



NEWSLETTER

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DIRECTOR'S CORNER

Dear Reader:

Congratulations on National American Indian Heritage Month! The first celebration of what was then called American Indian Day took place in 1914 in New York, initiated by Dr. Arthur Parker, a member of the Seneca Nation and the Director of the Museum of Arts and Sciences in Rochester. In 1990, November was designated National American Indian Heritage Month by President George H.W. Bush. This year we are celebrating the important cultural contributions our American Indian and Alaska Native tribal members have made to the United States for the 100th time. For many years, those contributions remained invisible to most Americans.



Happily, this recognition of these substantial contributions has begun to receive more and more attention. Our Center has decided to recognize American Indian Heritage Month by focusing on spirituality in the treatment of behavioral health disorders in American Indian and Alaska Native communities. Spirituality and finding purpose and meaning in one's life is important to many for personal growth (Frankl, 1959) and wellbeing. In recent years, spirituality has been acknowledged to be important in holistic healing/ recovery from behavioral health disorders. Finding purpose and giving back to the community is an integral component of many American Indian and Alaska Native communities.

Freedom of religion was finally given to American Indian and Alaska Native

communities in 1978 through the Joint Commission on American Indian Religious Freedom Act (1978). Culture and spirituality are closely linked in most communities across the world; American Indian and Alaska Native communities are no exception. Paralleling the human rights movements in the 1960s was a strong sense of cultural renewal and increased focus on spirituality in tribal communities. To many behavioral health providers working with Native clients, involvement in their clients' culture and community facilitates their ability to assist with recovery.

We will celebrate with a day-long round-table discussion on issues of "Spirituality in Behavioral Health Interventions." Having invited a number of spiritual leaders from the upper Mid-West, the Navajo nation, and tribal communities in Alaska and Canada to participate this year, we plan to return to this topic and extend invitations to additional communities for next year's celebration. Spirituality, of course, is an integral part of the Self-Help Recovery movement (e.g., AA, NA), but the tribal communities in the US have felt the need to adapt some elements of the AA, for example, by rephrasing the 12 Steps, using the Medicine Wheel to better describe their sense of the recovery process, thereby making the self-help movement better informed culturally.

This issue of our *Newsletter* focuses on adolescents, the future of our American Indian and Alaska Native communities, and follows up on our Recovery Month initiative, which focused on success stories of recovery among American Indian and Alaska Native

adolescents. This feature was so well received that we plan to extend this celebration of young people in recovery to monthly stories on our blog, and by working with adolescents in recovery to develop digital stories. We have begun to work with experts in this field to create tools and resources so more adolescents can learn to share their stories in this meaningful way.

With our focus on early intervention and treatment of substance use disorders in adolescence and young adulthood, we have tried to highlight the essential elements of a treatment approach that is evidence-based and culturally-informed. Many tribal and urban programs have developed approaches that are culturally-informed, including equine therapy and use of canoes in treatment. At the Red Road Gathering in Vermillion, South Dakota this year, we witnessed a demonstration of equine therapy: using horses to demonstrate issues of trust, using Native teachings and calling on the medicine wheel.

Our Center continues to receive requests for technical assistance (TA) on issues associated with synthetic cannabinoids, club drugs, and other synthetic drugs. Native youth are often exposed to these dangers. We hope that by working closely with tribal communities we can affect this serious problem. The bridge between evidence-based practices, experience-based practices, and culturally-informed practices continues to fascinate us. Our Center considers one of our most important tasks to both promote and integrate these complementary approaches in the work that we do.

Regards,
Anne Helene Skinstad

Frankl, V. (1946): Man's search of Meaning. Beacon Press, Boston



Adolescents and Misuse of Drugs:

A VITAL HEALTH TOPIC¹

By: Ken Winters, PhD, and Kate Winters, MA

Photo: iStock

It has been a strong tradition in the US to address drug use among teenagers by focusing on prevention; or if use has started, to help the teenager to desist continued use. Yet there is a vital need to provide intervention and treatment services for those youth whose drug use has progressed to a problem level. Advances in research on the efficacy and effectiveness of drug treatment approaches and strategies have created a more favorable clinical environment when responding to a teenager who may be suitable for a behavior change program. This article examines several aspects of adolescent drug involvement. We begin with a discussion of developmental aspects, and then address drug treatment issues. We also highlight a few examples of model drug treatment programs for American Indian and Alaska Native (AI & AN) adolescents who are experiencing a drug problem.

