

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, implementing, and doing practices for years that have been shown to be effective within their own communities.

Yet Indian and minority 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".

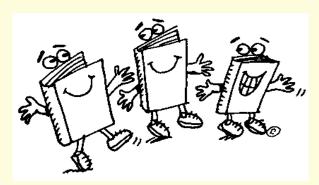
Participants will have an understanding of work in process with current efforts culturally validating "Practices Based On Evidence" for Native American communities.

Participants will have an opportunity to test a tool being considered to measure Tribal practices currently been implemented in Native American communities.

Capturing Our History with Tribal Best Practices

- Overview of the Last Twelve 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.
- OICA brought up issues of concern for Indian people if this bill passed.





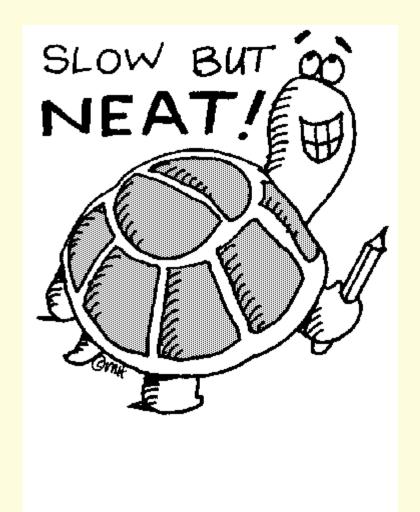
- OICA decided to be pro-active, decision made to work on a position paper focusing on issues of concern for Indian people.
- Over a period of time, Caroline Cruz and John Spence met with all nine Oregon Tribes in person; and discussed issues surrounding EBP at Tribal Quarterly Prevention meetings.

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.

- 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"



• 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 were brought together to discuss Practices Based On Evidence (PBE) on May 14, 2007, in 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."



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)

Developing Culturally-Based Promising Practices for Native American Communities 2001 White Bison, Inc.

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. (T.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 Administration Rule

- Administrative rule for Addictions and Mental Health Division was revised in 2011.
- Originally language did not include TBP.
- Language now includes Tribal Based Practices where ever EBP is listed.
- Passed the House and Senate 2011.

More.....

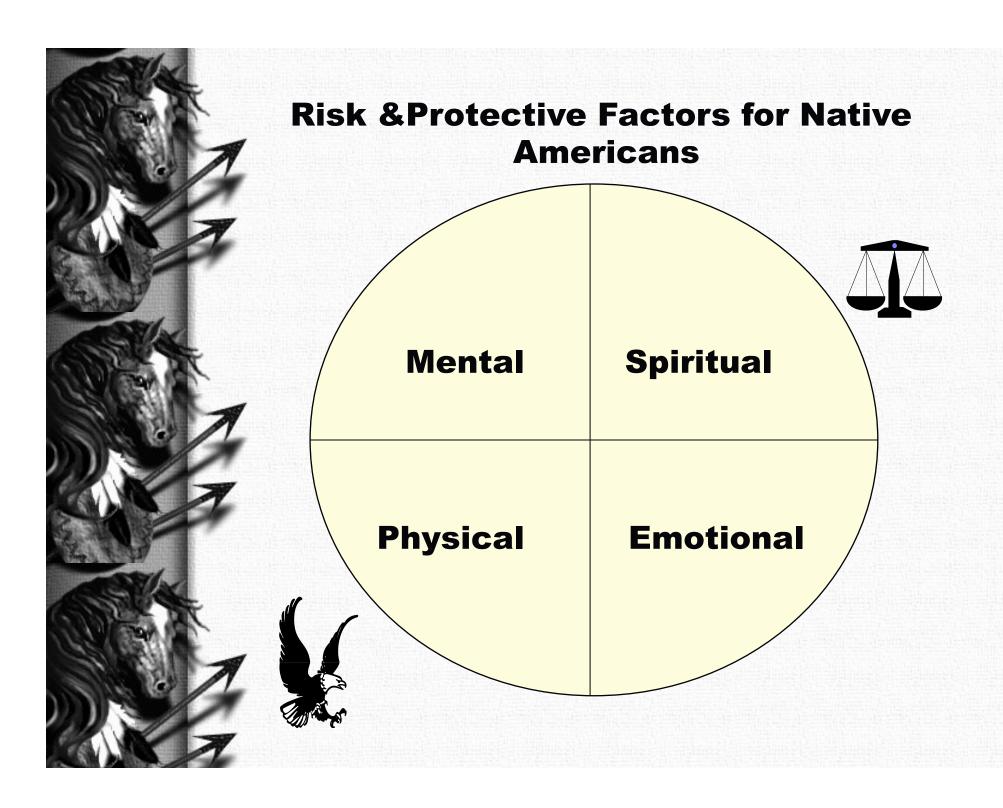
- AMHD provide minimum funding to continue to develop and update TBP
- ◆ TBP was also added to the new Early Learning Council/Youth Development Council (Previous Commission on Children and Families)
- 2014 focus on cross walking TBP with accepted practices to qualify for reimbursement
- Stakeholder meeting Oct 2013 and Oct 2014

