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Addressing Suicide Among American Indian and Alaska Native Veterans: Indigenous Frameworks for Substance Use and Mental Health Practitioners

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ABSTRACT

Suicide and substance use disorders disproportionately affect American Indian and Alaska Native (AI/AN) Veterans, reflecting the intersecting impacts of historical trauma, colonization, military service–related stressors, and inequitable access to culturally responsive care. National surveillance data continue to show elevated suicide risk and unmet substance use treatment needs among AI/AN populations, with compounded vulnerability among Veterans navigating mainstream behavioral health systems. Despite sustained efforts, many Western evidence-based interventions have shown limited effectiveness when applied without attention to Indigenous worldviews, spiritual traditions, kinship systems, and community-defined pathways to healing. Historically, AI/AN Veterans have been excluded from the development of interventions intended to serve them, contributing to approaches that perpetuate stigma and cultural misalignment. This article presents an Indigenous-informed framework for substance use and mental health practitioners working with AI/AN Veterans that integrates selected Western evidence-based practices with Indigenous practice-based evidence. The framework emphasizes relationality, spirituality, elder knowledge, cultural identity, and community accountability as core protective factors. Implications for culturally responsive clinical practice, training, and veteran-serving behavioral health systems are discussed.

Keywords

American Indian and Alaska Native Veterans, Suicide prevention, Substance use disorders, Indigenous frameworks, Culturally responsive mental health.

Introduction

Suicide and substance use disorders among American Indian and Alaska Native (AI/AN) Veterans are shaped by the intersecting impacts of historical trauma, colonization, and military service–related stressors [1,2]. These factors contribute to persistent behavioral health disparities, including elevated suicide risk and unmet treatment needs within AI/AN populations [3]. For AI/AN Veterans, these challenges are compounded by structural barriers and limited access to culturally responsive care within mainstream health systems.

Conventional psychiatric approaches, while effective in general populations, often show reduced engagement and sustainability when applied without attention to Indigenous worldviews, spirituality, and relational frameworks [4]. Increasingly, research supports culturally grounded, community-based participatory research (CBPR) that integrates traditional healing with evidence-based practices to enhance relevance and outcomes.

In response, this paper presents an Indigenous-informed framework for suicide prevention and substance use intervention among AI/AN Veterans. Anchored in the Sweetgrass Method, the framework integrates Western clinical practices with Indigenous knowledge systems, emphasizing relational accountability, cultural identity, spirituality, and continuity of care [5]. This approach aims to enhance engagement, reduce disparities, and support more effective, culturally responsive behavioral health services for AI/AN Veterans.

Historical Context of Alcohol Use among Indigenous Peoples

Alcohol use has long posed significant public health concerns

within the general population, contributing to mortality through liver disease and cirrhosis, fetal alcohol spectrum disorders, traffic-related fatalities, overdoses, and a range of psychological and social harms [6]. While these consequences affect many communities, the historical roots and contemporary manifestations of alcohol-related problems among Indigenous peoples are distinct and must be understood within a broader sociocultural and historical context.

For many Indigenous nations, contemporary alcohol-related challenges are closely linked to the era of European colonization. Before first contact, Indigenous peoples' engagement with alcohol—where it existed at all—was typically characterized by controlled, communal, and highly ritualized use [7]. These practices differed fundamentally from the patterns of excessive, unregulated consumption introduced during colonization. The disruption of Indigenous social structures, forced displacement, and cultural suppression, along with the imposition of foreign substances, contributed to long-standing inequities that continue to shape health outcomes today.

Culturally grounded interventions in Indigenous communities increasingly recognize historical and intergenerational trauma as central to substance use risk. Intergenerational trauma is the transmission of unresolved trauma across generations, often stemming from systemic oppression, family disruption, and a lack of culturally responsive support and resources [8]. Addressing this legacy is essential not only for healing but also for strengthening cultural identity, which has been shown to be protective against substance misuse [9]. Understanding the relationship between historical trauma and substance use underscores the need to embed trauma-informed and culturally responsive approaches in prevention and treatment efforts for Native populations. Programs that fail to acknowledge these histories risk reinforcing deficit-based narratives and overlooking the resilience and strengths embedded in Indigenous cultures. Consequently, addressing historical and intergenerational trauma is not ancillary but foundational to effective alcohol prevention strategies for Native peoples.

It is also critical to recognize the substantial diversity among Indigenous nations

Counselors, researchers, and prevention specialists have an ethical responsibility to understand the unique histories, belief systems, and ways of knowing within the specific communities they serve. Treating Indigenous peoples as a homogeneous group disregards this diversity and perpetuates harmful generalizations, leading to significant gaps in understanding and effectiveness. Differences across tribes—as well as between reservation-based and urban Indigenous communities—extend to patterns of alcohol use and related risk factors.

Contrary to persistent stereotypes, recent research indicates that overall alcohol use rates among American Indian and Alaska Native (AI/AN) populations are comparable to or lower than those of White and other racial/ethnic groups [10]. However, disparities persist, particularly in heavy and episodic drinking, which occurs at disproportionately higher rates within certain AI/AN communities [11]. These findings underscore the importance of nuanced, culturally grounded research and prevention approaches that account for both risk and resilience.

The present study focuses on a particularly vulnerable subgroup within Indigenous populations: American Indian and Alaska Native (AI/AN) Veterans. AI/AN Veterans experience disproportionately high rates of substance use and behavioral health disparities compared with other populations. Alcohol misuse remains a significant concern, particularly given elevated rates of posttraumatic stress disorder (PTSD). PTSD occurs at nearly twice the rate among AI/AN Veterans compared with non-Hispanic White Veterans and is strongly associated with hazardous drinking [12,13].

Broader data indicate that AI/AN populations experience higher rates of substance use disorders, alcohol-related mortality, and co-occurring mental health conditions than the general U.S. population [14]. These disparities underscore the need for culturally grounded, community-driven approaches to prevention and intervention. This paper examines two culturally specific approaches to addressing alcohol misuse among AI/AN Veterans, highlighting how integrated Indigenous frameworks can promote wellness and reduce risk.

Alcohol Use and Misuse among American Indian and Alaska Native Veterans

Research on alcohol misuse among American Indian and Alaska Native (AI/AN) populations remains limited, particularly for Indigenous Veterans as a distinct subgroup. Existing studies largely focus on general adult populations; however, these findings provide important context for understanding substance use trajectories that may persist or intensify after military service. AI/AN populations experience disproportionately high rates of alcohol and other drug (AOD) use, closely linked to cumulative trauma exposure and historical stressors. For Indigenous Veterans, these risks may be compounded by combat exposure, military-related trauma, and challenges associated with post-service reintegration.

Alcohol use disorder (AUD) must be understood within the diagnostic framework for substance-related and addictive disorders. The DSM-5-TR classifies alcohol as one of ten substances associated with substance use disorders, which may involve both psychological and physiological dependence [15]. Psychological dependence—characterized by using alcohol to cope or function—is particularly relevant for Veterans managing posttraumatic stress disorder (PTSD), moral injury, depression, or chronic stress. Among AI/AN individuals, trauma exposure is strongly associated with increased risk of both AUD and PTSD, reflecting the compounded effects of historical, interpersonal, and structural trauma.

