



National American Indian & Alaska Native

**ATTC**

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



National American Indian and Alaska Native

**MHTTC**

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



National American Indian & Alaska Native

**PTTC**

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

# Native Women with Substance Use Disorders are different

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# Introduction

- Introduction and History of the National American Indian and Alaska Native TTCs
- Historical and Generational Trauma
- Native women and SUD
- Native women with poly substance abuse
- Native women with co-occurring disorders
- Treatment options
- Barriers to treatment



# National American Indian and Alaska Native TTCs

Funded by:

- The National Native American and Alaska Native Technology Transfer Centers are supported by grants from SAMHSA/CSAT.
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# Background

- Prairielands ATTC, (1998 – 2012) served states in the upper-Midwest, IA, MN, NE, ND, SD, WI
  - Specifically focused on the urban Indian and tribal communities in these states
- Dr. Duane Mackey, (1938 – 2010) Enrolled member of the Santee Sioux Tribe of Nebraska, was the Director of the Native Initiatives in the Prairielands ATTC.
  - 1974: Named the first Director of Indian Education in Sioux City Community School District. Again in 1984
  - Native American Cultural Sensitivity Curriculum:
    - Received an award from the Annapolis Coalition on the Behavioral Health for the most innovative initiative in Workforce development
- Karen Mackey, JD,
  - Executive Director of the Sioux City Human Rights Commission
  - Member of the Dr. Mackey Lectureship and Awards committee.



