

*Many Pathways to Follow:
Tribal and Minority Based
Practices*

Presented by:

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WHO IS CAROLINE M. CRUZ?



- Wasco
- Tenino
- Pitt River
- Nisqually
- Hawaiian
- Yaqui
- Spaniard
- Yurok

What are some concerns?

Been times that I had needed cultural specific services and could not access

- Spirit sickness
- Curandera
- Medicine people




How do we measure success?


How to bill for services?



Many Paths To Follow: Tribal and Minority-based Practices

Indian and minority people have been conducting and implementing a variety of practices **to reduce risk factors for behavioral problems and health problems for years;** and these practices have been **shown** to be **effective** within their own communities.






Yet these practices **have not been** able to be scientifically validated.

The question to ask here is ***“Do we have culturally relevant tools to measure what we do in Indian and minority communities”, “Should we be the ones to validate our programs from a culturally relevant perspective?”***

These questions will be discussed from the presenter’s perspective and experience.





Objectives:

Participants will have an understanding of the challenges Native Americans and minorities face with “Evidence Based Practices”.

Participants will have an understanding of work in process with current efforts culturally validating “Practices Based On Evidence” for Native American communities.





Capturing Our History with Tribal Based Practices

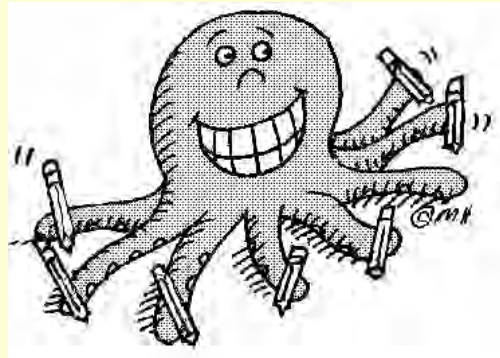
- Overview of the last 16 years.
- Bob Nikkel, former Assistant Deputy Director with Addictions and Mental Health Division (AMH) met with members of the Oregon Indian Council on Addictions (OICA) to discuss the Evidence Best Practice (EBP) bill in 2003.
- Oregon Indian Council on Addictions (OICA) brought up issues of concern for Indian people if this bill passed.

- 2003 – EBP bill pass.

