

*SAMHSA's Center for the Application of Prevention Technologies*



## *CULTURAL APPROACHES TO PREVENTION*

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Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations

MARCH 2018

## **RESOURCE OVERVIEW**

*Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations* is a guide designed to inform strategic prevention planning by helping tribal communities identify and select culturally-informed programs that have been shown or have the potential to reduce substance misuse and promote well-being. Programs or practices for tribal communities are featured that have been evaluated using both prototypical Western evaluation methods as well as those that have been developed and refined using practice-based evidence. Program descriptions are divided into two sections—those with documented evaluation findings and those without such documentation. Among those 71 programs reviewed, we found that:

- Forty-two were evaluated using western evaluation methods and twenty-nine refined using practice-based evidence derived from local traditions that have been modified over time, through real-world experiences of what works best. In some cases, programs were supported by both kinds of evidence.
- Programs primarily focused on tribal youth (n=37), the whole tribal community (n=17), tribal families (n=10), or tribal adults (n=7).
- Tribal communities designed and evaluated many programs and infused cultural elements specific to tribes, such as traditional tribal ceremonies, and dances.
- Programs focused not only on reducing substance misuse, but also on improving emotional, mental and/or physical health with the goal of becoming a more resilient community.
- A few programs met the needs of special populations, such as adults who have experienced trauma, teen mothers and their children, youth with incarcerated parents, and homeless populations.

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## TABLE OF CONTENTS

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<b>INTRODUCTION .....</b>	<b>4</b>
Who is this information for? .....	6
What kind of program information is included? .....	6
Where does the information come from? .....	7
Why should tribes use this information? .....	9
How can you use this information? .....	10
<b>SECTION 1: PROGRAMS AT-A-GLANCE.....</b>	<b>13</b>
<b>SECTION 2: PROGRAMS WITH EVALUATION DOCUMENTATION .....</b>	<b>17</b>
American Indian Life Skills Development/Zuni Life Skills Development .....	17
Arrowhead Business Group .....	19
Bicultural Competence Skills Approach .....	20
Bii-Zin-Da-De-Dah (Listening to One Another) .....	21
Caring for the Circle Within .....	23
Cherokee Talking Circle.....	24
Chi-e-chee Network .....	25
Connect Program .....	26
Culturally Grounded Health Interventions .....	27
Empowering Our Spirits .....	28
FACE (Family and Child Education) Program .....	29
Families and Schools Together (FAST) for American Indian Children .....	31
Family Spirit .....	33
Gathering of Native Americans.....	36
Healing of the Canoe Project .....	37
Healthy Living in Two Worlds .....	39
Ho-Chunk Nation’s Motor Vehicle Injury Prevention Program .....	40
Holistic System of Care for Native Americans .....	41
Living in 2 Worlds (L2W) .....	42
Maskwacis Life Skills Training .....	43
Model Adolescent Suicide Prevention Program .....	45
Native American Prevention Project Against AIDS and Substance Abuse .....	46
Native STAND (Students Together Against Negative Decisions) .....	48
Nimi Icinohabi Program .....	49
Oglala Sioux Tribe CHOICES Program .....	50
Our Life.....	52
PRIDE.....	53
Projet Pairs-Aidants .....	55
Project Venture.....	56
Protecting You/Protecting Me for American Indian Children .....	58
Reclaiming our Ancestral Footsteps .....	60

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

Red Cliff Wellness School Curriculum .....	61
Reducing Tobacco Use in Pregnancy in YK Delta Women .....	62
Reward and Reminder Program .....	63
San Carlos Apache Tribe’s Motor Vehicle Injury Prevention Program .....	64
Seventh Generation .....	65
Skill Enhancement Program .....	67
Tohono O’odham Nation’s Motor Vehicle Injury Prevention Program .....	68
Walking the Path Together .....	69
White Mountain Apache Tribe’s Motor Vehicle Injury Prevention Program .....	70
Wraparound Model .....	71
The Yuonihan Project.....	73
<b>SECTION 3: PRACTICE-INFORMED PROGRAMS.....</b>	<b>75</b>
Alaskan Rural Human Service Program .....	75
Discovering Our Story .....	75
Doorway to a Sacred Place .....	76
From Legacy to Choice.....	77
The Good Road of Life: Responsible Fatherhood .....	78
Home Grown Project .....	78
Honoring Ancient Wisdom and Knowledge: Prevention and Cessation (HAWK2).....	79
Honoring Children, Making Relatives .....	80
Honoring Children, Mending the Circle .....	81
Hualapai Tribe’s HICI Project .....	82
LEAP (Lapwai Equine Assisted Program for Life Enrichment).....	82
Methamphetamine Education and Prevention Project.....	83
Motivational Interviewing and Culture for Urban Native American Youth.....	84
National Native American Mentoring Program.....	85
Native H.O.P.E.....	86
Native Wellness Youth Leadership Curriculum .....	86
NativeVision Sports & Lifeskills.....	87
Navajo Nation Fetal Alcohol Spectrum Disorders (FASD) Prevention Program .....	88
Penobscot Indian Nation HICI Project .....	89
Piya Mani Otipi Program Tokala Inajio Project.....	90
Positive Indian Parenting .....	90
Project Making Medicine.....	91
Qungasvik.....	92
Rock n’ the Rez.....	93
Sons of Tradition and Daughters of Tradition .....	93
Strengthening the Spirit-Oskâyi Kiskinotahn: Building a Comprehensive Response to Family Violence in Aboriginal Communities (Strengthening the Spirit) .....	94
TURTLE Camp .....	95
We R Native .....	96
Youth Services Programs .....	97

## INTRODUCTION

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Many tribal communities are asking: What programs can we implement that are culturally relevant, specific or adaptable to our community, and have documented evidence that they work for our people to keep them safe and well? This tool is designed to inform strategic prevention planning by helping tribal communities identify and select culturally-informed programs that have been shown or have the potential to reduce substance misuse and promote well-being. It is part of a suite of tools developed by SAMHSA's Center for the Application of Prevention Technologies (CAPT) to focus attention on the role that cultural traditions, practices, and values can play in providing protection against substance misuse for American Indian and Alaska Native populations. Other tools in this suite include:

- ***Cultural Factors that Protect Against Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations.*** This tool provides a summary of research findings on cultural factors associated with substance misuse prevention and mental health promotion among American Indian and Alaska Native (AI/AN) populations
- ***Measuring Cultural Factors Associated with Substance Misuse and Mental Health in American Indian and Alaska Native Populations.*** This tool provides information on measures that prevention practitioners and evaluators can use when evaluating programs to reduce substance misuse and promote well-being that include cultural elements.

In this resource, we focus on culturally-informed programs because culture is thought to play both a direct and indirect role in shaping individuals' expectations about the positive and negative consequences of substance misuse.<sup>1</sup> Among American Indian/Alaska Native (AI/AN) populations, loss of traditional culture or lack of identification with traditional culture is associated with many substance misuse problems.<sup>2</sup> Up until recently, however, many prevention programs have been based on explanatory theories and theories of change that do not resonate with tribal communities. For example, many programs throughout the U.S. and in AI/AN communities focus on individual-level risk-factors rather than taking a strength-based approach that builds on collectivist worldviews prevalent in many AI/AN communities.<sup>3</sup>

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<sup>1</sup> Heath, D. B. (2001). Culture and substance abuse. *Psychiatric Clinics of North America*, 24(3), 479–496.

<sup>2</sup> Abbott, P., & Chase, D. M. (2008). Culture and substance abuse: Impact of culture affects approach to treatment. *Psychiatric Times*, 1, 43–46.

<sup>3</sup> Whitbeck, L. B., Walls, M. L., & Welch, M. L. (2012). Substance abuse prevention in American Indian and Alaska Native Communities. *The American Journal of Drug and Alcohol Abuse*, 38(5), 428–435.

## ***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Until recently, there have been very few culturally-informed programs developed by and for AI/AN populations with documented evidence of effectiveness that fit the requirements outlined by many funding entities. Moreover, some of these effective programs were designed and evaluated with non-indigenous people and may not espouse values congruent with Native American culture and reality. Implementing evidence-based programs modeled on non-indigenous peoples is, arguably, a form of institutional colonialism that ignores indigenous ways of knowing.

In contrast, programs informed by cultural practices and traditions are meant to acknowledge and validate such ways of knowing. These programs have often evolved and been modified over time, through real-world experiences of what works best for specific tribes. This test of time and experience suggests that programs informed by AI/AN worldviews and practice-based evidence are more likely to be implemented in the communities where they were developed and, thus, may be more likely to promote positive outcomes.<sup>4,5,6</sup>

### **Consider the influence of world view on ways of knowing**

*“ . . . generosity is measured in the ways of respect and honor, not pity or looking at somebody as being lower. We care, we respect, we honor. Somebody who needs help is helped out of respect for another human being.”*

– Albert White Hat Sr., from *Life's Journey—Zuya: Oral Teachings from Rosebud*

Still, this guide embraces both Western and indigenous ways of knowing and features programs or practices for tribal communities that have been evaluated using both prototypical Western evaluation methods, as well as those that have been developed and refined using practice-based evidence but have yet to participate in Western-based evaluation activities. In some cases, programs are supported by both kinds of evidence—they are based on lived experiences and traditions of the populations served and have been evaluated using experimental, quasi-experimental, and non-experimental evaluation designs. By including this range of programs, we acknowledge that Western views on what constitutes evidence may conflict with traditional AI/AN world views. For example, to actively deny someone services by assigning them to a control group so that evaluators can rule out alternative explanations for a given program runs counter to core values of generosity and respect held by many tribal communities.

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<sup>4</sup> Champagne, D. (2007). In search of theory and method in American Indian studies. *The American Indian Quarterly*, 31(3), 353–372.

<sup>5</sup> Frank, J. W., Moore, R. S., & Ames, G. M. (2000). Historical and cultural roots of drinking problems among American Indians. *American Journal of Public Health*, 90, 344–351.

<sup>6</sup> Walsh, M. L., & Baldwin, J. A. (2015). American Indian substance abuse prevention efforts: A review of programs, 2001–2013. *American Indian and Alaska Native Mental Health Research*, 22(2), 41–68.

## **WHO IS THIS INFORMATION FOR?**

Originally, this guide was developed at the request of the Great Lakes Inter-tribal Council (GLITC) Partnerships for Success project director on behalf of the GLITC Epidemiology Workgroup. The GLITC formed an evidence-based practice and practice-based evidence workgroup to support implementation of programs that incorporate cultural elements and traditions and have demonstrated some evidence of effectiveness. However, other tribes, including but not limited to those who receive SAMHSA prevention dollars, may find the program information to be helpful to their prevention planning efforts.

## **WHAT KIND OF PROGRAM INFORMATION IS INCLUDED?**

This resource presents brief summaries of culturally-informed prevention programs developed and implemented by or with American Indian/Alaska Native (AI/AN) populations. Program information is organized into three sections. Section 1 categorizes all prevention programs by key outcomes of interest. Section 2 presents detailed summaries for those programs that have documented outcome evaluation findings. Section 3 presents summaries for those programs with no evaluation documentation but that are practice-informed.

For those programs with documented outcome evaluation findings in Section 2, summaries answer the following questions:

- *Description*: What are the key components of the program?
- *Cost*: How much will we have to pay to implement the program?
- *Developer(s)*: Who initially developed the program?
- *Populations*: What population group(s) does the program target?
- *Settings*: In what settings has the program been implemented (and evaluated)?
- *Evaluation Design*: How was the program evaluated?
- *Evaluation Outcomes*: What were the evaluation outcomes?
- *Evaluation Studies*: Which evaluation studies reported these outcomes?
- *Featured In*: Which national agencies or organizations have acknowledged the program?
- *Website*: Where do I go or whom do I contact for more information?
- *Resources*: From where can I obtain additional information on this program?

For those practice-informed programs that have no documentation of evaluation findings in Section 3, we provide information on description, cost, developer, populations, settings, entity that featured the program, website, and resources only. Because definitions of what constitutes evidence-based varies, we refrain from making these determinations in this document. Rather, we provide information on evaluation methods and outcomes as well as links to specific studies and other documentation; and encourage you to make those determinations with help from evaluators as needed.

## **WHERE DOES THE INFORMATION COME FROM?**

Programs included in this guide were first derived from national sources, including registries and catalogs. Programs included here were judged to be effective or promising by the standards of those entities. These national sources include the following:

- **The Athena Forum’s *Excellence in Prevention Strategies List*:** Provides a list of substance misuse prevention programs and strategies that have at least two research studies demonstrating evidence of intended results.
- **Child Trends’ *What Works*:** Searchable database of over 700 programs that have been evaluated to assess child or youth outcomes related to education; life skills; and social/emotional, mental, physical, behavioral, or reproductive health.
- **First Nations Behavioral Health Association’s *Catalogue of Effective Behavioral Health Practices for Tribal Communities*:** Describes evidence-based and practice-based tribal behavioral health practices identified by Board and Staff of First National Behavioral Health Association.
- **Indian Health Service’s *Methamphetamine and Suicide Prevention Initiative Best Practices in Use*:** Lists evidence-based and practice-based methamphetamine and suicide prevention interventions for Indian Country.
- **Johns Hopkins’ *Center for American Indian Health*:** Provides descriptions of tribal programs on a variety of topics, such as alcohol and drug abuse prevention, mental health, and adolescent health.
- **National Indian Health Board’s *Healthy Indian Country Initiative Promising Prevention Practices Resource Guide*:** Highlights 13 tribal, community-developed prevention programs that are considered promising practices for reducing and preventing disease in Indian Country.
- **Office of Juvenile Justice and Delinquency Prevention’s *Model Programs Guide*:** Details information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs by highlighting what works, what is promising, and what does not work according to expert reviews of evaluation research.
- **One Sky Center’s *Evidence-Based Practices and Best Practices*:** Provides a list of best practices that have been found to be effective in the prevention and treatment of substance abuse and mental health issues among Native populations.
- **Public Health Agency of Canada’s *Canadian Best Practices Portal*:** Describes successful public health interventions in First Nations, Inuit, and Métis urban and rural communities.
- **Substance Abuse and Mental Health Services Administration’s *National Registry of Evidence-based Programs and Practices (NREPP)*:** Evidence-based review system that provides reliable information on mental health and substance abuse interventions.



***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

- **U.S. Department of Health & Human Services' *Home Visiting Evidence of Effectiveness*:**  
Provides a list of evidence-based home visiting program models implemented in tribal communities or evaluated with AI/AN families.

Descriptions of these organizations, along with summaries of the criteria they use to establish evidence of effectiveness or rate quality of research evidence, can be found by following the links above. Programs selected for inclusion from these registries were developed to prevent or reduce substance misuse and/or promote mental health among AI/AN populations, and incorporate cultural elements, traditions, or practices.

Second, we conducted a thorough search of the academic literature to identify (1) more recently evaluated substance misuse prevention and mental health promotion programs that might have been excluded from the online registries, catalogs, or webpages listed above; and (2) research on those strategies or interventions.

Searches were conducted in PsycINFO; MEDLINE; Psychology and Behavioral Science Collection; ERIC; PsycARTICLES; GreenFILE; and Library, Information Science & Technology Abstracts. Keywords included the following:

- *Substance*: "Substance use" OR "substance abuse" OR alcohol OR marijuana OR cannabis OR opioids OR tranquilizers OR stimulants OR cocaine OR "binge drinking" OR "heavy episodic drinking" OR "substance dependenc\*" OR "drug overdose" OR "drug abuse" OR heroin OR "underage drinking" OR methamphetamine OR morphine
- *Culture*: "Cultur\*" OR "cultural practices" OR "traditional practices" OR "tradition\*" OR "ritual" or "rituals"
- *Effective*: Evaluat\* OR effect\* OR evidence
- *Prevention*: Prevent\* OR "harm reduction" OR "health promotion" OR "disease prevention" OR "youth development" OR "social development"
- *Population*: "American Indian" OR "Alaska Native" OR "Native American" OR "Indigenous" OR "tribal" OR "tribe\*"

Studies were limited to those published in English-language in peer-reviewed journals between January 2005 and July 2016, and conducted with U.S. and Canadian populations.

**Note.** There may be culturally-informed programs or strategies that did not emerge in our search and are not included in this guide. Innovative programs that meet the cultural needs of a community may exist outside of research literature and the registries and databases we consulted especially if they are grassroots and grounded in local culture. If you are aware of a program or strategy that meets criteria for inclusion, please contact us at [samhsa\\_capt@edc.org](mailto:samhsa_capt@edc.org).

## ***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

When our search yielded meta-analyses and systematic literature reviews, we consulted these to identify and review individual studies that met the criteria for inclusion.

Strategies and related studies selected for inclusion (or referenced) were those that:

- Met our definition of substance misuse prevention or mental health promotion;
- Were designed for or targeted AI/AN populations;
- Assessed outcomes related to substance misuse and its consequences as well as mental health;
- Included cultural practices or traditions.

Please employ caution when interpreting associated program results, as our review did not focus on the quality of evaluation research methods employed. Rather, we screened studies for positive outcomes specific to mental and behavioral health.

### **WHY SHOULD TRIBES USE THIS INFORMATION?**

Unlike other registries or lists of evidence-based programs, this resource includes many programs that have been developed to promote positive outcomes rather than prevent negative ones. This is important because, as noted above, many substance misuse prevention programs in the U.S., and in tribal communities, have, until recently, placed more emphasis on addressing risk factors than on promoting or building on existing strengths. Moreover, we include many practice-based programs that have been developed, refined, and implemented first in a variety of real-world settings rather than being tested in highly controlled environments. These programs support the behavioral and mental health of communities from a cultural framework, are embedded in the community, the community views them as effective, and they have been sustained over time.<sup>7</sup>

Further, this guide includes information on which programs have been evaluated and the kinds of outcomes associated with their implementation. Selecting a program with evidence of effectiveness increases the likelihood that the program will work as intended. In referencing this guide, tribes can see that others already have implemented and evaluated culturally-informed programs with varying degrees of success. Selecting evidence-based or practice-based programs also may help ensure greater efficiency in using limited resources. Tribes can look at programs described here, see what kinds of cultural elements they include, and determine whether they can do something similar based on their own cultural traditions. We also hope that this resource will help to eliminate some of the guesswork involved in program selection, as many of the entries include information on which strategies work with which communities.

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<sup>7</sup> Bartgis, J., & Bigfoot, D. S. (2009). History and background of promising practices. In National Indian Health Board (Ed.), Healthy Indian Country initiative promising prevention practices resource guide: Promoting innovative tribal prevention programs (pp. 6–11). Retrieved from [http://www.nihb.org/docs/04072010/2398\\_NIHB%20HICI%20Book\\_web.pdf](http://www.nihb.org/docs/04072010/2398_NIHB%20HICI%20Book_web.pdf).

## HOW CAN YOU USE THIS INFORMATION?

The following are suggested steps or guidelines for using this resource and its accompanying tools, based on SAMHSA's [Strategic Prevention Framework](#) (SPF).

**Start by looking at protective factors.** To be effective, interventions must be linked to protective (or risk) factors that are grounded in the local culture and help mitigate risks associated with substance misuse. We focus on protective factors to reiterate the importance, and more culturally-aligned, strengths-based approach to prevention in tribal communities. Therefore, it is critical that you begin by identifying and understanding these factors, based on a comprehensive review of local quantitative and qualitative data. If data are not available, then reflecting on factors identified in recent research literature or obtaining a general collective understanding of what drives the problem and solution in the local context can also help you to identify factors that you will want to address when implementing health promotion or substance misuse prevention programming. See [Cultural Factors that Protect Against Substance Misuse and Promote Mental Health in American Indian and Alaska Native \(AI/AN\) Populations](#).

**Identify relevant programs.** Once you have identified salient protective factors, you can begin to identify programs relevant to the protective factors you prioritized. For example, you may find that youth who are involved with American Indian cultural activities and adhere to American Indian values are less likely to misuse substances in your community. Therefore, you may want to look into programs that incorporate activities designed to strengthen and incorporate American Indian cultural activities and values. You can start by reading the "Description" section of each program record. Also, looking at the "Populations" and "Settings" rows can help you determine the relevance of a particular program or strategy to your community. The population for which the program was developed and/or that participated in the program evaluation study should mirror your population. For instance, a strategy created to increase cultural activities for Apache adolescents that incorporates Apache traditions may not be applicable to Cherokee adolescents. To increase its potential effectiveness, the program may need to be adapted to incorporate tribal-specific components.

Keep in mind that there are some drawbacks to selecting programs from a pre-determined list. Many programs that have been rigorously evaluated may be culturally inappropriate for a particular tribal population. They may also be relatively expensive to adopt and implement, and/or provide little opportunity for adaptation. Tribes may also find that there are few programs on this list, especially among those that have been evaluated, that meet the needs of their communities.

**Determine the strength of evidence.** Once you have retrieved and reviewed details supporting the strategy(s) or intervention(s) in which you are interested, you will need to decide whether the evidence of its effectiveness is sufficient. Because we do not rate programs described in this tool according to strength of evidence, you may want to do that yourself. In so doing, you will assure that you are working

## ***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

with the best available research evidence when making decisions about programs that have produced outcomes of interest to you. The main question to consider when determining strength of evidence is whether the program has been rigorously evaluated using indigenous research principles and models and ruled out alternative explanations for outcomes. This determination is complicated by the fact that definitions of rigorous evaluation vary slightly depending on who is rating the research methods. You'll notice, for example, that rating entities such as NREPP and Office of Juvenile Justice and Delinquency Prevention (OJJDP) apply different criteria to determine strength of evidence. You can certainly apply the same criteria that any well-known rating entity uses or guidelines that federal agencies have developed on what constitutes evidence of effectiveness, such as the Centers for Disease Control and Prevention's [\*Understanding Evidence\*](#) series or SAMHSA's Center for Substance Abuse Prevention's 2009 [\*Identifying and Selecting Evidence-Based Interventions: Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program\*](#). Many tribes, however, prefer to consult with their evidence-based working groups, who have established criteria for determining strength of evidence.

**Balance strength of evidence against other needs.** Having strong empirical support is important, but it is not the only factor you must consider. For example, it may be more appropriate to implement a program with less rigorous evaluation methods but with strong real-world applications. For example, programs that were deemed evidence-based through randomized controlled trials may be conceptualized and developed through the lens of the dominant mainstream White culture. In addition, tribal communities differ from one another and thus, even if a program or practice was evaluated in one tribal context, the outcomes may not be generalizable to all tribes.

**Refine your search by considering outcomes.** This guide features programs that have documented evidence- or practice-based support. For those with documented effectiveness, you can look at the "Evaluation Outcomes" row of the program record to help you determine if there are documented outcomes for your selected factors. You can then read through the more detailed description summaries to learn more about those programs and strategies that seem most relevant, and to determine further if any of these interventions would meet your community's needs. For more detailed information, use the resources provided at the bottom of each summary to obtain more information, such as their website.

**Determine the feasibility of implementation.** Once you have identified a program that addresses those protective factors present or requiring nurturing in your community and that have been shown to demonstrate some evidence of effectiveness, it is important to determine how feasible it will be to

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

implement, given your resources and community conditions (that is, the community's willingness and/or readiness to implement). A feasibility assessment might, for example, consider the following:<sup>8</sup>

- Cultural appropriateness (for example, how intrusive will this program be according to local cultural community standards?)
- Acceptability (for example, will stakeholders be satisfied with the program?)
- Demand (for example, are people likely to participate?)
- Implementation (for example, is there buy-in from leaders and ongoing support of staff implementing the program?)
- Practicality (for example, can your organization or community afford to implement the program?)
- Adaptation (for example, can you adapt the program to meet the needs of your stakeholders without compromising its effectiveness?)
- Integration (for example, does the program fit with the existing infrastructure and can it be easily integrated into staff training, workflow or service delivery?)

Additional resources related to feasibility can be found in the [CAPT area of SAMHSA's website](#).

**Develop an evaluation plan, if needed.** You may identify a program from among those included here that has not been evaluated, but that addresses the cultural factors associated with mental and behavioral health in your community, and that is feasible to implement. If this is the case, consider developing and implementing an evaluation plan that will allow you to determine whether improvements in mental and behavioral health are associated with the program you have implemented. It may be important to consult an evaluator and evaluate the program to see if it produces the desired outcomes.

