THE LONGEST WALK 5

AIM Declares War on Drugs

Walk to Reveal Solutions to Trauma That Impacts American Indian Life

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MESSAGE FROM DENNIS BANKS

National Field Director, American Indian Movement

August 20, 2015

Because of the extremely high rate of suicides, and other drug related deaths I am issuing a state of war declaration between the American Indian Movement and Drugs across America. The deaths are at a pandemic stage!

Today, I announce a walk across America to be held February 13, 2016 through July 15, 2016 from California to Washington DC. We will call attention to and seek guidance on drug related issues that are causing devastation on Indian Reservations and communities in the United States.

Along the 3600 mile journey we will work with the communities to collect information on ways to heal our people and the Earth.

We will host forums to see how communities are addressing one of the most difficult issues facing people and the Earth today. We will gather information about solutions from community leaders, law enforcement, clergy and drug program directors. College students will interview community members, students, parents, spiritual leaders, counselors and tribal officers in an attempt to get the bigger picture of the issues.

The information will be used to help determine what we must do to win the war against drugs. This effort will help prepare a new generation of Native American leaders and community leaders to fight the war against drugs.

The issues facing our people and the issues facing our Earth are connected. They both arise from the kind of thinking that does not value people or the Earth. Native American traditions oppose this sort of thinking. We say all life is sacred, and we speak as the conscience of our Earth.

We will lead by example, expressing our native spirituality and reverence for all life as we journey across the United States.

We will travel any distance to discover these solutions!

-- Dennis Banks

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INTRODUCTION

The Longest Walk 5 is a series of cultural exchanges, community building events, and information sharing events in communities across the United States. The Walk itself provides the occasion for convening these community events. It fits into the post-Civil Rights Era context, focusing on healing the trauma of the historical experiences of trauma that affect Native Americans, African Americans and other minority populations. The Walk is led and organized by Dennis Banks, a founder of the American Indian Movement. Paul Komarek has designed the community campaign.

The project works like a health-messaging campaign attached to a trade show. It brings certain core techniques to communities, and promotes local examples of these techniques to broader national audiences. Because the issues are complex, the campaign uses multiple techniques. By combining multiple types and styles of messaging, a variety of cultural frames, and multiple access points (in-person or via technology) the project delivers multiple sets of "hooks" for relatively simple (yet innately human and powerful) concepts.

OBJECTIVES

The broad goal of the campaign is to deliver healing from trauma (personal trauma, environmental trauma) to the people of the United States.

Specific outcomes include

- Widespread popular adoption of simple techniques that address trauma, reduce drug use, reduce violence, interrupt suicide, promote recovery and build personal success.
- Improved health outcomes for Native Americans, African Americans, and other populations adversely affected by so-called social determinants of health.
- Significant reforms in addiction and mental health treatment.
- Expanded access to addiction treatment in Native American communities.
- Reductions in drug use, suicide, violence, and other forms of ill-health connected to exposure to trauma nationwide.

SPIRIT, CULTURE, AND SUCCESS

One key aim of the Longest Walk 5 is to find examples of practices that align spiritual and cultural elements with proven approaches to addiction care, mental health support, and success in the world.

- The spiritual path adds motivation, meaning, and virtue to human effort.
- The cultural path eases communication, and builds acceptance. It connects us to each other.
- The practical path is what it is, the action that makes success possible.

If we are to address trauma, and address addiction, and support each other to achieve success despite our difficulties, all three elements must align. The first step on the path to healing trauma is to find safety – including spiritual safety and cultural safety, and safe surroundings for the work. The second step is to reckon with what has occurred, which involves connecting spiritual meaning and cultural identity with events that have occurred, and reframing one's perception, building a new vision for moving forward. The final step on the healing path is reconnecting with the larger community. For Native Americans, that means a positive Native American identity in today's world.

BUILDING SUCCESS

It is possible, with techniques that humanity knows and applies today, for the overall economic, social and health success of human society to grow in a way that materially improves the lives of people at the most distressed economic starting point, without creating more disparities and inequalities. This has always been the great humanitarian challenge. The social, political and economic forces that keep certain groups at the top also keep other groups pinned to the bottom. We can be clever, make some adjustments, and compensate for the regular set of social, economic and political methodologies as we unleash the power of people most affected by adversity. We can move many more of us away from suffering and peril.

Solid research indicates that the key to this improvement involves three factors:

- Addressing the effects of stress and trauma within the population, using protective political, economic, and cultural structures aligned with scientific methods and modern medical technology.
- Supporting the population's exercise of inherent strengths, skills and capacities.
- Managing the "exploitation effects" of unequal power, capital and expertise. Human development programs sometimes benefit designers and experts more than they do the people who are meant to benefit.

What might happen if we find something that works, something that unleashes the capacity of the people in difficult circumstances? Such an effort benefits everyone. It addresses the injustice within social disparities, reduces suffering, reduces fear, and grows the universe of potential positive outcomes for the human species.

THEORY OF SOCIAL CHANGE

The campaign uses David Gershon's Social Change 2.0 Framework as its theory of social change. This framework produces social change by changing the behavior of ordinary people. According to Gershon, "My research has taught me that people are willing to change if they have a compelling vision and are provided tools to help them bring it into being." Gershon notes that, in his experience, "what actually motivated people to change was witnessing and engaging with other people who were changing in front of their eyes."

The Social Change 2.0 Framework builds on Gershon's experience with social mobilization campaigns – emergency preparedness after 9/11, recycling, and other efforts to have large numbers of people adopt new behaviors. Gershon advances a 5-step methodology.

