Prevention & Mental Health Promotion Programming for WA State Tribal Communities

May 21, 2018

Welcome!
Thank you for your participation!
Today’s Agenda

• Introductions
• Project Overview
• Preliminary List of Programs
• Break
• Group Discussion Activity
• Closing
Introductions

• Name?
• Tribal Affiliation?
• Organization?
• One thing you hope to learn or contribute today.
Overall Project Goal

- Identify programs that are shown to be effective in tribal communities for youth substance use prevention and mental health promotion.
Today’s Objectives

1. Provide overview of the project.
2. Discuss the preliminary list of tribal prevention programs we have identified based on the research.
3. As a group, brainstorm resources communities might need to select, adapt, and/or implement these programs.
4. Create action plan for project’s next steps.
SAMHSA Tools that Guide Our Work

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

• Cultural Approaches to Prevention
  - Risk & Protective Factors for Native Youth
  - Culturally-Informed Programs for Native Youth
SAMHSA’s CAPT Tool 1: Risk & Protective Factors for Native Youth
SAMHSA’s CAPT Tool 2: Culturally-Informed Programs for Native Youth

- Reviewed existing program lists
- Reviewed academic literature
- 43 tribal programs with evaluation
WA State Preliminary List of Programs

In our initial review, we identified 12 programs that:

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

Stronger research evidence

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

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

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

Weaker research evidence
American Indian Life Skills Development

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

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

✓ Reduced suicide-related behaviors

*Supported by research evidence

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

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

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

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

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

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

✓ Less smokeless tobacco, alcohol, and marijuana use*

*Supported by research evidence

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

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

What do participants learn?
• Topics include:
  – Problem-solving
  – Communication
  – Coping skills
  – Substance use resistance skills

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

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

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<th>Risk Factors</th>
<th>Protective Factors</th>
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<tbody>
<tr>
<td>✓ Behavior problems*</td>
<td>✓ School engagement*</td>
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<tr>
<td>✓ Poor parenting</td>
<td>✓ Traditional values &amp; practices</td>
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<tr>
<td>✓ Parent-child conflict</td>
<td>✓ Cultural pride</td>
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Outcomes

✓ Greater academic competence*
✓ Less student withdrawal*

*Supported by research evidence

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

What are the components?

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

What do participants learn?

• Topics include:
  – Communication Skills
  – Empathy
  – Present Parenting

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

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

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

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

*Supported by research evidence

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

What are the components?

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

What do participants learn?

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

More information can be found here: [http://caih.jhu.edu/programs/family-spirit](http://caih.jhu.edu/programs/family-spirit)
Discussion: Group 1 Programs

1) Of the programs reviewed, which may fit well for your community?
2) What implementation challenges do you anticipate with this program?
Project Venture

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

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

- Reduced growth in substance use, especially alcohol*

*Supported by research evidence

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

What are the components?

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

What do participants learn?

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

More information can be found here: https://nrepp.samhsa.gov/ProgramProfile.aspx?id=177
Protecting You/Protecting Me for American Indian Children

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

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

✓ Reduced substance use

*Supported by research evidence

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

What are the components?

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

What do participants learn?

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

More information can be found here: https://www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=95
Healing of the Canoe Project

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

**Risk Factors**
- Favorable attitudes toward drugs
- Associating with drug-using peers

**Protective Factors**
- Engagement and connection with culture
- Positive norms
- Cultural pride

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

*Supported by research evidence

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

What are the components?

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

What do participants learn?

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

More information can be found here: http://healingofthecanoe.org
Discussion: Group 2 Programs

1) Of the programs reviewed, which may fit well for your community?
2) What implementation challenges do you anticipate with this program?
Reward & Reminder Program

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

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<th>Risk Factors</th>
<th>Protective Factors</th>
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<tbody>
<tr>
<td>✓ Access to tobacco products*</td>
<td>✓ Community norm to not accept underage use</td>
</tr>
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<td></td>
<td>✓ Cultural pride</td>
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<tr>
<th>Outcomes</th>
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</thead>
<tbody>
<tr>
<td>✓ Reduced sales of tobacco/alcohol to minors*</td>
</tr>
<tr>
<td>✓ Reduction in youth tobacco use</td>
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</table>

*Supported by research evidence

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

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

What do participants learn?
• Rewards for retail clerks that "do the right thing" and uphold the law
• Reminders for retail clerks that attempt to sell to youth

More information can be found here: http://paxis.org/products/view/reward-reminder
Connect Program

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

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

Outcomes

✓ Reduced suicide-related behaviors

*Supported by research evidence

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

What are the components?

