



# NEWSLETTER

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## DIRECTOR'S CORNER

Welcome back to our newsletter and the continuation of our focus on adolescents and the many challenges they face on their way to adulthood. Native adolescents are the future of our tribal communities, and President Obama has recognized the importance of supporting and enhancing future leaders by giving 800 Native adolescents the chance to meet in Washington DC on July 9th. These Native teens will likely go on to become leaders in their communities. However, let us not forget the Native adolescents in despair and disillusionment who seek drastic outlets by engaging in gang activities, or those who decide to end their own lives. The beginning of this year has seen a serious suicide epidemic among teen girls in some tribal communities in South Dakota, and we are working to support these communities in trying to end this epidemic.

In this newsletter, we focus on how and why adolescents get involved in gang activities, the impact of historical trauma and trauma-related experiences which may lead to gang involvement, and how we, as professionals, can divert our adolescents away from dangerous activities.



As grownups and professionals working with Native adolescents, it is our responsibility to work with parents, elders, schools, and community and tribal leaders to facilitate a supportive environment for our adolescents, especially adolescents with substance use disorders. This year we have focused many sessions in our Behavioral Health webinar series on adolescent issues including: synthetic cannabinoids, equine therapy, recovery schools, and the program *We R Native*, which uses social media to promote adolescent health. We will continue to focus on adolescent issues in October, when Jacque Gray, PhD, will discuss issues of suicide in Indian Country, and how to respond appropriately. To view recordings of past webinars, or to register for future sessions, visit the [Behavioral Health webinar page on our website](#).

Our Recovery Month focus will be on successful adolescents' recovery stories for the second year in a row. Stories will be shared [on our blog](#) and featured [on our website](#), so be sure to stay connected this September.

In addition to our focus on teens, we have several wonderful projects underway. First, since we heard from so many that it is a needed topic, we will repeat our

American Indian Summit on Spirituality and Behavioral Health again in November to celebrate American Indian Heritage Month, and are currently looking into a location. Our Second Annual Symposium: *Reclaiming our Roots: Rising from the Ashes of Historical Trauma* took place in Chandler, Arizona on February 27th with close to 100 people attending in-person, and 140 joining online. The symposium caught the attention of a variety of government agencies and interested parties across the country.

We are currently reviewing applicants for our 2015-2016 Leadership Academy. This 9-month program will give participants many new learning experiences, networking with other Native providers, and collaborating with mentors from different parts of the country.

We feel honored to be able to work with many tribal and urban communities across the country. We continue to listen to your needs, so please let us know if you are interested in our current programs, or have ideas for programs, topics, or initiatives you would like us to consider for the future.

Regards,  
Anne Helene Skinstad

*Skinstad AH, Summers K, Nathan PE. Recovery Schools: A Provider's Introduction to Recovery Programs in High Schools and Post-Secondary Schools. Prairielands ATTC, 2012.*



# AMERICAN INDIAN & ALASKA NATIVE YOUTH AND GANGS

By: Mary K. Winters, MEd; and Ken Winters, PhD

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## Introduction

While reviewing the literature on gangs it is easy to focus on pathology and risk factors that put American Indian & Alaska Native (AI & AN) youth at risk for becoming involved in gang activities. Most AI & AN youth come from families that are healthy and nurturing, with many extended families teaching children the traditions of their tribes and communities (Cross, Friesen & Maher, 2007). It is important to remember that traditional AI & AN culture, regardless of tribal affiliation, has always emphasized providing children with the love, respect, and the cultural tools needed to ensure a healthy future for the youth and the community. Because of these protective factors, most Native youth are able to resist influences to join gangs.

## Overview: Gangs and Native Youth

Gang presence in Indian Country was first reported in the mid-1980s in only a few tribal communities; and since then has steadily increased, primarily in the Southwest, Northwest, and Midwest regions of the country. In 2000, the National Youth Gang Center surveyed 577 federal and state recognized tribal communities to measure the presence, size, and activity of youth gangs

in their communities. Of the 300 responding, only 23% communities reported active youth gangs during 2000 (Major et al., 2004). A 2013 report from the US Department of Justice estimated that gang activity among Native youth had increased nearly 40% between 2000 and 2010 in the 132 tribal communities surveyed in the Great Lakes Region, Pacific Region, Southwest Region, and West Central Region of the US (Grant, 2013; National Drug Intelligence Center, 2011). It is important to acknowledge that a greater number of AI & AN youth live in urban areas rather than on reservations, and while there are risks for experiencing gang violence or joining gangs on reservations, there are special concerns for urban youths' particular vulnerability to gang influences: They experience greater exposure to street gangs and crime, racism at school, generally lack contact with Tribal elders or have little or no knowledge about their Tribe, clan and family identity, and are disproportionately victimized, waived to the court system, and confined than youth of all other ethnicities (Robbers, 2009).