- Empowering people to voluntarily adopt new behaviors beneficial to themselves and society
- Transforming dysfunctional or marginally effective social systems so they can achieve a higher level of performance and social value
- Inventing and implementing transformative social innovations
- Building a more collaborative playing field to maximize the potential of a social system or social innovation
- Leveraging and disseminating social innovations at larger levels of scale

The Longest Walk 5 is a five-month demonstration project that addresses trauma and offers easy-to-adopt non-technical, nonclinical solutions to some of the most pressing issues of the day.

TRAUMA AS A CENTRAL CONCERN

The so-called ACE Study revealed that exposure to trauma affects lifelong health and success. According to the US Centers for Disease Control:

> The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
>
> More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than100 conference and workshop presentations have been made.
>
> The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.

TRAUMA AND NATIVE AMERICANS

Trauma has a substantial adverse impact on Native American health and social outcomes. As one Native American leader explains:

> This is my concern, that mental health … is bad, you have horrible statistics but no information about why it is so horrible. So, if you treat the symptom of alcoholism and not have it in the context of historical trauma, you are to miss what really the whole family is suffering from. What the whole generation is suffering from. So, this is my big concern that historical trauma doesn't really get assessed as a diagnosis, it doesn't get treated.

Native Americans suffer from many effects of trauma.

> American Indian and Alaska Natives are especially likely to experience a range of violent and traumatic events involving serious injury or threat of injury to self or to witness such threat or injury to others.
>
> Of all races, they have the highest per-capita rate of violent victimization, whereas children between the ages of 12 and 19, in particular, are more likely than their non-Native peers to be the victims of both serious violent crime and simple assault. This situation has been associated with many other health disparities… including violence and gang involvement. This factor was correlated with other risk behaviors, such as alcohol and drug use; suicide attempts; and vandalism, stealing, and truancy.
>
> American Indian and Alaska Native children experience and are exposed to other kinds of traumatic events in their communities. National injury mortality data show that American Indian and Alaska Native children are more likely to be killed in a motor vehicle accident, to be hit by a car, to commit suicide, or to drown than either their African American or white peers. The implication of these data is twofold. First, the children who are killed in these types of situations represent only a small portion of those who experience these events, because many survive. It is thus likely that the number of American Indian and Alaska

Native children surviving these sorts of events is high and that surviving traumatic events, such as car accidents, is a significant source of trauma in their lives. Indeed, national data indicate that injury risk behaviors among American Indian and Alaska Native adolescents are high and exceed those of their geographic peers, with significant percentages of adolescents reporting never wearing seat belts (44%), drinking and driving (37.9%), and riding with a driver who was drinking (21.8%).

Second, American Indian and Alaska Native children witness high rates of trauma among their family and friends and thus are exposed to trauma not only as direct victims but also as bystanders. Because of the interconnectedness of reservation communities, the serious injury or traumatic loss of one individual often has an effect far beyond that individual's immediate family and friends.

Within this large network, American Indian and Alaska Native children are also exposed to repeated loss because of the extremely high rate of early, unexpected, and traumatic deaths due to injuries, accidents, suicide, homicide, and firearms—all of which exceed the U.S. all-races rate by at least two times—and due to alcoholism, which exceeds the U.S. all-races rate by seven times.

Among adults, exposure to such events is high, ranging from 19% to 46%, depending on the type of event. The extent of traumatic loss among American Indian and Alaska Native children is not exactly known; however, data from two research studies provide some idea. In a small sample of 109 8th- to 11th-grade students in a Northern Plains reservation community, 28% reported the sudden loss of someone close or witnessing a death; in a larger national sample, 11% of adolescents reported knowing someone who had committed suicide.

Domestic violence exposure and child abuse and neglect are other sources of violence and trauma in American Indian and Alaska Native children's lives. Data from several studies reveal that American Indian and Alaska Native women are more likely than women from other ethnic groups to report a history of domestic violence victimization. The extent to which American Indian and Alaska Native children are exposed to domestic violence in their homes is not well documented, but research suggests that exposure is high relative to that of their non-Native peers. Better data are available for child abuse and neglect and indicate that 21.7 of 1000 American Indian and Alaska Native children were the victims of child maltreatment in 2002, compared with 20.2 of 1000 African American children and 10.7 of 1000 white children. American Indian and Alaska Native children from Alaska and South Dakota in particular evidenced the highest rates of maltreatment (99.9/1000 and 61.2/1000, respectively). On the basis of retrospective accounts of American Indian and Alaska Native adults, the true rate of child maltreatment is likely far greater. There are both immediate and long-term effects of child maltreatment within the American Indian and Alaska Native population, including higher rates of mental disorders, substance abuse, suicidal behavior, and behavioral and relationship problems among maltreated individuals.

> Sarche, M., & Spicer, P. (2008). Poverty and Health Disparities for American Indian and Alaska Native Children: Current Knowledge and Future Prospects. Annals of the New York Academy of Sciences, 1136, 126–136. doi:10.1196/annals.1425.017

TRAUMA AND AFRICAN AMERICANS

The African American experience of trauma parallels the Native American experience.

