



National American Indian & Alaska Native

ATTC

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



NEWSLETTER

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DIRECTOR'S CORNER

On August 29, we initiated the celebration of Recovery Month by providing a webinar on culturally-informed recovery practices and recovery support services presented by Sean Bear. Native communities often consider healing and recovery as a holistic and comprehensive process that requires the community, the family and the individual with the substance use disorders (SUD) to make important changes towards health.

Many of our clients with SUDs have involvement with criminal activity because of their substance use disorder. For that reason, we have decided to focus on drug courts and healing-to-wellness courts for a second issue of our newsletter as a follow-up

to the previous issue on healing-to-wellness courts and drug courts in general. This issue focuses on juvenile justice: the tools and the training opportunities that are available to professionals working with juveniles and in juvenile justice through the Office of Juvenile Justice and Delinquency Prevention, and the Tribal Youth Training and Technical Assistance Center (OJJDP Tribal Youth TTAC). We are also very happy to be able to include an interview Professor Dolores S. Bigfoot, Director of the Indian Country Child Trauma Center, and Anna Rangel, JD, Director of Tribal Law and Policy Division, both very committed to fair Juvenile Justice.



Recovery from opiate addiction can be a very long and strenuous process, and many professionals need to be involved in the healing process, including physicians, nurses, counselors, psychologists, and medicine men and women. In the spirit of meeting the needs for technical assistance (TA), the National AI & AN ATTC conducted a pre-conference workshop at

the Association of American Indian

Physicians focused on the opiate addiction epidemic in Native communities and will continue to provide TA to Native communities interested in support, especially since we have been awarded financial support to do this from SAMHSA from the beginning of October.

In the middle of all the focus on opiate addiction, we should not forget that there is again an increase in methamphetamine use. It is easy to forget that meth addiction is still a challenge even though the opiate addiction has hit communities hard. The center has continued to provide TA on issues of implementation of evidence-based practices in Indian country.

Many of our clients with SUDs have co-occurring mental health disorders (MHD), and our center will increase our focus on mental health issues the next 5 years. The next issue of this newsletter will focus on

mental health disorders co-occurring with SUDs. We have received two SAMHSA awards: (1) Mental Health Technology Transfer Center - Tribal Affairs Center (MHTTC) and (2) Prevention Technology Transfer Center - Tribal Affairs Center (PTTC) to focus on training and technical assistance to professionals working with tribal and urban Indian schools to enhance staff skills in addressing mental health in their students, and also to prepare them for how to address mental health responses in students when a crisis situation in the schools happens.

We are very pleased to be able to work with you in the future on issues of SUD in tribal and urban Indian communities and also extend this to include focus on mental health as well.

Regards,

Anne Helene Skinstad, PhD

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

- Dr. Duane Mackey



By: Mary K. Winters, MEd

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Historical Context

Historians place the beginning of a dedicated legal system to address juvenile offenders to the first juvenile court created in Chicago in 1899. In the 120 years that have followed, the juvenile courts have been the source of significant trends in both directions – positive and negative. Experts agree there is no “national” juvenile justice system — juvenile law is a patchwork of state and local statutes, and every jurisdiction has its own local practices, customs, and norms (Rubin, 2018).

Nevertheless, services for juvenile offending youth, including American Indian and Alaska Native (AI & AN) youth, have evolved enormously over the past decade or so as national recognition grows about ways to address youth who have committed offenses. There is currently a wide variety of high-quality, empirically-based behavioral health services in place for youth involved with the juvenile justice system (JJS). These services are informed by advances in fields ranging from neurobiology, motivational enhancement, cultural competence, and a focus on wellness and healing.

Most JJS programs understand the importance of addressing substance use and co-occurring problems of youth in the JJS. Approximately two-thirds of arrested juveniles have a history of substance use (Belenko & Logan, 2003), nearly half meet criteria for at least one current diagnosable substance use disorder (Teplin et al., 2010; Wasserman et al., 2010), and high rates of a range of behavioral disorders and psychosocial problems are commonly reported (Dembo et al., 2012; Henggeler et al., 2002; Hicks et al., 2010). It is clear that the JJS is a primary link in the US for connecting at-risk adolescents to prevention and intervention services (Teplin et al., 2010).