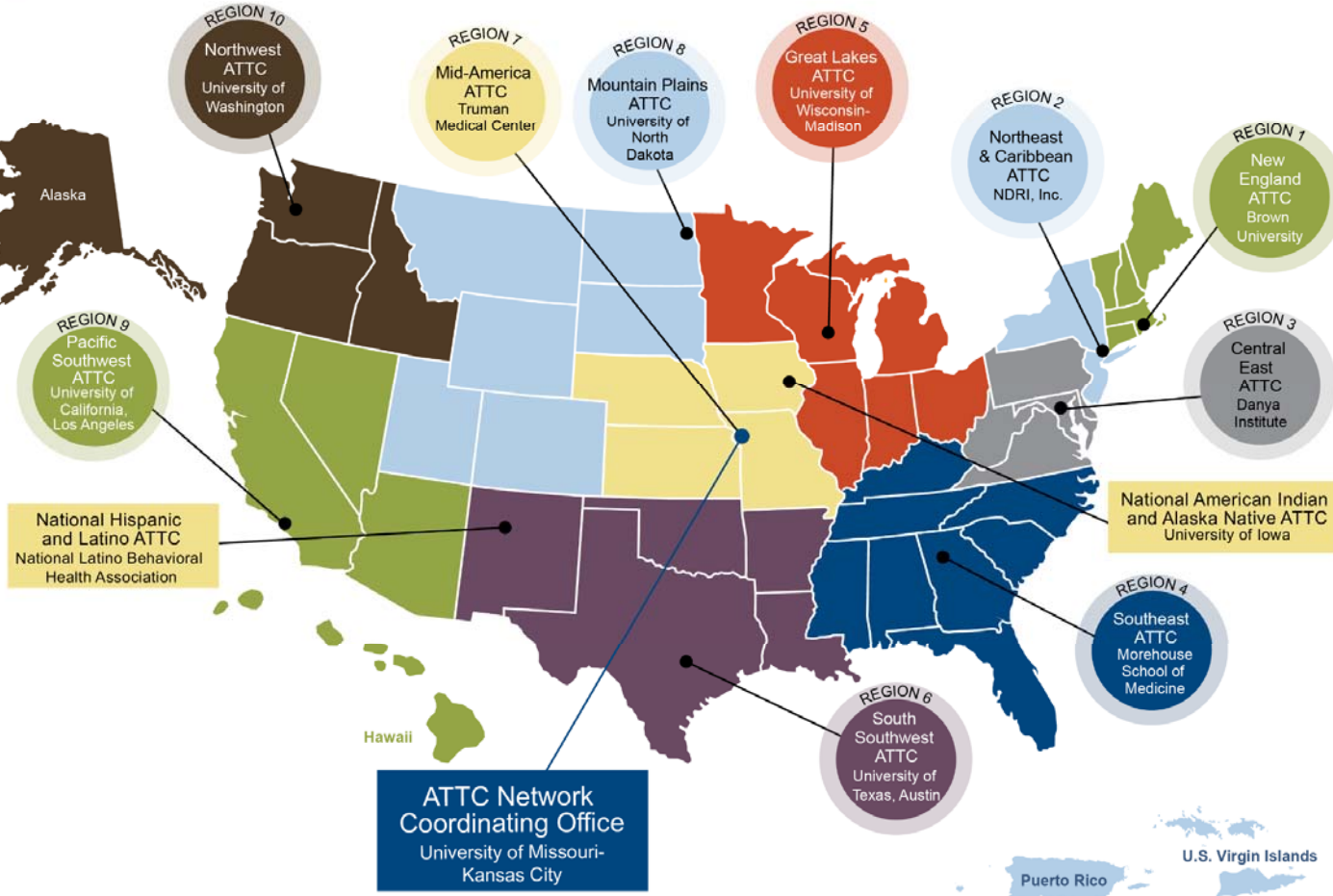


**ATTC**

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## U.S.-based ATTC Network

# National American Indian & Alaska Native ATTC



Website:  
[attcnetwork.org/native](http://attcnetwork.org/native)