Drug use and drug problems often start during the adolescent years

Adolescence is a time of curiosity about and experimentation with drugs. People are most likely to begin abusing drugs—including tobacco, alcohol, and illegal and prescription drugs—during adolescence and young adulthood (Johnston et al., 2013). Nearly all teenagers will have tried alcohol, marijuana, or tobacco at least once before the age of 21. Whereas drug use is typical across all ethnic groups, a recent national survey

indicated that AI & AN, Latino, and white adolescents report the highest rates of drug-related disorders (SAMHSA, 2014), and for some drugs, such as methamphetamines, AI & AN teenagers have the highest rates (Humphreys et al., 2013). Also, the age at which AI & AN youth initiate drug use tends to be younger than what is found in other groups (Hawkins et al., 2004).

Cross-cultural surveys also indicate that young people show higher rates or percentages of drug use problems compared to older age groups. The likelihood of meeting criteria for either a substance abuse or dependence disorder is significantly higher if use occurs in the early teenage years. Consider alcohol: 15.2% of individuals who start drinking by age 14 eventually develop alcohol abuse or dependence, as compared with just 2.1% of those who wait until they are 21 or older (SAMHSA, 2013).

Thus, a goal of prevention programs is to increase the likelihood that youth will not use drugs during the adolescent years.

Why are the adolescent years such a vulnerable period?

The factors that influence a young person's use of drugs are similar to those factors that contribute to adult drug use: availability of drugs within one's surroundings; drug use by

1. A note on terminology: "Drugs" refer to alcohol, tobacco and other drugs; "adolescents" refer to the ages between 12 and 18.

peers and family members; to cope with physical or emotional abuse; to deal with poverty and hopelessness; because of a mental or behavioral disorder; or genetic factors (e.g., inherited personality trait of poor impulse control) (Clark & Winters, 2002; Sussman et al., 2008). Adolescents developmentally may be particularly interested in seeking new experiences; brain development during the teenage years may promote such acute urges to try risky things, such as drug use (Steinberg, 2004; Sussman et al., 2008).

But not all young people use drugs, and each person's risk for developing a drug problem will depend on several factors. Whereas inherited predispositions play a factor, poor self-control (e.g., problems in delaying gratification) early in life may increase the likelihood of drug involvement (Clark & Winters, 2002). Also, exposure to traumatic experiences in early life can prime the brain to be sensitive to stress and this may further increase risk for drug use as the individual seeks relief from this stress (Andersen & Teicher, 2009).

Health risks when an adolescent uses drugs

Whereas it is the case that drug use is normative behavior for adolescents, these behaviors pose risks for the teenager. As noted above, adolescent-initiated drug use is associated with a greater likelihood of developing a substance use disorder (such as addiction), as well as a range of other social and personal problems. These include educational problems (e.g., school drop-out), legal problems (e.g., driving under the influence of a drug), victimization, and interference with normal brain development. Also, the three leading causes of death in this age group (accidents, homicide, and suicide) are often linked to drug use (Chung & Martin, 2010).

The strong link between drug use and social, physical and mental health consequences observed in AI & AN youth (Blum et al., 1992) takes on a heightened significance given that AI & AN youth are the most at-risk population in the United States (ages 15-24) in terms of social and health disparities (Native American Health Care Disparities Briefing, 2014). Also, drug use is disproportionately linked among AI & AN youth to high morbidity and mortality rates. Of the ten leading causes of death for American Indian adolescents, at least three are



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THE ADOLESCENT DEVELOPING BRAIN

The adolescent years are an important developmental period because the brain is still maturing. Parts of the brain mature at different rates during the teenage years. The brain regions that influence the processing of reward mature earlier during adolescence, whereas the prefrontal cortex, which is responsible for evaluating risk and resisting impulses, typically is not mature until a youth is in his or her mid-20s (National Institute on Drug Abuse, 2010; see figure, below).

It is believed that this pattern of brain development contributes to several behaviors and attitudes that we see in teenagers, including a heightened interest in using drugs. Below is list of behaviors and characteristics often occurring during the teenage years that may be influenced by adolescent brain development (Steinberg, 2004).