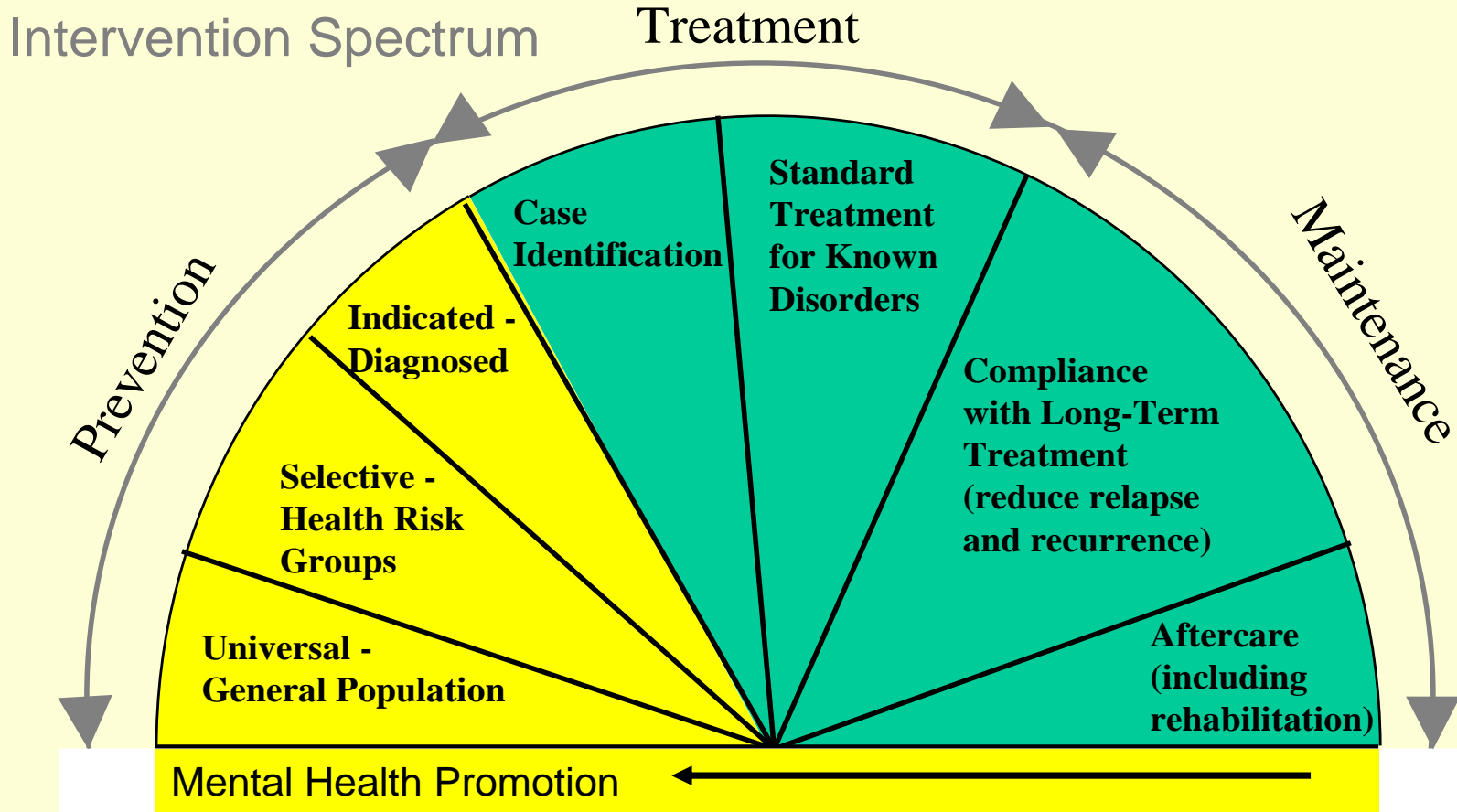


- OICA decided to be pro-active, decision made to work on a position paper focusing on issues of concern for Indian people.
- Caroline Cruz and John Spence met with all nine Oregon Tribes in person; and discussed issues surrounding EBP at Tribal and Tribal Quarterly Prevention meetings.

- Collected data, recorded practices Tribes have been implementing covering the total continuum of care with the Institute of Medicine (IOM) for Prevention, Treatment and Aftercare for substance abuse, mental health and juvenile crime.
- Researched EBP's that have been done for N.A. and current research for Native Americans best practices.



Continuum




- After a long process the paper titled “Oregon Tribal Evidence Based and Cultural Best Practices” (Cruz, Spence 2005) was published

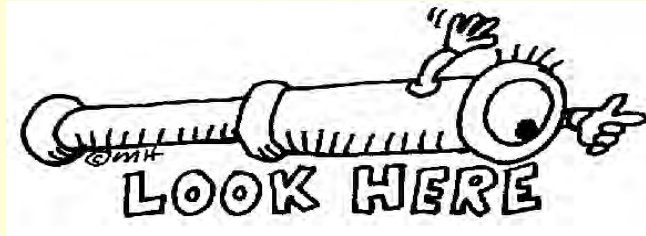


- National and statewide interest in the “paper”
- Power point titled “ There are Many Pathways to Follow: The Debate Around Evidence Based Practices” . (Cruz 2005) was developed. Now called “Tribal Best Practices: There are Many Pathways”

