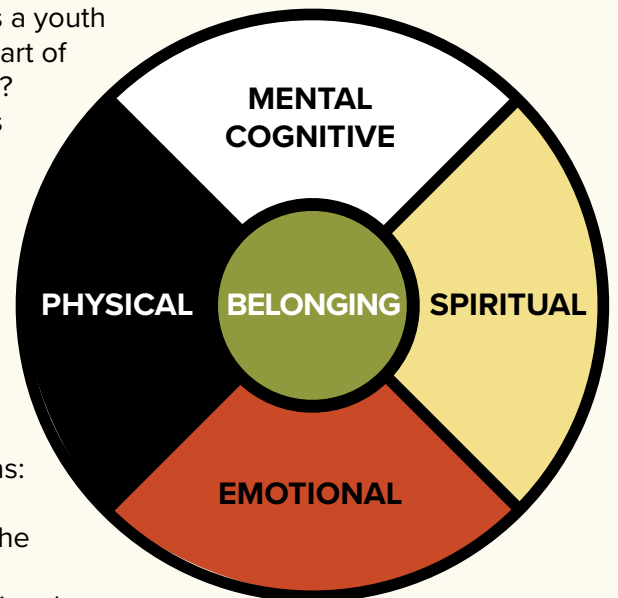
INTERVENTION 2 SEEING ONE’S SELF IN THE CIRCLE OF LIFE⁴⁸

As an exercise, have the individual start filling in the four quadrants of a blank Medicine Wheel. You can add, remove, or reword any of the following questions, but ask them:

- How do you see yourself as a whole person?
- What happened in childhood that is part of who you are today?
- What happened as a youth that has become part of who you are today?
- What happened as an adult that has become part of who you are today?

After they have filled in the wheel, begin a discussion. Encourage them answer these questions:

- What do you see when you look at the whole wheel?
- What are the emotional connections you can see across the four quadrants?
- What are the physical connections you see across the four quadrants?
- What are the mental-cognitive connections you see across the four quadrants?
- What are the spiritual connections you see across the four quadrants?
- Are there connections to struggles/challenges across the medicine wheel?



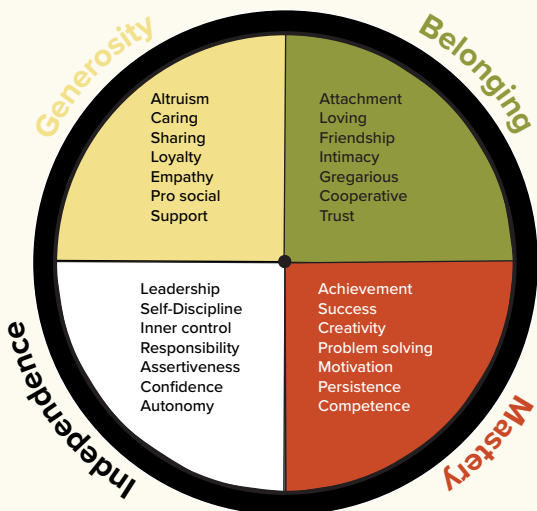
INTERVENTION 3 CIRCLE OF COURAGE®

The Circle of Courage was designed to replace common deficit models with a strength-based approach to healing. 49 The central theme is that a shared set of values exist which create environments that will benefit the individual and community.

The Circle of Courage is based on the principle that to be emotionally healthy, the individual needs to have a sense of four central values. The result is a sense of balance and individual resilience. With these values, protective factors are strengthened.

1. Belonging
2. Mastery
3. Independence
4. Generosity

THE CIRCLE OF COURAGE



FROM DEFICITS TO STRENGTHS

Build an environment that strengthens the Circle of Courage to meet the needs of the Law Enforcement Officer

Belonging

Too often people forget that law enforcement officers are human and humans need to feel a sense of belonging and acceptance. A sense of belonging is basically how we organize ourselves. Law enforcement officers are members of a profession, a family, a community, a culture/ethnicity and the sense of belonging is interconnected with their physical and mental health. The social ties are protective factors and help the individual to manage stress. When there is support, people cope more effectively with challenges and hardship.

Mastery

For all of us there is a thirst for learning and we strive for personal growth, but not to be superior to someone else. We want to set and achieve our goals through skill development, becoming more knowledgeable and gaining understanding. A sense of mastery is achieved when we achieve balance in the cognitive, physical, emotional, and spiritual parts of our life.

Independence

In the U.S. power is based on dominance but for this value, it is respecting the right for Independence. People are encouraged to make decisions, problem solve, and take personal responsibility.

Generosity

We all need to feel that we have a purpose in life. In combination with belonging all need to feel we are an important part of something. In Indigenous communities, generosity is one of the highest values. We often look for opportunities to help someone or a greater cause. This is likely one of the reasons why these protectors work in law enforcement.