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, thesis,
 Prevention Journal
- June 2013 NASADAD recommended TBP be nominated for Innovations in American Government Award – Jason Yarmer submitted

The Door of Healing

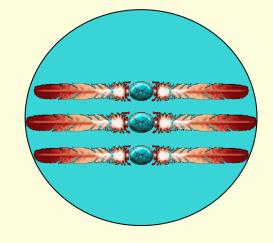




Science – Validated



Cultural – Replicated



Cultural – Validated

Science – Replicated

Science-Validated refers to those approaches based upon social science or behavioral science theories (science based) which were designed for non-Native communities. **Some** of these have been **adapted** to meet some of the cultural needs of N.A. communities. These programs were also evaluated using scientific methods preferred by the accountability systems described in the government resource documents.

Science-Replicated refers to those science based programs that have been implemented more than one time in Native communities or in non-Native communities.

Cultural-Validated refers to those approaches that are based upon principals, laws, and values of specific N.A. communities.

These "teachings" form the basis for the programs.

They are culturally relevant, culturally appropriate, and designed according to the "Indian Way".

They have been implemented according to culturally accepted practices and have been accepted as valid by the community itself.

They have not, however, been evaluated using the scientific method. None the less, their effectiveness had been demonstrated

Cultural-Replicated refers to those 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.

From this perspective, the **proof of the effectiveness** of the program becomes "if it is useful, it is used." If it is not useful, if people find little results according to their standards, they will not attend, and the program (no matter how much science has gone into it) will simply be ignored.

Some expectation and assumptions of the research/scientific community may not fit well within N.A. community.

- Experts in Native American communities are often elders. They carry the spiritual, cultural and intellectual wisdom of the community.
 - Credentials are very important for the experts in the scientific arena.
 - "Indian Way" does not necessarily include university training, college degrees or publications and recognition for research activities. Does include a specific set of behaviors and wisdom that is recognized by the community as being valued and based on "teachings".

Theories in science-based (also called evidence-based or research-based) programs are based on observations, assumptions and valued of Western European cultures.

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.

❖ Within the framework of science, what can be observed is what is counted. However within the context of the "Indian Way", not only is there the seen world, but the unseen world as well.

When things are **out of harmony** in the **unseen** world, this **disharmony** is reflected in the **seen** world.

Intervening only in the areas that **can be seen** is insufficient to create change from the perspective of the traditional N.A. teaching.

Another issue with science-based programs is the need for "random sampling" and "control groups" that are integral to the quantitative methods for most often used to ensure generalizability.

In the "Indian Way" an opportunity is to be made to everyone in the community. Most of the communities are too small to support the rigorous expectations of random sampling. Also they are too closely knit to prevent those in "control groups" from communicating with those in the "experimental groups.

To provide an intervention to some members of the community while **denying it** to others creates problems that can undermine the success of the program all together.

The Power of Words. Words chosen to illustrate a concept, describe a situation or name a person have a powerful impact. "If you wish to nurture something you call it a flower, if you wish to kill it, you call it a weed".

When we refer to our people, communities or youth as "high risk," we are panting a powerful picture of a negative outcome.

"You move toward and **become** like that which you think (and talk) about." It is important to describe things in terms that will bring about healing, rather than sickness.

❖ Interconnectedness is an important concept in N.A. communities. For Native people, prevention, treatment, intervention, and recovery are all part of the same healing process. They are **not to be partitioned** into separate activities.

When a **healing program** is introduced in a N.A. community it is not directed **ONLY** at the youth. It is directed at the baby, the youth, the adult and the elder.

