



NEWSLETTER

AUTUMN 2013 / VOL. 1

DIRECTOR'S CORNER

It is with a strong sense of moral obligation to American Indian and Alaska Native people that my staff and I have accepted the challenge of developing the first SAMHSA-funded National American Indian and Alaska Native Addiction Technology Transfer Center. Our principal mission is to create a peerless resource center for substance use disorder treatment providers to enhance the Native behavioral health workforce.

We all recognize and highly value the deep respect American Indian and Alaska Natives have long maintained for their elders, the people who have walked the path before them. I fully appreciate this important cultural value: I myself was blessed to have a wise colleague, Dr. Duane Mackey, a Santee Sioux tribal member, a faculty member at the University of South Dakota, and a trusted and valued advisor who walked up the path for me and showed me the way.

I first met Dr. Mackey in December, 1998. Shortly thereafter he agreed to work with us in developing the Native American initiative at the then Prairielands ATTC.



Early in his time with us, Dr. Mackey made abundantly clear his strong commitment to American Indian education, research, and human rights. In reflecting on how this commitment had arisen, he talked of the time when he was the basketball coach for a high school team in Nebraska that won the state tournament. Unfortunately, the

headlines in the newspapers reporting the victory focused more on the struggle between "Indians and cowboys" than the achievements of the two teams on the basketball court. This experience reinforced Duane Mackey's growing quest for basic human rights and social justice for American Indians, a commitment that infused all the work he did for us.

Unfortunately, because Dr. Mackey was taken from us much too early, he cannot share with us the pride we experienced when this grant was approved and funded. Those of us who worked with Duane will always remember his wise words: do good for the people, always look forward, and never forget what happened to our people in the past. By remembering and respecting that history, and cherishing the culture of the Indian people, we promise to do our best in a good way.

This greeting is written in order to

welcome you to this initial issue of our newsletter and to our new web page. The two will provide you information about our training and technical assistance initiatives across the country, keep you updated on evidence-based behavioral health practices, and feature noteworthy activities at tribal and urban Indian behavioral health treatment programs. This issue of the newsletter tells you something about what we are charged with doing and introduces you to our staff, consultants, and Advisory Council members from across the country.

I feel deeply honored to be able to assume leadership responsibility for the National American Indian and Alaska Native ATTC. My staff and I will do our best to meet your needs as well our responsibilities to our esteemed elder, Dr. Duane Mackey.

Regards,
Anne Helene Skinstad

"...do good for the people, always look forward, and never forget what happened to the people in the past."

- Dr. Duane Mackey

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OVERARCHING GOAL OF THE CENTER

The overarching purpose of the National AI & AN ATTC is to disseminate and support the adoption of culturally appropriate, evidence-based practices for drug abuse treatment providers in AI & AN communities located both on and off tribal land. The Center's activities will be guided by the words from a National Congress of American Indians document: *Walk Softly and Listen Carefully*. Thus, the Center's road map for serving the AI & AN community will be informed by continually listening to many stakeholders and experts – native and non-native experts in the drug treatment field, advisory circles and tribal leaders, government

entities, and treatment providers. This valuable input will ultimately lead to resources and practices based on both evidence-based science and by the culture that reflects individual tribal customs and traditional practices.

In this light, the Center will use culturally appropriate technology transfer principles, and will provide several resources and tools for service providers including technical assistance, training events on topics of importance to the communities, and training-of-trainer opportunities. The Center will also develop a learning collaborative to support workforce development. These activities will involve ongoing collaboration with stakeholders supporting these initiatives. Moreover, we will assess the training and technical assistance needs on an ongoing basis, including several needs assessment surveys of key stakeholders in behavioral health.