The National Violence Prevention Resource Center

(Grant, 2013) identifies three different types of gangs: those located within Indian Country, urban gangs, located in major metropolitan communities, and hybrid gangs which has components of the first two but often reflects unique characteristics based on location, geography, and organization. For example, a reservation located somewhat near a large city allows for frequent migration by members of street gangs to and from the reservation, often to sell drugs, and frequently recruiting tribal youth to facilitate moving the drugs and/or selling across reservation lands (Starbuck, Howell, & Lindquist, 2001). Hybrid gangs in Indian Country are generally small with fewer than 10 members, with changing membership as youth join or leave the gang. Generally, these types of gangs are not well-organized, and often disband within a few years. However, some hybrids develop into larger gangs, with well-defined leadership, established and complex rules about membership, roles, hierarchy, and consequences for failure to comply to elaborate rules of operation.

Reservations located on or near the Mexican and Canadian borders are targets for well-organized, urban, non-native gangs to operate in the smuggling of drugs, weapons and money, and to conduct human trafficking across international borders (Grant, 2013). Their remote locations provide relative safe refuge for urban gang members needing to hide from law enforcement or rival gang members. This is complicated by a maze of federal and state jurisdictional issues still on the books for arresting non-native criminals on Native lands, a fact well-known by gang leaders.

### **Pathways to Gang Involvement**

Whether they live in cities or on reservations, youth join gangs for various reasons: for money, a sense of support and belonging, status, protection, social affiliation, family tradition, or to appear as an outlaw from justice (Decker, Katz, & Webb, 2008). For all ethnic groups, ages 11-14

are a period of transition for youth; i.e., spending less time at home and with family and more time with peers, away from home. There is some evidence suggesting that for the highest-risk youth, a pathway to gang-joining is a process that starts when they are very young, around ages 3 to 4, when behavior problems first arise (Krohn & Thornberry, 2008). In elementary school these youth are likely to struggle with learning and classroom conduct (Loeber & Farrington, 2001). The onset of delinquent behavior follows, around ages 11-12, and interactions with gangs becomes more common (Craig, Vitaro, & Tremblay, 2002).

Studies show that early involvement in fighting and delinquency is a precursor behavior for joining gangs; and that vulnerable youth as young as 10 years old may already have committed delinquent acts that precede gang involvement (e.g., Esbensen & Huizinga, 1993; Hill, Howell, Hawkins, & Battin-Pearson, 1999). Similarly, the length of time youth stay in gangs appears to be heavily influenced by early development of delinquent behaviors, both by age and by the number of risk factors present (Farrington & Loeber, 2008).

Elementary schools are places where recruitment often begins. At-risk youth observing clothing and colors that identify gangs, flashing of hand signs, and the appearance of flaunting authority find these symbols of the gang lifestyle to be attractive and an enhancement to areas of life where they perceive personal disadvantage. Gangs are very good at identifying which youth are most vulnerable and thus more 'recruitable'.

Rural youth are often recruited to align with non-native urban gang members to traffic drugs or guns across reservation land. This is particularly true where reservations are located near or along international borders, such as Arizona, California, Minnesota, New York, and Alaska. In North Dakota and Montana, where the Bakken oil field drilling takes place on reservation land, the presence of non-native gangs has increased,



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## NATIVE AMERICAN INVOLVEMENT IN THE GANG SUBCULTURE: CURRENT TRENDS & DYNAMICS