> Racism and other social biases describe social conditions that contain traumatic events for large numbers of persons. Traumas related to race have three forms.
>
> African Americans experience specific events of danger related to race that overwhelm the nervous system and require us to recover. These dangers may be real or perceived discrimination, threats of harm and injury, police incidents, and humiliating and shaming events. The aggressors may be black or white. These events stand out in our memory and have long-term impact on our perception of ourselves and our social environments. As mentioned in the previous discussion, some African Americans are stronger after recovering from these events, and others have long-term declines in their ability to cope with future stresses and threats.
>
> A second way African Americans experience danger is witnessing harm and injury to other African Americans because of real or perceived racism. This secondary trauma is widely recognized in the child abuse treatment field and occurs to therapists that repeatedly experience the traumas of abused children. Repeatedly witnessing African Americans suffering on television news is painful, and for some triggers very strong emotion. For example, the Rodney King incident triggered very strong emotional reactions to a publically viewed altercation between police and an African American male. Of course, not every African American watching the incident on television is traumatized but some viewers experienced traumatic responses and needed to recover.
>
> A third way African Americans experience danger related to race is living in difficult social conditions because of poverty and race, and traumatic events occur because of these conditions. Segregation by race and social class is common in the United States, and very common in the Pittsburgh region. Living in black and poor neighborhoods increases one's risk of experiencing traumatic events like community violence, police incidents, and domestic violence, and it increases the risk of experiencing secondary traumas in witnessing these dangers. These communities are socially isolated, monitored vigorously by police, have fewer resources for daily living (food stores, gasoline stations, hardware stores), and have high levels of exposure to drugs and alcohol.
>
> During a casual conversation, my cousin's seventeen year-old son who lives in Homewood counted eleven friends who died from drug overdose or murder. He recounted each one without emotion, citing their names and how they died, recalling their funeral services. His numb, matter-of-fact manner of recounting his experiences was stunning and a clear indicator of trauma.
>
> > Smith, Walter H. (2010). The Impact of Racial Trauma on African Americans. Pittsburgh, PA: The Heinz Endowments.

The process of healing trauma involves returning the human stress system to a position of equilibrium. This system is designed to work best in short bursts. Too much exposure to trauma in childhood leaves a person with a system that has never been tuned to equilibrium. Exposure to trauma over the course of a lifetime leads to cognitive difficulties, difficulties managing emotions, difficulties relating to other people, and other health effects.

Trauma also creates blind spots. According to author and therapist Judith Herman, trauma becomes

literally unspeakable. Victims, survivors, and by-standers all avoid talking about atrocities, injuries, pain, and abuse. The fundamental stages of trauma recovery are establishing safety, reckoning with what happened, and restoring the connection between survivors and their community. The point of trauma-informed service is to increase power and build resiliency.

TRAUMA IS TRENDING

The National Institute of Corrections is sponsoring a strategic initiative to address the effects of trauma across the United States.

> Please save the dates for September 29-30, 2015, on your calendars for this seminal meeting designed to expand the conversation about trauma-informed approaches and create a national action agenda for creating a trauma-informed nation. This meeting will spotlight effective implementation of trauma-informed approaches in four major areas: education, health care, the justice system, and communities and congregations. Within each of these areas, workplace and employment approaches will be addressed. Hear from outstanding speakers, including Gary Slutkin, Nancy Hardt, Father Jeff Puthoff, Tina Marie Hahn, Naina Khanna, Robin Delany-Shabazz, Barb Trader, and more.
>
> To expand the reach of this conversation, the keynote, plenary presentations, panels, and dialogue time with the presenters will be webcast to "amplifier sites" across the nation with interactivity between the amplifier sites and the main event in Washington, DC. At each amplifier site, key stakeholders will convene to participate in the interactive webcast and catalyze local dialogue and action. Following each topical area plenary, panel presentations, and discussion session, the DC site and virtual participants at amplifier sites will engage in strategic action planning.

Longest Walk 5 planners are participating in the National Institute of Corrections event. Speakers a this event are experts in urban violence (including anti-violence programs in Baltimore), violence against women, and other topics of concern to the Longest Walk 5 leadership.

TRAUMA-INFORMED SOCIAL SUPPORT TECHNIQUES

Since 2012, Paul Komarek's work has focused on social approaches to mental health and addiction recovery. The following paragraphs are drawn from a recent white paper on building community support "wraparound" services for those who need addiction care.

Addiction is complex, dynamic, and untidy. We are used to saying that addiction is biopsychosocial. We never ask if we have put those syllables in the right order. Given the damage and disruption sustained by people who use drugs for long periods of time, and given the practical limits of expensive but resource-starved clinical systems, perhaps we should reformat our vocabulary, and put the most accessible and cheapest intervention first.

So let's rethink addiction. We'll change the emphasis, and say that it's **socialpsychobio**. What does emphasizing the social aspects of addiction recovery get us?

- It aligns the recovery path with intrinsic motivators and the innate human development agenda. The person quickly sees the payoff, reconnects with family and vocation, and gains a decent lifestyle.
- It helps people walk away from risk. A safe crowd and safe circumstances form a shield against the person's former, more dangerous situation.
- It delivers allies who can supply surveillance around relapse triggers, and timely

reengagement with clinical systems.

- It produces a trauma-informed recovery path. The steps of trauma recovery are finding safety, reckoning with what happened, and reconnecting with community.
- It helps people reframe their experiences. As people regain capacity, they see themselves as increasingly stable, competent and reconnected. They learn to recognize their strengths and their achievements. They develop a new story, a heroic story of struggle through adversity.
- It helps clinical systems avoid inherent biases and defenses against responsibility. The heroin death toll is frightening, stressful and traumatizing to the healthcare system and its workforce. Victim-blaming, shunning, and stigma (society's default defenses against the unthinkable) operate with equal force inside clinical systems. Waiting lists and resource starvation become excuses for inaction, psychological defense mechanisms in embattled organizations that seem hopelessly outflanked.

This new emphasis on social support is not meant to discount the importance of clinical care. Addiction is what it is, and the experience of heroin use is inherently traumatic and degrading. Progress means addressing everything. A person at the starting point of a heroin recovery journey is someone who has trouble thinking, whose emotions are out of whack, whose relationships need rebuilding, and whose stock of basic information is deficient. Add to that the risk around the person's former criminal habits, and the potentially fatal risk of relapse that lingers on the horizon. The only way to proceed safely is to systematically address risk within the global experience of a person's life.

The sheer number of people at risk means we must build recovery support structures at the lowest possible cost. Sustainable wraparound care starts with family members, friends, and volunteers. They can support success, recognize escalating risk, and defuse relapse triggers on the spot, for free or at extremely low cost. The next layer involves paraprofessionals, health educators and community workers who are mostly grant-funded; and peer support workers and case managers who provide Medicaid and insurance-reimbursable services. This creates a stable pyramid of personal support that facilitates clinical progress.

