Welcome to the Recovery Month edition of our newsletter. The celebration of recovery from substance use disorders, which began in 1989, has become a tradition to share with our neighbors, colleagues and others who have made important accomplishments in their recovery. Substance use disorder, now recognized as a chronic and often relapsing disease, requires close medical attention and behavioral change, but also change in friends and activities.

A lot has changed since Dr. Bob and Bill W. founded Alcoholics Anonymous (AA) in 1935. AA has led many to start on the road to recovery, and inspired the development of successful treatment programs, now shown to be evidence-based (Longabaugh & Wirtz, 2001). It is also clear that maintaining and engaging in the fellowship of sober peers is very important, as is support from sponsors. The spiritual aspects of AA seem to be crucial to the recovering alcoholic’s effort to find meaning in life after he or she has given up substance use, which Bateson (1972) characterized as a “friend.” Spirituality is also important for tribal communities. Many tribal communities have adapted the AA model to fit their cultural needs, including the use of the medicine wheel in the culturally-informed model. This translation is in harmony with AA; a day at a time, and focuses on living with the disease. Many tribal communities celebrate recovery through a variety of activities, which may or may not coincide with Recovery Month, so we have highlighted various programs and tribal initiatives which take place during the month of September, and at other times of the year.

September also includes a focus on suicide prevention. Substance abuse often co-occurs with suicide ideation, attempts, and completion, so it is important to highlight how a person in despair and disillusionment considers suicide. Our Center has been actively involved in suicide prevention in tribal communities for some time. We want to bring to everybody’s attention the suicide epidemic we see across Indian country, where over 1,000 children, teenagers, and young adults commit suicide every year, and should give us pause for thought. Let us ask ourselves why young persons would consider suicide when their whole lives are ahead of them and there is time to find their mission and role in life and their communities. This epidemic is a community responsibility, and I sincerely hope we are able to reduce it soon.

One way to counteract despair in young persons who consider suicide is to try to change the perception of our Native communities from a deficit perspective to a positive one, where the strengths of our tribal communities are celebrated rather than minimized. One way to support our youth and future generations is to activate their pride and commitment to their communities. A good example of such a program is We R Native in Portland, OR, which supports cultural identity for Native youth, and is an organization for youth and by youth from all over the country. As adults we need to listen carefully to these youth ambassadors to learn how they perceive the changes they need to be successful personally and in their communities.

Our way of supporting developing leaders within the behavioral health workforce is to give young, motivated and committed behavioral health providers the opportunity to develop their leadership skills. To this end, I am happy to present our promising cohort of mentees and mentors from our Leadership Academy.

Our activities since the last time we published our newsletter have focused on importance of including cultural practices in our efforts to help clients with behavioral health disorders. We have presented on these issues at conferences this summer and were awarded a 2nd place for our poster published at the Association of American Indian Physicians 44th Annual Meeting and National Health Conference. We would like to try to include a Round-Table discussion on including cultural practices in behavioral health again in November to highlight the importance of finding meaning in one’s life during recovery from substance use disorders.

Regards,
Anne Helene Skinstad


September is National Recovery Month. This national observance, which is in its 26th year, seeks to raise awareness that the health and well-being of individuals who suffer from substance use disorders and other mental disorders can be improved by prevention and treatment. It spreads the positive message that behavioral and mental health is crucial to one’s overall health and that people with a chronic condition, such as a substance use disorder, can recover for the long-term. The program puts a spotlight on the achievements of individuals who have faced the devastating effects of addiction or mental illness and yet restored their health with the help of treatment and the support of their loved ones and the community. Recovery Month also promotes the importance that citizens take action to support treatment and recovery services for those in need.

Recovery Month began in 1989 as Treatment Works! Month, and it focused on the successes of treatment professionals in the substance use field. The observance changed its focus in 1998 to include recognition of individuals who are in recovery (National Alcohol and Drug Addiction Recovery Month), and then again in 2011 to include all aspects of behavioral health (to the present day National Recovery Month).

For those interested in a detailed review of the history of Recovery Month, please visit their website [at this link](https://www.recoverymonth.org/).

### 2015 Theme

Each year there is a slightly different Recovery Month theme. The theme for Recovery Month 2015 is “Join the Voices for Recovery: Visible, Vocal, Valuable!” This theme stresses several issues: the value of peer support in helping others; encouraging individuals in recovery, and the systems that support them, to be active change agents and advocates for recovery in their communities; and the importance of bringing the message of prevention, treatment, and recovery of behavioral health conditions at earlier stages of life.


**Perspectives on Recovery**

Whereas many definitions and conceptualizations of recovery have been advanced by scholars and practitioners, we favor this parsimonious one: Recovery from a substance use disorder is a process of change through which an individual achieves abstinence and improved quality of life. There are several pathways toward recovery; they include 12-Step treatment, medication-assisted treatment, mutual support groups, faith-based support, culturally-specific experiences, and natural recovery (self-driven).

