



National American Indian & Alaska Native

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Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## SBIRT in Native American and Alaska Native Populations

*Sean A Bear I, BA, CADIC  
Senior Behavioral Health Consultant  
National American Indian and  
Alaska Native ATTC  
Iowa City, IA*

*Lena Thompson, MPH  
Research Associate  
National American Indian and  
Alaska Native ATTC  
Iowa City, IA*



## Overview

- *SUD risk in Native American/Alaska Native populations*
- *Culturally informed practices*
- *Benefits and Barriers to SBIRT in Native Populations*
  - *Screening*
  - *Brief Intervention*
  - *Referral to Treatment*
- *Future Steps*



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## Substance Use Disorders in Native American and Alaska Native Populations



# SUDs

- Remember to let your staff understand and help them become more knowledgeable of substance use.
- Alcoholism is considered much like any other long-term medical issue, like cancer, diabetes, or other debilitating condition.
- Substance Use and confidentiality is critical to those whom are assessed and go through treatment, as this community is very much stigmatized as having a personal problem.



# SUDs

- *Unsafe as well as unhealthy use play a major role in deaths that could have been prevented.*
- *These types of use affect not only the person, but family, community, employment, and overall Wellness.*
  - *Health, Depression, anxiety, Relationships, familial, social, DUI, Criminal justice, injury, and death.*



# SUDs

- *Low Risk Use are designed to keep risks of developing illness and death low. This does not mean there is no risk.*
- *High Risk Use can be considered any use that raises the risk of harm, either through accidents, use while under prescription medication, other substances, driving, medical condition, etc. to name a few.*
- *High risk may be considered any use at all for those whom already have developed a drinking problem, pregnancy, underage.*



# *SUDs in Native Populations*

- *More frequent association between alcohol use and suicide*
- *Historical trauma/traumatic stress*
- *Limited studies analyzing substance abuse treatment outcomes in AI/AN populations*



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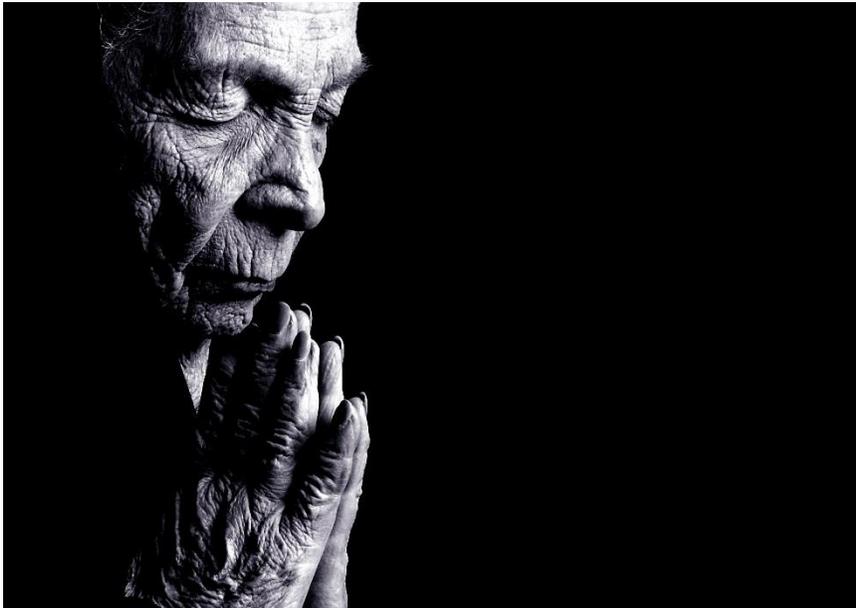
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## Culturally-Informed Practices



# *Indigenous Knowledge*



*Local knowledge unique to a given culture or society; it has its own theory, philosophy, scientific and logical validity, used as a basis for decision-making for all of life's needs.*



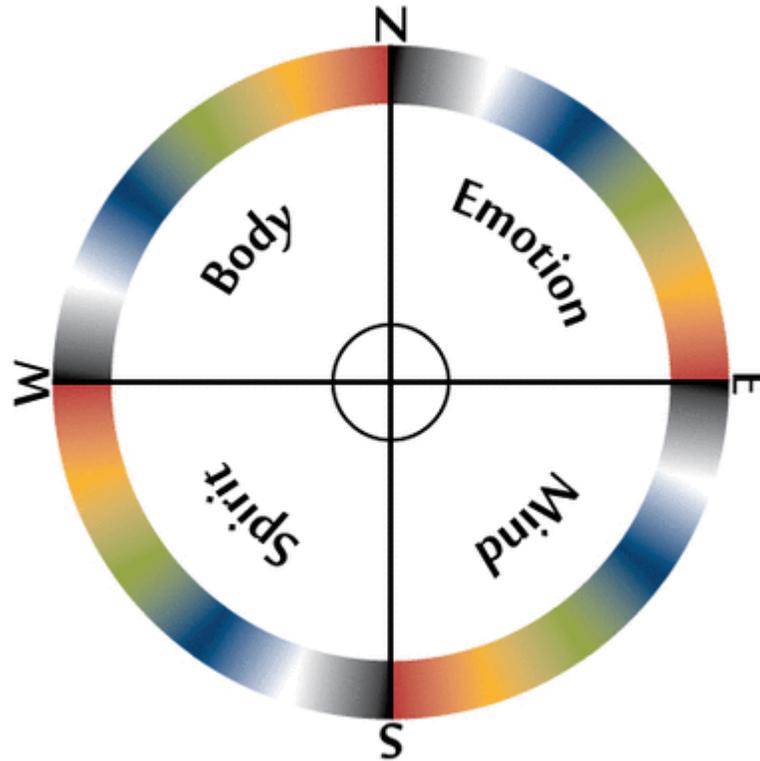
# Medicine Wheel

## Honor body:

- Exercise
- Eat right: go back to using traditional, healthier foods

## Honor spirit:

- Prayer
- Exploring your own faith
- Feeding your spirit

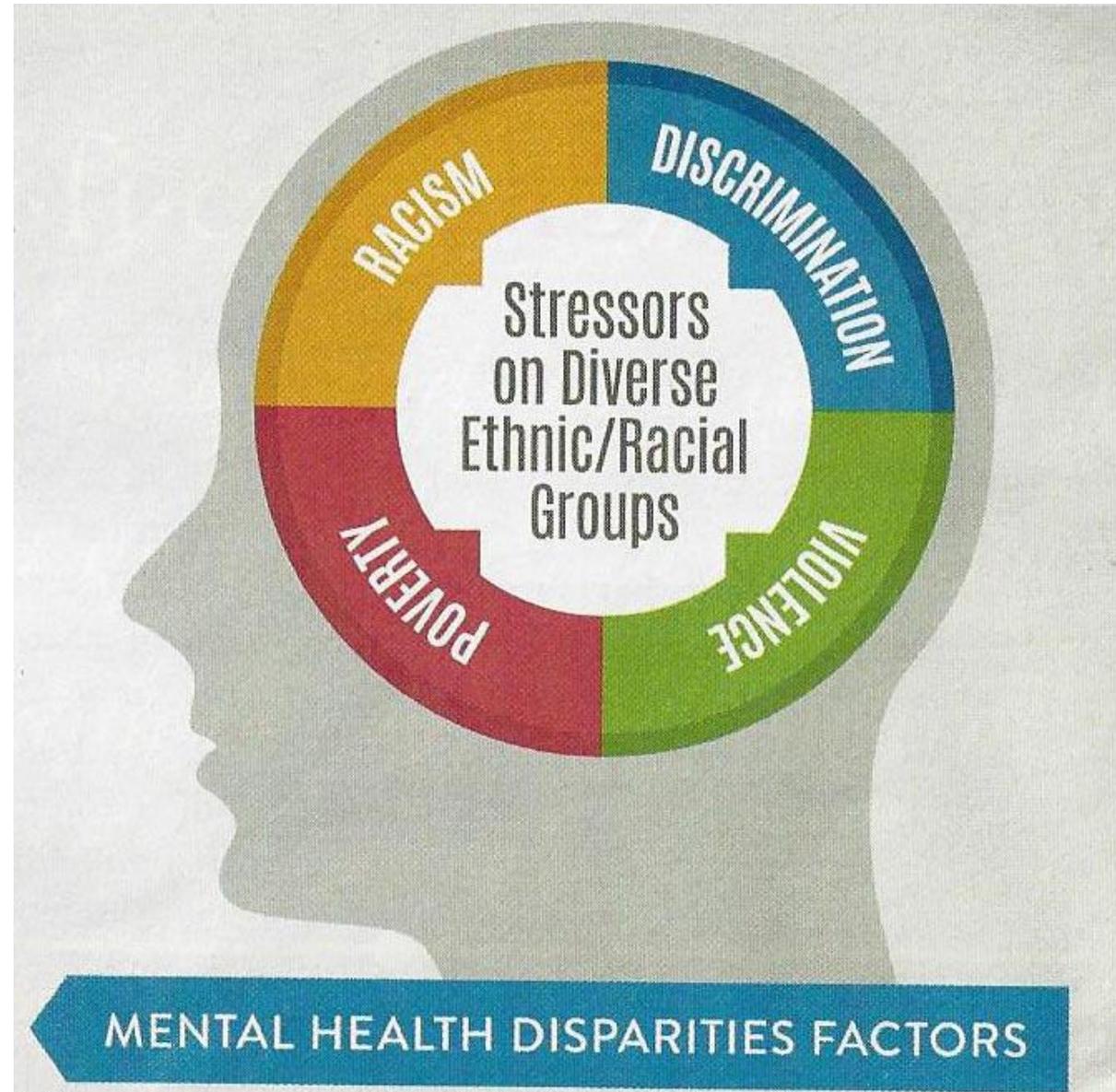


## Honor feelings:

- Pay attention to feelings and emotions - leads to healing
- Don't harbor unhealthy feelings - can make you sick