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<sup>8</sup> Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., . . . Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventive Medicine*, 35(5), 452–457.  
doi:10.1016/j.amepre.2009.02.002.

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

**SECTION 1: PROGRAMS AT-A-GLANCE**

Outcome	Programs with Evaluation Documentation	Practice-Informed Programs
<b>Academic Achievement</b>	<ul style="list-style-type: none"> <li>• <a href="#"><u>FACE (Family and Child Education) Program</u></a></li> <li>• <a href="#"><u>Families and Schools Together (FAST) for American Indian Children</u></a></li> <li>• <a href="#"><u>PRIDE</u></a></li> <li>• <a href="#"><u>Walking the Path Together</u></a></li> <li>• <a href="#"><u>Wraparound Model</u></a></li> </ul>	<p>N/A</p>
<b>Chronic Disease Prevention and Management</b>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Caring for the Circle Within</u></a></li> <li>• <a href="#"><u>Culturally Grounded Health Interventions</u></a></li> <li>• <a href="#"><u>Healthy Living in Two Worlds</u></a></li> <li>• <a href="#"><u>Walking the Path Together</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Discovering Our Story</u></a></li> <li>• <a href="#"><u>Home Grown Project</u></a></li> <li>• <a href="#"><u>Hualapai Tribe’s HICI Project</u></a></li> <li>• <a href="#"><u>NativeVision Sports &amp; Lifeskills</u></a></li> <li>• <a href="#"><u>Penobscot Indian Nation HICI Project</u></a></li> <li>• <a href="#"><u>We R Native</u></a></li> </ul>
<b>Mental Health Promotion</b>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Caring for the Circle Within</u></a></li> <li>• <a href="#"><u>Cherokee Talking Circle</u></a></li> <li>• <a href="#"><u>FACE (Family and Child Education) Program</u></a></li> <li>• <a href="#"><u>Families and Schools Together (FAST) for American Indian Children</u></a></li> <li>• <a href="#"><u>Family Spirit</u></a></li> <li>• <a href="#"><u>Healing of the Canoe Project</u></a></li> <li>• <a href="#"><u>Holistic System of Care for Native Americans</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Alaskan Rural Human Service Program</u></a></li> <li>• <a href="#"><u>Discovering Our Story</u></a></li> <li>• <a href="#"><u>Honoring Children, Making Relatives</u></a></li> <li>• <a href="#"><u>Honoring Children, Mending the Circle</u></a></li> <li>• <a href="#"><u>LEAP (Lapwai Equine Assisted Program for Life Enrichment)</u></a></li> <li>• <a href="#"><u>National Native American Mentoring Program</u></a></li> <li>• <a href="#"><u>Native Wellness Youth Leadership Curriculum</u></a></li> </ul>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Outcome	Programs with Evaluation Documentation	Practice-Informed Programs
<b>Mental Health Promotion (cont.)</b>	<ul style="list-style-type: none"> <li>• <a href="#">Our Life</a></li> <li>• <a href="#">Reclaiming our Ancestral Footsteps</a></li> <li>• <a href="#">Seventh Generation</a></li> <li>• <a href="#">Wraparound Model</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">NativeVision Sports &amp; Lifeskills</a></li> <li>• <a href="#">Penobscot Indian Nation HICI Project</a></li> <li>• <a href="#">Positive Indian Parenting</a></li> <li>• <a href="#">Project Making Medicine</a></li> <li>• <a href="#">Rock n’ the Rez</a></li> <li>• <a href="#">Sons of Tradition and Daughters of Tradition</a></li> <li>• <a href="#">Strengthening the Spirit-Oskâyi Kiskinotahn: Building a Comprehensive Response to Family Violence in Aboriginal Communities (Strengthening the Spirit)</a></li> <li>• <a href="#">TURTLE Camp</a></li> <li>• <a href="#">We R Native</a></li> </ul>
<b>STI/HIV Prevention</b>	<ul style="list-style-type: none"> <li>• <a href="#">Gathering of Native Americans</a></li> <li>• <a href="#">Native American Prevention Project Against AIDS and Substance Abuse</a></li> <li>• <a href="#">Native STAND (Students Together Against Negative Decisions)</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">We R Native</a></li> <li>• <a href="#">Youth Services Programs</a></li> </ul>
<b>Substance Misuse Prevention</b>	<ul style="list-style-type: none"> <li>• <a href="#">Arrowhead Business Group</a></li> <li>• <a href="#">Bicultural Competence Skills Approach</a></li> <li>• <a href="#">Bii-Zin-Da-De-Dah (Listening to One Another)</a></li> <li>• <a href="#">Caring for the Circle Within</a></li> <li>• <a href="#">Cherokee Talking Circle</a></li> <li>• <a href="#">Chi-e-chee Network</a></li> <li>• <a href="#">Family Spirit</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Alaskan Rural Human Service Program</a></li> <li>• <a href="#">Discovering Our Story</a></li> <li>• <a href="#">The Good Road of Life: Responsible Fatherhood</a></li> <li>• <a href="#">Honoring Ancient Wisdom and Knowledge: Prevention and Cessation (HAWK2)</a></li> <li>• <a href="#">Honoring Children, Mending the Circle</a></li> <li>• <a href="#">Hualapai Tribe’s HICI Project</a></li> </ul>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Outcome	Programs with Evaluation Documentation	Practice-Informed Programs
<b>Substance Misuse Prevention (cont.)</b>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Gathering of Native Americans</u></a></li> <li>• <a href="#"><u>Healing of the Canoe Project</u></a></li> <li>• <a href="#"><u>Healthy Living in Two Worlds</u></a></li> <li>• <a href="#"><u>Holistic System of Care for Native Americans</u></a></li> <li>• <a href="#"><u>Living in 2 Worlds (L2W)</u></a></li> <li>• <a href="#"><u>Maskwacis Life Skills Training</u></a></li> <li>• <a href="#"><u>Native American Prevention Project Against AIDS and Substance Abuse</u></a></li> <li>• <a href="#"><u>Nimi Icinohabi Program</u></a></li> <li>• <a href="#"><u>Oglala Sioux Tribe CHOICES Program</u></a></li> <li>• <a href="#"><u>PRIDE</u></a></li> <li>• <a href="#"><u>Project Venture</u></a></li> <li>• <a href="#"><u>Protecting You/Protecting Me for American Indian Children</u></a></li> <li>• <a href="#"><u>Red Cliff Wellness School Curriculum</u></a></li> <li>• <a href="#"><u>Reducing Tobacco Use in Pregnancy in YK Delta Women</u></a></li> <li>• <a href="#"><u>Reward and Reminder Program</u></a></li> <li>• <a href="#"><u>Skill Enhancement Program</u></a></li> <li>• <a href="#"><u>Walking the Path Together</u></a></li> <li>• <a href="#"><u>The Yuonihan Project</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Methamphetamine Education and Prevention Project</u></a></li> <li>• <a href="#"><u>Motivational Interviewing and Culture for Urban Native American Youth</u></a></li> <li>• <a href="#"><u>National Native American Mentoring Program</u></a></li> <li>• <a href="#"><u>Native H.O.P.E.</u></a></li> <li>• <a href="#"><u>Native Wellness Youth Leadership Curriculum</u></a></li> <li>• <a href="#"><u>NativeVision Sports &amp; Lifeskills</u></a></li> <li>• <a href="#"><u>Navajo Nation Fetal Alcohol Spectrum Disorders (FASD) Prevention Program</u></a></li> <li>• <a href="#"><u>Penobscot Indian Nation HICI Project</u></a></li> <li>• <a href="#"><u>Piya Mani Otipi Program Tokala Inajio Project</u></a></li> <li>• <a href="#"><u>Qungasvik</u></a></li> <li>• <a href="#"><u>TURTLE Camp</u></a></li> <li>• <a href="#"><u>We R Native</u></a></li> <li>• <a href="#"><u>Youth Services Programs</u></a></li> </ul>
<b>Suicide Prevention</b>	<ul style="list-style-type: none"> <li>• <a href="#"><u>American Indian Life Skills Development/Zuni Life Skills Development</u></a></li> <li>• <a href="#"><u>Arrowhead Business Group</u></a></li> <li>• <a href="#"><u>Connect Program</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Alaskan Rural Human Service Program</u></a></li> <li>• <a href="#"><u>Doorway to a Sacred Place</u></a></li> <li>• <a href="#"><u>From Legacy to Choice</u></a></li> <li>• <a href="#"><u>The Good Road of Life: Responsible Fatherhood</u></a></li> </ul>



***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Outcome	Programs with Evaluation Documentation	Practice-Informed Programs
<b>Suicide Prevention (cont.)</b>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Empowering Our Spirits</u></a></li> <li>• <a href="#"><u>Holistic System of Care for Native Americans</u></a></li> <li>• <a href="#"><u>Model Adolescent Suicide Prevention Program</u></a></li> <li>• <a href="#"><u>Projet Pairs-Aidants</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Native H.O.P.E.</u></a></li> <li>• <a href="#"><u>Native Wellness Youth Leadership Curriculum</u></a></li> <li>• <a href="#"><u>Penobscot Indian Nation HICI Project</u></a></li> <li>• <a href="#"><u>Piya Mani Otipi Program Tokala Inajio Project</u></a></li> <li>• <a href="#"><u>We R Native</u></a></li> </ul>
<b>Violence &amp; Injury Prevention</b>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Ho-Chunk Nation’s Motor Vehicle Injury Prevention Program</u></a></li> <li>• <a href="#"><u>Holistic System of Care for Native Americans</u></a></li> <li>• <a href="#"><u>Protecting You/Protecting Me for American Indian Children</u></a></li> <li>• <a href="#"><u>San Carlos Apache Tribe’s Motor Vehicle Injury Prevention Program</u></a></li> <li>• <a href="#"><u>Tohono O’odham Nation’s Motor Vehicle Injury Prevention Program</u></a></li> <li>• <a href="#"><u>Walking the Path Together</u></a></li> <li>• <a href="#"><u>White Mountain Apache Tribe’s Motor Vehicle Injury Prevention Program</u></a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Alaskan Rural Human Service Program</u></a></li> <li>• <a href="#"><u>Discovering Our Story</u></a></li> <li>• <a href="#"><u>The Good Road of Life: Responsible Fatherhood</u></a></li> <li>• <a href="#"><u>Native H.O.P.E.</u></a></li> <li>• <a href="#"><u>Piya Mani Otipi Program Tokala Inajio Project</u></a></li> <li>• <a href="#"><u>Project Making Medicine</u></a></li> <li>• <a href="#"><u>Strengthening the Spirit-Oskâyi Kiskinotahn: Building a Comprehensive Response to Family Violence in Aboriginal Communities (Strengthening the Spirit)</u></a></li> </ul>

## SECTION 2: PROGRAMS WITH EVALUATION DOCUMENTATION

<b>American Indian Life Skills Development/Zuni Life Skills Development</b>	
<b>Description</b>	<b>American Indian Life Skills (AILS) Development</b> is the current version of the former <b>Zuni Life Skills Development</b> program. It is a school-based suicide prevention curriculum that aims to reduce suicide risk factors and increase protective factors among American Indian youth. The curriculum comprises approximately 60 individual sessions delivered by teachers and tribal community leaders during the school day two to three times per week over 20 to 30 weeks. The curriculum integrates commonly shared Native American beliefs and topics into a life skills program, and recommends places where individual tribal beliefs, practices, culture, and language can be added for customization. Students participate in culturally relevant experiential learning exercises on: self-esteem, emotions and stress, communication and problem-solving skills, self-destructive behavior, suicide, and personal and community goals.
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Program manual: \$30 each (required)</li> <li>• Three-day onsite leadership training: \$9,000 per site, plus travel expenses (not required)</li> <li>• AILS observation guide: Free</li> <li>• Additional consultation from developer: Varies</li> </ul>
<b>Developer(s)</b>	Teresa D. LaFromboise, Stanford University, in collaboration with the Zuni Pueblo and Cherokee Nations
<b>Populations</b>	<ul style="list-style-type: none"> <li>• American Indian or Alaska Native adolescents aged 14 to 19</li> <li>• Adaptations have been developed for:               <ul style="list-style-type: none"> <li>○ Middle school students on a reservation in the Northern Plains area</li> <li>○ Sequoyah High School in Tahlequah, Oklahoma</li> <li>○ A boarding school on the reservation of Cherokee Nation that enrolls students from about 20 tribes across the country</li> <li>○ Young women of the Blackfeet tribe</li> </ul> </li> </ul>
<b>Settings</b>	School and community
<b>Evaluation Design</b>	Prospective, quasi-experimental design with 128 Zuni Public High School students randomly assigned to a prevention (n=69) or comparison (n=59) group, and assessed before and after using a self-report survey, behavioral observation, and peer ratings.
<b>Evaluation Outcomes</b>	Compared with the no-intervention group, students receiving the Zuni Life Skills Development curriculum:

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>American Indian Life Skills Development/Zuni Life Skills Development</b>	
<b>Evaluation Outcomes (cont.)</b>	<ul style="list-style-type: none"> <li>• Were less likely to feel hopeless</li> <li>• Demonstrated a higher level of suicide intervention skills.</li> </ul> <p>Students across both groups demonstrated greater problem-solving skills in the scenario with the mild suicide threat than in the scenario with the more serious suicide threat.</p>
<b>Evaluation Studies</b>	LaFromboise, T., & Howard-Pitney, B. (1995). The Zuni Life Skills Development curriculum: Description and evaluation of a suicide prevention program. <i>Journal of Counseling Psychology</i> , 42(4), 479-486.
<b>Featured in</b>	<ul style="list-style-type: none"> <li>• OJJDP’s <u><i>Model Programs Guide</i></u> <ul style="list-style-type: none"> <li>○ Designation: “Promising - One study”</li> </ul> </li> <li>• One Sky Center’s <u><i>Evidence-Based Practices and Best Practices</i></u> <ul style="list-style-type: none"> <li>○ Designation: “Best Practice”</li> </ul> </li> <li>• SAMHSA’s <u><i>National Registry of Evidence-based Programs and Practices</i></u> <ul style="list-style-type: none"> <li>○ Designation: “Promising” – depression and depressive symptoms, suicidal thoughts and behaviors</li> <li>○ Designation: “Ineffective” – self-concept</li> </ul> </li> </ul>
<b>Website</b>	<a href="http://www.ashiwi.org/">http://www.ashiwi.org/</a>
<b>Resources</b>	<p>LaFromboise, T. (1996). <i>American Indian Life Skills Development curriculum</i>. Madison, WI: University of Wisconsin Press.</p> <p>LaFromboise, T. (2009). <i>American Indian Life Skills Development curriculum</i>. Retrieved from <a href="http://alaskanativeyouth.org/wp-content/uploads/AmericanIndianLifeSkillsDevelopment.pdf">http://alaskanativeyouth.org/wp-content/uploads/AmericanIndianLifeSkillsDevelopment.pdf</a></p> <p>LaFromboise, T. D., &amp; Howard-Pitney, B. The Zuni Life Skills Development Curriculum: A collaborative approach to curriculum development. <i>American Indian and Alaska Native Mental Health Research (Monographic Series)</i>, 4, 98-121.</p> <p>LaFromboise, T. D., &amp; Lewis, H. A. (2008). The Zuni life skills development program: A school/community-based suicide prevention intervention. <i>Suicide and Life-Threatening Behavior</i>, 38(3), 343-353.</p> <p>Suicide Prevention Resource Center. (n.d.). <i>American Indian Life Skills Development/Zuni Life Skills Development</i>. Retrieved from <a href="http://www.sprc.org/resources-programs/american-indian-life-skills-developmentzuni-life-skills-development">http://www.sprc.org/resources-programs/american-indian-life-skills-developmentzuni-life-skills-development</a></p>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Arrowhead Business Group</b>	
<b>Description</b>	<b>Arrowhead Business Group</b> is a 16-lesson youth entrepreneurship education program that draws on theories of positive youth development; teaches basic business development knowledge and skills; promotes life skills, resilience, and youth self-efficacy; and offers support and mentorship. Lessons are taught by two adult facilitators and are highly experiential, with youth spending the last six lessons developing small business plans. Apache entrepreneurs, business leaders, and Elders also present to highlight aspects of Apache culture that promote entrepreneurship.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Tribal-university partnership
<b>Populations</b>	White Mountain Apache adolescents aged 13 to 16
<b>Settings</b>	School and community
<b>Evaluation Design</b>	Experimental, prospective design in which twice as many youth were randomly assigned to the Arrowhead Business Group program than the control condition, and in which youth in both conditions completed a battery of self-report measures at baseline and immediately post-intervention, and 6 months, 12 months, and 24 months post-intervention.
<b>Evaluation Outcomes</b>	Pending
<b>Evaluation Studies</b>	Pending
<b>Featured in</b>	Johns Hopkins' <i><a href="#">Center for American Indian Health</a></i>
<b>Website</b>	<a href="http://caih.jhu.edu/programs/youth-entrepreneurship-education-program-arrowhead-business-group">http://caih.jhu.edu/programs/youth-entrepreneurship-education-program-arrowhead-business-group</a>
<b>Resources</b>	Tingey, L., Larzelere-Hinton, F., Goklish, N., Ingalls, A., Craft, T., Sprengeler, F.,...Barlow, A. (2016). Entrepreneurship education: A strength-based approach to substance use and suicide prevention for American Indian adolescents. <i>Centers for American Indian and Alaska Native Health</i> , 23(2), 248-270. Retrieved from <a href="http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIA_NH/journal/Documents/Volume%2023/Tingey_23(3)_Entrepreneurship_education_248.pdf">http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIA NH/journal/Documents/Volume%2023/Tingey_23(3)_Entrepreneurship_education_248.pdf</a>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

<b>Bicultural Competence Skills Approach</b>	
<b>Description</b>	<b>Bicultural Competence Skills Approach</b> is an educational substance abuse prevention intervention that aims to prevent abuse of tobacco, alcohol, and other drugs among Native American adolescents. The intervention employs bicultural competence and social learning theories. It comprises 10 to 15 sessions on problem-solving, communication, coping, and discrimination skills. The program also teaches skills related to resisting temptation and identifying healthy alternatives to substance misuse through culturally relevant examples that help participants predict and avoid situations where substance misuse is likely.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Steven P. Schinke and colleagues, Columbia University
<b>Populations</b>	American Indian or Alaska Native youth aged 9 to 11 from two western Washington reservation sites
<b>Settings</b>	Community
<b>Evaluation Design</b>	<p><u>Study 1</u> Prospective, experimental design with 137 Native American youths (11- to 12-years-old) randomly assigned to prevention and control conditions and assessed before, immediately following, and 6 months after the intervention.</p> <p><u>Study 2</u> Prospective, experimental design with 1,396 Native American third- through fifth-graders in 27 elementary schools randomly assigned by school to intervention or control groups, and assessed at baseline, 6 months, 18 months, 30 months, and 42 months post intervention.</p>
<b>Evaluation Outcomes</b>	<p><u>Study 1</u> Compared to controls, students participating in the Bicultural Competence Skills Approach intervention:</p> <ul style="list-style-type: none"> <li>• Were more knowledgeable about substance use and abuse</li> <li>• Had less favorable attitudes about substance use in Native American culture</li> <li>• Had more self-control</li> <li>• Had more assertiveness</li> <li>• Had greater ability to generate alternative suggestions to substance use when peer pressured.</li> </ul>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Bicultural Competence Skills Approach</b>	
<b>Evaluation Outcomes (cont.)</b>	<p><u>Study 2</u></p> <p>Compared to controls, students receiving the Bicultural Competence Skills Approach intervention had lower rates of smokeless tobacco, alcohol, and marijuana use.</p>
<b>Evaluation Studies</b>	<p><u>Study 1</u></p> <p>Schinke, S. P., Botvin, G. J., Trimble, J. E., Orlandi, M. A., Gilchrist, L. D., &amp; Locklear, V. S. (1988). Preventing substance abuse among American–Indian adolescents: A bicultural competence skills approach. <i>Journal of Consulting Psychology, 35</i>(1), 87–90.</p> <p><u>Study 2</u></p> <p>Schinke, S. P., Tepavac, L., &amp; Cole, K. C. (2000). Preventing substance use among Native American youth: Three-year results. <i>Addictive Behaviors, 25</i>(3), 387–97.</p>
<b>Featured in</b>	<ul style="list-style-type: none"> <li>• Child Trends’ <a href="#"><i>What Works</i></a> <ul style="list-style-type: none"> <li>○ Designation: “What Works” Program</li> </ul> </li> <li>• OJJDP’s <a href="#"><i>Model Programs Guide</i></a> <ul style="list-style-type: none"> <li>○ Designation: “Promising – More than one study”</li> </ul> </li> </ul>
<b>Website</b>	No website found
<b>Resources</b>	No additional resources found

<b>Bii-Zin-Da-De-Dah (Listening to One Another)</b>	
<b>Description</b>	<p><b>Bii-Zin-Da-De-Dah (Listening to One Another)</b> is a family-centered drug and alcohol abuse program that includes 15 weekly experiential learning sessions for adolescents and their families. Youth learn communication and social skills to avoid bullying, alcohol/substance abuse, and other risky behaviors, and adopt a healthy lifestyle. Parents and other family members connect with each other during separate sessions in which they discuss challenges and solutions to parenting issues. Tribal communities can adapt the program to their local culture, incorporating rituals, stories, and perspectives. Sessions are typically delivered once or twice per week in the early evening, and supper is served.</p>
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Melissa Walls (Bois Forte and Couchiching First Nation Anishinabe), University of Minnesota-Duluth

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Bii-Zin-Da-De-Dah (Listening to One Another)</b>	
<b>Populations</b>	<ul style="list-style-type: none"> <li>• Ojibwe children (aged 10 to 12 in grades 5 through 8) and their families</li> <li>• Adaptations have been developed for:               <ul style="list-style-type: none"> <li>○ Navajo</li> <li>○ Lakota (Takoja Niwiciyape, Giving Life to the Grandchildren)</li> <li>○ Canadian Ojibwe</li> <li>○ Swampy Cree First Nations</li> </ul> </li> </ul>
<b>Settings</b>	Social service organizations
<b>Evaluation Design</b>	Unavailable
<b>Evaluation Outcomes</b>	<p>Participation in Bii Zin Da De Dah was associated with:</p> <ul style="list-style-type: none"> <li>• Delays in initiation of drinking among children who entered the program at a younger age</li> <li>• Retention of culturally specific content</li> <li>• Higher participation of families</li> <li>• Modest improvement in anger management</li> </ul>
<b>Evaluation Studies</b>	Whitbeck, L., Hoyt, D., & Stubben, J. (2000). <i>Summary of prevention outcomes</i> . Unpublished report to the Bii Zin Da De Dah reservations.
<b>Featured in</b>	<p>Public Health Agency of Canada’s <a href="#"><i>Canadian Best Practices Portal</i></a></p> <ul style="list-style-type: none"> <li>• Designation: “Ways Tried and True”</li> </ul>
<b>Website</b>	<p><a href="http://www.kenorachiefs.ca/?page_id=1137">http://www.kenorachiefs.ca/?page_id=1137</a></p> <p><a href="http://www.mcgill.ca/mhp/">http://www.mcgill.ca/mhp/</a></p>
<b>Resources</b>	Whitbeck, L. B., Walls, M. L., & Welch, M. L. (2012). Substance abuse prevention in American Indian and Alaska Native communities. <i>The American Journal of Drug and Alcohol Abuse</i> , 38(5), 428-435. doi:10.3109/00952990.2012.695416

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Caring for the Circle Within</b>	
<b>Description</b>	<b>Caring for the Circle Within</b> is a residential land-based healing program that incorporates both Western clinical and First Nations healing for adults who have experienced trauma (usually intergenerational trauma resulting from residential schools). Most participants struggle with addiction issues or incarceration, and the program provides them with support and encourages positive interactions with families and communities. Participants gain knowledge and skills (traditional and mainstream) to apply to daily life challenges.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Kwanlin Dun First Nations Steering Committee
<b>Populations</b>	Adults who have experienced trauma
<b>Settings</b>	Healing Centers
<b>Evaluation Design</b>	Prospective, non-experimental, pre/post survey evaluation design.
<b>Evaluation Outcomes</b>	Six of 12 participants who completed the program made considerable progress in relation to: <ul style="list-style-type: none"> <li>• Mood</li> <li>• Community living skills</li> <li>• Substance misuse and criminality</li> <li>• Psychological state</li> <li>• Health and physical functioning</li> </ul>
<b>Evaluation Studies</b>	Unavailable
<b>Featured in</b>	Public Health Agency of Canada’s <i><a href="#">Canadian Best Practices Portal</a></i> <ul style="list-style-type: none"> <li>• Designation: “Ways Tried and True”</li> </ul>
<b>Website</b>	<a href="http://www.kwanlindun.com/images/uploads/The_Circle_Within-EMAIL_VERSION.pdf">http://www.kwanlindun.com/images/uploads/The_Circle_Within-EMAIL_VERSION.pdf</a>
<b>Resources</b>	No additional resources found



