



Culturally Defined Best Practices

Tuesday, May 21, 2024

Indigenous Land Acknowledgement



- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.


Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.



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

May Recognitions

Asian American, Native Hawai'iian & Pacific Islander Heritage Month

Advancing Leaders Through Innovation

May 2024 | #AANHPIHeritageMonth

TAKE THE MOMENT

2024
Mental Health
Awareness Month



Tell Me More!

NAMI Family-to-Family:
An evidence-based, free, 8-week educational program for family, significant others and friends of people with mental health conditions. It is taught by NAMI trained family members who have been there, and includes presentations, discussions and interactive exercises.

NAMI Family-to-Friends:
A free 90-minute or 4-hour online, interactive webinar. It offers self-help ideas, coping strategies, and resources for providing support, connected with others in similar situations, and build a supportive community.



How to support the
children and young
people in my life
with a mental
health condition?

NAMI Basics



The average delay
between onset of mental illness
symptoms and treatment is

11 years



1 in 20
U.S. adults
experience a serious
mental illness each year
and only
2/3
receive treatment.



Culturally Defined Best Practices

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May 21, 2024





Disclosures

FACULTY DISCLOSURE

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, except:

<i>Katya Adachi Serrano</i>	<i>CEO of Serrano Natural Health</i>
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All other relevant financial relationships have been mitigated by conducting a peer review of the content used for this session.



Agenda



- Addressing the need for culturally responsive and integrated treatment
- Evidence based treatments for substance use disorder
- Drum-Assisted Recovery Therapy for Native Americans (DARTNA)
- Case presentation

Healing the soul wound

- Introduction of alcohol
- Removal and relocation to urban areas
- Fragmented communities
- Impact on cultural identity
- Sudden disconnection from culture
- Health disparities



Resiliency

- AI/AN people are inherently resilient.
- Resiliency is a prominent focus in programs created for AI/AN people.
- Promoting cultural pride and presence is important in urban areas.
- Engaging in traditional practices and activities may promote overall health.
- Enhancing healthy social connections and celebrating collective successes may help to prevent substance use among urban AI/AN people.



Substance use Treatment Approaches

Evidence-based approaches

Have gone through a formalized research process

More easily reimbursable

Have not always been tested with ethnic/minority groups

Community defined practices

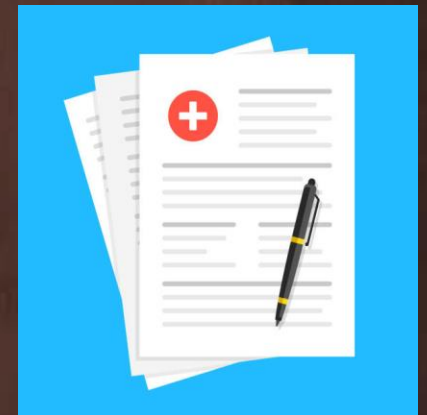
Many have not gone through a formalized research process

Less clear avenues for reimbursement

Include AI/AN traditional practices

Examples of Evidence-Based Approaches

- Motivational interviewing
- Cognitive behavioral therapy
- Contingency management



Motivational Interviewing

- “Motivational Interviewing is a person-centered, directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”
- The “spirit of MI” encompasses collaboration, acceptance, compassion, evocation, autonomy.”



Why use MI with adolescents?

- Developmentally appropriate
- Helps teens feel comfortable
- Adolescents are always being told what to do and are being judged-MI lets them take the driver's seat
- Gives teens a chance to think and act independently

Common human reactions to being listened to

- Understood
- Want to talk more
- Liking the counselor
- Open
- Accepted
- Respected
- Engaged
- Able to change
- Safe
- Empowered
- Hopeful
- Comfortable
- Interested
- Want to come back
- Cooperative

MI and AI/ANs

- MI honors the wisdom within the client rather than forcing the provider's wisdom on our relative
- Our relative (client) is seen as a person rather than a problem
- “We have to honor the wisdom in the client and then be able to see that person in the community, that's a grandmother or grandfather, honoring them for who they are”

-- Navajo female participant

Venner, Kamilla (2014)

Cognitive Behavioral Therapy

- A widely used behavioral approach for smoking cessation treatment.
- Helps to restructure thought processes, combined with new learning behaviors.
- Helps with problem solving strategies
- Helps with dealing with stress
- Helps deal with social and environmental triggers
- Helps with creating new healthy behaviors.