In 2013-2014, volunteers from NKY PAR conducted an informal survey of 304 local people who received addiction services. Dr. Perilou Goddard of Northern Kentucky University scored the surveys, and produced a surprising list of perceived barriers to recovery.

The top three concerns for both men and women were:

- Returning to environments associated with past drug use.
- Coping with life situations (car breaks down, can't pay rent)
- Figuring out how to structure your time.

Other concerns included

- Coping with financial problems
- Worrying about letting other people down.
- Needing transportation.
- Overcoming other people's unrealistic expectations about recovery.
- Finding housing when you have a felony conviction.

- Trying to have a healthier lifestyle (better nutrition, exercise and healthcare).
- Coping with financial obstacles to treatment.

This is a catalog of social issues, not biological or psychological issues. Competent community members and struggling families work through these sorts of challenges every day. Success is easier with access to expertise, but resilient people in functional families with modest resources have found their way through these sorts of difficulties since the dawn of time.

The most surprising feature of this list is that so many of these items are among the strengths and competencies of the very population that is moving away from drug use. There is no shortage of drivers, roommates, and sympathetic souls with coping skills among people in recovery (particularly among those somewhat further along) but society has done a poor job connecting these skills and competencies with people who might benefit. We have anonymous-model mutual support programs for people in recovery, and very little else.

Clinicians seldom search for talents hiding unused within their caseloads. Professional boundaries and privacy protections can make problem-solver matchmaking unthinkable, even illegal. And yet, when one is willing to try, it is quite possible to carry out a talent search that respects system boundaries. We market all sorts of products to clinical populations. Why not market friendship?

THE PATH FORWARD, THE HEROIN EPIDEMIC AS AN EXAMPLE

The only way to solve the heroin epidemic is with a complete menu of clinical treatment services, delivered rapidly, when needed, as needed, at scale, backed up with social support and community volunteers. We must conduct our service users along the path through recovery, and we must create safe places of refuge and rest along the way.

This path must be made continuous, predictable, and safe. It must start with better connections and coordination among the service organizations we have today. We must turn our service silos into medical network hubs, reinforced by new facilities, clinicians, and paraprofessionals funded through insurance and Medicaid. The network must extend fully into the community, so community allies and volunteers can be trained and organized to surround and support the population that requires our assistance. Nothing else addresses the risk.

The nation has many options for action, organized around three themes.

- Connection – reinforcing pathways through the service network. Service systems are networks. They must conduct people along well-marked recovery paths, without distortion, noise, or interference.
- Capital – startup money for new clinical service providers. The region's front line service agencies are network hubs that are operating over capacity. The network is overheating because demand is too great. The network must expand to gain capacity. Existing providers must encourage and support the expansion for the sake of all who depend on the network.
- Community organizing – turning congregations and community groups into centers for volunteer services, resource hubs for sympathetic, informed human support.

These options look like daunting challenges, but there is an upside. We already have a catalog of techniques and methodologies. We know what it takes to do the job.

FROM TRAUMA TO ECONOMIC SUCCESS

Many people affected by trauma have difficulty achieving or maintaining success in the competitive economy. The pile-up of mental health effects, emotional instability, social isolation, and generational poverty take words like "career goal," "college savings," and "retirement planning" out of day-to-day conversations. Author Ruby K. Payne describes the lives of people in generational poverty as day after day of ongoing crisis, with brief periods of relief. She says people in such a situation have no sense of future. She notes that people who are focused on the here-and-now have little capacity to plan for the future, and little capacity to judge consequences, so they are more likely to find themselves engaged in criminal behavior. Because criminal activity and bad behavior is seen as inevitable, Payne notes that in distressed cultures there is little expectation of improvement or reform.

All of the foregoing statements are mere stereotypes, and like all stereotypes, there's a certain amount of truth. However, as human beings, we are not doomed to stereotype. The vast majority of the world's poor are not criminals, and will never be criminals. Human beings have proven time and again that we can move out of wherever we are stuck. At a minimum, we can keep trying. Everyone knows someone who has achieved success. Countless numbers of people have moved forward despite difficult circumstances. We have seen this play out in countless movies and countless theater productions. There is always drama around these stories. Drama and discomfort are among the flavors of personal change.

People in traumatized populations, the people who inhabit what author C. K. Prahalad calls the bottom of the pyramid – do tend to operate outside the commercialized economy, the economy we tend to idealize, the one that is taxed and regulated. Apart from that commercialized economy, there are two other main economies.

One is a more or less "natural" economy, informal, partially regulated and untaxed, where people support each other through home commerce, gifts, loans, bartered help, or under-the-table wages. Economic activity in this sector may be exempt from the tax laws, or may ignore tax laws, but is otherwise benign. For example, there is value given or received for caring for a relative, watching someone's children, or fixing a friend's car. A person may raise chickens and sell eggs, or harvest fruit from a home garden or community garden. There is inherent value to this sort of labor. The main disadvantage of work in this sector is lack of protection and recognition for participants. Commercialized work qualifies a person for unemployment benefits and social security when careers are interrupted, and has better health and safety regulation. Tax losses in the natural sector are not considered worth pursuing from a public policy standpoint. There is a certain amount of regulation through prosecution of bad actors. Commercial enterprises that act like natural sector employers are treated as tax criminals or worse, and commercial exploitation of vulnerable people is punished.

Exploitation is the main characteristic of the other main type of noncommercial economy. In this sector, economic activity is not benign but criminal. In this economy, there is constant danger. People act as criminals or victims or both, and get hurt all the time. They tend to regard themselves as violent or as capable of violence – or as victims, or as people who self-harm. Within this economy, many kinds of risky behavior cluster together. Drug selling connects with violence. Drug use connects with self-harm, theft, and prostitution. Society penalizes all of this, adding consequences to injuries, health effects, and trauma. These added consequences become long-lasting signals of risk, and add to the damage people suffer.