## Honor mind:

- Positive thinking
- Letting things go





# *Research, Knowledge, Bias*

## *Cultural Sensitivity*

- *Understanding of principals, morals, and standards of a specific culture.*

## *Cultural Competence*

- *Qualifies one to speak of a culture in ways that are approved.*
- *Utilizing universal preferred best practices.*

## *Cultural Humility*

- *Life long process realizing that you may not know everything about this culture.*
- *Being able to utilize subjective information on an individual basis, realizing that there are many individual/parts of a culture that are different from the rest.*



# *Traditional (Modern) vs. Non-Traditional*

- *Sum total of health knowledge, skills, and practices based upon theories, beliefs and experiences indigenous to different cultures.. used in the maintenance of health... of physical and mental illness ( WHO, 2015)*
- *Alternative medicine*
- *Homeopathic medicine*
- *Complimentary medicine*
- *Broad set of health practices, not part of that country's own tradition and not integrated into the dominant health care system. (WHO, 2015)*



# *Traditional (Native) vs. Non-Traditional*

- *Native American Traditional Medicine is more comprehensive of all life, balance, and the symbiotic relationships and respect, but also recognizing, interacting, reciprocally in a (Real)ationship on physical and spiritual levels.*
- *Western approach*
- *New*
- *Adapted*
- *Adulterated*
- *Combined*
- *New Age*



# Medicine Views

- *To Natives, Tradition is “old” and often utilized to describe practices, beliefs, and knowledge from the old ways, which held more power. (Herbs, Healing, Natural)*
- *Today, in the Medical field, it is more utilized as modern, but derived from knowledge of many cultures. (Pills, Operations, Procedures)*
- *This must be understood by therapists, clinicians, and such in utilizing these words with Native peoples, in order to understand the differences of beliefs.*



# Medicine

- *Approximately 75% of all medications today originated from Indigenous knowledge.*
- *Biopiracy -*





# Trauma-Informed Care:



## Why Use Trauma-Informed Care?

- Trauma-dynamics can be repeated both knowingly or unknowingly in a therapeutic setting.
  - Example: disbelief or lack of interest in trauma history.
- Prevents re-traumatization and builds increased coping and interpersonal skills for the future.
- Ensures greater support for populations that experience minority stress or trauma.
- Encourages a healthy lifestyle/atmosphere.



# Trauma-Informed Care:



## Examples of empowerment:

- Provide a space for staff members to become positive role models.
- Focus on strengths.
- Support forums for employees to freely and openly discuss issues.
- Provide positive feedback during the assessment process.
- Be aware of developmental needs, especially related to identity.
- Encourage growth, exploration, questions.





# Concepts

- *Ideal culturally informed practices*
  - *Respect for cultural based knowledge*
  - *Facilitate the uptake of science based knowledge*
  - *Understand the essence of an assessment and treatment approach*
- *Culturally adapt appropriate knowledge*
  - *Culturally informed practices*
- *Cultural renaissance*
  - *Culture-as-treatment*



- *Assessment*
  - *Way of getting to know the client*
  - *Beginning of a relationship*
  - *Build relationship with the client and the family*
- *Planning*
  - *In collaboration with the family*
  - *Plan aftercare/follow up*
  - *Understand chronic disease management*
  - *Understand Recovery Oriented System of Care (ROSC)*

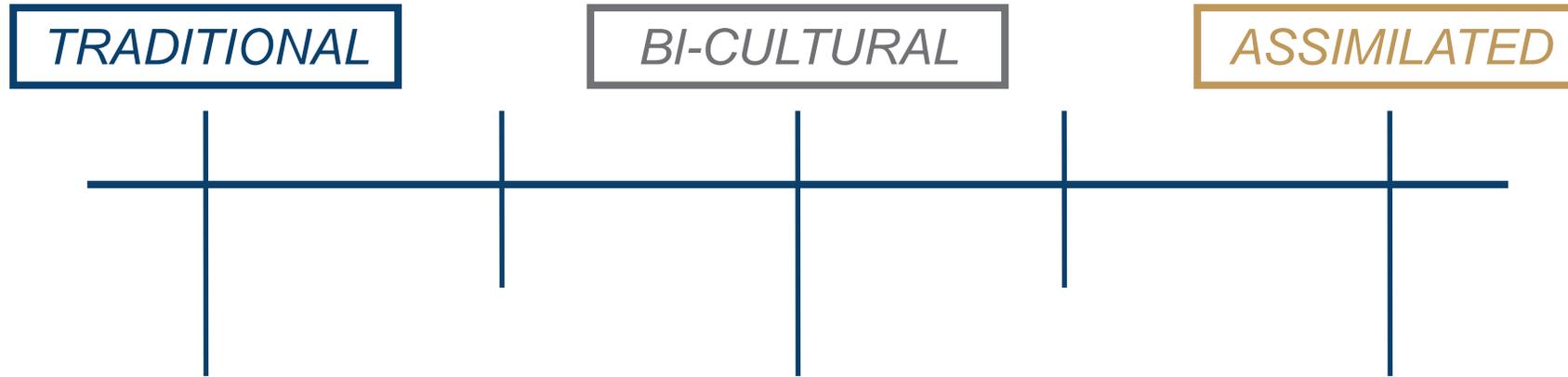


# *Important Factors in Assessment*



*Cultural evaluation*

# Impact of Cultural Orientation



- *World Views*
- *Cultural Identity & Belongingness*
- *Self-Esteem*

- *Self-Concept*
- *Self-Confidence*
- *Self-Efficacy*



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# *Processes of Thinking or Reasoning*

***Linear Thinking:** thought process that follows a known step-by-step progress where a response to a step must be elicited before another step is taken*

- Has a starting point and an end point*
- Often utilized in problem solving: If  $A = B$ , then  $B = C$ , than  $A = C$*



# *Processes of Thinking or Reasoning*

***Circular Thinking:*** *process where the answer is stated within the argument*

- It assumes what you are aspiring to prove to be true*
- The conclusion is a single assumption*
- Certain of starting point*
- Thought processes tend to jump forward, and from side to side through the steps of a project, in an effort to see the big picture and tackle those areas where they have the most interest: A is B, therefore B is A*



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# *Bi-cultural way of life*

*May -*

- be challenged daily to live in two worlds.*
- experience high levels of stress, anxiety, anger, rejection, etc. when trying to live in both worlds.*
- be confused about their tribal cultural/spiritual identity.*
- have feelings of inferiority.*
- abuse alcohol and/or drugs.*





