

# The Intersection of Wellbriety and SBIRT

A Tribe First Participatory Research Project

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and

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# Disclosure

- Dr. Korkow has no financial relationship to this program.
- Leon Leader Charge has financial relationship to this program, Grant, Research support from the Center for Brain and Behavior Research (CBBRe).

# Objectives

- 1) The participants will be comfortable conducting SBIRT training in a reservation setting.
- 2) The participants will be able to modify SBIRT
- 3) The participants will be able to lead a Tribe First research project properly.

# Research Purpose

- Native Americans experience higher rates of substance use disorder relative to the general population.
- These substance use disorders are the root cause of many other issues for Native Americans.
- SBIRT and Wellbriety are designed to reduce substance use disorder issues.
- SBIRT focuses on Screening, Brief Intervention, and Referral to Treatment.
- Wellbriety is a Native American community wide treatment and prevention program.

# Hypotheses

- Delivery of SBIRT training to primary providers (Police officers, doctors, nurses, teachers, pastors, EMT's, counselors and social workers) would increase the ability of these providers to intervene appropriately when they encountered a person with a substance use disorder in the course of their daily work.
- Utilization of pre-existing Wellbriety networks and knowledge would enhance proper delivery of SBIRT on the reservation amongst tribal members, and aid those delivering SBIRT in proper modification to SBIRT when working with Native Americans.

# Community Entry

- Based on other research collaborations with Tribal entities, the researchers were convinced that a new approach was needed for proper relationships to commence.
- Both researchers were very aware that the Tribe must be in control of the research from start to finish.
- Institutional Review Board contact began at the Tribal level rather than the University level, and remained there for the first 2 months of the review process.

# A proposal for collaborative research

- **Accountability as a researcher**
  - Paying forward knowledge from studies in a real world community setting
  - Recognizing importance of establishing community relationships and shaping community project to community needs and context
  - Seeking partnership with the community and following a respectful research process

# Community-based participatory research

**“Community-based participatory research (CBPR)** is a partnership approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process and in which all partners contribute expertise and share decision making and ownership.

The aim of CBPR is to increase knowledge and understanding of a given phenomenon and integrate the knowledge gained with interventions and policy and social change to improve the health and quality of life of community members.”

# Tribal Participatory Research

(Fisher & Ball, 2003)

- Foundations:
  - Include community specific cultural factors
  - Acknowledge historical trauma
  - Encourage community involvement and protect tribal interests
- Process
  1. Tribal oversight
  2. Build capacity
  3. Culturally specific intervention & assessment

# Institutional Review Board

- Contact progressed through several persons at the Tribal level.
- The researchers utilized the format from the Model Tribal Research code found on the IHS website  
<http://www.ihs.gov/Research/pdf/mdl-code.pdf>
- Rather than starting with University review forms, the researchers opted to answer all queries from this Model first.
- The Model Tribal Research code was comprehensive and challenging.

# Tribe First Participatory Research

- As the queries were answered appropriately, the researchers realized they were working from a unique model, and adapting the research properly meant creation of a very new template for Tribal research.
- The researchers have named this template “Tribe First Participatory Research”
  - All information gathering and research is First approved in an extensive Tribal Level IRB review.
  - All information collected is First disseminated to the Tribal IRB, then it can leave the reservation.
  - All research publications arising from the research must be First approved by the Tribal IRB.

# Tribe First

- The real commitment is not a “re-editing” of materials, but to give all original materials first to the Tribal IRB, then the copies can go off-reservation to be studied at the University level.
- Many materials were studied directly at the reservation, and again, those results went to the Tribal IRB first.
- Approval, materials, and control remain with the Tribal IRB at all times.
- The painstaking process of proper Tribal IRB approval resulted in a stunning and rapid 6 hour approval process at the University of South Dakota level. Understand that the Tribal IRB process was so thorough that all University standards had been met and exceeded.

# Challenges

- “Helicopter Researcher’s” -research completed and lack of reports back to community, non-beneficial to community.
- Tribe doesn’t trust “outside” researchers Ex. *Arizona Board of Regents v. Havasupai Tribe*
- History of informed consent violations
- Tribal council lack of interest and fear of violations because of history of deception with “outside” researchers and research non-beneficial to tribe
- Tribal council sovereign nation with own functioning government, time restraints.