# National American Indian & Alaska Native ATTC



Jeff Ledolter



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Kate Thrams

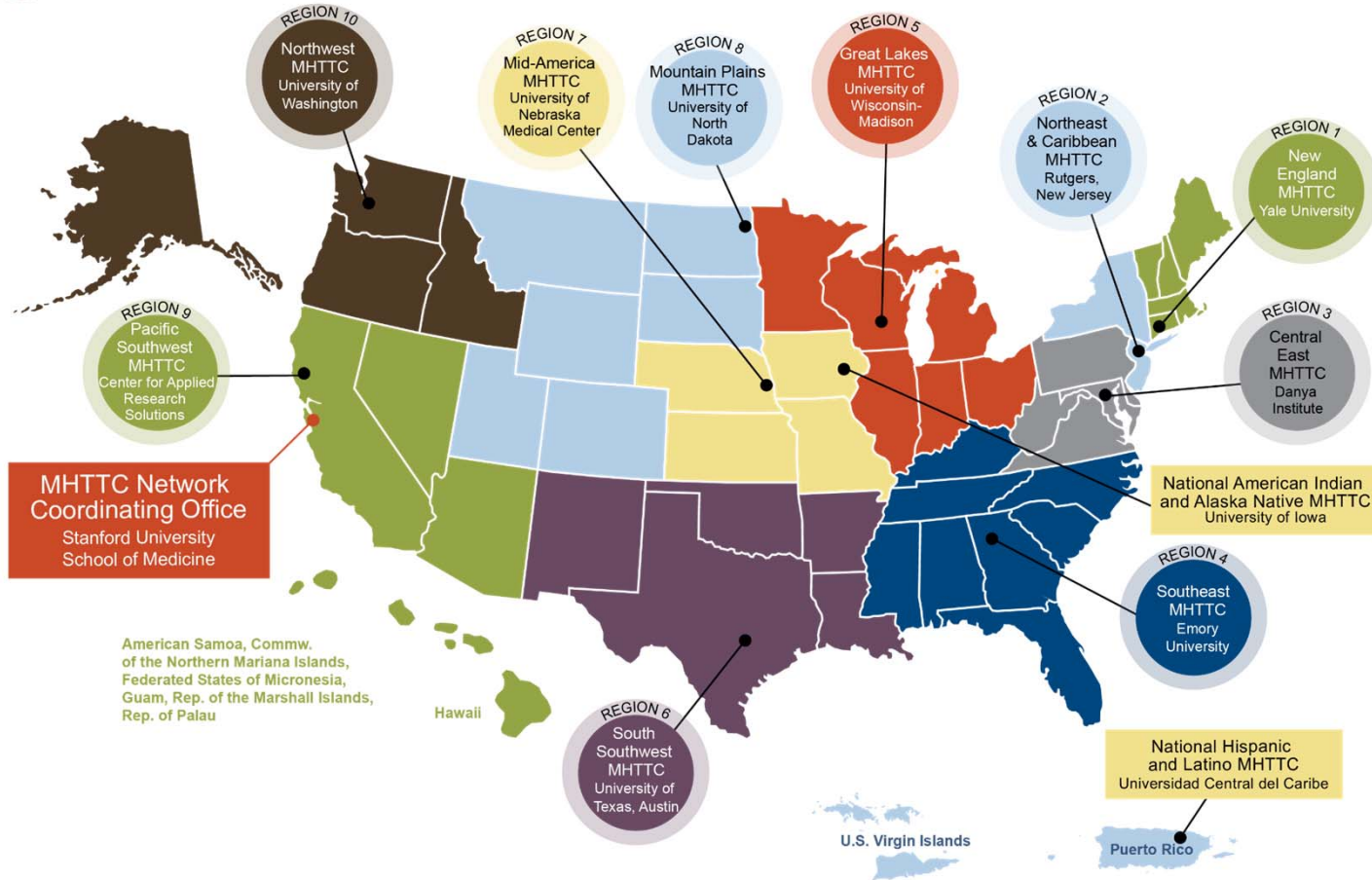




**MHTTC**

Mental Health Technology Transfer Center Network  
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**MHTTC Network**



## National American Indian & Alaska Native MHTTC

Website:  
[mhttcnetwork.org/native](http://mhttcnetwork.org/native)

