


Treatment of Native American Adolescents with Substance Use Disorders



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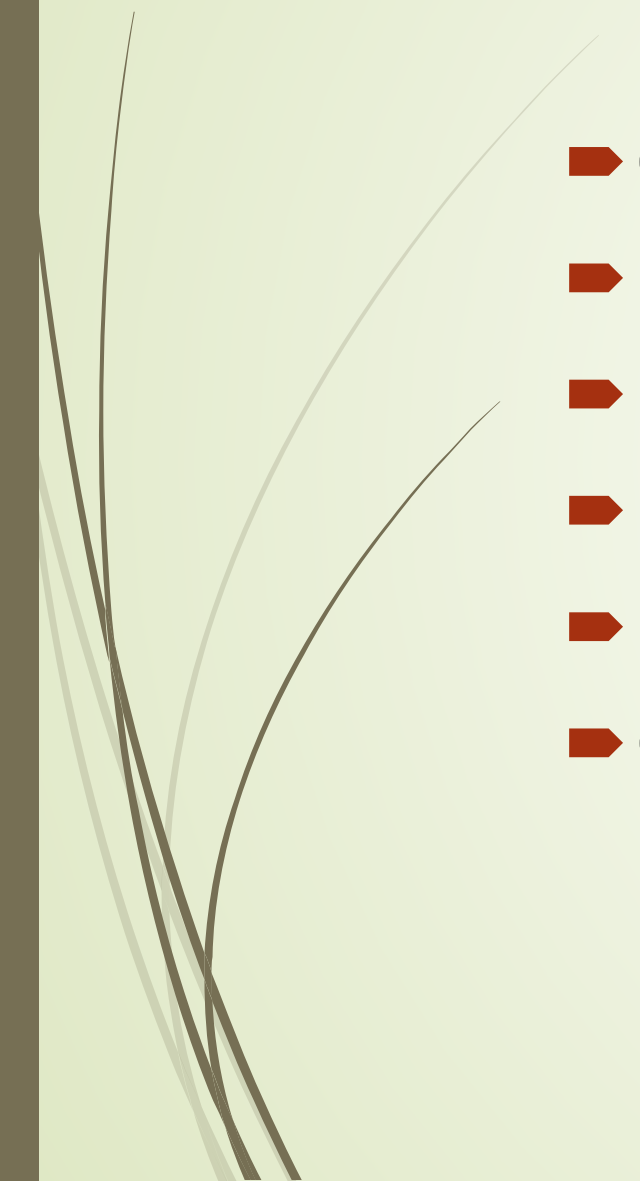



Trauma Informed Care

- Provides context for conceptualization
- Recognizes impact of trauma
 - Historical trauma
 - Intergenerational trauma
 - Complex trauma
- Focus on creating safe space
- Ensure that delivery approach does not exacerbate or re-traumatize



Empowerment

- Organizational framework
 - Fortifying cultural identity
 - Building on individual and community strengths
 - Moving past learned helplessness
 - Increasing self efficacy
 - Collaborative treatment planning/therapy goals
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Culturally Specific Practice Based Evidence

- White Bison
 - Wellbriety
 - Medicine Wheel and 12 Steps
 - Daughters/sons of tradition
 - Understanding the purpose of life (trains adults to guide youth on their journey)
- Red Road Recovery Meetings
- Gathering of Native Americans (GONA)
- Native Stand




Dialectical Behavioral Therapy (DBT)