**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

<b>Cherokee Talking Circle</b>	
<b>Description</b>	<b>Cherokee Talking Circle (CTC)</b> is a school-based, manualized substance abuse intervention that aims to reduce substance abuse and related problem behaviors among Native American adolescents. The intervention comprises 10 sessions or “talking circles” led by a counselor and cultural expert. The talking circle is an educational approach that encourages dialogue, respect, the co-creation of learning content, and social discourse in which participants use a sacred object to signify who has the right to speak (see Kaminski, 2006). <sup>9</sup> The CTC program integrates Keetoowah-Cherokee values into the intervention and emphasizes the value of self-reliance, which the Keetoowah-Cherokee believe emanates from being responsible, disciplined, and confident. Two other cultural themes are interwoven with these three ways of being—being true to oneself and being connected (i.e., identifying and using natural resources).
<b>Costs</b>	Unknown
<b>Developer(s)</b>	John Lowe, Florida Atlantic University, in collaboration with tribes (community-based participatory research project)
<b>Populations</b>	Students aged 13 to 18 from the United Keetoowah Band of Cherokee Indians in the early stages of substance misuse
<b>Settings</b>	School and community
<b>Evaluation Design</b>	Prospective, experimental design with 187 Cherokee students (13–18 years old) randomly assigned to the CTC intervention or Standard Substance Abuse Education (SE) comparison group, and assessed at pre-intervention, immediate post-intervention, and 90-day post-intervention.
<b>Evaluation Outcomes</b>	Compared with the SE group, students receiving the Cherokee Talking Circle intervention reported significant reductions in: <ul style="list-style-type: none"> <li>• Overall health problems</li> <li>• General life problems</li> <li>• Internal Behavior Scale (IBS) scores</li> <li>• External Behavior Scale (IBS) scores</li> <li>• Substance problems</li> </ul> <p>Compared with the SE group, students receiving the CTC intervention reported a significant increase in Cherokee self-reliance.</p>

<sup>9</sup> Kaminski, J. (2006). *First nations pedagogy*. Retrieved from: <http://firstnationspedagogy.com/theory.html>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

Cherokee Talking Circle	
<b>Evaluation Studies</b>	Lowe, J., Liang, H., Riggs, C., & Henson, J. (2012). Community partnership to affect substance abuse among Native American adolescents. <i>American Journal of Drug and Alcohol Abuse</i> , 38(5), 450–455.
<b>Featured in</b>	OJJDP’s <a href="#"><i>Model Programs Guide</i></a> <ul style="list-style-type: none"> <li>• Designation: “Promising – One study”</li> </ul>
<b>Website</b>	<a href="http://ukb-nsn.gov/">http://ukb-nsn.gov/</a>
<b>Resources</b>	Currie, S., & Kaminski, J. (2009). <i>Talking Circles</i> . Retrieved from <a href="http://www.firstnationspedagogy.ca/circletalks.html">http://www.firstnationspedagogy.ca/circletalks.html</a>

Chi-e-chee Network	
<b>Description</b>	<b>Chi-e-chee Network</b> , implemented by a local group of Chi-e-chees (workers), is a group of strategies for changing attitudes and behaviors related to substance misuse. These strategies include: (1) creating partnerships among community members, professional services staff, and tribal departments; (2) implementing a process of ongoing training for the community on substance misuse issues; (3) organizing communitywide alcohol- and drug-free events; (4) enhancing health, welfare, and youth services for substance-abusing individuals or children affected by substance-abusing parents; and (5) advocating for new tribal policies restricting the use and abuse of drugs and alcohol.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Port Gamble S’Klallam Tribe
<b>Populations</b>	Members of the Port Gamble S’Klallam Tribe, located on the Olympic Peninsula in Washington State
<b>Settings</b>	Community
<b>Evaluation Design</b>	Non-experimental, pre- and post-assessment design with a survey administered to 185 community members and 94 students in grades 7–12; interviews conducted with 13 tribal staff; and key informant interviews conducted with community elders; as well as data abstracted from: administrative and client records, Tribal ICW program files, minutes from tribal council meeting, and tribal police records.

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

Chi-e-chee Network	
<b>Evaluation Outcomes</b>	<ul style="list-style-type: none"> <li>• Youth report having more friends who don't expect them to drink.</li> <li>• Key informants report higher percentage of clean and sober community members.</li> <li>• Tribal police data indicate a 28% decrease in police arrests for adult alcohol and drug-related crimes over five years.</li> </ul>
<b>Evaluation Studies</b>	Rowe, W. E. (1997). Changing ATOD norms and behaviors: A Native American community commitment to wellness. <i>Evaluation and Program Planning</i> , 20(3), 323–333. doi:10.1016/S0149-7189(97)00012-8
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="https://www.pgst.nsn.us/tribal-programs/tribal-services/children-family-services/chi-e-chee-network">https://www.pgst.nsn.us/tribal-programs/tribal-services/children-family-services/chi-e-chee-network</a>
<b>Resources</b>	Hawkins, E. H., Cummins, L. H., & Marlatt, G. A. (2004). Preventing substance abuse in American Indian and Alaska Native youth: Promising strategies for healthier communities. <i>Psychological Bulletin</i> , 130, 304–323. doi:10.1037/0033-232909.130.2.304

Connect Program	
<b>Description</b>	Typically implemented by community coalitions, the <b>Connect Program</b> trains community members, including high school students, on appropriate procedures for responding to youth suicide risk. Connect includes: (1) 3-hour gatekeeper training for adults and high school students; (2) discipline-specific training for professions in 13 different disciplines (e.g., law enforcement, education, religion); and (3) clear evidence-supported protocols that provide an integrated approach to guide individuals' responses when recognizing warning signs. Connect has partnered with American Indians and Alaska Natives to conduct suicide response training. These trainings are strengths-based and include adaptations such as: customizing evidence-supported protocols that recognize tribal customs and culture, offering substitute terms for suicide, and recognizing tribal healing for individuals at risk or who have suffered loss due to suicide.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	National Alliance on Mental Illness—New Hampshire

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

Connect Program	
<b>Populations</b>	Tribal community members
<b>Settings</b>	School and community
<b>Evaluation Design</b>	Non-experimental design with pre- and post-training questionnaires from 648 adults and 204 high school students participating in the program.
<b>Evaluation Outcomes</b>	<p>Among adult and student participants, there were significant increases in:</p> <ul style="list-style-type: none"> <li>• Correct knowledge about suicide</li> <li>• Beliefs in the usefulness of mental health care</li> <li>• Beliefs in personal preparedness to help</li> <li>• Beliefs regarding personal responsibility to help someone at risk of suicide</li> </ul> <p>Among student participants, there were significant increases in willingness to seek adult assistance if they were concerned about a peer.</p> <p><i>Note.</i> Results are not specific to AI/AN populations.</p>
<b>Evaluation Studies</b>	Bean, G., & Baber, K. M. (2011). Connect: An effective community-based youth suicide prevention program. <i>Suicide and Life-Threatening Behavior</i> , 41(1), 87–97.
<b>Featured in</b>	<p>Indian Health Service’s <u><a href="#">Methamphetamine and Suicide Prevention Initiative Best Practices in Use</a></u></p> <ul style="list-style-type: none"> <li>• Designation: “Best Practices in Use”</li> </ul>
<b>Website</b>	<u><a href="http://www.theconnectprogram.org/training-audiences/partnering-american-indians-and-alaska-natives-suicide-response">http://www.theconnectprogram.org/training-audiences/partnering-american-indians-and-alaska-natives-suicide-response</a></u>
<b>Resources</b>	No additional references found

Culturally Grounded Health Interventions	
<b>Description</b>	<p>This group of interventions use culturally grounded ways of teaching and reinforcing positive health behaviors such as storytelling, music, and crafts to prevent recreational tobacco use and encourage healthy eating habits among Native youth aged 8-12. The healthy dietary practices curriculum combined traditional Native teachings with information on healthy eating practices through stories, theater exercises, and crafts. The recreational tobacco use prevention curriculum combined</p>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

<b>Culturally Grounded Health Interventions</b>	
<b>Description (cont.)</b>	traditional Native teachings with information on recreational tobacco use through teachings by elders, crafts, stories, drama, and videos.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Hilary Weaver (Lakota), State University of New York, Buffalo, in collaboration with Native American people in the Northeastern United States
<b>Populations</b>	Native youth in Northeastern United States
<b>Settings</b>	Reservation, social health, and educational sites
<b>Evaluation Design</b>	Quasi-experimental design using pre/posttest with 75 Native youth at five sites in Northeastern United States.
<b>Evaluation Outcomes</b>	The group that received both the recreational tobacco use and health dietary practices curricula showed some improvement on dietary attitudes.
<b>Evaluation Studies</b>	Weaver, H. N. (1999). Health concerns for Native American youth: A culturally grounded approach. <i>Journal of Human Behavior in the Social Environment</i> , 2(1-2), 127-143.
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found
<b>Resources</b>	Jackson, K. F., & Hodge, D. (2010). Native American youth and culturally sensitive interventions: A systematic review. <i>Research on Social Work Practice</i> , 20(3), 260–270. doi:10.1177/1049731509347862

<b>Empowering Our Spirits</b>	
<b>Description</b>	<b>Empowering Our Spirits</b> is a multi-tiered suicide prevention intervention that includes the following components: (1) a media campaign for the entire community, with messages that promote protective factors, education about mental illness, traditional pathways for promoting mental health, and ways to access treatment services; (2) two-day trainings for groups of community members (using a nationally recognized program, <i>Applied Suicide Intervention Skills Training</i> ) to help them identify youth at risk of suicide and connect these youth to professional mental health services; and (3) for youth who are exhibiting suicidal ideation and/or have attempted suicide, a culturally-adapted clinical intervention— <i>A New Hope</i> —paired

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

Empowering Our Spirits	
<b>Description (cont.)</b>	with a brief life-skills program— <i>Re-embracing Life</i> —and in-person follow-up with a community mental health specialist.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Johns Hopkins' Center for American Indian Health
<b>Populations</b>	Universal, selected, and indicated White Mountain Apache youth and adults
<b>Settings</b>	Social service and community
<b>Evaluation Design</b>	Non-experimental trend analysis design using data from a tribal suicide surveillance system, compared rates, and numbers and characteristics of suicide deaths and attempts before and after project implementation.
<b>Evaluation Outcomes</b>	Implementation of the program was associated with an overall decrease in Apache suicide death rates and attempts while national rates remained relatively stable.
<b>Evaluation Studies</b>	Cwik, M. F., Tingey, L., Maschino, A., Goklish, N., Larzelere-Hinton, F., Walkup, J., and Barlow, A. (2016). Decreases in suicide deaths and attempts linked to the White Mountain Apache suicide surveillance and prevention system, 2001–2012. <i>American Journal of Public Health, 106</i> (12), 2183–2189. doi:10.2105/AJPH.2016.303453
<b>Featured in</b>	<ul style="list-style-type: none"> <li>• Indian Health Service's <a href="#"><i>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</i></a> <ul style="list-style-type: none"> <li>○ Designation: "Best Practices in Use"</li> </ul> </li> <li>• Johns Hopkins' <a href="#"><i>Center for American Indian Health</i></a></li> </ul>
<b>Website</b>	<a href="http://caih.jhu.edu/programs/multi-tiered-youth-suicide-prevention-program">http://caih.jhu.edu/programs/multi-tiered-youth-suicide-prevention-program</a>
<b>Resources</b>	Suicide Prevention Resource Center. (2013). <i>White Mountain Apache/Johns Hopkins University</i> . Retrieved from <a href="http://www.sprc.org/grantees/white-mountain-apachejohns-hopkins-university-5">http://www.sprc.org/grantees/white-mountain-apachejohns-hopkins-university-5</a>

FACE (Family and Child Education) Program	
<b>Description</b>	<b>FACE (Family and Child Education) Program</b> is a family-based program that seeks to provide American Indian children with a culturally relevant early childhood education. The program is based on <i>Parents As Teachers (PAT)</i> , <i>Parents And Child Education (PACE)</i> , and the <i>High/Scope Curriculum</i> for early childhood and K-3. FACE

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>FACE (Family and Child Education) Program</b>	
<b>Description (cont.)</b>	consists of weekly or biweekly home visits to each family in which parent educators assess the child’s developmental level and provide parent-child learning experiences, refer the child/family to additional services based on assessment, and encourage parents to attend a planned monthly group meeting. Center-based services are offered to families once the child reaches age 3. These services consist of adult education, early childhood education, parent time, and parent and child together time.
<b>Costs</b>	\$250,000–\$400,000 per program
<b>Developer(s)</b>	The Bureau of Indian Affairs (now the Bureau of Indian Education), Office of Indian Education Programs
<b>Populations</b>	Children from birth to age 5 and their families
<b>Settings</b>	Home and center-based
<b>Evaluation Design</b>	Non-experimental design with a pretest and posttest with children in FACE preschool.
<b>Evaluation Outcomes</b>	<p>Outcomes for FACE children:</p> <ul style="list-style-type: none"> <li>• 90% of children—including 91% of home-based children and 89% of center-based children—were screened for developmental delays and health and dental problems</li> <li>• Average standard scores for vocabulary and language comprehension increased</li> <li>• Preschoolers scored significantly higher on post-assessment for each of the seven Work Sampling System domains (personal and social development, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development)</li> <li>• FACE parents reported believing that FACE was effective in preparing their child for school</li> </ul> <p>Outcomes for FACE adults:</p> <ul style="list-style-type: none"> <li>• 89% of adult education participants set at least one goal and 75% completed a goal</li> <li>• 76% of home-based parents set goals and 65% completed goals</li> <li>• At least 95% of parents, regardless of services received, reported that FACE impacted their parenting skills somewhat or a lot in all areas that were measured</li> <li>• 72% of adults demonstrated reading gains; 75% demonstrated gains in mathematics</li> </ul>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>FACE (Family and Child Education) Program</b>	
<b>Evaluation Outcomes (cont.)</b>	<ul style="list-style-type: none"> <li>• 63% of adults with the goal of obtaining a GED or high school diploma reported that FACE participation helped them make progress towards achieving their goal</li> <li>• 31% of center-based adults with the goal of obtaining a new or better job reported that FACE helped them achieve their goal</li> <li>• Most FACE adults reported feeling better about themselves, increased frequency of their interactions with other adults, more self-direction and self-discipline, improved communication skills, and improved physical fitness</li> <li>• Parent reports suggested that FACE participation improved their home literacy practices</li> <li>• 64% of PY14 adults indicated that participation in FACE helped increase their use of their native language</li> <li>• Most FACE parents with K-5 children attended classroom or school events (93%), compared with fewer parents nationally (81%)</li> </ul>
<b>Evaluation Studies</b>	Yarnell, V., Lambson, T., & Pfannenstiel, J. (2015, May). <i>BIE Family and Child Education Program, 2014</i> . Retrieved from <a href="https://www.bie.edu/cs/groups/xbie/documents/document/idc1-030934.pdf">https://www.bie.edu/cs/groups/xbie/documents/document/idc1-030934.pdf</a>
<b>Featured in</b>	Indian Health Service's <a href="#"><i><u>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</u></i></a> <ul style="list-style-type: none"> <li>• Designation: "Best Practices in Use"</li> </ul>
<b>Website</b>	<a href="http://www.faceresources.org/">http://www.faceresources.org/</a>
<b>Resources</b>	National Congress of American Indians. (2008). The Family and Child Education Program.

<b>Families and Schools Together (FAST) for American Indian Children</b>	
<b>Description</b>	The tribally-controlled College of Menominee Nation worked with program developers to adapt the <b>Families and Schools Together (FAST)</b> program for American Indian children. The FAST program is designed to fortify family bonds and increase positive parent-child communication, thereby improving children's academic performance and emotional functioning. FAST for elementary school-age children includes eight weekly sessions (and subsequent booster sessions over two years). Each session is organized such that: first, the family unit meets together to establish cohesiveness; second, parents and children participate in separate activities designed to foster connections to peers; third, parents and FAST children



**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Families and Schools Together (FAST) for American Indian Children</b>	
<b>Description (cont.)</b>	reconvene in one-to-one play time; and finally, each session ends with activities that illuminate and celebrate the interdependencies of family members. Adaptations for American Indian children include: (1) making interventions for at-risk youth and families more accessible; (2) using role modeling, behavioral rehearsal, action-oriented, and present-focused intervention approaches; (3) integrating traditional healing methods; and (4) having a culturally represented team of tribal community members facilitate program implementation.
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Team Training: \$5,045</li> <li>• Initial evaluation: \$1,000</li> <li>• Subsequent evaluation cycles: \$1,125</li> <li>• Program activity materials, general supplies, trainer travel, and stipends: Varies</li> </ul>
<b>Developer(s)</b>	Lynn McDonald (original developer), adaptation involved tribes
<b>Populations</b>	At-risk elementary school-age children of American Indian descent attending reservation or public schools in northern Wisconsin, along with their parents and teachers
<b>Settings</b>	School and afterschool
<b>Evaluation Design</b>	Experimental design in which 100 K–2 students (and their families) in 3 schools were randomly assigned to either FAST participation or control condition and assessed at baseline, immediately after participation in the 8-week program, and at 9 and 12 months after participation.
<b>Evaluation Outcomes</b>	<ul style="list-style-type: none"> <li>• At immediate posttest, FAST students were more likely than controls to show improvements in their scores for aggressive and withdrawn behaviors.</li> <li>• At 9- and 12-month follow up, FAST students were less likely than controls to be withdrawn and more likely to have greater academic competence</li> </ul>
<b>Evaluation Studies</b>	Kratochwill, T. R., McDonald, L., Levin, J. R., Bear-Tibbetts, H. Y., & Demaray, M. K. (2004). Families and schools together: An experimental analysis of a parent-mediated multi-family group program for American Indian children. <i>Journal of School Psychology, 42</i> (5), 359–383.
<b>Featured in</b>	Child Trends' <a href="#"><i>What Works</i></a> <ul style="list-style-type: none"> <li>• Designation: "What Works"</li> </ul>
<b>Website</b>	<a href="http://www.familiesandschools.org/">http://www.familiesandschools.org/</a>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Families and Schools Together (FAST) for American Indian Children</b>	
<b>Resources</b>	Jackson, K. F., & Hodge, D. (2010). Native American youth and culturally sensitive interventions: A systematic review. <i>Research on Social Work Practice, 20</i> (3), 260–270. doi:10.1177/1049731509347862

<b>Family Spirit</b>	
<b>Description</b>	<b>Family Spirit</b> is a home-visiting mental health promotion and substance abuse prevention intervention for American Indian teenage mothers that aims to increase parenting competence, reduce risk factors that could inhibit effective parenting, and promote healthy infant and toddler behaviors. The intervention comprises 63 lessons on prenatal care, infant care, child development, family planning, and healthy living; and is based on the American Academy of Pediatrics’ guide <i>Caring for Your Baby and Young Child: Birth to Age 5</i> . Cultural adaptations to program style, graphics, delivery, and content were made with input from community-based participants. Moreover, the intervention employs Native paraprofessionals as home visitors, building local human capital and reflecting American Indian stakeholder provider preferences.
<b>Costs</b>	<ul style="list-style-type: none"> <li>• One-week training: \$3,000 per person, up to 30 participants (required)</li> <li>• Tailored training development and implementation affiliation fee: \$9,600 per program, plus travel expenses (required)</li> <li>• Supervisor training: \$4,800 per trainer per year, plus travel expenses (not required)</li> <li>• Additional participant workbooks: \$100 each (not required)</li> <li>• Consultation and technical assistance: Varies on need (not required)</li> </ul>
<b>Developer(s)</b>	Johns Hopkins’ Center for American Indian Health
<b>Populations</b>	American Indian or Alaska Native teenage mothers and their children from Apache and Navajo communities
<b>Settings</b>	Home, community, and outpatient
<b>Evaluation Design</b>	<u>Study 1</u> Prospective, experimental design with 53 pregnant American Indian teens randomly assigned to an intervention group or a control group receiving a breastfeeding education program. Maternal and child outcomes were evaluated at 28 weeks gestation and 2 and 6 months postpartum.

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Family Spirit</b>	
<b>Evaluation Design (cont.)</b>	<p><u>Study 2</u> Prospective, experimental design with 167 pregnant American Indian teens randomly assigned to an intervention group or a control group receiving a breastfeeding education program. Maternal and child outcomes were evaluated at 28 weeks gestation, and 6 and 12 months postpartum.</p> <p><u>Study 3</u> Prospective, experimental design with 322 pregnant American Indian teens randomly assigned to the intervention plus optimized standard care group or to an optimized standard care only group. Maternal and child outcomes were evaluated at 28 and 36 weeks gestation and 2, 6, 12, 18, 24, 30, and 36 months postpartum.</p>
<b>Evaluation Outcomes</b>	<p><u>Study 1</u> At 2 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated:</p> <ul style="list-style-type: none"> <li>• Significantly higher parent knowledge scores</li> <li>• Significantly higher maternal involvement scores</li> </ul> <p>At 6 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated:</p> <ul style="list-style-type: none"> <li>• Significantly higher parent knowledge scores</li> <li>• Maternal involvement scores approaching significance</li> </ul> <p><u>Study 2</u> At 6 and 12 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated greater parenting knowledge gains. At 12 months postpartum, compared to mothers in the control group, mothers in the intervention group reported their infants to have:</p> <ul style="list-style-type: none"> <li>• Significantly lower scores on the externalizing domain (impulsivity, peer aggression)</li> <li>• Less separation distress in the internalizing domain knowledge</li> </ul> <p><u>Study 3</u> At 12 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated:</p> <ul style="list-style-type: none"> <li>• Significantly greater parenting knowledge</li> <li>• Significantly greater parenting self-efficacy</li> </ul>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Family Spirit</b>	
<b>Evaluation Outcomes (cont.)</b>	<ul style="list-style-type: none"> <li>• Significantly greater home safety attitudes</li> <li>• Fewer externalizing behaviors</li> </ul> <p>At 12 months postpartum, compared to children in the control group, children of mothers in the intervention group demonstrated:</p> <ul style="list-style-type: none"> <li>• Fewer externalizing and dysregulation problems</li> <li>• Lower risk for externalizing and internalizing problems</li> </ul> <p>At 36 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated:</p> <ul style="list-style-type: none"> <li>• Significantly greater parenting knowledge</li> <li>• Significantly greater parental locus of control</li> <li>• Fewer depressive symptoms and externalizing problems</li> <li>• Lower past month use of marijuana and illegal drugs</li> </ul> <p>At 36 months postpartum, compared to children in the control group, children of mothers in the intervention group demonstrated fewer externalizing, internalizing, and dysregulation problems.</p>
<b>Evaluation Studies</b>	<p><u>Study 1</u></p> <p>Barlow, A., Varipatis-Baker, E., Speakman, K., Ginsburg, G., Friberg, I., Goklish, N....Reid, R. (2006). Home-visiting intervention to improve child care among American Indian adolescent mothers: A randomized trial. <i>Archives of Pediatrics and Adolescent Medicine</i>, 160(11), 1101–1107. <a href="http://dx.doi.org/10.1001/archpedi.160.11.1101">http://dx.doi.org/10.1001/archpedi.160.11.1101</a></p> <p><u>Study 2</u></p> <p>Walkup, J. T., Barlow, A., Mullany B. C., Pan, W., Goklish N., Hasting, R.,...Ginsburg, G. (2009). Randomized controlled trial of a paraprofessional-delivered in-home intervention for young reservation-based American Indian mothers. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 48(6), 591–601. <a href="http://dx.doi.org/10.1097/CHI.0b013e3181a0ab86">http://dx.doi.org/10.1097/CHI.0b013e3181a0ab86</a></p> <p><u>Study 3</u></p> <p>Barlow, A., Mullany, B., Neault, N., Compton, S., Carter, A., Hastings, R.,...Walkup, J.T. (2013). Effect of a paraprofessional home-visiting intervention on American Indian teen mothers' and infants' behavioral risks: A randomized controlled trial. <i>American Journal of Psychiatry</i>, 170(1), 83–93. <a href="http://dx.doi.org/10.1176/appi.ajp.2012.12010121">http://dx.doi.org/10.1176/appi.ajp.2012.12010121</a></p> <p>Barlow, A., Mullany, B., Neault, N., Goklish, N., Billy, T., Hastings, R.,...Carter, R. (2015). Paraprofessional delivered, home-visiting intervention for American Indian</p>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

Family Spirit	
<b>Evaluation Studies (cont.)</b>	teen mothers and children: Three-year outcomes from a randomized controlled trial. <i>American Journal of Psychiatry</i> , 172(2), 154-162.
<b>Featured in</b>	<ul style="list-style-type: none"> <li>• Child Trends’ <a href="#"><i>What Works</i></a> <ul style="list-style-type: none"> <li>○ Designation: “What Works” Program</li> </ul> </li> <li>• DHHS’s <a href="#"><i>Home Visiting Evidence of Effectiveness</i></a> <ul style="list-style-type: none"> <li>○ Designation: “Evidence-based Early Childhood Home Visiting Service Delivery Model”</li> </ul> </li> <li>• Johns Hopkins’ <a href="#"><i>Center for American Indian Health</i></a></li> <li>• Public Health Agency of Canada’s <a href="#"><i>Canadian Best Practices Portal</i></a> <ul style="list-style-type: none"> <li>○ Designation: “Ways Tried and True”</li> </ul> </li> <li>• SAMHSA’s <a href="#"><i>National Registry of Evidence-based Programs and Practices</i></a> <ul style="list-style-type: none"> <li>○ Designation: Legacy Program</li> </ul> </li> </ul>
<b>Website</b>	<a href="http://caih.jhu.edu/programs/family-spirit">http://caih.jhu.edu/programs/family-spirit</a>
<b>Resources</b>	Novins, D.K. (2009). Participatory research brings knowledge and hope to American Indian communities [Editorial]. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 48(6), 585–586.