CENTER GOALS

Specifically, the Center will strive to meet these 7 goals:

1. Advance the AI & AN drug abuse treatment field by enhancing communications and collaborations with stakeholders and organizations

An Advisory Council of clinically relevant experts in the field will be convened and contribute on an ongoing basis to the goals of the Center. The Council will consist of representatives from tribal providers, AI & AN researchers, and experts in content areas of interest to the Center. In addition, the Center will partner with several key organizations in the field including the 12 Indian Health Boards, the American Indian Medical Association, American Indian Social Workers, the Society of Indian Psychologists, the AI & AN health care centers acknowledged as Federally Qualified Health Centers by the Department of Health and Human Services, the 15 Two Spirit Society organizations across the country, the Center for

American Indian and Alaskan Health at the University of Colorado, and the Native American Center of Excellence. The Advisory Council will assist the Center in developing the 5-year strategic plan and also form the basis for several work groups to guide the plan (e.g., publication, media, and website; adaptation of evidence-based programs; evaluation and needs assessment; Recovery Oriented System of Care (ROSC); and special populations).

2. Conduct ongoing assessment of needs and workforce development issues

The Center will work with the ATTC national office and network to develop and implement training needs assessments and workforce development surveys. These efforts will include quantitative and qualitative approaches. Needs assessment information will be obtained from several groups and individuals, including key stakeholders, the Advisory Council, IHS directors, agencies and administrators, and other interested organizations and individuals.



3. Facilitate and promote the use of culturally legitimate evidence-based programs

The main task related to this goal for the Center will be to make cultural adaptations of programs and practices that meet scientific standards of being evidence-based. Furthermore, the Center will develop trainings for service providers to facilitate the use of these culturally adapted evidence-based programs. We will also develop an AI & AN Leadership Institute through collaboration with other ATTCs and previous graduates of the Leadership Institute. Also, the Center will provide the Native American Cultural Sensitivity Training program to our trainers to familiarize them with historic and generational trauma in AI & AN communities.

4. Use state of the art technology transfer principles in our educational events

“This valuable input will ultimately lead to resources and practices based on both evidence-based science and by the culture that reflects individual tribal customs and traditional practices.”

The Center will employ several education-based, technology transfer principles including presentations at meetings, conferences, and webinars; ongoing establishment of learning collaboratives; use of clinical supervision to maintain fidelity with clinical practice of evidence-based programs; and use of the training-of-trainer model to enhance the community’s ability to expand the use of scientifically sound clinical practices.

5. Enhance the AI & AN workforce through a development initiative

The Center will offer several resources and programs to support workforce development including the following: review courses for counselors wanting to sit for the IC&RC exam, webinars which review Essential Substance Abuse Skills, technical assistance to tribal colleges and universities to support students pursuing behavioral health careers, online courses pertaining to clinical practice, and distribution of a video already produced by the Center: *Find Meaning: Recruitment Of Native Americans Into The Behavioral Health Workforce*.

6. Offer technical assistance and training to AI & AN organizations on integrating behavioral health into primary care

Using principles from SAMHSA and health resources and service administration, the Center will offer training in primary care and behavioral care, how to deal with cultural differences in language in such settings, and how primary and behavioral care can be integrated. These trainings and technical assistance will include the focus on preparing tribal providers for the certification necessary to provide services within healthcare homes.

7. Facilitate the development of Recovery Oriented Service Communities (ROSC) in AI & AN communities

The center will help expand the ROSC model by conducting a needs assessment study in IHS regions by offering training on the ways ROSC principles can be implemented and enhanced within tribal systems, and will collaborate with regional ATTCs to ensure that strategies are culturally legitimate.

LEARNING COLLABORATIVE

What is the Learning Collaborative?

By definition, a learning collaborative (LC) is a means to affect changes in a system by addressing real issues. Among the goals of the National AI & AN ATTC is the development of an LC for disseminating and facilitating the adoption of culturally relevant evidence-based practices (EBP) by providers in the AI & AN workforce who treat clients with substance use and other behavioral health disorders. The National AI & AN ATTC will advance LCs within our region by utilizing technology transfer principles to support incremental changes in AI & AN healthcare delivery systems. In this light, the LC will provide support for system-wide improvements in the treatment systems within AI & AN communities both tribal and non-tribal, resulting in the creation of culturally legitimate EBP Recovery Oriented Systems of Care (ROSC).

How Will the Learning Collaborative Work?