ASSESSMENT & INTERVENTIONS

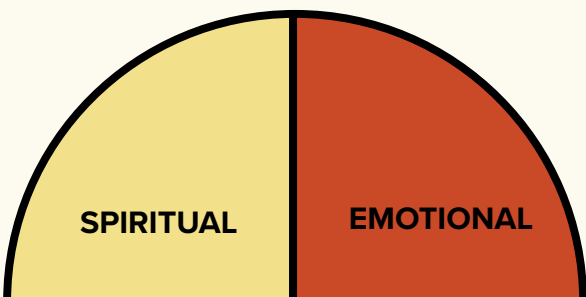
In this model, the Circle of Courage is part of the Medicine Wheel. It can be used as an assessment process as well as an intervention as shown in the table below. Under each component of the Medicine Wheel, have them identify what they have experienced and encourage them to include others that are missing. You can also provide a blank table for participants to complete.

Common Signs and Symptoms Following Exposure to Trauma ⁵⁰	
PHYSICAL	MENTAL – COGNITIVE
<ul style="list-style-type: none"> • Fatigue • Headaches • Sweating • Heart rate increases • Weaknesses • Dizziness • Shaking • Pacing • Change in activity level • Change in appetite • Poor sleeping 	<ul style="list-style-type: none"> • Hypervigilance • Poor memory • Decreased abstract thinking • Poor attention span • Nightmares • Poor concentration • Poor decision making • Poor problem solving • Change in communication style or process
EMOTIONAL	SPIRITUAL
<ul style="list-style-type: none"> • Guilt • Shock • Emotional rollercoaster • Feeling overwhelmed • Grief • Irritable • Anxious • Agitated, easily irritated • Withdrawal 	<ul style="list-style-type: none"> • Attributing traumatic event to punishment from a higher power • Anger with a higher power with perceived unfairness • Feel a lack of control • Spiritual struggle questioning beliefs and practices • Or, going too far into the spiritual aspect • May experience a greater appreciation of life • Guilt and moral injury • Grief • One loses their source of meaning and hope • Feel abandoned • Soul loss: the person is no longer there fully. Part have split off, fled or gotten lost. They are frozen in a person's unresolved past. Negative emotions cause soul loss.⁵¹

INTERVENTION 4

CIRCLE OF COURAGE®

Here is another example of how to use the Circle of Courage. One column provides examples of what it looks like when we are out of balance in any of the four areas: physical, emotional, mental-cognitive, and spiritual. The other column provides ideas on how we can achieve balance. These resources can be provided to assist individuals in identifying their imbalance as well as ideas to reestablish balance. Individuals could also be provided with a blank template and encouraged to fill it in themselves.⁵⁰

			
Signs of Imbalance	Achieve Balance	Signs of Imbalance	Achieve Balance
<ul style="list-style-type: none"> • Feeling disconnected • Feeling left out • Self-focused • Reckless • Wanderer 	<ul style="list-style-type: none"> • Learn about your identity, culture, and language • Extend yourself grace • Smudge with sage to cleanse your spirit • Practice mindfulness 	<ul style="list-style-type: none"> • Feeling abandoned or unwanted • Feeling misunderstood • Uncomfortable with emotion • Negative self-talk • Numb feelings • Feelings of depression • Insecure • Ashamed • Guilt • Difficulty trusting • Lonely • Locking up your heart 	<ul style="list-style-type: none"> • Learn to love yourself • Feel your emotions • Practice clean and honest communication • Spend time with family and friends • Rebuild relationships • Look at your personal qualities and strengths and remind yourself of them every day • Practice the Seven Teachings • Learn your triggers • Practice self-reflection • Smudging • Learn to talk, trust, and feel • Reconnect and strengthen empathy

ASSESSMENT & INTERVENTIONS

MENTAL – COGNITIVE		PHYSICAL	
Signs of Imbalance	Achieve Balance	Signs of Imbalance	Achieve Balance
<ul style="list-style-type: none"> • Low confidence • Poor self-esteem • Isolated • Loss of Identity • Start things but don't finish • Procrastinate • Self-doubt 	<ul style="list-style-type: none"> • Read self-care books • Seek help/advice from an Elder, a traditional person, or a counselor • Learn how to deal with stress • Make a self-care plan • Set goals • Expand the mind through education, reading, writing, or travel 	<ul style="list-style-type: none"> • Feeling abandoned or unwanted • Not taking care of your body • Being over or under weight • Tired all of the time • Difficulty sleeping • Migraines • Change in appetite • Physical pain • Anxiety attacks 	<ul style="list-style-type: none"> • Take care of your body • Exercise regularly • Develop a sleep routine • Eat healthy • Learn and education yourself about health and wellness • Spend time outdoors • Smudge with sage to cleanse your homes

INTERVENTION 5

CIRCLE OF COURAGE®

Using the Circle of Courage, provide the table below to the individual with the white section blank to allow them to populate. You can provide a few examples. You can also provide the table as is, and encourage them to mark those pertaining to them, and add additional content.

