

Substance Abuse Treatment for Native American Adolescents with Cognitive Behavioral/ Experiential Therapy

July 16, 2014

The Jack Brown Center

- The Jack Brown Center is a twenty bed co-educational facility providing residential Chemical Dependency Treatment for Native American Adolescents.
- We serve clients from 13 to 18 years of age who are experiencing serious substance abuse problems. In addition to Chemical Dependence Treatment, the Center addresses dual diagnosis, individual and /or family problems.
- The length of stay for completion is up to 120 days.
- Program components include: Chemical Dependency Education, Individual Counseling, Group Counseling, PLATO academic component, recreation, and cultural program.
- The Jack Brown Center is funded by the Indian Health Service and is operated by the Cherokee Nation Health Service Group.
- Accreditations: The Jack Brown Center is accredited by CARF and certification through the Oklahoma Department of Mental Health and Substance Abuse Services.
- Mission Statement: “The mission of the Jack Brown Center is to serve Native American Youth with substance abuse problems by providing opportunities for education, mental, spiritual, emotional and physical growth through treatment”.
- Jack Brown Center Staff: The Jack Brown Center is staffed by 30 professionals and paraprofessionals from doctorate level clinical psychologist, to Masters Level Licensed Professional Counselor’s, Masters in Social Work, Licensed Alcohol and drug counselors, Licensed Clinical Social Worker, Certified Alcohol and Drug Counselor, experienced Residential Advisors, Cultural Specialist, and Licensed Practical Nurse.

Learning Objectives:

At the end of this presentation participants will be able to:

1. Describe the History of Experiential/Adventure Based Counseling (Dr. Kurt Hahn, Project Adventure and Outward Bound).
2. Describe What Native American Traditional Medicines and Modern Treatment have in common.
3. Recommend the integration of Cognitive Behavioral/Experiential Therapy in the Treatment of Substance Abuse Problems with Native American Adolescents.

Introduction

- Graham Texas
- Personal Experience – Two Worlds
- Pre-Test



Pre-test

1. Who is the person who first developed what became known as Experiential/Adventure Based Counseling?
 - a. Dr. Kurt Hahn.
 - b. Dr. Carl Young.
 - c. Dr. Aaron Beck.

2. Which Native American Traditional Medicine was used to help War Veterans in History?
 - a. Rabbit Dance
 - b. Sun Dance
 - c. War Dance

3. Which Brain Structure is responsible for making Highly Emotional Experiences more memorable?
 - a. Hippocampus
 - b. Amygdala
 - c. Both a and c

Chapter I

The Impact of Abuse and Neglect on Native American Communities

SUBSTANTIATED DEATHS AS A RESULT OF CHILD ABUSE & NEGLECT

- BY RACE OF CHILD VICTIM State Fiscal Year 2010
- Race Count Percent
- White (22) = 57.90%
- American Indian/Alaskan Native (7) = 18.42%
- Black/African American (7) = 18.42%
- Asian (1) = 2.63%
- Native Hawaiian/Pacific Islander (1) = 2.63%
- TOTAL (38) = 100.00%

*1

Current Status of Mental Health & Trauma

- AI/AN children and youth have not benefited to the same degree as white children and youth from interventions in areas such as traffic safety
- In states with reservations, an estimated 75% of suicides, 80% of homicides, and 65% of motor-vehicle-related deaths among AI/ANs involved alcohol.
- Young drivers are at risk particularly for dying in a car crash as a result of driver inexperience, nighttime driving, and alcohol use

Current Status of Mental Health & Trauma

- AI/ANs are more likely to have exposure to trauma than members of more economically advantaged groups
- Impact of high suicide rate on siblings, peers, family members, and the community
- Violent deaths (unintentional injuries, homicide, and suicide) account for 75% of all mortality in the second decade of life for AI/ANs (Resnick et al., 1997)

Current Status of Mental Health & Trauma

- Youth with a history of any type of maltreatment were 3 times more likely to become depressed or suicidal than those with no maltreatment history
- AI/AN population is especially susceptible to mental health difficulties
- Native American families had the highest re-referral rates for sexual abuse, physical abuse, and neglect relative to other ethnic categories (Stevens et al., 2005)

Mental Health Disorders & Trauma

- Higher rates of exposure to traumatic events coupled with the over-arching cultural, historical, and intergenerational traumas make this population more vulnerable to PTSD
- Rates of substance abuse disorders and other mental health disorders, particularly depression, are also elevated (e.g., Beals, et al, 2001).