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*Mr. Junior Bettelyoun, the Indian Education Director for the Rapid City (SD) School District, points out that the phenomenon of young Native Americans dropping out of school is not so much an event as it is a process which begins as early as elementary school, progressing and often increasing into middle school and high school. Additionally, the mechanism for classifying “drop-out” students has many variables that don’t necessarily accurately reflect the true picture of the issue or the individual. Still, Mr. Bettelyoun, as well as many other educators in Indian Country, readily acknowledges that the drop-out rate among Native American youth remains a serious and challenging problem. The relevance of this issue is that lack of education is another factor known to contribute to a greater potential for gang involvement. Among youth who are uneducated or undereducated, there tends to be a higher risk potential to gravitate into behaviors that are self-destructive due to limited employment qualifications and opportunities. As well, youth who are not in school often have a great deal of time on their hands and tend to group together for camaraderie, support and protection, with such relationships often resulting in the formation of formal or informal gang structures. Such is the case in many tribal communities.*

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as has the incidence of Native youth forming their own hybrid gangs. Most hybrid gangs are not strongly organized, with membership varying as youth leave or join the gang. However, when gangs do become organized, even incrementally, their crimes become more violent and widespread (*Decker, Katz, & Webb, 2008*). Consensus among Tribal leaders across the US is that recognizing and addressing gang presence and the factors that create youth vulnerability is mandatory for protecting the health of youth and the entire community.

### **Risk Factors**

A long history of behavior science supports the notion that a teenager’s vulnerability for disruptive behaviors, including gang affiliation, is a function of how many risk factors and adverse events the youth experiences. We review below some of the more prominent risk factors presumed to be associated with gang involvement; some of these factors may have a more prominent role as a contributor to disruptive behavior among AI & AN youth compared to youth of other ethnic backgrounds. We emphasize that no single risk factor is sufficient to trigger delinquency in a young person, and not all youth who have numerous risk factors will respond by joining a gang.

### **Historical Trauma**

Despite differences between tribal cultures and traditions, there is a shared history of assaults resulting from destructive federal policies intended to assimilate Native people into the westernized ‘American way of life.’ Historical trauma is a risk factor for all AI & AN youth, and may be conspicuously present in the array of risks for most youth who join gangs or are victims of gang violence.

Traumatic events differ for each child; common reactions to witnessing violence include feelings of extreme fear, horror, and a sense of helplessness and hopelessness.

Physical responses to trauma may include racing heart, clammy extremities, and panic attacks. Traumatic events include: being a victim of sexual, physical, emotional abuse or other violence, witnessing abuse or other violence, an incidence of suicide in the family or extended family; being homeless; and witnessing gang violence, or being a victim of gang violence (*Bigfoot et al., 2008*).



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## Family

Risk factors may exist in families where parental supervision of children is weak, including poor monitoring of school performance, recreational activities and peer affiliations. Some families experience changes in solidarity, such as divorce or when a family member leaves the home (Howell & Egley, 2005; Esbensen & Huizinga, 1993). Families that are disorganized or in conflict (e.g., child abuse or neglect, parental substance abuse, criminal behavior, or uneven or chronic unemployment of parents or caregivers) may also contribute to youth vulnerability; in some instances, the family consists of multiple generations of gang involved adults (Decker & Curry, 2000; Krohn & Thornberry, 2008).

## Community

Certain aspects of communities may put some youth at risk for gang involvement. As noted above, having parents with few or no connections to the cultural community may be a risk factor for youth. Other community-related factors include these: high poverty rates, inadequate or substandard housing, presence and tolerance of gangs and gang criminal behavior (whether non-native or Native who have moved from urban areas to Tribal communities), high crime rate, a perceived lack of safety in the neighborhood or larger community, poor neighborhood cohesiveness, and availability of firearms (Hill, et al., 1999; Howell, 2012; Howell and Egley, 2005).

A related risk factor is cultural affiliation; youth who have little or no knowledge about their tribal and community culture may be more vulnerable to joining gangs (*personal communication, Linda EagleSpeaker, Minnesota Indians Women Resource Center, January 2015*).

## School

A student's connection to school is an important risk factor. Frequent truancy, suspensions, or expulsions from school are symptoms of youth that have low achievement and low academic aspirations. Compounding matters is the fact that some youth may be bullied or feel their safety at school is threatened. Schools can help minimize the problem of bullying by providing a safe, supportive learning environment (Howell and Egley, 2005; Esbensen, et al., 2009).