Circle of Courage	When this value is <u>BALANCED</u> , my actions may look like this	When this value is out of <u>BALANCE</u> , my actions may look like this	When this value is <u>BALANCED</u> , this is what you can see in the work environment
<p>BELONGING</p> <p>The emotional aspect is developed when there is a balanced connection between the heart and the head.</p>	<ul style="list-style-type: none"> • Trusting • Friendly • Loving • Good relationships • Feeling comfortable with being myself • Feeling like my team and organization cares about me as a person 	<p>Distorted Spirit of Belonging</p> <ul style="list-style-type: none"> • Crave acceptance • Overly dependent <p>Broken Spirit of Belonging</p> <ul style="list-style-type: none"> • Guarded • Isolated • Distrustful 	<p>A sense of belonging is good for an organization. It decreases turnover and improves job performance. A balanced work environment:</p> <ul style="list-style-type: none"> • Creating a true supportive team • Attention given to the social, political, environmental and cultural issues • Transparent communication • Organization is aligned with clear positive values • Loudly advocate for the changes needed at all levels: equipment, staff, officers, funding • Uses the most updated equipment, tools, and processes because employees are valued
<p>MASTERY</p> <p>Related to change in physical and psychological health. Can be strengthened though the land.</p>	<ul style="list-style-type: none"> • Sharing knowledge/ expertise • Carrying out assignments • Meeting obligations • Being creative • Problem solving • Motivated • Persistent • Competent <p>The Physical aspects include:</p> <ul style="list-style-type: none"> • Knowing my body • Movement • Sleep • Mindfulness and laughter 	<p>Distorted Spirit of Mastery</p> <ul style="list-style-type: none"> • Overachiever • Arrogant • Risk seeker • Workaholic <p>Broken Spirit of Mastery</p> <ul style="list-style-type: none"> • Non-achiever • Failure oriented • Avoid risk • Fear challenges • Seem unmotivated • Give up easily 	<ul style="list-style-type: none"> • Identify the tools and knowledge to create change for the mental health and wellness of all law enforcement personnel • Cooperation is encouraged and expected instead of competition • Identify what Indigenous norms and values could be embodied in tribal policing practices • Create a workable, Indigenous nation specific policing institution and approaches that are recognized as traditional values and customs • Systematically link the community values to departmental values and make them evident in operations

ASSESSMENT & INTERVENTIONS

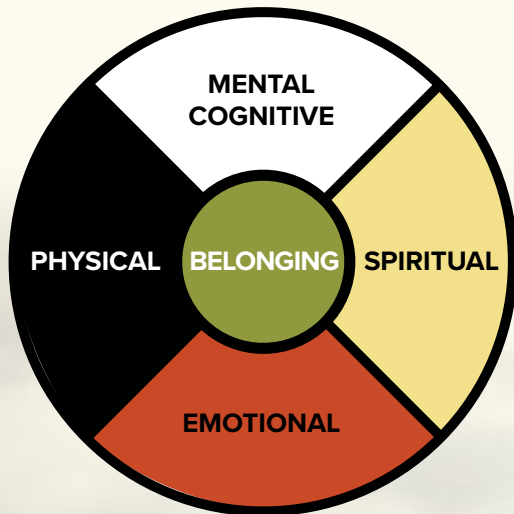
Circle of Courage	When this value is <u>BALANCED</u> , my actions may look like this	When this value is out of <u>BALANCE</u> , my actions may look like this	When this value is <u>BALANCED</u> , this is what you can see in the work environment
<p>INDEPENDENCE</p> <p>Related to the level of awareness and understanding. The link between trauma and balance. It is healing and freedom from the negative</p>	<ul style="list-style-type: none"> Engaging in discussions Asking questions, even ones that may seem dumb Confident Responsible Self-disciplined Leadership skills evident 	<p>Sprit Distorted of Independence</p> <ul style="list-style-type: none"> Reckless Manipulative Rebellious Defies authority <p>Broken Spirit of Independence</p> <ul style="list-style-type: none"> Lack confidence Irresponsible Helplessness Undisciplined Easily led 	<ul style="list-style-type: none"> Encourage and facilitate motivation to take action for the common good of the police departments and law enforcement officers and personnel Supervisors/leaders invite employee feedback and take it seriously Loudly advocate for the changes needed at all levels Strive to develop an impartial department; develop and publicize solid personnel policies to eliminate or minimize nepotism - this increases a department's credibility Partner with a tribal college to develop and provide training on the culture, community norms, and values Partner with community grant writers to get additional funding and resources
<p>GENEROSITY</p> <p>Spiritual is evident in giving and can also occur through ceremonies, teachings, and stories.</p>	<ul style="list-style-type: none"> Giving compliments Giving support and encouragement Opening doors for elders Being patient Listening Apologizing Forgiving Caring Sharing Loyal Altruistic 	<p>Distorted Spirit of Generosity</p> <ul style="list-style-type: none"> Over involved Martyrdom Co-dependent <p>Broken Spirit of Generosity</p> <ul style="list-style-type: none"> Selfish Affectionless Narcissistic Disloyal Hardened Anti-social 	<ul style="list-style-type: none"> Demonstrate care through benefits and initiatives like providing a comprehensive physical Become an active part of the community Develop an employee recognition program Give compliments Give support and encouragement Use good listening and communication skills Give appropriate feedback and solicit the same from others Be patient Apologize when needed

INTERVENTION 6 STRATEGIES FOR SELF-CARE

All of the intervention ideas include strategies for self-care. In this strategy, provide the individual with a blank medicine wheel. Ask them to specifically identify their ideas or strategies for self-care in each of the four quadrants.