A preference for:

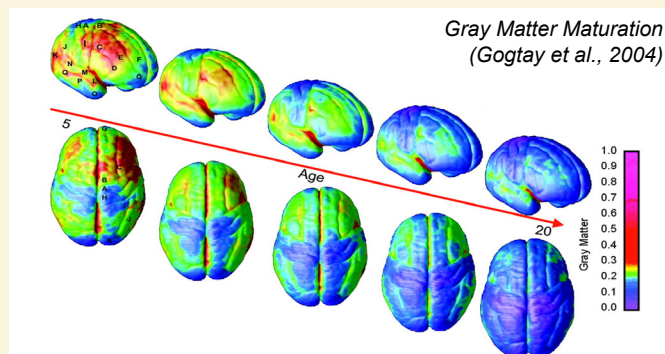
- physical activities rather than non-physical ones;
- high excitement and rewarding activities;
- activities with peers that trigger high intensity and arousal;
- novelty.

Less than optimal:

- control of emotions;
- consideration of negative consequences in the face of risk.

Tendency to:

- be attentive to social information;
- take unhealthy risks in the face of poor impulse control.



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Gogtay, N., Giedd, J.N., Luck, L., Hayashi, K.M., Greenstein, D., Vaituzis, A.C., et al. (2004). Dynamic mapping of human cortical development during childhood through early adulthood. *Proceedings of the National Academy of Sciences*, 101, 8174-8179.

National Institute on Drug Abuse. *Drugs, Brains, and Behavior: The Science of Addiction*. (2010). NIH Pub. No. 10-5605. Available at: <http://www.drugabuse.gov/publications/science-addiction>

related to heavy use of alcohol: accidents, suicide, and homicide (Indian Health Service, Office of Public Health, Program Statistics Team, 1999).

Treating adolescents who are experiencing a drug problem

Great advances have been made in the past two decades with regard to the development and evaluation of treatments for adolescent drug abuse. This body of knowledge reflects a greater focus on the recognition of the unique developmental milestones specific to adolescents, and it is characterized by a variety of interventions using different theory-based psychological and behavioral-based therapies. However, few treatment facilities exist for Native American youth nationally, and some states have no such treatment programs.²

Although one still cannot say what types of adolescent drug treatment programs work best for whom, experts have weighed in as to what elements of effective treatment are necessary. One such example is the recent publication by the National Institute on Drug Abuse, *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide* (National Institute on Drug Abuse, 2013). We provide a summary of these the principles of effective drug treatment below.

1. Adolescent substance use needs to be identified and addressed as soon as possible.

Drugs can have long-lasting effects on the developing brain and may interfere with family, positive peer relationships, and school performance. Most adults who develop a substance use disorder report having started drug use in adolescence or young adulthood, so it is important to identify and intervene in drug use early.

Most adolescents, including AI & AN teenagers, experiment with alcohol and other drugs, but do not escalate to the point of developing a substance use disorder. However, drug involvement during youth does significantly increase the likelihood of developing a drug problem during one's life, and even experimenting with drugs can contribute to many social, legal, and other health problems, such as risky driving, school difficulties, and problems with family and friends. Also, because the brain is still developing during the teenage years, drug use can interfere with normal brain maturation (National Institute on Drug Abuse, 2010). These potentially lifelong consequences make screening and intervening drug use by teenagers a major public health priority.

2. Adolescents can benefit from a drug abuse intervention even if they are not addicted to a drug.

There has been a noticeable research "spurt" during the last two decades in developing and testing brief and intensive treatments

to address adolescent drug involvement (Winters et al., 2012). Many evidence-based and evidence-informed programs have emerged and are revealing promising results in terms of reducing or eliminating teen drug use (e.g., see meta-analysis of Tanner-Smith & Lipsey, 2014).

3. Routine annual medical visits are an opportunity to ask adolescents about drug use.

Standardized screening tools are available to help pediatricians, dentists, emergency room doctors, psychiatrists, and other clinicians determine an adolescent's level of involvement (if any) in alcohol and other drugs.

Several well-tested screening tools are available to assist a health care provider when addressing possible drug use in a teenager. Figure 1 (below) provides the items for one such reputable tool – the CRAFFT. If it is determined that the teenager has a severe enough of a drug problem to merit counseling, it is recommend that the teen receive either an onsite brief intervention or a referral to a specialized adolescent drug treatment program (Committee on Substance Abuse, American Academy of Pediatrics, 2011).

4. Often external pressures, such as legal sanctions or family pressure, may play an important role in getting adolescents to seek and complete treatment.

