

# Indian Health Service 2012 NATIONAL BEHAVIORAL HEALTH CONFERENCE

**Creating and Leveraging Partnerships to Meet  
the Objectives and Outcomes of the Ponca  
Nation's MSPI Tele-Behavioral Health  
Services**

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*Mobilizing Partnerships to Promote Wellness*

# House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

# Comfort Room

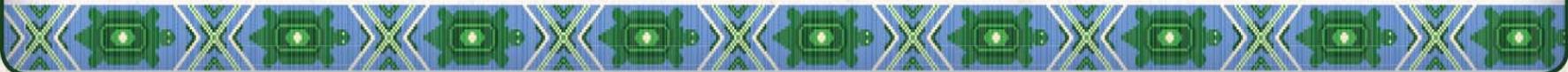
- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

# Partnerships

- Methamphetamine & Suicide Prevention Initiative (MSPI)
  - Awarded: 2009
- White Eagle Health Center (WEHC)
  - Ponca Tribe of Oklahoma
  - Ponca City, Oklahoma



# Abstract

- As the need arises for rural Tribal entities to meet the mental health needs of their Tribal members, it is important to develop innovative strategies to effectively meet this need. Collaborating with a local university to provide Tele-Behavioral Health services has opened a unique partnership that promotes improved access to mental health care of Tribal members. The purpose of this workshop is to provide insights into developing and delivering these services.
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# Workshop Objectives

- Participants will learn one method of developing Tele-Behavioral health services with a tribal entity.
- Participants will learn how a modified curriculum was utilized to provide mental health services with an adolescent group.
- Participants will learn specific outcomes of the Ponca Nation's Tele-Behavioral health services.

# Where it all started

- Tribal Community & Institution Partnership
  - White Eagle Health Center (WEHC)
  - MSPI Program
  - Oklahoma State University
    - School of Applied Health
    - Counseling Psychology

# Primary Provider

- Group(s) have been hosted by WEHC, financed by the Indian Health Services (IHS) (June 2011 – April 2012)
- Licensed Psychologist and three interns
- WEHC endorses collaborative care model

# Secondary Provider

- OSU School of Applied Health and Educational Psychology (SAHEP)
  - Counseling psychology professor
- **Primary+ Secondary=Team Collaboration**
  - collaboratively facilitated the group activities

# Women's Trauma Support Group

- 20 sessions
- 11 women participants
- Tribes represented: Apache, Cherokee, Creek, Osage, Otoe, Pawnee, and Ponca.
- 45% of the participants were members of the Ponca tribe
- Attendance: two = 45%; one = 36% one = 20%; one = 10%; and, two = one meeting

# Women's Group

- Four (in-patient at SDC) averaged three weekly treatments
- Informal assessments were conducted to determine group member's progress. A simple rating scale with 1=No negative mood(s) and 10=The Worst possible negative mood(s).

# Assessment Results

- Start of 9<sup>th</sup> session: One=7; two=5; one=4
- End of 9<sup>th</sup> session: One = 1; one = 2; two = 3
- Start of 10<sup>th</sup> session: One=7.5; one=7; one=6;  
one=4.5
- End of 10<sup>th</sup> session: Two=2; one=3; one=5

# Adolescents & Substance Misuse

- **Substance Use, Misuse, & Abuse Issues , 2010**
  - 10.1 % of youths aged 12 to 17 are current illicit drug users:
    - 7.4 % are current users of marijuana
    - 3.0 % are current nonmedical users of psychotherapeutic drugs
    - 1.1 % are current users of inhalants
    - 0.9 % are current users of hallucinogens
    - 0.2 % are current users of cocaine.

# NA Adolescent Group Rationale

- Native American population (NA) has a higher rate of marijuana, cocaine, hallucinogen abuse compared to other minority groups.<sup>1</sup>
- NA adolescents report the highest usage rates (including inhalants) compared to any other racial group.
- Inhalant use among NA youth is consistently increasing (Johnston, O'Malley, Bachman, & Schulenberg, 2012)
- Predictors of inhalants use include being in trouble with law, being in trouble in school, skipping school, running away from home, being a gang member, parental attachment, parents' drug use, friends' drug use factors (Mosher et al., 2004)

<sup>1</sup> Results from the 2010 NSDUH: Summary of National Findings, SAMHSA, CBHSQ

# Substance Misuse Tele-behavioral Group

- 10 females and 2 males
- Age range: 10-23 years old
- 11 different tribal affiliations
- 11 participants of Ponca descent, 1 participant of Caucasian descent.
- Recruited via the therapist (25%) and parents (42%).
- 4 participants were court ordered by the Kay County Juvenile Court system (33%).
- All participants were personally affected by alcohol abuse by family members.
- 6 participants were personally involved in substance use/abuse

# Tele-behavioral Health Model

- It uses **videoconferencing** to provide clinical care: crisis intervention, consultations, education, aftercare
- It has **multiple benefits**
  - Enables broad scope of services
  - Improves providers sense of community
  - Improves standard of care for BH concerns across system
  - Provides specific benefits for rural and underserved communities

