

FNBHA Catalogue of Effective Behavioral Health Practices for Tribal Communities

This open ended catalogue is based on criteria developed by participants in the FNBHA sponsored Expert Panel meeting of May 2008 at Portland State University, Portland, Oregon. The following Tribal Behavioral Health Practices have been identified by Board and Staff of First Nations Behavioral Health Association in discussions following the meeting. Specific cultural and spiritual practices vary from tribe to tribe, were driven underground historically, and more recently some practices have been exploited by “new age” movements. Due to the jurisdictional and systemic barriers between tribal and mainstream programs, racial stereotyping and discrimination, the epidemics of suicide and violence persist in tribal and urban Indian communities, often related to substance abuse.

Federal and State funders of behavioral health services increasingly require the use of Evidence Based Practices (EBP), despite the dilemma that the “gold standard” of evidence, randomized clinical trials, tend not to reflect communities with cultural, linguistic, and geographical barriers to care and treatment. Conversely, tribes maintain the perception that they have been “researched to death” over the years by universities without their participation and oversight into conclusions, referencing the recent example of a university’s unauthorized use of tribal data beyond the original theoretical premise. The Substance Abuse and Mental Health Administration (SAMHSA) seeks to increase knowledge about behavioral health issues among American Indian and Alaska Native (AI/AN) populations and to develop culturally appropriate strategies to increase access to and provision of effective services.

Many tribes have embraced culturally-based mental health and substance abuse prevention and treatment practices that have proven to be adaptable to local tribal culture and history. Some “pan-Indian” practices such as the talking circle and sweat lodge are in the public domain and some are proprietary practices developed by American Indian organizations. Under the Indian Self Determination and Self Governance legislation, Federally-recognized tribes are able to redesign contracted programs funded by Indian Health Service and the Bureau of Indian Affairs, and also to use non-governmental funds for cultural enhancement. In addition, there are evidence based practices that have been used by tribes with cultural adaptations. Varying levels of evidence have been proposed by members of FNBHA, and the list, primarily focusing on mental health and culturally focused practices that are known to the members, is open to further clarification, addition, and discussion. The levels of evidence include:

EBP/S: Evidence Based Practices/Science Validation:

- a. RCT: Randomized Clinical Trials (with or without AI/AN participants)
- b. QES: Quasi-Experimental outcome study (with or without AI/AN participants)

First Nations Behavioral Health Association (FNBHA)

- c. UOS: Uncontrolled outcome study, (with or without AI/AN participants)
- d. DS: Descriptive study only, (no outcomes assessed)
- e. NFS: Not formally studied

EBP/NREPP: Programs included in SAMHSA's National Registry of Evidence Based Programs and Practices:

Three minimum requirements:

- a. Intervention demonstrates one or more positive outcomes in mental health and/or substance abuse behavior among individuals, communities, or populations.
- b. Intervention results have been published in a peer-reviewed publication or documented in a comprehensive evaluation report.
- c. Documentation of the intervention and its proper implementation (e. g. , manuals, process guides, tools, training materials) is available to the public to facilitate dissemination

EBP/CV: EBP with AI/AN Cultural Adaptation

PBE: Practice-Based Evidence/Non-Culturally Based:

This category would include mainstream practices undergoing research to be established as EBP's.

PBE/CV: Practice Based Evidence, with Cultural Validation:

AI/AN developed practices made available to Indian Country with community enthusiasm and support, often university and/or government funding provided for the development.

(Evaluation data was not made available for most practices observed by FNBHA members to be widely replicated.)

- a. Extreme enthusiasm and/or widespread dissemination (adopted by 15+ AI/AN communities)
- b. Moderate enthusiasm and/or substantial dissemination (adopted by 10-15 AI/AN communities)
- c. Minimal enthusiasm and/or limited dissemination (adopted by 1-3 AI/AN communities)
- d. No enthusiasm and/or not disseminated

LCV: Local cultural, spiritual practices: community validation process.

First Nations Behavioral Health Association (FNBHA)

Category of Intervention	Program Title	Description Areas of interest, and populations	Author or Organization	Manualized and Replicated	Levels of Evidence and Outcomes	Websites/ link to Publications
Community Prevention/Education, Cultural and Subsistence skill developments						
	<i>Community Readiness Scale</i>	Structured surveys of key community stakeholders to assess readiness for prevention and intervention on identified problem, including: Mental health, substance abuse, HIV, all ages	Ethnic Studies Dept. Colorado State University	Yes	PBE, CV 15+ adaptations Community outreach, capacity building	www.happ.colostate.edu
	<i>GONA, Gathering of</i>	Structured one week event developed in 1992	Kauffman Inc.	Yes	PBE/CV 15+ adaptations	www.kauffmaninc.com

First Nations Behavioral Health Association (FNBHA)

	Native Americans	to promote community healing and planning to address a variety of community problems including: Substance abuse, historical trauma, suicide, behavioral health, all ages			Pending evaluation by, ORC Macro Capacity building, engagement practices, cultural competence training	
	Cultural Immersion events: Camps, Rides, Walks, Canoe Journeys, Fish Camps, Extended Family Gatherings, Indigenous food and herb gathering, Indigenous arts & crafts	Events planned by local tribal populations to address: Historical trauma, substance abuse, family dysfunction, gangs, teen pregnancies, obesity and diabetes All ages			LCV Local validation process Community outreach and engagement, promote healing, increase self image, strengthen family and community relationships, increase social, recreational	