# National American Indian & Alaska Native MHTTC



Megan Dotson



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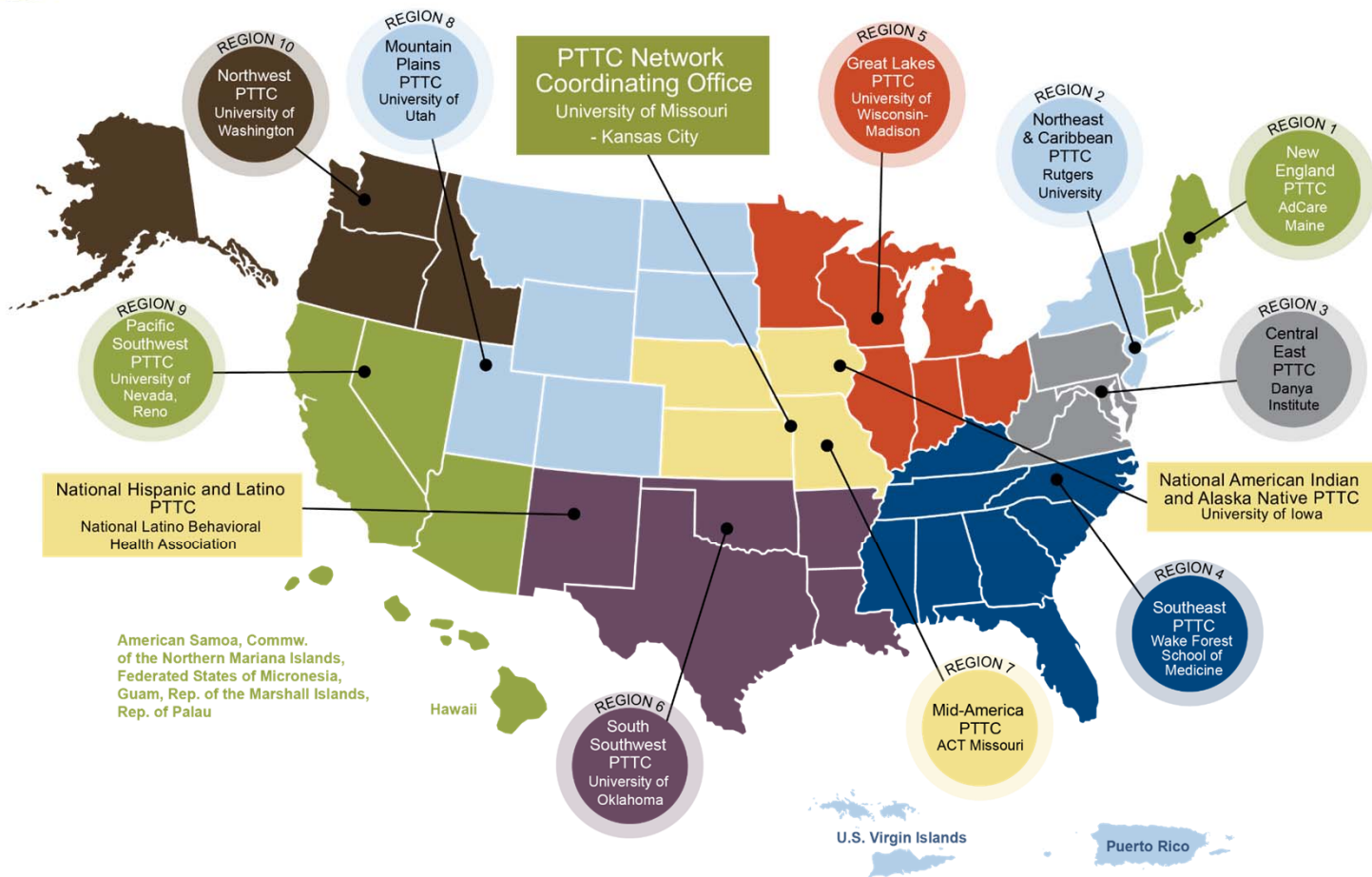




PTTC

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

PTTC Network



# National American Indian & Alaska Native PTTC

Website:  
[pttcnetwork.org/native](http://pttcnetwork.org/native)

# National American Indian & Alaska Native PTTC



Cindy Sagoe



Sean Bear



Anne Helene Skinstad



Monica Dreyer Rossi



Kate Thrums



# **Working with tribal and urban Indian communities**



# Community based participatory programming/research (CBPR)

- Bidirectional communication
  - Commitment to a long time relationship with the community
  - Listening
- Participate in community activities
  - Try to get to know the culture
  - Understand the political situation in the community
- Understand “what might be in there for the community”
  - Understand what the needs are for the community
  - Provide feedback to the community
- Know the history of the Native Community you are working with
- Focus on the Native Community Strength in addition to the community challenges