The big problem that JJS systems face, especially in many states and among tribal communities, is that such services are typically only available to youth in urban and suburban areas. JJS youth in rural and tribal areas are chronically under-served. The mental and behavioral health needs of youth in these under-resourced JJS systems often go largely unmet, thereby setting the stage for progression and escalation of such problems and increasing legal system involvement.



For many JJS youth, the only option for obtaining services is incarceration in juvenile detention facilities where mental and behavioral health services are available. Of course, this model of service access and utilization is extraordinarily expensive and inefficient. Recidivism and out-of-home placement in juvenile detention are overwhelmingly burdensome to state and tribal budgets and are ineffective means of addressing the problem of juvenile offending. Increased service accessibility will reduce rates of recidivism among under-served JJS youth. Healing-to-wellness courts for AI & AN adolescents represent an important early approach to provide services for youth in the JJS.

Tribal Youth Training and Technical Assistance Center

A discussion about juvenile justice of AI & AN youth would be incomplete without highlighting a valuable resource on this topic: the Office of Juvenile Justice and Delinquency Prevention Tribal Youth Training and Technical Assistance Center (OJJDP Tribal Youth TTAC) (<https://www.tribalyouthprogram.org>). The OJJDP Tribal Youth TTA Center is a preeminent source of tools, resources and technical assistance. The center is funded by OJJDP, which administers the Tribal Youth Program (PA 9) and the Tribal Juvenile Healing-to-Wellness Court (PA 8) grants, both of which support tribal efforts to improve juvenile justice systems for American Indian and Alaskan Native youth. All federally recognized tribes are eligible to apply for these grants. To date, tribes and tribal grantees from across the nation have received critical funding through these programs through annual congressional appropriation (see list of grantees at <https://www.tribalyouthprogram.org/tribal-grantees/tribal-youth-programs/>).

The Center, located at the University of Oklahoma Health Sciences Center in Oklahoma City and directed by Dolores Subia BigFoot, PhD, and Anna Rangel, JD, Director of Tribal Law and Policy Division, includes a team of staff that offers an impressive range of technical assistance and training in trauma-informed care, culturally-based teachings, community participatory evaluation, as well as mental health, law enforcement, suicide prevention, judicial expertise, child welfare, juvenile justice, tribal-state-federal relations, and tribal sovereignty.

The Center's numerous resources and services are summarized below.

1. Law and Policy

This division provides training and technical assistance in a variety of areas related to tribal juvenile justice, tribal law and policy, and federal laws that impact tribal youth (e.g., policy brief; tribal juvenile justice and girls; youth engagement with tribal justice programs).

2. Trauma-Informed Care

In recognition that Indian Country has been impacted by various kinds of trauma, the Center provides a framework to understand trauma informed care, that involves understanding, recognizing, and responding to the effects of all types of trauma. Numerous trauma-informed resources are provided.

3. Strategic Planning

The Center has authored this guide, *Strategic Planning and Implementation: A Critical Guide for Embarking on a Journey*. It provides a roadmap for "planning for the future of the current and coming generations was and is always a priority for Tribal Nations, Villages and Indigenous peoples."

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4. Juvenile Healing-to-Wellness

Numerous publications are provided, including how to establish and maintain a juvenile healing-to-wellness court or a treatment court, and resources for screening and assessment.

5. Virtual Library

Easy access to a wide range of youth resources is available at the Center's virtual library (e.g., cultural approaches; tribal youth sex trafficking; mentoring).

6. Training Opportunities

The Center offers a variety of training opportunities to OJJDP funded grantees, tribal governments, non-tribal governments, and other non-governmental agencies. Requesting agencies can take advantage of training via phone consultation, virtual meetings, online trainings, or face-to-face technical support. New webinars are regularly offered, and the archived webinars section provides access to prior webinars.

Interview with Center Leaders

Q: What led you to develop your Center? How did it get started?

