

INTERVIEWEE: CHARLOTTE LUJAN

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I'm Charlotte Lujan and I'm a social worker at the American Indian Counseling Center for LA County [Department of] Mental Health. I've been here for about 11 years. In October of 2011, it'll be 11. I've been with the County for at least 21 years. I initially did casework at Martin Luther King Hospital [in South Los Angeles] and [then] I took a collateral promotion for myself here to the American Indian Counseling Center.

I've been here for 11 years, doing social work and case management. What I've been doing here is therapy one-on-one, [and] group therapy currently. We have had several groups here, besides the cultural socialization group. We had the anxiety group and anger management group. I've in the past [led] a domestic violence or a trauma group. I've also done preceptor work here for colleges with the interns and training them in therapy, group therapy, case management types of duties.

[AICC has] been around since 1987. They were down in Hollywood when it first started, probably [as a result of actions by] a lot of grassroots people or advocates for mental health. It's been since '87 that AICC started to co-locate or collaborate with the Department of Mental Health.

The clients that we serve here – American Indians are preferenced; but we see all races who feel comfortable and open to our cultural interventions. But we also integrate the Western medicine, therapy and group therapy. We see from [ages] zero to five all the way up to the older generation.

I think one of the common things simply is the genuine concern that you have for the culture of the people where you understand their world view, and would be open to integrating the medicine ways or the traditional healing methods. The ones that usually come through are a lot of the urban Indians [that is, Indians who have left the reservations to live in the city]. But we also are getting traditional Indians now, with the collaboration with the substance abuse programs because of the co-occurring disorders that they have found, of course, causes depression, anxiety, and sometimes induced psychosis or [other mental illnesses].

I think that the most important [thing] is that we are genuinely concerned and that they have a lot of basic needs. There are a lot of Indian people or Native American people who are poverty level. A lot of the time, when you gain the rapport with the Native American people, just this population in LA County who are mostly poverty-stricken, [the first step] is feeding them sometimes, or giving them coffee initially, to gain some rapport with them and have a relationship with them. As I say, just being human. As they start to come and they start to feel welcome, they start to be more open, especially during one-on-ones. Eventually, as they do well, we start integrating them into the groups. Because of the Recovery model, we now have been trying to do the Wellness type models of brief therapy or group therapy to integrate them into the community, through [the California State] Department of Rehab or maybe the Southern California Indian Center [which promotes social and economic self-sufficiency for American Indian people in Los Angeles, Orange, and Riverside Counties], whatever resources are out there,

culturally, as well as just Western-[style] resources for the people or the population here at our Center.

I think when the Recovery model came in and understanding that, and a lot of the collaboration with substance abuse programs or education and employment, I think where I feel [the Center is] doing really well is when we serve them to integrate them into the community. I see a lot of them thriving and doing well, whereas before it seems like it was just come, get your medications, do the assessment. They were still having a lot of the same issues because they weren't getting their basic needs [met] or reducing their stressors or barriers to overall [health] holistically. At the beginning, there was no mental health for Native Americans before '87, until [the Center] collaborated with Department of Mental Health at that time.

We had an Indian Health Services [run by the Federal government under the Public Health Service]; but they have just minimum health care, like County clinics and/or research study clinics and hospitals. One of the things that we do not have is a hospital that serves [the] 30,000 or almost 40,000 American Indians in the LA County area. I think we've always had to reach out to as far as Lancaster or throughout all the LA County areas; but I'm finding that sometimes the client is not able to make it out here. We didn't have Field Capable [Clinical] Services [FCCS] and we do now; and FSP, Full Service Partnership, programs as well, in that we are able to go out in the field more without being questioned or stopped from serving the client when they can't come here. [FCCS and FSP are both programs developed under the California Mental Health Services Act of 2004; FSP provides intensive services for the seriously mentally ill, while FCCS provides support for clients living on their own in the community.]

We'll do individual one-on-one or case management. We do a lot of advocacy. We'll take them to SSI [Supplemental Security Insurance] appointments, if they're having a lot of anxiety or maybe lack of motivation. We'll pick them up if they don't have a car. We'll do a lot of things in one day as much as we [can]. I remember I was treating this one young man who's about 19 [and] just came out of the foster care system. He was half Native American and half Anglo and he had substance abuse issues, as well as just integrating in society really from being [in] foster care. We didn't have Field Capable Services then, but as I recall now, I was doing that [with him].

But what happens with that is you can only go so far because there's a lot of caseload here and paper work. Then they start kind of falling [through the cracks], decompensating, or not doing very well. The difference with having [Field Capable Services is that] you can consistently kind of do outreach with them out in the field and just not always depending on them to come here, because a lot of times, if they don't have transportation, which a lot of American Indian people don't, or money sometimes, they won't come.

So what I did for that guy is I even went to his home to pick up his clothes and take him to the substance abuse center. He needed to pick up his medication and also we had therapy on the way in the car. He did very well for a while. Actually now I've referred him to FSP, because he had become homeless. He didn't do very well in integrating with his father who was trying to have him stay at his home, because he didn't have a place to stay, or trying to have a relationship with him as a young adult. He eventually ended up being referred to FSP and is doing very well now.