At the foundation of the LC is a team of researchers and academic partners, tribal and community leaders, and organizational partners that share interests and expertise about EBPs in AI & AN communities. These partnerships will develop new or locate existing resource materials which meet the specific needs of local communities. Once materials are developed or identified, the LC disseminates the information in several ways: at local, regional and national AI & AN conferences, as online coursework, webinars, on-site trainings, and Training-of-Trainer events. To ensure that system-wide changes occur, the LC will be available to a wide and diverse network which includes the National ATTC Network, all 10 HHS regions, AI & AN provider associations, professional organizations and academic institutions, and agencies within the recovery community, including faith based organizations. This broad dissemination effort will also reach out to legal and justice agencies and primary care health care providers.



LEARNING COLLABORATIVE, cont'd.

Some geographic considerations of the LC involve decentralizing learning opportunities. For example, to augment and support online learning, the LC intends to provide follow-up telephone conversations and/or conference calls with participants. This has been a successful strategy as part of the NIATx Change System which prepares providers for the coming changes resulting from passage of the Affordable Care Act.

This change in strategy also includes site visits for person-to-person trainings.

This process usually occurs over a 2-year period utilizing the incremental steps characterized by the ATTC model of change. It is important that part of the change process involves

customized learning. For example, the training needs of one community often differ from others due to custom and language differences, and must be reflected in conveyance of content for that community. The LC will also provide regional learning opportunities for larger care systems, such as state HHS agencies, and will serve participants from Family and Social Services, Legal and Justice Agencies, providers, and office managers. Many participants will be non Native counselors who need to become informed service providers for the needs of their AI & AN clients. At all levels, the LC will provide support for participants that ensures continuance and fidelity to evidence-based practices as well as keeping consistent with tribal community customs and language traditions.

Expertise in the Center

The LC will benefit from the extensive experience and expertise of the N AI & AN Center staff working with AI & AN issues. This experience has already resulted in creation of various resources pertaining to culturally relevant EBPs. Examples of this are written practices and trainings which include a workforce development initiative offered as preparatory and review courses for counselors

wanting to sit for the certification and licensure exams, Technical Assistance to Tribal colleges and universities to enhance the number of pre-service courses to AI & AN students pursuing behavioral health careers, and online courses for counselors and practitioners. AI & AN consultants and staff will continue to enhance these products, adding content based on research, piloted within AI & AN communities resulting from bi-directional interaction with Center staff and tribal leaders. Many learning opportunities are free of charge or available for a \$10 fee for CEUs.

Current Learning Collaborative Opportunities

1. Behavioral Health Series, a monthly webinar on research-based integrated healthcare topics which are current and timely subjects of interest to AI & AN behavioral healthcare professionals, and are presented by nationally recognized experts. This series is presently available across the country on the 1st Wednesday of the month 12noon – 1pm Central Time. Find more information on dates and topics on page 7.


2. Essential Substance Abuse Skills: Foundations for Working with Addictions, an 8-hour course providing an overview of addictive process and skills for working with addictions.

3. Native American Curriculum for State Accredited, Non-Tribal Mental Health and Substance Abuse Programs in South Dakota; A training program for professionals to improve their awareness of Native American culture, resulting in an enhanced treatment experience for the Native American client. Curriculum topics cover cultural/spiritual values before European contact, government policies, treaties and federal laws, social and political structures and reservations, prejudicial and discrimination issues, cultural orientations, traditional family relationships, trauma issues, grief issues, poverty issues, mental health issues, history of alcohol and drug abuse, multiple addictions and diseases, learning styles, and counseling strategies which cover intake through aftercare. For information about upcoming opportunities for this training, see page 7.

Upcoming Resources by the Center's LC

The LC has specific focus topics already in progress, including these:

1. Concepts and Principles: An Introduction to Motivational Interviewing, a two day 12-hour training designed to introduce the spirit of Motivational Interviewing (MI) and develop techniques in manifesting the spirit. In this hands-on training, participants learn and practice MI as a form of communication involving listening skills, communication traps, the process of behavior change, micro-counseling skills, and discuss MI principles and steps.



2. Moving Beyond Communication: Using Motivational Interviewing Strategically, is a two-day 12-hour training to establish communication skills through an understanding of the strategic use of MI; higher and lower MI skills are introduced, change talk recognition, universal values, and handling resistance.