# Tele-behavioral Health (cont'd)

- **Physical Location/Room Requirements**
  - During a tele-behavioral group session, both locations (WEHC & OSU) are considered the group session room regardless of a room's intended use.
- **Administrative Issues**
  - Record keeping, release of information and informed consent, billing, etc.
- **Ethical Considerations**



# Curricula Used

- **Through the Diamond Threshold** : Promoting Cultural Competency in Understanding American Indian Substance Misuse training curriculum (Robbins et al., 2011).
  - It uses stories, music, and experiential exercises reflecting the historical and cultural context of the American Indian community, its cultural revitalization, and healing movements that are redefining the source and nature of alcohol/drug problems.
  - Limitation: It has been designed for adults



## Curricula (cont'd)

- **Substance Abuse Prevention Activities: Just for the Health of It.** (Rizzo Toner, 1993).
  - It teaches & reinforces basic health concepts & skills to students in grades 7-12.
  - It features stimulating, ready-to-use games, puzzles, worksheets, surveys, checklists, debates, & skits.



# Substance Misuse Tele-behavioral Group Goals

- To provide quality holistic Behavioral Health care for NA adolescents that integrates traditional healing, spiritual values, and cultural identification
  - To raise group members' motivation to be clean
  - To educate about risks associated with using substances
  - To ameliorate the influence of risk factors and enhance the effectiveness of protective factors @ individual, family, peer, school, community, and societal levels (Hawkins, Catalano, & Miller, 1992).
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# Group Goals

- To effectively use group therapy format
  - Substance abuse prevention & remediation interventions
- To effectively use research based tele-behavioral group therapy format (Morland, Pierce, & Wong, 2004).
  - Tele-behavioral health group therapy approach has been effective with NA adolescents (Savin, Garry, Zuccaro & Novins, 2006).

# Timeline

- January 1<sup>st</sup> – 31<sup>st</sup>
  - Accepting court orders and referrals
  - Pre- treatment survey
  - Interviews (informal/formal)
- February 1<sup>st</sup>
  - 12 weekly group sessions
    - Sign-in
    - Actively participate
  - Bi-weekly staff meetings
    - Psychologist, professor, and interns

# Timeline (cont'd)

- April 25<sup>th</sup>
  - Data collection process
  - Post-treatment survey
  - Interviews
- April 25<sup>th</sup>- May 15<sup>th</sup>
  - Data analysis

# Data Collection & Analysis

- Pre and post survey
- Observations
- Interviews with adolescents
- Interviews with parents & service providers
- Access to school & court records
- Qualitative data analysis: surveys & interviews
- Quantitative data analysis: descriptive statistics

# Results

## Perceived benefits of the Group: Evaluation Survey Results Questions: $N = 8$

- Learned a lot in group
  - 6 participants (75%) = Yes
  - 2 participants (25%) = No
- I enjoyed the topics we discussed in the group
  - 7 participants (88%) = Yes
  - 1 participant (12%) = No
- Talking about reasons for using substances was helpful
  - 7 participants (88%) = Yes
  - 1 participant (12%) = No
- Goal setting was helpful
  - 6 participants (75%) = Yes
  - 2 participants (25%) = No

# Results (cont'd)

## The thing I liked most about the group was:

- “talking about stereotypes”  
1 participant (12%)
- “communicating”  
1 participant (12%)
- “how people were comfortable around each other”  
1 participant (12%)
- “worksheets”  
1 participant (12%)
- “everyone was friendly”;  
1 participant (12%)
- “easy to express myself”  
1 participant (12%)

## The thing I liked least about the group was:

- “I don’t dislike anything”  
3 participants (38%)
- “I don’t dislike anything”  
2 participants (25%)
- “storytelling”  
1 participant (12%)
- “It starts at 3:30 PM”  
1 participant (12%)
- “I don’t know”  
1 participant (12%)

# Results (cont'd)

I would like to have talked more about:

- “drugs” & “substance abuse”  
3 participants (38%)
- “Native American culture”  
2 participants (25%)
- “problems in life other than drugs or alcohol”  
1 participant (12%)
- “I don’t know”  
2 participants (25%)

# Limitations

- New program
- Recruitment difficulties
- Group members' commitment and motivation to participate
- Differences in age, commitment and motivation within the group
- Group members' turnover
- Difficulty with synchronizing schedules at all sites

## Limitations (cont'd)

- Ethical issues: ensuring privacy and confidentiality
- Original curriculum designed for adults
- WEHC space concerns
- Limited application of poly-com enabling and facilitating intake procedures and screening, electronic health records, evaluation and measurement of patient outcomes



# Future Directions & Recommendations

- Modification of the curriculum
  - Improved application of tele-behavioral health model
  - Clarity about providers' roles and responsibilities
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<http://www.osa.samhsa.gov/2k7/AmIndians.htm>



# Contact Information

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# Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800
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