Incarcerated American Indian Youth

- AI Youth comprise 1.1% of the national youth population (US Census Bureau, 2006)
- More than 60% of incarcerated young offenders under federal jurisdiction were American Indian (OJJDP, 2006)
- Due to different jurisdictions, federal and tribal criminal laws may apply to same offense—An individual can be tried for the same offense in tribal and state or federal court; it not be considered double jeopardy
- Number of suicides while incarcerated are a major concern

Developmental Disabilities & Academic Achievement

- Fetal alcohol spectrum disorders among AI/AN population indicate some of the highest rates (1.5 to 2.5 per 1,000 live births)
- Highest dropout rate of any racial or ethnic group (36%) as well as the lowest high school completion and college attendance rates of any minority group (Clark & Witko, 2006)

Suicide in Indian Country

- AI/ANs between ages 15-24 have the highest suicide rates than any other age range or ethnic group
- Males age 15-24 account for 64% of all AI/AN suicides (CDC, 2004)
- American Indian youth, 12 and over have a higher risk of committing suicide than being murdered (US DHHS, 1999)

*2

Native American Mortality Rates

- Indian Health Service data from 1990's showed higher mortality rates among AI/ANs compared with the general population for most leading causes of mortality:
 - ❖ Heart Disease (1.2 times)
 - ❖ Accidents (2.8 times)
 - ❖ Diabetes (4.2 times)
 - ❖ Alcohol (7.7 times)
 - ❖ Suicide (1.9 times)
 - ❖ Tuberculosis (7.5 times)

Personal & Career Experiences

- Growing Up In Two Worlds
- Career Experiences

Chapter II
Understanding the Impact
of Multi-Generational Dysfunction
on Today's
Native American Families

How did things get so bad?

Clash of Cultures

- “Indian Time”
 - a. Western Culture Views: A person who kept time became viewed as intelligent, trustworthy, and an indicator on their productivity and hence their potential for obtaining wealth. Time became the primary focus. Time became a Moral Concept.
 - b. Native American concept of time was not based on the same principles since their environment did not require such a focus. The focus was how you spent your time.
 - c. Deer Hunting: A hunter who returned empty handed did not say, “I cannot kill a deer”, but rather, “Deer did not want to die for me”. (Pg. 44, Time Life Inc., The Indians of California)

Assimilation

- 500 years of European, Canadian, and American incursion and expansion.
- 1830 The Indian Removal Act: “The Trail of Tears.”
- United States Laws and Practices promoting Assimilation and the Illegalization of Tribal Customs and Practices.

Indian Boarding Schools

- 1892, CAPT Richard H. Pratt, “Kill the Indian, Save the Man.”
- 150 Boarding Schools
- Many children were forced to cut their hair, which to many tribes was a spiritual taboo, change their clothes, and beaten for practicing their language, spirituality, or traditions.

Studies In Anxiety, Depression, & Trauma

- Dr. Elizabeth Blackburn Ph.D. (2009) Nobel Peace Prize Winner in Medicine. Studies on stress and it's influence on Telomere shortening.
- Telomeres: Protective Coating (Nucleoprotein) of Chromosomes
- Telomerase: Ribonucleic Protein counteracts telomere shortening
- Exercise, Woman's Support Group, showed a correlation with Telomerase production

Sir Michael Marmot

Whitehall Studies 1987-2012

- Studies indicated a relationship between stress and health.
- Social Services Worker's rank in the hierarchy of job status was an indicator of disease and life expectancy.

Robert Sapolsky

30 year Baboon Study

- Neurobiologist
- Found that stress in the hierarchy of position caused stress hormones such as Cortisol, to be produced to harmful levels.
- Cortisol causes blood sugar levels to spike and to suppress the immune system.

