Collaborative Effort to Identify Culturally Relevant and Effective Substance Use Prevention Programs for Tribal Communities

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National Prevention Network

Washington State Health Care Authority
Who are we?

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Washington State Health Care Authority

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Washington State University
Today’s Journey

- Introductions
- Warm-up Activity
- Prevention Research Context
- WA State Context
- WA State Project
  - Process & Results
- Q&A and Next Steps
Our Guiding Questions

- Which substance use disorder prevention programs have evidence of effectiveness with tribal communities?
- How do we balance research evidence, cultural relevance, and community needs for selecting substance use prevention programs?
- How can a collaborative approach be used to identify effective substance use prevention programs for tribal communities?
Warm-up Activity

First, reflect on the following question on your own. Then, turn to your neighbor, introduce yourself, and share.

In your experience, what are some challenges when trying to select and/or adapt a substance use prevention program to implement with Native youth and families?
Prevention Research Context
Imagine this scenario… Healthy development for ALL youth!
50 years ago, we had good intentions, but untested ideas.

Healthy development for ALL youth!

1970’s: Scared Straight & Just Say “No”
The *science* of prevention resulted in...

1970's: Scared Straight & Just Say “No”

1990's: Risk & Protective Factor Paradigm Shift

Healthy development for ALL youth!
The *science* of prevention resulted in...

1970’s: Scared Straight & Just Say “No”

1990’s: Risk & Protective Factor Paradigm Shift

2000’s: 80+ effective policies & programs

Healthy development for ALL youth!
Prevention has come a long way!

1970’s: Scared Straight & Just Say “No”

1990’s: Risk & Protective Factor Paradigm Shift

2000’s: 80+ effective policies & programs

Healthy development for ALL youth!
But, we still have work to do.

1970's: Scared Straight & Just Say "No"

1990's: Risk & Protective Factor Paradigm Shift

2000's: 80+ effective policies & programs

But, do these work for tribal youth and families?

Now: Effective interventions not widely used, but why?

Healthy development for ALL youth!
The Evidence-based Policy Approach

- Direct limited resources to evidence-based programs (EBPs).
- But, why is this problematic for tribal communities?
Challenges for Tribal Communities

- Lack of EBPs that resonate with Tribal communities
- Tribes are developing innovative strategies, but few are rigorously studied/published in peer-reviewed journals
- Difficult to replicate EBPs across tribes
- Some unique risk & protective factors for tribes
- Current evaluations of EBPs lack Tribal representation
- Few programs on current EBP lists are focused on tribal communities
Multiple Types of Evidence

- **Best Available Research Evidence**: Evidence that program is actually achieving the outcomes it aims to and in the way it intends.
- **Contextual Evidence**: Evidence that the strategy “fits” with the context in which it is to be implemented.
- **Experiential Evidence**: Collective experience and expertise of those who have practiced or lived in a particular setting (intuitive, tacit knowledge).

Center for Disease Control and Prevention: [https://vetoviolence.cdc.gov/understanding-evidence](https://vetoviolence.cdc.gov/understanding-evidence)
The WA State Context
Washington State Tribal and Urban Indian Health Organizations/Programs

- 29 Federally Recognized Tribes
- 5 Non-Federally Recognized Tribes
- 2 Urban Indian Health Programs
- 5 Urban Indian Health Organizations
- 3 Tribally Operated Residential Treatment Facilities
- 3 Tribal Health Boards
- 3 Indian Health Service Facilities
29 Federally Recognized Tribes

Washington ranks 4th in the number of federally recognized Tribes within its borders.

• Only Alaska, California and Oklahoma have more federally recognized Tribes in their borders.

• Compare: Oregon has 9 federally recognized Tribes and Idaho has 5 federally recognized Tribes.
29 Federally Recognized Tribes-Reservation Lands
Government-to-Government Relationship - Federal

- Executive Order 13175
- Various agency regulations

Brian Cladoosby, Swinomish Indian Tribal Community Chair, with President Obama
Government to Government Relationships – Washington State

- Centennial Accord 1989
- Millennium Agreement 1999
- Revised Code of Washington RCW 43.376
- HCA Communication and Consultation Policy

https://goia.wa.gov/relations/centennial-accord
Raise Your Hand

Are you familiar with the Washington State Indian Health Improvement Act?