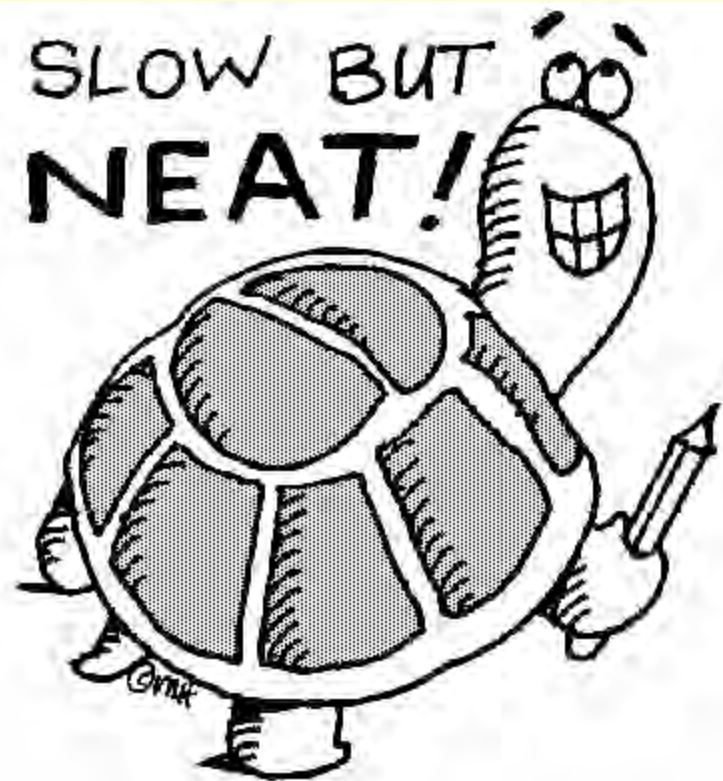


Other

- Journal of Psychoactive Drugs, Growing Roots: Native American Evidence-Based Practices October-December 2011, Volume 43, Number 4
 - Many Pathways to Follow Tribal best Practices: Caroline M. Cruz, Associate SAMHSA's Center for the Application of Prevention Technologies (CAPT) West Resource Team 2014
 - Tribal Best Practices State of Oregon, named a Bright Idea by the Innovations in Government Program in 2015. Harvard Kennedy School: John F. Kennedy School of Government
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- May 14, 2007 a Tribal stakeholder gathering was held with Oregon tribal researchers and evaluators to strategize the challenges Oregon Tribes face due to SB 267 requirements. The gathering was titled “Oregon Tribal Perspectives on Evidence Based Practices”



Native American Researchers Practices Based On Evidence (PBE) May 14, 2007, Portland Oregon.

Some recommendations from participants are listed in the following slides:

- Community-based participatory research approach (CBPR).
 - N.A. cultural board at the community level
- “We need to understand that **research** doesn‘t account for **changes** in the population and **trends** and **environmental shifts**. We need to do **more** and **add more** and **figure out** what‘ s **missing** from the communities”

Allison Ball PhD, University of Oregon



Practice-based evidence:

“Most **research** is about practice that has **not** been **developed** or **investigated** in relation to the actual use or application of a practice.”

“**Danger** of using a **list of practices** that we **isolate resources** and we **starve programs** that are **doing well** by asking them to **implement programs** into their services when there is **no evidence to support** that they will do well by **increasing** those services.”

Terry Cross MSW, NICWA



“Allow **people** to **tell** how they **healed** and what they have **done** as human beings. We have to be **careful** not to just look at **numbers** but rather to **listen** to people.
“How did you get there?”

Bob Ryan Ed.D., Consultant





“If he can get **through** to the **grandmothers** then he has **done** something **that will or may work** in Indian country.”

“There will be **three Indian grandmothers** who will be there to **watch**.”

“Prefers the **three Indian grandmother** rules as opposed to the **journals** etc.”

“To do **research** in Indian country you have to have a **hard shell** and **move** very slowly.”



Tom Crowfoot PhD, EWU



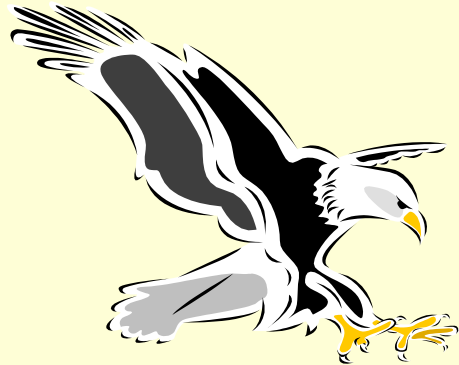
Like the **whale hunters of Alaska** saying that the **solution to hunger** is the **Whale**


and that the **people of the plains** must hunt whale,

or that the **corn growers of the southwest** will only receive **whaling boats and harpoons** as implements for over coming hunger in their communities.

It doesn't make sense.
(T. Tafoya)


What else doesn't make sense is the growing concern that people in Native American communities **are going without treatment and prevention programs** because the ones they would implement are **ineligible for funding**, while the ones that are recommended do not fit their needs. (Tafoya)






**Addictions & Mental Health Division (AMH)
Position Paper on Native American Treatment
Programs and Evidence-Based Practices (Bob Miller)
September 21, 2007**

- Acknowledge NA concerns about EBP.
- AMH does not believe that an EBP on list should be assumed to be better than a culturally validated practice.
- AMH concludes that we need a different framework for NA stakeholders.