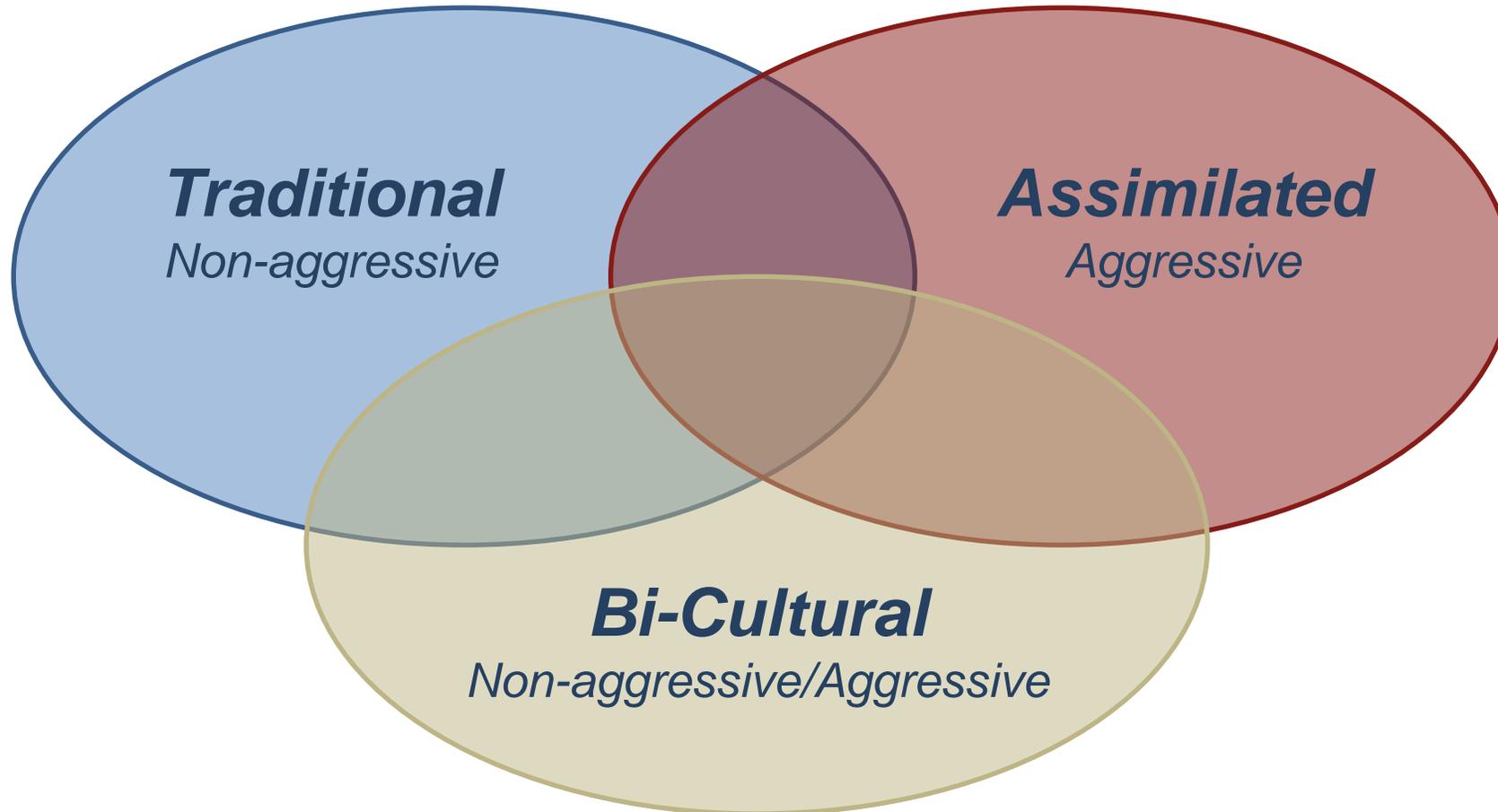
# Eye Contact

- *Native Americans, who are close to their cultural and spiritual ways, out of respect, may not engage in “direct eye contact” with the teacher/facilitator.*
- *Lack of direct eye contact does not always mean that the person is not listening.*