Gathering of Native Americans	
<b>Description</b>	<b>Gathering of Native Americans (GONA)</b> is a community prevention and strategic planning curriculum that aims to promote and guide community discussions, help communities heal from historical trauma, and address planning and prevention issues by focusing on the four themes of Belonging, Mastery, Interdependence, and Generosity. GONA provides culturally specific substance abuse prevention training in tribal communities; and emphasizes the importance of Native American values, traditions, and spirituality in helping heal from historical trauma. Four main developmental themes reflect key life teachings: belonging and learning who one is during infancy and childhood; mastery of one’s talents during adolescence and young adulthood; interdependence with and responsibility to others, and connectedness to all things during adulthood; and generosity or giving back to one’s community through teachings, rituals, stories, and song during the later years.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Substance Abuse and Mental Health Services Administration in partnership with American Indian and Alaska Native behavioral health experts

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

<b>Gathering of Native Americans</b>	
<b>Populations</b>	Native youth aged 10 to 18 living in urban areas in California
<b>Settings</b>	Youth services organizations
<b>Evaluation Design</b>	Mixed methods outcome (pre-/post-test structured questionnaire and post-only semi-structured qualitative interviews) design with 100 youth (13–18 years old) who lived in the San Francisco Bay Area.
<b>Evaluation Outcomes</b>	As a result of GONA, participants: <ul style="list-style-type: none"> <li>• Had increased knowledge of HIV/AIDS and hepatitis risks and transmission</li> <li>• Perceived alcohol and other drugs as more harmful</li> <li>• Increased their sexual self-efficacy</li> </ul>
<b>Evaluation Studies</b>	Nelson, K., & Tom, N. (2011). Evaluation of a substance abuse, HIV and hepatitis prevention initiative for urban Native Americans: The Native Voices program. <i>Journal of Psychoactive Drugs</i> , 43(4), 349–354.
<b>Featured in</b>	One Sky Center’s <i><u>Evidence-Based Practices and Best Practices</u></i> <ul style="list-style-type: none"> <li>• Designation: “Best Practice”</li> </ul>
<b>Website</b>	No website found
<b>References</b>	Aguilera, S., & Plasencia, A. V. (2005). Culturally appropriate HIV/AIDS and substance abuse prevention programs for urban Native youth. <i>Journal of Psychoactive Drugs</i> , 37(3), 299-304. doi:10.1080/02791072.2005.10400523  Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). <i>Broad training and technical assistance</i> . Retrieved from <a href="http://www.samhsa.gov/tribal-ttac/training-technical-assistance/broad">http://www.samhsa.gov/tribal-ttac/training-technical-assistance/broad</a>

<b>Healing of the Canoe Project</b>	
<b>Description</b>	A number of programs have been modeled on the cultural experience of the Canoe Family. Youth who belong to the Canoe Family participate in activities that prepare them for annual canoe journeys to visit other tribes. These activities include: (1) participation in “talking circles” with elders and respected community members; (2) the construction of large ocean-going canoes that can carry groups of paddlers from one community to another; (3) learning how to navigate the waters; and (4) celebrations with cultural protocols that include feasting on local specialties, singing,

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

<b>Healing of the Canoe Project</b>	
<b>Description (cont.)</b>	dancing, and participation in potlatches (gift giving ceremonies). Youth who participate in the Canoe Family must make a commitment to be clean and sober throughout all activities. For the Healing of the Canoe Project, Martlett and colleagues (2003) developed an 8-session, skills-based course that used aspects of the canoe journey as well as other Native symbols to teach life skills such as decision-making, communication, and goal-setting, as well as provide information about alcohol and drug use and its consequences. This curriculum was further adapted for and evaluated with the Suquamish Tribe.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	The Alcohol and Drug Abuse Institute (University of Washington) in collaboration with the Suquamish and Port Gamble S’Klallam Tribes
<b>Populations</b>	Members from northwest coastal tribes; evaluated with Suquamish High School students
<b>Settings</b>	Community
<b>Evaluation Design</b>	Quasi-experimental switching replication design in which 23 participants were assigned to receive the intervention as either part of Cohort A or Cohort B (comparison and delayed intervention group) and surveyed before and 4 months after implementation with each Cohort.
<b>Evaluation Outcomes</b>	Compared to non-participants, participants had: <ul style="list-style-type: none"> <li>• Higher levels of hope/optimism/self-efficacy</li> <li>• Lower levels of substance use</li> </ul>
<b>Evaluation Studies</b>	Donovan, D. M., Thomas, L. R., Sigo, R. L. W., Price, L., Lonczak, H., Lawrence, N.,...Bagley, L. (2015). Healing of the Canoe: Preliminary results of a culturally grounded intervention to prevent substance abuse and promote tribal identity for native youth in two Pacific Northwest tribes. <i>American Indian and Alaska Native Mental Health Research</i> , 22(1), 42–76. Retrieved from: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4374439/pdf/nihms672510.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4374439/pdf/nihms672510.pdf</a>
<b>Featured in</b>	One Sky Center’s <a href="#"><i>Evidence-Based Practices and Best Practices</i></a> <ul style="list-style-type: none"> <li>• Designation: “Best Practice”</li> </ul>
<b>Website</b>	<a href="http://healingofthecanoe.org/">http://healingofthecanoe.org/</a>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

Healing of the Canoe Project	
<b>Resources</b>	<p>Hawkins, E. H., Cummins, L. H., &amp; Marlatt, G. A. (2004). Preventing substance abuse in American Indian and Alaska Native Youth: Promising strategies for healthier communities. <i>Psychological Bulletin</i>, 130(2), 304–323. doi:10.1037/0033-2909.130.2.304.</p> <p>Marlatt, G. A., Larimer, M., Mail, P. D., Hawkins, E. H., Cummins, L. H., Blume, A. W.,...Marr, L. (2003). Journeys of the circle: A culturally congruent life skills intervention for adolescent Indian drinking. <i>Alcoholism: Clinical &amp; Experimental Research</i>, 27(8), 1327–1329.</p>

Healthy Living in Two Worlds	
<b>Description</b>	The <b>Healthy Living in Two Worlds</b> curriculum is grounded in social learning theory and tailored to the Haudenosaunee people. Its goals are to increase physical activity, prevent or reduce recreational tobacco use, and increase healthy eating among youth. Using a summer day camp format, the program is implemented at sites with facilities such as a gym, swimming pool, outdoor space for games/sports activities, and a kitchen for food preparation. The curricular program includes weekly field trips and presentations by guests on topics and associated activities such as Haudenosaunee dance skills (e.g., Smoke Dancing), lacrosse skills, and the traditional role of tobacco in Native American communities.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Hilary N. Weaver (Lakota), State University of New York, Buffalo, with members of the Haudenosaunee
<b>Populations</b>	Urban American Indian Youth aged 9 to 13 in upstate New York
<b>Settings</b>	Camp or college campus (during summer)
<b>Evaluation Design</b>	Non-experimental, pretest, and posttest design in which 16 participants completed assessments on the first and last days of the program.
<b>Evaluation Outcomes</b>	Sample size hindered the ability to detect statistically significant differences from pretest to posttest.
<b>Evaluation Studies</b>	Weaver, H. N., & Jackson, K. F. (2010). Healthy Living in Two Worlds: Testing a wellness curriculum for urban Native youth. <i>Child and Adolescent Social Work</i>



**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Healthy Living in Two Worlds</b>	
<b>Evaluation Studies (cont.)</b>	<i>Journal</i> , 27(3), 231–244. Retrieved from: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2889696/pdf/nihms195338.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2889696/pdf/nihms195338.pdf</a>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	None found
<b>Resources</b>	Weaver, H. N. (2010). The Healthy Living in Two Worlds Project: An inclusive model of curriculum development. <i>Journal of Indigenous Voices in Social Work</i> , 1(1), 1–18.

<b>Ho-Chunk Nation’s Motor Vehicle Injury Prevention Program</b>	
<b>Description</b>	<b>Ho-Chunk Nation’s Motor Vehicle Injury Prevention Program</b> was a culturally tailored program that aimed to increase seat belt and child safety seat use through increased enforcement of seat belt and child safety seat laws. In addition, the program organized child safety seat education and distribution events, and implemented a comprehensive media campaign with newspaper and radio ads, radio PSAs, road signs, mobile media, and billboards. The program further educated the public with community events such as crash simulations, safety expos, health fairs, school events, and child passenger safety clinics.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Ho-Chunk Nation
<b>Populations</b>	Ho-Chunk Nation community members
<b>Settings</b>	Community
<b>Evaluation Design</b>	Observational surveys and use of tribal police data.
<b>Evaluation Outcomes</b>	From 2005 – 2009: <ul style="list-style-type: none"> <li>• Observed driver use of seat belts increased 38%</li> <li>• Passenger use of seat belts increased 94%</li> <li>• Observed use of child safety seats increased 85%</li> <li>• There were 151 citations for seatbelt nonuse</li> </ul>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Ho-Chunk Nation’s Motor Vehicle Injury Prevention Program</b>	
<b>Evaluation Studies</b>	West, B. A., Naumann, R. B., & Centers for Disease Control and Prevention. (2014). Tribal motor vehicle injury prevention programs for reducing disparities in motor vehicle-related injuries. <i>Morbidity and Mortality Weekly Report</i> , 63(1), 28–33. Retrieved from <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab">https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab</a>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found
<b>Resources</b>	No additional references found

<b>Holistic System of Care for Native Americans</b>	
<b>Description</b>	<b>Holistic System of Care for Native Americans (HSOC)</b> is a flexible service provision framework that encourages the combination of evidence-based practices and practice-based evidence, such as <i>Gathering of Native Americans</i> and <i>Positive Indian Parenting</i> , with intertribal AI/AN cultural practices, including talking circles, sweat lodge ceremonies, traditional healers, prayer, smudging, drumming, and herbs. Counselors also work with individuals to develop skills and use healing practices based on their own individual backgrounds, traditions, practices, and stories. This approach is based on a holistic community strategic planning process that links treatment, prevention, and recovery.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Family and Child Guidance Clinic of the Native American Health Center, San Francisco, CA
<b>Populations</b>	Adult Native American women and men, reentry, and homeless populations
<b>Settings</b>	Outpatient and residential treatment centers
<b>Evaluation Design</b>	Non-experimental, prospective design in which participants in outpatient and residential treatment were interviewed at baseline and 6-month follow-up with a standardized assessment tool ( $n = 490$ ). The sample was composed of 86% AI/AN, 70% females, and 30% males, and was entirely urban.
<b>Evaluation Outcomes</b>	HSOC participants demonstrated reductions in: <ul style="list-style-type: none"> <li>• AOD use in the past 30 days</li> </ul>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Holistic System of Care for Native Americans</b>	
<b>Evaluation Outcomes (cont.)</b>	<ul style="list-style-type: none"> <li>• AOD-related stress in the past 30 days</li> <li>• Arrests or crimes committed in the past 30 days</li> <li>• Serious depression</li> <li>• Serious anxiety or tension</li> <li>• Hallucinations</li> <li>• Trouble understanding or concentrating</li> <li>• Trouble controlling violent behavior</li> <li>• Attempted suicides</li> </ul> <p>HSOC participants demonstrated increases in:</p> <ul style="list-style-type: none"> <li>• Employment (full time or part time)</li> <li>• School or training program enrollment</li> </ul>
<b>Evaluation Studies</b>	Wright, S. Nebelkopf, E., King, J., Mass, M., Patel, C., & Samuel, S. (2011). Holistic System of Care: Evidence of effectiveness. <i>Substance Use &amp; Misuse</i> , 46(11), 1420–1430. <a href="http://dx.doi.org/10.3109/10826084.2011.592438">http://dx.doi.org/10.3109/10826084.2011.592438</a>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found
<b>Resources</b>	Nebelkopf, E., & Wright, S. (2011). Holistic system of care: A ten-year perspective. <i>Journal of Psychoactive Drugs</i> , 43(4), 302–308. doi:10.1080/02791072.2011.628922

<b>Living in 2 Worlds (L2W)</b>	
<b>Description</b>	<b>Living in 2 Worlds (L2W)</b> teaches four drug resistance strategies (refuse, explain, avoid, leave [R-E-A-L]) in culturally appropriate ways. The curriculum, which also incorporates general AI/AN cultural values, is adapted from <i>Keepin' it REAL</i> , a universal substance use prevention curriculum designed to enhance middle school students' ability to resist substance use offers.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	University-based research team (led by Leslie Jumper-Reeves, Arizona State University) in partnership with the local urban Indian Center using a community-driven participatory process

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

Living in 2 Worlds (L2W)	
<b>Populations</b>	Urban American Indian middle school students from predominately Navajo, but also Apache, Hopi, and Tohono O’odham, tribes
<b>Settings</b>	Middle school classroom
<b>Evaluation Design</b>	Prospective, non-experimental pre-post survey design with 57 urban American Indian middle school students from 2 Phoenix schools.
<b>Evaluation Outcomes</b>	Participants showed significant increase of use of these strategies: refuse, explain, and leave.
<b>Evaluation Studies</b>	Kulis, S., Dustman, P. A., Brown, E. F., & Martinez, M. (2013). Expanding urban American Indian youths' repertoire of drug resistance skills: Pilot results from a culturally adapted prevention program. <i>American Indian &amp; Alaska Native Mental Health Research (Online)</i> , 20(1), 35-54. Retrieved from <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670795/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670795/</a>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="https://sirc.asu.edu/l2w">https://sirc.asu.edu/l2w</a>
<b>Resources</b>	Jumper-Reeves, L. R., Dustman, P. A., Harthun, M. L., Kulis, S., & Brown, E. F. (2013). American Indians’ cultures: How CBPR illuminated inter-tribal cultural elements fundamental to an adaptation effort. <i>Prevention Science</i> , 15(4), 547-556. doi:10.1007/s11121-012-0361-7

Maskwacis Life Skills Training	
<b>Description</b>	<b>Maskwacis Life Skills Training (MLST)</b> is a cultural adaptation of the evidence-based program Botvin <i>LifeSkills Training</i> , which aims to reduce substance use and violence. It includes 10 to 12 classroom sessions where youth learn: (1) resistance skills to help them say “no” to drugs and alcohol, (2) factual information about substance use risk, and (3) skills that support a child’s inner spirit. The adaptation includes use of native cultural contexts, spiritual concepts, and Elder support.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	University of Alberta (Canada) Research team in collaboration with members of the Maskwacis First Nations

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Maskwacis Life Skills Training</b>	
<b>Populations</b>	Elementary school students (grades 3 through 5) and junior high school students (grades 6 through 8) in the Maskwacis four nations (previously Hobbema)
<b>Settings</b>	School
<b>Evaluation Design</b>	<p><u>Study 1</u> Prospective, nonexperimental, mixed methods design using pre/post surveys and focus groups.</p> <p><u>Study 2</u> Retrospective design using an outcome mapping approach using team workshops, meeting minutes, focus groups, funder reports, and program facilitators’ daily reports.</p>
<b>Evaluation Outcomes</b>	<p><u>Study 1</u> Participants demonstrated significant positive increases in knowledge, skills, and attitudes related to substance abuse from both Euro-Western and Indigenous perspectives from baseline to year 3.  Focus groups communicated impact of program on schools, Elders, facilitators, and participants.</p> <p><u>Study 2</u> Outcome Mapping prompted:</p> <ul style="list-style-type: none"> <li>• Relationship-building activities for Elder-youth dyads</li> <li>• Ongoing relationships with prominent community members, resulting in one chief taking on an advocacy role, and all leaders and education directors signing letters in support of the program</li> <li>• School personnel becoming more welcoming, supportive, and interested in the program and cultural teachings</li> <li>• Recognition of the complexity of community partners’ roles, which extended beyond delivering the program</li> <li>• Significant growth in University partners’ capacity to practice authentic Community-Based Participatory Research</li> </ul>
<b>Evaluation Studies</b>	<p><u>Study 1</u> Baydala, L., Fletcher, F., Tremblay, M., Rabbit, N., Louis, J., Ksay-yin, K., &amp; Sinclair, C. (2016). A community-university approach to substance abuse prevention. <i>Journal of</i></p>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

Maskwacis Life Skills Training	
<b>Evaluation Studies (cont.)</b>	<p><i>Community Engagement and Scholarship</i>, 9(1). Retrieved from <a href="http://jces.ua.edu/a-community-university-approach-to-substance-abuse-prevention/">http://jces.ua.edu/a-community-university-approach-to-substance-abuse-prevention/</a></p> <p><u>Study 2</u></p> <p>Tremblay, M., Baydala, L., Rabbit, N., Louis, J., &amp; Ksay-yin, K. (2016). Cultural adaptation of a substance abuse prevention program as a catalyst for community change. <i>Journal of Community Engagement and Scholarship</i>, 9(1). Retrieved from <a href="http://jces.ua.edu/cultural-adaptation-of-a-substance-abuse-prevention-program-as-a-catalyst-for-community-change/">http://jces.ua.edu/cultural-adaptation-of-a-substance-abuse-prevention-program-as-a-catalyst-for-community-change/</a></p>
<b>Featured in</b>	<p>Public Health Agency of Canada’s <a href="#"><i>Canadian Best Practices Portal</i></a></p> <ul style="list-style-type: none"> <li>• Designation: “Ways Tried and True”</li> </ul>
<b>Website</b>	<a href="https://www.facebook.com/MaskwacisLSTProgram/">https://www.facebook.com/MaskwacisLSTProgram/</a>
<b>Resources</b>	No additional references found

Model Adolescent Suicide Prevention Program	
<b>Description</b>	<p>The <b>Model Adolescent Suicide Prevention Program (MASPP)</b> is a community-wide suicidal behavior prevention intervention for American Indian adolescents and young adults that aims to reduce the occurrence of adolescent suicides and suicide attempts through education about suicide and related behavioral issues (e.g., child abuse and neglect, family violence, trauma, and substance abuse). Central culturally-framed features of MASPP include: (1) surveillance of suicide-related behaviors, (2) a school-based suicide prevention curriculum, (3) community education, (4) enhanced screening and clinical services, and (5) extensive outreach. Trained neighborhood volunteers also serve as natural helpers providing service navigation of, advocacy for, and counseling with youth who may feel more comfortable seeking help from a familiar lay person.</p>
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Manual: Free (required)</li> <li>• Two-day offsite training: \$1,200 per person, for up to 25 participants (not required)</li> <li>• Two-day on-site consultation: \$1,500, plus travel expenses (not required)</li> <li>• Phone and email support: Free (not required)</li> </ul>
<b>Developer(s)</b>	Western Athabaskan Tribal Nation in consultation with a psychologist

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Model Adolescent Suicide Prevention Program</b>	
<b>Populations</b>	American Indian or Alaska Native children, adolescents, and young adults from the Western Athabaskan Tribal Nation
<b>Settings</b>	Outpatient, home, school, and community
<b>Evaluation Design</b>	Non-experimental, panel study with trend analysis of data collected 2 years prior to implementation and for 13 years during program implementation.
<b>Evaluation Outcomes</b>	<p>Participation was associated with overall significant reductions in:</p> <ul style="list-style-type: none"> <li>• Suicidal gestures and attempts</li> <li>• Self-destructive acts over time</li> </ul> <p>Young adults (19- to 24-year-olds) had the greatest reduction in combined gestures and attempts than other age group; youths (11- to 18-year-olds) significantly reduced gestures and attempts over time.</p>
<b>Evaluation Studies</b>	May, P. A., Serna, P., Hurt, L., & DeBruyn, L. M. (2005). Outcome evaluation of a public health approach to suicide prevention in an American Indian tribal nation. <i>American Journal of Public Health, 95</i> (7), 1238-1244. doi:10.2105/AJPH.2004.040410
<b>Featured in</b>	SAMHSA's <a href="#"><i>National Registry of Evidence-based Programs and Practices</i></a> <ul style="list-style-type: none"> <li>• Designation: Legacy Program</li> </ul>
<b>Website</b>	<a href="http://www.sprc.org/resources-programs/model-adolescent-suicide-prevention-program-maspp">http://www.sprc.org/resources-programs/model-adolescent-suicide-prevention-program-maspp</a>
<b>Resources</b>	Serna, P. (2011). <i>Adolescent suicide prevention program manual: A public health model for Native American communities</i> . Retrieved from <a href="http://www.sprc.org/sites/default/files/migrate/library/AdolescentSP_ProgramManualPH_ModelNA_Communities.pdf">http://www.sprc.org/sites/default/files/migrate/library/AdolescentSP_ProgramManualPH_ModelNA_Communities.pdf</a>

<b>Native American Prevention Project Against AIDS and Substance Abuse</b>	
<b>Description</b>	<b>Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA)</b> is a school-based substance abuse prevention program for Native American youth that aims to address various issues, including substance abuse and AIDS. The intervention comprises 24 sessions on topics such as alcohol and other drug abuse, sexually transmitted diseases, and coping with pressures, and draws on Native American values.

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

<b>Native American Prevention Project Against AIDS and Substance Abuse</b>	
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Multi-university-based research team in collaboration with tribes
<b>Populations</b>	AI/AN adolescents in northern Arizona
<b>Settings</b>	School
<b>Evaluation Design</b>	Quasi-experimental design, pretest-posttest with nonequivalent control groups using the American Drug and Alcohol Survey and NAPPASA’s Health Behavior Survey with 2,704 high school students.
<b>Evaluation Outcomes</b>	<p>Students receiving the NAPPASA curriculum:</p> <ul style="list-style-type: none"> <li>• Remained in or moved to the lower risk alcohol and other drug use category at both ninth and tenth grade follow-up</li> <li>• Were more likely to remain sexually abstinent</li> <li>• Had lower rates of risky sexual behavior among sexually active youth</li> <li>• Were less likely to have had sex while drunk or high</li> <li>• Had an increased use of family, rules, laws, religion, traditional ways, and community protective influences to help them avoid risky behaviors</li> </ul>
<b>Evaluation Studies</b>	Rolf, J. E., Nansel, T. R., Baldwin, J. A., Johnson, J. L., & Benally, C. J. (2002). HIV/AIDS and alcohol and other drug abuse prevention in American Indian communities: Behavioral and community effects. In P. D. Mail, S. Heurtin–Roberts, S. E. Martin, & J. Howard (Eds.), <i>Alcohol use among American Indians and Alaska Natives: Multiple perspectives on a complex problem</i> (NIAAA Research Monograph No. 37, pp. 295–319. Bethesda, MD: National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.
<b>Featured in</b>	<p>The Athena Forum’s <a href="#"><i>Excellence in Prevention Strategy List</i></a></p> <ul style="list-style-type: none"> <li>• Designation: “Excellence in Prevention Strategy”</li> </ul>
<b>Website</b>	No website found
<b>Resources</b>	Baldwin, J. A., Rolf, J. E., Johnson, J., Bowers, J., Benally, C., & Trotter, R. T. (1996). Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth. <i>Journal of School Health</i> , 66(9), 322–327.



