NORTHWEST FRONTIER attc
The Addiction Technology Transfer Center Network
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ADDICTION Messenger
Ideas for Treatment Improvement

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Co-Occurring Disorders - Part 2

Native Americans

"....everthing on the earth has a purpose, every disease an herb to cure it, and every person a mission. This is the Indian theory of existence"

- Mourning Dove (Salish) (1888-1936)

This issue introduces recommended treatment approaches, cultural competency and awareness issues, and effective treatment strategies for counselors serving Native American and Alaskan Native clients having both substance use and mental disorders. Great diversity exists among Native American people with regard to tribal membership, cultural identity, preservation of traditions, and living circumstances. Considering each of these factors is important if we are to effectively engage and retain in treatment Native Americans having co-occurring disorders.

Census data indicates that American Indians make up one to two percent of the United States population, with greater than 500 American Indian tribes and 250 Alaska Native villages. There has been movement of Native Americans away from reservations to more urban populations. Approximately 60-75% of Native Americans now live off reservations. The median age for Native Americans is 20.4 years while the Alaskan Native median age is at 17.9. This compares to the general population median age of 30.0. Over 50% of the Native American population is under that age of 25.

The mortality and morbidity rates related to substance abuse problems in the Native American population are tragic. The mortality rate associated with alcoholism is nearly four times that of other races. Alcohol contributes to four of the top 10 leading causes of death for American Indians and Alaska Natives, including accidents, chronic liver disease and cirrhosis, suicides, and homicides. The majority of accidents, including motor vehicle accidents, are alcohol related.

Barriers to Treatment

Several significant barriers to successful treatment engagement and retention face Native Americans and Alaska Natives. The most obvious issue is the differing sociocultural belief systems between the client and the counselor when they have different cultural backgrounds.

Cultural Concerns

Your client's values and customs may be more family-centered and include important extended family members. Matrilineal heritage is the norm for some tribal groups. Harmony and balance with nature and the environment are a central belief. Understanding that your client may have a negative reaction to confrontation may be essential in building a therapeutic relationship. A quiet and respectful demeanor has traditionally

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been encouraged in Native American families. You may want to consider taking a more inquisitive role as you begin to uncover the sociocultural issues that may affect your client's acceptance of treatment, their willingness to stay in treatment and ultimately treatment outcome.

Communication Styles

Both verbal and non-verbal communication can become a barrier to appropriate treatment. Many older Native Americans and Alaska Natives prefer to express themselves in their native language. The pace of your conversation with your client is also crucial. Rapid conversation can be interpreted as disrespectful and abusive by a client that comes from a culture that prefers to speak slower and more deliberately. Using a more confrontational "hot seat" approach may lead to premature termination of treatment.

Subcultures

Clients enmeshed in detrimental subcultures can be difficult to treat. Examples of subcultures are adolescent drinking "peer groups", and the homeless or "skid row" populations. Strategies for reintegrating a client into society or assisting them in establishing a non-drinking "peer group" will be of importance in reinforcing social skills and reducing continuation of substance use.

Traditional Healing Methods

Often Native Americans and Alaska Natives do not make a sharp distinction between physical and mental illnesses. Illness is often viewed as a lack of harmony and therapy involves restoring a balance. For native people with substance abuse disorders, traditional healing methods are of considerable interest. A number of traditional healing practices have been preserved and revitalized in recent years. It has been suggested that treatment programs for native people are more effective if traditional healing practices are respected and, if possible incorporated into treatment. Some traditional healing practices include the nativistic movements, sacred dances, sweat lodges, talking circle, four circles, and "sings".

Nativistic Movements

This religious movement's main theme has been maintaining harmony between people and nature. The movement has a long history that includes the Longhouse Religion, the Shaker Church and the Native American Church. Since 1955 the Native American Church of North America has focused on the spiritual healing of its' members with a particular focus on the destructive effects of alcohol.

Sacred Dances

Sacred dances include the Winter Spirit Dance of the Pacific Northwest Salish, the Sun Dance and the Gourd Dance. The Winter Spirit Dance is performed for individuals who suffer from "spirit illness" and depression. The Sun Dance focuses on physical and social problems, including alcohol misuse, and seeks supernatural power for individual and community healing. The Gourd Dance, although not as elaborate or rigorous as the Winter Spirit or Sun Dances, has been credited with contributing to the recovery from alcoholism by its participants.

Sweat Lodges

Many Native American alcohol treatment programs incorporate the use of the sweat lodge. The sweat lodge is a circular, dome-shaped structure that has warmed rocks centered in the middle of the floor. Water is poured over the hot stones to produce steam. The ceremony is opened with a prayer and held in sequential rounds. Each round represents the four directions: North, South, East and West. The last round focuses on healing as the leader prays for personal healing for participants and their families.