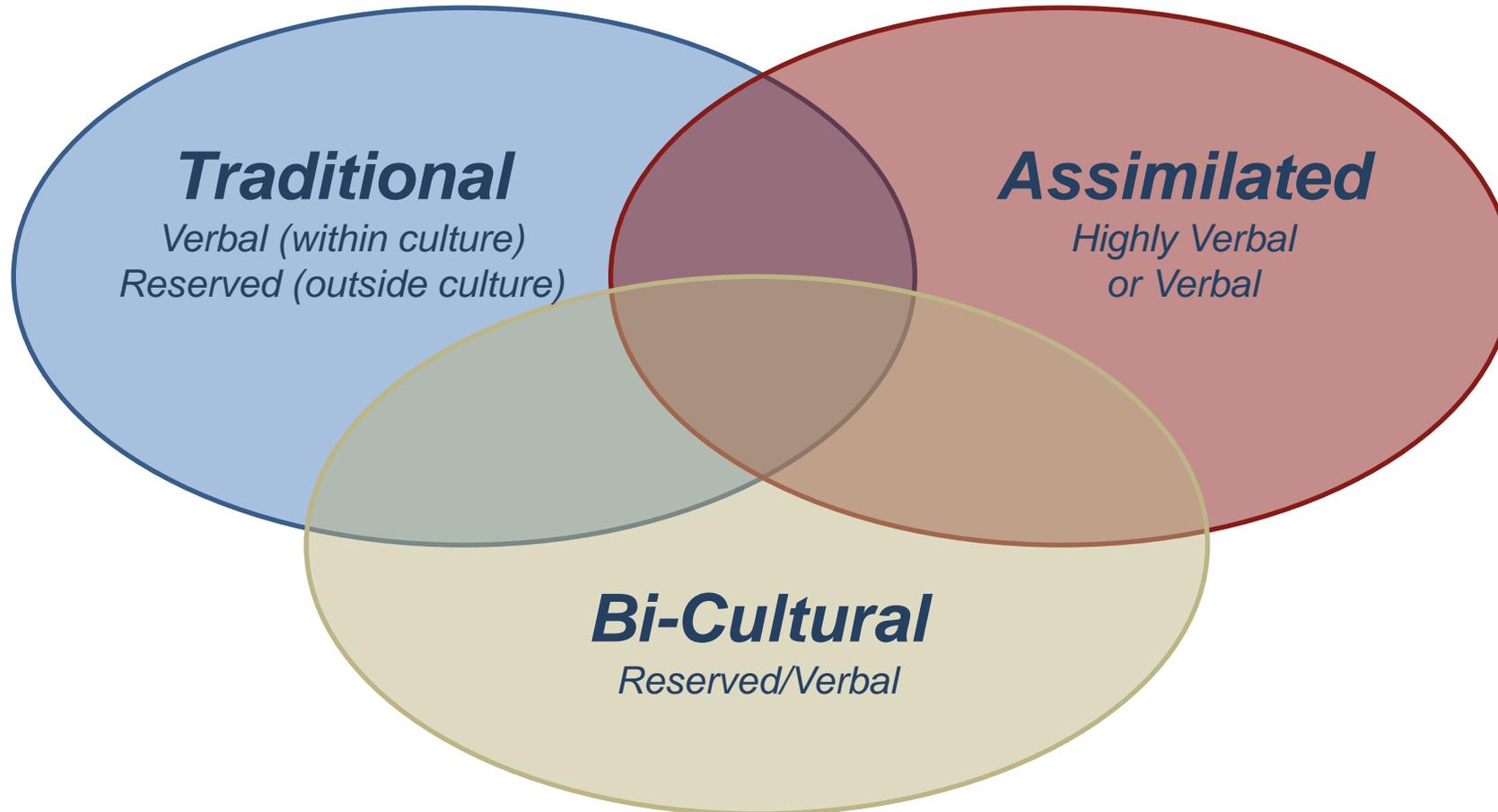


# Handshakes



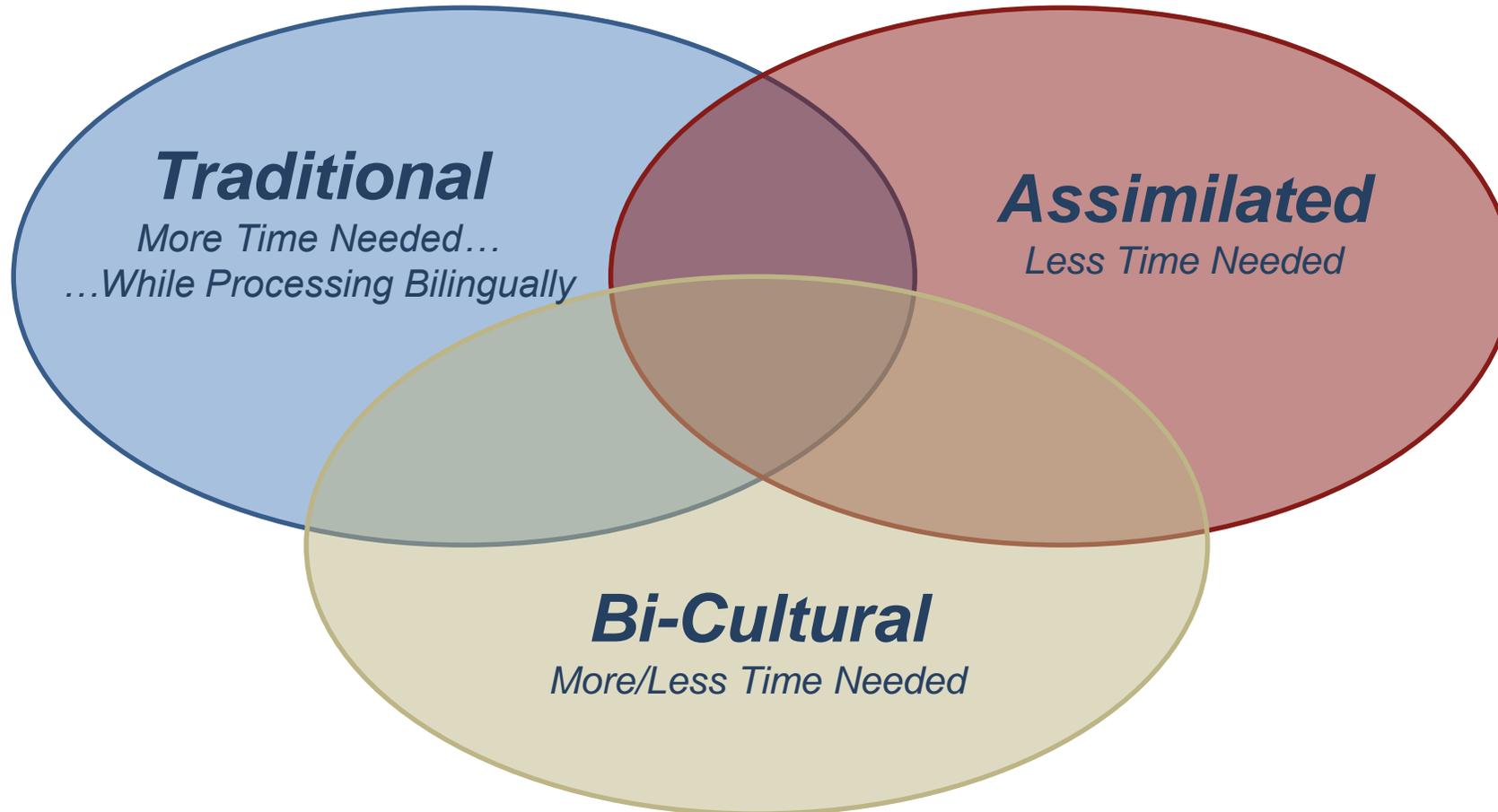


# Communication Style



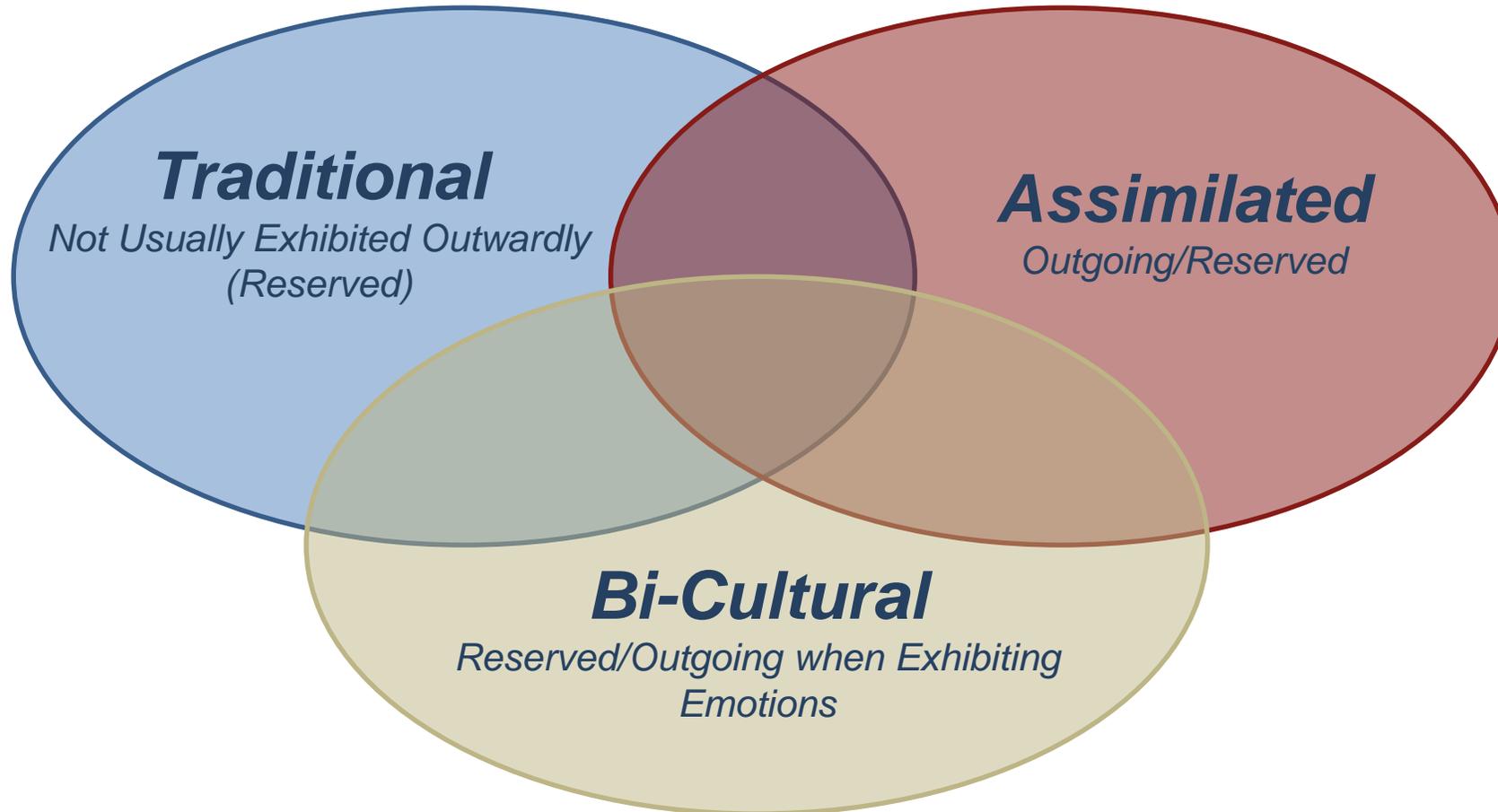


# Communication Response Time



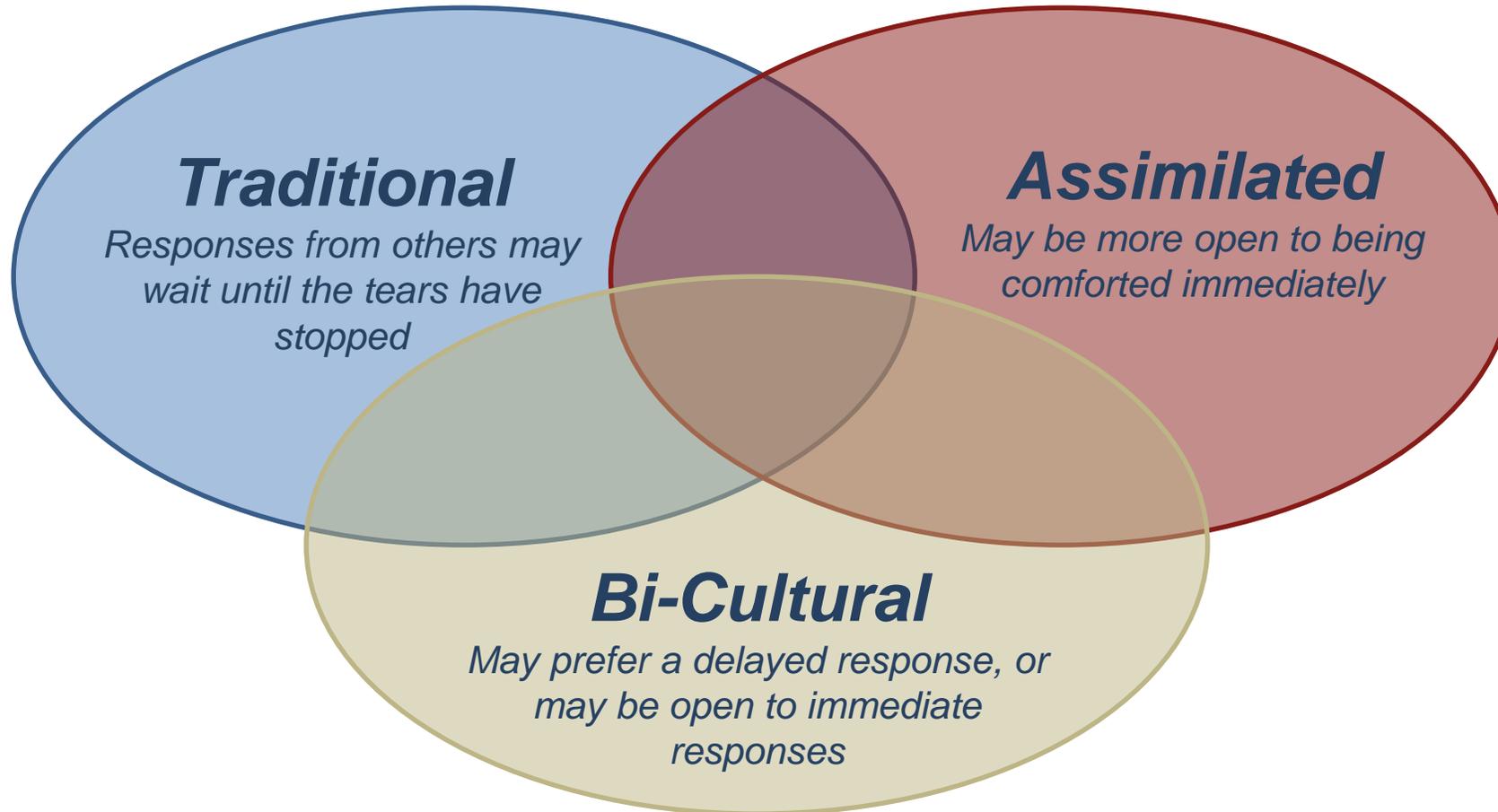


# Emotions



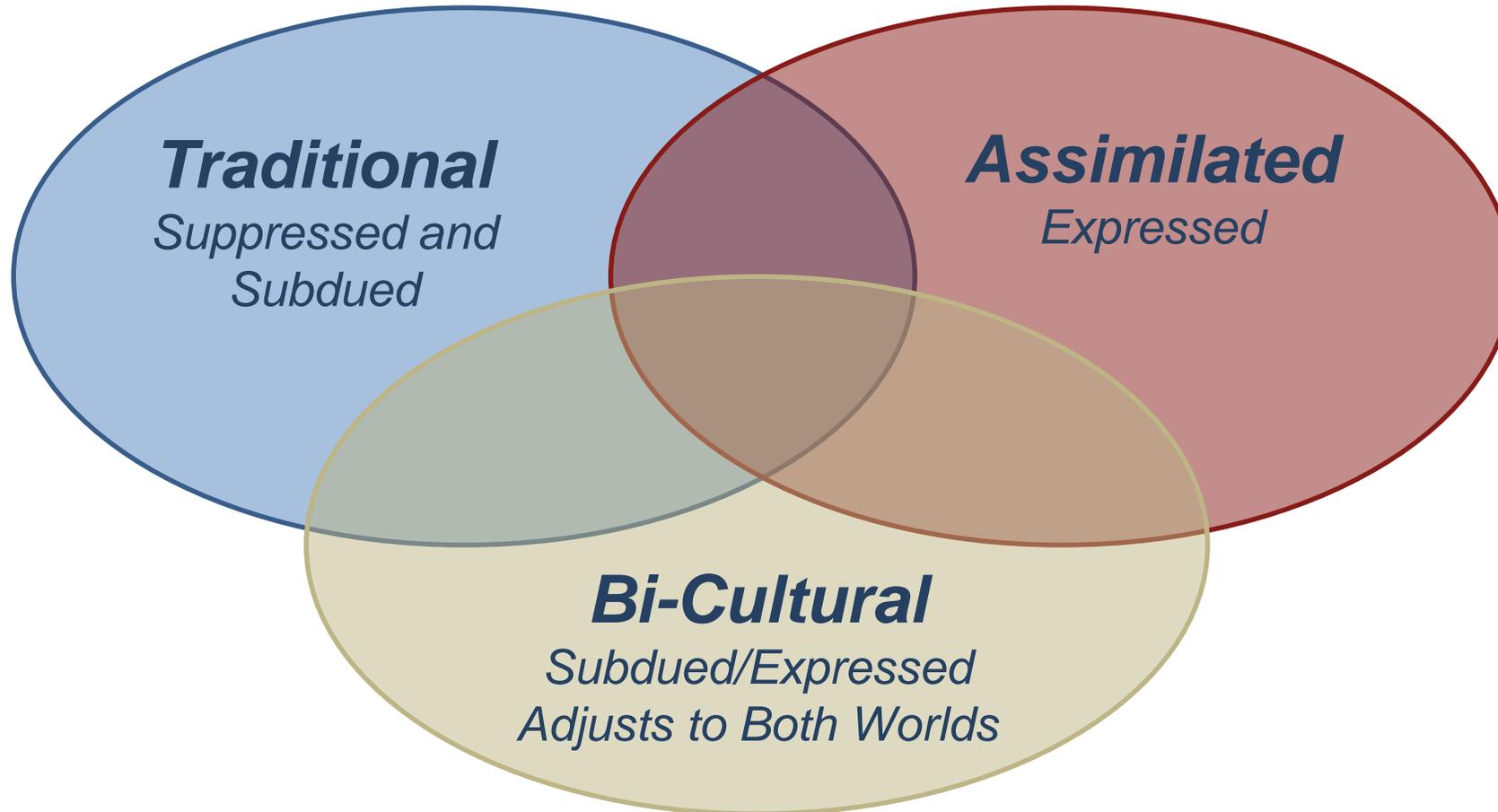