Encourage them to focus on:

- Belonging, mastery, mental-cognition, and generosity
- Emotional, physical, and spiritual
- The Seven Grandfather Teachings – honesty, wisdom, humility, love, truth, respect, and bravery



INTERVENTION 7 STORYTELLING

Indigenous storytelling is often filled with humor. It is used to help us learn. Storytelling is a part of the medicine wheel. You move through it, listen closely, and if you can connect yourself to that story, it can change and transform you. Rael states, “story is medicine.”⁴⁶

When stories seem irrelevant, you need to look for yourself in the story. Examine how it can connect to things in your life. It is also important to consider how to help others make these connections. During this intervention, as the individual to choose a story topic from an area of the Medicine Wheel. Encourage them to tell and write down that story. This could be a story about a phase of life (typically included in a Medicine Wheel). For example, childhood, adolescence, adulthood, and Elder; for Elder, maybe ask them to write a story about what type of Elder they want to be.



ASSESSMENT & INTERVENTIONS

INTERVENTION 8 DEVELOPING RESILIENCE

Resiliency programs and resiliency training often focus on the development of an internal locus of control, self-awareness, self-efficacy, emotional regulation, and decision-making.

SEVEN C'S OF RESILIENCE

1 CONTROL
Identify areas where they feel they have a sense of control. This may coincide with any of the quadrants on the Medicine Wheel.

2 COPING
There are many ways to cope. Ask the individual what their coping strategies have been and what the results were. Identify strategies they plan to use in the future.

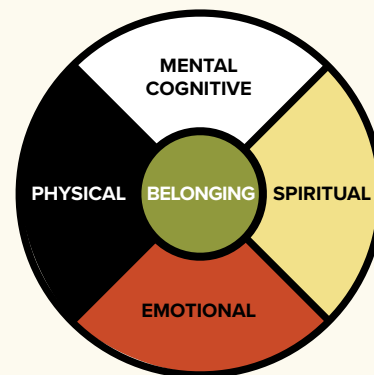
3 CHARACTER
Help to identify or strengthen a positive and healthy identity. Work to identify their values and beliefs support that identity. Encourage them to think about the wisdom they can share with others.

4 COMPETENCE
Help them to identify where they feel a sense of mastery. Identify how they handle challenges. Ask them what is going well and what their strengths are.

5 CONFIDENCE
Help to identify strengths. Provide feedback on their strengths. Provide opportunities to build confidence one-step at a time. Confidence correlates with all four quadrants of the Medicine Wheel.

6 CONTRIBUTION
This coincides with generosity and one's purpose of life. Identify ways and situations where they feel they are contributing or where they can contribute in the future.

7 CONNECTION
This coincides with belonging and creating connection to others and oneself. It can also relate to the other three quadrants.



DEVELOP A RESILIENCE PLAN⁵⁰

PHYSICAL	MENTAL – COGNITIVE
<ul style="list-style-type: none"> • Take care of my body • Exercise regularly • Get quality sleep • Eat healthy • Avoid mood-altering drugs or overuse of alcohol • Use healthy coping procedures like engaging in nature • Avoid high-risk/dangerous behaviors • Other examples of ways I can keep physically fit 	<ul style="list-style-type: none"> • Consider alternative solutions/pathways • Establish achievable goals • Establish realistic expectations • Bolster a sense of self- confidence and self-efficacy • Engage in benefit-finding - search for the silver lining • Engage in altruistic (helping) behaviors • Consider the lessons learned that I can share with others • Be mindful, mentalize, and stay in the present • Use my “change talk,” the language of “hope” and “becoming,” and my RE-verbs • Avoid debilitating guilt and shame reactions • Avoid thinking traps • Nurture a positive view of myself, others and the future • Create a healing story
EMOTIONAL	SPIRITUAL
<ul style="list-style-type: none"> • Make a “bucket list” of emotional uplifting activities and then just do it! • Use humor • Express gratitude • Give myself permission to experience and share emotions (feel angry, sad, cry, grieve) • Use my strengths to face fears • Share my story and the “rest of my story” of what led me to survive (share lessons learned) • Journal: use “writing cure” • Use creative and expressive activities to work through my feelings • Re-story my life and share evidence of my resilience • Learn how to use relaxation and mindfulness skills. • Change my self-talk 	<ul style="list-style-type: none"> • Use my cultural or ethnic traditions, rituals, and identity as a support aide • Use positive spiritual ways of coping • Rekindle hope • Visit elders for guidance • Participate in spiritual activities and ceremonies • Forgive others and forgive oneself • Use self-compassion and loving-kindness meditations toward others and toward oneself • Use my spiritual beliefs and traditions to find comfort and peace of mind • Share the spiritual lessons learned from my trauma experiences • Address my moral injuries and soul wounds • Reset moral compass and refocus on my core values and beliefs • Recognize life is short and commit to living each moment fully and enter a stage of generativity - giving to future generations