Chapter III

The Strengths & Positive Attributes of Native American Culture and How to Incorporate Them Into Healing



The Foundation of Native American Culture

- 2009 Indian Health Service (I.H.S.) Behavioral Health Conference in Billings Montana.
- The four things that all the tribes agreed upon as the foundation of regaining Native American focus:
 1. Children
 2. Woman
 3. Elders
 4. Mother Earth

The Foundation of Native American Culture

- Honor
- Interconnectedness
- Community (Pluralism)
- Mentoring
- Action
- Thankfulness
- Humility
- Acceptance
- Knowledge

Life Philosophies

- “Restraint, respect, and knowledge” (Pomo Tribe saying)
- “Everything on this earth is our relatives”
- “Everyone is trained as a healer, even children”
- “Everyone has a purpose”
- “Nature is spiritual”
- “The Whole World was a sacred place”

(Joseph Campbell, *The Power of Myth*, 1988, Black Elk, pp. 89, Joseph Campbell, 1988)

The Strengths & Attributes of Native American Culture & How To Incorporate Them In Healing

Social Attributes:

- “I am Kiowa, not a Kiowa or Kiowan”
- Western Civilization places the emphasis on the Individual as the primary focus in society
- Native American Culture is much like Asian Culture, where the focus is on the Tribe, Family, or Nation

Social Attributes

- Societies and Clans: Rabbits, Warrior Societies, Dog Soldiers, Bear Clans, Wolf Clans, and Paint
- Honor: Counting Coup, Watering Holes,
- Respect: for Each other, Nature, even enemies
- Selfless way of life.
- Political Foundation based on Democracy
- All tribes had extensive rules with many different social aspects. Who decided Wars, when warfare could take place.

Family Attributes

- Most Tribes did not physically punish their children
- Marriage and divorce
- Men usually did hunting, medicine, and warfare
- Woman usually did child raising, work in the village
- Grandparents/Elders usually shared in education and training the children.

Education Attributes

- Grandparents and mothers had the main role in most tribes for education of the skills necessary for life or survival for each tribe.
- Native American Tribes utilized a large majority of both Kinesthetic and Visual Teaching techniques related to games, Story-telling, and the use of art work and symbols with their children.
- Stories:
 - ❖ Purpose was to instruct, teach, and entertain
 - ❖ Characters were usually clownish, both sacred and profane
 - ❖ Stories were to provoke both thought and laughter
- Also related to education and social aspects, many tribes developed sign language which was adapted and is used today for the hearing impaired and in the U.S. military.

Spirituality and Medicine

- Bedrock to Native American Culture was the “Bond Between People and Nature”.
- Spirituality and medicine were one in the same. Spirituality was also part of all the other aspects of life from social, educational, political, and family.
- Spirituality of most tribes had the view that there was a Higher Power, most names of the higher power were of the title essentially of “Great Mystery” “Dah Khee!” (Kiowa Word)

Spirituality and Medicine

- Most tribes viewed the Earth as “THE MOTHER”
- All animals and plants had a spirit and as in most tribes, even inanimate objects, such as rocks, water, clouds, and the air
- Ceremonies were also an important part of the Spiritual Life to the Native American Tribes. Many tribes had ceremonies for marriages, birth of babies, blessing of meals, puberty rites, and even the killing of game.
- “To live in spiritual balance and physical balance”
 - ❖ Kathleen Rose Smith, Indians of California, 1994

Spirituality and Medicine

- Dance
- Symbols
- Painting
- Sweat
- Lodges
- Flutes
- Singing
- Drumming
- Visions
- Sage
- Cedar



Spirituality and Medicine

- Red Wolf (Goodle Quoy)
- Kiowa Prayer Song

Chapter IV
Culturally Appropriate
Interventions

Culturally Appropriate Interventions

- Service providers are often either placed in the role of “Outsider,” “Medicine Person,” or “Elder” roles
- Important to emphasize “Education” or your interventions as “Teachings”
- Four aspects of treatment (Based on Maslow):
 1. Physical
 2. Self-esteem
 3. Relationships
 4. Spiritual

Learning Styles

- Research has shown that most Native American Children do great in school until the 2nd grade when compared to other ethnic groups
- From a study in Warm Springs, Oregon, Phillips (1983) stated, “Indian children hesitated to participate in large –and small-group recitations. On the other hand, they were more talkative than non-Indian children when they started interactions with the teacher or worked on student-led group projects”

Learning Styles (continued)

- It was determined by a study that Native American learners typically value and develop higher visual discrimination skills in their use of imagery, value cooperative behaviors, and do well in cooperative environments.