Risk signals are useful to a certain extent. A gap in employment while taking care of family is one thing. A felony criminal record or theft conviction is more serious. But even useful signals have

limits. As time passes, signals get stale. People make progress, learn from mistakes, and truly reform. When signals no longer match actual risk, they become needless barriers, frustrating personal progress.

One way for more people to move towards safety is to work on managing inaccurate signals of criminal risk. The Walk will identify paths to safety and success for those who have escaped the criminal world.

TRAUMA AND VIOLENCE

Trauma also contributes to ongoing violence. We see this playing out in an epidemic of youth violence. Media pundits tend to ignore the holistic impact of complex trauma on populations. An example is a report from The New York Times of September 1, 2015.

> Cities across the nation are seeing a startling rise in murders after years of declines, and few places have witnessed a shift as precipitous as this city. With the summer not yet over, 104 people have been killed this year — after 86 homicides in all of 2014.
>
> More than 30 other cities have also reported increases in violence from a year ago. In New Orleans, 120 people had been killed by late August, compared with 98 during the same period a year earlier. In Baltimore, homicides had hit 215, up from 138 at the same point in 2014. In Washington, the toll was 105, compared with 73 people a year ago. And in St. Louis, 136 people had been killed this year, a 60 percent rise from the 85 murders the city had by the same time last year.
>
> Law enforcement experts say disparate factors are at play in different cities, though no one is claiming to know for sure why murder rates are climbing. Some officials say intense national scrutiny of the use of force by the police has made officers less aggressive and emboldened criminals, though many experts dispute that theory.
>
> Rivalries among organized street gangs, often over drug turf, and the availability of guns are cited as major factors in some cities, including Chicago. But more commonly, many top police officials say they are seeing a growing willingness among disenchanted young men in poor neighborhoods to use violence to settle ordinary disputes.
>
> "Maintaining one's status and credibility and honor, if you will, within that peer community is literally a matter of life and death," Milwaukee's police chief, Edward A. Flynn, said. "And that's coupled with a very harsh reality, which is the mental calculation of those who live in that strata that it is more dangerous to get caught without their gun than to get caught with their gun."

People seldom think to mention that violence is dynamic and complex, and not completely controllable. Violence increases in populations under stress. In today's America, alarming messages of death and shootings arrive constantly, unfiltered, shared in real time. We know this is a negative contagion. We call outrageous videos "viral" for a reason. Does anyone think they leave no impression after they reach the brain?

Alarming messaging can make anyone feel unsafe. Urban violence, with economic distress, and a criminal drug epidemic, is literally traumatizing, and makes people more likely to get upset and act out. We don't call the human stress response "fight or flight" for nothing. Stress affects our thinking, our emotions, and our actions. Some of us fight, some of us run away, some of us get stuck, and some of us hurt ourselves.

TRAUMA, MENTAL ILLNESS, AND CO-OCCURRING DISORDERS

People with mental illness frequently turn to alcohol or drugs to try to escape from their symptoms. More than half of all people with a substance abuse problem have some type of mental illness. The incidence of schizophrenia among people with substance abuse problems is almost four times the rate of schizophrenia in the general population. The incidence of serious mood disorders among people with a sub-stance abuse diagnosis is over five times that of people in the general population.

There is a clear connection between childhood mental illness and substance abuse later in life. Children with mental health issues at age 8 may start using alcohol or other drugs a few years later, many times before age 12.

People with both mental illness and a substance abuse disorder are said to have "co-occurring disorders" or "dual diagnosis." People with co-occurring disorders experience more severe and chronic medical, social, and emotional problems compared to people with a mental health issue alone. They are more vulnerable to alcohol or drug relapse, which worsens the psychiatric disorder. They require longer treatment, proceed more gradually in treatment, and experience crisis more frequently. They are far more prone to violence than people who do not abuse drugs or alcohol. They require customized relapse prevention training because standard relapse prevention techniques do not work effectively for them.

Mental illness and addiction have many features in common. They are biological illnesses, hereditary at least in part, chronic and incurable. They lead to lack of control of behavior and emotions. They have positive symptoms (added but unwanted behaviors) and negative symptoms (loss of ordinary functions of life). They affect the entire family. They get worse if not treated. They can be controlled with the proper treatment. They are diseases of denial, causing feelings of guilt and failure. Both mental illness and addiction are stigmatized, improperly judged moral is-sues caused by personal weakness, rather than dis-orders with a biological basis. Recognizing that one has mental illness or an addiction can lead to depression and despair.

Stigma interferes with treatment of these conditions. Even when people do enter treatment, they frequently try to conceal one or another of these issues. When someone begins a treatment program for either substance abuse or mental illness, the family or friends should make sure that the treatment team learns about any accompanying mental illness or substance abuse problems.

Despite the common features of mental illness and addiction, their respective treatment systems are quite different. Mental illness and substance abuse treatment systems developed along different historical paths. They are controlled by separate statutes and separate funding streams. They have separate regulatory and credentialing systems. The philosophies and cultures of the two systems conflict. The addictions system emphasizes peer counseling, spiritual recovery, self-help, confrontation, detachment, and empowerment. The mental health system emphasizes treatment by medical professionals, scientific treatment, medication, support services, case management, and supervision. The messages to the person in recovery conflict.

When the two systems do not collaborate, people receiving treatment for co-occurring disorders are prone to abandon treatment and relapse. The most effective treatment model for people with co-occurring disorders is integrated treatment. This represents more than the person being treated for two conditions by two separate agencies at once. Integrated care means everyone works together from a single unified treatment plan.