- 
- NA stakeholders must take the lead in defining what works.
 - Addictions & Mental Health Division (AMH) anticipated that this framework would incorporate elements of the recommendations of the “Paper”.
 - Time should be allowed to develop evaluation tools.
 - AMH will collaborate to establish and maintain an EBP framework consistent with the culture and values of NA.



Tribal Cultural Best Practice: 2nd Gathering of Tribal Researchers and Evaluators May 14, 2008

- “Meeting the EBP Standard” (One Sky Center): Michelle J. Singer, Douglas A Bigelow PhD.
- “University of New Mexico Center for Rural & Community Behavioral Health”: Charlene Poola, LISW.
- “Re-Indigenizing our Science: Ethical and Respectful Research Partnerships with Tribal Communities”: Lisa Thomas PhD.
- Identifying Success in Native American Youth: Building Practice-Based Evidence from the Ground Up Native American Youth Association: Korinna Wolfe PhD.



Oregon Revised Statute

- ORS House Bill 3110 was proposed in 2011 relating to substance abuse programs.
- Original proposal only stated Evidence Based language and did not include TBP.
- This was challenged and Tribal Based Practices language was included where ever EBP was listed.
- Passed the House and Senate 2011.




More.....

- AMHD provide minimum funding to continue to develop and update TBP.
- TBP was also added to the new Early Learning Council/Youth Development Council (Previous Commission on Children and Families).
- 2014 focus on cross walking TBP with accepted practices to qualify for reimbursement. Changes at Oregon Health Authority prevented this from moving forward.
- Stakeholder meetings held Oct 2013, Oct 2014, Nov 2015 and Oct 2016.



2019 Legislature

- Alcohol and Drug Policy Commission – 2638 replaces 3110 and adds language that includes Tribes when planning state plan – May 2019.
 - SB 134 with an amendment that included accepting tribal based practices as equivalent to evidence based practices for mental health and addiction treatment and prevention services. OHA/CCO's.
 - Coordinating Care Organization
HB 2267 – Established Tribal Advisory Council and Tribal Liaison to work with CCO's.
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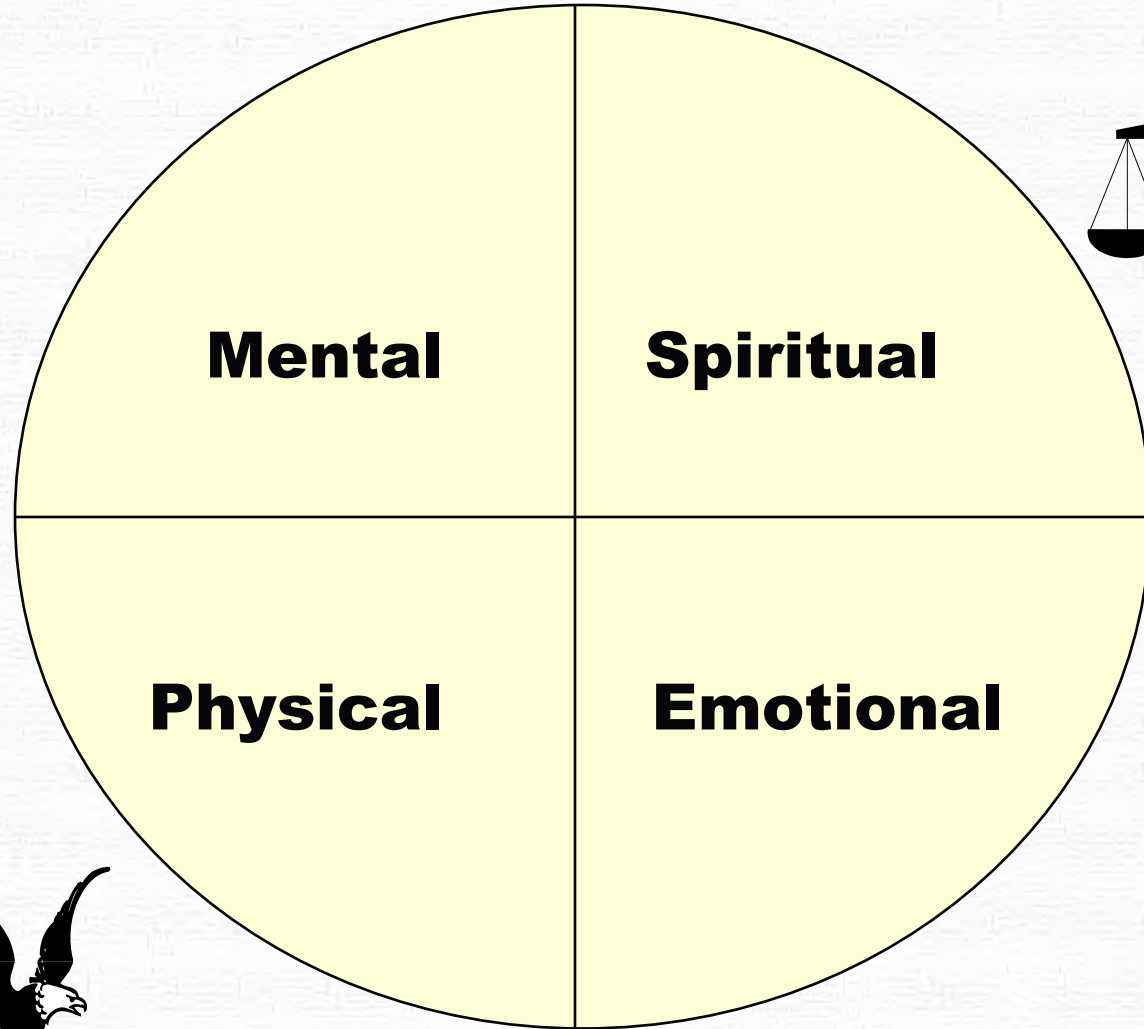
More.....