Learning Styles (continued)

- In an article from the Journal of American Indian Education, “Much of the learning styles research on American Indian/Alaskan Native Students has its ideological base on the primacy of the individual and individual differences. However, this may be an ideological blind spot that prevents researchers from understanding the role of tribal culture in supporting student’s learning and teachers’ instructional decisions. Thus, we may need to turn to other disciplines for additional insights into school performance.”

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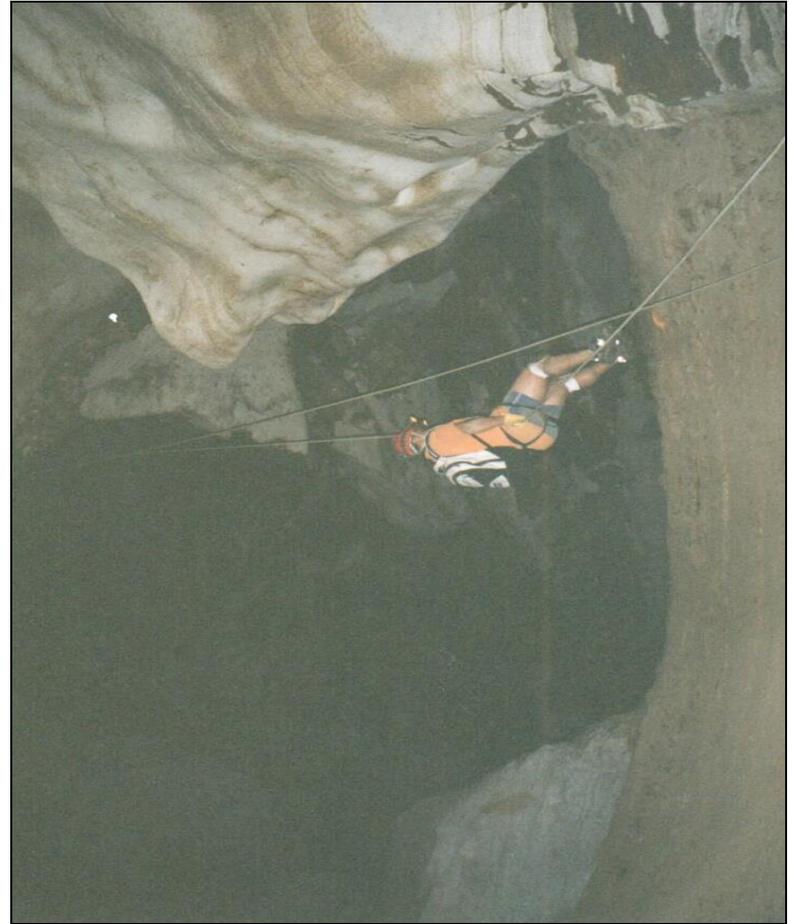
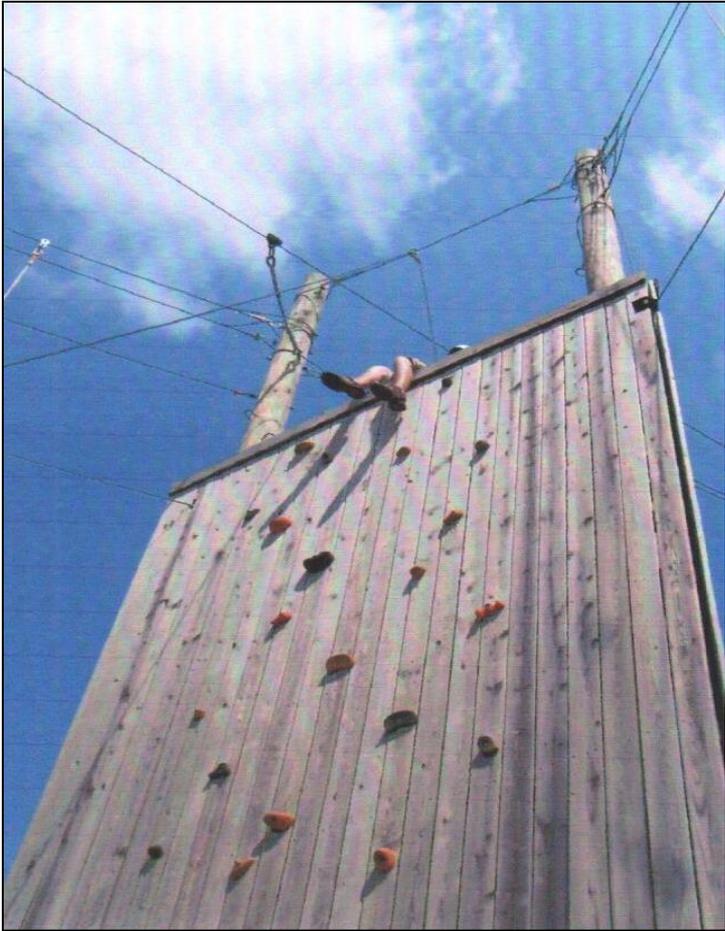
Neurology's Relationship to Experience & Memory: Limbic System