Adolescents with a drug problem usually do not perceive that

Figure 1

THE CRAFFT SCREENING TOOL

C - Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R - Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A - Do you ever use alcohol/drugs while you are by yourself, **ALONE**?

F - Do you ever **FORGET** things you did while using alcohol or drugs?

F - Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T - Have you gotten into **TROUBLE** while you were using alcohol or drugs?

(Children's Hospital Boston, 2009)

they have a problem and rarely seek counseling or treatment on their own. Sometimes a parent can provide sufficient guidance and encouragement to a reluctant teenager [e.g., the Community Reinforcement and Family Training (CRAFT); Kirby et al., 1999], and research shows that treatment can work even if it is mandated or the teenager reluctantly attends (Miller & Flaherty, 2000).

5. When drug treatment is needed for a teenager, it is imperative that the program is developmentally appropriate and that the service providers have specialized training in adolescent treatment approaches.

Treatment for any individual should take into account the client's unique needs, including their gender, and cultural and ethnic factors. For adolescents, drug treatment should also consider these youth-related issues: psychological development; relations with peers, parents and siblings; school affiliation and performance; and any physical or behavioral issues. As noted in one of our earlier newsletters (Spring 2014, Vol. 1, Issue 2), there are several considerations when adapting treatment for tribal individuals, such as taking into account indigenous traditional knowledge.

6. Treatment should address the needs of the whole person, rather than just focusing on his or her drug use.

There are numerous reasons that adolescents use alcohol and other drugs, including an attempt to deal with psychological or social problems. Effective treatment to teenagers requires an approach that deals with a range of life functioning goals and needs, such as school performance, social well-being, peer influences, (including possible gang affiliation) and family issues. Also, given the relatively high prevalence rate of other mental health conditions (e.g., ADHD, depression) and exposure to child abuse and violence, treatment services require adequate assessment and treatment for these other possible conditions.

While not common among teenagers, sexually transmitted diseases like HIV, as well as hepatitis B and C, are linked to drug use and testing for these conditions is an important part of treatment services.

7. Behavioral therapies and family involvement are important ingredients in effective treatment for adolescents with a drug problem.

Behavioral therapies focus on strengthening a teenager's motivation to change, enhancing skills to resist and refuse drugs, and increasing pro-social activities in one's daily routine. The support of and involvement by family members with respect to treatment is important for a teenager's recovery. Family-based components of treatment typically seek to strengthen the family unit by improving communication and parent monitoring practices.

8. Staying in treatment for an adequate period of time and continuity of care afterward are important.

There is no generally accepted rule-of-thumb as to how much treatment is enough. Length of drug treatment will depend on the nature and severity of the teenager's drug involvement and other problems. Studies have shown that a handful of sessions can lead to favorable outcomes when a teenager has a mild drug problem (Wachtel & Staniford, 2010); yet when the extent of the problems is severe, a favorable outcome might require 3 months of treatment (National Institute on Drug Abuse, 2013). As with adults, relapse often occurs with teenagers. To reduce the likelihood of relapse, it is recommended that adolescents receive continuing care following treatment (Godley et al., 2006). Such aftercare services may include check-up visits with the client (at home or via phone), linking the teenager and the family to other needed services, and drug use monitoring.

Photo: iStock

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Photo: Seattle PI

PROMISING PRACTICES

TO ADDRESS SUBSTANCE USE AMONG AMERICAN INDIAN AND ALASKA NATIVE ADOLESCENTS

By: Ken Winters, PhD, and Kate Winters, MA

We are featuring two preventive intervention models that are based on culture and tradition, community involvement, and partnerships within and outside the tribal community. One model is organized around the canoe journey as a metaphor to promote skills needed to navigate life's journey. The other is equine assisted therapy; this approach uses the horse and its cultural symbolism to teach youth about decision-making, drug prevention, and other behavioral life choices.

HOLDING UP OUR YOUTH: HEALING OF THE CANOE PROJECT

Holding Up Our Youth is a curriculum developed as part of a three-phase project called *Healing of the Canoe* by a partnership between the Suquamish Tribe and the University of Washington's Alcohol and Drug Abuse Institute (UW-ADAI) in 2005. Tribal leaders and researchers selected the concept of the canoe journey as the cornerstone of the project because of its importance as a cultural tradition among coastal AI & AN communities, and because it dovetailed with the cultural resurgence occurring amongst West Coast Salish tribes. Drawing upon a previously developed substance abuse prevention curriculum for urban AI & AN adolescents (Canoe Journey/Life's Journey Manual; LaMarr & Marlatt, 2005; Marlatt et al., 2003), tribal leaders and UW-ADAI researchers developed a manual to accommodate tribal culture, traditions, and values.