* Risk and Protective Factors: Well documented but what is missing is a category that is essential for successful program design, development and implementation in N.A. communities: the Cultural/Spiritual aspect.

For N.A. and Alaska Natives, Culture IS Prevention.

Thus it is an awareness of the culture, its values, traditions, expectations, ceremonies and its sense of community that creates a "protective factor" enabling individuals, families, communities and nations to live in a healthy and sober state we refer to as "Wellbriety."

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

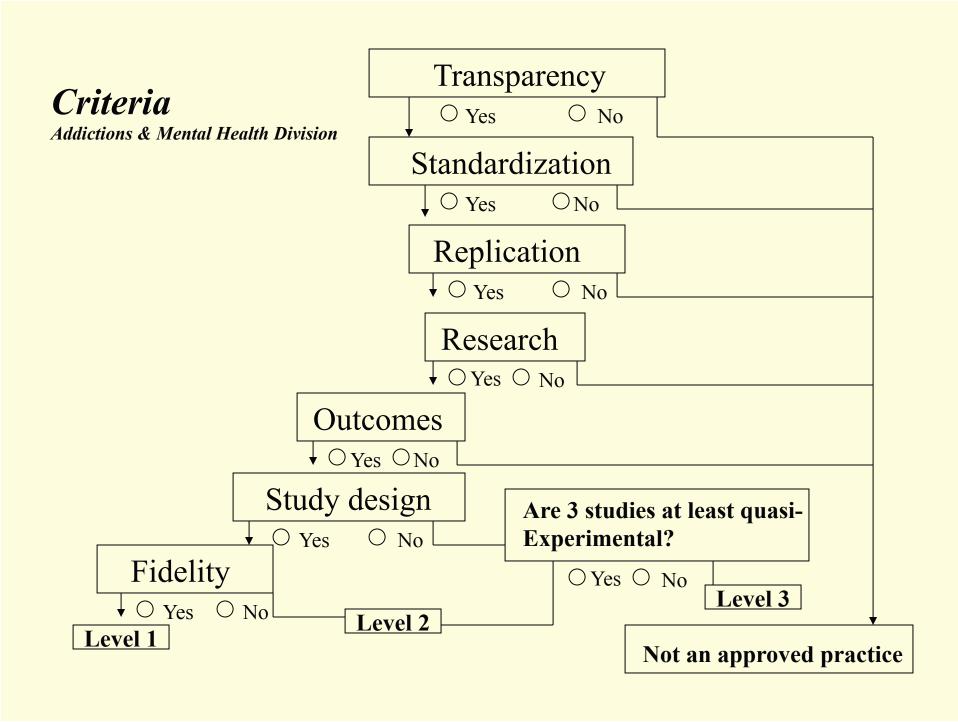
- ❖ Important to note that while N.A. communities have different definitions and different cultural values, we are just as interested in providing programs that work and that are based upon sound principals, laws and values.
- The opportunity that we have is to **create a bridge** of understanding between our cultures so that **we** can define a set of criteria that demonstrates what works in the "Indian Way" and then define measurement systems and accountability systems that will demonstrate the effectiveness of the programs that are implemented in N.A. communities.

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

❖ There are many programs that have been implemented. If these were reviewed to determine how effective they had been, using criteria developed by the Native community there is a strong likelihood that these programs could also find their way into the list of programs that could be approved for funding.

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	Level	Transparency	Research	Standardization	Replication	Fidelity Scale	Meaningful Outcomes
Evidence- Based Practices	I	yes	>=3 studies in peer reviewed journal. Minimum of one study should be based on a randomized control trial.	yes	yes	yes	yes
	II	yes	>=3 studies in peer reviewed journal. Studies should be at least quasi- experimental.	yes	yes	in develop- ment or no	yes*
	Ш	yes	>=3 studies in peer reviewed journals. Less rigorously controlled studies will be considered.	yes	yes	no	yes*
Non Evidence-	IV	yes	None	no	no	no	yes
Based Practices	V	no	None	no	no	no	no
	VI	no	Yes	yes	yes	no	no



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

Scientific Validated	Cultural Validated			
• Transparency	Longevity in historical tribal history			
Standardization	Tribal Based Practice manual			
• Replication	 Cultural replication within tribe and/or other tribes 			
• Research	Meets Tribal principles			
• Outcomes	• Outcomes			
• Study design	• Traditional Worldview applies			
• Fidelity	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.