- Numerous request for TBP assistance: Alaska, Montana, California, Nevada, Minnesota, Michigan, Maine, New Mexico, 1st Nations in Canada, NPN, SAMHSA, NACE, Tribal Tech...
- Published: CAPT Factsheet 3.13 included in SAPT's, Prevention Journal, Bright Idea...
- June 2013 NASADAD recommended TBP be nominated for Innovations in American Government Award – Jason Yarmer submitted, awarded 2015, received plaque 2016.

The Door of Healing

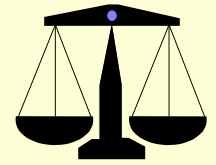


Risk & Protective Factors for Native Americans

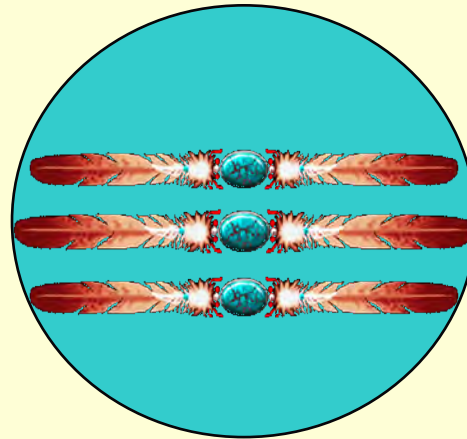




Science –
Validated



Cultural –
Replicated



Cultural –
Validated

Science –
Replicated

Developing Culturally-Based Promising Practices for Native American Communities 2001 White Bison, Inc.
Modified by C. Cruz with permission



Create a Bridge Between Science and N.A. Culture Validation

Scientific Validated	Cultural Validated
<ul style="list-style-type: none">• Transparency• Standardization• Replication• Research• Outcomes• Study design• Fidelity	<ul style="list-style-type: none">• Longevity in historical tribal history• Tribal Based Practice manual• Cultural replication within tribe and/or other tribes• Meets Tribal principles• Outcomes• Traditional Worldview applies• According to Tribe/Tribal Nation



Transparency:

Criteria:

How to find evidence; What qualifies as evidence;
How to judge quality of evidence.

Process:

Who reviews the evidence? Should be open for observation by public description. Is the research understandable and fully described so it can be replicated by others?

N.A Transparency: Does practice have longevity in historical tribal history? Documented and/or oral history.
Can it pass the **“Three Grandmothers test”**?.




Standardization:

Intervention must be standardized so that it can be reliably replicated elsewhere by others. Standardization typically involves a description that clearly defines the essential elements of the practice, as evidenced in a manual or toolkit.

N.A. Standardization:

Capable of creating Tribal Based Practice manuals. Practices that are **culturally relevant, culturally appropriate**, and **designed** according to the **“Indian Way”**. Should Native American Tribes, Nations, Villages create manuals? Passing from one generation to the next has been in existence for centuries.

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Replication:

Replication of research findings means that more than one study and more than one group of researchers have found similar positive effects resulting from the practice.