# *Times of Tears (Crying)*



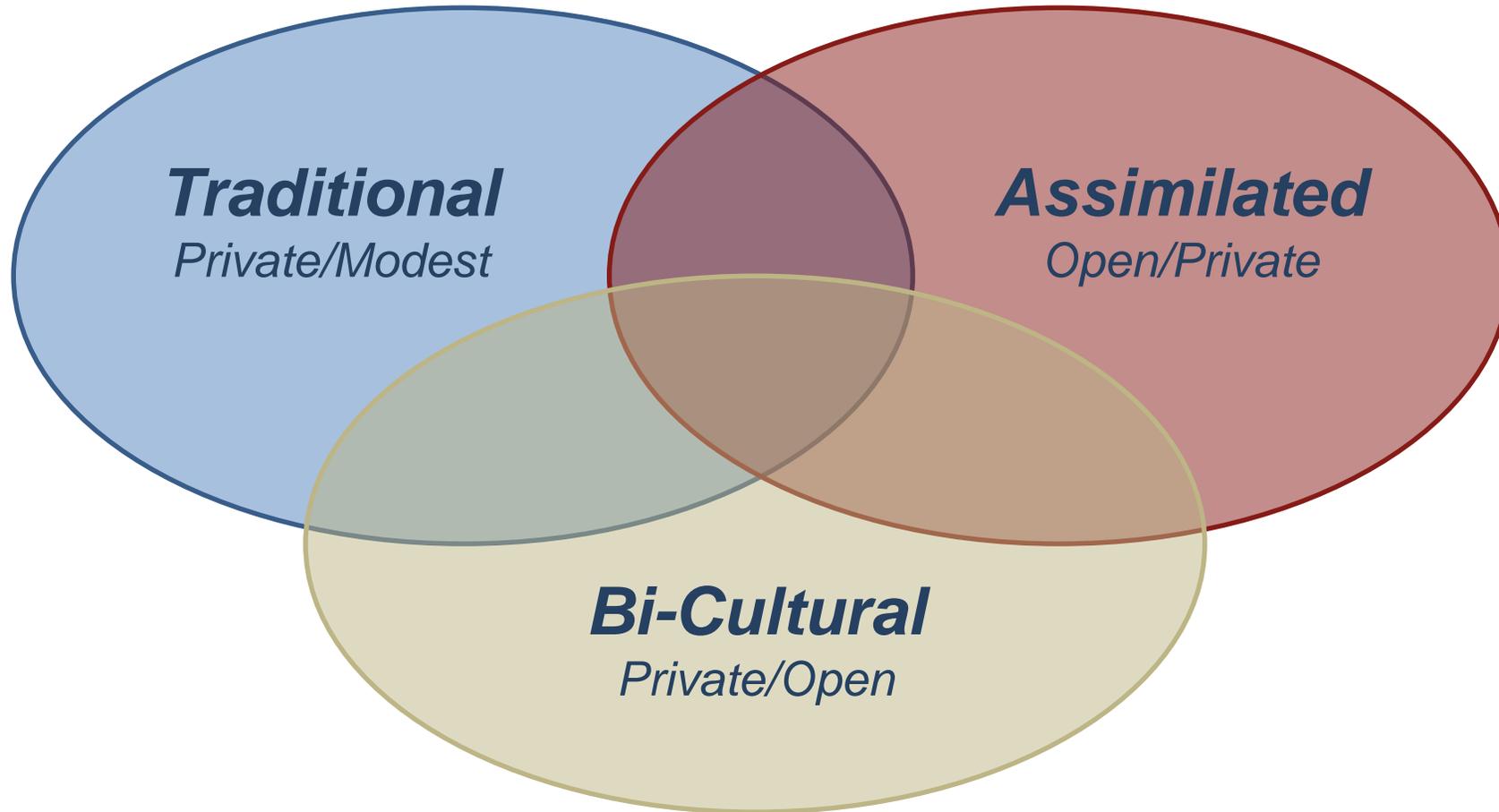


# Anger



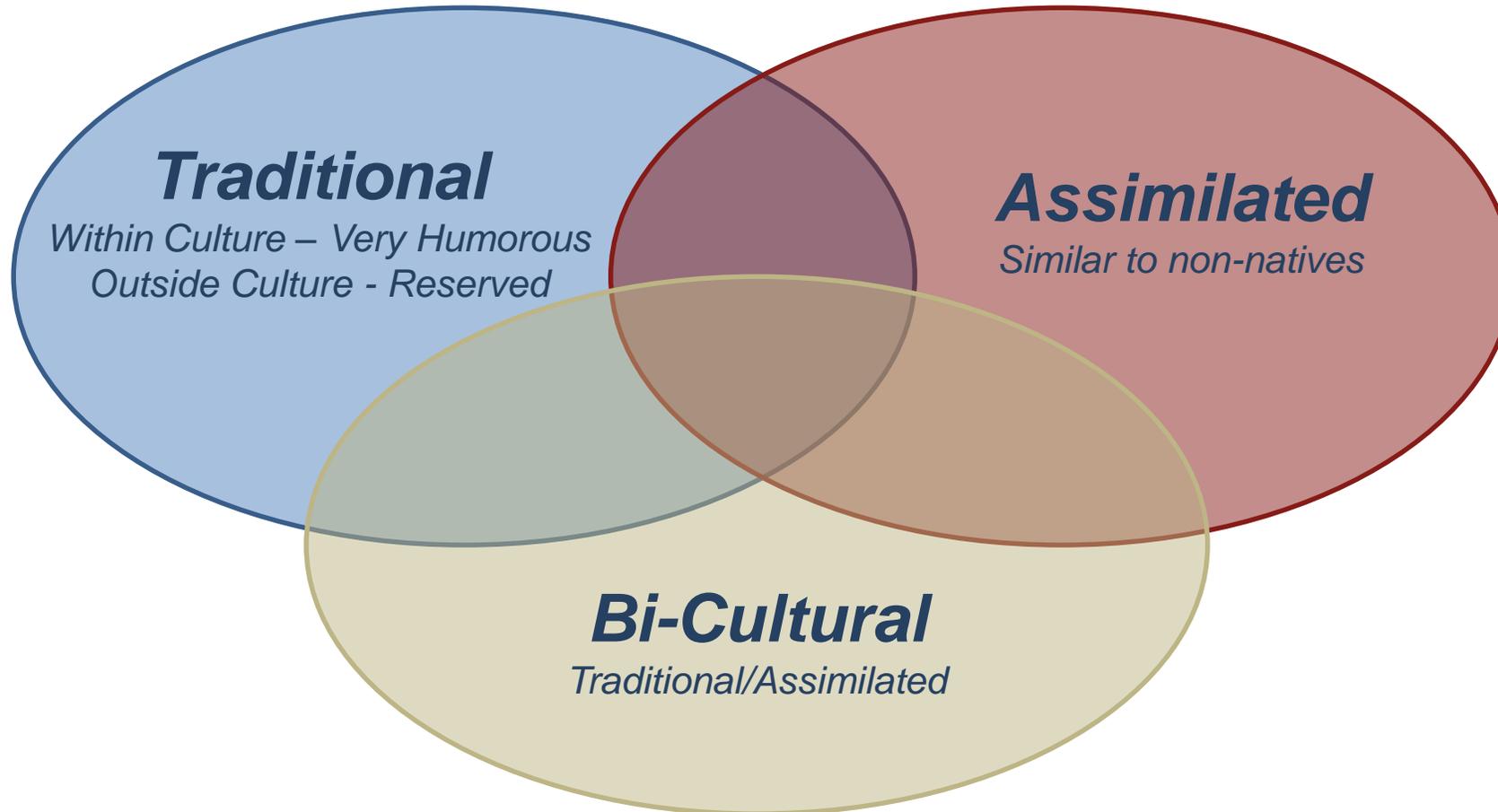


# *Showing of Affection*



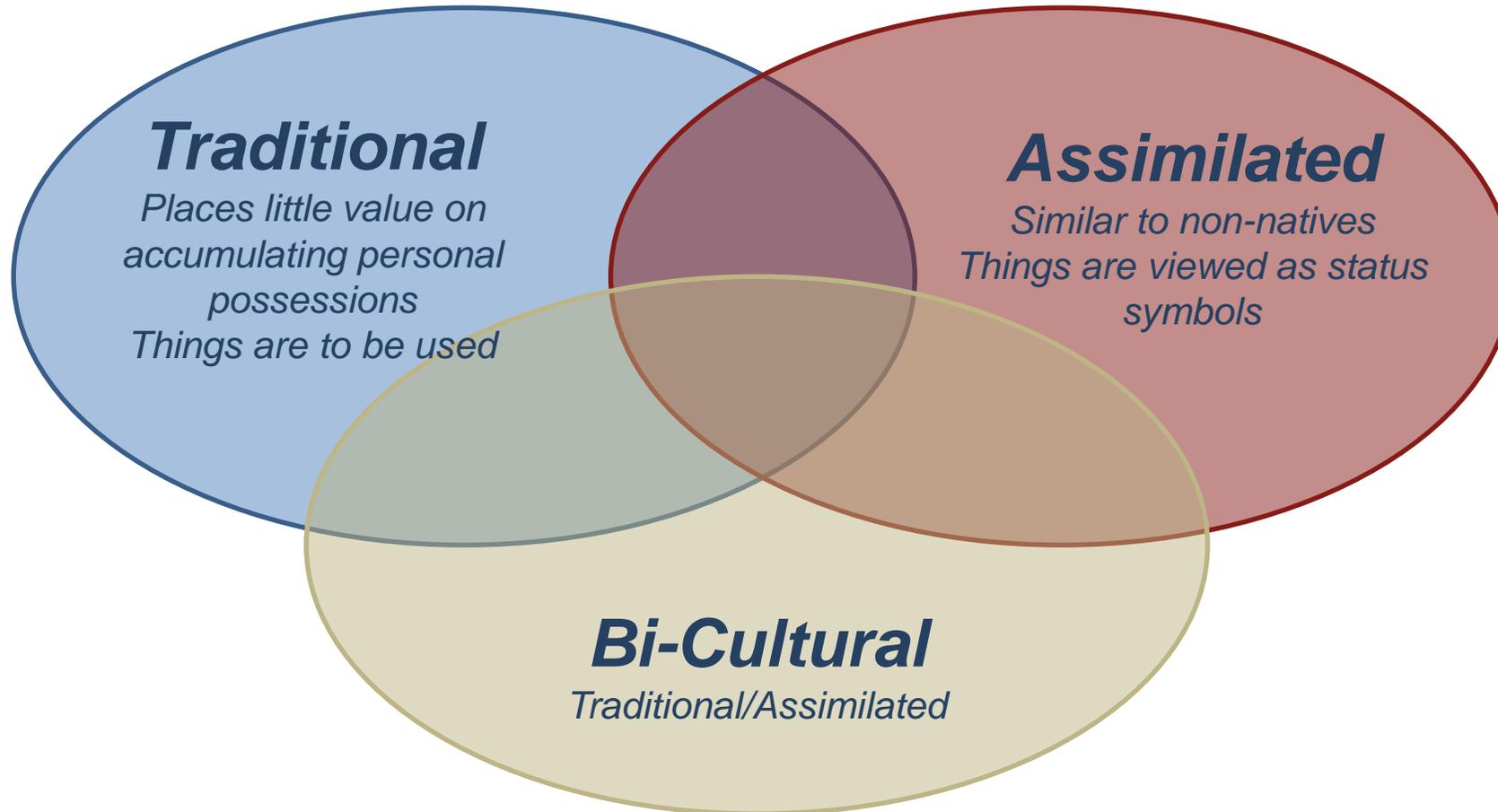


# *Humor/Teasing*



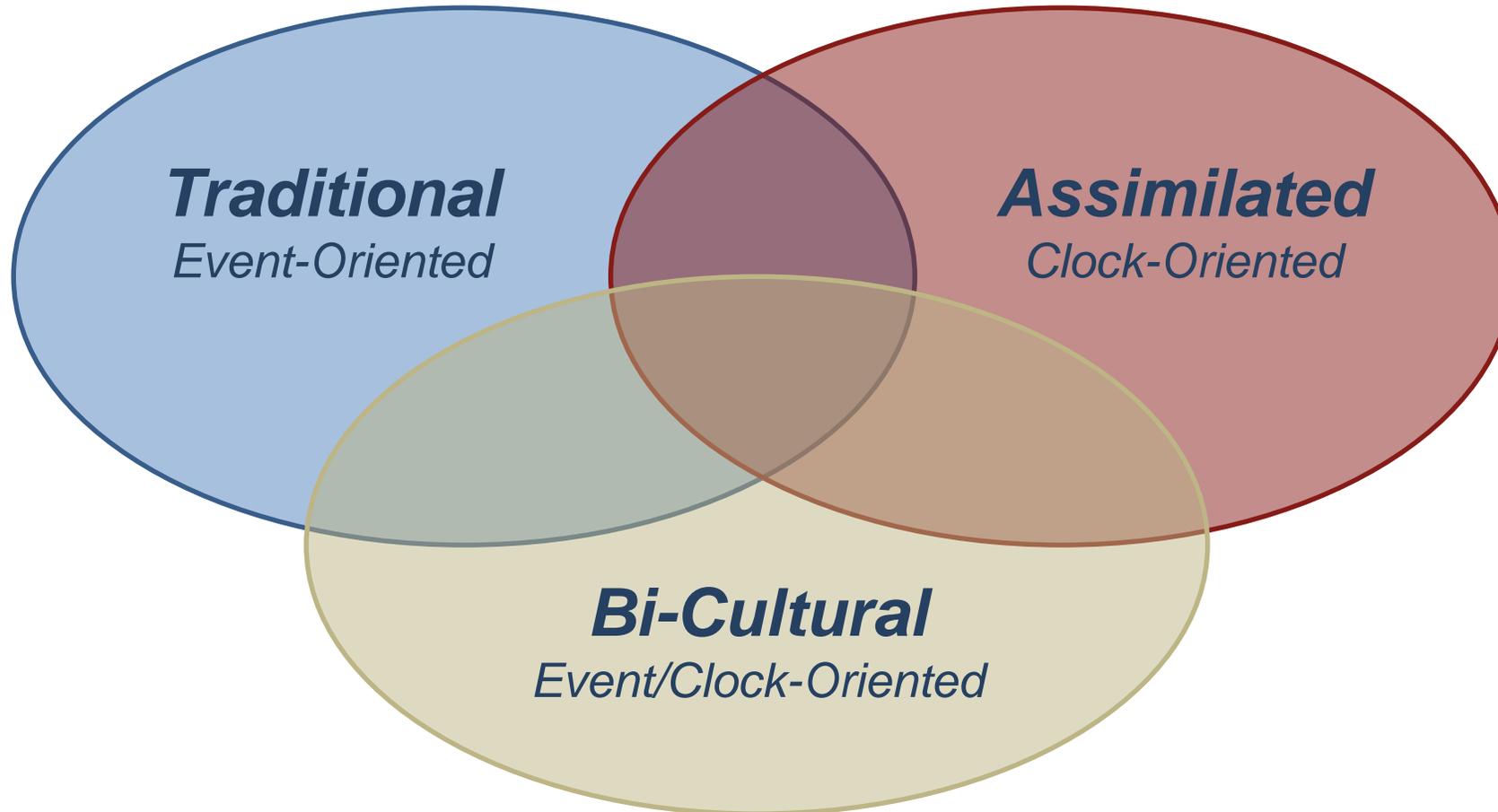


# Materialism





# *Time*





# Ways of Life

## • *Spiritual Way*

- *Understanding the spiritual aspects of many things and the realization and respect of individual spirits. Some will communicate with spirits*
- *Much like a student of spirituality.*