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

What do participants learn?

• Topics include:
  – Appropriate procedures for responding to youth suicide risk

More information can be found here: http://theconnectprogram.org/training-audiences/partnering-american-indians-and-alaska-natives-suicide-response
FACE (Family and Child Education) Program

• Focus: Providing American Indian children with a culturally relevant early childhood education
• Setting: Home and center-based
• Ages: Birth – 5 years old

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<th>Risk Factors</th>
<th>Protective Factors</th>
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<tbody>
<tr>
<td>✓ Insecure attachment</td>
<td>✓ Support for early learning*</td>
</tr>
<tr>
<td>✓ Family dysfunction</td>
<td>✓ Early screenings*</td>
</tr>
</tbody>
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**Outcomes**

- ✓ Improved child academic and social skills*
- ✓ Improved adult reading and math skills*

*Supported by research evidence

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

What are the components?

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

• Center-based services

What do participants learn?

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

More information can be found here: www.faceresources.org
Gathering of Native Americans

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

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

- ✓ Increased perception of alcohol and drugs as harmful*

*Supported by research evidence

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

What are the components?

• Curriculum aims to promote and guide community discussions

• Culturally specific substance abuse prevention training in tribal communities; emphasizing the importance of traditional Native American values

What do participants learn?

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

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

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

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
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</thead>
<tbody>
<tr>
<td>✓ Child abuse and neglect</td>
<td>✓ Community involvement</td>
</tr>
<tr>
<td>✓ Family violence</td>
<td></td>
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<tr>
<td>✓ Trauma</td>
<td></td>
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<tr>
<td>✓ Alcohol/drug abuse</td>
<td></td>
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**Outcomes**

- ✓ Reduction in suicidal gestures and attempts

*Supported by research evidence

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

What are the components?

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

What do participants learn?

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

More information can be found here: [www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=251](http://www.nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=251)
Discussion: Group 3 Programs

1) Of the programs reviewed, which may fit well for your community?
2) What implementation challenges do you anticipate with this program?
Time for a Break!

• We will reconvene in about 20 minutes.
Discussion Activity: The Structure

Individually reflect on scenario & questions

Share thoughts with small group

Share major themes with large group

See handout for description of your scenario and reflection questions. Please use this handout to jot down your thoughts.
Discussion Activity: Group #1
(Online Participants)

The Context: Imagine your tribal community or a tribal community you work with is trying to identify a substance use prevention/mental health promotion program to implement with Native youth or families.

- In your experience, what has worked well and what hasn’t worked well when trying to select a program to implement with Native youth/families?
- What information is needed to determine if the program will fit your community, youth, and/or families?
- What information is needed to determine if your community/organization has the capacity to implement the program well?
- What supports does your community need to help you make this decision?
Discussion Activity: Group #2
(In-Person Participants)

The Context: Imagine your tribal community or a tribal community you work with has identified a substance use prevention/mental health promotion program to implement with Native youth or families. However, there are concerns about how well it fits your community, youth, and/or families – and therefore you decide you will have to adapt it.

- In your experience, what has worked well and what hasn’t worked well when trying to adapt a program to implement with Native youth/families?

- What information is needed to determine which aspects of the program should be adapted?

- What supports does your community need to help you during this adaptation process?
Large Group Discussion

- In your experiences, what has worked well and what has not worked well when trying to select and/or adapt a program to implement with Native youth and families?
Action Steps Discussion

• Based on the themes we just identified, what action steps do you think are needed?

• Who should be involved/responsible for these action steps?
Thank you!

• Please feel free to email us with additional comments or questions.
  - Brittany Cooper: brittany.cooper@wsu.edu
  - Amy Salazar: amy.salazar@wsu.edu