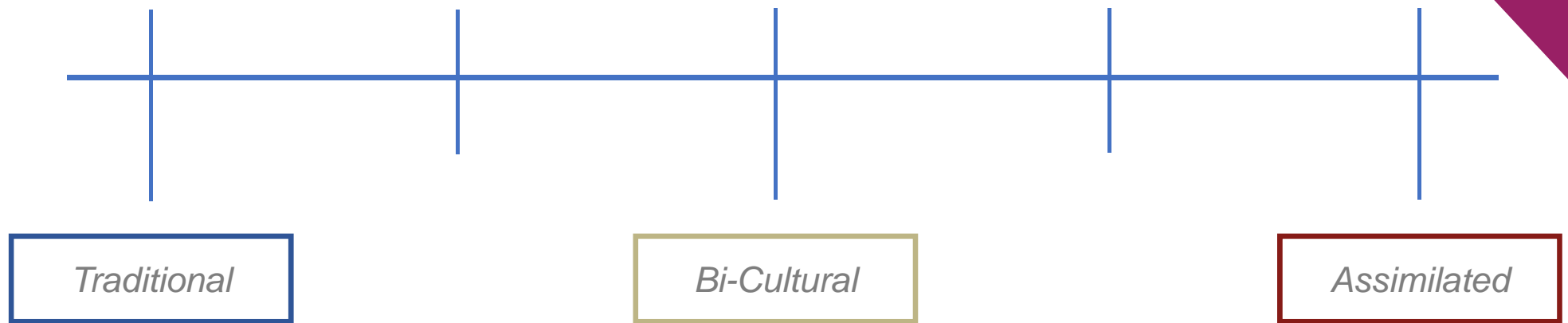


# What do we need to know about tribal communities?

- Number of tribal communities
  - 567 **Federally** Recognized tribes
  - Many **State** recognized tribes
  - Many **County** recognized tribes
- 70% of AI/AN live in Urban Indian Areas
  - Receive 30% of funding to treatment
- Indian Health Service
- 638 programs
  - Self-determination and Sovereignty



# American Indian and Alaska Native cultural identity





**Look forward but never forget  
the past**



# History

- Historical trauma –
  - cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences
- Long history of trauma beginning with European colonization in the 15<sup>th</sup> century
- Forced resettlement & Trails of Tears
- Children forcibly separated from families and sent to boarding schools beginning in 1891 and lasting until the Indian Child Welfare Act in 1978
- Religious freedom in 1978
- Lasting impact of loss of homeland, culture, and way of life





## Cheaper Than Bullets, Tabatha Tooney Booth

- *“Many parents had no choice but to send their kids, when Congress authorized the Commissioner of Indian Affairs to withhold rations, clothing, and annuities of those families that refused to send students. Some agents even used reservation police to virtually kidnap youngsters, but experienced difficulties when the Native police officers would resign out of disgust, or when parents taught their kids a special ‘hide and seek’ game.” –*



# Substance Use Disorders in Native Women

- Past year alcohol and drug use in US by gender and race/ethnicity (Falk, Yi, & Hiller-Sturmhofel, 2008)
- “The prevalence of drug use for both genders was highest among American Indians/Alaskan natives.... Parallel to this pattern, the prevalence of using both alcohol and drugs was highest among American Indians/Alaskan Natives....”
  - 2001-2002
- AI/AN Men
  - No use 32.7%
  - Alcohol use 61.5%
  - Any drug use 5.9%
  - Co-use 5.1%
- AI/AN Women
  - No use 46.8%
  - Alcohol use 51.7%
  - Any drug use 8.5%
  - Co-use 7.0%



# Substance use in Native women

- “Among women, Northern Plains and Southwest Indians were 6 and 1.7 times more likely than the US NLAES reference group to engage in binge drinking.” (O’Connell et al., 2005; Caetano, Vaeth, Chartier, & Mills, 2014)
  - Heaviest drinking category
    - 12% Southwest women (16% men)
    - 88% Northern Plains women (84% men)
    - “The percentage of AI/AN women using illicit drugs are comparable to rates for men, except in younger age groups, in which percentage rates of illicit drug use by women in some tribes are comparable to rates for men.” (Young & Joe, 2009)





## Substance use in Native women (cont.)

- Among clients presenting with a mental disorder] 29% also had an alcohol or drug use disorder. (Regier et al., 1990)
- Of clients diagnosed with an alcohol or drug abuse disorder], 37% also had a co-occurring mental disorder. (Regier et al., 1990)
- AI/AN women in substance abuse treatment report higher rates of physical abuse (74.1%) and sexual abuse (51.9%) than male counter parts (Gutierrez, Russo, & Urbanski, 1994)