The classroom version of the program consists of project staff serving as instructors, with tribal elders and community members as guests, sharing their personal and cultural experiences on substance use as well as tribal rituals and practices. Storytelling is used to convey cultural perspectives about the skills youth need in order to journey through their own lives and how to make positive choices along the way. Elders and community members also serve as mentors for youth throughout the school years. These

mentoring relationships include involvement in numerous cultural activities, including gathering and preparing traditional foods, storytelling, and traditional gift making such as beading, weaving, and carvings that students give to their mentors. Community outings give opportunities for students to meet with tribal police chief, tour tribal chambers, and take part as active assistants with hosting an annual Canoe Journey event. The success of the program led to an adaptation by the Port Gamble S’Klallam Tribe, named the “Navigating Life the S’Klallam Way”.

Since 2007, the Healing of the Canoe program is being

evaluated and being implemented in several other tribal communities. Early research findings indicate that tribal youth report feeling greater connection with their communities and cultures, and report less likelihood to use drugs. An added benefit is that students completing the program receive school credit from tribal high schools and tribal colleges. Interest in the program is intense among neighboring tribes, and some communities are planning to adjust the program for adults. For more information about the Healing of the Canoe program and its training resources, go to healingofthecanoe.org.

EQUINE-ASSISTED THERAPY

Overview

Equine-Assisted Learning (EAL), Equine Assisted Treatment (EAT), and Equine Assisted Psychotherapy (EAP) are common terms used to describe programs that help youth overcome physical or emotional problems using the horse as a central feature of therapy. Often embedded within a Recovery Oriented System of Care (ROSC), these culturally-based programs for American Indian & Alaska Native youth seek to promote cultural re-connection and belonging while also addressing problems of substance abuse. Common partners in an equestrian program include diverse groups such as ranch owners, health and wellness clinics, general equestrian schools, faith communities, and horse-rescue programs. In many instances, the entire family is involved. Most programs are located in tribal communities, with a few available in large urban settings, for example, Los Angeles CA and Tucson AZ.

Contemporary recognition of the value of using horses as part of counseling goes back to the 1980s when it was recognized that therapeutic benefits can occur as an adolescent establishes trust with the horse. In this vein, equine-assisted programs provide training and activities related to horse care, such as grooming and feeding, as well as walking and riding the horse. Learning to care for and ride the horse teaches the adolescent about awareness of physical, emotional, social and spiritual/cultural aspects of self and culture, with the horse being central to all of it. Perhaps the therapeutic value of equine-assisted therapy is best summarized by therapist and professor Carissa Brandt (2013): “The equine-human bond, in tandem with the client-therapist relationship, allows for the processing of painful emotions and experiences while simultaneously developing intimacy, identity, and partnership (p. 23).”

What happens in equine-assisted programs?

The early sessions focus on helping youth become aware of

self and exploring relationships using the horse as mentor. Being physically close to such a large animal requires establishing trust between human and horse; this is done by caring for the horse – touching, brushing, feeding, watering, and talking to the horse. While many adolescents have had experiences with dog and cat ownership, there is something distinctly different about interacting with an animal that is larger than oneself: getting a horse to move where you want it to is dependent upon whether the horse wants to move; and this can only happen once participant and horse develop trust that one is not going to hurt the other. Basic trust of physical safety is crucial to further therapeutic interactions and more complex requests for the horse to behave the way the participant would like. During this trust building phase, participants become aware of their own bodies and movements; i.e., behaviors that may cause the horse to nip at or move away from an individual; or conversely, the horse welcomes interaction by placing its head near or on the individual’s shoulder or face. Either way, the adolescent receives a clear message about how their horse feels about spending time together.