Have you done work in your state on culturally appropriate practices for AI/AN youth and families?
Highlights of the Indian Health Improvement Act SB 5415

- Establishes a reinvestment account to address higher health disparities of AI/AN individuals to any other groups.
- Acknowledges that health disparities are directly related to historical trauma leading to generations of adverse childhood experiences.

https://aihc-wa.com/
# Behavioral Health Disparities
## Washington, HYS 2016

### Healthy Youth Survey, 2016, 10th Grade Rates

<table>
<thead>
<tr>
<th>Substance Use/Misuse/Abuse</th>
<th>State Rate</th>
<th>AI/AN</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>Multi-Race</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>Other</th>
<th>White</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol 30 Day Use</td>
<td>20.0%</td>
<td>25.0%</td>
<td>10.0%</td>
<td>18.0%</td>
<td>23.0%</td>
<td>19.0%</td>
<td>22.0%</td>
<td>19.0%</td>
<td>20.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana 30 Day Use</td>
<td>17.0%</td>
<td>26.0%</td>
<td>7.0%</td>
<td>21.0%</td>
<td>20.0%</td>
<td>18.0%</td>
<td>21.0%</td>
<td>17.0%</td>
<td>15.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Cigs 30 Day Use</td>
<td>12.7%</td>
<td>21.3%</td>
<td>5.1%</td>
<td>12.9%</td>
<td>12.4%</td>
<td>12.6%</td>
<td>15.8%</td>
<td>13.6%</td>
<td>12.7%</td>
<td>11.8%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Pain Killer 30 Day Use</td>
<td>4.0%</td>
<td>7.5%</td>
<td>2.0%</td>
<td>7.0%</td>
<td>5.0%</td>
<td>4.0%</td>
<td>6.0%</td>
<td>6.0%</td>
<td>4.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco 30 Day Use (2012-2014 State Tobacco Facts)</td>
<td>36.6%</td>
<td>9.7%</td>
<td>16.7%</td>
<td>13.5%</td>
<td>25.4%</td>
<td>24.4%</td>
<td>20.9%</td>
<td>16.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rx Misuse 30 Day Use</td>
<td>7.6%</td>
<td>9.1%</td>
<td>4.5%</td>
<td>10.9%</td>
<td>9.1%</td>
<td>7.9%</td>
<td>9.9%</td>
<td>9.4%</td>
<td>6.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sad/Hopeless in Past 12 Months</td>
<td>35.0%</td>
<td>42.0%</td>
<td>29.0%</td>
<td>32.0%</td>
<td>37.0%</td>
<td>41.0%</td>
<td>38.0%</td>
<td>40.0%</td>
<td>33.0%</td>
<td>44.0%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Suicide Ideation</td>
<td>21.0%</td>
<td>27.0%</td>
<td>17.0%</td>
<td>20.0%</td>
<td>19.0%</td>
<td>27.0%</td>
<td>22.0%</td>
<td>23.0%</td>
<td>20.0%</td>
<td>26.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Suicide Plan</td>
<td>10.0%</td>
<td>21.0%</td>
<td>15.0%</td>
<td>15.0%</td>
<td>16.0%</td>
<td>22.0%</td>
<td>17.0%</td>
<td>19.0%</td>
<td>16.0%</td>
<td>22.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>10.0%</td>
<td>17.0%</td>
<td>8.0%</td>
<td>11.0%</td>
<td>11.0%</td>
<td>12.0%</td>
<td>13.0%</td>
<td>12.0%</td>
<td>9.0%</td>
<td>13.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Bullied/Harassed/Intimidated Because of Real or Perceived Race/Ethnicity/National Origin</td>
<td>11.7%</td>
<td>15.5%</td>
<td>15.0%</td>
<td>20.0%</td>
<td>14.0%</td>
<td>9.1%</td>
<td>16.0%</td>
<td>19.3%</td>
<td>7.0%</td>
<td>22.0%</td>
<td></td>
</tr>
</tbody>
</table>

Table Note: Highlighted data indicates health disparities.
Highlights of the Indian Health Improvement Act 5415 Continued

Projects that can be supported by the reinvestment account per the Governors Indian Health Advisory Council

- Improvement in access to, and utilization of, culturally appropriate primary care, mental health and substance use disorder and recovery services...
- Increase access to quality, culturally appropriate, trauma-informed specialty services...
- Expansion of suicide prevention services, including culture-based programming, to instill and fortify cultural practices as a protective factor...
State allows for Tribes to use funds to tailor and provide innovative, promising and culturally appropriate strategies as allowable by federal grant regulations.