CO-RESPONDER MODEL



An approach that can assist law enforcement officers is application of the co-responder model. This model diverts people with behavioral health issues from the criminal justice system and provides

supports for law enforcement officers. The authors of this model encourage consideration of this model in tribal communities, if this is not already occurring. It will support law enforcement officers, tribal members, and behavioral health providers to engage at the right point, given their expertise. It provides critical support for law enforcement officers who are often serving people experiencing a behavioral health crisis. The model provides options for behavioral health supports to respond to non-criminal calls. It can become part of the crisis continuum of care

that reduces harm, arrests, and use of jail and emergency departments in response to crisis.⁵² In many of the incidents that Leo reports, he would have benefited from immediate access to a mental health treatment provider or peer specialists to assist in his intervention.

SUMMARY

The purpose of sharing Leo's personal story was to provide the reader with the humanness of a police officer. These examples don't come through when using statistics.

The objectives were to:

1. Assist behavioral health providers to gain a greater understanding of PTSD among BIA and Tribal law enforcement officers.
2. Provide suggestions for culturally responsive interventions based on the Medicine Wheel.
3. Assist in helping law enforcement administrators and supervisors to gain a greater understanding of the unique needs of Indigenous law enforcement officers who are dealing with dual traumatic challenges.



LEO IS A WARRIOR FOR THE LIFE HE HAS LED, FOR HIS MANY LEVELS OF SERVICE, FOR HIS HONESTY, INTEGRITY AND HUGE CARING HEART.

ABOUT THE MOUNTAIN PLAINS MENTAL HEALTH TECHNOLOGY TRANSFER CENTER

The Mountain Plains MHTTC serves Health and Human Services Region 8, and includes the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. Funded by the Substance Abuse and Mental Health Service Administration (SAMHSA), the Mountain Plains

MHTTC provides training, resources, and technical assistance to persons who serve individuals with mental health needs. The focus area is to serve providers in rural areas, with additional funding specifically to address school mental health and provider well-being.

CONTEXT FOR THIS TOOLKIT, HEALING OUR PROTECTORS

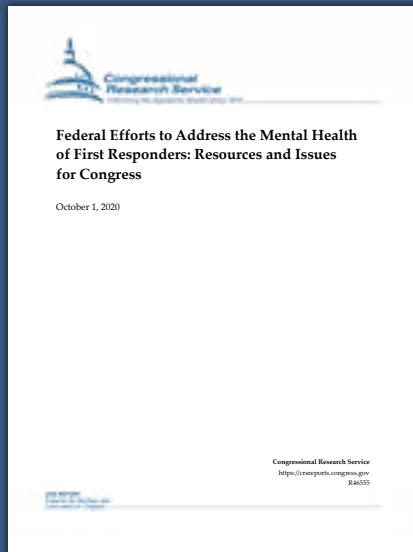
In fall 2020 the Mountain Plains MHTTC was contacted by their SAMHSA Program Manager, Humberto Carvalho, to provide training and technical assistance to Tribal Law Enforcement Officers and Bureau of Indian Affairs officers. In response, a partnership was developed with the MHTTC, the BIA Justice Services Division, the Administration for Native Americans, and the Indian Health Service Office to support two training sessions on self-care and behavioral health wellness for tribal law enforcement officers. Both sessions opened with comments and supports from Charles Addington, Director of the United States Department of the Interior, BIA, Office of Justice Services; Jeannie Hovland, Deputy Assistant Secretary for Native American Affairs; and Dr. Alec Thundercloud, MD, Director of Office of Tribal Affairs and Policy at SAMHSA.

Psychologists, Dr. Daniel Foster and Dr. Tami DeCoteau, provided content that focused on traditional Native American restorative practices to support law enforcement well-being for this session. Nathan Billy, Deputy Director of the Choctaw Nation of Oklahoma's Behavioral Health Services, moderated a follow-up panel discussion that featured self-care practices for law enforcement provided by Dr. Daniel Foster and Captain Lehman Ware. A second panel discussion session was provided by members of the Choctaw

Nation of Oklahoma's integrated behavioral health public safety law enforcement program. Trainers included Nathan Billy, MEd, LPC, Deputy Director Behavioral Health, Choctaw Nation; John Hobbs, Executive Director, Public Safety, Choctaw Nation; Michael Hall, Senior Director, Security Choctaw Nation; Josh Stout, MSHR, CRC, LPC, Project Director, SAMHSA COVID-19 Emergency Response Grant, Choctaw Nation; and Bryan Rowley, MA, LPC, Public Safety Liaison, Behavioral Health, Choctaw Nation. The panelists described how development of an embedded mental health approach has enhanced the well-being of tribal law enforcement officers in the Choctaw Nation of Oklahoma's tribal police agency. This training session was moderated by Nathan Billy and marketed nationally to all members of BIA's Justice Services Division, including the United States Indian Police Academy.