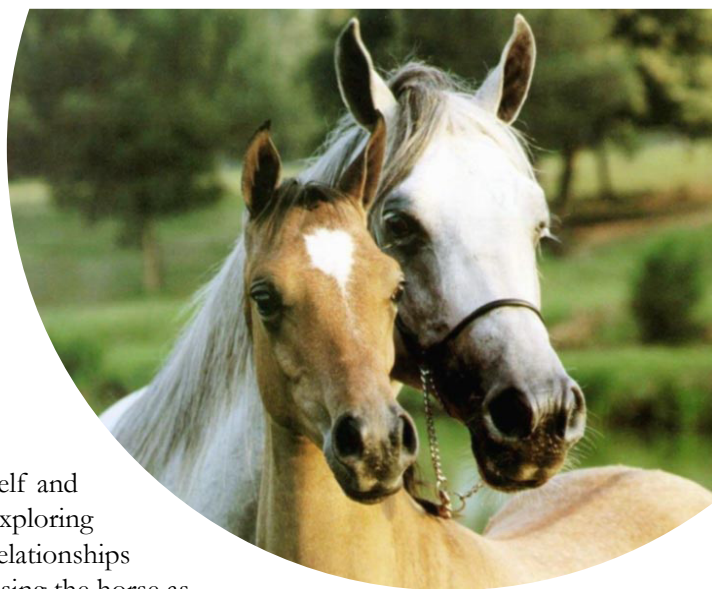


Photo: iStock

After the trust relationship has been established, the teenager works with the horse to get it to perform simple maneuvers inside a ring, such as walk over poles, or around barrels while being led by the adolescent. Because there are other pairs of clients and horses in the ring at the same time, individuals have to learn about the social dynamics of group interactions while maintaining safety for self and horse. Therapists engage the teens in discussions about how they – and their horse – were able to function as a pair while surrounded by other pairs.

The tangible nature of the feedback that horses give to the adolescent helps them understand some of their own issues of interacting with others in school, family, and community settings. Due to the growing trust between self and animal, the adolescent may see a change in their own self assessment compared with their view prior to working with the horse. For many, this is a new experience that promotes improved social relationships as well as a refreshed view of life that does not depend on drugs.



Photo: iStock

EXAMPLES OF EQUINE-ASSISTED PROGRAMS FOR AMERICAN INDIAN AND ALASKA NATIVE YOUTH

Sunka Wakan Ah Ku Program Spirit Lake Tribe, North Dakota

The Spirit Lake Tribe in North Dakota has a complex cultural history involving the horse that includes “marriage, war, hunting, games, races, moving camp, counting coup on enemies, and ceremonies” (Darla Theile, Director of the Sunka Wakan Ah Ku Program). Tribal and community leaders recognized an urgent need to address the growing presence of gang membership and increasing juvenile delinquency on the reservation. In partnership with Spirit Lake Tribe Juvenile Court

and the North Dakota Division of Juvenile Services, the Tribe created a program called “Sunka Wakan Ah-ku (Bringing Back the Horses)” where youth learn to care for horses to promote healthy self-identity, trust, and responsibility while learning about the horse culture and traditions through activities such as pony games and races. In this way, teens are healing themselves at the same time they are contributing to the Tribe’s commitment to ‘bringing back the Horse Nation to the Spirit Lake Oyate’. Since 2007 the program has been successful in reducing and preventing delinquency. You can learn more about the “Sunka Wakan Ah-ku” program at spiritlakenation.com, by clicking on Sunka Wakan Ah Ku in the left-hand menu.

Sewa Uusim Pascua Yaqui Reservation, AZ

Therapeutic use of horses is just one program offering that is

available in the Sewa Uusim Partnership that teaches teens about avoiding temptations. In this program, horses represent ideas or people in the children's lives; and they become partners in solving a problem. Prior to working with horses in the arena, teens participate in a talking circle, discussing concepts like respect, responsibility, and temptations in life. Once paired with the horses, teens learn concrete lessons about these concepts by being responsible for leading the animals away from 'horse temptations' that have been placed in the arena such as piles of hay, hula hoops, and traffic cones. Teaching the horse to avoid these temptations translates to youths' own temptations that can lead to unhealthy habits like bullying, substance abuse, and violence. After each of these activities, participants meet in a therapeutic group to write down their thoughts about the session and discuss what they learned. Some of the horses are rescues that the tribe or community members have taken in when owners abused or abandoned them. Youth are able to recognize horses' needs for healing and creating new relationships, which gives them insight about themselves and changes to make in their own lives. Read more about this program at pascuayaqui-nsn.gov, and search "Sewa Uusim."



Photo:
Buffalo Nickel

their shared history, which fosters a sense of belonging.