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 under-standing 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.

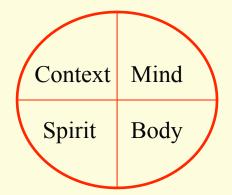
N.A. Outcomes:

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.

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.



Introduce TBP Tools

- Tribal best practice form
- Review criteria
- Native American Principals
- Share some examples of approved programs

12. Outcomes

11. Optimal elements

13. Contact person

10. Materials

1. Name of practice

9. Key elements

Tribal Practice Approval Form

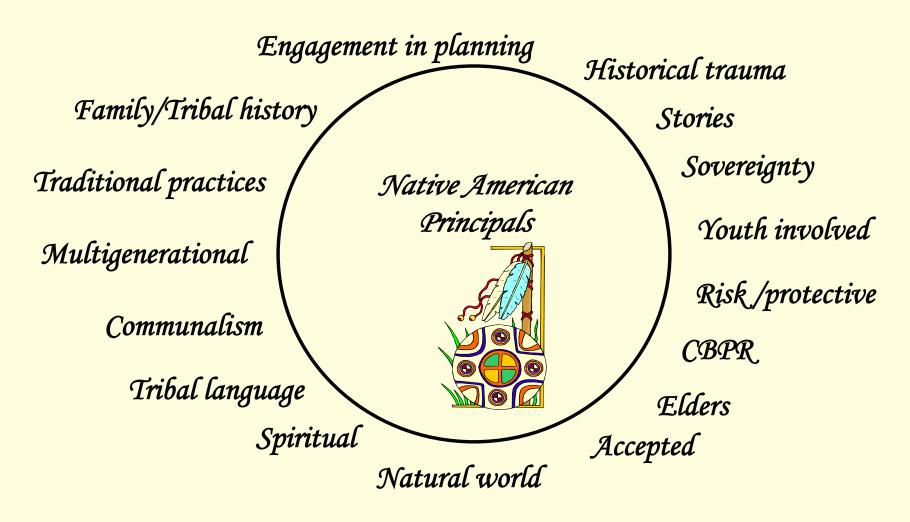
2. Description

8. Personnel

- (refer to handout 2 and 4)
- 7. Risk & Protective Factors

3. Other examples

- 6. Target population
- 4. Historical Cultural
 Connection
 Goal addressed by this
- 5. Goal addressed by this practice



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Accepted? Date of approval.

Adherence to key elements (Fidelity)

Study Design (Non-experimental)

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

Longevity in Tribal History (Transparency)

Description on file (Standardization)

Measurable
Outcomes
(Outcomes)

Meets Tribal principles (Research) – See next slide

Cultural replication within Tribe or other Tribe (Replication)

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.

<u>POW-WOW-</u> 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.

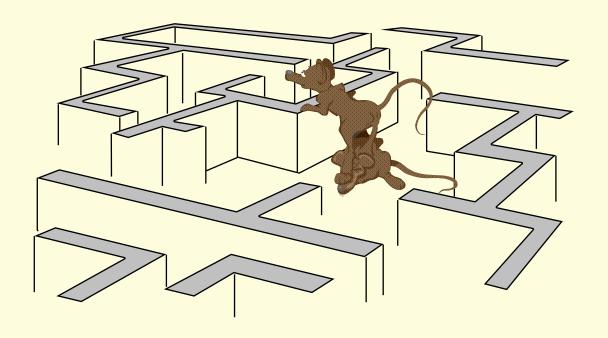
Ceremonies and Rituals- the Tribes participate in various ceremonies and rituals that are important to the traditional and spiritual beliefs.

<u>Talking Circle-</u> 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.



Where Do We Go From Here?

- Translation of TBPs from older form to updated form which includes NOMS (National Outcome Measures);
- Provide technical assistance in the replication of TBPs at programs across the state, and;
- Evaluation of TBPs at Tribal program in order to increase evidence of effectiveness and look for opportunity to improve the practices.

Adverse Childhood Experiences (ACEs) is a term used to describe neglect, abuse, violence and/or distressed family environments that children under the age of 18 years may experience. The cumulative effect of ACEs can be traumatic, especially if experienced repeatedly beginning at a young age of three.



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