# Havasupai Tribe Research Lawsuit

- Informed Consent- Tribal members were misled and genetic samples mistreated
- Human Migration Studies research conducted on the samples rather than the promised Type II Diabetes research
- Stigmatization- The researchers actually utilized an “inbreeding coefficient” in their research and later publication

# Havasupai Tribe Research Lawsuit

- Access to Medical records- Access to records was gained with no consent from the tribe, relatives, tribal leaders or participants, a complete violation of research ethics
- Privacy violations- The tribe was named in the publication, and with the low number of tribal members (650), identification of individuals could be done with ease

# What is the status of the alcohol addiction rate of tribal communities?

- Alcohol and other addictions have hit an epidemic rate in Native populations.
- Death from cirrhosis of the liver is higher than the national average (almost double)
- Destructive to families, communities and individuals
- Easy access to alcohol.
- Resulting problem: Native communities have a high rate of alcohol addiction

What are the challenges and strengths we face in addressing this problem?

- Challenges:

- Traumatic history of colonization = higher rates of poverty and health problems
- Ongoing chronic stressors that have reduced our ability to cope as communities and turn to alcohol consumption/medicate

# Strengths

- Resilience through culture
- Lifeways have persisted through traumatic oppression
- Collective values promote social support to buffer stress effects

# Acknowledging challenges and strengths for a collaborative solution

- 2014 Summer SBIRT Training project
  - Met community needs by providing training in SBIRT
- SBIRT Curriculum adaptations
  - Consultation with various sources of Native expertise
  - Literature review
- Evaluation
  - Positive feedback on SBIRT, personal benefit and usefulness in supporting others

# SBIRT

- Community specific cultural adaptations
  - Use community strengths and culture
  - Intersect Wellbriety (Native American Culture) and SBIRT
- SBIRT similar to medical first aid
  - Community members empowered as helpers
  - They are 1<sup>st</sup> helpers for others facing a full range of difficult situations involved with low risk drinking
  - They are trained on when and where to refer people who need a greater level of support

# Wellbriety

## What is Wellbriety?

“Wellbriety means to be sober and well. Wellbriety teaches that we must find sobriety from addictions to alcohol and other drugs and recover from the harmful effects of drugs and alcohol on individuals, families and whole communities. The "Well" part of Wellbriety is the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing everyday.”

(White Bison 2014)

## Wellbriety Cont..

Wellbriety founder Don Coyhis, developed the Evidence based Medicine Wheel 12 Step culturally appropriate recovery program for a Native American population

# SBIRT

What is SBIRT?

Developed by the Substance Abuse and Mental Health Services Administration(SAMHSA)

SBIRT is an acronym for:

Screening, Brief Intervention, and Referral to Treatment

## SBIRT cont..

“SBIRT is a public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders. Many different types of community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.” (SAMHSA 2014)

# Identifying community needs and interest groups

- SBIRT training provided to address rate of alcohol consumption and addiction awareness
- Tribal University IRB
- Tribal Systems of Care program training
- Tribal University Health and Wellness students

- Has the SBIRT training been useful to you in your work? If yes, how so?
- One interview indicated that the resources provided throughout the training were useful in their career.
- Most indicated that the training was useful and that the training will have an impact on the families and clients they provide service for.
- Two interviewees have indicated they haven't used the training due to time constraints
- Thinking of how you worked with people before the SBIRT training, did you feel comfortable asking them about their alcohol or drug use?

- Did you refer people to assessment or treatment based on your conversations with them in the course of your work before SBIRT?
- All but, one interviewee's had indicated that they felt discomfort asking people about their substance use.
- Thinking of how you work with people after the SBIRT training, do you feel more comfortable asking them about their alcohol or drug use because of the training? Have you referred more (or fewer) people to assessment or treatment because of the SBIRT training?
- All of the interviewees had indicated that the training has helped them become more comfortable in asking their clients about the alcohol consumption.
- Due to time constraints and summer breaks there wasn't much of an opportunity to refer anyone.

- Did anything about the SBIRT training change how you interact with people in the course of your work? If yes, what things that you learned in the SBIRT sessions had the biggest effect on how you work with people you encounter?
- Most indicated no, but a few indicated that they will suggest their staff to now ask clients about their alcohol consumption

- One interviewee indicated that the client admitted to use, they would then become more open about discussing their consumption rates, this discussion lead to how substances can lead to a stunt in growth and also stop any healing processes.
- Do you have any comments about how we can improve SBIRT training when bringing SBIRT training to Native workers?