## *Medicine Way*

- *Living, interacting, utilizing, and cooperating with the realms of spiritual entities and nations of Creation. Will respectfully and conjointly interact with Creation*
- *Much like a Medicine person.*



# *Impact of Cultural Orientations*

- *World Views*
- *Cultural Identity & Belongingness*
- *Self-Esteem*
- *Self-Concept*
- *Self-Confidence*
- *Self-Efficacy*





# Mainstream Society of America



*Accepted  
Respected*

*Rejected  
Oppressed*

*Discrimination  
(Racial/Social/Other)*



*Living in Two  
Worlds*

*Filtration  
Systems*

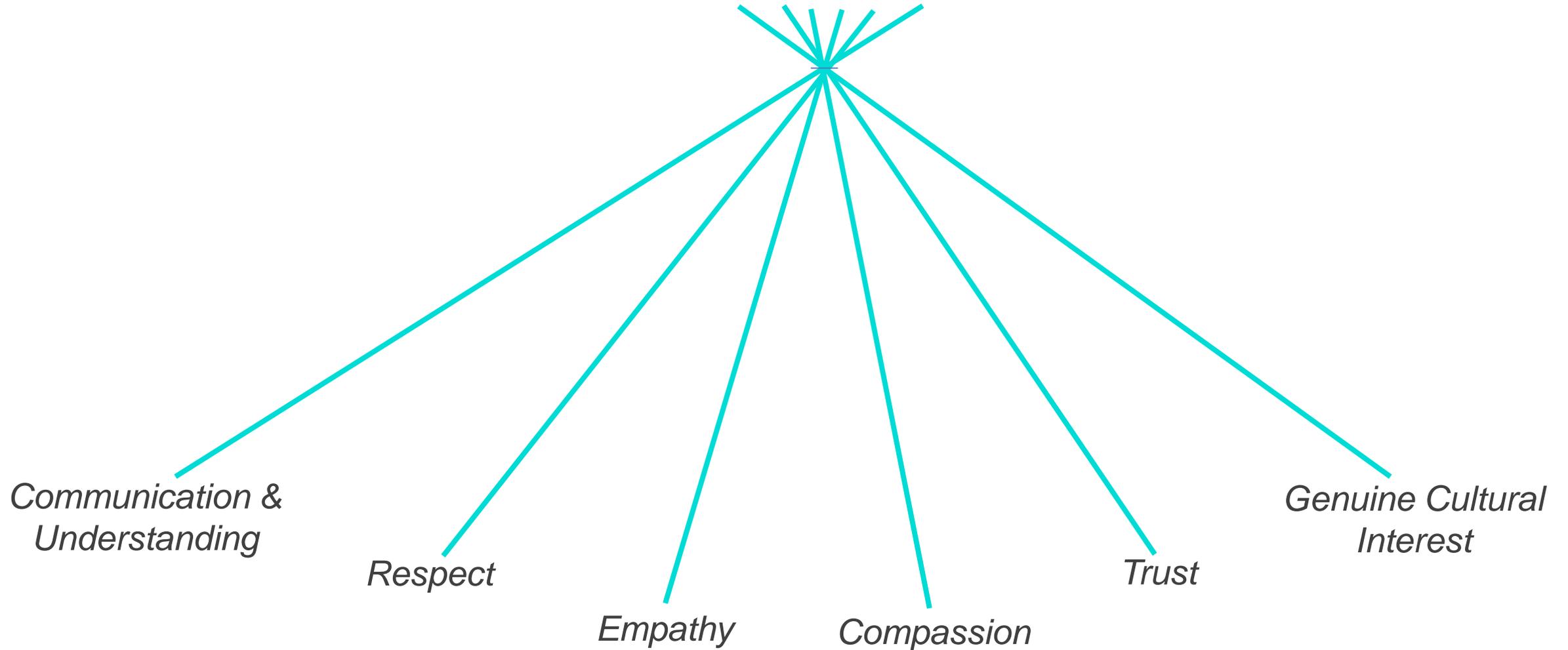
*Military  
Employment  
Education  
Other*



***Native Peoples***



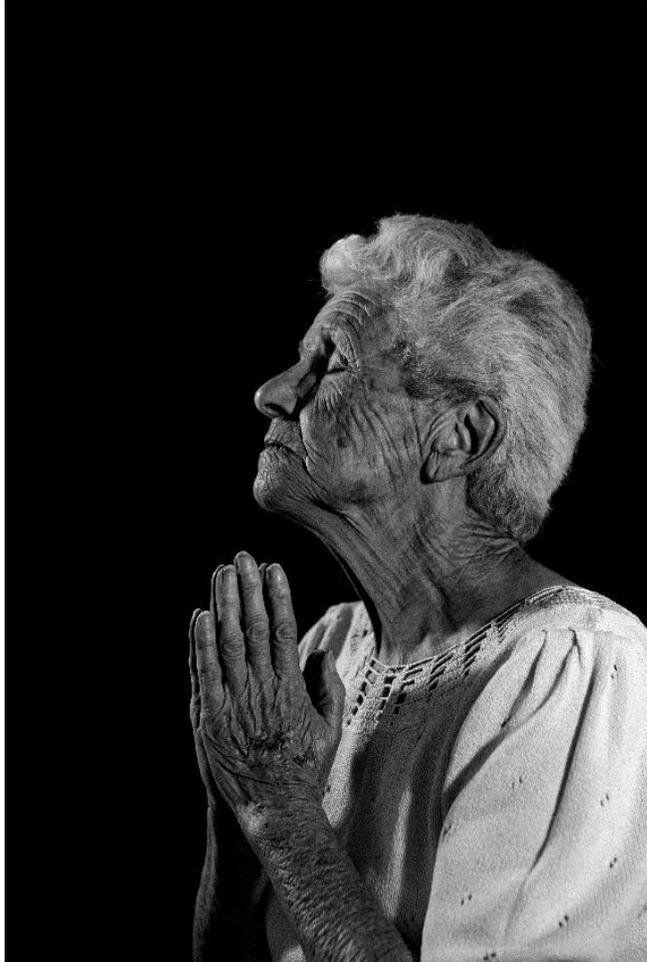
# *Building Rapport*





# Sample Identity Assessment Questions

- *How do you identify yourself -*
  - *Traditional?*
  - *Bi-Cultural?*
  - *Assimilated?*
- *Do you have other ways that you identify yourself?*
- *Are you okay with how you identify yourself?*
- *How do you think your friends would identify you?*
- *Have you ever experienced any feelings of inferiority related to your ethnic identity?*
  - *If so, how has this affected you?*
- *Have you ever experienced prejudice from -*
  - *Tribal members?*
  - *Non-tribal members?*



## *Historical and Generational Trauma*



*“At the beginning of the colonization period in North America, there were approximately 10,000,000 Native Americans inhabiting the continent.”*

*(Calloway, 1999; Garrett and Pichette, 2000)*

*“By the year 1900, due to disease, wars, persecution, subjugation, assimilation and attempts at ethnic and cultural genocide, approximately 250,000 Native Americans were left in the Americas.”*

*(Calloway, 1999; Duran & Duran, 1995)*



# *The Roots of Historical Trauma among American Indians*

*“After military defeat, American Indians experienced one of the most systematic and successful programs of ethnic cleansing the world has seen.”*

*(L.B. Whitbeck, G.W. Adams, D.R. Hoyt and Xiaojin Chen, 2004)*





# *The Roots of Historical Trauma among American Indians*

- *American Indians became dependent on the U.S. government for food, shelter and health care.*
- *All life was under the control of a foreign government.*
- *Leaving the reservation became illegal.*
- *Hunting off the reservation became illegal.*
- *Practicing traditional ways became illegal.*
  - *American Indian Freedom of Religion Act (1978)*



# *Symptoms of Historical Trauma*

- *PTSD*
  - *(anger, rage, psychic numbing, etc.)*
- *Major depression*
- *Anxiety disorders*
- *Alcohol and drug abuse*
- *Denial*
- *Agitation*
- *Nightmares*
- *Memory loss*
- *Difficulty in expressing emotions*
- *Survivor guilt*
- *Other*





# *Daily Reminders related to Historical Trauma*

- *Rez living*
- *Encroachment of Europeans on Rez lands*
- *Loss of language and culture*
- *Loss and confusion regarding traditional, spiritual ways*
- *Loss of traditional family systems*



# Contemporary Sources of Trauma

- *Violence*
  - *Domestic*
  - *Physical*
  - *Sexual*
- *Military experiences*
- *Loss of parents, close relatives and friends*
- *Adoption/Foster Care Issues*
- *Other*





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## Benefits and Barriers to using SBIRT in Native Populations



## SBIRT

- *It is very important for the whole team within an organization to understand the importance of utilizing the process of SBIRT, use of MI, Unconditional Positive Regard, and the use of Cultural sensitivity, competence, and humility. This takes a team effort.*
- *It is utilized for the early intervention for persons At-Risk and/or those with Substance Use disorders.*



# Screening

- *Designed as a quick assessment of the use and severity of a Patient/Client*
- *Does not mean that there will be a Referral to Treatment. This is a tool to assess whether a referral for either brief/more specialized treatment may be warranted.*
- *Screening does not mean treatment. Screening is to assess whether someone needs a further assessment.*