As funds are available, HCA supports trainings for Tribal best practices and promising approaches.

Tribal Best Practices Literature Review and Resources List.
WA State Tribal Best Practices Project
Project Partners

Washington State Health Care Authority
Division of Behavioral Health & Recovery
Project Goal

Identify and recommend programs that are shown to be effective in tribal communities for youth substance use prevention and mental health promotion.
Recommendation Criteria

1. **Strength of evidence** demonstrating a reduction in behavioral health problems and/or effects on related risk and protective factors in Native youth

2. **Alignment with culturally-tailored risk and protective factors** shown to be related to substance use or mental health outcomes among Native youth

3. **Availability** of program implementation materials and support

4. **Program implementation capacity and fit** with tribal communities in WA
WSU identified 12 preliminary programs based on evaluation evidence using CAPT resources

WSU presented programs to tribal representatives & gathered feedback

Based on feedback, developed list of additional individuals and programs to consult

Finalized list to include 16 recommended programs
Phase 1: Preliminary Programs

Focused on criteria 1, 2, and 3

1. Strength of evidence demonstrating a reduction in behavioral health problems and/or effects on related risk and protective factors in Native youth
2. Alignment with culturally-tailored risk and protective factors shown to be related to substance use or mental health outcomes among Native youth
3. Availability of program implementation materials and support
Tools that Guided Our Work

- Developed by SAMHSA’s Center for the Application of Prevention Technologies (CAPT)

- Cultural Approaches to Prevention
  - Cultural Factors that Protect Against Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations
  - Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations
SAMHSA’s CAPT Tool 1: Risk & Protective Factors for Native Youth

- Historical trauma
- Sense of efficacy
- Ethnic identity
- Traditional values
- Traditional practices
- Cultural pride
- Community support
SAMHSA’s CAPT Tool 2: Culturally-Informed Programs for Native Youth

Reviewed existing program lists

Reviewed academic literature (2005-2016)

43 tribal programs with evaluation
In our initial review, we identified 12 programs that:

- Have been implemented with tribal groups,
- Incorporate tribal practices or traditions,
- Have at least some research evidence of improving outcomes for tribal youth, AND
- Have implementation resources available.
WA State Preliminary List of Programs

Group 1
- American Indian Life Skills Development
- Bicultural Competence Skills Approach
- Families & Schools Together for American Indian Children
- Family Spirit

Group 2
- Project Venture
- Protecting You/Protecting Me for American Indian Children
- Healing of the Canoe Project

Group 3
- Reward & Reminder Program
- Connect Program
- FACE (Family and Child Education) Program
- Gathering of Native Americans
- Model Adolescent Suicide Prevention Program

Stronger research evidence

Weaker research evidence
Phase 2: Tribal Feedback

- 3-hour, simultaneous in-person and online meeting with tribal representatives
- Provided overview of 12 preliminary programs
- Group discussion: program strengths & challenges

<table>
<thead>
<tr>
<th>Tribe Representation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chehalis</td>
<td>2</td>
</tr>
<tr>
<td>Colville</td>
<td>1</td>
</tr>
<tr>
<td>Kalispel</td>
<td>2</td>
</tr>
<tr>
<td>Lummi</td>
<td>2</td>
</tr>
<tr>
<td>Nisqually</td>
<td>4</td>
</tr>
<tr>
<td>Quinault</td>
<td>1</td>
</tr>
<tr>
<td>Sauk-Suiattle</td>
<td>1</td>
</tr>
<tr>
<td>Spokane</td>
<td>1</td>
</tr>
<tr>
<td>Swinomish</td>
<td>2</td>
</tr>
<tr>
<td>Tulalip</td>
<td>1</td>
</tr>
<tr>
<td>Yakima Nation</td>
<td>2</td>
</tr>
<tr>
<td>None specified</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>22</td>
</tr>
</tbody>
</table>
Phase 2: Tribal Feedback

- Importance of programs addressing intergenerational trauma
- Challenges of implementing school-based curricula
- Desire for more information on how to integrate culturally relevant content
- Importance of leveraging resources and collaborating across tribes and multiple community organizations
- Desire for more information on implementation resources/skills
- Implementation barriers: collaboration with schools, lack of awareness of prevention, funding limitations
Phase 3: Follow-up with Other Tribal Partners & Programs