We are learning more and more about the keys to sustained recovery. More than 50% of individuals discharged from addiction treatment resume use of a substance within the following twelve months (Miller, Wilbourne, & Hettema, 2003), and most relapse within 30-90 days of discharge (Hubbard, Flynn, Craddock & Fletcher, 2001). But if a person recovering from alcoholism can stay sober for about four to five years, the likelihood of successful long-term, sustained recovery is very high (Vaillant, 1996); the period of sustained remission may need to be longer for other drugs, such as opiate addiction (Her, Hoffman, Grella, & Anglin, 2001), but the principle is the same – lifetime recovery becomes more and more likely if a person can sustain a substance-free lifestyle for several years after treatment.

**Recovery and the American Indian & Alaska Native Community**

The paths to recovery for an individual require support from one's community. There are numerous examples in Native cultures, which address the needs of those in recovery in their community by providing culturally relevant services, with a holistic and wellness perspective on the recovery process. Such examples include comprehensive service systems to support recovery, known as a Recovery-Oriented System of Care (ROSC). A ROSC supports a person's efforts toward health, well-being and sobriety with the aid of accessible and effective formal services (e.g., aftercare programs; self-help) and informal services (e.g., peer support programs), in addition to community support and engagement in the recovery community. Effective ROSCs for American Indians and Alaska Natives (AI & AN) emphasize connecting the Native person to services that are consistent with the individual's culture, values and strengths. AI & AN communities with a ROSC orientation facilitate recovery by supporting involvement in self-help groups, spiritual communities, and sober and substance-free activities.

We described exemplary recovery resources for the AI & AN community in a prior Newsletter (*Volume 1 Issue 2, Spring 2014*). Here we will highlight a few of them.

**Medicine Wheel and the 12 Steps**

This 12 Step program for Native Americans was developed by Don Coyhis and White Bison, Inc. (*White Bison, Inc., 2007*). The program uses the Medicine Wheel to teach important concepts about truth and life. The 12 Steps of the program center on personal character and values (e.g., Step 1: Honesty; Step 2: Hope; Step 3: Faith).

**Red Road Gathering**

Every September people in recovery gather at the University of South Dakota campus for the Red Road Gathering. Unfortunately, this year, the Gathering is not going to take place because of illness among our leaders. The Red Road approach has inspired many treatment programs to adopt their values for the recovery process.

“The Red Road Gathering is a holistic healing journey based on Lakota/Nakota/Dakota world views. The uniqueness of the Red Road Gathering is based upon the “wopila” ceremony. The wopila ceremony means giving (something) back for (something) that was received. What was given and what was received is dependent upon the participants of the ceremony/experience. The thanksgiving ceremonies are integral parts of lifeway teachings of Indigenous people” (*Red Road Gathering, 2015*).

Participants have the opportunity to immerse themselves in indigenous natural healing and interconnections toward universal wellness. Please visit their website for more information.

**Drum-Assisted Recovery Therapy for Native Americans (DARTNA)**

Based on the rich tradition of the use of drums for therapeutic effects, DARTNA is a treatment program that relies heavily on drumming to promote therapy (*Dickerson et al., 2012*). Developed with assistance from a series of focus groups with AI & AN clients with a substance use disorder, treatment providers and a tribal community advisory board (*Dickerson et al., 2012*), the program also includes the concepts of the Medicine Wheel and 12 Steps program developed by Don Coyhis and White Bison, Inc. (*White Bison, Inc., 2007*).
Immersion Camp

This unique drug treatment strategy is based on the principle that immersing oneself in day-to-day experiences of pre-reservation ancestors is therapeutic (Gone and Calf Looking, 2011). The program occurs during the summer months in multiple four-week cycles, and consists of “living off the land” while participating in a variety of associated Blackfeet traditional activities (e.g., hunting or fishing for food; making an individual pipe for personal prayer).

Examples of Recovery Events in Indian Country

Many communities have been holding sobriety celebrations, festivals, and events for many years. The events vary by the time of year they are held, number of days, the kinds of celebrations, and what happens at the events. Most of them share similar features:

- Event locations are located close to where people live, with many offering free transportation to and from events
- Events are alcohol and substance free
- Healthy foods and snacks, feasts, or meals available, often for no cost to participants
- Traditional costumes, dances, story-telling, comedians and joke-telling
- Presentations by Tribal leaders, elders, community leaders
- Fun activities for children, teens, adults, and elders
- Competitions ranging from dancing, rifle shooting, running, walking
- Spiritual gatherings
- Prizes

Events are family-friendly and offer something for all ages. Across all the different tribes, cultures, and communities, the message of sobriety and healthy life choices is always present. In places where such events have long histories, there is evidence that youth today have already made the connection between sobriety and spending time with family, eating good food, and celebrating their place in the community and its future.

In the Native Village of Eyak (NVE), located in Cordova, AK, people celebrate sobriety in November. 2015 marks the NVE 22nd Annual Sobriety Celebration. Drawing upon traditional healing practices and using a community-centered approach to healing, Native people of Eyak along with neighboring tribes of the Chugach region gather for two days to provide education on preventing alcohol and substance abuse, create a network of safety and caring relationships in communities, and celebrate those who have chosen to be sober and encourage those new to the gathering that sobriety is possible.