- **Amygdala:** Is responsible for identifying dangerous situations and produces emotions such as fear, anxiety, and anger. Research has shown that the Amygdala somehow helps imprint memories into our brain that are emotionally intense. The amygdala drives Dopamine production in an attempt to “seek safety”. *6
- **Hypothalamus:** Is responsible for Homeostasis. It is like a “emotional thermostat” and regulates the Autonomic Nervous System in response to emotional circumstances.
- **Hippocampus:** Horse shoe shaped Brain Structure that is part of the Limbic System. It is involved in memory forming, organizing and storing information. *7

Limbic System (continued)

- **The Limbic system's response to anxiety and PTSD:** Robert M. Sapolsky
Robert M. Sapolsky emphasizes that while the glucocorticoids released during stressful episodes may disrupt hippocampal function and the memory-forming processes, those same glucocorticoids make amygdalae synapses more excitable, allowing neurons to grow more of the cables that connect the cells to each other.
- "The Role of Dopamine in Obsessive-Compulsive Disorder: Preclinical and Clinical Evidence." Dopamine comes into play in response to amygdalae-generated anxiety in that dopamine drives seeking activity. Seeking activity includes not only the search for food, drink and sex but—in times of anxiety and fear—access to safety. *8

Foundations of Experiential Education & Therapy



Foundations of Experiential Education & Therapy

- **Kurt Hahn** Outward Bound's Founder
- Born in Germany in 1896,
- **Salem School** in Germany 1920 to 1933. He exemplified one of his favorite aphorisms, "your disability is your opportunity", by turning ill fortune to good purpose. "There is more in you than you think."
- **Gordonstoun** School in Scotland. (Late 1930's.)
- **Blue Funnel Shipping Line** - Dr. Kurt Hahn (1941).
- **Experiential Education Timeline** (<http://www.wilderdom.com/history.html>)
 - 1961 Outward Bound Program is brought to the United States in Colorado
 - 1971 Project Adventure is begins
 - 1974 National Outdoor Leadership Schools (NOLS) is established in 1974.
 - 1970's and 1980's Corporations began using challenge courses to help develop their staff and administrators to be more effective in business.

Studies of Experiential Education/Therapy

1. **Review of Educational Research on Adventure Education and Outward Bound:** Out of Class Experiences that make a lasting difference. This study focused on Self- concept, Locus of Control, and Leadership. *10
2. **Social and Psychological Benefits of a Wilderness Adventure Program.** "This research was conducted in two phases over one year. "The results show a significant and enduring increase in the participants' self-efficacy Not only did the self-efficacy levels increase during the 21-day wilderness course, but also they kept increasing, even up to six months after the course." *11



Culturally Appropriate Interventions

Outward Bound courses follow a kind of recipe or formula, termed the **Outward**

Bound Process Model . *12

- Taking a ready, motivated learner
- into a prescribed, unfamiliar physical environment,
- along with a small group of people
- who are faced with a series of incremental, inter-related problem-solving tasks
- which creates in the individual a state of dissonance requiring adaptive coping and
- leads to a sense of mastery or competence when equilibrium is managed.
- The cumulative effect of these experiences leads to a reorganization of the self-conceptions and information the learner holds about him/herself.
- The learner will then continue to be positively oriented to further learning and development experiences (transfer).