**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Native STAND (Students Together Against Negative Decisions)</b>	
<b>Description</b>	<b>Native STAND (Students Together Against Negative Decisions)</b> is a culturally-informed peer education curriculum designed to promote healthy decision-making. It is an adaptation of <i>Students Together Against Negative Decisions (STAND)</i> , which was developed for youth in rural Georgia. Based on Stages of Change and Diffusion of Innovations models, and relying on popular opinion leaders, the curriculum includes 29 sessions on topics such as team-building, self-esteem, goal-setting, decision-making, negotiation and refusal skills, peer educator skills, and effective communication. Focused on preventing and reducing risky sexual behavior and substance misuse, the curriculum incorporates stories, legends, and symbols of many Indigenous cultures to meet specific learning objectives.
<b>Costs</b>	Free, plus cost of materials for class activities (approximately \$500)
<b>Developer(s)</b>	A workgroup of leaders in the areas of reproductive health, sexually transmitted disease (STD), HIV/AIDS, youth development, curriculum development, evaluation, and Native American health issues, including: <ul style="list-style-type: none"> <li>• A Native elder</li> <li>• Native youth</li> <li>• Representatives from the National Coalition of STD Directors, the Indian Health Service, the Centers for Disease Control and Prevention, and Mercer University School of Medicine</li> </ul>
<b>Populations</b>	AI/AN Youth
<b>Settings</b>	School
<b>Evaluation Design</b>	Non-experimental, prospective study in which 80 students attending 4 Bureau of Indian Education boarding schools completed pre- and post-tests using Computer Assisted Self-Interviewing.
<b>Evaluation Outcomes</b>	Students at all four schools experienced increases in: <ul style="list-style-type: none"> <li>• Talking to peers about sexual health</li> <li>• STI/HIV prevention and reproductive health knowledge</li> <li>• The intention to use condoms to avoid pregnancy and STIs</li> <li>• Condom self-efficacy indices</li> </ul> <p><i>Note.</i> There were no substance misuse results reported.</p>
<b>Evaluation Studies</b>	De Ravello, L., Rushing, S. C., Doshi, S., Smith, M. U., & Tulloch, S. (2011). Evaluating Native STAND: A peer education curriculum for healthy decision-making for Native

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Native STAND (Students Together Against Negative Decisions)</b>	
<b>Evaluation Studies (cont.)</b>	youth. <i>Sexually Transmitted Infections</i> , 87(Suppl 1), A226. doi:10.1136/sextrans-2011-050108.295.
<b>Featured in</b>	Indian Health Service's <a href="#"><u><i>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</i></u></a> <ul style="list-style-type: none"> <li>• Designation: "Best Practices in Use"</li> </ul>
<b>Website</b>	<a href="http://nativestand.com/"><u>http://nativestand.com/</u></a>
<b>Resources</b>	de Ravello, L. (2010, March 10). <i>Native STAND: A peer education curriculum for health decision making for Native youth</i> . Paper presented at the National STD Conference, Atlanta, GA. Abstract retrieved from <a href="https://cdc.confex.com/cdc/std2010/webprogram/Paper21786.html"><u>https://cdc.confex.com/cdc/std2010/webprogram/Paper21786.html</u></a>

<b>Nimi Icinohabi Program</b>	
<b>Description</b>	The <b>Nimi Icinohabi Program</b> is an adaptation of the Botvin <i>LifeSkills Training</i> program that consists of eight units designed to be taught in sequence. Throughout the program, the following topics are discussed: (1) Wanorauzi Ahocipa (The Inner Spirit), (2) Da?a Awacinaa Cayu (Think Before You Do), (3) Tauci Iginmnamne (To Use Their Minds) Skills, (4) The Significance of Udukabi (Tobacco) to Isga People, (5) Wicaamnamni "Hnanikwi" (Tricky Techniques/Advertisement), (6) Gisni Taucita (The Worried Mind), (7) I?abi Napeyabi (Communication), (8) Daguca Ugicigebi (Building Relationships), and (9) Ici?abi (Assertiveness).
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Alexis Nakota Sioux Nation Board of Education in Partnership with Alexis Health Services, Alexis Elders, and Alexis Band Leaders: <ul style="list-style-type: none"> <li>• Liz Letendre, Betty Sewlal, Brenda Kootenay, Eugene Alexis, Stephanie Alexis, and Lisa Alexis, Alexis Board of Education</li> <li>• Brenda Desjarlais and Janine Odishaw, Alexis Nakota Sioux Nation</li> <li>• Kathleen Alexis, Alexis Health Services</li> <li>• Sherry Letendre, Alexis Heritage Institute</li> <li>• Lola Baydala, Fay Fletcher, and Carmen Rasmussen, University of Alberta Principal Investigator</li> </ul>
<b>Populations</b>	Children and youth (grades 3 through 9) in the Alexis Nakota Sioux Nation

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Nimi Icinohabi Program</b>	
<b>Settings</b>	School
<b>Evaluation Design</b>	Prospective, mixed methods design using pre/post questionnaires with students, and focus groups with community members.
<b>Evaluation Outcomes</b>	<p>Students demonstrated positive changes in:</p> <ul style="list-style-type: none"> <li>• Drug and alcohol refusal skills</li> <li>• Self-beliefs</li> <li>• Knowledge of the negative effects of drug and alcohol use</li> </ul> <p>Community gained ownership and investment into the program.</p>
<b>Evaluation Studies</b>	Baydala, L. T., Sewlal, B., Rasmussen, C., Alexis, K., Fletcher, F., Letendre, L.,...Kootenay, B. (2009). A culturally adapted drug and alcohol abuse prevention program for Aboriginal children and youth. <i>Progress in Community Health Partnerships: Research, Education, and Action</i> , 3(1), 37–46.
<b>Featured in</b>	<p>Public Health Agency of Canada’s <a href="#"><i>Canadian Best Practices Portal</i></a></p> <ul style="list-style-type: none"> <li>• Designation: “Ways Tried and True”</li> </ul>
<b>Website</b>	<a href="http://www.alexised.ca/alexis-heritage-institute/nimi-icinohabi.aspx">http://www.alexised.ca/alexis-heritage-institute/nimi-icinohabi.aspx</a>
<b>Resources</b>	No additional references found

<b>Oglala Sioux Tribe CHOICES Program</b>	
<b>Description</b>	Based on the original <i>CHOICES (Changing High-risk Alcohol Use and Increasing Contraception Effectiveness Study) Program</i> , the <b>Oglala Sioux Tribe CHOICES Program (OST CHOICES)</b> uses motivational interviewing paired with an in-person brief intervention to reduce the risk of alcohol-exposed pregnancies. One component of OST CHOICES includes participants identifying people who can help them reach drinking and birth control goals and how they can help, emphasizing the importance of social support. The program was culturally tailored by changing the language and images, and using culturally appropriate implementation methods.
<b>Costs</b>	Low
<b>Developer(s)</b>	Oglala Sioux Tribe

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Oglala Sioux Tribe CHOICES Program</b>	
<b>Populations</b>	Non-pregnant American Indian women from the Oglala Sioux and Northern Plains tribes
<b>Settings</b>	Unspecified
<b>Evaluation Design</b>	A randomized controlled trial conducted in 3 cities in a variety of community settings in which CHOICES was compared to usual source of care among 830 women aged 18–44 years. <i>Note:</i> Evaluation was not conducted with Oglala Sioux.
<b>Evaluation Outcomes</b>	At 9-month follow-up evaluation, 69% of women in the CHOICES intervention reported reducing their risk of alcohol-exposed pregnancy compared with 54% of women in usual care.
<b>Evaluation Studies</b>	Floyd, R. L., Sobell, M., Velasquez, M. M., Ingersoll, K., Nettleman, M., Sobell, L.,...Skarpness, B. (2007). Preventing alcohol-exposed pregnancies: A randomized controlled trial. <i>American Journal of Preventive Medicine</i> , 32(1), 1–10.
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="https://www.facebook.com/OSTChoices/">https://www.facebook.com/OSTChoices/</a>
<b>Resources</b>	<p>Centers for Disease Control and Prevention. (2015, July 27). <i>CHOICES as a program to prevent alcohol-exposed pregnancies</i>. Retrieved from <a href="https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html">https://www.cdc.gov/ncbddd/fasd/choices-program-prevent-alcohol-exposed-pregnancies.html</a></p> <p>Hanson, J. D., &amp; Jensen, J. (2015). Importance of social support in preventing alcohol-exposed pregnancies with American Indian communities. <i>Journal of Community Health</i>, 40(1), 138-146. doi:10.1007/s10900-014-9911-1</p> <p>Hanson, J. D., &amp; Pourier, S. (2016). The Oglala Sioux Tribe CHOICES Program: Modifying an existing alcohol-exposed pregnancy intervention for use in an American Indian community. <i>International Journal of Environmental Research and Public Health</i>, 13(1), 1-10. doi:10.3390/ijerph13010001</p> <p>Hanson, J. D., Ingersoll, K., Pourier, S. (2015). Development and implementation of CHOICES group to reduce drinking, improve contraception, and prevent alcohol-exposed pregnancies in American Indian Women. <i>Journal of Substance Abuse Treatment</i>, 59, 45-51. doi:10.1016/j.jsat.2015.07.006.</p> <p>Jensen, J., Baete Kenyon, D. Y., &amp; Hanson, J. D. (2016). Preventing alcohol-exposed pregnancy among American Indian youth. <i>Sex Education</i>, 16(4), 368-378. doi:10.1080/14681811.2015.1082070</p>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Our Life</b>	
<b>Description</b>	<b>Our Life</b> is a psycho-educational group-structured program that focuses on violence, trauma, and substance abuse among American Indian youth and families. The intervention has four components: (1) healing historical trauma through experiential methods and cultural practices, (2) reconnecting to traditional cultural language by learning from elders and practitioners, (3) parenting/social skill building, and (4) building relationships between parents and youth through equine-assisted activities.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	University-based researchers and American Indian tribal members through a community-based participatory research partnership
<b>Populations</b>	American Indians aged 7 to 17 and their parents in New Mexico
<b>Settings</b>	Central non-stigmatized location
<b>Evaluation Design</b>	Prospective, quasi-experimental, mixed-method within-group longitudinal design with 18 youth assessed at 5 time points (prior to intervention, 3-month midpoint, immediate end of intervention, and 6 months and 12 months post intervention) using quantitative measures and qualitative open-ended questions.
<b>Evaluation Outcomes</b>	<p>Quantitative analysis revealed that youth who completed at least 9 intervention sessions demonstrated an increase in:</p> <ul style="list-style-type: none"> <li>• Traditional cultural identity</li> <li>• Self-esteem</li> <li>• Positive coping strategies</li> <li>• Quality of life</li> <li>• Social adjustment</li> </ul> <p>Qualitative analysis revealed that participants reported:</p> <ul style="list-style-type: none"> <li>• Increased positive attitude and respect</li> <li>• Improved academic performance</li> <li>• Increased social support</li> <li>• Decrease in anger</li> <li>• Improved family connections</li> <li>• Improved family social dynamics</li> <li>• Increased cultural knowledge.</li> </ul>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

Our Life	
<b>Evaluation Studies</b>	Goodkind, J., LaNoue, M., Lee, C., Freeland, L., & Freund, R. (2012). Feasibility, acceptability, and initial findings from a community-based cultural mental health intervention for American Indian youth and their families. <i>Journal of Community Psychology, 40</i> (4), 381–405. Retrieved from <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4235231/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4235231/</a>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found
<b>Resources</b>	No additional references found

PRIDE	
<b>Description</b>	<b>PRIDE (Positive Reinforcement in Drug Education)</b> is a comprehensive substance abuse prevention program that includes a school-based curriculum, increased building and program security, counseling, and case management, as well as referral to treatment and after-care provision. The PRIDE curriculum includes developmentally-appropriate sessions on: life skills, emotions, body awareness, drug identification, friendship, drugs and culture, values, and goal setting. PRIDE also uses three methods to enhance cultural experiences and identity: (1) Puyallup, Northwest Coast Salish, and other tribal cultural traditions are infused in various curriculum components; (2) American Indian issues pertaining to family systems, community support systems, tribal values, and other pertinent cultural issues form the context for addressing instructional objectives; and (3) during after-school time, students are provided with opportunities and encouraged to participate in tribal dance, drumming, and singing ceremonies and indigenous sports traditions.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Chief Leschi school staff, with involvement of the local community and building-level personnel; consultation was provided by Pierce College of Tacoma, Washington
<b>Populations</b>	Students in preschool through grade 12 from the Puyallup Tribe in Tacoma, Washington
<b>Settings</b>	School on urban reservation

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>PRIDE</b>	
<b>Evaluation Design</b>	Non-experimental design using pre- and post-assessments that included three sets of quantitative data: school attendance, behavior records, and 6 student questionnaires about tobacco and drug use and future intentions.
<b>Evaluation Outcomes</b>	<p>School data revealed increases in:</p> <ul style="list-style-type: none"> <li>• School enrollment</li> <li>• Percentage of students completing the school year</li> <li>• Composite group achievement test scores</li> <li>• Student involvement in school sports, school government and social functions, extracurricular activities, cultural ceremonies, and American Indian arts and crafts activities</li> </ul> <p>School data also revealed fewer incidents of drug or alcohol possession at the high school level.</p> <p>Data for students in grades 4–6 showed decreases in:</p> <ul style="list-style-type: none"> <li>• Use of alcohol (sixth graders) with other kids when parents are not present</li> <li>• Experimentation with smokeless tobacco</li> <li>• Initiation of cigarette use</li> <li>• Initiation of crack use</li> <li>• Initiation of other drug use</li> <li>• Use of alcohol, marijuana, and inhalants</li> </ul> <p>Data for students in grades 4-6 showed increases in the percentage of students who say they never used drugs and never will.</p>
<b>Evaluation Studies</b>	<p>Dorpat, N. (1994). PRIDE: Substance abuse education/intervention program. <i>American Indian and Alaska Native Mental Health Research</i>, 4(Mono), 122–133. Retrieved from <a href="http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIA/NH/journal/Documents/Monograph%204/Mono04_Dorpat_PRIDE_122-133.pdf">http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIA/NH/journal/Documents/Monograph%204/Mono04_Dorpat_PRIDE_122-133.pdf</a></p> <p>Guilmet, G. M., &amp; Whited, D. L. (2000, April 24-26). <i>The Safe Futures Substance Abuse and Violence Prevention Program at Chief Leschi Elementary School, 1996–1999</i>. Paper presented at the 12<sup>th</sup> Annual Indian Health Service Research Conference, Albuquerque, NM. Retrieved from <a href="http://files.eric.ed.gov/fulltext/ED444781.pdf">http://files.eric.ed.gov/fulltext/ED444781.pdf</a></p>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

PRIDE	
<b>Resources</b>	<p>Guilmet, G. M., Whited, D. L., Dorpat, N., &amp; Pijanowski, C. (1998). The Safe Futures Initiative at Chief Leschi Schools: A school-based tribal response to alcohol-drug abuse, gang violence, and crime on an urban reservation. <i>American Indian Culture and Research Journal</i>, 22(4), 407–440.</p> <p><a href="http://dx.doi.org/10.17953/aicr.22.4.701052u136p16722">http://dx.doi.org/10.17953/aicr.22.4.701052u136p16722</a></p>

Projet Pairs-Aidants	
<b>Description</b>	<p><b>Projet Pairs-Aidants</b> is an adaptation of <i>Applied Suicide Intervention Skills Training (ASIST)</i> which focuses on preventing youth suicide. It was originally developed in the English language, but was translated into French and then into indigenous languages. The program involves two training days designed for youth and community service providers to increase their knowledge and skills in recognizing and responding to calls for help, increase their confidence in providing care and applying intervention knowledge and skills, and enhance their ability to identify high-risk youth.</p>
<b>Costs</b>	<p><b>ASIST<sup>10</sup>:</b></p> <ul style="list-style-type: none"> <li>• Two-day, in-person ASIST training: Varies (required)</li> <li>• One-day, in-person ReSet booster training: Varies (not required)</li> <li>• Five-day, in-person training to become an ASIST Trainer: \$2,855 (required)</li> <li>• Associate Care technical assistance: Unknown (not required)</li> <li>• Operations technical assistance: Unknown (not required)</li> <li>• Trainer kit: \$38.10 per kit (required)</li> <li>• Trainer coaching: Unknown (not required)</li> <li>• Trainer feedback: Unknown (required)</li> <li>• Feedback forum: Unknown (required)</li> <li>• Trainer workshop report: Unknown (required)</li> <li>• One-day, in-person ReSet group workshop: Varies (not required)</li> <li>• Flyers on ASIST training and ASIST training for trainers: Free (not required)</li> <li>• Trainer newsletter: Free (not required)</li> <li>• LivingWorks website: Free (not required)</li> </ul>
<b>Developer(s)</b>	LivingWorks

<sup>10</sup> Cost information was unavailable for *Projet Pairs-Adants*.



***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Projet Pairs-Aidants	
<b>Populations</b>	First Nations or Innu community of Uashat Mak Mani-utenam in the northeastern region of Québec near Sept-Îles
<b>Settings</b>	Community
<b>Evaluation Design</b>	Prospective, mixed-methods, nonexperimental design using a survey with participants, as well as interviews with trainers.
<b>Evaluation Outcomes</b>	Participants reported: <ul style="list-style-type: none"> <li>• Increased confidence to help someone in distress</li> <li>• Change in professional practice</li> <li>• Increase of referral rates.</li> </ul>
<b>Evaluation Studies</b>	Cousins, J. B., Kinney, M., Moore, M., Pruden, J., Sanderson, K., & Wood, I. (2010, June). <i>National Aboriginal Youth Suicide Prevention Strategy: Multiple case study of community initiatives</i> . Retrieved from <a href="http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.457.1983&amp;rep=rep1&amp;type=pdf">http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.457.1983&amp;rep=rep1&amp;type=pdf</a>
<b>Featured in</b>	Public Health Agency of Canada’s <a href="#"><i>Canadian Best Practices Portal</i></a> <ul style="list-style-type: none"> <li>• Designation: “Ways Tried and True”</li> </ul> <p>The original ASIST program is featured in SAMHSA’s NREPP. However, the culturally-tailored version is not.</p>
<b>Website</b>	<a href="https://www.livingworks.net/programs/asist/">https://www.livingworks.net/programs/asist/</a>
<b>Resources</b>	No additional references found

Project Venture	
<b>Description</b>	<b>Project Venture</b> aims to help youth—primarily American Indian youth—resist substance use by building their social and emotional competence. Project staff lead games and activities in classrooms; experiential activities (e.g., hiking, camping) after school, on weekends, and during summers; extended adventure camps and wilderness treks during summers; and community-focused service learning and service leadership activities throughout the year. The program promotes the development of a positive self-concept, a community service ethic, and an internal locus of control; and builds decision-making, problem-solving, and social skills. All

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Project Venture</b>	
<b>Description (cont.)</b>	activities are strengths-based and centered on American Indian values about the role of family, learning from the natural world, spiritual awareness, service to others, and respect.
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Implementation guide: \$75 (required)</li> <li>• Three-day, in-person introduction workshop: Varies (required)</li> <li>• Web-based facilitator trainings: \$150 (not required)</li> <li>• Two- or three-day on-site training: \$1,875, plus travel costs (not required)</li> <li>• Three-day, onsite implementation assessment: \$2,450, plus travel costs (required)</li> <li>• Facilitator guide: \$250 (required)</li> <li>• Curriculum: \$1,575 (included not available)</li> <li>• Flyer: Free (not required)</li> <li>• Social media: Free (not required)</li> <li>• Project Venture website: Free (not required)</li> </ul>
<b>Developer(s)</b>	The National Indian Youth Leadership Project
<b>Populations</b>	<p>At-risk American Indian students in 5<sup>th</sup> through 8<sup>th</sup> grade in public middle schools in Gallup, New Mexico</p> <p>Adaptations have been developed for:</p> <ul style="list-style-type: none"> <li>• New Sunrise Regional Treatment Center residents in Albuquerque, New Mexico</li> <li>• Court-referred youth from the Pueblo of Acoma</li> </ul>
<b>Settings</b>	School, reservation, and community
<b>Evaluation Design</b>	Prospective, experimental design with random assignment to intervention or control group, and including assessments at baseline and at 6 and 18 months; sample of 397 students (76% American Indian, 50% male).
<b>Evaluation Outcomes</b>	Compared to the control group, participants in the intervention group reported lower increase of substance use over time.
<b>Evaluation Studies</b>	Carter, S. L., Straits, J. E., & Hall, M. (2007). <i>Project Venture: Evaluation of a positive, culture-based approach to substance abuse prevention with American Indian youth</i> . Retrieved from <a href="http://www.falmouthinstitute.com/files/SS047/Strategies%20to%20Support%20Youth/Project-Venture-manuscript-final.pdf">http://www.falmouthinstitute.com/files/SS047/Strategies%20to%20Support%20Youth/Project-Venture-manuscript-final.pdf</a>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

Project Venture	
<b>Featured in</b>	<ul style="list-style-type: none"> <li>• The Athena Forum’s <a href="#"><u>Excellence in Prevention Strategy List</u></a> <ul style="list-style-type: none"> <li>○ Designation: “Excellence in Prevention Strategy”</li> </ul> </li> <li>• OJJDP’s <a href="#"><u>Model Programs Guide</u></a> <ul style="list-style-type: none"> <li>○ Designation: “Promising – One study”</li> </ul> </li> <li>• One Sky Center’s <a href="#"><u>Evidence-Based Practices and Best Practices</u></a> <ul style="list-style-type: none"> <li>○ Designation: “Best Practice”</li> </ul> </li> <li>• SAMHSA’s <a href="#"><u>National Registry of Evidence-based Programs and Practices</u></a> <ul style="list-style-type: none"> <li>○ Designation: “Promising” – social competence, self-concept, anxiety disorders and symptoms, depression</li> <li>○ Designation: “Ineffective” – general substance use, health-risk behaviors</li> </ul> </li> </ul>
<b>Website</b>	<a href="http://www.niylp.org/">http://www.niylp.org/</a>
<b>Resources</b>	No additional references found

Protecting You/Protecting Me for American Indian Children	
<b>Description</b>	<p><b>Protecting You/Protecting Me (PY/PM)</b> is a five-year long elementary school curriculum that consists of 40 lessons taught to students in grades one through five with eight lessons per grade. Lessons focus on vehicle-related safety, risky behaviors, and the 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. Tribal representatives worked with curriculum developers to tailor the curriculum to American Indian children. Adaptations included: (1) altering specific words and concepts to ensure that they conveyed appropriate meaning to students; (2) emphasizing tribal language throughout the curriculum; (3) changing Anglo names to names more familiar to Indian children; (4) removing images that likely would either convey the wrong meaning or no meaning; (5) replacing generic “positive values” with tribal values; (6) adding stories likely to resonate with particular tribes; and (7) expanding the scope of the curriculum to emphasize wellness, honoring one’s body, recognizing that one’s behavior affects others, and assuming responsibility for oneself, one’s family, and one’s community.</p>
<b>Costs</b>	<b>PY/PM<sup>11</sup>:</b>

<sup>11</sup> Cost information was unavailable for *PY/PM for American Indian Children*.