<table>
<thead>
<tr>
<th>Partners</th>
<th>Organization</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Oxford</td>
<td>University of Washington</td>
<td>Promoting First Relationships</td>
</tr>
<tr>
<td>Dennis Donovan &amp; Lisa Rey Thomas</td>
<td>University of Washington</td>
<td>Healing of the Canoe</td>
</tr>
<tr>
<td>Nancy Fiander, Dennis Embry &amp; Claire Richardson</td>
<td>White Swan &amp; Paxis Institute</td>
<td>Indigenous/First Nations PAX Good Behavior Game</td>
</tr>
<tr>
<td>Dedra Buchwald</td>
<td>Washington State University Partnerships for Native Health</td>
<td>N/A</td>
</tr>
<tr>
<td>Kevin Haggerty</td>
<td>University of Washington, Communities that Care</td>
<td>Native FACETS, Red Cliff Wellness</td>
</tr>
<tr>
<td>Kayla Wells-Moses</td>
<td>Washington State University</td>
<td>Positive Indian Parenting</td>
</tr>
</tbody>
</table>
Final recommendations include **16 programs** that:

- Were developed to address relevant substance use/mental health outcomes in Native populations;
- Incorporate cultural elements, traditions or practices;
- Aim to improve 1 or more tribal-specific risk and/or protective factors;
- Have at least some evidence from experimental, quasi-experimental, or pre-post evaluation suggesting program is effective with Native populations; and
- Have implementation materials available.
Phase 4: Final Recommendations

<table>
<thead>
<tr>
<th>Strongest Available Evidence</th>
<th>Limited Available Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong></td>
<td><strong>Tier 2</strong></td>
</tr>
<tr>
<td>• At least 1 randomized control trial or quasi-experimental evaluation study that showed Native youth who received the program exhibited more positive outcomes (i.e., statistically significant differences in substance use/mental health outcomes or related risk/protective factors) in comparison to those Native youth who did not receive the program.</td>
<td>• At least 1 pre-post evaluation study that showed Native youth (or communities) in the program exhibited statistically significant improvement on at least one of the targeted substance use/mental health outcomes or related risk/protective factors from before to after participation in the program.</td>
</tr>
<tr>
<td>• “Research-based” programs</td>
<td>• “Promising” programs</td>
</tr>
</tbody>
</table>
## WA State Final List of Programs

### Strongest Available Evidence

<table>
<thead>
<tr>
<th>Tier 1: Research-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>• American Indian Life Skills Development</td>
</tr>
<tr>
<td>• Bicultural Competence Skills Approach</td>
</tr>
<tr>
<td>• Families &amp; Schools Together for American Indian Children</td>
</tr>
<tr>
<td>• Family Spirit</td>
</tr>
<tr>
<td>• Healing of the Canoe</td>
</tr>
<tr>
<td>• Cherokee Talking Circle</td>
</tr>
<tr>
<td>• Red Cliff Wellness School Curriculum</td>
</tr>
<tr>
<td>• Native FACETS</td>
</tr>
<tr>
<td>• Project Venture</td>
</tr>
</tbody>
</table>

### Limited Available Evidence

<table>
<thead>
<tr>
<th>Tier 2: Promising</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Our Life</td>
</tr>
<tr>
<td>• Protecting You/Protecting Me for American Indian Children</td>
</tr>
<tr>
<td>• Reward and Reminder Program</td>
</tr>
<tr>
<td>• Connect Program</td>
</tr>
<tr>
<td>• FACE (Family and Child Education Program)</td>
</tr>
<tr>
<td>• Gathering of Native Americans</td>
</tr>
<tr>
<td>• Model Adolescent Suicide Prevention Program</td>
</tr>
</tbody>
</table>
American Indian Life Skills Development

- Focus: Suicide Prevention
- Setting: School
- Ages: 14-19 years old
- Adapted from Zuni Life Skills Development program

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Hopelessness*</td>
<td>✓ Suicide intervention skills*</td>
</tr>
<tr>
<td>✓ Problem solving*</td>
<td>✓ Traditional values</td>
</tr>
<tr>
<td>✓ Cultural pride</td>
<td>✓ Spirituality</td>
</tr>
</tbody>
</table>