# Brief Intervention

- *Is utilized to educate and raise awareness to those whom are at-risk of developing/ have already developed a substance use problem.*
- *Uses concepts and practices of Motivational Interviewing.*

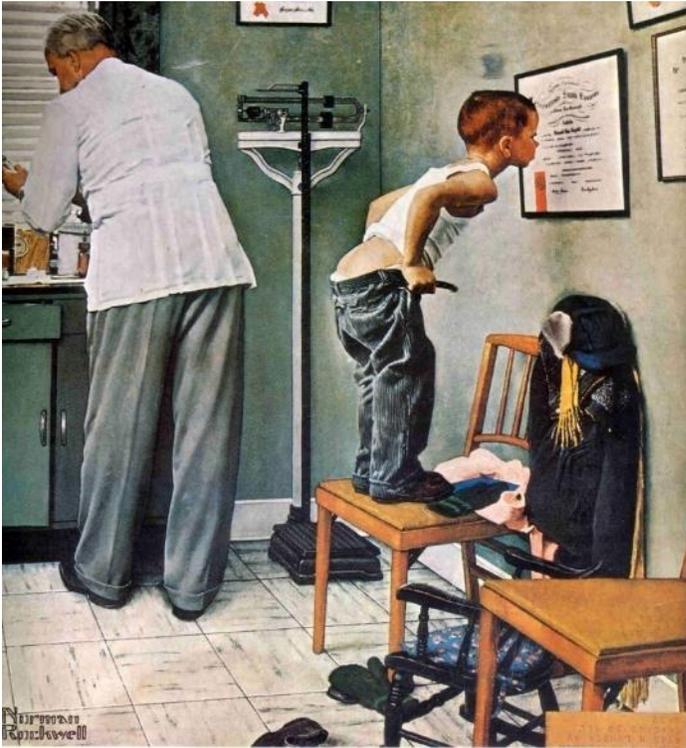
# Why don't People Change?

## Four “Common” Ideas:

- *They don't see* -- **Insight Induction** - if you can make people **see**, then they will change
- *They don't know the impact* -- **Knowledge Induction** - if people **know** enough, then they will change
- *They don't know how* -- **Skill Induction** - if you teach people **how** to change, then they will do it
- *They don't care* -- **Distress Induction** - if you can make people **feel bad** or **afraid** enough, they will change



# Change Process



The nature of change is that people *naturally* feel two different ways about something

Part of me wants to change and...  
...the other part of me does not want to change



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*People are usually more convinced by reasons they discovered themselves, than reasons presented by those found by others.*

*~Blaise Pascal*



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# *The Change Process*

*Prochaska and DiClemente*

*Trans-theoretical Model of  
Change*

*“Stages of Change”*

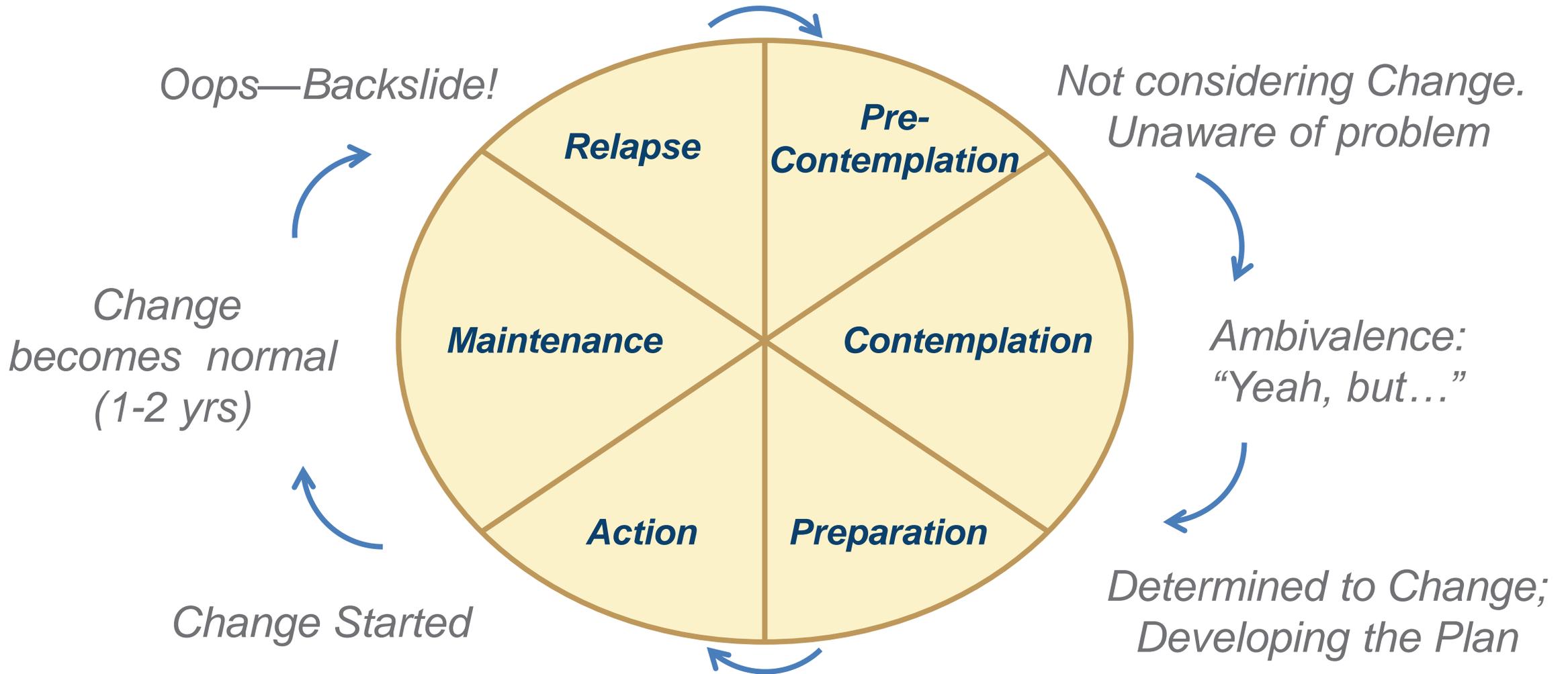


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# Prochaska and DiClemente's Cycle of Change



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*Understanding readiness to change provides clinicians with important considerations for intervention*

# *Stages of Change*

- *Pre-contemplation: I don't have a problem*
- *Contemplation: Maybe I do...*
- *Preparation/Determination*
  - *I've got to do something...beginning to get ready*
- *Action: I'm moving ahead*
- *Maintenance: Keeping steady*
- *Relapse: Falling back and re-grouping*



# *Communication Traps To Avoid*

- 1. Question-Answer Trap*
- 2. Labeling Trap*
- 3. Premature Focus Trap*
- 4. Expert Trap*
- 5. Confrontation – Denial Trap*
- 6. Blaming Trap*



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# Referral to Treatment

- *Making sure you get consent from your client*
- *Making sure that this is what your client is agreeing to*
  
- *Soft Hand-Offs*
- *Making a appointment/call together*

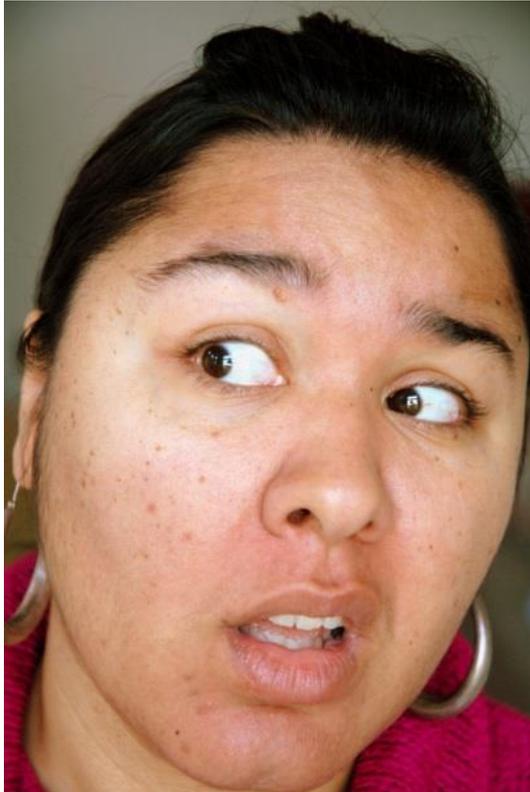


# Referral to Treatment

- *When patients or clients do not go to an appointment that you have scheduled:*
  - *No Commitment from Client*
  - *No Transportation*
  - *Forgot*
- *Call Reminders may be helpful*
- *Making sure scheduled time is considered*



# Program-Driven Plans



- *Often include only those services immediately available in agency*
- *Often do not include referrals to community services (e.g. parenting classes)*
- *Are not necessarily culturally responsive to the needs of Hispanic, Latino, American Indian, or Alaska Native clients*



# *Mismatch between needs and the service models available*

- *Reduced access*
- *Low retention rates*
- *Absence of effective community strategies*





# *Individualized Plan*



- *“Sized to match client problems and needs*



# Future Steps



*Do your agency's goals match what you are doing?*



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# Can We Answer Your Questions?