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Protecting You/Protecting Me for American Indian Children</b>	
<b>Costs (cont.)</b>	<ul style="list-style-type: none"> <li>• Two-day, onsite youth-led National Teacher Training Institute, minimum of 15 participants: Varies (required for youth-led version)</li> <li>• Youth-led web-based training: \$900, minimum of 8 participants (required for youth-led version)</li> <li>• Adult-led teaching guides: \$139 per guide per grade level (required for adult-led version)</li> <li>• Adult-led online training package: \$720 per participant (not required)</li> <li>• Adult-led online training: \$75 per participant per grade level (not required)</li> <li>• One-day, onsite adult-led training: \$2,200 per site, plus travel expenses (not required)</li> <li>• One-day, offsite adult-led training: \$200 per participant (not required)</li> <li>• Technical assistance: \$100 per hour (not required)</li> </ul>
<b>Developer(s)</b>	Mothers Against Drunk Driving and Hazelden
<b>Populations</b>	Elementary school-age students and high school peer helpers of the Hopi and Navajo Nations
<b>Settings</b>	School
<b>Evaluation Design</b>	Non-experimental, pretest and posttest design with 226 Hopi and 88 Navajo elementary school students and 7 Hopi high school peer helpers completing both pre-program and post-program surveys.
<b>Evaluation Outcomes</b>	<p>Hopi participants demonstrated:</p> <ul style="list-style-type: none"> <li>• Improvements in their media literacy (students)</li> <li>• Increased perceptions of risks associated with high levels of alcohol use (peer helpers)</li> </ul> <p>Navajo student participants demonstrated:</p> <ul style="list-style-type: none"> <li>• Increased perceptions of harm associated with underage alcohol use</li> <li>• Improved media literacy</li> <li>• Improved vehicle safety skills</li> </ul>
<b>Evaluation Studies</b>	LeCroy & Milligan Associates, Inc. (2008, August). <i>Protecting You/Protecting Me Program: Fourth annual evaluation report</i> . Retrieved from <a href="http://www.lecroymilligan.com/data/resources/pypm-2008-annual-final-report.final.pdf">http://www.lecroymilligan.com/data/resources/pypm-2008-annual-final-report.final.pdf</a>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Protecting You/Protecting Me for American Indian Children</b>	
<b>Featured in</b>	The original <i>Protecting You/Protecting Me</i> program is featured in NREPP and the Athena Forum. However, the adaptation is not featured in national databases reviewed.
<b>Website</b>	<a href="https://www.voa-dakotas.org/resource-library/resource/protecting-you-protecting-me-tailored-for-american-indians">https://www.voa-dakotas.org/resource-library/resource/protecting-you-protecting-me-tailored-for-american-indians</a>
<b>Resources</b>	Ringwalt, C., & Bliss, K. (2006). The cultural tailoring of a substance use prevention curriculum for American Indian youth. <i>Journal of Drug Education, 36</i> (2), 159–177. doi:10.1007/s10935-008-0150-z

<b>Reclaiming our Ancestral Footsteps</b>	
<b>Description</b>	<b>Reclaiming our Ancestral Footsteps</b> is a mental health promotion project where youth attend culture camps. During camp, youth learn about their culture, language, and traditions from Elders. They also learn about personal wellness and healing strategies.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Joint Steering Committee of Project Coordinators, Volunteers, Elders
<b>Populations</b>	Mi'kmaq and Maliseet youth aged 16 to 18 in Elsipogtog (Big Cove) First Nation in New Brunswick, Canada
<b>Settings</b>	Community
<b>Evaluation Design</b>	Prospective, nonexperimental design using pre/posttests.
<b>Evaluation Outcomes</b>	Participants reported: <ul style="list-style-type: none"> <li>• Increased decision-making abilities</li> <li>• Increased knowledge of culture and connections to elders</li> <li>• Increased self-esteem and self-mastery</li> </ul>
<b>Evaluation Studies</b>	Han Martin Associates, Reclaiming Our Ancestral Footsteps Final Evaluation Report, Internal Document.
<b>Featured in</b>	Public Health Agency of Canada's <a href="#"><i>Canadian Best Practices Portal</i></a>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Reclaiming our Ancestral Footsteps	
<b>Featured in (cont.)</b>	<ul style="list-style-type: none"> <li>• Designation: “Ways Tried and True”</li> </ul>
<b>Website</b>	<a href="http://www.ehwc.ca/">http://www.ehwc.ca/</a>
<b>Resources</b>	No additional references found

Red Cliff Wellness School Curriculum	
<b>Description</b>	<b>Red Cliff Wellness School Curriculum</b> is a school-based substance abuse prevention curriculum that aims to reduce risk factors and increase protective factors associated with substance use among Native American youth. The curriculum includes 20 to 30 lessons and activities covering sharing, respect, honesty, and kindness. Cultural elements include lessons on positive cultural teachings and Ajegewe-mino-bimadissiwin (return to the good life).
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Teacher manuals for grades K–6: \$200 per grade level (required)</li> <li>• Lap book for grades K–3: \$50 per grade level (required)</li> <li>• Set of two Blue Sky puppets for grades K–3: \$100 per classroom (required)</li> <li>• Student workbooks for grades 4–6: \$5 each printed copy (may be reproduced from teacher manual) (required)</li> <li>• Teacher and student materials for grades 7–12: \$900 per set (required)</li> <li>• Complete set of teacher and student materials for grades K–12: \$2,550 per set (not required)</li> <li>• Two-day, onsite training: \$2,000, plus travel expenses (required)</li> <li>• Web-based training: \$1,000 for up to 50 participants (required)</li> <li>• Telephone consultation: Free (not required)</li> <li>• Onsite implementation consultation: \$500 per day, plus travel expenses (not required)</li> <li>• Onsite evaluation consultation: \$75 per hour, plus travel expenses (not required)</li> <li>• Implementation checklist: Free (required)</li> </ul>
<b>Developer(s)</b>	First American Prevention Center, an arm of the Red Cliff Band of Lake Superior Chippewa
<b>Populations</b>	American Indian or Alaska Native children aged 6 to 12 from the Red Cliff Band of Lake Superior Chippewa

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

Red Cliff Wellness School Curriculum	
<b>Settings</b>	School and community
<b>Evaluation Design</b>	Prospective, quasi-experimental design with 8 rural schools that serve Indian reservations assigned to an intervention or comparison condition; 237 students in intervention schools and 407 students in the comparison schools were used for analysis; marijuana intentions were assessed at pretest and immediate posttest.
<b>Evaluation Outcomes</b>	Compared to students in the comparison group, Red Cliff Wellness School Curriculum participants reported: <ul style="list-style-type: none"> <li>• Less increase in intention to use marijuana</li> <li>• Less increase in alcohol use</li> </ul>
<b>Evaluation Studies</b>	Petoskey, E. L., Van Stelle, K. R., & De Jong, J. A. (1998). Prevention through empowerment in a Native American community. In J. Valentine, J. A. De Jong, & N. J. Kennedy (Eds.), <i>Substance abuse prevention in multicultural communities</i> (pp. 147-162). New York, NY: Haworth Press.
<b>Featured in</b>	<ul style="list-style-type: none"> <li>• The Athena Forum’s <a href="#"><i>Excellence in Prevention Strategy List</i></a> <ul style="list-style-type: none"> <li>○ Designation: “Excellence in Prevention Strategy”</li> </ul> </li> <li>• SAMHSA’s <a href="#"><i>National Registry of Evidence-based Programs and Practices</i></a> <ul style="list-style-type: none"> <li>○ Designation: Legacy Program</li> </ul> </li> </ul>
<b>Website</b>	<a href="http://redcliff-nsn.gov/">http://redcliff-nsn.gov/</a>
<b>Resources</b>	No additional resources found

Reducing Tobacco Use in Pregnancy in YK Delta Women	
<b>Description</b>	Implemented by the Yukon-Kuskokwim Health Corporation (YKHC), <b>Reducing Tobacco Use in Pregnancy in YK Delta Women</b> is a culturally relevant education initiative designed to raise awareness of tobacco use dangers and reduce tobacco use among pregnant women. Communication activities include development and distribution of direct mail to all pregnant women living in the region, anti-tobacco literature from other organizations placed in clinics and hospitals, anti-tobacco posters placed in high schools, print ads displayed in local newspapers promoting tobacco abstinence among local women and teens, and radio ads produced in Yup’ik and English airing twice daily. Group education sessions on tobacco risks are provided to expecting women, and health care providers screen pregnant women

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Reducing Tobacco Use in Pregnancy in YK Delta Women</b>	
<b>Description (cont.)</b>	for tobacco use and refer those who screened positive to tobacco cessation counseling.
<b>Costs</b>	\$100,000 per year
<b>Developer(s)</b>	Yukon-Kuskokwim Health Corporation
<b>Populations</b>	Alaska Native Women in the Yukon Kuskokwim Delta
<b>Settings</b>	Clinic/health center, community, hospital, and school
<b>Evaluation Design</b>	Non-experimental pretest and posttest design in which pregnant women participating in group educational and cessation interventions were surveyed prior to and immediately following participation.
<b>Evaluation Outcomes</b>	Among participants, there was reduced prevalence of tobacco use in the last three months of pregnancy compared to baseline data.
<b>Evaluation Studies</b>	Fadahunsi, O., & Ellsworth, L. (2013, November 3). <i>Reducing tobacco use in pregnancy in YK Delta women</i> . Paper presented at the 141 <sup>st</sup> APHA Annual Meeting, Boston, MA. Abstract retrieved from <a href="https://apha.confex.com/apha/141am/webprogram/Paper287723.html">https://apha.confex.com/apha/141am/webprogram/Paper287723.html</a>
<b>Featured in</b>	Indian Health Service's <a href="#"><i>Best Practices, Promising Practices, Local Efforts</i></a>
<b>Website</b>	<a href="https://www.ykhc.org/programs/tobacco-prevention-program/">https://www.ykhc.org/programs/tobacco-prevention-program/</a>
<b>References</b>	Public Policy Associates, Inc. (2012, November). <i>Reducing tobacco use in pregnancy in YK Delta women</i> . Retrieved from <a href="https://www.ihs.gov/hpdp/includes/themes/newihstheme/display_objects/documents/success_ykdeltawomen.pdf">https://www.ihs.gov/hpdp/includes/themes/newihstheme/display_objects/documents/success_ykdeltawomen.pdf</a>

<b>Reward and Reminder Program</b>	
<b>Description</b>	The culturally-tailored <b>Reward and Reminder Program</b> aims to reduce convenience store alcohol sales to youth living on or near nine American Indian reservations. Decoys are used to assess alcohol sales to youth. The buyer also records additional descriptive information about the interiors of the outlet. Adaptations have included feather imagery in the reward and reminder letter graphics and model tribal council resolutions in support of the program.



**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Reward and Reminder Program</b>	
<b>Costs</b>	Unavailable
<b>Developer(s)</b>	Research team (Pacific Institute for Research and Evaluation, Southern California Tribal Health Center, The Scripps Research Institute) with input from tribal members
<b>Populations</b>	Youth living on or near Southern California American Indian reservations
<b>Settings</b>	Community
<b>Evaluation Design</b>	Non-experimental design using pre- and post-tests examining changes in rates of sales to minors over time.
<b>Evaluation outcomes</b>	Observed sales to minors in subsequent reward and reminder visits were significantly lower than those observed at baseline.
<b>Evaluation studies</b>	Moore, R. S., Roberts, J., McGaffigan, R., Calac, D., Grube, J. W., Gilder, D. A., & Ehlers, C. L. (2012). Implementing a reward and reminder underage drinking prevention program in convenience stores near Southern California American Indian reservations. <i>American Journal of Drug &amp; Alcohol Abuse</i> , 38(5), 456-460. doi:10.3109/00952990.2012.696758
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found
<b>Resources</b>	No additional resources found

<b>San Carlos Apache Tribe’s Motor Vehicle Injury Prevention Program</b>	
<b>Description</b>	<b>San Carlos Apache Tribe’s Motor Vehicle Injury Prevention Program</b> was a culturally tailored program that aimed to increase seat belt and child safety seat use and decrease alcohol-impaired driving among tribal members. The program implemented a media campaign that included radio and newspaper ads. It also sponsored educational booths at local community events, as well as distributed flyers and posters. Additionally, the program included sobriety checkpoints and enhanced police enforcement to help decrease alcohol-impaired driving and seat belt nonuse.
<b>Costs</b>	Unknown

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

<b>San Carlos Apache Tribe's Motor Vehicle Injury Prevention Program</b>	
<b>Developer(s)</b>	San Carlos Apache Tribe
<b>Populations</b>	San Carlos Apache Tribe community members
<b>Settings</b>	Community
<b>Evaluation Design</b>	Use of tribal police data and cost-benefit analysis.
<b>Evaluation Outcomes</b>	<p>From 2004-2008:</p> <ul style="list-style-type: none"> <li>• Observed driver use of seat belts increased 46%</li> <li>• Motor vehicle crashes decreased 29%</li> <li>• Nighttime motor vehicle crashes decreased 27%</li> <li>• Motor vehicle crashes involving injuries and/or fatalities decreased 31%</li> <li>• 39 sobriety checkpoints were conducted and approximately 18,000 vehicles were stopped to check for alcohol-impaired drivers</li> <li>• DUI arrests increased 52%</li> </ul> <p>The program had a lifetime cost-benefit ratio of 1:9.54.</p>
<b>Evaluation Studies</b>	West, B. A., Naumann, R. B., & Centers for Disease Control and Prevention. (2014). Tribal motor vehicle injury prevention programs for reducing disparities in motor vehicle-related injuries. <i>Morbidity and Mortality Weekly Report</i> , 63(1), 28–33. Retrieved from <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab">https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab</a>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="http://www.sancarlosapache.com/home.htm">http://www.sancarlosapache.com/home.htm</a>
<b>Resources</b>	No additional resources found

<b>Seventh Generation</b>	
<b>Description</b>	<b>Seventh Generation</b> is a 13-week afterschool program that incorporates seven culturally-specific core values: (1) harmony, (2) respect, (3) generosity, (4) courage, (5) wisdom, (6) humility, and (7) honesty. In addition, the program focuses on building social and emotional competencies with emphasis on: decision-making and problem solving, resistance, enhancement of self-esteem, strategies to cope with

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Seventh Generation</b>	
<b>Description (cont.)</b>	stress and anxiety, and general social skills. Six months after completing the program, children participate in six booster sessions which review the basic content of the 13-week program. To be culturally responsive, Seventh Generation incorporates the general values of responsible decision-making, harmony, and balance. Because some cultural elements (e.g., medicine wheel) resonate more with some tribes than others, program staff settled on the Circle of Life metaphor to visually represent the interplay of harmony and balance after extended conversations with people of different tribal backgrounds.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Not able to identify
<b>Populations</b>	Indian youth in fourth through seventh grade in urban Colorado
<b>Settings</b>	Afterschool
<b>Evaluation Design</b>	Quasi-experimental non-equivalent control group design with pre-test, 14-week post-test, and one-year follow-up with 378 (257 intervention and 121 comparison) AI youth.
<b>Evaluation Outcomes</b>	Compared to children in the comparison condition, children who attended the Seventh Generation program reported significantly: <ul style="list-style-type: none"> <li>• Greater internal locus of control</li> <li>• Lower depression scores</li> <li>• More social support</li> </ul>
<b>Evaluation Studies</b>	Moran, J. R., & Bussey, M. (2007). Results of an alcohol prevention program with urban American Indian youth. <i>Child &amp; Adolescent Social Work Journal</i> , 24(1), 1–21. doi:10.1007/s10560-006-0049-6
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found
<b>Resources</b>	No additional resources found

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Skill Enhancement Program</b>	
<b>Description</b>	The culturally-tailored, 10-session <b>Skill Enhancement Program</b> provides lessons on: (1) myths and facts concerning American Indian drinking and drug use, (2) information on drugs and alcohol, (3) factors that encourage drug use and reasons for rejecting drugs, (4) the role of values in decision making, (5) how to think like an Elder to maintain the Indian Way and resist drugs and make healthy decisions, and (6) effective responses to overt and covert pressures to use drugs. Students have opportunities to practice newly learned skills, and film commercials demonstrating application of resistance, decision-making, and communication skills learned.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Not able to identify
<b>Populations</b>	Urban and rural Native American youth residing in the Pacific Northwest who currently use alcohol, marijuana, tobacco, and/or inhalants
<b>Settings</b>	School
<b>Evaluation Design</b>	Quasi-experimental design in which 39 intervention (in 3 sites) and 58 control students (in 4 sites) completed pretests, posttests, and 6-month follow-up assessments.
<b>Evaluation Outcomes</b>	Compared to controls, Skill Enhancement participants demonstrated: <ul style="list-style-type: none"> <li>• Greater improvements in knowledge of substance abuse facts and interpersonal skills (e.g., refusal skills) at posttest and follow-up</li> <li>• Greater declines in tobacco (at posttest), alcohol, marijuana, and inhalant use (at 6-month follow-up)</li> <li>• Lower likelihood of identifying as tobacco (at posttest), alcohol, marijuana, and inhalant users (at posttest and 6-month follow-up)</li> </ul>
<b>Evaluation Studies</b>	Gilchrist, L., Schinke, S. P., Trimble, J. E., & Cvetkovich, G. (1987). Skills enhancement to prevent substance abuse among American Indian adolescents. <i>International Journal on the Addictions</i> , 22(9), 869–879.
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

Skill Enhancement Program	
<b>Resources</b>	Jackson, K. F., & Hodge, D. (2010). Native American youth and culturally sensitive interventions: A systematic review. <i>Research on Social Work Practice, 20</i> (3), 260–270. doi:10.1177/1049731509347862

Tohono O'odham Nation's Motor Vehicle Injury Prevention Program	
<b>Description</b>	<b>Tohono O'odham Nation's Motor Vehicle Injury Prevention Program</b> was a culturally tailored media campaign that aimed to increase seat belt use and reduce alcohol impaired driving. It included billboards, radio PSAs, tribal newspaper articles, and enhanced tribal police enforcement of seatbelt nonuse, as well as DUI saturation patrols and sobriety checkpoints. Community events and health fairs that displayed motor vehicle education stations and booths were also organized to inform the community about seat belt laws and safety benefits, and the risks of alcohol-impaired driving. The program also facilitated child safety seat distribution and education programs and community education and awareness-raising activities.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Tohono O'odham Nation
<b>Populations</b>	Tohono O'odham Nation community members
<b>Settings</b>	Community
<b>Evaluation Design</b>	Observational surveys and use of tribal police data.
<b>Evaluation Outcomes</b>	<p>From 2005–2009:</p> <ul style="list-style-type: none"> <li>• Observed driver use of seat belts increased 73%</li> <li>• Passenger use of seat belts increased 85%</li> <li>• Observed use of child safety seats increased 45%</li> </ul> <p>From 2004–2008:</p> <ul style="list-style-type: none"> <li>• Crashes with injuries decreased 36%</li> <li>• There were 388 DUI arrests</li> </ul>
<b>Evaluation Studies</b>	West, B. A., Naumann, R. B., & Centers for Disease Control and Prevention. (2014). Tribal motor vehicle injury prevention programs for reducing disparities in motor vehicle-related injuries. <i>Morbidity and Mortality Weekly Report, 63</i> (1), 28–33.

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Tohono O'odham Nation's Motor Vehicle Injury Prevention Program</b>	
<b>Evaluation Studies (cont.)</b>	Retrieved from <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab">https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab</a>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="http://www.tonation-nsn.gov/">http://www.tonation-nsn.gov/</a>
<b>Resources</b>	No additional resources found

<b>Walking the Path Together</b>	
<b>Description</b>	<b>Walking the Path Together</b> (WTPT) is a long-term, proactive program that provides one-on-one support to First Nations children who live with family violence. An “Eagle Feather Worker” from the shelter works individually with children’s families to provide customized services to match their needs and requests. The key activities include: (1) case management, (2) individual counseling sessions, (3) talking circles, (4) family counseling sessions, (5) talks with Elders, and (6) family group conferencing sessions.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Alberta Council of Women’s Shelters
<b>Populations</b>	Families living on reserves in Alberta
<b>Settings</b>	On-reserve domestic violence shelters
<b>Evaluation Design</b>	Prospective, nonexperimental design using mixed methods.
<b>Evaluation Outcomes</b>	<ul style="list-style-type: none"> <li>• Children began to express pride and commitment to First Nations heritage.</li> <li>• At each phase of the project, over half of the children were no longer exposed to violence and understood consequences of violence and that it is wrong.</li> <li>• There was a decrease in reports to Child Welfare over the course of the project.</li> <li>• Children improved social skills at school.</li> <li>• There was an increase in children’s school attendance.</li> <li>• There was a decrease in drug and alcohol use among caregivers.</li> <li>• There was a decrease in instances of criminal involvement among caregivers or other participants.</li> </ul>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

<b>Walking the Path Together</b>	
<b>Evaluation Outcomes (cont.)</b>	<ul style="list-style-type: none"> <li>• There were reductions in instances of self-injury among children, as well as in emergency and hospital room use.</li> <li>• As a result of the project, all families were assessed as healthier (i.e., eating more nutritional meals, less malnourishment).</li> <li>• Caregivers were more likely to say they would take action to keep their children safe.</li> <li>• The overall social value of investment in WTPT is \$5.42 for every dollar invested.</li> </ul>
<b>Evaluation Studies</b>	Hoffart, I. (2014). <i>Walking the Path Together evaluation – phases I and II: Report to Safe Communities Innovation Fund</i> . Retrieved from <a href="https://www.acws.ca/collaborate-document/1132/download/Walking-the-Path-Together-Tools-Outcome-Evaluation-Phase-II-Nov-11-w.bleeds.pdf">https://www.acws.ca/collaborate-document/1132/download/Walking-the-Path-Together-Tools-Outcome-Evaluation-Phase-II-Nov-11-w.bleeds.pdf</a>
<b>Featured in</b>	Public Health Agency of Canada’s <a href="#"><i>Canadian Best Practices Portal</i></a> <ul style="list-style-type: none"> <li>• Designation: “Ways Tried and True”</li> </ul>
<b>Website</b>	<a href="https://www.acws.ca/walkingthepath">https://www.acws.ca/walkingthepath</a>
<b>Resources</b>	Cunningham, A., & Baker, L. (2014). <i>Walk proud, dance proud: Footprints on a healing journey</i> . Retrieved from <a href="https://www.acws.ca/collaborate-document/1056/download/Walking-the-Path-Together-Tools-GuidePHII.pdf">https://www.acws.ca/collaborate-document/1056/download/Walking-the-Path-Together-Tools-GuidePHII.pdf</a>

<b>White Mountain Apache Tribe’s Motor Vehicle Injury Prevention Program</b>	
<b>Description</b>	<b>White Mountain Apache Tribe’s Motor Vehicle Injury Prevention Program</b> was a culturally tailored program that aimed to increase seat belt use and decrease alcohol-impaired driving by enhancing police enforcement and sobriety checkpoints. The program also implemented a comprehensive media campaign with radio and newspaper ads and radio PSAs. Police officers were also trained on installation, education, and enforcement of child safety and booster seats.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	White Mountain Apache Tribe
<b>Populations</b>	White Mountain Apache Tribe community members
<b>Settings</b>	Community

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

White Mountain Apache Tribe's Motor Vehicle Injury Prevention Program	
<b>Evaluation Design</b>	Observational surveys and use of tribal police data.
<b>Evaluation Outcomes</b>	<p>From 2004–2008:</p> <ul style="list-style-type: none"> <li>• Observed driver use of seat belts increased 315%</li> <li>• Passenger use of seat belts increased 220%</li> <li>• Percentage of officers who reported being extremely confident about educating the community in the proper use of child safety seats increased 314%</li> <li>• Officer's proper identification of requirements for rear-facing child safety seats and booster seats increased by 51% and 13%, respectively</li> </ul> <p>From 2006–2008, 55 sobriety checkpoints were conducted and approximately 28,000 vehicles were stopped to check for alcohol-impaired drivers.</p>
<b>Evaluation Studies</b>	West, B. A., Naumann, R. B., & Centers for Disease Control and Prevention. (2014). Tribal motor vehicle injury prevention programs for reducing disparities in motor vehicle-related injuries. <i>Morbidity and Mortality Weekly Report</i> , 63(1), 28–33. Retrieved from <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab">https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab</a>
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="http://www.wmat.nsn.us/">http://www.wmat.nsn.us/</a>
<b>Resources</b>	No additional resources found