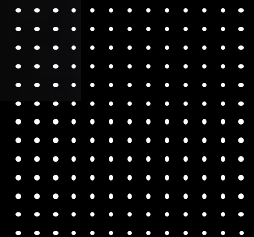
CBT Therapy Worksheet

Name: Sophia

Situation What was the situation?	Thoughts What was going on in my mind?	Feelings What did you feel during the situation?	Evidence Evidence supporting this thought	Counter-evidence Evidence against this thought	Perspective A new, more balanced perspective
My friends went to a party without me a few days ago, which they tend to do sometimes	I got extremely anxious, and start thinking that they don't like me anymore. Rather, they hate me and I'm annoying to be around	I felt extremely anxious, and sat at home finding it difficult to breath. I was also incredibly sad, and felt pity for myself.	My friends never really invite me to parties, and it's probably because they find me annoying to be around.	They invite me to other things, and message me all the time when I need support. They don't talk about the parties in front of me often either	Maybe they think I don't enjoy them, and sometimes they go with friends I don't know - my friends are allowed to have their own fun too. My anxiety shouldn't depend on others.

Incorporation of traditional healing services

- Recognized as being important in substance use recovery for AI/AN.
- May enhance and renew AI/AN sense of personal and cultural identity.
- Renewed pride in AI/AN cultural heritage
- Feeling motivated to learn more about their cultural heritage
- Opportunity to learn about healthier cultural ideals, views, and traditions which may aid in recovery.
- Emphasizes wellness and spiritual well-being



How might we adapt MI for AI/ANs?

- Aspects of the setting
 - Décor, AI/AN staff, questionnaires, resources
- Asking Open-ended questions about culture
- Reflections including culture
 - Understandings of the problem
 - Motivations to change the problem
 - Ideas for how to change the problem
 - Cultural supports for the change
 - Explore interest in traditional healing

Cultural activities for AI/ANs



- **Ceremonies and Activities**

- Participating in sweat lodge ceremonies.
- Smudging.
- Attending social dances.
- Learning sacred dances.
- Attending a Sundance.
- Fasting.
- Vision quest.
- Attending powwows and other sober community activities.
- Storytelling and listening to stories.
- Participating in a Talking Circle.
- Hunting
- Drumming

- **Tribal Crafts**

- Making traditional attire for powwows and other ceremonies.
- Tanning hides.
- Making ribbon shirts.
- Sewing quilts.
- Learning the native language
- Cooking traditional foods
- Picking and drying herbs
- Making jewelry
- Making cradle boards

Drumming and American Indians/Alaska Natives

- Drumming is one of the most widely recognized cultural activities among American Indians/Alaska Natives (AI/ANs)
- AI/AN traditions, cultural identity, and cultural pride has survived in songs, drumming, and traditional stories
- Drumming is used in ceremonies, social dances, feasts, in preparation for hunting historically.
- A way of bringing AI/ANs together and staying clean and sober.



Drum-Assisted Recovery Therapy for Native Americans (DARTNA)

DARTNA is a 6-, 12-, or 24-session program

Session format

- **1 hour:** Education/Cultural Discussion: drumming, teaching of songs, Medicine Wheel, 12-steps, White Bison concepts
 - **1 ½ hours:** Drumming (based on local traditions)
 - **½ hour:** Talking Circle
- *First session involves making your own drum or group drum.
*DARTNA is provided by a substance use provider or cultural/drumming teacher.