## Peer Risk Factors

Perhaps the most significant risk factor for gang membership is association by the teenager with delinquent or gang-involved peers (Howell and Egley, 2005; Esbensen, et al. 2009). Having friends who are in a gang portends gang membership. Also, belonging to a gang increases the likelihood of being involved in criminal activities that are more violent compared to crimes committed by youth who are not gang members. Gang-linked crimes range from property offending to drug distribution, weapons trafficking, and sexual exploitation and trafficking (e.g., Thornberry, Hawkins, & Krohn, 1998). As members of

gangs, youth witness violence, and also are direct victims of violence from rivals and sometimes from their own gang (e.g., threats, assaults, injuries from weapons and sexual violence) than their non-gang peers (Decker, et al., 2010; Katz, Webb, Fox, & Shaffer, 2011; Whitman & Davis, 2007). It is less common to see female gangs or female members of mostly male gangs; however the number of females joining gangs is increasing, especially in urban communities, and many of them report that part of initiation to the gang involves “sexing in” rituals and often continuing sexual exploitation and maltreatment by males in the group (personal communication, Linda EagleSpeaker, Minnesota Indian Women’s Center, January 2015).

### **Prevention Options and Promising Practices**

For vulnerable AI & AN youth, the perceived benefits of being in a gang seem to outweigh the negative consequences that can be associated with gang life. Tribal leaders, health care and social service practitioners, policymakers, educators, law enforcement and justice systems, the business community, parents, elders and other community members must become partners in offering culture-based alternatives for youth so they can make healthy choices and resist becoming involved with gangs. There are several examples of promising practices from tribes and urban communities around the country. Some are designed specifically as gang intervention and prevention programs, while others reflect a pan-community approach to problem solving.

### **Native American Drug and Drug Initiative (NADGI)**

For Tribal reservations fighting violence and gang activity there is a universal need for changing outdated federal and state jurisdiction policies for crimes committed on tribal lands, and for collaborations that allow communities to share resources. In Wisconsin, eleven Tribes have collaborated with the state’s Department of Justice, Division of Criminal Investigation (DOJ/DCI), to form the Native American Drug and Gang Initiative (NADGI) to address and reduce violence on Indian Reservations and in surrounding communities.

Typical for most reservations is a shortage of tribal law enforcement officers, limited or no access to special intelligence, equipment, training, and funds to pay for it all. With the partnership, and now with the United States Attorney’s Office as an active partner, NADGI provides coverage to reservations that spans over 500-miles. The organization has allowed for standardized training, standardized report writing, sustained funding between NADGI, local, county, state and federal law enforcement agencies, and the collaboration has made significant impacts on drug and gang activity within and between the tribes. With cultural differences among the eleven tribes, NADGI works closely with communities to tailor prevention strategies and train community members to become active participants in reducing violence and growth of gangs. One of the components of NADGI has been a focus on training regarding drug endangered children (DEC) because the drug threat on tribal lands is significant, and the most vulnerable victims are children at risk of physical, sexual or emotional abuse, or neglect, as a result of their caregiver’s involvement in the drug culture or gang related drug activities. NADGI and the US Attorney’s Office for the Western District of Wisconsin have made training of tribal law enforcement in this regard mandatory, and began “DEC in Indian Country” training sessions for relevant persons in the community such as first responders, educators, health care and social

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service staff. Training involves two phases; recognizing and understanding the short and long term physical and psychological effects that occur as a result of living in drug environments; the second phase focuses on each tribe taking concrete steps to bring together various groups to address the problem of drug endangered children within their communities. Using this multi-disciplinary approach, NADGI and DEC contributes to swift identification of children living in dangerous drug environments and facilitates a seamless transition through various agency processes in dealing with the problem.

### **Gang Resistance Education and Training (GREAT)**

An example of a gang-specific intervention and prevention program is the GREAT program. This program is available across the country and has been rigorously evaluated. Early evaluations of the program's original version showed only modest positive results with respect to reducing risk factors associated with delinquency and gang membership (e.g., peer group association, attitudes about gangs and law enforcement), and no meaningful effect on reducing gang membership itself. GREAT underwent a thorough review that resulted in a revised curriculum emphasizing a skills-building approach. The revised program saw promising results after one year; for example, there was a 39-percent reduction in the odds of gang-joining among the GREAT students compared with students in the control group.