A: The Indian Country Child Trauma Center was established to develop trauma-related treatment protocols, outreach materials, and service delivery guidelines specifically designed for American Indian and Alaska Native (AI & AN) children and their families. The ICCTC was originally

funded by the Substance Abuse Mental Health Services Administration (SAMHSA) in 2004 with the goal to develop and deliver training, technical assistance, program development, and resources on trauma informed care to tribal communities. It is housed at the University of Oklahoma Health Sciences Center in the Center on Child Abuse and Neglect. The ICCTC has been awarded the Project Making Medicine grant from the Children's Bureau to provide training to clinicians in Indian Country in the Honoring Children, Mending the Circle curriculum, which is the cultural enhancement of Trauma-Focused Cognitive Behavioral Therapy. In 2015 the Indian Country Child Trauma Center was selected and awarded cooperative agreement with the Department of Justice to provide training and technical assistance to Office of Juvenile Justice and Delinquency Prevention tribal grantees. Currently, the purpose areas that we provided services to are tribal youth programs which may focus on community-based youth programs to support intervention, diversion, and prevention of youth delinquency as well as tribal juvenile healing-to-wellness courts. We also provide assistance to any federally recognized tribe for juvenile justice system related requests.

Q: Can you describe for us how you transformed a judicial-based system into a culturally-relevant one?

A: Tribal justice programs are culturally relevant. The implementation of a problem-solving court such as the tribal juvenile healing-to-wellness court integrates cultural lifeways and healing processes as youth navigate a path toward sobriety and freedom from continued court-involvement. The tribal juvenile healing-to-wellness court process works to provide youth with a space to heal through intensive team-driven coordination that often integrates cultural teaching and healing approaches, in addition to western-based rehabilitative treatment.

Q: How have you been able to successfully engage the community with your program?

A: As a training and technical assistance center we are charged with a duty to provide support, resources and outreach to communities as they work to implement these types of court processes. We provide outreach through our national website, through broad-based webinars, and one-on-one meetings with individual tribal grantees. We have



been able to work closely with programs that have been working to engage community buy-in to the tribal juvenile healing-to-wellness process and implement community-based responses to support their tribal youth.

Q: In what ways are parents involved in the program?

A: There are many opportunities for parents to be fully engaged with the tribal juvenile healing-to-wellness court. This includes a family court treatment model which integrates the nuclear family into counseling or group/circle healing sessions. Where parents are not involved, research has shown the engagement of the caregiver or other close relatives can be just as useful as they navigate their way through the justice system or individual court process. Aunts, uncles, cousins and siblings have all been shown to influence tribal youth substance abuse or abstinence from substance abuse.

Suggested Readings

McKay et al., 2014: *Parent Involvement with Youth in the Tribal Juvenile Justice System, Perspectives from OJJDP's Tribal Green Reentry Initiative.* <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=270688>

Kulis et al., 2016: *Social Contexts of Drug Offenders Among American Indian Youth and their Relationship to Substance Use: An Exploratory Study.* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3046425/>

Q: Can you describe how tribal-based healing strategies are blended with westernized ones (if they are blended)?

A: In many Tribal juvenile healing-to-wellness courts western-based treatment to treat addiction and co-occurring

disorders is integrated with cultural healing processes such as sweat, healing ceremonies, or other relevant tribal-specific wellness approaches. Some communities may provide therapeutic interventions through the assistance of a partner agency or they may have a tribal program that can provide services. In any case, the core focus of the tribal juvenile healing-to-wellness court is individualized treatment and on-going team interaction with the youth participant. The tribal juvenile healing-to-wellness court process is modeled after the adult wellness court and is highly involved from the beginning of case acceptance through the process of after-care.

Q: Are there specific elements of your program that address adolescent drug abuse, and can you describe them for us?

A: Tribal communities vary in the types and usage of drugs/alcohol used by their community's youth. Further, in some communities the age range in which youth begin to use drugs/alcohol may be much earlier than in other communities. While not specific to tribal communities, research within the drug treatment court setting indicates that effective treatment court processes occur with youth who have a substance use disorder and are 14 years of age or older. Some communities are highly impacted by the use of opioids amongst both their adult and juvenile populations and at least one community has provided a community-wide Naloxone training to assist with mortality reduction.

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Q: If a tribal leader from elsewhere came to you and asked 'What steps should we follow to develop a similar program,' what would you suggest?