In follow-up to this training, Dr. LaVonne Fox, PhD, OTR/L, MHTTC Technical Trainer; Leo Belgarde Sr.; and Thomasine Heitkamp, PI and Co-Director Mountain Plains MHTTC and LCSW, began development of this product to support the well-being of tribal law enforcement officers. This product is for broad distribution to the partners established through this training opportunity and to all in the SAMHSA Technology Transfer Network and beyond.

ADDITIONAL RESOURCE



Federal Efforts to Address the Mental Health of First Responders: Resources and Issues for Congress

Developed by the Congressional Research Service in 2020, this report provides information and resources regarding federal programs targeting the mental health of first responders to include officers. “Here, federal activities are displayed by the type of first responder (i.e., police officers, firefighters, and emergency medical personnel) and the primary corresponding executive department of jurisdiction. Other selected resources—including some non-federal efforts—are also listed. An additional section describes related federal programs seeking to address mental health and suicide administered by HHS, which may not specifically target first responders but could still serve this population.”

Available at fas.org/sgp/crs/misc/R46555.pdf



REFERENCES

1. Boss, Pauline. Ambiguous Loss. ambiguousloss.com/
2. Wilson, Susan M. Avoid the burn. American Psychological Association. apa.org/gradpsych/2011/03/corner
3. Centers for Medicare & Medicaid Services Behavioral Health: A Guide to Using Mental Health and Substance use Disorders Services cms.gov/outreach-education/american-indianalaska-native/behavioral-health#:~:text=Behavioral%20health%20includes%20the%20emotions,physical%20health%20care%20provider%20would
4. Figley, C. R. (Ed.). (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner/Mazel.
5. What is Indian Country? U.S. Department of Justice Criminal Resource Manual. tribaljurisdiction.tripod.com/id7.html
6. Norman, Sonya B. & Maguen, Shira. Moral Injury. PTSD: National Center for PTSD, U.S. Department of Veterans Affairs. ptsd.va.gov/professional/treat/cooccurring/moral_injury.asp#:~:text=What%20is%20Moral%20Injury%3F&text=Moral%20injury%20is%20the%20distressing,individual's%20values%20and%20moral%20beliefs.
7. Teeschi, R. G. & Calhoun, L. G. (2004) Posttraumatic Growth: Conceptual foundations and empirical evidence. APA PsycNet. psycnet.apa.org/record/2004-11807-003
8. Post-traumatic stress disorder (PTSD). Patient Care & Health Information, Mayo Clinic. mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967
9. What is Posttraumatic Stress Disorder? American Psychiatric Association. psychiatry.org/patients-families/ptsd/what-is-ptsd
10. Risk and Protective Factors. Substance Abuse and Mental Health Services Administration. samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf
11. Bride, B. (2012). Secondary Traumatic Stress. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.
12. Goffman E. Stigma: Notes on the Management of Spoiled Identity, p. 3. Englewood Cliffs NJ: Prentice Hall; 1963.
13. Center for the Study of Traumatic Stress, Uniformed Services University. cstsonline.org
14. Tribal Law and Order Act, Tribal Justice and Safety, U.S. Department of Justice. justice.gov/tribal/tribal-law-and-order-act
15. Well-Being Concepts. Centers for Disease Control and Prevention. cdc.gov/hrqol/wellbeing.htm
16. PTSD: National Center for PTSD, U.S. Department of Veterans Affairs. ptsd.va.gov/
17. Promising Practices in Tribal Community Policing. International Association of chiefs of Police (theiacp.org) theiacp.org/sites/default/files/all/t/TribalCommunityPolicing.pdf
18. TRIBAL POLICE. In Depth Tutorials and Information. what-when-how.com/police-science/tribal-police/
19. Federal Law Enforcement Officers, 2016 - Statistical Tables. bjs.gov/content/pub/pdf/fleo16st.pdf
20. Vacancy Announcement, Pueblo of Isleta Human Resources Department, isleta, NM. isletapueblo.com/wp-content/uploads/2021/01/Lieutenant.pdf
21. President's Commission on law Enforcement and the Administration of Justice, final Report, December 2020. justice.gov/ag/presidential-commission-law-enforcement-and-administration-justice
22. Identifying the Needs and challenges of Criminal Justice Agencies in Small, Rural, Tribal, and Border Areas. The Justice Innovation Center. rand.org/content/dam/rand/pubs/research_reports/RR1400/RR1479/RAND_RR1479.pdf
23. Understanding the Healing Power of Storytelling. Native Hope. pages.nativehope.org/a-guide-to-understanding-the-healing-power-of-storytelling
24. Critical Incident Stress. Officer.com. officer.com/home/article/10249385/critical-incident-stress Officer.com
25. President's Commission on law Enforcement and the Administration of Justice, final Report, December 2020. justice.gov/ag/presidential-commission-law-enforcement-and-administration-justice
26. ap.org. (2020). Training center for Native American officers ready to open. Retrieved from apnews.com/article/devils-lake-police-artesia-native-americans-north-dakota-e048a7463a6e6754549623f72f5c332c
27. Karaffa, K., Openshaw, L., Koch, J., Clark, H., Harr, C. & Stewart, C. (2015) Perceived Impact of Police Work on Marital Relationships. The Family Journal: Counseling and Therapy for Couples and Families, 23(2). pp. 120-131. doi.org/10.1177/1066480714564381
28. Lindsey, D. (2007) Police Fatigue. FBI Law Enforcement Bulletin, 76(8). p. 6. hdsi.org/?view&did=38660