N.A. Replication: Cultural replication. Since all Tribes are not the same are we talking about similar Tribes, within Tribes, or just replication? Programs that have been **developed** and **implemented** according to the “**Indian Way**” and have been passed on to others and **continue** to be implemented and utilized can be defined as “**cultural replication**”. Our Elders and community members will let us know if we are not doing it right.



Research:

Accumulated scientific evidence based on randomized controlled trials. Quasi-experimental studies. Research should be published in two or more peer-reviewed journals.

N.A. research: Meets Tribal Principals.

Experts in Native American communities are often **elders**. They carry the spiritual, cultural and intellectual wisdom of the community. N.A. communities “teachings” provide basis for understanding what works and why. These teachings are accessed by the Elders and have been the basis for healthy communities for many centuries.



Meaningful outcomes:

Effective interventions must be shown that they can help consumers to achieve important goals or outcomes related to impairments and/or risk factors.

N.A. Outcomes:

Do people show up for one time and then never come again? Or do they come, tell their friends about it, and bring others to participate? Do community members, participants, clients share feedback. This is the “**story**” of the program. It can be documented. Important to track these measurements, how they change over time.

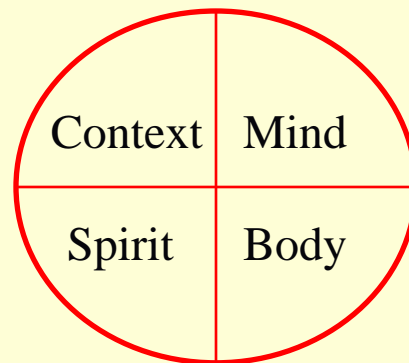
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Study Design:

These programs are evaluated using scientific methods preferred by the accountability systems described in the government resource documents and requests for proposals.

N.A. Design: Randomized assignment to control or experimental groups is inconsistent with native American values. Therefore Native American Groups are best approached utilizing the **RELATIONAL WORLDVIEW** as describe by NICWA.



Fidelity Scale:

A fidelity scale is used to verify that an intervention is being implemented in a manner consistent with the treatment model – or the research that produced the practice. The scale has been shown to be reliable and valid.

N.A. Fidelity Scale:

Our Elders within our community, our teachers and the **“Three elder women test”** is our fidelity scale. The Elders are our gauge for how we are doing.

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Created TBP Tools

- Tribal best practice form
- Review criteria, Review Panel
- Native American Principals
- Example TBP, Cradle Board
- SAMSHA/CAPT Handout