3. ADDENDUM to TAP 21-A, Adapting Clinical Supervision Core Competency Standards to Native American Culture: Competencies for Substance Abuse Treatment Clinical Supervisors; offered to clinicians and clinical supervisors working with AI & AN clients in SUD treatment, and Native American counselors, with a document that will make clinical supervision more culturally appropriate for Native American communities.

4. Beyond the Odds: The Assessment, Diagnosis and Treatment of Pathological Gambling. Among the mental health disorders most often co-occurring with gambling disorders are several diverse

SUDs including abuse of and dependence upon alcohol and tobacco products, stimulants, etc.

5. Native American Curriculum for State Licensed Substance Abuse Programs in Minnesota: A curriculum for prevention specialists and counselors who work with American Indians with substance abuse issues. Presently, this curriculum focuses primarily on Dakota and Ojibwe groups with substance abuse, located in Minnesota; it has the potential for adaption for a broader application.

“These partnerships will develop new or locate existing resource materials which meet the specific needs of local communities.”

WHY AN AMERICAN INDIAN AND ALASKA NATIVE APPROACH...

By Gary Neumann

American Indian and Alaska Native men, women and children symbolize hope, dreams and cultural continuity of generations. Research has shown that AI & AN populations experience high rates of sexual abuse, neglect, and trauma-related incidences that devastate families and communities. Empirical data for substance abuse and behavioral disorders has demonstrated that integration of tribal culture and practice are essential components of the prevention and recovery process. Engaging American Indian cultural practice in substance abuse prevention and recovery programs has been instrumental to the indigenous cultural renaissance that has emerged in tribal communities since the late 1960s. The National AI & AN ATTC, led by Dr. Anne Helene Skinstad and its Advisory Council, understands this national movement and remains committed to contribute collaboratively and significantly with tribal communities to improve health and wellness by reduction of health disparities.

The National AI & AN ATTC brought together key stakeholders, consultants, policy makers of the Center's Advisory Council, and SAMHSA representatives to the Gila River Tribal Wild Horse Pass Hotel and Casino in Chandler, AZ, January 31 – February 1, 2013. This powerful gathering produced a draft of the strategic plan that will guide the Center's next five years of service to respond proactively to address AI & AN health disparities.

To begin gathering feedback from our constituents, the participants divided into workgroups that focused on:

- 1. Culturally relevant adaptations of evidence-based practices**
- 2. Culturally relevant adaptations of the leadership development curriculum**

3. Evaluation and needs assessment of all programs and practices

4. Facilitation and development of ROSC, a wellness model in the national recovery movement consonant with indigenous people's way of life

5. Integration of behavioral health into primary care; AI & AN special populations of adolescents, women, veterans, and Two Spirit

According to participants, the behavioral health system must acknowledge the importance of cultural awareness and how it varies among tribal communities in order for the beneficial recovery process to occur. Using a generic western approach is NOT effective. Treatment programs and the recovery community system must be familiar and engage local tribal culture as well as provide trained, qualified staff. Programs must involve community-based, participatory evaluation strategies to monitor progress, as well as to make necessary adjustments to the process for healthful outcomes. Culturally competent, holistic treatment provides AI & ANs, their families, and communities a safe place conducive to healing. These services should incorporate accountability, trustworthiness, choice, commitment, collaboration, empowerment, and an understanding of the complex role historical trauma plays in the process. Respecting cultural protocol, the proactive integration of elders who remain a valued source of knowledge, history, culture and language, must return to the circle of healing.

The National AI & AN ATTC welcomed feedback from our gathering and currently are fine-tuning our strategic plan. The strategic plan will be reviewed for final approval by the Center's Advisory Council. In the spirit of our predecessor and mentor Dr. Duane Mackey, we continue to endeavor in advocating addiction prevention and recovery services for AI & AN in need of such services in their communities. We remain committed to an American Indian approach in our partnered journey with tribal communities to improve health of AI & ANs.