WEEKS 10-12
STEPS 10-12 OF AA/NA

MENTAL
SPIRITUAL

WEEKS 7-9
STEPS 7-9 OF AA/NA



WEEKS 1-3
STEPS 1-3 OF AA/NA



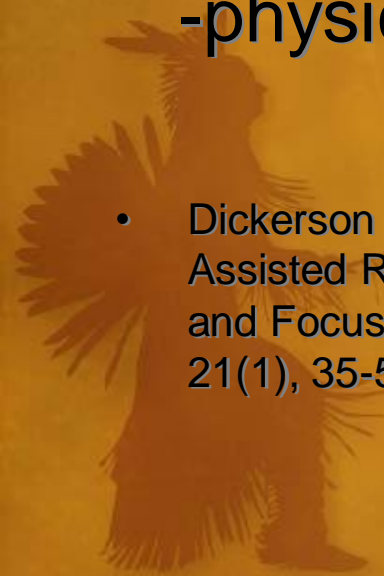
EMOTIONAL
PHYSICAL

WEEKS 4-6
STEPS 4-6 OF AA/NA



DARTNA Pretest Findings

- Promising results suggest benefits of DARTNA in the following areas:
 - medical status
 - psychiatric status
 - spirituality
 - physical/functioning levels
- Dickerson DL, Venner KL, Duran B, Annon JJ, Hale B, & Funmaker G. (2014). Drum-Assisted Recovery Therapy for Native Americans (DARTNA): Results from a Pretest and Focus Groups. *American Indian and Alaska Native Mental Health Research*, 21(1), 35-58. Doi: 10.5820/aian.2101.2014.35.



Results from a feasibility randomized controlled trial

End of treatment

- DARTNA participants reported significantly lower cognitive impairment and lower counts of physical ailments.
- Promising benefits among DARTNA participants related to better physical health, fewer drinks per day, and lower odds of marijuana use.

3-month follow-up

- DARTNA participants reported less adoption of 12-step principles, less cognitive impairment, and lower anxiety with relationships.
- DARTNA participants reported more drinks per day and more commercialized cigarette use.

Dickerson, DL, D'Amico, EJ, Klein, DJ, Johnson, CL, Hale, B, Ye, F, Dominguez, B. Drum-Assisted Recovery Therapy for Native Americans (DARTNA): Results from a Feasibility Randomized Controlled Trial. *Journal of Substance Abuse Treatment*.

Case presentation

- John is a 35 year old American Indian male who lived the first 10 years of his life on his home reservation and then moved to an urban area in California where he continues to live. He has never been in treatment and is seeking outpatient treatment for alcohol dependence. His use triggers include feeling disconnected, boredom, and certain neighborhoods within his community. He participated in sweat lodge and drumming from 7-10 years of age “a few times” and would like to re-engage in his culture. He is detoxed. What treatment approaches would you consider starting for this client and how would you document his treatment plan?



Discussion Questions

- What evidence-based approaches would you consider using?
- Are there culturally responsive treatments that you would consider using?
- What would be some key considerations to help ensure long-term sobriety?
- Open discussion on approaches to integrated treatment

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Questions and Discussion



Tribal MAT ECHO Clinic
— WELLNESS WHEEL —



TRMWT-0-11

Date: / / Presenter: / Tribal Affiliation:
FIRST LAST CHECK HERE IF NONE:

Patient Pseudonym: Gender: Age: Tribal Affiliation:
CHECK HERE IF NONE:

ECHO ID: Check if follow-up to a previously presented case

Clinical Question:

<p>COMMUNITY Psychosocial support, family resources, network of care</p> <input type="text"/>	<p>SPIRIT Indigenous, cultural, spiritual, religious practices</p> <input type="text"/>
--	--



<p>BODY Physical health, medications</p> <input type="text"/>	<p>MIND Mental and emotional health, substance use</p> <input type="text"/>
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Care plan:



Self-Paced Learning Opportunities

Individualized Learning Plan: MATE ACT

Medication Access and Training Expansion (MATE) Act
Trainings to meet the 8-hour DEA requirement

- **The Intersection of DEA & MAT** (1.5 credit hours)
- **Addressing Fentanyl Use In Primary Care** (1.0 credit hour)
- **Structural Competency: Medicine for the Inequalities that are Making Us Sick** (1.0 credit hour)
- **Advancing Equity in Substance Use Disorder Treatment** (1.0 credit hour)
- **Addressing Stimulant Use in Primary Care Settings** (1.0 credit hour)
- **Methamphetamine Use and Affective Disorders** (1.0 credit hour)
- **Trauma-Informed Care** (1.0 credit hour)
- **Homelessness and Substance Use Disorder in Veterans** (1.0 credit hour)



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