

## Prevention and Treatment of Co-Occurring Disorders in “Indian Country”, including Clinical Training and Fatherhood/Male Youth Initiatives

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Integrated prevention and treatment for co-occurring addictive and mental health disorders involves cross training of the providers from both systems and a consultative treatment plan that includes biopsychosocial factors for the individual, the family, and the community. And with the rural remote locations and diverse cultures of over 500 American Indian/Alaska Native (AI/AN) communities, licensed providers need to be oriented to local cultural practices if providers from the local community are not available. A recently formed network of adult, family and youth who have used behavioral health services in “Indian Country” has identified fatherhood and male youth initiatives as critical to restoring the balance of behavioral health in their communities. AI/AN male youth are disproportionately represented among completed suicides and incarcerations.

Any discussion of mental health and substance abuse interventions among AI/AN communities must begin with the concept of *Historical Trauma*. The concept was initially presented to and resonated with tribal populations by Maria Yellow Horse Brave Heart, PhD (Lakota), and Eduardo Duran, Ph.D.,(Apache/Tewa), in the early 1990’s, and includes the term *Postcolonial Stress Disorder*, as presented by Joseph Stone, Ph.D., (Blackfeet), and Joseph Gone, Ph.D., (Gros Ventre). Indigenous tribal communities in the United States have responded to negative public images in history books and to the intergenerational impact of forced boarding school placements for decades of their parents and grandparents lives. The concept has been accompanied by the renaissance of cultural practices and traditional healing practices, with many tribes working to restore languages and ceremonial practices. The concept of *Historical Trauma* represents the public health model for prevention and treatment of behavioral health problems in tribal and urban Indian communities, acknowledging community wide risk factors and reducing the stigma of mental health. The major behavioral health issue for AI/AN communities has been the disproportionate rate of suicide and suicide clusters in the rural communities, and the fact that the incidents tend to be related to substance abuse, violent behaviors, and community wide grief reaction.

The grassroots organization, National Association of Native American Children of Alcoholics (NANACOA) was formed in 1988, and its annual conferences drew hundreds of native people together to “*promote and advocate a wholistic healing process by facilitating choices of healthy change and the empowerment of individuals, families and communities through culture and tradition*”. Many of the founders of NANACOA were commissioned by the Substance Abuse and Mental Health Administration (SAMHSA) and the Center for Substance Prevention to develop the Gathering of Native American (*GONA*) curriculum in 1992. The four day *GONA* curriculum is designed to be adapted to local tribal history and culture, to address historical trauma and present day issues, organizational solutions, and healing practices. The *GONA* curriculum is now in the public domain and continues to be widely used in tribal and urban Indian communities, primarily by two organizations: the *Kauffman Inc.*,/SAMHSA funded *Native Aspirations* organization for suicide prevention, and the *Native Wellness Inc.* organization which includes many of the original founders of the

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curriculum. In addition to suicide prevention, the *GONA* curriculum is used in tribal communities to address such issues as HIV prevention and bullying.

The *Native American Fatherhood and Families* (NFFA) organization was formed in 2001, and incorporated in 2003. Based in Mesa Arizona, the organization is administered by Albert Pooley (Navajo/Hopi), and has served over 3,000 individuals with the *Fatherhood is Sacred* curriculum, including 42 tribes and 7 urban Indian programs. National Native Fatherhood conferences have been hosted by the National Congress of American Indians as well as the DHHS Administration for Children and Families. Other grassroots Native efforts include the *White Bison Inc. Fathers of Tradition* in addition to their *Sons of Tradition* both widely used by tribal and urban Indian communities. Another grassroots organization, *Native Wellness Inc.*, has served large groups of tribal populations with their *Men's Wellness* and *Youth Leadership* training retreats. The *Native American Youth Offender Treatment Services* program based in Poulsbo, WA on the Port Gamble S'Klallam tribal community provides a youth offender wraparound curriculum titled *Orca Pride*.

Specific cultural and spiritual practices vary from tribe to tribe, were driven underground historically, and more recently some practices have been exploited by “new age” movements. Due to the jurisdictional and systemic barriers between tribal and mainstream programs, racial stereotyping and discrimination, the epidemics of suicide and violence persist in tribal and urban Indian communities, generally related to substance abuse. Disclosures of physical and sexual abuse as powerless children in government and missionary boarding schools have led to post traumatic stress disorders and the embracing of SAMHSA's grant programs for treatment of traumatic stress disorders. Dolores BigFoot, Ph.D. (Caddo), has been providing clinical training in evidence-based parent child clinical treatment with cultural adaptations for a number of years with funding from DHHS agencies: Indian Health Service, the Administration for Children and Families, and SAMHSA, for children and families with post traumatic stress disorders. Treatment for children and families is also coordinated with child welfare related law enforcement agencies: the Department of Justice, and the Bureau of Indian Affairs.