Outcomes

- ✓ Reduced suicide-related behaviors

*Supported by research evidence

Curriculum was originally developed in collaboration with Zuni Pueblo and Cherokee Nations. It integrates general Native American beliefs and topics into a life skills program and recommends places where individual tribal beliefs, practices, and language can be added for customization.
American Indian Life Skills Development

What are the components?
- 60 sessions delivered by teachers & tribal leaders
- Delivered during school day 2-3 days per week over 20-30 weeks

What do participants learn?
- Topics include:
  - Building self-esteem
  - Identifying emotions & stress
  - Communication & problem solving
  - Reducing self-destructive behavior
  - Suicide intervention training
  - Setting personal & community goals

More information can be found here: [https://www.crimesolutions.gov/ProgramDetails.aspx?ID=246](https://www.crimesolutions.gov/ProgramDetails.aspx?ID=246)
Bicultural Competence Skills Approach

Focus: Substance use prevention
Setting: Community
Ages: 9-11 years old

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Positive attitudes toward substance use*</td>
<td>✓ Self control*</td>
</tr>
<tr>
<td>✓ Assertiveness*</td>
<td>✓ Assertiveness*</td>
</tr>
<tr>
<td>✓ Traditional values &amp; practices</td>
<td>✓ Cultural pride</td>
</tr>
<tr>
<td>✓ Cultural pride</td>
<td>✓ Spirituality</td>
</tr>
</tbody>
</table>

Outcomes

✓ Less smokeless tobacco, alcohol, and marijuana use*

Curriculum was originally evaluated with American Indian/Native Alaskan youth from reservations in Western and Plains region. It incorporates culturally-relevant examples, and is designed to promote “bicultural fluency” in the two distinct cultures in which youth live.
Bicultural Competence Skills Approach

What are the components?

- 10-15, 50-minute sessions delivered by Native American counselors
- Includes Native American values, legends, and stories
- Community component focuses on increasing substance abuse awareness

What do participants learn?

- Topics include:
  - Problem-solving
  - Communication
  - Coping skills
  - Substance use resistance skills

More information can be found here: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=262
Families and Schools Together (FAST) for American Indian Children

- **Focus:** Strengthening family bonds and improving child academic performance and emotional functioning
- **Setting:** School and after-school programs
- **Adapted from FAST**

**Risk Factors**
- Behavior problems*
- Poor parenting
- Parent-child conflict

**Protective Factors**
- School engagement*
- Traditional values & practices
- Cultural pride

**Outcomes**
- Greater academic competence*
- Less student withdrawal*

*Supported by research evidence

Curriculum was adapted in collaboration with reservations and tribal communities in northern Wisconsin. It integrates tribal values while maintaining the original FAST program’s core components.
Families and Schools Together (FAST) for American Indian Children

What are the components?

- 8 weekly sessions (and booster sessions over two years)
- The family meets together to establish cohesiveness
- Parents and children participate in separate activities to foster connections to peers
- Parents and children reconvene in one-to-one play time

What do participants learn?

- Topics include:
  - Communication Skills
  - Empathy
  - Present Parenting

More information can be found here: http://www.familiesandschools.org
Family Spirit

- Focus: Mental health promotion and substance abuse prevention
- Setting: Home
- Ages: Teen mothers and their children

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Insecure attachment</td>
<td>✓ Secure attachment</td>
</tr>
<tr>
<td>✓ Parental drug/alcohol abuse</td>
<td>✓ Traditional values &amp; practices</td>
</tr>
<tr>
<td>✓ Family dysfunction</td>
<td>✓ Cultural pride</td>
</tr>
</tbody>
</table>

Outcomes

- ✓ Reduced child internalizing problems*
- ✓ Reduced child externalizing problems*

*Supported by research evidence

Curriculum was originally developed with Apache and Navajo communities. American Indian paraprofessionals deliver an in-home curriculum directly to expectant and recent mothers.
Family Spirit

What are the components?

- 63 lessons based on the American Academy of Pediatrics’ guide *Caring for Your Baby and Young Child: Birth to Age 5*
- Employs Native paraprofessionals as home visitors

What do participants learn?