Environmental context further shapes alcohol use patterns among Indigenous Veterans. Research indicates that AI/AN adults in

urban settings report earlier initiation of alcohol and drug use and often face barriers to culturally responsive recovery services [16]. For Veterans, urban residency may increase social isolation and disconnection from tribal communities, whereas rural or reservation-based settings may limit access to Veteran-specific or culturally congruent care. These contextual factors underscore the need to tailor prevention and intervention strategies to Indigenous Veterans' lived environments.

Culturally responsive approaches are essential given persistent mental health disparities among AI/AN populations, including elevated rates of psychological distress, PTSD, and alcohol-related mortality. Cultural identity has consistently been identified as a protective factor, and engagement in traditional practices and Indigenous values has been linked to improved mental health and reduced substance use [16].

For Indigenous Veterans, culturally grounded models that integrate traditional healing, community connection, and Veteran experiences offer a holistic pathway to address alcohol misuse while supporting long-term healing and resilience.

Discussion and Implications for Practice

Critical limitations in Westernized substance use and mental health models when applied to suicide prevention among American Indian and Alaska Native (AI/AN) Veterans. Alcohol misuse, trauma exposure, and suicidality among Indigenous Veterans cannot be fully understood—or effectively addressed—through clinical paradigms that prioritize symptom reduction while neglecting historical, spiritual, and relational dimensions of healing. The findings underscore the necessity of reframing suicide prevention as a holistic, culturally grounded process that integrates Indigenous frameworks alongside Western clinical approaches.

Implications for Substance Use and Mental Health Practitioners

Practitioners working with AI/AN Veterans must recognize that alcohol use often functions as a coping response to layered trauma, including historical and intergenerational trauma, combat experiences, moral injury, and post-service identity disruption. When substance use is treated in isolation—without attention to cultural identity, spirituality, and community connection—interventions risk being ineffective or even harmful. Suicide risk in this population is frequently driven not only by psychiatric symptomatology, but by disconnection from meaning, purpose, and belonging. As such, practitioners should conceptualize alcohol misuse as both a clinical concern and a relational signal of unmet cultural and spiritual needs.

Indigenous frameworks emphasize balance across physical, emotional, mental, spiritual, and communal domains. Integrating this perspective into practice requires moving beyond add-on cultural components toward approaches in which Indigenous values and ways of knowing shape assessment, treatment planning, and engagement. Models such as the Sweetgrass Method, the Red Road to Wellbriety, and Soul Wound–informed psychotherapy demonstrate how Western evidence-based practices can be braided with Indigenous healing traditions rather than imposed as dominant frameworks. For practitioners, this integration demands cultural humility, reflexivity, and a willingness to share power in the therapeutic process.

Implications for VA, IHS, and Interagency Systems

At the systems level, this discussion has significant implications for Veteran-serving institutions, particularly the Department of Veterans Affairs (VA), the Indian Health Service (IHS), and tribally affiliated behavioral health programs. AI/AN Veterans often navigate fragmented systems in which eligibility, cultural responsiveness, and continuity of care are inconsistent. Suicide prevention efforts that rely solely on standardized risk screening and Western treatment protocols may fail to engage Indigenous Veterans who distrust institutions shaped by colonial histories.

Policy and practice within VA and IHS settings should prioritize incorporating Indigenous frameworks as foundational rather than supplemental. This includes supporting partnerships with Tribal Nations, funding tribally designed prevention and treatment programs, and formally recognizing traditional healing practices as legitimate components of care. Workforce development is also critical: practitioners require training not only in trauma-informed care, but in Indigenous histories, Veteran-specific cultural stressors, and culturally grounded suicide prevention strategies.

Additionally, suicide prevention initiatives for Indigenous Veterans should emphasize community-based and relational protective factors. Strengthening connections to culture, ceremony, land, Elders, and Veteran peer networks aligns with Indigenous understandings of survivance and wellness. Policies that allow flexibility in service delivery—such as integrating traditional healing within clinical contexts or supporting community-led prevention approaches—are more likely to reduce barriers to care and enhance long-term engagement.

Toward Culturally Grounded Suicide Prevention

Taken together, these findings suggest that effective suicide prevention among AI/AN Veterans requires a fundamental shift in how substance use and mental health services are conceptualized and delivered. Indigenous frameworks offer practitioners a pathway toward addressing alcohol misuse and suicidality in ways that honor cultural identity, restore balance, and strengthen resilience. For substance use and mental health practitioners, embracing these approaches is not only a matter of cultural responsiveness but an ethical imperative.

Future practice and policy efforts should continue to elevate Indigenous-led models, expand research on Veteran-specific outcomes, and support systems-level reforms that center Indigenous knowledge as essential to healing. For AI/AN Veterans, suicide prevention is most effective when it acknowledges the totality of their lived experience—honoring their service, their culture, and their enduring capacity for healing.

Historical and Contextual Foundations

Suicide among AI/AN Veterans must be understood within a broader historical context. Colonization, forced relocation, and cultural suppression have contributed to intergenerational trauma [1].

AI/AN Veterans frequently experience layered trauma:

- Intergenerational trauma
- Military-related trauma
- Reintegration stress

Substance use often serves as a coping response. These disparities are rooted in systemic inequities rather than individual deficits.

Risk and Protective Factors

Table 1: Risk and Protective Factors for Suicide among AI/AN Veterans.

Domain	Risk Factors	Protective Factors
Historical/ Structural	Intergenerational trauma; colonization	Tribal sovereignty; cultural services
Military	Combat exposure; moral injury	Veteran identity; peer support
Clinical	PTSD; depression; substance use	Trauma-informed care
Cultural	Disconnection; loss of identity	Ceremony; Elders; identity
Systemic	Fragmented care	Integrated systems

Indigenous Conceptualizations of Suicide

Indigenous frameworks conceptualize wellness as balance across dimensions of life [15]. Suicide reflects disruption of relational and spiritual balance.

Table 2: Western and Indigenous Models of Suicide Prevention.

Dimension	Western Models	Indigenous Models
Concept	Individual pathology	Relational imbalance
Focus	Diagnosis	Balance restoration
Approach	Individual	Collective
Evidence	Clinical trials	Community-based
Outcomes	Symptom reduction	Connection and meaning

Relational Dialogue as Healing: A Clinician-to-Veteran Model Using the Sweetgrass Method

Building on Indigenous conceptualizations of wellness as relational balance across interconnected domains, the following section advances a practice-based application of these principles through structured clinician-to-Veteran dialogue. Indigenous frameworks emphasize that healing emerges not solely through individual intervention, but through relationships that restore connection to self, community, culture, and purpose.