***Gila River Indian Community Equine Programs:
Kahv'Yoo Spirit and Trail Riders Club
Pima/Maricopa Community, Arizona***

The Gila River Indian Community has developed two equine programs to reduce and prevent substance abuse and suicide in their youth population. Both programs include Pima and Maricopa Tribal cultures, values, and traditions as essential components of activities and supportive therapy.

The Kahv'Yoo Spirit Program is an equine assisted growth and learning adventure program consisting of "hands on a horse" ground activities. Through a variety of exercises, feedback from the horses and guidance from the program staff, youth develop healthy coping skills, resiliency, self-esteem, and social connectedness.

Trail Riders Club was developed in response to the popularity of the Kahv'Yoo Spirit program. Community Elders proposed a horsemanship program as a focused diversion that included family participation. The program offers a monthly activity involving riding horses and traveling in wagons allowing participants to share Pima/Maricopa culture and talk about

***The Medicine Wheel Project
Omaha Nation Community, Nebraska***

The Medicine Wheel Project uses traditional Omaha values and teachings about the horse to assist at-risk youth in making positive choices and developing self-esteem. The horse has a long history in Omaha Nation culture and traditions, and is at the heart of The Medicine Wheel Project. Developed as a substance abuse prevention intervention, the program utilizes the strong human-horse connection to teach tribal values and beliefs, such as honor, dignity, empathy, unselfishness, protection of others, sharing, and spirituality that adolescents need to be healthy members of the community. Activities include ground work with the horse, painting the horses using traditional symbols from Omaha traditional practices. For more information, visit: omahanationcrt.org.

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“The creation of the Office of Tribal Affairs and Policy represents a change in how SAMHSA partners with, advocates for, and supports the behavioral health needs of American Indians/Alaska Natives,” says Mirtha Beadle, Office of Tribal Affairs and Policy (OTAP) Director. In August, Substance Abuse and Mental Health Services Administration (SAMHSA) Administrator Pamela Hyde announced the formation of OTAP, which is organizationally housed in the Office of Planning, Policy, and Innovation. OTAP’s overall goal is to improve the behavioral health of American Indians and Alaska Natives (AI & ANs) by leading and supporting SAMHSA-wide initiatives to deliver resources and services to tribal communities. OTAP serves as SAMHSA’s central resource for all tribal affairs, tribal policy, tribal consultation, tribal advisory, and Tribal Law and Order Act responsibilities.

OTAP’s work includes consultation, outreach, education, and stakeholder engagement. The Office of Indian Alcohol and Substance Abuse (OIASA), which is now part of OTAP, will be involved in these efforts. “With the formation of OTAP, we have an unprecedented opportunity to connect behavioral health-related work—by SAMHSA, and because of OIASA, by other federal agencies—in a more cohesive and thoughtful way,” says Ms. Beadle. “People involved with OIASA have worked very hard. This is a good time to refresh the commitment to our current partners and engage with new collaborators. Now is a good time to look at our goals down the road and take a fresh perspective on how to get there,” she adds.

OFFICE OF TRIBAL AFFAIRS AND POLICY: NATIVE AMERICA’S LINK TO THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

By: Lori Whitten

OTAP has already mapped out a set of initial steps for “getting there” by identifying high-priority activities for the coming months (see “OTAP’s ‘List of 10’ Priority Actions,” *below*). “These are certainly not our only priorities. We narrowed this list of 10 from a larger list of about 40,” Ms. Beadle explains. “We encourage OTAP stakeholders to see themselves as part of these priorities and to contact us to become involved in making them happen.” Anyone can reach the Office by email (otap@samhsa.hhs.gov). Look for more information on the AI & AN page when the new SAMHSA website (<http://www.samhsa.gov>) is launched soon.