There are no other races that'll understand our worldview and it can't be taught. It seems that that is an instant rapport-making technique in the sense of person-centered type therapy, which is the humanistic behavioral therapies that we do, if you integrate the Western view. I think it's also being kind of bi-cultural. I think that's very important because we understand, as professionals, what we need to do under [the] Department of Mental Health; but we also understand the client and the person and the environment, as American Indian people. Whether they're assimilated, acculturated, or bicultural, I think the most important [thing] is that they feel comfortable, that they see Indian people serving Indian people. So, actually with hiring, we have the Underrepresented Ethnic Population [program that] has come about in [the] Department of Mental Health [under MHSA] [and] is actually a very great advocate for talking to the administration to help us get staff that are Native American, or professionals who meet the criteria as clinicians, but also that they are reaching out or will serve or have served Native American people.

I don't think that people who are non-Indian or non-Native American professionals understand that it's important to integrate the traditional healing methods or healers or spiritual leaders or spiritual people into the Mental Health Department because you can't learn it. You can't learn how to be a Native American; it's like you have to live it. I think one of the things is that we were a people of the land. One of the problems here is that we don't have a piece of land we could call our home, [where] we could go get that support. Because we're a community oriented people and so we don't just think about ourselves, versus American and Euroamerican [traditions are based on] competition, it's materialism, it's conforming to the way society is.

We go back very deeply to our spiritual roots. When we do our dances, when we sing our songs, they're not only prayerful chants, but they are connected to the Great Spirit. Everything. Everything is connected. And so is the community. So we would have to ask our elders, whether it's the oldest of the family, whether it's the grandma or the grandpa, if they're still living, or if it's just an uncle or auntie. If we wanted [or] needed advice for something, we think about the whole community; we wouldn't disrespect that. I think that's very important.

And up here with the collaboration with that Underrepresented Ethnic Populations [program], they know that and that's why they can advocate for getting Native American professionals or treating the client who is Native American in a special way. It's because they understand how important it is that we have a connection to the community or the land base. I guess I could give an example. Even though we have Pow Wows [intertribal gatherings] throughout the different cities, I think if we had one basic land base where everybody could come, all tribes, because it's always usually intertribal, that we would be able to [reach more people]. My dream is that we have a village in a big village, where, if we have a land base and we have Mental Health and we have Indian Health Services and we have substance abuse programs, then I think we would be able to reach more of the Indian population here in LA County. But also people [would] probably travel as well to come to California to learn from us.

But also that we could have our Native American dances. We could have the sweat lodge there [a traditional healing and purification practice], which is a very important healing service. It's a traditional healing, but it's sort of like group therapy in a way, because there's a lot of support, a lot of family, a lot of people. It's just an experience in itself, because I went through it, and I go there [to San Pedro, in the southern part of LA County] periodically to do sweat lodge. But it's a purification healing method; and you

get support and it's still connected to the community. So I think that's very important to understand.

We don't have like a Town [in LA for Native Americans]. It would be nice to have [something like] Thailand Town or Chinatown. I think we need something like that, if we could buy some land here or even maybe connect to the tribal lands here and have that type of base. [For] the sweat lodge, we would go out to San Pedro; but everybody can't go there because they live so far and they don't have transportation. So what I've done here a couple of times is, if they were open to traditional methods of healing, I would connect them to a medicine person or I would show them the traditions and certain things that you need to do. Or I would even take them to the sweat lodge if they were open to that, if nothing else was working for them.

It's a little bit difficult, because they approve it here at AICC, but they don't approve it overall in the Department of Mental Health. One of these things is about purification is that when we open a prayer, we usually use like sage [to burn to purify the air]. Some tribes do that. I think mostly the Plains [tribes, the Sioux and Cheyenne] do that, but the Pueblo people [of the Southwest, the Hopi, Zuni, Keresan, Tewa, and others] would use corn pollen. I think they'd be okay with that, because it doesn't permeate the air with the smell and the smoke. [The Department] will let us go outside, but they won't let us do it in the building. So that's one example of integrating the purification healing method and that's an offering to Great Spirit, sort of like putting the holy water on your forehead that the Catholics do.

When we're doing a talking circle [a group council or meeting that promotes contributions from all participants], that is another example. We're trying to start developing more talking circles. But we want to do it on the outside and not necessarily here. I have integrated it before where we had a talking stick. It automatically gives an environment of respect, because the person speaking always has the floor, and in groups, there's a lot of integration. When I use the talking stick in the talking circle it's usually [to talk about] what you're going through, or praying or thankfulness or good things like that too. They either speak out or they can just talk or pray in their mind for whatever they're going through or they can pass the talking stick to the next person. When they pass the talking stick, that means all focus is on [the next] person, giving them support and there's no feedback until the end of everything.