To operationalize this perspective, the dialogue presented below illustrates a culturally responsive, relational model grounded in the three interrelated domains of the Sweetgrass Method: Introspection, Communication, and Continuation. These domains collectively support a movement from self-awareness to relational engagement and ultimately toward sustained healing.

The dialogue features a Native American clinician and Master Chief Steve Viola, a non-Native Veteran and retired Navy SEAL. Viola's participation reflects both shared military experience and a personal history of prolonged posttraumatic stress disorder (PTSD). After years of engaging in conventional treatment approaches, Viola sought a more holistic pathway to healing through Indigenous Elders in Mexico. Through these experiences, he came to understand healing not as symptom reduction, but as a process of returning to balance—restoring clarity, grounding, and a renewed sense of purpose.

Introspection: Self-Awareness and Recognition of Imbalance

The Introspection domain reflects the initial phase of healing, characterized by self-reflection, acknowledgment of distress, and recognition of imbalance. Within Indigenous frameworks, distress is understood not solely as pathology but as a disruption of relational, emotional, and spiritual equilibrium [5].

Steve says, *'For most of my adult life, I did what I was trained to do. Whether as a Navy SEAL, medic, husband, father, or leader, the mission always came first. You learn to compartmentalize, carry the weight, push through discomfort, and keep moving—regardless of what is happening inside. For a long time, that worked—until it didn't.'*

'After retirement, when the operational tempo slowed, and stillness became unavoidable, I began to recognize the cumulative weight I had carried for decades. It wasn't one defining moment, but the steady build of responsibility, loss, trauma, and constant readiness. My body had returned home, but parts of me were still standing watch.'

'I wasn't falling apart, but I wasn't at peace. What emerged was a quiet but persistent awareness of disconnection—from myself, from stillness, from balance. In hindsight, healing began with a simple but profound realization: what had sustained survival was no longer enough to sustain living.'

This phase establishes a shared experiential foundation rooted in military service, allowing both individuals to recognize common ground. Importantly, the framing of distress as imbalance aligns with Indigenous understandings of wellness and reduces the individualizing effects of deficit-based clinical language [17]. Consistent with Indigenous frameworks, this exchange is not presented as a directive intervention but as a relational model in which healing emerges through mutual respect, deep listening, and shared experience. Veteran identity serves as a critical bridge, enabling trust and connection while opening space for culturally grounded perspectives on healing to emerge organically [15,18].

Communication: Relational Engagement and Cultural Listening

The Communication domain emphasizes the central role of relationships in healing. Trust is cultivated through dialogue, reciprocity, and the capacity to listen deeply without imposing interpretation or control [19,20].

Steve shares *'Like many veterans, I initially turned to conventional approaches aimed at managing symptoms. While helpful at times, they felt incomplete—addressing the surface, but not the deeper imbalance.'*

'That search led me to work with traditional healers in Mexico. What drew me in was not the promise of a cure, but a fundamentally different understanding of healing. There was no judgment, no labeling, no suggestion that I was broken.

'Instead, there was recognition: that people can fall out of balance—becoming disconnected from themselves, their purpose, their communities, and the sources of meaning in their lives.'

'What stayed with me was the emphasis on listening. Not just to others, but to nature, and to the quiet inner voice often drowned out by obligation and noise. After a lifetime of focusing outward—serving missions, teams, and systems—this inward shift was transformative.

'I came to understand that healing is not something done to you. It is something you enter into—through relationship, humility, and connection.'

This phase reflects the Indigenous principle of relationality, in which healing arises through connection rather than directive intervention. The Native Veteran's role as a cultural knowledge-holder is acknowledged through experience rather than authority, while Viola demonstrates cultural humility through openness and respectful engagement. This interaction models how Indigenous ways of knowing can be introduced ethically, without appropriation, through relational exchange [21].

Continuation: Sustained Healing and Return to Balance

The Continuation domain highlights the importance of maintaining healing over time. Indigenous frameworks emphasize that balance is not a permanent state but an ongoing process of returning, supported by relationships, cultural practices, and purposeful engagement [5,22].

Steve says, *'What I found was not a destination, but a discipline. For the first time in years, I felt grounded—not because the past had disappeared, but because my relationship to it had changed. I stopped trying to outrun my experiences and began learning from them.'*

'Returning to center now means staying connected to what matters most: service, family, community, purpose, and gratitude. It means time with my wife and family, time on the open road, and time supporting veterans and first responders as they rediscover hope. It also means embracing stillness—recognizing that strength is not always found in action, but often in presence.'

'I still have difficult days. We all do. But I no longer measure healing by returning to who I once was. Instead, I see it as an evolution toward who I am meant to be. The warrior in me has not disappeared; it has adapted. I no longer carry the sword as I once did; I carry the shield. My mission is no longer centered on fighting but on helping others find their way back to balance, purpose, and a life worth living.'

This phase underscores that healing is not defined by symptom elimination but by the restoration and maintenance of relational balance. The emphasis on "returning" reflects Indigenous teachings and aligns with longitudinal care approaches that prioritize meaning, identity, and connection as protective factors [23].

Integration with Indigenous Frameworks and Clinical Practice

This structured dialogue demonstrates how the Sweetgrass Method can be translated from theory into practice through relational engagement. Introspection initiates the process by fostering self-awareness and recognition of imbalance. Communication strengthens relational trust and provides space for culturally grounded knowledge to emerge through listening and shared experience. Continuation supports sustained healing by reinforcing ongoing connection to identity, purpose, and community [5].

Importantly, this model illustrates that culturally grounded healing does not require shared cultural identity, but rather humility, respect, and relational openness. By leveraging shared military experience as a point of entry, practitioners and peer supporters can facilitate meaningful dialogue that bridges Western and Indigenous approaches to healing. This approach reflects a broader shift away from isolated, symptom-focused care toward relational, culturally anchored models that support long-term wellness and suicide prevention among Veterans [5].

The relational dialogue model presented here underscores the importance of integrating Indigenous knowledge systems into clinical practice in ways that are lived, experiential, and ethically grounded. The following section further examines how such approaches can be implemented across clinical and system-level contexts, with particular attention to practitioner training, interagency collaboration, and the expansion of culturally responsive care for American Indian and Alaska Native Veterans.

Theoretical Framework

Theoretical Framework: Indigenous Cultural Frameworks for Suicide Prevention

Culturally responsive practice begins with affirming Indigenous identity and recognizing family, community, and Tribal Nations as central to healing. Practitioners must engage in ongoing cultural reflexivity to avoid reproducing colonial dynamics through the uncritical application of Western treatment models.

Indigenous worldviews emphasize balance among mind, body, spirit, community, and connection to land. Within this framework, alcohol misuse and suicidality are understood not as isolated pathologies but as responses to layered trauma, disconnection, and loss of meaning—often intensified by military service. Traditional healing practices, including ceremony, storytelling, and spiritual traditions, are therefore seen as essential mechanisms of restoration

rather than adjunctive cultural elements [24].