# Substance use in Native women (cont.)

- More than 2/3 of participants with lifetime and past-year substance abuse disorders also experienced at least 1 co-occurring anxiety disorder.” (Duran et al., 2004)
  - Anxiety as cause or consequence for drinking
  - Child abuse or other traumas risk factors
  - Anxiety disorders contribute to relapse
- AI/AN = 1.5% US pop, represent 2.1% of all admissions to publicly funded substance abuse treatment facilities → 36% of these female (Center for Substance Abuse Treatment, 2009)
- “In 2014, approximately 9% of AI/ANs ages 18 and up had co-occurring mental illness and substance use disorder in the past year—almost three times that of the general population.” (Whitesell, Beals, Crow, & Mitchell, 2012)  
<https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf>



# **Antecedents to SUD in Native women**



# Antecedents

- Adverse Childhood Experience (ACE) results in health disparities, both
  - Physical and Mental
- Higher prevalence of ACE than many ethnic groups
  - Physical abuse
  - Mental abuse
  - Sexual abuse
- Poverty
- Parental substance abuse
- Parental mental health disorders



# Antecedents (cont.)

- Violence in adulthood
  - Continued sexual and physical abuse
  - Domestic violence
  - Patriarchal family structures might predispose native women for abuse and may disadvantage them
- Previous difficult pregnancies
- Pregnancies might predispose her for domestic violence
- Chronic poverty
- Race-based stress
  - Long-term consequences of historical and generational trauma
- Gender based violence
  - Stress of being a Native LGBT/Two Spirit women





# Mental Health disorders

- Depression
- Low self-esteem
- Suicide rate, hidden epidemic
- Adolescent girls are vulnerable because of abuse and feeling of despair
  - Associated with lower peer support and family support
- Lack of educational opportunities
- American Indian and Alaska Native women: have greater odds of seeking treatment for anxiety disorders (Brave Hart, 2016)



**Native Pregnant women**







## Native women and FASD

- Fetal Alcohol Spectrum Disorder is of great concern in tribal communities
- Neonatal abstinence syndrome (NAS) increased drastically between 2009 and 2014
- American Indian and Alaska Native women show disproportionate rates of NAS and maternal opioid abuse
- NAS from stimulant abuse is also on the rise



# Native women and FASD

- Charting Intersectional Relationships in the Context of Life and Substances (CIRCLES)
- Women actively involved in creating the MAP
  - Empowers Native women with SUD
- Ogalala Sioux Tribe (OST) Choices Program
  - Culturally and linguistically adapted
  - Significant reduction of SUD and risky sexual activity from 3 to 6 months follow-up visits
- Culturally informed and modified web-based SBIRT in Southern California tribes
  - Including a peer-to peer-based intervention and
  - Motivational interview
  - The study will inform us how to modify and also culturally adapt EBP



# Assessment

- Appropriate screening by primary care providers necessary
- Appropriate screening and services in AI/NA who are incarcerated and community supervision
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
  - Culturally informed SBIRT strategies exists and necessary
- Few assessment instruments are culturally informed
- Routine mental health assessment necessary
  - More funding is needed for MH assessment
- Routine assessment of abuse and domestic violence necessary



# Treatment

Evidence Based treatment

Best Practices

Experience Based Practices

Culturally Informed and Knowledge Based Practices



# Enhanced Treatment Options

- Culturally based Holistic System of Care (HSOC)
- Residential treatment most effective
- Traditionally based treatment:
  - effectiveness of drum cycles as a gendered intervention
- Integration of community and family into patient's services
  - Understanding the extended family
- Requires an understanding of historical trauma (and the continuations of violence) as it relates to the higher burden of physical violence, sexual violence, suicide, depression, and physical illness outcomes (including intimate partner violence and STI risk)
  - Multiple needs require unique and nuances treatment options
  - Ability to provide services required for complex trauma