The DHHS Indian Health Service has been providing health and mental health services to tribal and urban Indian communities since 1955. Generally substance abuse treatment services are provided by tribes in contract with Indian Health Service, which does present a challenge for outpatient co-occurring treatment. But tribes are encouraged to contract to provide their own mental health services with the opportunity to co-locate staff and remove barriers to multidisciplinary treatment planning. In accordance with the American Indian Religious Freedom Act, Indian Health Service has a policy to coordinate medical care with local traditional healers. Over the past year, the Indian Health Service has conducted regional hearings to address the epidemic problems around suicide in the communities, and has coordinated prevention and treatment efforts with related tribes in Canada.

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PL 99-570 in 1986 created funds to build adolescent treatment center facilities for AI/AN communities, and there are twelve regional adolescent treatment centers provided directly by Indian Health Service or by contract to tribes or tribal consortia. All are staffed and certified to provide dual diagnosis treatment. In recent years, Indian Health Service has been working with SAMHSA and the Department of Justice to address the crisis around methamphetamine induced psychosis and the related medical/social/safety issues in reservation communities. And the Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Tribal Youth Program* has provided over 300 grants to tribal communities since 1999 for culturally sensitive initiatives that include alcohol and drug abuse prevention and mental health services for tribal youth. For over 20 years, urban Indian programs have provided inpatient treatment for women with their children in Phoenix AZ, Oakland CA, Anchorage AK, Portland OR, and Duluth, MN. One women and children treatment program operated by the Choctaw Nation of Oklahoma, has specialized in treatment of women with Meth addiction. That program, *Chi Hullo Li*, also administered a *Circles of Care* planning grant followed by a *Child Mental Health Systems of Care* grant for their tribal families located in 10 counties of the state.

The National Indian Health Board represents the tribal health programs and their policy on behavioral health is “*to support the development of programs that promote the balance between the mind, body, heart and spirit*”. The National Association of American Indian Physicians has adopted the mission “*to pursue excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing principles and restoring the balance of mind, body, and spirit.*”

Federal and State funders of behavioral health services are increasingly requiring the use of Evidence Based Practices (EBP), despite the dilemma that the “gold standard” of evidence, randomized clinical trials, tend not to reflect communities with cultural, linguistic, and geographical barriers to care and treatment. Conversely, tribes maintain the perception that they have been “researched to death” over the years by universities without their participation and oversight into conclusions, referencing the recent example of a university’s unauthorized use of tribal data beyond the original theoretical premise. The Substance Abuse and Mental Health Administration seeks to increase knowledge about behavioral health issues among American Indian and Alaska Native populations and to support culturally appropriate strategies to increase access to and provision of effective services, as evidenced by the support for the funding of the *Circles of Care* and the *GONA*. SAMHSA has been supporting through the National Network to Eliminate Disparities in Behavioral Health (NNED), efforts to build evidence for promising practices and “Practice Based Evidence” (PBE), as it gradually admits practices to its National Registry of Evidence Based Programs and Practices (NREPP). Two tribal practices for youth prevention and treatment focusing on suicide prevention and skill building have been admitted to NREPP, the school based *Zuni Life Skills Curriculum* and the recreational skills based *Project Venture*. Both are cited in the chart below and have been widely replicated in tribal communities. The *National Latino Behavioral Health Association* has coined the term: *Community Defined*

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*Evidence (CDE)* in their work on culturally respectful interventions, and that term is indicated in the listing of practices in this document.

The *Native Research Network*, with support of the National Institutes for Health, Centers for Disease Control, and Indian Health Service, has been advocating for community participatory research to increase the effectiveness of medical and behavioral practices among tribal communities. The *Community Readiness Scale*, from the Tri-Ethnic Center, Colorado State University, and Pamela Thurman, Ph.D. (Cherokee), has been widely used by tribes to evaluate culturally respectful initiatives often within the cross-site evaluations of the *Circles of Care*, the tribal and urban Indian *Child Mental Health Systems of Care*, and the *GONA* events.

Many tribes have embraced culturally-based mental health and substance abuse prevention and treatment practices that have proven to be adaptable to local tribal culture and history. Some “pan-Indian” practices such as the *talking circle* and *sweat lodge* are in the public domain and some are proprietary practices developed by American Indian organizations. Under the Indian Self Determination and Self Governance legislation, Federally-recognized tribes are able to redesign contracted programs funded by Indian Health Service and the Bureau of Indian Affairs, and also to use non-governmental funds for cultural enhancement. In addition, there are evidence based practices that have been used by tribes with cultural adaptations. One intervention, *Equine Assisted Psychotherapy*, widely used therapeutically for a number of issues, has been embraced by tribal and urban Indian programs because of the obvious cultural and historical relevance.