First Nations Behavioral Health Association (FNBHA)

					and subsistence skills.	
	<i>Circles of Care</i>	3 year Participatory community training and evaluation to address: children and families with emotional problems	University of Colorado and NICWA, funded by SAMHSA, CMHS.	yes	PBE/CV 15+ adaptations Community capacity building, engagement, use of data.	http://aianp.uchsc.edu www.nicwa.org
Workforce training and funding for positions						
	<i>Alaskan Rural Human Service Program</i>	Paraprofessional training and clinical supervision, begun in 1989, to: Serve remote villages with small populations and minimal access to licensed providers. Focus: substance abuse, suicides, social services	UAF/State of AK	Yes	PBE/CV Pending RCT, UW Outcome: culturally congruent interventions with professional support via telemedicine and scheduled visits.	www.uaf.edu/rhs www.iac.uaf.edu/rhs

First Nations Behavioral Health Association (FNBHA)

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

First Nations Behavioral Health Association (FNBHA)

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

First Nations Behavioral Health Association (FNBHA)

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

First Nations Behavioral Health Association (FNBHA)

					resist alcohol and substance abuse	
	<i>Native Aspirations</i>	Community based suicide prevention, using a menu of EBP's and culture based practices, including the Community Readiness Scale, and GONA, addressing: Youth suicide, violence, and substance abuse .	Kauffman and Associates		PBE/CV Pending evaluation Funded by SAMHSA to identify communities at risk. Outcomes: Local workforce training and community mobilization to reduce suicide risk	www.kauffmaninc.com
	<i>Positive Indian Parenting</i>	Parenting curriculum, developed by AI/AN organization in 1983. Widely adopted and open to local cultural	NICWA	Yes	PBE/CV 15+ replications Outcomes include increased	www.nicwa.org .

First Nations Behavioral Health Association (FNBHA)

		adaptations Addresses: child welfare and early intervention.			parenting skills, incorporating tribal cultural features	
	<i>Native H.O. P. E.</i>	Native Youth Training Manual, includes school and community screening tools, focusing on: Suicide Prevention	Clayton Small, PhD, and One Sky Center	Yes	PBE/CV Sponsored by Indian Health Service, One Sky Center Outcomes include increasing strengths, identifying warning signs, including culture and ceremony	www.oneskycenter.org
Treatment, Individual/Family						
	<i>Honoring Children Series</i>	Adaptation of EBP, Parent Child Interaction Therapy Mental health promotion addressing: Child trauma	Dolores Bigfoot, PhD, Uof OK	Yes	EBP/CV cultural adaption of EBP Outcomes include increased parenting	www.devbehped.s.ouhsc.edu

First Nations Behavioral Health Association (FNBHA)

					skills, early childhood intervention of child trauma	
	<i>Sacred Child Wraparound, now titled: Wraparound in Indian Country</i>	<p>Family consultation in multidisciplinary care planning. Tribal adaptation of PBE: Wraparound.</p> <p>Originally used for Child Mental Health systems, now being used for Tribal Child Welfare interventions.</p>	<p>Deb Painte, Native American Training Institute, University of Texas & University of Denver.</p>	Yes	<p>PBE/CV Wraparound process is undergoing fidelity studies, and is accepted by several states as Practice Based Evidence.</p> <p>Outcomes include family and youth advocacy and empowerment</p>	www.nativeinstitute.org
	<i>Talking Circles</i>	<p>Facilitated discussion, participants sit in a circle and pass object clockwise, signifying one's turn to speak.</p>	Public Domain		<p>LCV</p> <p>Outcomes include peer support, also used as a type of focus group</p>	

First Nations Behavioral Health Association (FNBHA)

		Ares of interest include substance abuse and mental health			to engage community interest in a topic	
	<i>Equine Assisted Therapy</i>	Equine Assisted Psychotherapy for tribes incorporates cultural and historical issues as well as: Substance abuse prevention and treatment, developmental disability, incarcerated populations	Numerous tribes and private sector use for variety of populations, including developmental disability, substance abuse treatment.		PBE/CV not formally evaluated, Outcomes include trust, relationship, and skill building,	
	Lakota/ Athabascan Assessment scales	Culturally specific emotional assessment scale developed for Lakota population, adapted for Alaska Native populations	Oglala Lakota College, USD, and UAF,	yes	PBE NIMH research grant pending	www.ncbi.nlm.nih.gov www.arctichealth.org
Recovery Services and Supports						

First Nations Behavioral Health Association (FNBHA)

	AI/AN 12 step meetings and fellowship	Structured meetings to address: Alcohol, drug abuse, gambling addictions, adults and youth	Public Domain	Yes?	LCV 12 step community Peer support for sobriety and rehabilitation	
	Sobriety Campouts	Intertribal event Individual, family, and community substance abuse	Public Domain		LCV Outcomes: peer support, family and community focus	
	<i>Healing Forest, Wellbriety, Sons and Daughters of Tradition</i>	Community events and structured prevention and treatment, Historical trauma, adult and youth substance abuse, violence, self destructive behaviors	White Bison, Inc.	Yes	PBE/CV 15 + adaptations community healing, reduced substance abuse, mentoring/skill building for youth	www.whitebison.org
	<i>Native American Church</i>	Guided intertribal ceremony	Public Domain		LCV Peer support	

First Nations Behavioral Health Association (FNBHA)

					and community cohesion, cultural enhancement	
	Rites of Passage ceremonies	Generally specific to a tribal culture.			LCV Local validation	
	Sobriety Powwows	Intertribal cultural event			LCV Local validation Builds social and recreational skills, community cohesion	
	Sweat lodge ceremonies	Guided intertribal ceremony			LCV Local validation	

First Nations Behavioral Health Association (FNBHA)

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First Nations Behavioral Health Association (FNBHA)

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