Talking Circle

The Talking Circle is a form of group therapy where participants sit in a circle. Participants smudge themselves with sweet grass or sage. A group elder opens the Talking Circle with a description of a personal experience or difficulty followed by each participant sharing in turn. The Talking Circle is ended with a prayer and shaking hands. The Circle is "closed" and the information disclosed is kept confidential.

Four Circles

Four Circles is a process where a person's life is viewed and drawn as four concentric circles. The center circle represents the Creator; the second circle, one's spouse; the third, the immediate family; and the outer circle, the extended family and community. The goal is to obtain harmony at all four levels. This is done through a discussion of the person's personal relationship with each level.

"Sings"

This ceremony, used to restore harmony in a person's life, is carried out by the "herbman", "seer" and the "singer". The ceremonial therapist or "singer" is the individual who performs curing ritual "sings". The ritual is based on a specific myth and is accompanied by chanting and sand painting by the singer. The "sing"

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requires involvement and participation of the family and community members.

Difficulties in Serving Individuals with Co-Occurring Disorders

A number of factors contribute to difficulties in providing adequate services to Native Americans, Alaska Natives, and other populations that suffer from co-occurring disorders. Significant factors include:

1. Separate, uncoordinated mental health and substance abuse treatment providers and service programs,

2. Disparate health insurance benefits for the treatment of mental illness compared with substance abuse and for the treatment of both compared to other health problems,

3. An absence of a single locus of responsibility for the treatment of individuals with co-occurring disorders,

4. Insufficient amount of cross-trained staff,

5. Differing treatment philosophies between mental health and substance abuse systems,

6. An insufficient services research base to support evidence-based practices in the treatment of persons with co-occurring disorders.

7. A dearth of instruments and trained personnel to assess and screen accurately and reliably for co-occurring mental and substance abuse disorders, and

8. Inadequate funding for the treatment of co-occurring disorders.

You may want to review past issues of the Addiction Messenger for further information on this series. The April, May and June 2002 series focused on "Co-Occurring Disorders" and the October, November and December series concentrated on "Cultural Competency". You can contact the NFATTC for copies of these issues or you can download them from our website at www.nfattc.org.

Sources:

Abbott, PJ (1998). **Traditional and Western Healing Practices for Alcoholism in American Indians and Alaska Natives**. Substance Use & Misuse, 33 (13)

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Walker, RD, et al (1996). **Alcohol Abuse in Urban Indian Adolescents and Women: A Longitudinal Study for Assessment and Risk Evaluation**. American Indian and Alaska Native Mental Health Research, Vol. 7 (1).

Walker, RD, et al (2002). **Proposal to Develop A National Resource Center for American Indians/ Alaskan Natives for Substance Abuse Services.** A one time grant proposal submission to a federally agency.

Next Issue:

"Co-Occurring Disorders: Women"

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ADDICTION Messenger

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Training Opportunities

May through June 2003

MAY

6-7
Co-Occurring Disorders: Implementing Evidence Based Practices
Portland, OR
503-725-5912

7-9
Power of Group Counseling in CD Tx.
Bend, OR
503-244-3580

8-9
Gambling Addiction Therapists Spring Workshop
Seaside. OR
503-945-9776

9
Unveiling the Addicted Heart
Vancouver, WA
360-992-2939

15
Best Practices in Addiction Treatment
Boise, ID
503-373-1322

16
Addiction and Couples Counseling
Portland, OR
503-725-8279

23
Creating a Strength-Based System Shift
Portland, OR
503-725-8279

30
Best Practices in Addiction Treatment
Warm Springs, OR
503-373-1322

JUNE

4-6
Clinical Supervision
Baker City, OR
503-373-1322

6
From Wishful Thinking to Relapse: Recovery Motivational Workshop
Vancouver, WA
360-992-2939

12-13
Healing the Wounds: Adult Children of Chemically Dependent Parents
Medford, OR
503-244-3580

10
Addictive Thinking
Anchorage, AK
907-563-9202

NFATTC NEWS

Northwest Frontier Addiction Technology Transfer Center

Summer 2003

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Idaho News From John Porter

The Idaho Workforce Development Committee met in February and is scheduled to meet again on June 3, 2003, in Boise. Some issues this group is addressing include: coordination of training activities statewide; redefining treatment protocols for State provided services; clinical supervision training; development of an effective statewide professional organization for CD professionals and supporting regional certification/reciprocity. IDEAS! the Idaho Educators in Addiction Studies consortium is in the process of reviewing the curriculum for Addiction Studies Programs in Idaho. The current course offerings have been effective in preparing a workforce through the college and univeristy system in Idaho; however, updated materials and science to service practices need to be infused in the current course offerings. IDEAS! meets bi monthly in Boise, Idaho. The next meeting is scheduled April 25, 2003.

The Regional Curriculum Workgroup will meet May 2, 2003, in Portland. This group is charged with the task of developing a scope of practice document for Addiction Studies. This meeting will take place at the Sheraton Hotel, PDX, 10 am - 3 pm.