The framework also draws on strength-based and protection-focused perspectives, asserting that Indigenous ways of knowing, stories, and ceremonies constitute valid forms of evidence. Protective factors such as cultural identity, spiritual connection, relational belonging, and community engagement are central to resilience across the lifespan. Rather than privileging risk reduction alone, indigenous prevention models prioritize expanding access to these protective factors as a pathway to healing and survivance.

Consistent with integrative Indigenous scholarship, this framework rejects the dichotomous positioning of Western and Indigenous approaches. Instead, it supports the intentional braiding of evidence-based clinical practices with Indigenous healing systems in complementary ways [25]. The Sweetgrass Method exemplifies this theoretical stance. By centering the Indigenous worldview while integrating Western clinical approaches, offering a culturally grounded framework applicable to substance use treatment, mental health care, and suicide prevention among AI/AN Veterans.

Foundations of Indigenous Healing

Indigenous healing practices vary by Tribal Nation, but they share common values: balance, relationality, spirituality, and respect for community and land [25]. Healing is not defined by the elimination of symptoms but by the restoration of harmony among emotional, spiritual, mental, and communal aspects of life.

Ceremony, prayer, storytelling, and cultural teachings provide structured ways to process grief, trauma, and loss. Gone [26] describes these practices as addressing "soul wounds" created by historical trauma—wounds that conventional therapy alone may not heal.

Spirituality, Ceremony, and Elders

Spirituality and cultural continuity are critical protective factors against suicide among American Indian and Alaska Native (AI/AN) Veterans. Engagement in ceremony provides a sacred space for grounding, meaning-making, and relational reconnection—elements often disrupted by military service, historical trauma, and systemic marginalization. Participation in ceremonies such as sweat lodges, talking circles, seasonal rites, and prayer practices fosters spiritual balance and reinforces a relational, communal, and intergenerational identity [27]. These practices are not merely symbolic but serve as culturally embedded interventions that restore harmony among mind, body, spirit, and community.

Elders play a central role in this healing process as keepers of cultural knowledge, moral authorities, and relational anchors. Through storytelling, guidance, and accountability, Elders support identity repair and help reconnect Veterans with ancestral teachings and responsibilities to family, community, and future generations [28]. This relational accountability reframes healing as a collective process rather than an individual burden, counteracting isolation, shame, and purposelessness—key contributors to suicide risk.

Indigenous suicide prevention is rooted in cultural continuity, collective responsibility, and the reclamation of traditional lifeways. For AI/AN Veterans, reconnecting with cultural teachings, ceremonial roles, and spiritual identities offers a powerful pathway to resilience and post-traumatic growth. Emerging Indigenous frameworks, including culturally grounded models such as the Sweetgrass Method [29], further emphasize integrating spirituality, ceremony, and relationality as essential to effective, community-driven suicide prevention. These approaches affirm that healing occurs through reconnection—to land, culture, ancestors, and one another—thereby restoring purpose, dignity, and hope.

Spiritual connection is a powerful protective factor against suicide. Participating in a ceremony can provide Veterans with grounding, meaning, and a renewed sense of belonging. Elders serve as cultural teachers and moral guides, supporting identity repair and accountability to family and future generations. O'Keefe et al. emphasize that Indigenous suicide prevention is rooted in cultural continuity and collective responsibility. For Indigenous Veterans, reconnecting with cultural teachings and community roles can counteract shame, purposelessness, and disconnection that contribute to suicide risk.

Community-Based Protection

Indigenous approaches to suicide prevention are fundamentally relational. Rather than centering solely on individual risk assessment or clinical surveillance, Indigenous frameworks emphasize strengthening connections to family, community, culture, and place. These approaches recognize that wellness and protection emerge through relationships and collective responsibility, not isolation. Research supports this orientation: O'Keefe et al. found that culturally grounded, community-defined prevention efforts foster greater engagement and are more effective than externally imposed models.

For practitioners, a community-based protection lens reframes safety planning and intervention priorities. Effective practice emphasizes trusted relationships over institutional monitoring, integrates cultural practices that reinforce identity and stability, and promotes community accountability rather than individual isolation. Such approaches align with Indigenous values of survivance, resilience, and responsibility to others and reflect a worldview in which healing and safety are shared commitments rather than individual burdens [25].

Lived Experience: Voice of an Indigenous Veteran

To ground the discussion of Indigenous healing frameworks in lived experience, in-depth interviews were conducted with three Native American Veterans: Dr. Dan Foster, Isaac Cardenas, and Dean Dauphinais.

Dr. Dan Foster, a respected Elder and leader in Indigenous psychology, served as a U.S. Army sergeant from 1969 to 1971. After his military service, he pursued higher education at Willamette University and earned his doctorate from Baylor

University in 1980. Throughout a
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lifetime of service—as a soldier, psychologist, Olympian, past president of the Society of Indian Psychologists, parent, mentor, and Elder—Dr. Foster has demonstrated profound compassion, wisdom, and leadership within Indigenous communities and across the broader field of psychology. He is widely recognized across Indian Country as a trusted authority on American Indian mental health and well-being, and his contributions have shaped culturally responsive approaches to care at the community and national levels.

Dr. Foster's path to psychology was deeply shaped by his military experience, during which he witnessed fellow soldiers grappling with psychological wounds that mirrored the intergenerational trauma experienced by Indigenous peoples. This realization informed his lifelong commitment to healing, advocacy, and culturally grounded mental health practice. He has contributed nationally through his involvement with the American Psychological Association's Committee on Ethnic Minority Affairs, his longstanding participation in the Society of Indian Psychologists, and, most recently, his work on the 2025 revision of the American Psychological Association's PTSD Guidelines—bringing critical Indigenous perspectives to national standards of care. His work often incorporates family and community, reflecting his relational worldview and commitment to intergenerational knowledge-sharing.

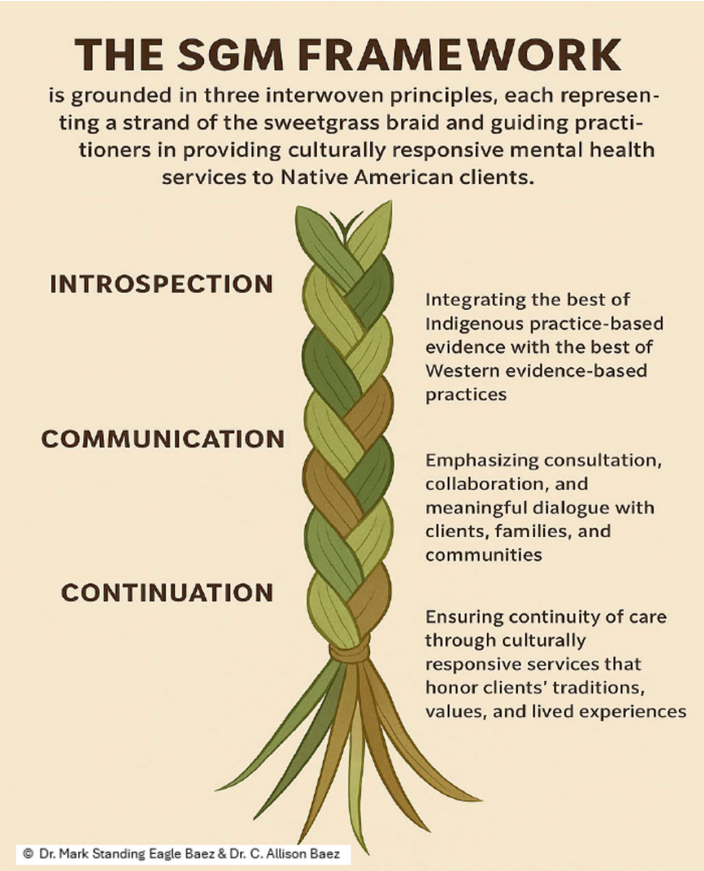
At the core of Dr. Foster's work is a deep belief in the power of story, relationship, and presence. As he reflects, "I have truly enjoyed listening to and being a part of people's life narratives," a statement that captures both his therapeutic approach and his enduring commitment to relational, culturally rooted healing.