Many people use drugs or alcohol for reasons that connect with trauma and emotional pain, the kind of pain that is hard to face up to. As Dr. Judith Herman notes, "certain violations of the social

compact are too terrible to utter aloud. This is the meaning of the word unspeakable." Many people conceal their true motivation for drinking and drug use, even from themselves.

Researchers used to think of trauma in terms of shocking events – experiences of war, of victimization, or other horrific circumstances. Now we know that stress can build up and produce trauma effects. Trauma is the common thread connecting many sorts of human difficulties. School failure, crime, mental illness, violence, and addiction all connect to trauma.

Trauma's signature effects are hyperarousal (being stuck in fight-or-flight response); intrusion (difficulty managing memories and emotions); and constriction (a sense of loss of options or surrender). These trauma effects create difficulty concentrating and learning. They also tend to cause trouble assessing and interpreting other people's emotions. People with trauma effects sometimes misread cues, and react inappropriately. The constriction effect causes people to dissociate or "tune out," or "numb out."

Trauma-informed practices help people find safety, reckon with what has happened, and reestablish connection with others. Over time, as people gain power, and learn to see themselves as survivors, trauma effects fade. Reacting to the stress of life is how people gain resilience and learn to handle challenges.

Author Corinna West teaches a four-step strategy for overcoming adversity.

1. Know that everyone goes through tough times.
2. Talk to people who have been there before.
3. Find what gives you personal power.
4. Resolve the situations that brought you into distress.

Allies are essential to reducing stigma and shame surrounding stress effects and mental health issues. It is time to give up our natural tendency to hide or cover up our difficulties. Among the hallmarks of a diverse, just, and inclusive society are tolerance for difference, and support for everyone. Society changes as people live this out.

KEY PERSONNEL

DENNIS BANKS

Dennis Banks, American Indian leader, teacher, lecturer, activist, and author, was born in 1932 on the Leech Lake Indian Reservation in northern Minnesota. At age five he was separated from his family and placed at Pipestone Indian Boarding School. He left boarding school at age 17 and went on to serve in the U.S. Military and was stationed in Japan.

In 1968, he helped found the American Indian Movement (AIM), which was established to address racism and police brutality and protect the traditional ways of Indian people and to engage in legal cases protecting treaty rights of Native Americans, such as treaty and aboriginal rights to hunting and fishing, trapping, and gathering wild rice.

As one of the founders of the American Indian Movement (AIM), Dennis Banks (born 1932) has spent much of his life protecting the traditional ways of Indian people and engaging in legal cases protecting treaty rights of Native Americans. He travels the globe lecturing, teaching Native American customs, and sharing his experiences.

Between 1976 and 1983, Banks earned an associate of arts degree at the University of California, Davis, and taught at Deganawidah-Quetzecoatl (DQ) University (an all-Indian controlled institution), where he became the first American Indian university chancellor. In the spring of 1979, he taught at Stanford University in Palo Alto, California.

In 1987, Banks was active in convincing the states of Kentucky and Indiana to pass laws against desecration of Indian graves and human remains. He organized reburial ceremonies for over 1,200 Indian grave sites that were disturbed by grave robbers in Uniontown, Kentucky.

In 1988, Banks organized and led a spiritual run called the Sacred Run from New York to San Francisco, and then across Japan from Hiroshima to Hokkaido. Also in 1988, his autobiography *Sacred Soul* was published in Japan, and won the 1988 Non-fiction Book of the Year Award.

In addition to leading and organizing sacred runs (1988, 1990, 1991), Banks stays involved in American Indian issues, including AIM, and travels the globe lecturing, teaching Native American traditions, and sharing his experiences. He had key roles in the films *The Last of the Mohicans* (1992), *Thunderheart* (1992) and Academy Award nominated film *A Good Day to Die* (2010). In 2004, Banks co-authored *Ojibwa Warrior: Dennis Banks and the Rise of the American Indian*.

PAUL KOMAREK

Paul Komarek is a service system expert, an author and consultant who works on tough social issues, including criminal justice reform, education of children with disabilities, violence prevention, suicide prevention, addiction treatment, and healthcare for the poor. His work makes today's best research and consensus-based options accessible to advocates, volunteers, entrepreneurs, public officials, and people pursuing recovery. His book *Defying Mental Illness: Finding Recovery with Community Resources and Family Support*, co-authored by Andrea Schroer, has been named a "Top 20 Book for Parents and Teachers of Children with Special Needs" by *Special Needs Book Review*.

DR. LONNIE LEWIS

Dr. Lonnie was a heroin addict for 39 years. He served five (5) prison incarcerations - 2 federal. His first incarceration was for bank robbery. His last incarceration was for aggravated trafficking in heroin. At one point Dr. Lewis spent every day breaking the law to feed his addiction. That was in the past. Now his focus is helping people with the most severe drug use symptoms. His Ph.D. research reveals how to help chronically homeless men with long histories of trauma and addiction find stability, recovery, and a meaningful life.

PROJECT DESIGN

The Longest Walk 5 is a walk event and a series of community events to address drug use, suicide, violence and other forms of trauma, including environmental trauma. The project will be announced to the world on September 21, 2015 in Cincinnati. The Walk begins on February 13, 2016 in La Jolla CA, and proceeds 3600 miles across the US, ending with a rally in Washington DC on July 15, 2016.