REFERENCES

29. Purba, A. & Demou, E. The relationship between organizational stressors and mental wellbeing within police officers: a systematic review. *BMC Public Health* 19, 1286 (2019). doi.org/10.1186/s12889-019-7609-0
30. Sabo, Brenda (2011) Reflecting on the concept of compassion fatigue. *Online Journal of Issues in Nursing*, 16(1).
31. Office of Community Oriented Policing Services, 2019. BOLO Project Bulletin #8: Development and Validation of a Resilience Training Model at the Academy. dps.mn.gov/divisions/co/working-group/Documents/officer-safety-and-wellness-background.pdf
32. Violanti, John M. et al. (2012) "Police suicide in small departments: a comparative analysis." *International Journal of Emergency Mental Health*, 14(3), pp. 157-62.
33. Dean W, Talbot, S., & Dean, A. (2019). Reframing clinician distress: Moral injury not burnout. *Federal Practitioner*. Retrieved ncbi.nlm.nih.gov/pmc/articles/PMC6752815/pdf/fp-36-09-400.pdf
34. Keenan, M., Williams, L., & Echevarria, C. (2020). Understanding & healing moral injury in people of service. Center for Post Traumatic Growth.
35. Papazoglou, K., & Blumberg, D. M. (2020). Power. Police officer wellness, ethics and resilience. Academic Press. Elsevier. Cambridge, MA.
36. ConnectProgram.org. Retrieved from theconnectprogram.org/find-support/for-people-who-have-witnessed-a-suicide-death/
37. Ramen, R. N. (2006). *Kitchen Table Wisdom: Stories That Heal*. New York: Berkley Publishing Group/Penguin.
38. Office of Community Oriented Policing Services, 2019. BOLO Project Bulletin #8: Development and Validation of a Resilience Training Model at the Academy. dps.mn.gov/divisions/co/working-group/Documents/officer-safety-and-wellness-background.pdf
39. Jetelina, K. K., Molsberry, R. J., & Reingle Gonzalez, J. (2020). Prevalence of Mental Illness and Mental Health Care Use Among Police Officers. *Public Health*. Retrieved from jamanetwork.com/journals/jamanetworkopen/fullarticle/2771400
40. Baba, L., (2013). Cultural safety in First Nation, Inuit and Métis public health. Environmental scan of cultural competency and safety in education. Training and health services. Retrieved from nccih.ca/docs/emerging/RPT-CulturalSafetyPublicHealth-Baba-EN.pdf
41. Yeager, K. A., & Bauer-Wu, S. (2013). Cultural humility: Essential foundation for clinical researchers. *Applied Nursing Research*, 26(4). Retrieved from ncbi.nlm.nih.gov/pmc/articles/PMC3834043/
42. Lindquist Mala, C. (2016). Very good medicine indigenous humor and laughter, 27, Summer. Tribal College press.
43. Deloria, Vine Jr. (1969) *Custer Died for Your Sins: An Indian Manifesto*. Macmillan.
44. Taylor, D. H. (2021) Narrating Indigenous stories with a pinch of humour isn't odd. It's a part of healing. Special to The Globe and Mail. Retrieved from theglobeandmail.com/arts/books/article-narrating-indigenous-stories-with-a-pinch-of-humour-isnt-odd-its-a/
45. Archibald, J. (1997). Coyote learns to make a story basket: The place of First Nations stories in education. Simon Fraser University dissertation.
46. Kopacz, D.R., & Rael, J. (2009). *Walking the Medicine Wheel: Healing Trauma and PTSD*. Pointer Oak & Millichap Books.
47. Gray, J., (2010). Medicine wheel balance. Healing and wellness model Figure. Circle of strength: A case description of culturally integrated suicide prevention. *Archives of suicide research: official journal of the International Academy for Suicide Research* 14(2):182-91. DOI: [10.1080/13811111003704852](https://doi.org/10.1080/13811111003704852)
48. Twigg, R. C., & Hengen, T. (1). Going Back to the Roots: Using the Medicine Wheel in the Healing Process. *First Peoples Child & Family Review*, 4(1), 10-19. Retrieved from fpcf.com/index.php/FPCFR/article/view/72
49. Brendtro, L., Brokenleg, M., & Van Bockern, S. (1990). *Reclaiming youth at risk: Our hope for the future*. New Jersey: National Educational Services.
50. Fox, L. (2021) *Healing our Protectors*. Circle of Courage Created for this Document
51. Ringland, V. (2019). Indigenous Trauma Healing: A Modern Model. Available at https://www.researchgate.net/publication/339137296_Indigenous_Trauma_Healing_A_Modern_Model.
52. Krider, A., Huerter, R., Gaherty, K., & Moore, A. (2020). Responding to Individuals in Behavioral Health Crisis via Co-Responder Models: the Roles of Cities, Counties, Law Enforcement, and Providers. National League of Cities. Policy Research, Inc. Retrieved from theiacp.org/sites/default/files/SJCResponding%20to%20Individuals.pdf