Isaac Cardenas and Dean Dauphinais, who both served in the United States Marine Corps. Their narratives provide important insight into the lived realities of navigating military service, cultural identity, and the process of returning to balance within Indigenous communities. Rather than serving solely as illustrative accounts, these interviews are treated as sources of Indigenous knowledge that inform and deepen the clinical and theoretical perspectives presented in this paper. Selected teachings, reflections, and experiences from these conversations are intentionally woven throughout this section to enrich key concepts and highlight the relational, cultural, and spiritual dimensions of healing. In keeping with Indigenous values that honor story, voice, and context, the full interview narratives are included in the Appendix to preserve their depth and integrity.

Introduction to the Sweetgrass Method

The Sweetgrass Method (SGM) is a culturally responsive, clinically applicable framework that enhances mental health, substance use, and suicide-prevention services for American Indian and Alaska Native (AI/AN) populations, including Indigenous Veterans [20,30-33]. The SGM integrates Western evidence-based practices with Indigenous practice-based knowledge to support effective, ethically grounded clinical care. Rather than replacing standard clinical approaches, the SGM offers a structured framework for cultural integration across assessment, intervention, and continuity of care.

The SGM is organized around three interrelated clinical domains—Introspection, Communication, and Continuation—symbolized by the braiding of sweetgrass. In Indigenous contexts, sweetgrass is widely recognized for its use in purification and prayer; in clinical contexts, the braid metaphor reflects intentional integration, relational accountability, and treatment coherence. Together, these domains guide practitioners in addressing individual-, relational-, and system-level factors that contribute to alcohol misuse, trauma exposure, and suicide risk among Indigenous Veterans.



Introspection (Clinician Self-Awareness and Treatment Alignment)

This is the inward work. Practitioners examine their own identity, assumptions, biases, and positionality. It asks: *Who am I in relation to this person and this community?* This aligns with reflective practices in Western psychology but deepens it through relational accountability and spirituality.

The Introspection strand reflects the clinician's ongoing commitment to self-reflection, cultural humility, and professional development. Clinically, this domain supports ethical practice by requiring providers to examine personal biases, theoretical

preferences, and institutional assumptions that may influence assessment and treatment decisions. For practitioners working with Indigenous Veterans, Introspection includes understanding how historical trauma, military service, and acculturation stress affect presenting symptoms. It also involves deliberately integrating culturally congruent approaches alongside Western modalities, such as cognitive-behavioral, trauma-informed, or motivational interventions. This strand aligns with best practices in culturally responsive care and risk-informed suicide prevention by emphasizing clinician readiness and flexibility.

Communication (Therapeutic Alliance and Systems Coordination)

This focuses on how we engage. It emphasizes listening over diagnosing, presence over performance. It integrates evidence-based therapeutic skills with Indigenous practices like storytelling, relational dialogue, and honoring silence.

The Communication strand underscores the centrality of relationships to treatment engagement and retention. Clinically, this domain emphasizes building a strong therapeutic alliance with Indigenous Veteran clients and actively collaborating with families, Tribal communities, Elders, and interdisciplinary providers. Effective communication supports accurate risk assessment, coordinated safety planning, and continuity across systems, including the VA, IHS, and tribal behavioral health programs. For Indigenous Veterans, trust-building and relational consistency are especially critical given historical and institutional mistrust. This strand operationalizes Indigenous values of relationality and reciprocity through clinically recognized practices such as shared decision-making and integrated care.

Continuation (Sustained Care and Long-Term Outcomes)

This strand emphasizes action-oriented cultural intentionality grounded in sustainability and relational continuity. Healing is understood as extending far beyond clinical encounters, unfolding within families, communities, and across generations. In doing so, it challenges Western episodic models of care by advancing a longitudinal, community-centered approach. Together, these strands braid Western evidence-based practices with Indigenous practice-based evidence, forming a more holistic, culturally responsive, and enduring framework for healing.

The Continuation strand specifically centers on the sustained delivery of culturally responsive care over time. Rather than concluding with symptom stabilization, this domain prioritizes long-term recovery, relapse prevention, and the ongoing reduction of suicide risk. Clinically, it emphasizes consistent follow-up, culturally congruent aftercare planning, and the strengthening of protective factors such as cultural identity, social connectedness, and community engagement. In this way, the Continuation strand aligns with recovery-oriented and chronic care models, positioning culture not as a time-limited intervention but as a continuous, integral element of the healing process.

Clinical Integration and Relevance for Indigenous Veterans

The three strands of the Sweetgrass Method are interdependent and applied concurrently in practice. Introspection informs Communication; Communication sustains Continuation; and Continuation reinforces ongoing Introspection. For Indigenous Veterans, this braided clinical framework supports holistic care by addressing alcohol misuse, trauma symptoms, and suicidality within a culturally grounded, ethically responsible structure. As a prevention and intervention model, the SGM offers mental health and substance use practitioners a flexible yet systematic approach that aligns clinical rigor with Indigenous understandings of balance, meaning, and healing.

Vignette 1: Alcohol Misuse and Suicide Risk (Introspection–Communication Integration) Reflection Questions Introspection

- What assumptions might I hold about "noncompliance," and how could these obscure trauma-informed understanding?
- How do I interpret alcohol use—as pathology or as adaptive coping—and how does that shape my clinical stance?
- In what ways am I attending to (or overlooking) the impact of historical trauma and military experience?

Communication

How am I demonstrating that I see and respect the client's cultural identity and lived experience?

- What language am I using that either invites trust or reinforces past experiences of being "talked at"?
- How can I center connection, dignity, and agency in safety planning rather than surveillance or control?

Intervention

- How effectively am I integrating culturally meaningful practices identified by the client into evidence-based care?
- Am I pacing interventions in a way that prioritizes relationship before symptom reduction?

Outcome Reflection

- What indicators of trust and engagement am I tracking beyond symptom change?
- How does reduced suicidality connect to increased cultural and relational alignment in care?