1. The project is a national listening campaign, a search for solutions in place today in communities across the United States.
2. A relatively small group of people (about 20) will complete the entire walk.
3. As the event moves across the United States, a team of college students and community members prepares for the arrival of the walkers. Community members join the walkers for the last half mile in to town, for a local event (about the size of a school assembly), and for the first half mile out. This creates community participation, generates cumulative impact, and gives community members a way to participate in a portion of the Walk in a way that is meaningful to them. The local events will also highlight good work being accomplished in the local communities.
4. After the walk, a National Debriefing event will be held to compile the lessons of the campaign, and publish the results.
5. One key goal of this project is a popular education curriculum that makes the lessons of the walk accessible to anyone. A community college will be the "home base" for this curriculum, which will be shared nationally as an "open source" resource.
6. Everything that happens will be documented and shared through national media and social media to audiences across America. This will include nightly campfires, community events, weekly broadcasts, documentary videos, arts events, and webcasts from highlighted local efforts.
7. About once per month as the walk progresses, larger scale media events will highlight key themes of the walk. Examples include response to trauma; addiction treatment; suicide prevention; environmental issues.
8. Local events will be organized through collaborations between national event leadership, college student leaders, community groups, and national sponsors. Community Festivals will be somewhat pre-packaged, with educational materials, community event preparation templates, and media kits. An advance team will assist with event coordination.
9. The student leadership component will be structured as a service learning experience. It will include appropriate supervision by national or local professionals, opportunities for active participation in issue research. event coordination, and post-event reflection.
10. National community leadership is made up of individuals with subject-matter expertise in addiction treatment, mental health treatment, anti-violence programming, and volunteer-delivered services. They have experience with large-group facilitation, adult education, and curriculum design. .

CORE STRATEGIES

1. **Create exchanges that are community centered, culturally appropriate, and expert.** Recruit lead content partners who are experts committed to deeper learning, and to making use of lessons learned. Lead content partners help local content partners present their lessons to the world, and connect local lessons with larger national trends.
2. **Work together as friends and neighbors.** Include everyone. Focus on strengths, not trouble or disability. Use methods that are positive, non-diagnostic, non-clinical, non-stigmatizing, and effective.
3. **Understand and respect cultural limits.** Find ways to be good hosts and good guests, and to work together. Search for stories that are compatible across cultures. Use stories and examples that reveal universal themes.
4. **Attend to trauma and to history.** The stages of trauma recovery are finding safety, reckoning with what has happened, and rejoining the larger community. Enact this pattern. Use multiple cultural lenses to reveal and connect with how the complex history of the United States impacts people's lives today.
5. **Swing with capitalism.** One solution to poverty is success for many more people. Can we create economies that truly benefit the people who need success the most?

COMMUNITY STRATEGIES

CONVERTING SILOS INTO NETWORK HUBS

Network mapping
Asset-based community development
Transformative scenario planning
Human-centered design
Standardized assessments, common forms
Electronic medical records
Shared outcomes data

BUSINESS STARTUPS THAT INCREASE SERVICE CAPACITY

Investor orientation
Start-up capital grants and loans
Investment clubs
Loan guarantees
Technical assistance programs
Scholarships for addiction service workers
Open source protocols

WRAPAROUND SERVICES AND COMMUNITY SUPPORT

Community organizing
Roommate arrangements for people who use medication assisted treatment
Ridesharing
Job placement
Housing stabilization grants
Partnerships with community landlords
Community education and mentoring
Stipends for volunteers
Volunteer training
Friendly visitor programs
Church-hosted meals and activities
Sanctuary programs
Secure shelter
Job fairs
Employment agencies
Real estate investment clubs
Homework assistance and tutoring
Book clubs
Entrepreneurship education
Business coaching
Gardening
Ambulatory detox support
Strength finding (VIA Survey)
Driver's license restoration
Small business accounting and personnel support
Guest rooms
Cell phone programs
Sober companion programs
Supervised family visitation
Restorative justice programs
Caregiver support programs
Family mentoring
Study groups
Community mediation services
Rapid diversion from court
Tax assistance
Women's groups
Nutrition education
Exercise, fitness, and yoga
Family movie night
Respite service
Couple's retreats
Healthcare navigation
Agricultural employment
Volunteer recognition
Scholarships

PERSONAL RECOVERY TOOLKIT

THE STRATEGY FOR RECOVERY

1. Learn about what you are facing.
2. Find allies to support you.
3. Find resources to work with.
4. Plan both near-term and long-term.
5. Follow your plan.

FOUR QUESTIONS FOR RECOVERY

1. What helps you make the most of your talents?
2. How can you reduce the areas where you are vulnerable?
3. How can you improve your ability to cope with stress?
4. How can you deal with the risk of something going wrong?

FOUR QUESTIONS AMONG FRIENDS

1. What have you accomplished since the last time we met?
2. What are you facing?
3. Who are your allies?
4. What is your plan?

THE SAFE ZONE SYSTEM

The Safe Zone System is a three-step process.

1. Classify places and situations into zones.

-- Zone One is home base or "recovery space," where there is maximum safety.

-- Zone Two is "routine space," familiar places like work or school.

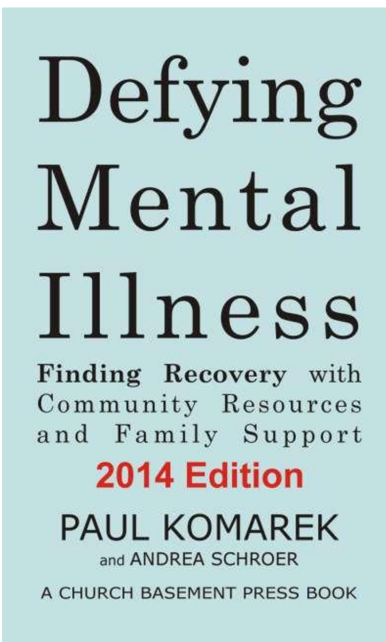
-- Zone Three is "adventure space," places with higher stress or stimulation.

2. Do a capacity self-assessment. How am I doing right now?

3. Match capacity to space. Where can I be safe right now?

If you cannot be safe at the present zone level, move to the next lower zone or to recovery space. If you are having trouble in recovery space, contact someone for help.