ICADD, the annual treatment conference in Idaho is May 12 - 15, 2003 in Boise, Idaho. Members of the Northwest Frontier ATTC will participate in a Best Practices Workshop as well as a Clinical Supervision panel discussion. This conference draws CD professionals from throughout the state.

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Hawaii News From Deanna Vandersloot

The Hawaii NFATTC Technology Transfer Specialist is currently working very closely with the Hawaii Alcohol & Drug Abuse Division and Criminal Justice System to provide training and technical assistance for its Integrated Case Management Initiative. The goals of the Integrated CaseManagement Initiative include: 1) establishing an effective integrated case management system that accepts referred offenders from the Department of Public Safety, Judiciary Management Initiative include: 1) establishing an effective integrated case management system that accepts referred offenders from the Department of Public Safety, Judiciary Adult Probation and Hawaii Paroling Authority, for the purpose of providing effective case management across jurisdictions; 2) utilizing best practices in the continuum of substance treatment services within the community to refer repeat or first-time, non-violent offenders at risk of being incarcerated; 3) providing a collaborative approach to supervising and treatment the substance abusing offender in the community through cooperative efforts of criminal justice agencies' staff, integrated case managers, and substance abuse treatment programs/providers; and 4) reducing the return to custody rate of offenders on supervised release, furlough, probation or parole in a manner that is conducive with public safety.

Future training/technical assistance efforts will focus on providing motivational interviewing and cross-systems training to a group of individuals from all three systems involved in this initiative. The training sessions will be delivered over the course of 6-8 months and will provide personnel working on this initiative with an opportunity to collaborate and increase their professional skills.

Plans are also being made in Hawaii to bring substance abuse educators and treatment providers together to review the finding from the Northwest Frontier Regional Workforce Development Survey that was conducted in 2002. Both regional and state results will be presented. This forum will provide the educators and treatment providers with an opportunity to collaborate on addressing the substance abuse workforce needs of Hawaii.

* * * * *

Workforce Survey Results

Conducted in 2002, surveys were sent to 305 certified treatment agencies across the region. Follow-up efforts resulted in a response rate of 54%, yielding responses from 159 agency directors and 450 direct service treatment staff. Data were examined by role (agency director (OVER)

versus treatment staff) and by state, covering multiple topical areas. The following are some brief highlights.

• 55% of agency directors and 61% treatment staff are female, and the majority of both agency directors (83%) and treatment staff (73%) are white.

• The average age for those surveyed was 51 years old for agency directors and 46 years old for treatment staff

• Over 60% of both agency directors and treatment staff have a Bachelors degree or above. Over half (57%) of directors and 34% of treatment staff have a graduate degree.

• Over 60% of both agency directors and treatment staff report being currently certified, while approximately 20% of both groups report never being certified.

• A personal or family experience with addictions and/or a personal interest in addictions are the most frequent reasons for entry into the field for both groups.

• Treatment staff report a greater percentage of time spent on client related tasks (70%) while agency directors report more time on administrative activities (75%), although agency directors at smaller agencies spend much more time on client related activities than do directors at larger agencies.

• The majority of agency directors (68%) reported earning between $40,000- 75,000 and over a year, while 61% of treatment staff reported earning between $15,000- 34,999.

• Based on agency director's reports of staffing in the past year, agencies experienced an average turnover rate of 23%, with most turnover being voluntary (resignation). Notably, this rate in quite consistent across states, urban or rural location, agency size, and public or private status.

• Role as a change agent, commitment to treatment, 1 on 1 interactions with clients, and agency/coworkers were among the most frequently cited sources of satisfaction for both agency directors and treatment staff. Personal growth opportunities were also cited as a source of satisfaction, but career growth opportunities are not.

• Both agency directors and treatment staff report an average of 6- 7 treatment models playing a major role in their agency's approach, and they agree on the five most prominent models being implemented in their agency.

If you would like one copy of this report for your agency please contact the NFATTC at 503-373-1322 or e-mail to nfattc@ohsu.edu.

Best Practices in Addiction Treatment

May 30, 2003 9 a.m. - 4:30 p.m.

Location: Kah-Nee-Tah Resort, P.O. Box 1240, Warm Springs, OR (360) 636-4400

Join us for a one-day program focused on "evidence-based" practices in addiction treatment. Participants will have an oportunity to review manuals developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIDA), and the Institute of Behavioral Reearch at Texas Christian University.

During the workshop participants will: •Define evidence-based practice • Identify research-based principles of drug abuse treatment •Describe an evidence-based model of addiction treatment •Become familiar with a portfolio of evidence-based practices demonstrated to improve retention andrecovery rates in community treatment settings •Explore issues related to adapting new practices to existing treatment design•Learn how to maintain awareness of new practices in addiction treatment

Cost is $50.00 (including lunch and refreshments).
6 NAADAC approved Continuing Education Hours Offered

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Registration due by May 16th. No refunds after may 23rd. Make checks payable to NFATTC