Vignette 2: PTSD, Moral Injury, and Community Reconnection (Communication–Continuation) Reflection Questions Communication

- How am I navigating coordination across fragmented systems (VA, IHS) while maintaining continuity from the client's perspective?
- Who are the trusted cultural or community figures that can ethically and meaningfully support care (with consent)?
- How do I incorporate shared decision-making in a way that reflects respect for sovereignty and autonomy?

Intervention

- How am I conceptualizing moral injury within both clinical and cultural frameworks of responsibility, honor, and spiritual distress?

- Am I offering interventions that validate spiritual suffering alongside psychological symptoms?
- How are relapse patterns (e.g., anniversary-triggered drinking) contextualized culturally and temporally?

Continuation
- What structures am I putting in place to prevent dropout in a system with known access barriers?
- How am I defining "progress" in culturally relevant terms (e.g., community reconnection, role restoration)?

Outcome Reflection
- In what ways does reconnection to community function as a protective factor?
- How am I ensuring that gains are sustained beyond acute treatment phases?

Vignette 3: Early Intervention and Identity Repair (Introspection–Continuation) Reflection Questions Introspection
- How might diagnostic language unintentionally pathologize normative post-deployment transitions?
- Am I framing care in a way that supports identity reconstruction and meaning-making rather than deficit correction?
- How do I account for the client's developmental stage and evolving Veteran identity?

Communication
- How am I balancing brevity and collaboration to meet the client's ambivalence without disengagement?
- What strengths am I actively naming and reinforcing in sessions?
- How do I situate alcohol use within broader themes of transition, loss, and purpose?

Continuation
- What preventive strategies am I implementing before symptoms escalate?
- How am I maintaining engagement during periods of stability (not just crisis)?
- What culturally relevant mentorship or peer supports are available and accessible?

Outcome Reflection
- How do I measure success in early intervention contexts (e.g., sustained engagement, identity clarity)?
- What signals indicate long-term resilience rather than short-term symptom reduction?

Cross-Vignette Reflective Integration (Optional Use in Training)
- How does SGM shift my understanding of "standard care" when working with Indigenous Veterans?
- In what ways does culture function as a longitudinal treatment component rather than an adjunct?
- How do alliance, trust, and coordination mitigate suicide risk across cases?
- Where do I see gaps in my own cultural humility, and how will I address them in practice?

Conclusion
Addressing alcohol misuse and suicide risk among American Indian and Alaska Native (AI/AN) Veterans requires approaches that go beyond standardized Western treatment models. Indigenous Veterans face intersecting risks, including historical and intergenerational trauma, military-related trauma, moral injury, and persistent systemic barriers within Veteran-serving systems.

Evidence consistently shows that prevention and treatment are most effective when aligned with Indigenous worldviews and values. Yet dominant best practices often reflect assumptions that diverge from Indigenous understandings of substance use, healing, and relational wellness [33]. As a result, conventional approaches may fail to fully engage Indigenous Veterans or meet their needs.

A strong body of literature highlights the benefits of integrating culture and cultural identity into care, demonstrating improved engagement, relevance, and outcomes for Indigenous adults, including Veterans [24,34-39]. Decolonizing treatment science further calls for the development and evaluation of Indigenous-led models that extend beyond mainstream paradigms.

Without this shift, interventions risk reproducing longstanding limitations and perpetuating inequities in care [33].

This paper advances Indigenous frameworks as essential to substance use treatment and suicide prevention for AI/AN Veterans, with particular emphasis on the Sweetgrass Method. As a culturally grounded, integrative approach, the Sweetgrass Method supports self-reflection, emotional regulation, relational connection, and sustained healing—processes closely linked to reductions in alcohol misuse and suicidality. Incorporating traditional practices has also been shown to increase willingness to seek and remain in care [40], a critical factor for Veterans navigating fragmented systems such as the VA and IHS.

Central to these frameworks is the recognition that healing is relational rather than individual.

For Indigenous Veterans, wellness is rooted in connections to family, community, culture, and spirituality. Culturally grounded approaches enable practitioners to engage Veterans in deeper exploration of identity, loss, purpose, and recovery—core dimensions underlying substance use and suicide risk. By centering Indigenous ways of knowing and strengthening relational protective factors, providers can deliver more effective, ethical, and culturally congruent care.

References
1. Brave Heart MYH, Josephine Chase, Jennifer Elkins, et al. Historical trauma among Indigenous Peoples of the Americas: concepts, research, and clinical considerations. J Psychoactive Drugs. 2011; 43: 282-290.