Wraparound Model	
<b>Description</b>	The <b>Wraparound Model</b> is a multicomponent intervention strategy designed to keep young people at risk out of juvenile justice institutions. Wraparound involves a variety of services tailored to the needs of an individual child and his/her family. The Wraparound process includes: (1) family engagement and team preparation, (2) initial plan development, (3) implementation, and (4) transition. The adaptation of Wraparound for Indian Country maintains these processes as well as incorporates Native American perspectives; that is, it emphasizes strength-based approaches focusing on wholeness, wellness, and health rather than on a deficit perspective.
<b>Costs</b>	Unknown



***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Wraparound Model</b>	
<b>Developer(s)</b>	Native American Training Institute
<b>Populations</b>	AI/AN children and youth with complex needs
<b>Settings</b>	Juvenile justice, human service agencies, home, and school
<b>Evaluation Design</b>	Meta-analysis of nine controlled studies of wraparound programs published in peer reviewed publications (but none with AI/AN).
<b>Evaluation Outcomes</b>	<p>Compared to those in alternate programs, youth in wraparound programs:</p> <ul style="list-style-type: none"> <li>• Were less likely to be suspended from school</li> <li>• Missed fewer days of school</li> <li>• Demonstrated fewer emotional and behavioral problems</li> </ul> <p>Compared to those in alternate programs, youth in wraparound programs demonstrated greater:</p> <ul style="list-style-type: none"> <li>• Improvements in their behavioral functioning</li> <li>• Improvements in mood/emotion</li> <li>• Improvements in overall functioning</li> <li>• Improvements in GPA</li> </ul>
<b>Evaluation Studies</b>	Bruns, E. J., & Suter, J. C. (2010). Summary of the wraparound evidence base: April 2010 update. In E. J. Bruns & J. S. Walker (Eds.), <i>Resource guide to wraparound</i> . Retrieved from <a href="http://nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-(evidence-base).pdf">http://nwi.pdx.edu/NWI-book/Chapters/Bruns-3.5-(evidence-base).pdf</a>
<b>Featured in</b>	<p>First Nations Behavioral Health Association’s <i><a href="#">Catalogue of Effective Behavioral Health Practices for Tribal Communities</a></i></p> <ul style="list-style-type: none"> <li>• Designation: “Practice Based Evidence, with Cultural Validation”</li> </ul>
<b>Website</b>	<a href="http://www.nativeinstitute.org/trainings/wraparound.htm">http://www.nativeinstitute.org/trainings/wraparound.htm</a>
<b>Resources</b>	<p>Lazear, K. (2015). Why cultural competence is one of wraparound’s greatest strengths and most persistent challenges. <i>The TA Telescope</i>, 1(2), 1–9. Retrieved from <a href="http://fredla.org/wp-content/uploads/2016/01/Wraparound-and-Cultural-Competence.pdf">http://fredla.org/wp-content/uploads/2016/01/Wraparound-and-Cultural-Competence.pdf</a></p> <p>Walker, J. S., Bruns, E. J., VanDenBerg, J. D., Rast, J., Osher, T. W., Miles, P.,...National Wraparound Initiative Advisory Group. (2004). <i>Phases and activities of</i></p>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

Wraparound Model	
<b>Resources (cont.)</b>	<i>the wraparound process</i> . Retrieved from <a href="http://nwi.pdx.edu/pdf/PhaseActivWAProcess.pdf">http://nwi.pdx.edu/pdf/PhaseActivWAProcess.pdf</a>

The Yuonihan Project	
<b>Description</b>	<b>The Yuonihan Project</b> was a media campaign that included posters, radio ads, and other materials such as brochures and pens. Community liaisons conducted outreach and disseminated materials at local health fair booths or community events and at community centers, health clinics, and local tribal colleges. Radio ads were featured on locally owned stations run by tribes, and community liaisons participated in live interviews on these stations at least twice per year. Posters were presented throughout tribal communities at locations such as: women’s restrooms, clinics, tribal college buildings, the Indian Health Service obstetrics ward, domestic violence shelters, homeless shelters, and local food banks. Designed with tribal input, campaign materials used traditional language and images from the tribal communities. The image of the turtle featured prominently in campaign materials, as the turtle amulet is a traditional North Plains Lakota symbol that grandmothers or female elders provide to pregnant women or new mothers.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	University of South Dakota’s Center for Disabilities and the Great Plains Tribal Epidemiology Center (formerly Northern Plains Tribal Epidemiology Center)
<b>Populations</b>	Northern Plains Lakota women of childbearing age
<b>Settings</b>	Community, clinic, and service agency
<b>Evaluation Design</b>	Non-experimental, post-test only design with a convenience sample of 119 American Indian women of childbearing age who were exposed to the campaign.
<b>Evaluation Outcomes</b>	Of the women surveyed: <ul style="list-style-type: none"> <li>• 91% reported that the campaign increased their knowledge about FAS</li> <li>• 93% reported that the campaign increased their knowledge about the effects of alcohol on unborn children</li> <li>• 72% reported that the campaign decreased their drinking</li> </ul>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

<b>The Yuonihan Project</b>	
<b>Evaluation Studies</b>	Hanson, J. D., Winberg, A., & Elliott, A. (2012). Development of a media campaign on fetal alcohol spectrum disorders for Northern Plains American Indian communities. <i>Health Promotion and Practice, 13</i> (6), 842-849. doi:10.1177/1524839911404232
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="http://nptec.gptchb.org/">http://nptec.gptchb.org/</a>
<b>Resources</b>	<p>Network Action Team (NAT) on FASD Prevention from a Women’s Health Determinants Perspective. (2012, May 16). The Yuonihan Project: An FASD prevention campaign in American Indian communities in the Northern Plains [Web log]. Retrieved from <a href="https://fasdprevention.wordpress.com/2012/05/16/the-yuonihan-project-an-fasd-prevention-campaign-in-american-indian-communities-in-the-northern-plains/">https://fasdprevention.wordpress.com/2012/05/16/the-yuonihan-project-an-fasd-prevention-campaign-in-american-indian-communities-in-the-northern-plains/</a></p> <p>Rentner, T.L., Dixon, L.D., &amp; Lengel, L. (2012). Critiquing fetal alcohol syndrome health communication campaigns targeted to American Indians. <i>Journal of Health Communication, 17</i>(1), 6-21.</p>

### SECTION 3: PRACTICE-INFORMED PROGRAMS

Alaskan Rural Human Service Program	
<b>Description</b>	The <b>Alaskan Rural Human Service Program</b> is a 32-credit certificate University of Alaska program for rural residents who are natural helpers and healers in their communities. Helpers and healers participate in culturally-appropriate training to enhance their knowledge and skills in crisis intervention; suicide prevention; community development; and counseling in mental health, substance abuse, interpersonal violence, grief, and healing. Training, developed and delivered with tribal elders, draws on Alaska Native cultures and traditions, is grounded in oral tradition, and emphasizes cooperative learning. After training, students typically return to work where their helping efforts are supported by numerous tribal partnerships throughout Alaska.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Not able to identify
<b>Populations</b>	Rural, village-based human service workers in Alaska
<b>Settings</b>	University campus and rural villages
<b>Featured in</b>	First Nations Behavioral Health Association’s <i><a href="#">Catalogue of Effective Behavioral Health Practices for Tribal Communities</a></i> <ul style="list-style-type: none"> <li>• Designation: “Practice Based Evidence, with Cultural Validation”</li> </ul>
<b>Website</b>	<a href="http://www.uaf.edu/rhs">www.uaf.edu/rhs</a>
<b>Resources</b>	No additional resources found

Discovering Our Story	
<b>Description</b>	<b>Discovering Our Story</b> is a collaborative project between Wisdom of the Elders, Inc. and several Portland, Oregon area partners that serve Native Americans. One component of this project is a multi-media health and wellness curriculum designed to address mental health, substance abuse, domestic violence, and Type 2 diabetes-related issues shown by research to affect generations of Native families in Portland, Oregon. The curriculum includes video productions of exemplary elders sharing their stories. These are accompanied by a set of five teachings based on the Native American hero's journey story model.

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Discovering Our Story</b>	
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Wisdom of the Elders, Inc. and several Portland, Oregon area partners that serve Native Americans
<b>Populations</b>	American Indians in the Portland, OR, area
<b>Settings</b>	Media and online
<b>Featured in</b>	Indian Health Service's <u><i>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</i></u> <ul style="list-style-type: none"> <li>• Designation: "Best Practices in Use"</li> </ul>
<b>Website</b>	<a href="http://discoveringourstory.wisdomoftheelders.org/">http://discoveringourstory.wisdomoftheelders.org/</a> <a href="http://www.wisdomoftheelders.org/category/discovering-our-story/">http://www.wisdomoftheelders.org/category/discovering-our-story/</a>
<b>References</b>	No additional references found

<b>Doorway to a Sacred Place</b>	
<b>Description</b>	<b>Doorway to a Sacred Place</b> is a culturally responsive method for addressing crises, such as suicides or attempted suicides, in rural Alaskan communities. The program includes a guide that Alaska Native peoples may use alongside existing Critical Incident Stress Management models. Four different traditional healing practices are described in the guide and each of these practices may be taught differently across tribes: (1) a talking circle that allows people to learn about themselves and their connection to all living things; (2) didactic teaching circles in which facilitators provide information about difficult topics to a group of individuals; (3) body energy healing practices that include "listening to our bodies" and allowing the release of tensions within the body; and (4) song, dance, and/or drumming to express feelings of grief or sorrow and help the healing process.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Alaska Native Tribal Health Consortium
<b>Populations</b>	Tribal communities in rural Alaska
<b>Settings</b>	Rural community

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Doorway to a Sacred Place</b>	
<b>Featured in</b>	Indian Health Service’s <u><i>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</i></u> <ul style="list-style-type: none"> <li>• Designation: “Best Practices in Use”</li> </ul>
<b>Website</b>	No website found
<b>Resources</b>	No additional resources found

<b>From Legacy to Choice</b>	
<b>Description</b>	<b>From Legacy to Choice</b> is a suicide prevention program developed by the Colville Confederated Tribes that consists of a comprehensive five-day workshop. It is designed to help community members work through historical and related trauma and grief, improve communications between members, increase understanding of community trauma, increase support systems, and empower community members to collaborate when dealing with problems as they occur in order to prevent the cycle of intergenerational community trauma.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Colville Confederated Tribes
<b>Populations</b>	Colville Confederated Tribes community members
<b>Settings</b>	Community
<b>Featured in</b>	National Indian Health Board’s <u><i>Healthy Indian Country Initiative Promising Prevention Practices Resource Guide</i></u> <ul style="list-style-type: none"> <li>• Designation: “Promising Prevention Program”</li> </ul>
<b>Website</b>	<a href="https://www.colvilletribes.com/">https://www.colvilletribes.com/</a>
<b>Resources</b>	No additional resources found

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>The Good Road of Life: Responsible Fatherhood</b>	
<b>Description</b>	<b>The Good Road of Life: Responsible Fatherhood</b> addresses risk factors for substance abuse, violence, depression, and suicide among young Native men. It is a culturally-based curriculum consisting of seminars to increase men’s self-awareness of their relationships with their families, and teach communication skills and forgiveness.
<b>Costs</b>	Registration fee for training to implement: \$300, plus travel expenses
<b>Developer(s)</b>	Native Prevention, Research, Intervention, Development, and Education (PRIDE)
<b>Populations</b>	Young Native men and their families
<b>Settings</b>	Community
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="http://www.nativeprideus.org/programs.html">http://www.nativeprideus.org/programs.html</a>
<b>Resources</b>	Administration for Children and Families. (n.d.). <i>Native nonprofit teaches “The Good Road of Life” fatherhood curriculum</i> . Retrieved from <a href="https://www.acf.hhs.gov/oro/success-story/native-nonprofit-teaches-the-good-road-of-life-fatherhood-curriculum">https://www.acf.hhs.gov/oro/success-story/native-nonprofit-teaches-the-good-road-of-life-fatherhood-curriculum</a>  Small, C. (2014, October 14). Suicide prevention: A culture-based approach in Indian country [Web log entry]. Retrieved from: <a href="http://evcrowellsfund.org/2014/10/suicide-prevention-culture-based-approach-indian-country/">http://evcrowellsfund.org/2014/10/suicide-prevention-culture-based-approach-indian-country/</a>

<b>Home Grown Project</b>	
<b>Description</b>	The <b>Home Grown Project</b> was a community program that aimed to improve the health of the Little Traverse Bay Bands of Odawa Indians tribe by increasing the amount of fresh, locally grown foods consumed. The program was developed out of a desire to bring tribal members closer to a more traditional food source to gain back the respect their ancestors had for the earth and the spirit of their food sources. The project included three phases: Phase I implemented a Community Supported Agriculture program to encourage cooking with fresh, locally grown produce; Phase II involved a group trip to a U-Pick farm to gather food; and Phase III inspired participants to begin growing their own food and planning for a community garden or orchard.

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Home Grown Project	
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Little Traverse Bay Bands of Odawa Indians
<b>Populations</b>	Little Traverse Bay Bands of Odawa Indians tribal members
<b>Settings</b>	Community
<b>Featured in</b>	National Indian Health Board’s <a href="#"><i>Healthy Indian Country Initiative Promising Prevention Practices Resource Guide</i></a> <ul style="list-style-type: none"> <li>• Designation: “Promising Prevention Program”</li> </ul>
<b>Website</b>	<a href="http://www.ltbbodawa-nsn.gov">www.ltbbodawa-nsn.gov</a>
<b>Resources</b>	No additional resources found

Honoring Ancient Wisdom and Knowledge: Prevention and Cessation (HAWK2)	
<b>Description</b>	<b>Honoring Ancient Wisdom and Knowledge: Prevention and Cessation (HAWK2)</b> is the computer-based version of the Statewide Indian Drug Prevention Program (SIDPP), which emphasizes bicultural competence by enhancing participant skills in negotiating both mainstream and Native culture. HAWK2 consists of seven lessons that are each 25 to 30 minutes long. Video segments demonstrate the following skills: (1) refusal, (2) conflict resolution, (3) negotiation, (4) coping, (5) assertive communication, and (6) relaxation. Participants also view scenarios and are asked to identify problems, and consider and practice alternative responses to these problems. Cultural elements include animations, created with American Indian youth input, that convey Native American tales and legends.
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Single USB drive containing the HAWK2 program (single drive license) and accompanying materials: \$45</li> <li>• Five USB drives containing the HAWK2 program (one license per drive): \$125</li> </ul>
<b>Developer(s)</b>	Collaboration among community experts, research scientists, school teachers, and practitioners, as well as Native youth
<b>Populations</b>	Young Native American children in elementary school settings (grades 4 through 5) from tribes in California



***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Honoring Ancient Wisdom and Knowledge: Prevention and Cessation (HAWK2)</b>	
<b>Settings</b>	School
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="http://www.socio.com/hawk.php">http://www.socio.com/hawk.php</a>
<b>Resources</b>	Raghupathy, S., & Forth, A. L. G. (2012). The HAWK2 Program: A computer-based drug prevention intervention for Native American youth. <i>American Journal of Drug &amp; Alcohol Abuse</i> , 38(5), 461-467. doi:10.3109/00952990.2012.694531

<b>Honoring Children, Making Relatives</b>	
<b>Description</b>	<b>Honoring Children, Making Relatives</b> is a cultural enhancement of Parent-Child Interaction Therapy (PCIT). PCIT combines play therapy with behavioral therapy techniques. It includes two phases that are delivered back-to-back requiring an average of 15 weekly outpatient sessions. In the first phase, parents learn to follow their child’s lead in one-on-one play, using PRIDE skills—Praise, Reflection, Imitation, Description, and Enjoyment—to reinforce positive and appropriate child behaviors. In the second phase, parents learn to give effective instructions, rewards, and punishments. Therapists coach parents through interactions during sessions. Cultural enhancements include the incorporation of Old Wisdom in implementing program phases, as well as the concept of the child as the center of the circle, the importance of attending to and listening to the child, and telling about experiences through storytelling and ceremony.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Indian Country Child Trauma Center
<b>Populations</b>	American Indian children aged 2 to 6 with disruptive behavior disorders
<b>Settings</b>	Clinic and community
<b>Featured in</b>	First Nations Behavioral Health Association’s <i>Catalogue of Effective Behavioral Health Practices for Tribal Communities</i> <ul style="list-style-type: none"> <li>• Designation: “Evidence Based Practice with AI/AN Cultural Adaptation”</li> </ul>
<b>Website</b>	<a href="http://www.icctc.org/treatmentmodels-1.asp">http://www.icctc.org/treatmentmodels-1.asp</a>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

<b>Honoring Children, Making Relatives</b>	
<b>Resources</b>	Bigfoot, D. S., & Funderburk, B. W. (2011). <i>Honoring Children, Making Relatives: The cultural translation of parent-child interaction therapy for American Indian and Alaska Native families</i> . Retrieved from <a href="http://www.icctc.org/Honoring%20Children%20Making%20Relatives%2006-21-2011Final%20Submission.pdf">http://www.icctc.org/Honoring%20Children%20Making%20Relatives%2006-21-2011Final%20Submission.pdf</a>

<b>Honoring Children, Mending the Circle</b>	
<b>Description</b>	<b>Honoring Children, Mending the Circle</b> is a program for AI/AN children and youth who have experienced trauma. It is a cultural adaptation of the evidence-based treatment Trauma Focused Cognitive Behavioral Therapy, and blends cognitive-behavioral methods with traditional teachings. Organized to facilitate learning and skill-building for parents and children, its core components include: (1) psychoeducation and parenting skills, (2) relaxation, (3) affective modulation, (4) cognitive coping, (5) trauma narrative and cognitive processing, (6) <i>in vivo</i> desensitization, (7) conjoining parent-child sessions, and (8) enhancing future safety and development. Central to the program are AI/AN world views: all things are interconnected, all things have spiritual nature, and existence is dynamic.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Indian Country Child Trauma Center
<b>Populations</b>	AI/AN youth experiencing traumatic events and their parents (or other caretakers)
<b>Settings</b>	Clinic and community
<b>Featured in</b>	First Nations Behavioral Health Association’s <i>Catalogue of Effective Behavioral Health Practices for Tribal Communities</i> <ul style="list-style-type: none"> <li>• Designation: “Evidence Based Practice with AI/AN Cultural Adaptation”</li> </ul>
<b>Website</b>	<a href="http://www.icctc.org/">http://www.icctc.org/</a>
<b>Resources</b>	Bigfoot, D. S., & Schmidt, S. R. (2010). Honoring Children, Mending the Circle: Cultural adaptation of trauma-focused cognitive behavioral therapy for American Indian and Alaska Native children. <i>Journal of Clinical Psychology</i> , 66(8), 847-856.

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Hualapai Tribe’s HICI Project</b>	
<b>Description</b>	The <b>Hualapai Tribe’s Healthy Indian Country Initiative (HICI) Project</b> was a prevention program run by the Hualapai Tribe in 2008 that aimed to decrease the impact of diabetes in the community. Program activities included: (1) a diabetes support group; (2) the <i>Family Gathering Project</i> , which addressed issues related to historical and multigenerational trauma and included participation in traditional Hualapai cooking and games; (3) the <i>Sobriety Festival</i> , which provided education on substance abuse and alternatives to alcohol; and (4) a <i>Youth Camp</i> that educated youth about healthy food choices and behaviors.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Hualapai Tribe
<b>Populations</b>	Hualapai Tribe community members
<b>Settings</b>	Community
<b>Featured in</b>	National Indian Health Board’s <u><i>Healthy Indian Country Initiative Promising Prevention Practices Resource Guide</i></u> <ul style="list-style-type: none"> <li>• Designation: “Promising Prevention Program”</li> </ul>
<b>Website</b>	<a href="http://hualapai-nsn.gov/">http://hualapai-nsn.gov/</a>
<b>Resources</b>	No additional references found

<b>LEAP (Lapwai Equine Assisted Program for Life Enrichment)</b>	
<b>Description</b>	<b>LEAP (Lapwai Equine Assisted Program for Life Enrichment)</b> is an equine-assisted learning (EAL) program; it includes activities implemented with horses and geared toward experiential learning. Activities may include feeding, tacking, grooming, riding, or vaulting. LEAP activities emphasize specific skills, such as: (1) observing animal behavior, (2) understanding non-verbal communication, (3) establishing safe and healthy boundaries, (4) conducting hands-on work with the horses, and (5) engaging in riding activities. LEAP also incorporates expressive arts and creativity to promote positive change. EAL is thought to be especially effective with First Nation youth because, for some First Nations, horses are highly culturally relevant and sacred. A horse’s spirit helps youth understand their place in the circle of life which aids youth’s healing process.

**Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations**

<b>LEAP (Lapwai Equine Assisted Program for Life Enrichment)</b>	
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Nimiipuu Behavioral Health
<b>Populations</b>	Nez Perce youth
<b>Settings</b>	Horse ranches
<b>Featured in</b>	Indian Health Service's <u><a href="#">Methamphetamine and Suicide Prevention Initiative Best Practices in Use</a></u> <ul style="list-style-type: none"> <li>• Designation: "Best Practices in Use"</li> </ul>
<b>Website</b>	<a href="https://lapwaiequineassistedprogram.wordpress.com/">https://lapwaiequineassistedprogram.wordpress.com/</a> <a href="https://horseheartconnection.wordpress.com/2015/08/20/leap-for-success/">https://horseheartconnection.wordpress.com/2015/08/20/leap-for-success/</a>
<b>Resources</b>	<p>Dell, C., Chalmers, D., Dell, D., Sauve, E., &amp; MacKinnon, T. (2008). Horse as healer: Applying equine assisted learning to uncover and strengthen the spirit of First Nations youth who abuse solvents. <i>Pimatisiwin: A Journal of Indigenous and Aboriginal Community Health</i>, 6(1), 81-106.</p> <p>Dell, C. A., Chalmers, D., Bresette, N., Swain, S., Rankin, D., &amp; Hopkins, C. (2011). A healing space: The experiences of First Nations and Inuit youth with equine-assisted learning. <i>Child Youth Care Forum</i>, 40(4), 319-336. doi:10.1007/s10566-011-9140-z</p> <p>Professional Association of Therapeutic Horsemanship International. (2017). <i>Equine-facilitated psychotherapy</i>. Retrieved from <a href="http://www.pathintl.org/resources-education/education/60-resources/efpl/201-equine-facilitated-psychotherapy">http://www.pathintl.org/resources-education/education/60-resources/efpl/201-equine-facilitated-psychotherapy</a></p>

<b>Methamphetamine Education and Prevention Project</b>	
<b>Description</b>	Nevada's <b>Methamphetamine Education and Prevention Project</b> harnesses data to understand the prevalence and incidence of meth use. Through partnering with multiple coalitions and agencies, a Statewide Methamphetamine Summit is created that brings together judges, tribal attorneys, tribal substance abuse counselors, tribal police officers, social workers, the Nevada Attorney General, and Nevada's First Lady to discuss issues related to jurisdiction, barriers to collaboration between law enforcement agencies, treatment methodologies, and effects on family and communities. It also includes a media campaign: a radio spot with a one-minute

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Methamphetamine Education and Prevention Project</b>	
<b>Description (cont.)</b>	anti-meth message delivered in Shoshone and Paiute, ongoing for a six-month period; and a billboard with an anti-meth message in the Shoshone language.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Indian Health Board of Nevada
<b>Populations</b>	Members of Shoshone and Paiute tribes
<b>Settings</b>	Community
<b>Featured in</b>	National Indian Health Board’s <a href="#"><i>Healthy Indian Country Initiative Promising Prevention Practices Resource Guide</i></a> <ul style="list-style-type: none"> <li>• Designation: “Promising Prevention Program”</li> </ul>
<b>Website</b>	No website found
<b>Resources</b>	No additional resources found

<b>Motivational Interviewing and Culture for Urban Native American Youth</b>	
<b>Description</b>	<b>Motivational Interviewing and Culture for Urban Native American Youth</b> integrates motivational interviewing (MI) with traditional practices. It comprises three two-hour workshops with tribal youth: (1) Making Healthy Choices for My Brain, (2) Making Healthy Choices for My Body, and (3) Making Healthy Choices for My Spirit. The workshops integrate three traditional practices (beading, cooking, and prayer/sage ceremony). Each workshop opens with a prayer (smudging) and includes a one-hour MI session and a one-hour cultural activity.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	UCLA, RAND, and Sacred Path Indigenous Wellness Center
<b>Populations</b>	Urban AI/AN youth from tribal communities in northern and southern California
<b>Settings</b>	Unspecified
<b>Featured in</b>	Not found in national databases reviewed