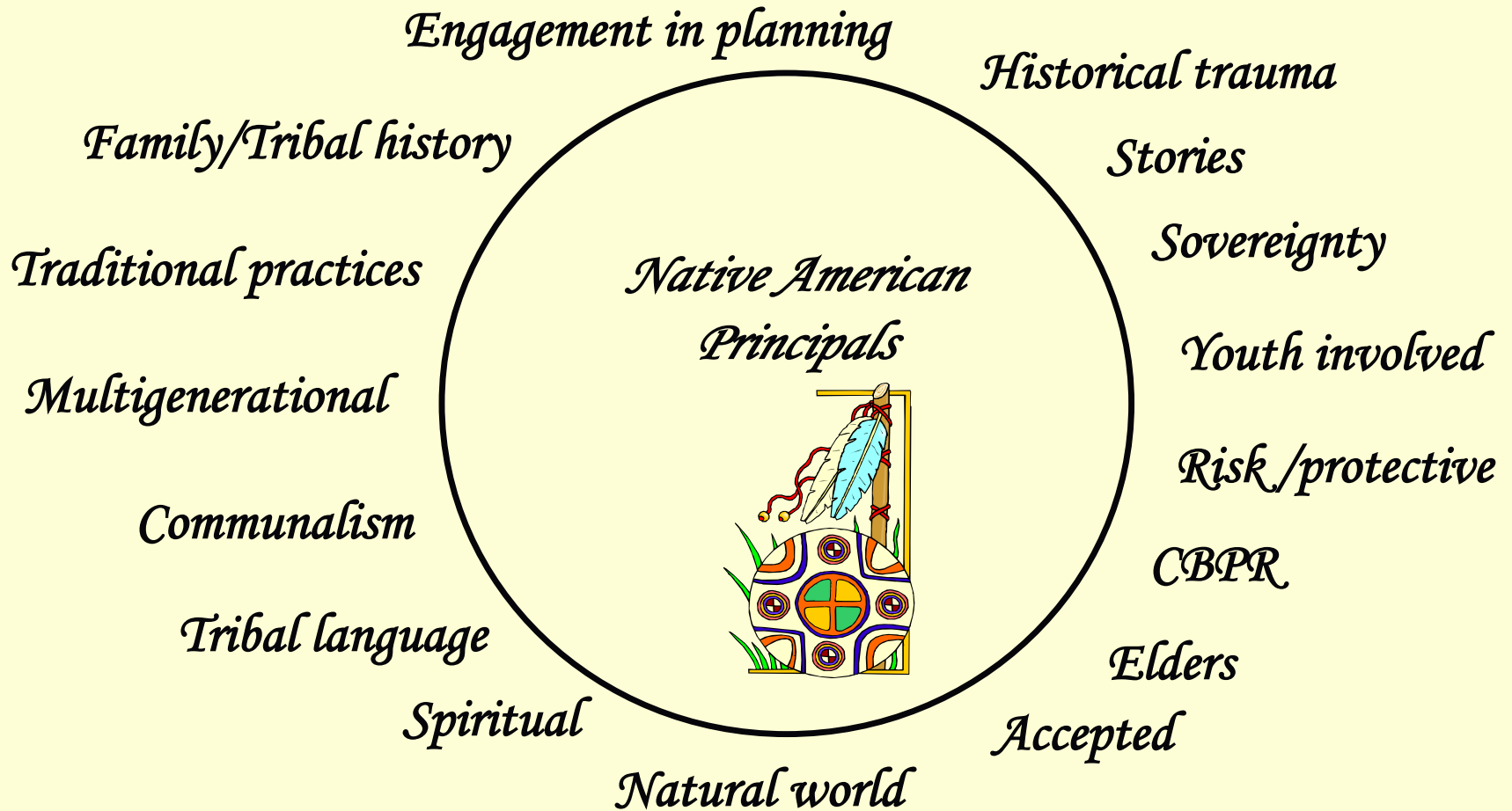


Tribal Practice Approval Form

- 1. Name of practice**
- 2. Description**
- 3. Other examples**
- 4. Historical Cultural Connection**
- 5. Goal addressed by this practice**
- 6. Target population**
- 7. Risk & Protective Factors**
- 8. Personnel**
- 9. Key elements**
- 10. Materials**
- 11. Optimal elements**
- 12. Outcomes**
- 13. Contact person**

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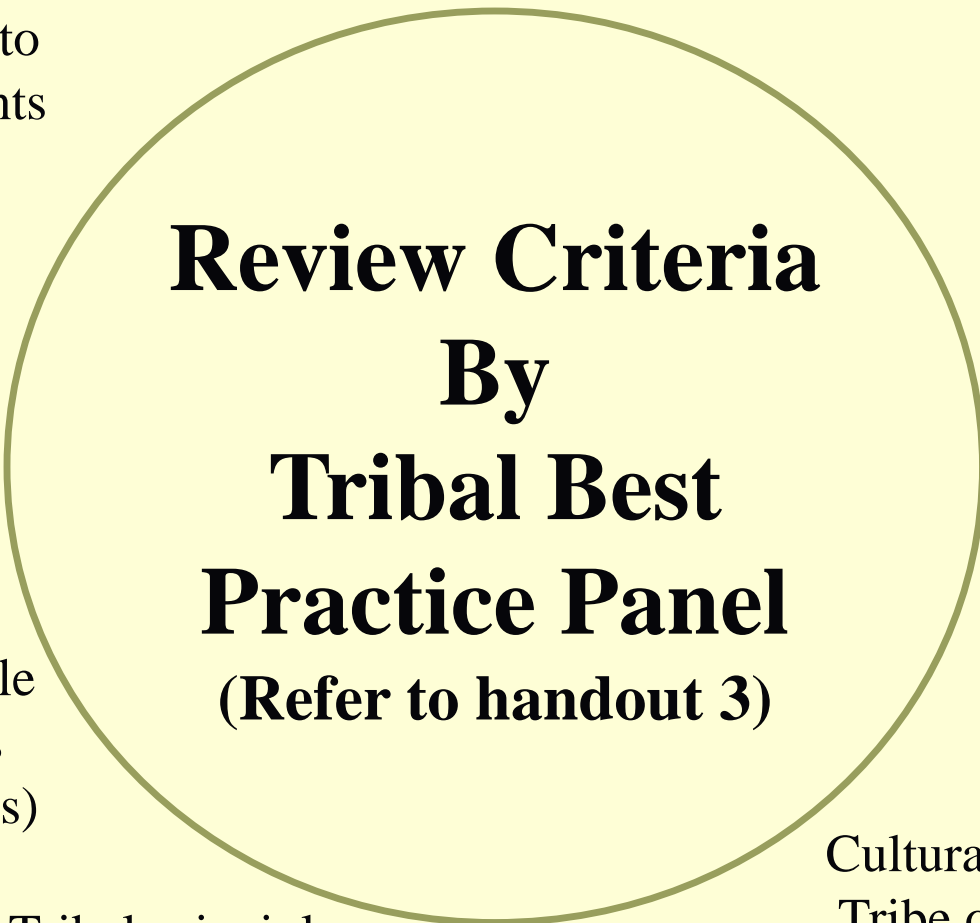