2. Gone JP. Indigenous frameworks. Transcultural Psychiatry. 2019; 56: 1-20.
3. Centers for Disease Control and Prevention. Suicide statistics. 2022.
4. Gone JP. Indigenous mental health. Annual Review of Clinical Psychology. 2022; 18: 1-24.
5. Baez MSE, Baez CA, Velez N. Clinical Wisdom and Cultural Foundations: Implementing the Sweetgrass Method in Indigenous Psychiatry. Int J Psychiatr Res. 2026; 9: 1-8.
6. Gerstein DR, Olson S. Drinking in America. In Alcohol in America: Taking action to prevent abuse. essay, National Academies Press. 1985; 1-19.
7. Abbott PJ. American Indian and Alaska native Aboriginal use of alcohol in the United States. Am Indian Alsk Nativ Ment Health Res. 1996; 7: 1-13.
8. Bigfoot DS. American Indian youth: Current and historical trauma. University of Oklahoma Health Sciences Center. 2007.
9. Kaliszewski M. Substance Abuse Statistics for Native Americans. American Addiction Centers. 2022. https://americanaddictioncenters.org/rehab-guide/addiction-statistics/native-Americans.
10. Cunningham JK, Solomon TA, Muramoto ML. Alcohol use among Native Americans compared to whites: Examining the veracity of the "Native American elevated alcohol consumption" belief. Drug Alcohol Depend. 2016; 160: 65-75.
11. Whitesell NR, Beals J, Big Crow C, et al. Epidemiology and etiology of substance use among American Indians and Alaska Natives: Risk, protection, and implications for prevention. Am J Drug Alcohol Abuse. 2012; 38: 376-382.
12. Carter AC, Capone C, Short EE. Co-occurring posttraumatic stress disorder and alcohol use disorders in veteran populations. J Dual Diagn. 2011; 7: 285-299.
13. Korshak L, Washington DL, Birdwell S. American Indian and Alaska Native Veterans fact sheet. U.S. Department of Veterans Affairs, Office of Health Equity. 2019.
14. Office of Minority Health. Substance use and American Indian/Alaska Native populations. U.S. Department of Health and Human Services. 2025. https://minorityhealth.hhs.gov/substance-use-and-american-indiansalaska-natives
15. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. American Psychiatric Association. 2022.
16. Dickerson DL, Brown RA, Johnson CL, et al. Integrating motivational interviewing and traditional practices to address alcohol and drug use among urban American Indian/Alaska Native youth. J Subst Abuse Treat. 2016; 65: 26-35.
17. Coll JE, Weiss E, Metal M. The Influence of Military Culture and Veteran orldviews on Mental Health Treatment: Practice Implications for Combat Veteran Help- seeking and Wellness. The International Journal of Health, Wellness, and Society. 2011; 1: 75-86.
18. Kennedy A, Sehgal A, Szabo J, et al. Indigenous strengths-based approaches to healthcare and health professions education - Recognizing the value of Elders' teachings. Health Educ J. 2022; 81: 423-438.
19. Duffy FD. Complexity and healing relationships. J Gen intern Med. 2006; 21: S45-S47.
20. Baez MSE, Baez CA, Lavallie B, et al. Sweetgrass Method: A Culturally Responsive Approach among American Indian and Alaska Native K-12. Journal of Indigenous Research. 2022; 10: 1-22.
21. Hartmann WE, Gone JP. Incorporating traditional healing into an urban American Indian health organization: a case study of community member perspectives. J Couns Psychol. 2012; 59: 542-554
22. Biles BJ, Serova N, Stanbrook G, et al. What is Indigenous cultural health and wellbeing? A narrative review. Lancet Reg Health West Pac. 2024; 52, 101220.
23. Froehlich Chow A, McWhinney H, Alexis T, et al. Connecting cultural wisdom, physical literacy, and physical activity among older adults from diverse Indigenous communities: an exploratory review. Int J Circumpolar Health. 2025; 84: 2582912.
24. Schiff JW, Moore K. The impact of the sweat lodge ceremony on dimensions of well-being. The Journal of the National Center. 2006; 13: 48-69.
25. Weaver HN. Trauma and resilience in the lives of contemporary Native Americans: Reclaiming our balance, restoring our well-being. Routledge. 2019.
26. Gone JP. A community-based treatment for Native American historical trauma: Prospects for evidence-based practice. J Consul Clin Psychol. 2009; 77: 751-762.
27. Saboo MK. Native American Youth & Substance Abuse Treatment: An Adjustable Intervention for Healing. Honors Capstone Projects. 2023; 20. https://digitalcommons.morris.umn.edu/honors/20
28. Blume AW, Jang S, LoneFight B, et al. American Indian alcohol and substance use: Contextual and cultural considerations. American Indian and Alaska Native Mental Health Research. 2012; 19: 1-19.
29. Baez MSE, Aguilar L, Desjarlais C, et al. Mindfulness applications that Weave Cultural Practices among American Indian/Alaska Natives to promote Health and Healing. Radical Mindfulness: Promoting Racial Healing and Systems-level Change. American Psychological Association (APA). In Press. 2026.
30. Baez MSE. Significant Partnerships with Native American Students, Parents, and Schools: A Sweetgrass Method. National Association of School Psychologists (NASP) communiqué. 2011. http://www.nasponline.org/publications/cq/39/6/StudentConnections.aspx
31. Baez MSE, Isaac P. Sweetgrass Method to Bullying Prevention for Native American Youth. Journal of Indigenous Research. 2013; 3: 1-15.
32. Baez MSE, Isaac P, Baez CA. H.O.P.E. for Indigenous People Battling Intergenerational Trauma: The Sweetgrass Method. Journal of Indigenous Research. 2016; 5: 1-16.

33. Blume AW. An Indigenous American Conceptualization of Substance Abuse and Its Treatment. Alcoholism Treatment Quarterly. 2021; 39: 135-153.
34. Alvarez JC, Waitz-Kudla S, Brydon C, et al. Culturally responsive, scalable mental health interventions: A call to action. Translational Issues in Psychological Science. 2022.
35. Baez MSE. Indigenous spirituality: Resilience in decolonizing mental health. Crushing Colonialism. 2025. https://crushingcolonialism.org/indigenous-spirituality-resilience-in-decolonizing-mental-health/
36. Gone JP, Alcántara C. Identifying effective mental health interventions for American Indians and Alaska Natives: A review of the literature. Cultur Divers Ethnic Minor Psychol. 2007; 13: 356-363.
37. Lowe J, Liang H, Riggs C, et al. Community partnership to affect substance abuse among Native American adolescents. Am J Drug Alcohol Abuse. 2012; 38: 450-455.
38. Rowan M, Poole N, Shea B, et al. Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study. Substance Abuse Treatment, Prevention, and Policy. 2014; 9: 34.
39. Venner KL, Serier K, Sarafin R, et al. Culturally tailored evidence-based substance use disorder treatments are efficacious with an American Indian Southwest tribe: an open-label pilot-feasibility randomized controlled trial. Addiction. 2021; 116: 949-960.
40. Walls ML, Johnson KD, Whitbeck LB, et al. Mental health and substance abuse services preferences among American Indian people of the northern Midwest. Community Ment Health J. 2006; 42: 521-535.

Appendices

Interview with Issac Cardenas (5/26/2026). The interview was conducted by phone.

Q: How has your time in service shaped who you are today, both as a veteran and as a Native person?"

A: As a Native person growing up in a traditional way, having elders guide you on how to live is a strong foundation. As Native people, we have always served, and I believe that to protect the Constitution and the freedom of speech. How do these two roads go together? As elders, we often find that our youth lack the patience to sit still. For example, our Thanksgiving was a true time to harvest our food and medicine, and my veteran part when we are away from home. When they bring out your turkey dinner, it feels like home. In our culture, food is sustainable for our people, and I can see both paths as moving away from family and ceremony. Walking in our Nativeness and living in this country.

Q: "What has your journey been like transitioning from military life back into your community or tribal way of life?"

A: For me, the transition has been both challenging and healing. In many ways, our communities already carry teachings that support us in coming back—ways of grounding, reconnecting, and remembering who we are. Our lifeways offer a relational path of return, guided by family, Elders, and ceremony. At the same time, military training stays with you. There are moments when the body still responds—hearing a loud noise or gunshots and immediately going into protection mode. That kind of conditioning doesn't just turn off, and it can bring stress or anxiety when trying to readjust to everyday life at home. I've also seen small but meaningful acknowledgments within military spaces—like allowing a feather or honoring aspects of our identity—that can help bridge those worlds, even in limited ways. But the deeper work of transition really happens when we come back to community.

Healing, for me, has been a slow and steady journey. It comes through being with family, listening to Elders, returning to ceremony, and relearning how to be still again. Our people have always known how to support one another through transition—we just have to be willing to step back into those relationships and trust that process. In that way, coming home is not just physical—it is spiritual, emotional, and cultural. It is a return to balance, guided by those who came before us and those we are responsible to going forward.

Q: "In what ways do your cultural teachings, traditions, or spiritual practices support you in your daily life?"

A: For me, it's not something separate from daily life—it is my way of life. Our teachings aren't something we turn to only in difficult moments; they guide how we walk each day, how we treat others, and how we understand ourselves in relation to everything around us. Our Elders teach us about balance and harmony—between mind, body, and spirit, and in our relationships with family, land, and community. That teaching stays with me, especially after military service, where things can feel out of balance at times. It gives me a way to come back to center, to reflect, and to remember who I am.