- There was an indication that the presentation was very good.
- Another suggestion was to ask how much do you drink?  
Instead of do you drink?
  - This approach doesn't give the client a way to not answer truthfully if there is denial present about alcohol use. Also the interviewee indicated that it is safe to assume when asking a client about their alcohol consumption that they do consume alcohol.
- One interviewee indicated that the pre-test/post-test approach may produce difficulty because of higher rates of test anxiety in tribal communities, they suggested that a longer group discussion before the pre-test will help to produce more cohesion

- One interviewee indicated a need for a list of referral sources for the specific tribal community will be more helpful when learning about SBIRT.
- One interviewee indicated a need for more pictures in the train the trainer sessions

- Most interviewee indicated a need for cultural competency and cultural sensitivity training (specific to the unique tribal community) be added to the SBIRT training when offering it in a tribal community.
- In developing relationships within tribal communities there is also a need for voice modification (softer voice), less aggressiveness, less top looking down relationship (social stratification), incorporate tribal values in trainings such as respect and kindness.

- Assess communication styles.
- Develop more cohesion with client and counselor relationship by learning more about their values and customs from them specifically.
- Learn about tribe's history and intergenerational effects of federal policy.

# Timeline: process to date

3/14 Initial contact with Tribal IRB



4/14 Initial meeting with Tribal University/Tribal Health Board



4/14 Meeting w comm. consultants/tribal programs/Tribal IRB  
Research project approved

5/14 Research Project Proposal/Approval:  
Dissertation Committee USD

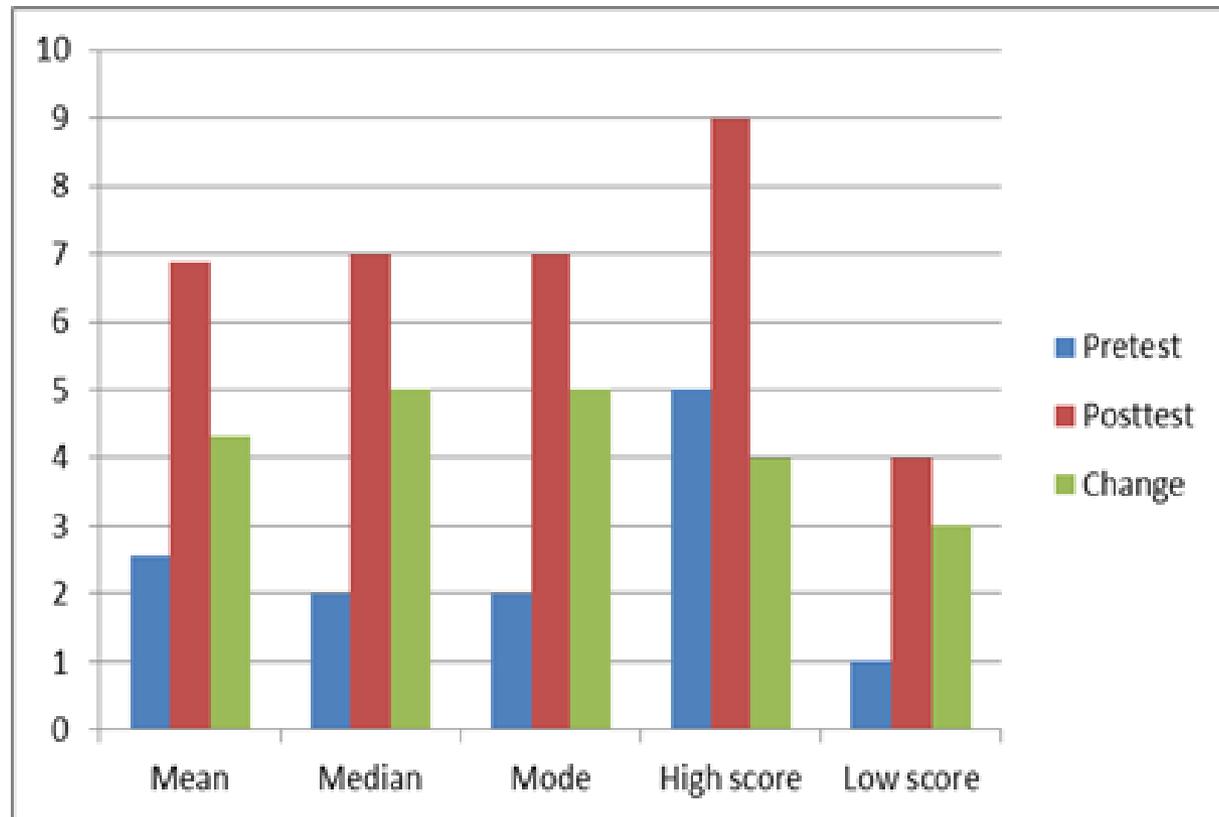


6/14 Community consultation, Implementation of SBIRT training, testing validity in tribal setting using pre/post test



7/14 final exit interviews and recommendations, report back to community

# Results



# Questions

SBIRT stands for:

- A) Substance, aBuse, Intervention, Referral to Treatment
- B) Screening for aBuse, Intervention, Resistance to Treatment
- C) Screening, Brief Intervention, Referral to Treatment
- D) Substance Screening, Broad Intervention, Referral to Treatment Tech.