# Treatment

- Culturally adapted Cognitive Processing Therapy for PTSD, SUD, and HIV Sexual Risk Behavior (Pearson, Kaysen, Huh, & Bedard-Gilligan, 2019)
  - Reduced symptoms of PTSD and SUS, as well as high risk sexual behavior
- Motivational Interviewing
  - Culturally Adapted to North Western Tribes (Tomlin and Colleagues)
  - Culturally Adapted to South Western Tribes (Venner and colleagues)
  - MI is a method used with positive results with native community members



# Importance of community and culture in the treatment process

- Understand the strength of the native community
  - Understand the importance of engagement in spiritual and ceremonial practices in native communities
  - Culturally informed and adapted AA, and NA
  - Encourage engagement and peer support opportunities
- Prevention and treatment of pregnant native women
  - Tribal Maternal, Infant, and early Childhood Home Visit program (Tribal MIECHV) (Novins, Ferron, Abramson, & Barlow 2019)



# Barriers to Treatment

- ***Barriers to Treatment***
- Culture of the Clinician
  - Lack of spiritual and religious resources
- Role of Social-Culture Factors: Acculturation
- Trust
- Limit Resources
- Diagnosis Tools
  - culturally inappropriate
  - difficulties in communicating indigenous understanding and language of illness to western practitioners
- Long standing systems of inequity: Indian Health Service; decides where funds should be located
  - Focus on providing crisis-oriented outpatient services
  - Lack of integration of traditional healers in formal system
  - Lack of necessary and wrap around insurance coverage for culturally appropriate mental health services
- Lack of quality research on long-term mental health outcomes of AI/NA populations



# Barriers in Co-occurring Disorders Treatment

- ***Barriers in Co-Occurring Disorders Treatment***

- Separate, uncoordinated mental health and substance abuse treatment providers and service programs
- Disparate health insurance benefits for the treatment of mental illness compared with substance abuse and for the treatment of both compared to other health problems
- An absence of a single locus of responsibility for the treatment of individuals with co-occurring disorders
- Insufficient amount of cross-trained staff
- Differing treatment philosophies between mental health and substance abuse systems
- An insufficient services research base to support evidence-based practices in the treatment of persons with co-occurring disorders.
- A dearth of instruments and trained personnel to assess and screen accurately and reliably for co-occurring mental and substance abuse disorders
- Inadequate funding for the treatment of co-occurring disorders





# Barriers to Sustaining Treatment & Recovery

- ***Barriers to Sustainable Recovery***
- High unemployment rates, poverty, and homelessness
- Few educational opportunities
- Risks of assimilation and loss of connection to culture
- Lack of culturally-grounded recovery support services
- Belief in the “Firewater Myth”
- Lack of intergenerational interaction and connection



# The Role of Family

- ***Role of Family and Family-Based Interventions***
- Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Novins, Ferron, Abramson & Barlow, 2018)
  - 3 programs with “favorable” effects on maternal substance-use indicators
    - Family Spirit
    - Healthy Families America
    - Nurse-Family Partnership
- Culturally adapted Community Reinforcement Approach (Venner et al., 2015)
  - Engage in culturally relevant activities and relationships
    - Extended family, clan, community
- AI women leading intervention research in native communities (Brave Heart et al., 2017)
- Strengthening Families Programs (culturally adapted) (Kumpfer, Alvarado & Whiteside, 2003)
  - <https://strengtheningfamiliesprogram.org/sp-amind.html>
  - <https://www.strengtheningfamiliesprogram.org/docs/StrengthFPsamhsa.pdf>





# Strength based understanding

- Classic Western way of approaching a problem is to focus on the deficits:
  - “Diagnose the problem”
- Identify the strength in native women
  - Identify the strength in her surrounding community
  - Focus on her inner strength
  - Focus on her capacity to love, heal and her resilience
  - Support her in redeveloping connection to family, children and community Elders
  - Assist her in finding her spiritual strength
  - Assist her in finding her humor



**Can I answer your questions?**





# Contact Information

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