But I'll be honest—being in balance all the time is not easy. We are human, and we carry experiences that can pull us away from that harmony. What our teachings show us is not perfection, but how to keep returning—through prayer, through being on the land, through

listening, and through staying connected to our people.

In that way, our traditions don't just support me—they remind me that no matter how far I've gone or what I've been through, there is always a path back to balance.

Q: "What strengths or teachings have helped you carry difficult experiences from your time in service?"
A: From my time in service, discipline is something that has stayed with me—it taught me attention to detail, how to stay focused, to follow through, and to work as part of a unit. You learn quickly that you're not just there for yourself—you're there for the person beside you, and the strength comes from moving together toward a shared purpose.

At the same time, those lessons resonated deeply with what I had already been taught growing up in my culture. In our way of life, we are taught to show up, do our part, and carry our responsibilities not just for ourselves but for the collective—for our families, our communities, and those who come after us.

Working alongside people from different backgrounds also reinforced an important point: even when beliefs or perspectives differ, there can still be unity of purpose. That mirrors our teachings about respect and relationship—learning to walk well with others. When I carry difficult experiences, I draw on both paths. The discipline from my service grounds me, but my cultural teachings help me make sense of those experiences. They remind me that I'm not carrying them alone—that I am part of something larger. In that way, strength comes not just from endurance, but from connection, responsibility, and staying rooted in who I am.

Q: "How do you see your role now in supporting your family, community, or other veterans?"
A: As a veteran, I carry both my military training and my cultural teachings with me. I served six years as a Military Police Officer, and through that experience, I learned discipline—attention to detail, focus, follow-through, and the ability to work closely with others under pressure. I was discharged in October 1982 with the rank of Corporal, and those lessons have stayed with me long after my service ended. In the military, you learn quickly that you are part of something bigger than yourself. You rely on one another, even when you come from different backgrounds or hold different beliefs. What matters is the shared purpose—you work together, you look out for each other. But those teachings were not new to me. In my culture, we are raised to understand that we each carry a role and a responsibility—to family, to community, and to future generations. Doing your part is not about recognition; it is about the collective.

Today, I continue to live that responsibility—taking care of my family, taking care of myself, what I call my temple, and staying connected to the Native American Church. These ways of being help me carry what I've experienced. They give me grounding, purpose, and a way to stay in balance. When I face difficult memories, both paths hold me. The discipline of my military service helps me stay steady, but my cultural teachings give meaning to what I carry. They remind me that I am not alone, that I walk with my people, and that strength comes from showing up—in a good way—for myself and for others.

Interview with Dean Dauphinais (5/11/2026). Through an email-based interview

To further ground Indigenous healing frameworks in lived experience, a brief interview was conducted with Dean Dauphinais, a Native American Veteran who served in the United States Marine Corps (1995–1999) with 1st Battalion, 1st Marines, 1st Marine Division, and who currently serves as President and CEO of Native Eco Solutions.

Dauphinais offers a reflective and integrated account of Native Veteran identity, shaped by both Indigenous upbringing and military service. Dean shared that *'The Marine Corps reinforced values deeply rooted in my Native teachings—discipline, honor, commitment, and service to something greater than oneself.'* Rather than displacing his Indigenous identity, military service added a complementary layer that required ongoing reflection and balance. Dauphinais understands himself as carrying two warrior traditions: one grounded in ancestral teachings and the other forged through military experience. This dual identity provides meaning and purpose while demanding continual cultural grounding to remain whole (Dauphinais' personal communication, May 11, 2026).

He identifies the transition from military to civilian life as one of the most vulnerable periods for Native Veterans. Military service offers structure, mission clarity, and profound relational bonds. Upon separation, many Veterans experience the abrupt loss of these anchors. Dauphinais notes that while the Marine Corps excels at preparing warfighters, it provides limited support for reintegration into civilian life. Veterans are often left to navigate benefits, disability claims, employment, and healthcare systems largely on their own, intensifying stress during an already destabilizing transition.

This period is compounded by grief. Leaving military service involves the loss of brotherhood, shared mission, and a clear sense of identity. For Native Veterans, returning home can be both comforting and challenging, requiring renegotiation of cultural, spiritual, and

relational roles within the community. Dauphinais emphasizes that successful reintegration hinges on restoring purpose. He went on to share that '*Pathways, such as education, employment, family life, and community service, allow Veterans to reclaim a sense of mission aligned with their values.*

Community-based safety nets and meaningful roles are essential for preventing isolation, despair, and suicide risk.'

Cultural connection and spirituality serve as central protective factors in Dauphinais's resilience. Indigenous teachings—embodied through ceremony, relationships with elders, prayer, and ancestral knowledge—provide grounding and reinforce relational healing. Healing, from this perspective, is not an individual endeavor but a communal process that unfolds within relationships to culture, community, and spirit. Dauphinais also embraces an integrative spiritual approach, drawing strength from Christian faith alongside Dakota and Ojibwe teachings. He rejects an "either/or" framework, instead emphasizing balance, adaptability, and intentional living.

When reflecting on strength and coping, Dauphinais highlights resilience shaped by intergenerational survival and collective memory. Teachings centered on perseverance, humility, and responsibility allow Veterans to carry difficult experiences without being defined by them. One of the most critical lessons he emphasizes is reframing help-seeking as accountability rather than weakness—an act that honors responsibility to oneself, one's family, and one's community. Family and faith remain foundational anchors in Dauphinais's life. Raised in a two-parent household that emphasized strong values, he carried these teachings through military service and beyond. Faith provided stability and meaning, enabling adaptability and endurance amid the challenges of service and reintegration.

In his post-service life, Dauphinais continues the warrior role through service to others. He describes a lifelong commitment to mentoring Native youth and supporting fellow Veterans, including more than 25 years of coaching boxing, basketball, baseball, and football. Through mentorship and leadership, he instills discipline, goal-setting, and responsibility—bridging Marine Corps leadership principles with Indigenous values. For Dauphinais, community engagement represents not a departure from military identity, but its evolution. Supporting others, strengthening future generations, and fostering connection constitute a warrior path grounded in healing, leadership, and hope (Dauphinais' personal communication, May 11, 2026).

This narrative underscores the importance of Indigenous-centered, strengths-based approaches to suicide prevention among Native Veterans. His lived experience shows that integrated identity, cultural continuity, community reintegration, and renewed purpose serve as key protective factors, while vulnerabilities in the transition from military to civilian life reveal systemic gaps that heighten suicide risk when cultural and relational supports are absent.

This interview affirms a central principle of Indigenous healing frameworks: wellness emerges through relationships with self, culture, community, and spirit. Dauphinais's account illustrates how the warrior identity can evolve into leadership, mentorship, and service to future generations. Centering lived experience alongside Indigenous knowledge strengthens suicide prevention efforts by honoring resilience, restoring purpose, and advancing culturally responsive care for Native Veterans.