I think that's mostly Plains tradition, but I'll give you another example of what the Pueblos do. We don't necessarily do it here because what Pueblos do is they go into the kivas [underground sacred areas]. When we have our ceremonies, they'll have different clans of people. One of them is called *Koshare* [the Hopi jester or trickster], which are the contraries or what they would call the clowns.

But, on the day that they do the Corn Dance, when we go in there, it's similar to the talking circle, that they're the ones that are speaking. They're the important ones. The men would be the singers. They're practicing their Indian songs for the day of the feast. And the people, the women and the men and the children and the elders, are all in there listening to the songs. Then, later on as they finish singing, everybody's quiet. We're kind of whispering around a little bit but respecting and listening to the songs. Then they ask us to come up, to stand up, so then we get in a line and we start practicing the dances. Before we do all that, we have to wait for the *Koshare* to come and they have to dance first. Then we all do the dancing and the practice.

Yes, I am saying that it's holistic. It's mental, emotional, spiritual. We also integrate the medicine wheel [sacred circle formed on the ground] into that where we will put the environment, the agencies, our support systems, our family systems, our friend systems. The mental health would be the emotional and the behavioral, meaning group therapy, therapy. Then we go into the other section, spirituality, which is partly mental and emotional. But also there are different ceremonies that we do that will connect us to our healing, but also to the community which integrates the support. They'll have a medicine wheel where it's a circle and it has a cross kind of thing and [into the wheel] they put mental health and environmental and physical [health].

We also [integrate] physical [health]; that means like sleeping good. A lot of depressed people don't sleep that well, or anxious people. They don't eat very well or maybe they don't exercise. Simply put, those are really good coping skills. When people are on edge, they could go for a run or they could go to the mountains or the beach. But here, in this type of setting, we could do it with visualization. So that's how we integrate the western medicines and healing, as well as the traditional healing, and integrating it, whether it's something educational or actually [in practice], like when we go outside to [burn] sage and purify ourselves.

Here at the American Indian Counseling Center, we mostly see people who have a history of trauma, whether it comes from domestic violence, the generational trauma, historically of the genocide which then passed down to the next generation, whether they were abused at the boarding schools sexually, emotionally, or mentally; [or when] they were deinstitutionalized and the family was broken. We see a lot of that in the older generation. I think that has passed down and I think that's why they're using also their substance abuse, like the alcohol to numb [their pain], which connects to the trauma issues.

If we look at the Native American people, I see a lot of depression and a lot of PTSD [post-traumatic stress disorder]; and co-occurring issues with the substance abuse. Right now what's going rampant is methamphetamine [use] in the 2000s. We see some bipolars and some schizophrenics; but predominantly, I think [there are] more anxiety disorders and depressive disorders, mood disorders.

Well, I was raised an urban Indian. I was born in Albuquerque [New Mexico], but I would go to the Pueblos, whether it was for dances or just seeing family. I went to college at Fort Lewis in Colorado. I got a BA in Sociology, came out here [to LA] in '95, went back, [while] raising my family as a single parent, to get my Master's in Social Work. The way it connects to me wanting to be a social worker is seeing my dad help people as an Alcoholism Educator and Counselor and then eventually a Director of [the] Eight Northern Indian Pueblos Council [representing the Taos, Picuris, Santa Clara, San Juan, San Ildefonso, Nambé, Pojoaque, and Tesuque Pueblos in New Mexico]. When he also moved us back to the reservation, which was not our reservation, we lived at San Ildefonso, but they are of the Pueblo Nation. Eventually I moved to Taos for one year and then moved out here to support my ex-husband in coming to school to go into fine arts.

I started working with the Indian communities here. Then the way I feel [is similar to] I guess how substance abuse counselors look at it, [that] if you haven't had the addiction, then you're not going to understand the people. Well, I kind of see [my understanding] as a cultural thing, too. But I also see it [in that] I'm a survivor of domestic violence and of substance abuse as well. Not personally me, but in the family, I guess, [as one of the]

children of [an] alcoholic, has helped me to understand the population that I serve as an American Indian woman, and a professional living in both worlds, in [the] Euroamerican world as well as the American Indian world, traditionally and non-traditionally.

I think, understanding what our community needs are in the American Indian population, [and] integrating our traditional healing methods if they're open to that, if they understand it; or, if not, then I can also help in the Western medicine view of helping that client as well. But I can integrate both. And I still do go home and go dance. I'm going to be going there in July to do the Corn Dance. Hopefully I will be dancing with my son and my daughter. That's my dream.

It's all good, yes, and it's very healing, the way we see it. Like my mom taught me, we're massaging Mother Earth. She's giving us health. On that day, always in a good way, even if you were mad at your mom that day, you treat her nice, with respect, when you go out there, because you are dancing for the Creator and everything. Then it's going to come back to you. That's kind of how I see it here, too. How you care about the human being, spiritually, mentally, emotionally, physically, meeting their basic needs, taking care of that whole person [and] helping them holistically.

Thank you.

END OF INTERVIEW