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Dr. Fox was born and raised on the Turtle Mountain Chippewa reservation. She has considerable experience working with children, youth, and young adults with mental health issues in communities. She was an associate professor at the University of North Dakota in Grand Forks, North Dakota, in the Department of Occupational Therapy, School of Medicine & Health Sciences for 26 years until December 31, 2019. She began a new position at the Turtle Mountain Community College in Belcourt, North Dakota, in January 2020. She is developing a new Master of Education Degree focusing on decolonization and Indigenizing education at all levels in the school and community. She became a technical trainer with the Mountain Plains MHTTC in January 2020 and is the lead on the tribal schools Community of Practice.



LEO BELGARDE, SR.

Leo was born on the Turtle Mountain Chippewa Reservation in North Dakota as the eldest son of Clifford and Ella Belgarde. He attended elementary and high school in the community. At the age of 17, he entered the National Guard where he served for six years and at the same time attended trade school where he learned to weld. Following completion of his welding program, Leo was employed doing construction for several years. He decided to go to United Tribes Technical College in Bismarck, North Dakota for additional training. He served as a district tribal police officer, city police officer, and BIA officer for more than 22 years. Authors Leo and LaVonne wish to acknowledge Clifford Belgarde, father of Leo Belgarde. He struggled with health problems during production of this project. In spite of ill-health, his voice and teachings guided this work and supported the well-being of Leo.



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Professor Heitkamp is the PI and co-director of the Mountain Plains MHTTC. She has been a faculty member at the University of North Dakota for the last 37 years and is a Chester Fritz Distinguished Professor. Her academic work has focused on expanding access to higher education curriculum and training through use of technology. Her expertise is in expanding workforce in rural and tribal communities to address behavioral health issues. She currently leads two teams of faculty and staff who provide their expertise to k–12 educators and behavioral health practitioners to ensure positive treatment outcomes that support sustainability.

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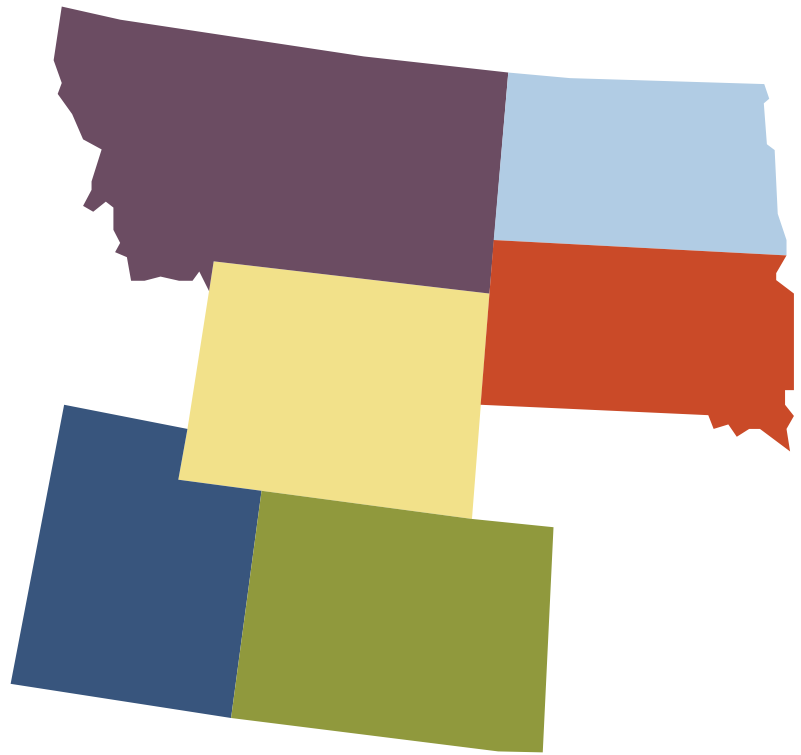
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