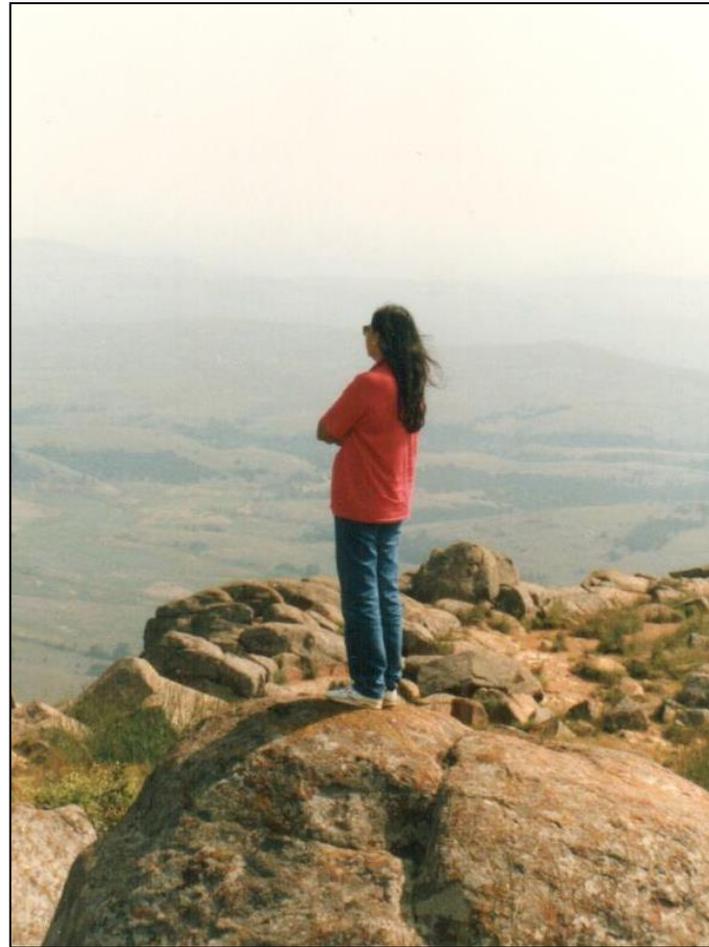
Culturally Appropriate Interventions

- Oral Tribal Reports (also related to Biblio-therapy). This can include the client or patient doing interviews on many areas such as food, geography, clothes, customs, housing, and spirituality related to both their tribe and/or family.
- Cognitive Behavioral based Experiential Therapy (Adventure Based Therapy). This assists in the “Kinesthetic” aspects of learning.
- Art Therapy
- Mindfulness Meditation
- The use of Tribe Specific Medicines such as songs, Sweat Lodges, and Cedar Ceremonies.

Standard Procedures for Cognitive Behavioral/Experiential Therapy

- to
- A. Briefing: Before the activity begins, have the client remember a unpleasant memory or experience and to visualize that the problem in the activity represent that experience and will be processed at the end of the activity.
 - B. During activity – monitor carefully the client’s mood and behavior as to be ready to “time out” the activity postpone) and do an clinical intervention. Be supportive, encouraging as much as possible, BUT Don’t come up with solutions for them!!!.
Please let them come up with solutions.
 - C. As soon as a positive experience activity, have the client discuss what they learned from the experiential activity, what they had to do help with the problem, then use their solutions and experiences by means of a metaphor, to process what they did now and what could have been done in the past traumatic. As a clinician please emphasis by using summarization to help re-emphasize their lessons learned! Also have the client state how they can use their lesson’s in the future for similar or the same type of problem or negative experience.
 - D. Thank them for what they share!!! Then give praise or encouragement!!! Build Self Esteem, Build Self Esteem, Build Self Esteem!!!
- *If any client symptomology deteriorates despite the listed above interventions, then please make a referral to the treatment team, Behavioral Health Clinician, and Behavioral Health Clinician Supervisor for assessment of the need for a referral for a higher level of care.
 - We have to teach our clients that they can be successful and that their schema of the past traumatic events does not have to dictate what there life will always be. We are essentially doing what our ancestors did over a hundred years ago and it worked!

Wrap up and Questions



Post Test

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