A wide number of tribes are using cultural immersion programs for prevention and treatment. The Fairbanks Native Association has been financially supported by SAMHSA and the State of Alaska for their *Old Minto Village* treatment program for family units featuring subsistence skills in a fish camp setting for substance abuse treatment and family therapy. The Yukon Kuskokwim Alaska Native organization has been able to make a case for subsistence skills as billable cognitive behavioral skills (Mills 2003). Tribes in the State of Washington are using historic *Canoe Journey* events to recapture positive community image as well as artistic and recreational skills.

With the rural/remote location of many tribal communities, recruiting and retaining credentialed mental health providers has always been an issue. In the area of clinical training, Indian Health Service has long used a model of local *Mental Health Technicians* who work alongside credentialed therapists at the masters or doctoral level. In some communities, the technicians provided interpretive services in the clinical treatment. The State of Alaska has developed an extensive *Village Based Counselor* training and certification program along with the University of Alaska. The Child Mental Health Initiative of SAMHSA, in partnership with the Federation of

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Families for Children’s Mental Health has developed a model for parent advocates to work with licensed clinicians, and the Federation is developing a Parent Support Provider Certification process to lead to a billable position within Medicaid systems.

**Following are a listing of significant initiatives used by American Indian and Alaska Native communities, followed by a listing of References:**

Category of Intervention	Program Title	Description  Areas of interest, and populations	Author or Organization	Manualized and Replicated	Levels of Evidence and Outcomes:	Websites/ link to Publications
<b>Community Prevention/Education, Cultural and Subsistence skill developments</b>						
	<i>Community Readiness Scale</i>	Structured surveys of key community stakeholders to assess readiness for prevention and intervention on identified problem, including:  Mental health, substance abuse, HIV, all ages	Ethnic Studies Dept. Colorado State University  Pamela Thurman, PhD	Yes	PBE  Community outreach, capacity building	<a href="http://www.happ.colostate.edu">www.happ.colostate.edu</a>
	<i>GONA,</i>	Structured one	Kauffman Inc.	Yes	PBE	<a href="http://www.kauffmaninc.com">www.kauffmaninc.com</a>

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	Gathering of Native Americans	<p>week event developed in 1992 to promote community healing and planning to address a variety of community problems including:</p> <p>Substance abuse, historical trauma, suicide, behavioral health, all ages</p>	and Native Wellness Inc.		<p>CDE Pending evaluation by, ORC Macro</p> <p>Capacity building, engagement practices, cultural competence training</p>	<a href="http://www.nativewellness.com">www.nativewellness.com</a>
	<p>Cultural Immersion events: Camps, Rides, Walks, Canoe Journeys, Fish Camps, Extended Family Gatherings,</p> <p>Indigenous food and herb gathering,</p>	<p>Events planned by local tribal populations to address:</p> <p>Historical trauma, substance abuse, family dysfunction, gangs, teen pregnancies, obesity and diabetes</p> <p>All ages</p>			<p>CDE</p> <p>Community outreach and engagement, promote healing, increase self image, strengthen family and community relationships, increase social, recreational</p>	

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	Indigenous arts & crafts				and subsistence skills.	
	<i>Circles of Care</i>	3 year Participatory community training and evaluation to address:  children and families with emotional problems	University of Colorado and Kauffman Inc, funded by SAMHSA, CMHS.	Yes	PBE  Community capacity building, engagement, use of data.	<a href="http://aianp.uchsc.edu">http://aianp.uchsc.edu</a>  <a href="http://www.kauffmaninc.com">www.kauffmaninc.com</a>  <a href="http://www.samhsa.org">www.samhsa.org</a>
<b>Workforce training and funding for positions</b>						
	<i>Alaskan Rural Human Service Program</i>	Paraprofessional training and clinical supervision, begun in 1989, to:  Serve remote villages with small populations and minimal access to licensed providers.  Focus: substance abuse, suicides, social services	UAF/State of AK	Yes	Outcome: culturally congruent interventions with professional support via telemedicine and scheduled visits.	<a href="http://www.uaf.edu/rhs">www.uaf.edu/rhs</a> <a href="http://www.iac.uaf.edu/rhs">www.iac.uaf.edu/rhs</a>