- Topics include:
  - Prenatal care
  - Infant care
  - Child development
  - Family planning
  - Healthy living

More information can be found here: [http://caih.jhu.edu/programs/family-spirit](http://caih.jhu.edu/programs/family-spirit)
Healing of the Canoe Project

- Focus: Teaching Life Skills
- Setting: Community
- Ages: High-school students

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Favorable attitudes toward drugs</td>
<td>✓ Engagement and connection with culture</td>
</tr>
<tr>
<td>✓ Associating with drug-using peers</td>
<td>✓ Positive norms</td>
</tr>
<tr>
<td></td>
<td>✓ Cultural pride</td>
</tr>
</tbody>
</table>

Outcomes

- ✓ Reduced substance use*
- ✓ Increased hope, optimism, and self-efficacy*

*Supported by research evidence

Curriculum was originally developed with Washington coastal tribes. It integrates regional tribal traditions using the Canoe Journey as a metaphor for navigating turbulence without straying from a healthy path.
What are the components?

- 8-session, skills-based course that uses aspects of the canoe journey as well as other Native symbols

What do participants learn?

- Topics include:
  - Decision-making
  - Communication
  - Goal-setting
  - Information about alcohol and drug use and its consequences

More information can be found here: [http://healingofthecanoes.org](http://healingofthecanoes.org)
Cherokee Talking Circle

- Focus: Substance abuse prevention
- Setting: School
- Ages: 13-18 year olds

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Problem behaviors</td>
<td>✓ Traditional values</td>
</tr>
<tr>
<td></td>
<td>✓ Traditional practices</td>
</tr>
<tr>
<td></td>
<td>✓ Cultural pride</td>
</tr>
</tbody>
</table>

Outcomes

- ✓ Reduced substance use

Curriculum was originally designed for students who were part of the United Keetoowah Band of Cherokee Indians, the eighth largest tribe in Oklahoma.
Cherokee Talking Circle

What are the components?

- 10 sessions/talking circles led by counselor or cultural expert
- Talking circles encourage dialogue, respect, co-creation of learning content and social discourse using a sacred object to signify who has the right to speak

What do participants learn?

- It emphasizes Keetoowah–Cherokee values, including the value of self-reliance.

More information can be found here: [https://www.crimesolutions.gov/ProgramDetails.aspx?ID=363](https://www.crimesolutions.gov/ProgramDetails.aspx?ID=363)
Focus: Substance abuse prevention
Setting: School
Ages: K – 12th grade

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
</table>
| ✓ Reduced perceptions of substance use risk | ✓ Sense of efficacy
|                                        | ✓ Ethnic identity
|                                        | ✓ Traditional values*                    |

Outcomes

✓ Reduced substance use

*Supported by research evidence

The school curriculum was created by the First American Prevention Center, an arm of the Red Cliff Band of Lake Superior Chippewa. It has been used in schools with a wide range of populations, including some with only a small percentage of non-Native students.
Red Cliff Wellness School Curriculum

What are the components?
- Manualized curriculum has separate components for grades K-3, 4-6, and 7-12
- 20-30 developmentally appropriate lessons and activities
- Small-group discussions (described as "talking circles" in Native American terms) are extensively used

What do participants learn?
- Topics include:
  - Sharing
  - Respect
  - Kindness
  - Emotional understanding

More information can be found: https://lion.militaryfamilies.psu.edu/programs/red-cliff-wellness-school-curriculum
Native FACETS

- Focus: Tobacco prevention
- Setting: Community
- Ages: 8-13 year olds

### Risk Factors

- Favorable attitudes toward drugs

### Protective Factors

- Healthy beliefs
- Sense of efficacy
- Traditional values
- Traditional practices

### Outcomes

- Reduced substance use

In collaboration with 8 Native American Tribes/Nations in the North Eastern States, researchers developed a tobacco use prevention curriculum, a dietary modification curriculum, and a combined tobacco use prevention and dietary modification curriculum.
Native FACETS

What are the components?
- Native FACETS, stands for Family/Friends, Active healthy choices, Cancer prevention, Eating wisely, Thankfulness, and Survival as a Native American
- 8 tobacco prevention sessions
- 7 dietary modification sessions

What do participants learn?
- Topics include:
  - Resistance skills
  - Decision making
  - Problem solving
  - Role of media
  - Traditional beliefs and practices regarding self, family, community

More information can be found: https://rtips.cancer.gov/rtips/productDownloads.do?programId=118095
Project Venture

- **Focus:** Youth substance abuse reduction
- **Setting:** School, reservation, community
- **Ages:** 5th – 8th grade students

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Substance use/abuse*</td>
<td>✓ Life skills</td>
</tr>
<tr>
<td>✓ Life skills</td>
<td>✓ Self-efficacy</td>
</tr>
<tr>
<td>✓ Self-efficacy</td>
<td>✓ Positive self-identity</td>
</tr>
<tr>
<td>✓ Positive self-identity</td>
<td>✓ Cultural pride</td>
</tr>
</tbody>
</table>

**Outcomes**

- ✓ Reduced growth in substance use, especially alcohol*

*Supported by research evidence

Curriculum was originally developed with tribal communities in New Mexico. This program incorporates traditional American Indian values into experiential learning via classroom and outdoor activities.
Project Venture

What are the components?