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Representative, National Native American AIDS Prevention Center



UPCOMING TRAININGS, EVENTS and OPPORTUNITIES:

SEPTEMBER

| <i>Date</i> | <i>Title</i> | <i>Location/Registration information</i> |
|------------------------------------|---|--|
| 9/18/2013 12 noon - 1:30 pm CDT | Essential Substance Abuse Skills Webinar Series: Professional Readiness, Attitudes, & Values | Online, see registration information below |
| 9/19-20/2013 | Red Road Gathering | Vermillion, SD |
| 9/21-25/2013 | The National Conference on Addiction Disorders and Behavioral Healthcare Summit | Anaheim, California |
| 9/22-24/2013 | The 14th annual NCRG Conference on Gambling and Addiction; <i>*The Center will present at this conference</i> | Las Vegas, NV |

OCTOBER

| | | |
|-------------------------------------|---|---|
| 10/2/2013 12 noon - 1 pm CDT | Behavioral Health Webinar Series: From DSM-IV to DSM-5: Significant Changes for Substance Abuse Professionals | Online, see registration information below |
| 10/15-17/2013 | South Dakota Native American Curriculum Training | Rapid City, SD; to register, contact Jacki Bock: jacki-bock@uiowa.edu; 319-335-5564 |
| 10/16/2013 12 noon - 1:30 pm CDT | Essential Substance Abuse Skills Webinar Series: Group Counseling | Online, see registration information below |

NOVEMBER

| | | |
|-------------------------------------|--|--|
| 11/6/2013 12 noon - 1 pm CDT | Behavioral Health Webinar Series: 50 Shades of Developing Gray Matter | Online, see registration information below |
| 11/20/2013 12 noon - 1:30 pm CDT | Essential Substance Abuse Skills Webinar Series: Counseling Families, Partners, & Significant Others | Online, see registration information below |

DECEMBER

| | | |
|-------------------------------------|---|--|
| 12/4/2013 12 noon - 1 pm CDT | Behavioral Health Webinar Series: Prescription Pain Medication Abuse: Not What the Doctor Ordered | Online, see registration information below |
| 12/18/2013 12 noon - 1:30 pm CDT | Essential Substance Abuse Skills Webinar Series: Client, Family, & Community Education | Online, see registration information below |

*Webinars require advance registration. Go to our website at www.attcnetwork.org/regcenters/index_nfa_americanindian.asp and click on *Trainings & Events* to see a full list of upcoming webinars as well as other trainings. Find more information and a link to register by clicking on the title for each webinar. Questions? Contact Karen Summers at karen-summers@uiowa.edu or 319-384-4154.

A NOTE ABOUT TERMS

The National AI & AN ATTC would like to acknowledge the individual and varying preferences of American Indian and Alaska Native communities to identify themselves. We honor and respect sovereignty of all Nations, communities, clans and family systems and how they choose to represent themselves. As a government-funded program, we are required to follow certain requirements, including using the terms American Indian and Alaska Native, but it is our hope that we would not exclude or marginalize any groups based on this choice.



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THE STORY OF “PRAIRIELANDS”: A RED-TAILED HAWK

Thursday, June 27th, 2013, was a stiflingly muggy day, and the pests were out in full swing when we were alerted to the presence of a young, seemingly injured hawk. She eyed us warily, keeping at a safe distance, and struggling with a swarm of gnats while we worried about what to do and how to proceed.

We made a plan to take her where she could get help, and after gingerly containing her, we took her to the Macbride Raptor Center in Cedar Rapids, IA. Luke, a staff member and resident raptor expert, informed us that she was a 6 to 7-week-old Red-tailed Hawk and she came from a nest on the Nursing building across from Westlawn, where the National AI & AN ATTC is housed on the University of Iowa campus. He told us that she was dealing with a number of challenges, including infestation, avian lice, and open wounds from gnat bites, which were crippling for a fledgling without the full ability to fly.

The floods and changing climate have caused the number of gnats to multiply at a rate that has never been seen before. This environmental impact not only affects humans, but also our animal

brethren.

This little Red-tailed Hawk was given the name “Prairiелands” to mark her as a member of the National AI & AN ATTC family, and was successfully released back into the open skies after treatment. Pilamayeye (*Thank you, Lakota*), Prairiелands, for coming down from your perch to meet us and reminding us that our world is yours, too.

- by Preet Dhugga and Sarah Jankovich, Undergraduate Project Assistants at the National AI & AN ATTC.

Pictured: Preet Dhugga and “Prairiелands”



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