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	Consultation model with Traditional Healers	Indian Health Service and Tribally operated health and behavioral health programs. Includes cultural orientation for new staff, providing space and time for ceremonies, linguistic and diagnostic consultations.	IHS policy, PL 95-341, American Indian Religious Freedom Act		Combination of licensed and certified care and treatment with:  CDE: local validation process for Healers and Practices.	<a href="http://www.ihs.gov">www.ihs.gov</a>
	<i>Project Making Medicine</i> , clinical training for tribally based treatment of child traumatic stress disorders	One year training for community providers, week long University training followed by scheduled case consultation. Includes cultural adaptations of EBP, Trauma-Focused Cognitive-Behavioral Therapy.	Dolores Big Foot, PhD, University of Oklahoma	Yes	EBP  Outcomes: increased local providers with clinical child treatment skills, increased cultural effectiveness of treatment, cultural	<a href="http://www.devbehped.s.ouhsc.edu">www.devbehped.s.ouhsc.edu</a> <a href="http://tfcbt.musc.edu/resources">http://tfcbt.musc.edu/resources</a>



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		Focus: child trauma, rural system disparities			competence of non-native providers.	
	Community Task forces,	Policy level multidisciplinary teams formed to solve a specific problem:  suicide, gangs, domestic violence, methamphetamine.	Public domain		CDE  Tribal Governments  Outcomes: Systemic solutions	
	DHHS, Indian Health Service, Mental Health Technicians, Counselor Aid positions	Paraprofessional training with clinical supervision and consultation by licensed staff, funded positions, founded in 1971, able to serve as interpreters, may include telemedicine, addressing:  Recruiting and retention issues for	IHS		Federal, tribal civil service.  Outcomes include increased cultural competence of care, career ladder opportunities for tribal providers	<a href="http://www.ihs.gov">www.ihs.gov</a>

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		rural locations, language and cultural barriers.				
<b>Early Intervention/Skill Building</b>						
	<i>American Indian Life Skills Curriculum</i>	School Based intervention developed over 10 years ago for a NM tribe, widely replicated and adaptable to local culture. Addresses:  Adolescent suicide in tribal communities.	Theresa LaFrambois, PhD	Yes	NREPP approval, quasi-experimental  Outcomes include suicide prevention skills, building self esteem, increasing communication skills	<a href="http://www.nrepp.samhsa.gov">www.nrepp.samhsa.gov</a>
	<i>Project Venture</i>	Outdoor recreational skills for youth, addressing:  Substance abuse, alcohol, 5 <sup>th</sup> to 8 <sup>th</sup> grade levels	McClellan Hall	Yes	NREPP approval, Experimental, quasi-experimental  Outcomes include social and emotional	<a href="http://www.nrepp.samhsa.gov">www.nrepp.samhsa.gov</a>  <a href="http://www.niylp.org">www.niylp.org</a>

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					competence to resist alcohol and substance abuse	
	<i>Native Aspirations</i>	Community based suicide prevention, using a menu of EBP’s and culture based practices, including the Community Readiness Scale, and GONA, addressing:  Youth suicide, violence, and substance abuse  .	Kauffman and Associates		PBE Pending evaluation Funded by SAMHSA to identify communities at risk.  Outcomes: Local workforce training and community mobilization to reduce suicide risk	<a href="http://www.kauffmaninc.com">www.kauffmaninc.com</a>
	<i>Tribal Youth Program</i>	Grants to tribes to prevent and control delinquency, improve tribal juvenile justice systems, including alcohol and drug	US Department of Justice, Office of Juvenile Justice and Delinquency		Grantees may select among systematic focus	<a href="http://www.ojjdp.gov/typ">www.ojjdp.gov/typ</a>  .

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		prevention and mental health treatment.	Prevention			
	<i>Native H.O. P. E.</i>	Native Youth Training Manual, includes school and community screening tools, focusing on:  Suicide Prevention	Clayton Small, PhD,	Yes	PBE Sponsored by Indian Health Service, One Sky Center  Outcomes include increasing strengths, identifying warning signs, including culture and ceremony	<a href="http://www.nativeprideus.org">www.nativeprideus.org</a>
<b>Treatment, Individual/Family</b>						
	Youth Residential Treatment Centers	Dual diagnosis residential treatment facilities, provided directly or by contract with Indian Health Service, AZ, AK, NC, NE, OK, OR, SD, WA	DHHS, Indian Health Service	CARF certification		<a href="http://www.ihs.gov/">www.ihs.gov/</a> .  <a href="http://www.ihs.gov/medical_programs/alcohol/youth">medical programs/alcohol/youth</a>