BOOKS BY PAUL KOMAREK



Defying Mental Illness makes mental health disorders and treatment understandable. It helps families work together through difficult situations. The book covers schizophrenia, depression, bipolar disorder, post-traumatic stress disorder, eating disorders, autism, suicide prevention, childhood mental illness and more.

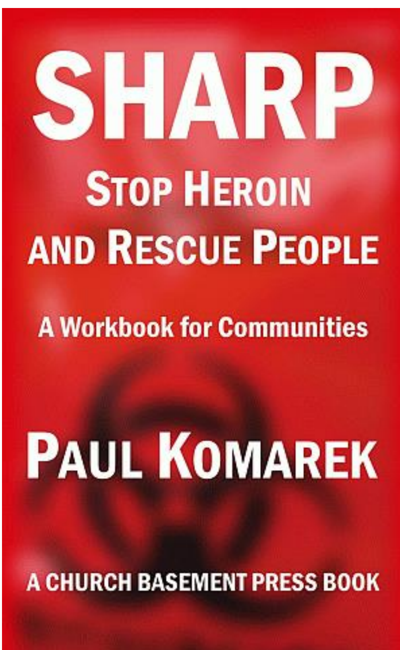
It's what a person needs to know to get started with recovery, what family members need to know to support recovery, and what faith-based and community groups need to know to help the people they serve.

"*Defying Mental Illness* provides what's needed most: a lucid and more than adequate introduction to mental illness." --*NAMI Advocate*

"Their comforting words give you hope." --*Special Needs Book Review*

ISBN-10: 1494786443

Paperback: 326 pages   8.5 x 5.5 x 0.7 inches



The first coherent approach to heroin in America

SHARP aligns community work with today's best research. When communities support the tasks of personal recovery, they save lives.

SHARP shows how to fight the heroin epidemic. The answer is systematic rescue, all the tools of the medical system plus social support. The book is based on more than a year of research in Northern Kentucky, a region devastated by heroin.

SHARP's plain-language approach stabilizes people quickly. It stops criminal behavior and helps people move forward with the support of family, friends, and neighbors.

"Paul's book changes the equation. It reveals how concerned citizens, both within and outside service systems, can remove barriers and promote recovery."
– Dr. Jeremy Engel

SHARP Stop Heroin and Rescue People by Paul Komarek
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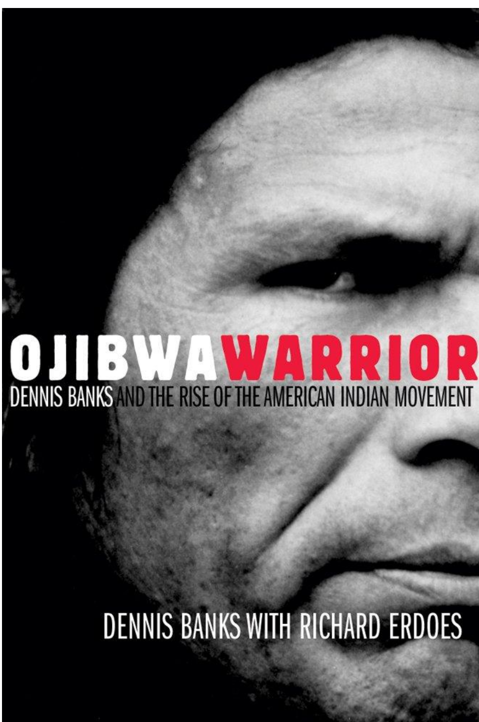
DENNIS BANKS BOOK AND VIDEO



Dennis Banks, an American Indian of the Ojibwa Tribe and a founder of the American Indian Movement, is one of the most influential Indian leaders of our time. In *Ojibwa Warrior*, written with acclaimed writer and photographer Richard Erdoes, Banks tells his own story for the first time and also traces the rise of the American Indian Movement (AIM). The authors present an insider's understanding of AIM protest events—the Trail of Broken Treaties march to Washington, D.C.; the resulting takeover of the BIA building; the riot at Custer, South Dakota; and the 1973 standoff at Wounded Knee. Enhancing the narrative are dramatic photographs, most taken by Richard Erdoes, depicting key people and events.

Paperback: 352 pages

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Language: English

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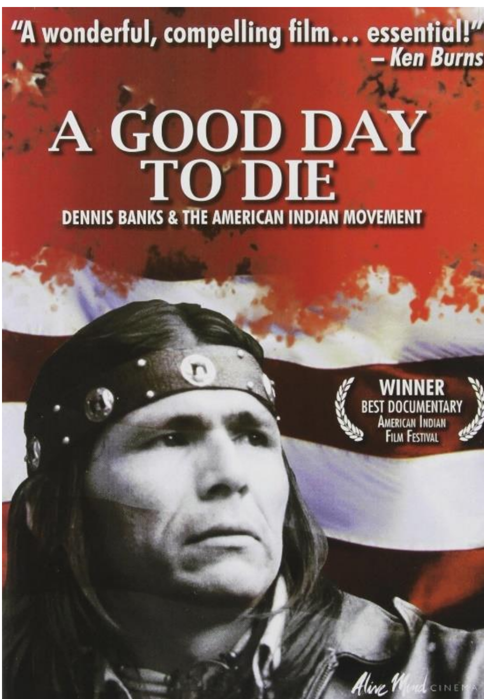

Directors: David Mueller

Format: Multiple Formats, Anamorphic, Black & White, Color, Dolby, NTSC, Surround Sound, Widescreen
Language: English

Region: Region 1 (U.S. and Canada only. Read more about DVD formats.)

Aspect Ratio: 1.77:1

Number of discs: 1

Rated: NR (Not Rated)

Studio: Kino Lorber films

DVD Release Date: May 28, 2013

Run Time: 92 minutes

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