- Project staff lead games and activities in classrooms
- Experiential activities (e.g., hiking, camping)
- Extended adventure camps and wilderness treks
- Community-focused service learning and leadership activities

What do participants learn?

- Topics include:
  - Positive self-concept
  - Community service ethic
  - Internal locus of control
  - Decision-making
  - Problem-solving
  - Social skills

More information can be found here: https://nrepp.samhsa.gov/ProgramProfile.aspx?id=177
Our Life

- Focus: violence, trauma, and substance abuse
- Setting: community
- Ages: children 7-17 years old and their families

### Risk Factors
- ✓ Historical trauma

### Protective Factors
- ✓ Sense of efficacy
- ✓ Ethnic identity
- ✓ Traditional practices

### Outcomes
- ✓ Substance use

Curriculum was originally developed for tribes in New Mexico.
Our Life

What are the components?

- Psychoeducational group program focused on violence, trauma, and substance abuse

What do participants learn?

- Healing historical trauma through experiential methods and cultural practices
- Reconnecting to traditional cultural language by learning from elders
- Parenting/social skills building
- Building relationships through equine-assisted activities

Contact for more information: Jessica Goodkind, Jgoodkind@salud.unm.edu
Protecting You/Protecting Me for American Indian Children

- **Focus**: Substance use prevention
- **Setting**: School
- **Ages**: Elementary-school children and high-school peer helpers
- **Adapted from**: Protecting You/Protecting me by MAAD

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Low perceptions of harm associated with substance use*</td>
<td>✓ Interpersonal skill development</td>
</tr>
<tr>
<td></td>
<td>✓ Strong social skills</td>
</tr>
<tr>
<td></td>
<td>✓ Sense of efficacy</td>
</tr>
<tr>
<td></td>
<td>✓ Cultural pride</td>
</tr>
</tbody>
</table>

**Outcomes**

- ✓ Reduced substance use

*Supported by research evidence

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Curriculum was originally adapted with Omaha, Santee, and Winne-Bago Tribes, and has since also been evaluated with Hopi and Navajo Tribes.
Protecting You/Protecting Me for American Indian Children

What are the components?

- Five-year elementary school curriculum
- 40 lessons taught to students in grades one through five with eight lessons per grade

What do participants learn?

- Topics include:
  - Risky behaviors
  - Dangers of alcohol and its effect on brain development
  - The program also trains high school students to serve as peer helpers who may teach PY/PM lessons to elementary school students

More information can be found here: https://www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=95
Reward & Reminder Program

- Focus: Prevention of alcohol sales to youth
- Setting: Community
- Ages: Underage youth

### Risk Factors
- Access to tobacco products*

### Protective Factors
- Community norm to not accept underage use
- Cultural pride

### Outcomes
- Reduced sales of tobacco/alcohol to minors*
- Reduction in youth tobacco use*

*Supported by research evidence

Curriculum was originally developed by the PAXIS institute and has been evaluated with youth living on or near Southern California American Indian reservations. The culturally-tailored version includes feather imagery and tribal council resolutions in support of the program.
Reward & Reminder Program

What are the components?

- Decoys are used to assess alcohol sales to youth
- The buyer also records additional descriptive information about the interiors of the outlet

What do participants learn?