- Collaborative model with individual and group sessions
 - Builds on Strengths
 - Targets thoughts, ideas, beliefs that contribute to acting out behaviors
 - Based around skill building in the areas of:
 - Interpersonal effectiveness
 - Distress tolerance/reality acceptance
 - Emotion regulation
 - Mindfulness
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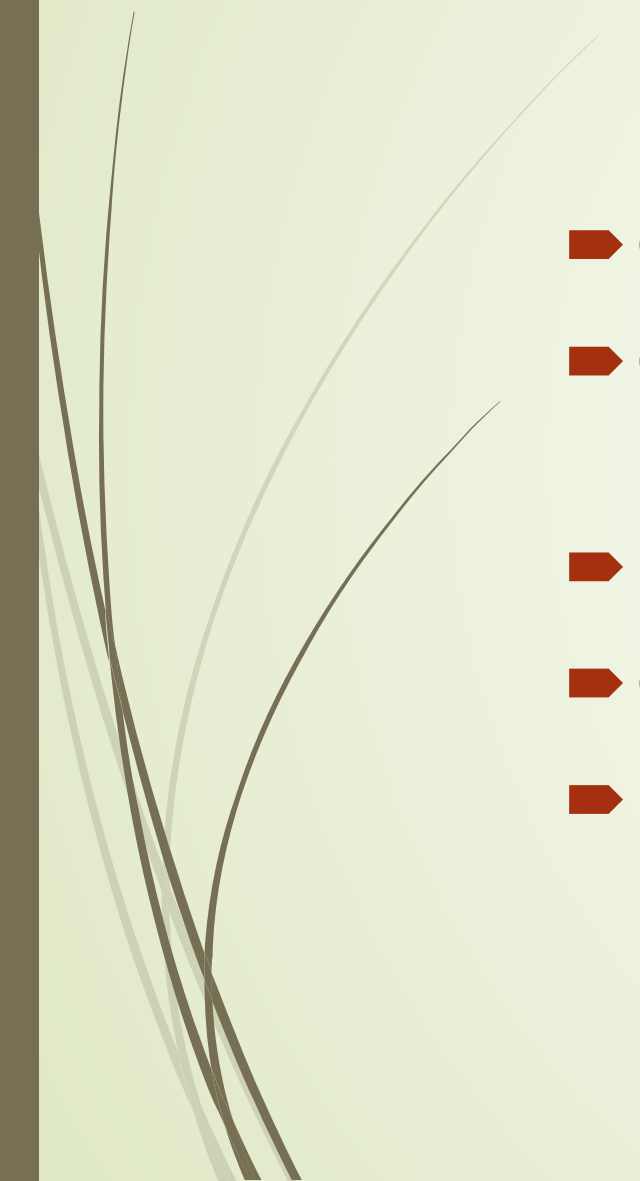


Adolescent Community Reinforcement Approach (A-CRA)

- Teaches new/alternate ways of dealing with life stressors
 - Positive reinforcement/reward for nonuse of substances
 - Focus on utilizing existing resources to support sobriety
 - Incorporates caregiver in treatment
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Cognitive Behavioral Therapy (CBT)

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- Can be utilized in individual or group therapy
 - Connection between thoughts, feelings, and behaviors
 - Identification of distorted thoughts
 - Challenging beliefs
 - Behavioral practice assignments




Matrix Model

- 16 Week Model
- CBT based
- Reinforces positive behavior change
- Family involvement
- Scheduling minimizes “unstructured time”
- Incorporates use of urinalysis



Motivational Enhancement Therapy (MET)/Motivational Interviewing (MI)

- Key tenants in MI include:
 - Expressing empathy and avoiding arguing
 - Developing discrepancy
 - Rolling with resistance
 - Supporting self-efficacy
 - MET targets ambivalence to change:
 - Builds motivation to change
 - Strengthens resolve to change
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Summary

- Fortify cultural identity/connection
- Acknowledge trauma history
- Compliment evidence based practices with practice based evidence



References/Resources



- National Indian Health Board Prevention Practices Implemented within the MSPI Project

http://www.nihb.org/behavioral_health/prevention_treatment_practices_mspi.php

- White Bison

<http://whitebison.org/>

- Hazleden (Matrix Model)

<http://hazleden.org>

- Indian Health Service Culturally Relevant Best Practices

<https://www.ihs.gov/mspi/bppinuse/cultural/>



QUESTIONS?