The 2015 event schedule is impressive: The two day event offers presentations by youth, dance groups from several communities, shared meals, an Elder to Elder Gathering, guest speakers and workshops, AA meetings, spiritual events, a sobriety countdown, a silent auction, a Community Subsistence Potlach dinner, and a Youth Sobriety dance.

The theme this year is “Learning from the past to create a better and brighter future” and the logo will be determined by a contest, with the winner being awarded $250. Additional information is available by calling the office of the Native Village of Eyak (907) 424-7738.

For the Hualapai Tribal Nation in Peach Springs, AZ, the notion of pairing sobriety and celebration began in 1989, following a Gathering of Native Americans (GONA). The first event was well-attended. Over the years, the celebration evolved to become an offering of workshops, but organizers noted that attendance was low, so in recent years it was redeveloped into the Annual Hualapai Sobriety Festival Campout. Now in its third year as a camp out, this annual event has become a weekend spent amongst the pine trees, located 20-miles away from Peach Springs in Twenty Pines. There is no electricity and no running water. Families and friends set up neighborhoods; meals are provided free for participants and are served in a main kitchen area at the location. Activity offerings for the May 2015 camp out were sweatlodge, guest speakers, talking circles, wellness walks, social singing and dancing, Alanon, AA meetings, scavenger hunt, kids activities, arts and crafts, games, music, and potluck.

Photo: Shutterstock
People are free to come and go as they please to attend meetings, participate in or watch archery or rifle shoots, or dancing and singing competitions; morning there health walks, a powwow, and raffles. Mention must be made of one particular individual, Frank Mapatis, who has built sweatlodges for the event every year since 1989. He invites people in recovery from other tribes to attend the event, and the celebration camp out now includes several tribes.

Learn more about the Haulapai’s 26th Sobriety Celebration Camp Out at their website.

References


Hubbard RL; Flynn PM; Craddock G; Fletcher B; (2001). Relapse after drug abuse treatment. Relapse and recovery in addictions, 109-121.


STRENGTH IN HARDSHIP

There were times in my life that I didn’t see an end to what was happening. Even with others, I felt alone, uncared for, even unheard. As I tried to explain, others would just tell me not to think of it, let it go, or that it would get better.

I noticed a guy in the barracks, as he watched me by the window looking out in despair. I think he could tell that I wanted to burst out and cry, letting the pain flow through my tears, allowing some relief. He only said, “It does get better.” I hadn’t realized how much it meant till later, but it echoed through my mind in different times of my life since. I can still see and hear it at times…and I smile. I now know that he did care and must have been through it as well.

I’ve learned so much since then, much more than I thought I’d ever know about pain and fear. I’ve learned that it is a state of mind, much like a familiar path that leads to a peaceful place within myself. A place that only myself and the Creator is allowed, a place of love and peace…just being.

It’s hard to see the light if you don’t look up, it’s hard to see the end, if you don’t stare into the depths, past the darkness to the light at the end of the journey. It’s hard to climb a mountain of sorrow, pain, and the weight of the world if you don’t look ahead and have faith that the Creator watches over you, silently whispering, keep going, you’re almost there.

As you reach the apex of this mountain, you can see the end, as it’s no longer a struggle or climb, but a walk down the other side. So many have given up just before the end, as they don’t see the end in sight.

- S. Arlan

It is said that the Creator will never let you undergo something you cannot handle. The thing is, that unless you are willing to grow and move beyond what you think you can handle, you will not grow beyond the boundaries you have set for yourself.

- Sean A. Bear

Note: For information on upcoming events, trainings, and opportunities with the National American Indian & Alaska Native ATTC, please visit our website: attcnetwork.org/americanindian and click on Trainings and Events.
The National American Indian and Alaska Native ATTC launched its second annual American Indian & Alaska Native Leadership Academy (LA) with an Immersion Training in the Meskwaki Nation this August. The LA prepares emerging leaders from behavioral health and addiction service to occupy leadership positions that emphasize tribal engagement and culturally-informed service provision. This program includes three face-to-face events, and requires participants’ engagement in traditional training seminars, distance education, and field education.

Prior to attendance at the Immersion Training, all participants meet with an elder, spiritual leaders, or a medicine person from their local tribal community, whose insight they will be expected to incorporate into their community engagement projects. During the training, the mentees were joined by mentors, who will help to promote their professional development, while also providing national networking.

The Immersion Training, held this summer from August 17-21, united ten mentees and nine mentors from across the nation with representation from over fifteen tribes. The training was opened up by Program Director Anne Helene Skinstad, PhD, followed by a welcome and blessing from the Meskwaki Tribe by Mr. Ray Slick, MSW, and a member of the Center’s advisory council. We were also very pleased to be joined by SAMHSA Regional Administrator for Region 7, Ms. Kimberly Brown, MPA, who shared with us her experiences going through the ATTC Leadership Institute and later the Advanced Leadership Institute.

We encourage you to visit our website for additional information and/or application materials for future cohorts of this program. Any questions may be directed to Mandy Conrad at mandy-conrad@uiowa.edu.