Community based participatory research means that:

- A) A temporary partnership is developed with the community to fulfill research needs.
- B) A permanent partnership is developed with all community members to fulfill community needs primarily, research services the community.
- C) A temporary partnership is formed wherein the community creates a research project and hires a researcher.
- D) None of the above.

Interviewees at the end of the project recommended the following modifications to SBIRT:

- A) Need for more pictures in the train the trainer sessions as examples.
- B) Need for tribal community specific referral resources during the training sessions.
- C) More cultural specific training during the training sessions.
- D) All of the above.

# Bibliography

- <http://www.whitebison.org/index.php>
- <http://ireta.org/improve-practice/health-and-human-service-professionals/screening-brief-intervention-and-referral-to-treatment/sbirt-suite-of-services/>
- <http://www.ihs.gov/Research/pdf/mdl-code.pdf>



# The Intersection of SBIRT and Wellbriety

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## Introduction

- Tribal professionals and community members were trained in Screening, Brief Intervention and Referral to Treatment (SBIRT).
- The goal was to make them more comfortable utilizing SBIRT interventions with the persons they came in contact with in their roles as professionals and counselors. This will facilitate the referral of at-risk substance abusers for treatment.

## Screening, Brief Intervention, and Referral to Treatment

- SBIRT is a public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders.
- Many different types of community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur ([www.samhsa.gov](http://www.samhsa.gov)).
- Individuals who were judged at risk were referred to the **Wellbriety program**, a 12 step Native American substance abuse recovery program.40

## Low Risk Drinking

Low-risk drinking for men is defined as:

drinking occasion No more than 4 drinks per

week

Low-risk drinking for women is defined as:

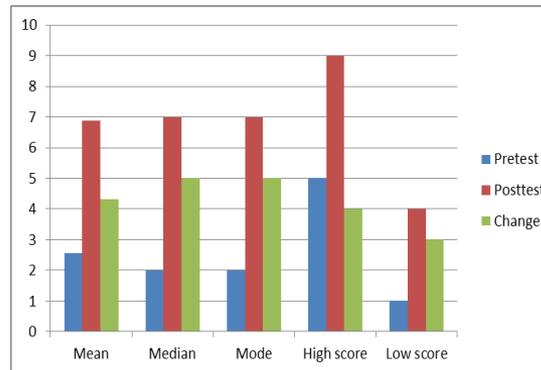
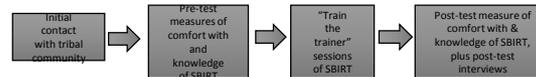
drinking occasion No more than 3 drinks per

week

Based on national Institute on Alcohol Abuse and Alcoholism (2013)

## SBIRT Training Effectiveness

Teachers, pastors, medical doctors, nurses, EMT's, police officers, social workers, counselors and others who were trained in SBIRT, became more comfortable utilizing SBIRT interventions with the persons they come in contact with in their roles as professionals and helpers. The alterations in knowledge amongst the 17 participants are noted in the charts below. The mean test score changed from 2.563 correct on the pre-test to 6.875 correct on the post test.



	Pretest	Posttest	Change
Mean	2.563	6.875	4.312
Median	2	7	5
Mode	2	7	5
High score	5	9	4
Low score	1	4	3
SD	1.31	1.18	-0.13

## Comments from post-test interviews.

- Ask "How much do you drink?" rather than "Do you drink?" This will lead to more honest responses from clients.
- Hold longer group discussions before the pre-test to reduce test anxiety.
- Provide SBIRT trainees a list of referral resources specific to that tribal community.
- Add cultural competency and cultural sensitivity training that is community specific to the SBIRT training sessions. Things to remember when working with tribal clients in need of SBIRT interventions include: softer tone of voice (voice modification), less aggressiveness, less social stratification (no top down intervention styles), respect, kindness, and other tribal values.
- Focus on developing rapport with clients.
- Learn about the tribe's history and intergenerational effects of federal policy.

## Conclusions

- "Train the Trainer" SBIRT sessions were effective in improving familiarity and comfort with the SBIRT screening tool.
- Post interviews indicated a need for a cultural competency training unique to the specific unique tribal community and cultural sensitivity training while implementing SBIRT in tribal community

## Acknowledgements

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