Accepted? Date of approval.

Adherence to
key elements
(Fidelity)

Longevity in
Tribal History
(Transparency)

Study Design
(Non-
experimental)



**Review Criteria
By
Tribal Best
Practice Panel
(Refer to handout 3)**

Description on file
(Standardization)

Measurable
Outcomes
(Outcomes)

Cultural replication within
Tribe or other Tribe
(Replication)

Meets Tribal principles
(Research) – See next slide

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Examples





Cradle Boards: Strategy is to return back to the board to traditional ways by returning the baby “back to their backs” by utilizing a form of a cradleboard indigenous to the tribal community to reduce the incidents of SIDS (sudden infant death syndrome), and the non-use of alcohol and drugs including tobacco. This is a form of parent training.

Horse Program: In partnership with horses, tribal youth, and families, this program improves attitudes, behavior, mood management, sense of responsibility, communication and relationship skills; regular individually mentored and small group sessions include equine care, ground work, and riding training sessions.



Canoe Family/Journey: Strategy is to teach and role-model proper etiquette and tribal values associated with the tradition of canoe carving and paddling as a basic element of survival for tribal communities.




Tribal Family Activities: Alcohol and drug free family and community gatherings are promoted at all 9 Oregon tribal communities at various times throughout the year-especially during traditional food gathering seasons.




Cultural Camps: Summer culture camps for all ages of students. Gender specific activities are also stressed (for example, rite of passage, Elders and story telling, instruction in berry picking, fishing, bead work, arts and crafts, carving, drumming, singing, dancing, stick games, native language, canoe building, archery, horseback riding, etc.).





Adventure-Based Programs: Organized outdoor activities for both prevention and treatment programs. Most common examples are kayaking trips, rope courses, skiing trips, and whitewater rafting.


POW-WOW: Native celebration of drumming, dancing, and singing for everyone in the community to participate. A gathering in a safe and drug and alcohol free place to build community and cultural identity and social ties.



Cultural Sobriety Recovery Recognition Dinner


Is a multi-generational community gathering to recognize and celebrate sobriety and recovery. Community members have an opportunity to speak about sobriety and recovery. Community members are also asked to speak and represent healthy role models in recovery and sobriety.






Family Unity Model: Has been utilized for several years as a tribally based intervention practice by the Confederated Tribes of Grand Ronde, and the Confederated Tribes of Warm Springs.

BAAD Tournament: Basketball Against Alcohol and Drugs is an annual alcohol and drug free tournament. Every team agrees to random drug testing to participate and attends sessions on alcohol, tobacco and other drug prevention/awareness.







Ceremonies and Rituals: The Tribes participate in various ceremonies and rituals that are important to the traditional and spiritual beliefs.

Talking Circle: Culturally based spiritual discussion and support group.

Tribal Youth Conference: Alcohol and drug free gathering of youth. Examples include: Westwind Youth Gathering, He He Gathering, etc.





Sweat Lodge Ceremony: Some of the tribes utilize sweat lodge ceremonies for renewal and return to traditional healing methods.

Round Dance: The Round Dance and alcohol and drug free 1-day traditional community-wide ceremony.



Cultural and Community Interventions as Trauma-Informed Approaches

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues



- Gathering of Native Americans (GONA) Curriculum
- White Bison
- Native Hope
- Talking Circles
- Opening Prayer
- Ceremonies

Questions?

Thank You and
Create a
Good Day