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Motivational Interviewing and Culture for Urban Native American Youth</b>	
<b>Website</b>	No website found
<b>Resources</b>	Dickerson, D. L., Brown, R. A., Johnson, C. L., Schweigman, K., & D'Amico, E. J. (2016). Integrating motivational interviewing and traditional practices to address alcohol and drug use among urban American Indian/Alaska Native youth. <i>Journal of Substance Abuse Treatment</i> , 65, 26-35. doi:10.1016/j.jsat.2015.06.023

<b>National Native American Mentoring Program</b>	
<b>Description</b>	The <b>National Native American Mentoring Program</b> is based on theories of positive youth development and is designed to strengthen bonds between youth and positive adult role models. Each Boys & Girls Club implementing the program hires a Mentor Program Coordinator to oversee the Club's mentoring program, including supervision, oversight, and monitoring of the mentors and mentees. A training manual is provided to help Coordinators implement the program. Mentoring models include one-to-one matches between adults and youth, as well as group and team approaches.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Navajo Nation and local Boys & Girls Clubs
<b>Populations</b>	<ul style="list-style-type: none"> <li>• American Indian youth whose parent(s) are incarcerated in tribal, state, or federal prisons</li> <li>• Adaptations have been developed for other at-risk American Indian youth aged 5 to 17</li> </ul>
<b>Settings</b>	Boys & Girls Clubs serving American Indian youth
<b>Featured in</b>	Indian Health Service's <i><u><a href="#">Methamphetamine and Suicide Prevention Initiative Best Practices in Use</a></u></i> <ul style="list-style-type: none"> <li>• Designation: "Best Practices in Use"</li> </ul>
<b>Website</b>	<a href="http://www.naclubs.org/index.php/club-programs/national-native-american-mentoring-program-">http://www.naclubs.org/index.php/club-programs/national-native-american-mentoring-program-</a>
<b>Resources</b>	No additional resources found

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Native H.O.P.E.	
<b>Description</b>	<b>Native H.O.P.E. (Helping Our People Endure)</b> is a peer-counseling program designed to prevent and reduce suicides among Native youth by helping youth draw on their sources of strengths, including culture and spirituality, to promote help-seeking for mental health problems among their peers. The Native H.O.P.E. model includes preparing participants to deliver the H.O.P.E. curriculum successfully in their communities so that they may maintain ongoing “booster” and leadership activities. In addition, trainers are expected to work with tribal communities to develop and implement a strategic action plan that greatly reduces suicide and its contributing factors, including depression, substance abuse, violence, and exposure to trauma.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Clayton Small, Ph.D. (Northern Cheyenne)
<b>Populations</b>	Native youth
<b>Settings</b>	School and community
<b>Featured in</b>	<ul style="list-style-type: none"> <li>• Indian Health Service’s <u><i>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</i></u> <ul style="list-style-type: none"> <li>○ Designation: “Best Practices in Use”</li> </ul> </li> <li>• One Sky Center’s <u><i>Evidence-Based Practices and Best Practices</i></u> <ul style="list-style-type: none"> <li>○ Designation: “Best Practice”</li> </ul> </li> </ul>
<b>Website</b>	<a href="http://www.nativeprideus.org/programs.html">http://www.nativeprideus.org/programs.html</a>
<b>Resources</b>	Small, C. (2014, October 14). Suicide prevention: A culture-based approach in Indian country [Web log entry]. Retrieved from <a href="http://evcrowellfund.org/2014/10/suicide-prevention-culture-based-approach-indian-country/">http://evcrowellfund.org/2014/10/suicide-prevention-culture-based-approach-indian-country/</a>

Native Wellness Youth Leadership Curriculum	
<b>Description</b>	<b>Native Wellness Youth Leadership Curriculum</b> , through youth leadership and athletic camps, academies, and gatherings equips Native youth with the skills, confidence, and self-esteem they will need to live in a positive way in today's world. These leadership opportunities focus on helping youth make a "head to heart" connection and promote and maintain living by the "Warrior's Spirit."

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Native Wellness Youth Leadership Curriculum</b>	
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Native Wellness Institute
<b>Populations</b>	First Nation youth
<b>Settings</b>	Camp, academies, and retreats
<b>Featured in</b>	Indian Health Service's <u><i>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</i></u> <ul style="list-style-type: none"> <li>• Designation: "Best Practices in Use"</li> </ul>
<b>Website</b>	<a href="http://www.nativewellness.com/youth-leadership.html">http://www.nativewellness.com/youth-leadership.html</a>
<b>Resources</b>	No additional resources found

<b>NativeVision Sports &amp; Lifeskills</b>	
<b>Description</b>	<b>NativeVision Sports &amp; Lifeskills</b> is both a summer camp and afterschool program designed to promote resiliency among American Indian youth so that they are more likely to be healthy, productive, and fulfilled adults. During the summer camp, youth from different Indian nations come together to share cultures and participate in life skills workshops. Professional and college athletes mentor camp goers through sports clinics and breakout sessions and share stories of how they overcame obstacles in life. To complement camp activities, tribal communities may implement NativeVision afterschool activities, which include: fitness, nutrition and lifestyle promotion, academic support, parent engagement, and involvement of Elders to promote cultural connections.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Johns Hopkins' Center for American Indian Health, NFL Players Association, Nick Lowery Charitable Foundation
<b>Populations</b>	Youth aged 7 to 18 from different Indian nations
<b>Settings</b>	Camp, school, and community
<b>Featured in</b>	Johns Hopkins' <u><i>Center for American Indian Health</i></u>



**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

NativeVision Sports & Lifeskills	
<b>Website</b>	<a href="http://www.nativevision.org/index.html">http://www.nativevision.org/index.html</a>
<b>Resources</b>	No additional resources found

Navajo Nation Fetal Alcohol Spectrum Disorders (FASD) Prevention Program	
<b>Description</b>	The <b>Navajo Nation FASD Prevention Program</b> drew on training content from the Substance Abuse and Mental Health Services Administration’s FASD 101 and National Organization on Fetal Alcohol Syndrome materials to develop culturally tailored and developmentally appropriate educational activities that include: (1) participation in health and community fairs, Navajo Nation fun runs, veterans events, Navajo puberty ceremonies, school education programs, and media relations; (2) peer education for students (aged 11 to 18); (3) technical support and education for teachers, health care providers, parents of special needs children, foster parents, grandparents, and community members; (4) designing a billboard displaying prevention messages; (5) establishing partnerships with schools, local clinics, hospitals, and regional medical centers; and (6) implementing collaborative perinatal substance abuse prevention programs with drug/alcohol treatment and counseling for women and families.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Navajo Nation
<b>Populations</b>	Navajo women of childbearing age, youth aged 11 to 18 years across the Navajo Nation, families, and community members
<b>Settings</b>	School, community, and clinic
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	No website found
<b>Resources</b>	Beckett, C. D. (2011). Fetal alcohol spectrum disorders: A Native American journey to prevention. <i>Family Community Health, 34</i> (3), 242-245. doi:10.1097/FCH.0b013e31821962a8  Network Action Team (NAT) on FASD Prevention from a Women’s Health Determinants Perspective. (2011, October 18). Navajo Nation Fetal Alcohol Spectrum Disorders Prevention Program [Web log]. Retrieved from

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Navajo Nation Fetal Alcohol Spectrum Disorders (FASD) Prevention Program</b>	
<b>Resources (cont.)</b>	<p><a href="https://fasdprevention.wordpress.com/2011/10/18/navajo-nation-fetal-alcohol-spectrum-disorders-prevention-program/">https://fasdprevention.wordpress.com/2011/10/18/navajo-nation-fetal-alcohol-spectrum-disorders-prevention-program/</a></p> <p>Substance Abuse and Mental Health Services Administration. (n.d.). <i>Fetal alcohol spectrum disorders (FASD)</i>. Retrieved from <a href="https://www.samhsa.gov/fetal-alcohol-spectrum-disorders-fasd-center">https://www.samhsa.gov/fetal-alcohol-spectrum-disorders-fasd-center</a></p>

<b>Penobscot Indian Nation HICI Project</b>	
<b>Description</b>	The <b>Penobscot Indian Nation Healthy Indian Country Initiative (HICI) Project</b> offered activities for Native American adolescents to increase their skills and education in substance abuse prevention, leadership, self-esteem building, and chronic disease prevention. Activities included: (1) the Inter-tribal Sacred Fire Relay Run, (2) Graduating Seniors Recognition Night, (3) monthly community fun runs, (4) the Summer Youth Workers Prevention Education Series, (5) the Community Health Summit, (6) the Community Walk for a Safe and Healthy Community, (7) the Fit Club, (8) the After School Snowshoe Club, (9) Indian Island School classroom prevention education, (9) suicide awareness and prevention education, and (10) Kids In The Kitchen.
<b>Costs</b>	\$20,000
<b>Developer(s)</b>	<p>The Penobscot Nation Health Department and other Tribal departments and programs such as:</p> <ul style="list-style-type: none"> <li>• The Summer Youth Employment Program</li> <li>• The Indian Island School</li> <li>• Local high schools</li> <li>• The Penobscot Nation Boys and Girls Club</li> </ul>
<b>Populations</b>	Native American adolescents from Penobscot Indian Nation
<b>Settings</b>	Community
<b>Featured in</b>	<p>National Indian Health Board’s <i><a href="#">Healthy Indian Country Initiative Promising Prevention Practices Resource Guide</a></i></p> <ul style="list-style-type: none"> <li>• Designation: “Promising Prevention Program”</li> </ul>
<b>Website</b>	<a href="http://www.penobscotnation.org">www.penobscotnation.org</a>

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

Penobscot Indian Nation HICI Project	
<b>Resources</b>	No additional resources found

Piya Mani Otipi Program Tokala Inajio Project	
<b>Description</b>	The <b>Piya Mani Otipi (PMO) Program Tokala Inajio (PMOTI) Project</b> provided youth with training in leadership development, drug and alcohol prevention, Lakota Culture/Spirituality, and suicide prevention in efforts to reduce drug and alcohol abuse, gang activity, suicide, and juvenile delinquency among the Rosebud Sioux Tribe.
<b>Costs</b>	\$75,000
<b>Developer(s)</b>	Rosebud Sioux Tribe
<b>Populations</b>	Native American youth from the Rosebud Sioux Tribe
<b>Settings</b>	Community
<b>Featured in</b>	National Indian Health Board’s <i>Healthy Indian Country Initiative Promising Prevention Practices Resource Guide</i> <ul style="list-style-type: none"> <li>• Designation: “Promising Prevention Program”</li> </ul>
<b>Website</b>	<a href="http://www.rosebudsiouxtribe-nsn.gov">www.rosebudsiouxtribe-nsn.gov</a>
<b>Resources</b>	No additional resources found

Positive Indian Parenting	
<b>Description</b>	<b>Positive Indian Parenting</b> is culturally-specific, 8- to 10-week curriculum/training that explores traditional AI/AN child-rearing values, attitudes, and practices, and works with parents to apply these to their parenting. The curriculum highlights storytelling, cradleboard, harmony, lessons of nature, behavior management, and the use of praise. Through such lessons, it aims to help Indian families reclaim their heritage and reinforce positive bonds with their children. The National Indian Child Welfare Association instructs facilitators from individual tribes to train their colleagues who then administer the program within that tribe.

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

<b>Positive Indian Parenting</b>	
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Three-day, onsite training workshop: \$2,000 per day and \$40 per participant, plus travel expenses</li> <li>• Training institute: \$495–\$560 per participant</li> <li>• Consultation: \$200 per hour</li> </ul>
<b>Developer(s)</b>	National Indian Child Welfare Association
<b>Populations</b>	AI/AN parents, relatives, and other caregivers of young children
<b>Settings</b>	Child welfare agencies and other human service agencies
<b>Featured in</b>	<p>First Nations Behavioral Health Association’s <u><i>Catalogue of Effective Behavioral Health Practices for Tribal Communities</i></u></p> <ul style="list-style-type: none"> <li>• Designation: “Practice Based Evidence, with Cultural Validation”</li> </ul>
<b>Website</b>	<p><a href="http://www.nicwa.org">www.nicwa.org</a></p> <p><a href="http://www.tribaljustice.org/program-profiles/nicwa-positive-indian-parenting">http://www.tribaljustice.org/program-profiles/nicwa-positive-indian-parenting</a></p>
<b>Resources</b>	Cross, T. L. (2001). <i>Positive Indian Parenting: Honoring our children by honoring our traditions</i> . Portland, OR: National Indian Child Welfare Association.

<b>Project Making Medicine</b>	
<b>Description</b>	<b>Project Making Medicine</b> is a national clinical training program that uses the curriculum from the <i>Honoring Children, Mending the Circle</i> therapeutic program. Based on trauma-focused cognitive behavior therapy, <i>Honoring Children, Mending the Circle</i> promotes an indigenous orientation of well-being and the use of traditional healing practices with AI/AN children and adolescents who have experienced trauma.
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Free, plus travel expenses (if <i>Honoring Children, Mending the Circle</i> is implemented by the clinician and supported by the agency within 60 days of the 4-day training session and the clinician is participating in weekly phone consultation calls)</li> <li>• \$4,000, plus travel expenses (if <i>Honoring Children, Mending the Circle</i> is NOT implemented within 60 days of the 4-day training session)</li> </ul>
<b>Developer(s)</b>	Dolores BigFoot (Caddo Nation), University of Oklahoma

***Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations***

Project Making Medicine	
<b>Populations</b>	Mental health professionals from tribal, urban, Indian Health Service, and residential treatment agencies who provide child abuse prevention services and treatment to children and youth
<b>Settings</b>	Clinic and community
<b>Featured in</b>	First Nations Behavioral Health Association’s <a href="#"><i>Catalogue of Effective Behavioral Health Practices for Tribal Communities</i></a> <ul style="list-style-type: none"> <li>• Designation: “Evidence Based Practice with AI/AN Cultural Adaptation”</li> </ul>
<b>Website</b>	<a href="http://www.icctc.org/">http://www.icctc.org/</a>
<b>Resources</b>	Indian Country Child Trauma Center. (2011). <i>Project Making Medicine FQA</i> .

Qungasvik	
<b>Description</b>	<b>Qungasvik</b> is a toolbox that contains prevention activities communities can use or adapt. Activities are not prescriptive; rather, they are cultural activities that serve as catalysts for communities who may use them to develop and tailor interventions to tribal-specific customs and history. Each activity stresses one or more of 12 protective factors organized by three levels of influence: (1) individual (self-efficacy, communal mastery, wanting to be a role model, <i>ellangneq</i> , giving), (2) family (affection or praise, being treated as special, clear expectations, family models of sobriety), and (3) community (safe places, role models, limits on alcohol use).
<b>Costs</b>	<ul style="list-style-type: none"> <li>• Toolbox: Free</li> <li>• Activities: Varies</li> </ul>
<b>Developer(s)</b>	Alakanuk Community Planning Group, Toksook Bay Community Planning Group, Yup’ik Regional Coordinating Council, and People Awakening Team
<b>Populations</b>	Yup’ik/Cup’ik community members
<b>Settings</b>	Community
<b>Featured in</b>	Not included in national databases reviewed
<b>Website</b>	<a href="https://www.uaf.edu/canhr/projects/elluam/Qungasvik.pdf">https://www.uaf.edu/canhr/projects/elluam/Qungasvik.pdf</a>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

Qungasvik	
<b>Resources</b>	Henry, D., Allen, J., Fok, C. C. T., Rasmus, S., Charles, B., & People Awakening Team. (2012). Patterns of protective factors in an intervention for the prevention of suicide and alcohol abuse with Yup'ik Alaska Native youth. <i>American Journal of Drug &amp; Alcohol Abuse</i> , 38(5), 476-482. doi:10.3109/00952990.2012.704460

Rock n' the Rez	
<b>Description</b>	<b>Rock n' the Rez</b> is a summer day camp run by the Coeur d'Alene Indian Tribe that aims to teach youth about cultural values, including respect, honor, dignity, and pride. The program offers a traditional/cultural camp, which teaches Coeur d'Alene language, making and playing stick games, tanning hides, beading, and basket weaving; a performing arts camp, which teaches dancing and singing; and a youth leaders camp, which trains youth to help supervise, teach, and organize the Rock n' Rez program. The youth leaders also receive employment training.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Coeur D'Alene Indian Tribe
<b>Populations</b>	Youth aged 5 to 12 from the Coeur d'Alene Indian Tribe
<b>Settings</b>	Camp
<b>Featured in</b>	National Indian Health Board's <i>Healthy Indian Country Initiative Promising Prevention Practices Resource Guide</i> <ul style="list-style-type: none"> <li>• Designation: "Promising Prevention Program"</li> </ul>
<b>Website</b>	<a href="http://www.youthprogramsca.com/rockn_the_rez.html">http://www.youthprogramsca.com/rockn_the_rez.html</a>
<b>Resources</b>	No additional resources found

Sons of Tradition and Daughters of Tradition	
<b>Description</b>	<b>Sons of Tradition</b> and <b>Daughters of Tradition</b> are prevention education programs that provide adults who work with teens and pre-teens with the traditional knowledge to prepare American Indian teens to make healthy choices. Boys and girls participate separately in gender-specific programs. Teens meet with the adult facilitator for two hours each week for a year. In these sessions, boys and girls

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Sons of Tradition and Daughters of Tradition</b>	
<b>Description (cont.)</b>	participate in talking circles to share their insights on important cultural themes and prevention issues. They prepare special projects such as service work, learn traditional skills and crafts, and participate in and learn how to plan cultural activities and community events. The program is based on the premise that youth who develop a strong sense of cultural pride for their heritage will be motivated to make healthy choices.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	White Bison, Inc.
<b>Populations</b>	American Indian youth aged 8 to 12
<b>Settings</b>	Social service agency
<b>Featured in</b>	Indian Health Service's <a href="#"><i>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</i></a> <ul style="list-style-type: none"> <li>• Designation: "Best Practices in Use"</li> </ul>
<b>Website</b>	<a href="http://www.whitebison.org/Training/YouthPrograms.aspx">http://www.whitebison.org/Training/YouthPrograms.aspx</a>
<b>Resources</b>	No additional resources found

<b>Strengthening the Spirit-Oskâyi Kiskinotahn: Building a Comprehensive Response to Family Violence in Aboriginal Communities (Strengthening the Spirit)</b>	
<b>Description</b>	<b>Strengthening the Spirit</b> , which aims to reduce domestic violence in families, reduce the risk of violence for children, and support healing and wellness, comprises adult and children's programs. Adult programs include group sessions (circles) for facilitated discussions on topics related to risk factors in which cultural practices—use of the medicine wheel, sweat lodges, smudging, and role playing—are incorporated. The children's program includes group sessions for facilitated discussions on topics related to risk factors for violence and criminal activity. The sessions incorporate age-appropriate traditional games, crafts, role playing, and exercises to reinforce the concepts learned. In some tribes, youth participating in the Strengthening the Spirit program also choose a mentor from among a "Strong Circle of Relatives." The Strong Circle of Relatives builds upon the traditional practice of an extended family that cares for all tribal children. Chosen mentors are

***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

<b>Strengthening the Spirit-Oskâyi Kiskinotahn: Building a Comprehensive Response to Family Violence in Aboriginal Communities (Strengthening the Spirit)</b>	
<b>Description (cont.)</b>	trained and work with mentees to teach tribal history, culture, and value systems that have guided their people for generations.
<b>Costs</b>	\$697,215
<b>Developer(s)</b>	Not able to identify
<b>Populations</b>	First Nation families at high risk of violent behavior and contact with the criminal justice system
<b>Settings</b>	Social service agency
<b>Featured in</b>	Indian Health Service's <i><u><a href="#">Methamphetamine and Suicide Prevention Initiative Best Practices in Use</a></u></i> Designation: "Best Practices in Use"
<b>Website</b>	No website found
<b>Resources</b>	National Crime Prevention Centre. (2014). <i>Strengthening the Spirit – Oskâyi Kiskinotahn Building a Comprehensive Response to Family Violence in Aboriginal Communities</i> . Building the Evidence Project Summaries. Retrieved from: <a href="https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/strngthngng-spirt/index-eng.aspx">https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/strngthngng-spirt/index-eng.aspx</a>

<b>TURTLE Camp</b>	
<b>Description</b>	Many Chickasaw youth do not have the opportunity to attend summer camp. <b>TURTLE (Teaching Urbans Roads To Lifestyle and Exercise) Camp</b> is designed to address this gap in experience as well as provide an opportunity for youth to connect with each other over shared cultural heritage. TURTLE Camp provides education on substance misuse prevention and healthy relationship formation. Youth attending camp are introduced to Chickasaw cultural activities on field trips to the Chickasaw Cultural Center where they participate in activities such as stickball and traditional dance.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Oklahoma City Indian Clinic
<b>Populations</b>	Chickasaw youth aged 12 to 17



***Culturally-Informed Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations***

TURTLE Camp	
<b>Settings</b>	Camp and field trips
<b>Featured in</b>	Indian Health Service’s <a href="#"><i><u>Methamphetamine and Suicide Prevention Initiative Best Practices in Use</u></i></a> <ul style="list-style-type: none"> <li>• Designation: “Best Practices in Use”</li> </ul>
<b>Website</b>	<a href="http://www.okcic.com/programs/hpdp/turtle-camp/">http://www.okcic.com/programs/hpdp/turtle-camp/</a>
<b>Resources</b>	No additional resources found

We R Native	
<b>Description</b>	<b>We R Native</b> is a multimedia endeavor—interactive website, text messaging service, Facebook page, and YouTube channel—that was designed by drawing on behavior change theory, a holistic approach to health, and extensive formative research with AI/AN youth across the U. S. The purpose of We R Native is to promote positive youth development and healthy decision-making among AI/AN youth. It is a comprehensive health resource that provides content and stories about the topics of greatest interest and relevance to AI/AN youth. The site is divided into four sections— <i>My Culture</i> , <i>My Life</i> , <i>My Relationships</i> , and <i>My Impact</i> —that include articles, blog posts, videos, and ways to get involved and spread key messages. Special features include monthly contests, community service grants, and an “Ask Auntie” service that provides medically accurate and expert-reviewed information. We R Native recruits Ambassadors (youth aged 15 to 24) to join the We R Native development team, get involved in their community, and effect change on topics that interest them.
<b>Costs</b>	Program user guide and multimedia health resources: Free
<b>Developer(s)</b>	Northwest Portland Area Indian Health Board and Native American youth
<b>Populations</b>	AI/AN youth aged 13 to 21
<b>Settings</b>	Social media
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="http://www.wernative.org/">http://www.wernative.org/</a> <a href="http://www.healthynativeyouth.org/curricula/we-r-native-teachers-guide">http://www.healthynativeyouth.org/curricula/we-r-native-teachers-guide</a>

**Culturally-Informed Programs to Reduce Substance Misuse and Promote  
Mental Health in American Indian and Alaska Native Populations**

We R Native	
<b>Resources</b>	Gaston, A. M. (n.d.). <i>We R Native: Harnessing the power of social media to promote AI/AN adolescent health</i> [PDF document]. Retrieved from <a href="http://www.attcnetwork.org/userfiles/file/Gaston_A.pdf">http://www.attcnetwork.org/userfiles/file/Gaston_A.pdf</a>

Youth Services Programs	
<b>Description</b>	The <b>Youth Services Programs</b> combine traditional healing and cultural wellness education, life skills training, school-based services, and collaborative prevention-focused activities; and are based on a holistic Native American wellness concept involving four traditional sacred elements: air, water, fire, and earth. <i>GONA</i> cultural enrichment exercises and experiential activities are included to promote positive youth development.
<b>Costs</b>	Unknown
<b>Developer(s)</b>	Native American Health Center
<b>Populations</b>	Native American youth in Oakland, California
<b>Settings</b>	Afterschool
<b>Featured in</b>	Not found in national databases reviewed
<b>Website</b>	<a href="http://www.nativehealth.org/content/youth-services">http://www.nativehealth.org/content/youth-services</a>
<b>Resources</b>	Aguilera, S., & Plasencia, A. V. (2005). Culturally appropriate HIV/AIDS and substance abuse prevention programs for urban Native youth. <i>Journal of Psychoactive Drugs</i> , 37(3), 299-304. doi:10.1080/02791072.2005.10400523