A: A successful tribal juvenile healing-to-wellness court begins with just that, buy-in from leaders and other stakeholders that can fully support the various components that are necessary to develop an effective system. From case management, to cultural teachings, treatment, and various supportive community-based roles the tribal juvenile healing-to-wellness court is a multi-faceted and highly coordinated intervention to support tribal youth. It takes community commitment to create a viable and effective program and leadership support is integral during the planning stages.

There are also a number of resources to assist with planning these include resources available through our center, like the 2017 *Tribal Juvenile Healing-to-Wellness Court Handbook: Practical Planning and Supportive Tools* (link below). The handbook is designed for those who are in the early planning stages of a tribal juvenile healing-to-wellness court. There are also other supportive resources on the tribal youth program website (listed below). Finally, there are a number of resources available through the Tribal Law and Policy Institute, such as the *Tribal Healing-to-Wellness Courts* -

the Key Components (link below).

Tribal Juvenile Healing-to-Wellness Court Handbook- Practical Planning and Supportive Tools: https://www.tribalyouthprogram.org/media/filer_public/ae/87/ae87b60b-c1c3-408d-9d00-38f5cff0b23e/jh2w_court_handbook.pdf

Other supportive resources regarding tribal youth programs. <https://www.tribalyouthprogram.org>

Tribal Healing-to-Wellness Courts - the Key Components <http://www.wellnesscourts.org/>

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Escaping One's Past

When seeking a brighter future, remember to fully rid yourself of hatred, discrimination, and fear; for if you do not completely rid yourself of them, they will stay with you.

- Sean A. Bear

References

Belenko S, Logan TK; 2003. *Delivering more effective treatment to adolescents: Improving the juvenile drug court model.* *Journal of Substance Abuse Treatment*, 25, 189-211.

Dembo R, Briones R, Gullede L, Karas L, Winters KC, Belenko, S, Greenbaum PE; 2012. *Stress, mental health, and substance abuse problems in a sample of diversion program youths: An exploratory latent class analysis.* *Journal of Child & Adolescent Substance Abuse*, 21, 130-155.

Henggeler SW, Clingempeel WG, Brondino MJ, Pickrel SG; 2002. *Four-year follow-up of multisystemic therapy with substance-abusing and substance-dependent juvenile offenders.* *Journal of the American Academy of Child and Adolescent Psychiatry*, 41, 868-874.

Hicks BM, Iacono WG, McGue M; 2010. *Consequences of an adolescent onset and persistent course of alcohol dependence in men: Adolescent risk factors and adult outcomes.* *Alcoholism: Clinical and Experimental Research*, 34(5), 819-833.

Rubin TH; 2018. *Juvenile justice now: Reinvention and promise.* Kingston, NJ: Civic Research Institute.

Teplin LA, Abram KM, McClelland GM, Dulcan MK, Mericle AA; 2002. *Psychiatric disorders in youth in juvenile detention.* *Archives of General Psychiatry*, 59, 1133-1143.

Wasserman GA, McReynolds LS, Schwalbe CS, Keating JM, Jones SA; 2010. *Psychiatric disorder, comorbidity, and suicidal behavior in juvenile justice youth.* *Criminal Justice and Behavior*, 37(12), 1361-1376.



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OCT
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HEALING ONE'S PAST

"I have noticed that you always work on people in certain areas of the body with those whom come for help. As I watch, I see that you remove the dark places from within them. Are those what are causing them the problems?" I asked.

This man looked at me and replied, "They are not always the reason, but you see, some of these people have gone through trauma within their lives and have not properly addressed them. They were not able to speak about the pain, hurt, and shame they feel about them and are not willing to. Therefore, I do what I can to help. You see, that darkness is accumulated over time, being unresolved and unable to escape. Some have already developed sickness from them, but in removing them, we can assist in preventing illness. If they do not overcome these things in life, they will only build up again over time."

"So, they unknowingly do this to themselves by not changing the way they believe the trauma, even though they are not always to blame?" I asked.

He replied, "We all have things to overcome in life. You too must overcome how you view things that have happened and are still yet to come. This will be an ongoing process, but once you learn to do so, it will become easier and you will become lighter as you discard the baggage you carry."

Sean A. Bear

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