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		All incorporate local traditional healing practices				
	Residential treatment for Women with their Children	Substance Abuse treatment and family counseling	See Indian Health Service, Treatment Centers for Women		Local certification	<a href="http://www.ihs.gov/medicalprograms/alcohol/women">www.ihs.gov/medicalprograms/alcohol/women</a>
	<i>Honoring Children Series</i>	Adaptation of EBP, Parent Child Interaction Therapy  Mental health promotion addressing:  Child trauma	Dolores Bigfoot, PhD, Uof OK	Yes	EBP cultural adaption of EBP  Outcomes include increased parenting skills, early childhood intervention of child trauma	<a href="http://www.devbehped.s.ouhsc.edu">www. devbehped.s. ouhsc. edu</a>
	<i>Sacred Child Wraparound, now titled: Wraparound in Indian Country</i>	Family consultation in multidisciplinary care planning. Tribal adaptation of PBE: Wraparound.  Originally used for Child Mental Health systems,	Deb Painte, Native American Training Institute, University of Texas & University of	Yes	PBE Wraparound process is undergoing fidelity studies, and is accepted by several states as an	<a href="http://www.nativeinstitute.org">www. nativeinstitute. org</a>

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		now being used for Tribal Child Welfare interventions.	Denver.		EBP · Outcomes include family and youth advocacy and empowerment	
	<i>Native American Fatherhood and Families Association</i>	Structured curriculum to increase parenting skills for AI/AN fathers	Albert Pooley	Manualized and replicated	CBE	
	<i>Fathers of Tradition, Sons of Tradition</i>	Structured curriculum to increase parenting skills for adults, cognitive skills for youth.	Don Coyhis	Manualized and replicated	CBE	

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	<i>Native American Youth Offender Treatment Services (NAYOTS)</i>	Prevention, intervention and treatment of youth in juvenile justice systems	Dr. Del Elliot	Manualized and replicated	CBE	<a href="http://www.redroadleadership.us/documents/nayots.pdf">www.redroadleadership.us/documents/nayots.pdf</a>
	<i>Native Pride, the Good Road of Life</i>	Curriculum to increase skills to resolve conflicts and strengthen relationships and parenting skills for Native Males	Clayton Small, PhD	Manualized curriculum	CBE	<a href="http://www.nativeprideus.org">www.nativeprideus.org</a>
	<i>Talking Circles</i>	Facilitated discussion, participants sit in a circle and pass object clockwise, signifying one’s turn to speak.  Areas of interest include substance abuse and mental health	Public Domain		Outcomes include peer support, also used as a type of focus group to engage community interest in a topic	

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	<i>Equine Assisted Therapy</i>	Equine Assisted Psychotherapy for tribes incorporates cultural and historical issues as well as:  Substance abuse prevention and treatment, developmental disability, incarcerated populations	Numerous tribes and private sector use for variety of populations, including developmental disability, substance abuse treatment.		PBE  Outcomes include trust, relationship, and skill building,	
	Lakota/ Athabascan Assessment scales	Culturally specific emotional assessment scale developed for Lakota population, adapted for Alaska Native populations	Oglala Lakota College, USD, and UAF,	Yes	PBE NIMH research grant pending	<a href="http://www.ncbi.nlm.nih.gov">www.ncbi.nlm.nih.gov</a>  <a href="http://www.arctichealth.org">www.arctichealth.org</a>
<b>Recovery Services and Supports</b>						
	AI/AN 12 step meetings and fellowship	Structured meetings to address:  Alcohol, drug abuse, gambling	Public Domain	Universal structure	12 step community  Peer support for sobriety	



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		addictions, adults and youth			and rehabilitation	
	Sobriety Campouts	Intertribal event  Individual, family, and community substance abuse	Public Domain		Outcomes: peer support, family and community focus	
	<i>Healing Forest, Wellbriety, Sons and Daughters of Tradition</i>	Community events and structured prevention and treatment,  Historical trauma, adult and youth substance abuse, violence, self destructive behaviors, life skills training	White Bison, Inc.	Manualized and replicated	CDE  community healing, reduced substance abuse, mentoring/skill building for youth	<a href="http://www.whitebison.org">www.whitebison.org</a>
	<i>Native American Church</i>	Guided intertribal ceremony	Public Domain		Peer support and community cohesion, cultural	

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					enhancement	
	Rites of Passage ceremonies	Generally specific to a tribal culture, including the <i>Sunrise Ceremony</i> for girls in Apache tribes, and the <i>hanblecia</i> for youth in Lakota/Dakota tribes.			Builds social skills	
	Sobriety Powwows	Intertribal cultural event			Builds social and recreational skills, community cohesion	
	Sweat lodge ceremonies	Guided intertribal ceremony	Public domain		Guided peer support	

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