- Rewards for retail clerks "do the right thing" and uphold the law
- Reminders for retail clerks that attempt to sell to youth

More information can be found here: [http://paxis.org/products/view/reward-reminder](http://paxis.org/products/view/reward-reminder)
## Connect Program

- **Focus:** Suicide Prevention
- **Setting:** School and community
- **Ages:** High school students

### Risk Factors

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Stigma surrounding suicide*</td>
<td>✓ Belief in mental health care*</td>
</tr>
<tr>
<td>✓ Belief in mental health care*</td>
<td>✓ Knowledge about youth suicide prevention*</td>
</tr>
</tbody>
</table>

### Protective Factors

<table>
<thead>
<tr>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Reduced suicide-related behaviors</td>
</tr>
</tbody>
</table>

*Supported by research evidence

Curriculum was originally developed by the National Alliance on Mental Illness – New Hampshire. Training and collaboration is available in order to tailor the program to specific Tribal contexts.
Connect Program

What are the components?
- A 3-hour gatekeeper training for adults and high school students
- Discipline-specific training for professions in 13 different disciplines (e.g., law enforcement, education)
- Evidence-supported response protocols for warning signs

What do participants learn?
- Topics include:
  - Appropriate procedures for responding to youth suicide risk

More information can be found here: http://theconnectprogram.org/training-audiences/
FACE (Family and Child Education) Program

- Focus: Providing American Indian children with a culturally relevant early childhood education
- Setting: Home and center-based
- Ages: Birth - 3rd grade

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Insecure attachment</td>
<td>✓ Reliable discipline</td>
</tr>
<tr>
<td>✓ Family dysfunction</td>
<td>✓ Responsiveness</td>
</tr>
<tr>
<td></td>
<td>✓ Early screenings*</td>
</tr>
</tbody>
</table>

Outcomes

- ✓ Improved child academic and social skills*

*Supported by research evidence

Curriculum was originally developed by the Bureau of Indian Education and has been predominant on reservations in Arizona and New Mexico, though seeks to celebrate unique Tribal influences at all sites.
FACE (Family and Child Education) Program

What are the components?

- Weekly or biweekly home visits to each family
- Parent educators assess child’s developmental level and provide parent-child learning experiences, refer the family to additional services based on assessment, and encourage parents to attend a planned monthly group meeting

What do participants learn?

- Topics include:
  - Adult education
  - Early childhood education
  - Parent/child time

More information can be found here: [www.faceresources.org](http://www.faceresources.org)
Gathering of Native Americans

Focus: Healing historical trauma and addressing planning and prevention
Setting: Youth service organizations/communities
Ages: 10 - 18

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Social trauma</td>
<td>✓ Engagement within community</td>
</tr>
<tr>
<td>✓ Family dysfunction</td>
<td>✓ Positive norms</td>
</tr>
<tr>
<td>✓ Parental drug/alcohol use</td>
<td>✓ Extended family support</td>
</tr>
<tr>
<td>✓ Personal trauma</td>
<td></td>
</tr>
</tbody>
</table>

Outcomes

- ✓ Increased perception of alcohol and drugs as harmful*
- ✓ Increased sexual self-efficacy*

*Supported by research evidence

Curriculum was originally developed by the SAMHSA Tribal Training and Technical Assistance Center in collaboration with urban tribal populations in California.
Gathering of Native Americans

What are the components?
- Curriculum aims to promote and guide community discussions
- Culturally specific substance abuse prevention training in tribal communities; emphasizing the importance of traditional Native American values

What do participants learn?
- Topics include:
  - Belonging and self-identity
  - Mastery of one’s talents
  - Interdependence with, as well as connectedness and responsibility to all things during adulthood
  - Generosity - giving back to one’s community in later life through teachings/rituals/stories/songs

More information can be found here: store.samhsa.gov/shin/content//SMA16-4994/SMA16-4994.pdf
Model Adolescent Suicide Prevention Program

- Focus: Suicidal behavior prevention
- Setting: Outpatient, home, school, and community
- Ages: Children, adolescents, young adults

### Risk Factors
- Child abuse and neglect
- Family violence
- Trauma
- Alcohol/drug abuse

### Protective Factors
- Community involvement

### Outcomes
- Reduction in suicidal gestures and attempts*

*Supported by research evidence

Curriculum was originally developed by the Indian Health Service and Athabaskan tribes in New Mexico. It targets tribally-specific risk factors identified through community forum and feedback.
Model Adolescent Suicide Prevention Program

What are the components?

- Surveillance of suicide-related behaviors, school-based suicide prevention curriculum, community education, and enhanced screening/outreach/clinical services
- Trained neighborhood volunteers help provide service navigation, advocacy, and counseling with youth who may feel more comfortable with a familiar person

What do participants learn?

- Topics include:
  - Education on suicide and related behavioral issues (e.g., child abuse and neglect, family violence, trauma, and substance abuse)

More information can be found here: [www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=251](www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=251)
Q&A and Next Steps
Questions?

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Thank You