OTAP’S “LIST OF 10” PRIORITY ACTIONS

1. *Initiate development of a SAMHSA Tribal Behavioral Health Policy Agenda that is developed in concert with tribal leaders, representatives of tribal organizations, SAMHSA Centers and Offices, and other partners.*
2. *Actively promote and facilitate tribal, federal, state, and local collaborations and actions that address the behavioral health needs of Native youth.*
3. *Work to increase the number of SAMHSA grants that are awarded to tribes.*
4. *Support efforts to improve the availability of data that could assist tribes in their application for federal grants and manage their SAMHSA grant projects.*
5. *Oversee and effectively manage implementation of the revised SAMHSA Tribal Consultation Policy.*
6. *Establish a SAMHSA AI/AN Communications Strategy to more effectively reach and engage tribal leaders on issues that may have an impact on their communities.*
7. *Support the development of a tribal affairs landing page on the SAMHSA website to facilitate access to information that is pertinent to tribal leaders and tribal communities.*
8. *Fulfill SAMHSA’s Tribal Law and Order Act responsibilities through OIASA, which seeks to improve federal agency coordination and achieve meaningful progress on the reduction of alcohol and substance abuse among the AI/AN population.*
9. *Engage with the SAMHSA Tribal Technical Advisory Committee to identify AI/AN behavioral health priorities and shape the agency’s policy agenda.*
10. *Ensure progress on the SAMHSA Tribal Behavioral Health Agenda through the SAMHSA American Indian Alaska Native Team.*



Photo: SAMHSA

"I'd like to personally thank Rod Robinson, Director of OIASA for the past 2 years, for his commitment to improving the lives of tribal communities. Look for his article in this edition of the Prevention & Recovery newsletter," says Ms. Beadle. The following OTAP staff members are also deserving of our thanks and recognition: Sharece Tyer, who serves as communications lead; Jean Plaschke, who leads efforts for Native youth; Sheila Cooper, who is the Senior Advisor for Tribal Affairs; and Michael Koscinski, who coordinates tribal action planning efforts. "OTAP staff will be working closely with the Indian Alcohol and Substance Abuse Coordinating Committee to promote Native American health and wellness. Of course, OTAP has a host of collaborators and partners—within SAMHSA and at other federal agencies—that do phenomenal work for Indian Country. Although we do not have enough space to mention them by name, we are grateful

for their efforts and look forward to working with them," says Ms. Beadle.

When asked about her vision for OTAP in 5 years, Ms. Beadle replied: "I would love to see us speak with one voice about behavioral health issues in Native communities. SAMHSA's programming should account for the uniqueness of tribal communities and meet their behavioral health needs. All too often, we view behavioral health programming through a general population lens and fit Native issues into that perspective. Sometimes that works, but it is often inappropriate. OTAP will have a different approach to dealing with grants, working to meet the objectives of tribal leaders, and supporting improvements to state-tribal relationships so the agency can meet the unique behavioral health needs of Native communities."

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TRAININGS, EVENTS and OPPORTUNITIES:

NOVEMBER

11/3-7/2014	ATTC Network Meeting	Baltimore, MD
11/5/2014 12 - 1 pm Central	Behavioral Health webinar series: <i>Creative Therapy for Traumatized Children: The Moving Stories Play Therapy Method</i>	Online, see webinar registration information below*
11/13/2014	Spiritual Leader Round Table	Mystic Lake, MN
11/19/2014 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: <i>Clinical Evaluation: Screening</i>	Online, see registration information below*
11/20/2014	<i>Synthetic and Designer Drug</i> presentation	Harris, MI

DECEMBER

12/3/2014 12 - 1 pm Central	Behavioral Health webinar series: <i>Traditional Indigenous Healing</i>	Online, see registration information below*
12/10-11/2014	DSM-5 Training	Farmington, NM
12/17/2014 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: <i>Client, Family, and Community Education</i>	Online, see registration information below*

JANUARY

1/7/2015 12 - 1 pm Central	Behavioral Health webinar series: <i>To Be Announced</i>	Online, see registration information below*
1/15-16/2015	Leadership Academy <i>Enhancement Session</i>	Miami, FL
1/21/2015 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: <i>The Science of Addiction: The Brain on Adolescence</i>	Online, see registration information below*
1/29-30/2015	Two-Spirit Task Force meeting	San Diego, CA

Then I was standing on the highest mountain of them all, and round about beneath me was the whole hoop of the world. And while I stood there I saw more than I can tell and I understood more than I saw; for I was seeing in a sacred manner the shapes of all things in the spirit, and the shape of all shapes as they must live together like one being.

And I say the sacred hoop of my people was one of the many hoops that made one circle, wide as daylight and as starlight, and in the center grew one mighty flowering tree to shelter all the children of one mother and one father. And I saw that it was holy...

But anywhere is the center of the world.

- Black Elk, Holy Man of the Oglala Sioux

*Webinars require advance registration. Go to our website: attnetwork.org/americanindian and click on *Trainings & Events* to see a full list of upcoming webinars and registration information. Questions? Contact Kate Thrans at kate-thrans@uiowa.edu or 319-335-5362.

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