### **Minneapolis American Indian Center (MAIC)**

Opened in 1974, this facility was among the first urban American Indian centers in the country to provide services that would not be otherwise available to urban Native people. From the start, MAIC was created by concerned American Indian community members, and has sustained its community roots during decades of expansion of services. The Center currently serves more than 35,000 AI & AN people living in the Minneapolis-Saint Paul metropolitan area. Programming is guided by strong



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Native values that preserve and support the community's tribally diverse cultural traditions through the arts, healing and wellness, and intergenerational programs that promote healthy lifestyles across all ages of community members. A summary of key MAIC programs follows.

- The **Dog Soldier MMA** was created in response to rising rates of kidnappings, sexual exploitation and domestic violence on the south-side of Minneapolis. Leaders identify young women and men to “step up as Warriors, and not become part of the problem.” These young adults receive training in how to protect vulnerable community members. Self-defense training is available at the facility, which also houses a cage fighting and tournament competition team.

### **The goal of the Prevention through Cultural Awareness**

**Program (PCAP)** is to increase protective factors to help vulnerable AI & AN youth resist drug use. Experiential activities, grounded in culture and tradition, challenge participants and reconnect them with their tribal and community heritage. Program staff network with community organizations to provide diverse programming resources to support healthy choices regarding drugs and alcohol, such as support for chemically dependent family members, youth and adults seeking addiction treatment and recovery support, Dakota and Ojibwe language learning and conversations opportunities, Family Nights with cultural activities, and mini powwows four times a year.

- The **Ginew/Golden Eagle Program** is a 12-month after school program for AI & AN youth ages 5-18 that follows a 23-unit, culturally-specific curriculum designed to help American Indian youth strengthen and develop life skills for making wise and healthy choices benefiting themselves and their communities. Tutoring is available from volunteers in the community and the University of Minnesota. Prevention messages are part of talking circles, drug awareness education sessions, and chemical free activities.

- Within the Ginew/Golden Eagle Program is the **Youth Intervention Program** for youth ages 5-18 who have problems with truancy, are involved in the judicial system, have completed a substance abuse treatment program, and/or have dropped out of school. Transportation to and from the Center is available to youth living within the program's transportation boundaries. Additionally, a free hot meal is served each time youth attend the program.
- **The Indigenous Women's Life Net (IWLN)** guides and assists women who are fleeing domestic violence, sexual assault, dating violence, and stalking by providing trauma-informed services and wellness recovery initiatives through a Native American cultural lens. Services include case management, advocacy for victims of domestic violence and sexual exploitation, culture classes, healing arts, budgeting and goal setting; with transportation available to participants.

To learn more about these and other programs contact: Minnesota American Indian Center, 1530 East Franklin Avenue, Minneapolis, Minnesota 55404; (612) 879-1700; [www.maicnet.org](http://www.maicnet.org).

## Summary

Gang affiliation can occur with AI & AN youth, like all youth. Such affiliations serve many social functions during adolescence, a development period when a young person is seeking an identity that is typically more influenced by peers than by parents. How gangs are formed and sustained is the result of numerous and complex social and individual factors. This article focused on a set of prominent psychosocial factors that likely contribute to gang membership; these factors represent a range of inter- and intra-personal variables, as well as influences from the community. Reversing the role of these and other risk factors and turning them into protective factors (e.g., reversing poor school connectedness to strong school affiliation), and building a strong connection between cultural traditions and youth, are pathways toward addressing the problem of gangs among AI & AN youth.

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# THE FAMILY SPIRIT INTERVENTION PROGRAM:

*Paraprofessional-delivered home-visit intervention for American Indian teen mothers and children*

by Anne Helene Skinstad, PhD

Dr. Allison Barlow from Johns Hopkins Center for Indian Health recently published an article in the American Journal of Psychiatry called “Paraprofessional-delivered home-visit intervention for American Indian teen mothers and children: 3-year outcomes from randomized controlled trial.” Visiting nurse programs have been used in many communities for decades, with good outcomes. However, for this Family Spirit Intervention program, the research team chose to use paraprofessionals, called health educators, who were young women from the Navajo and the Apache tribal communities in Arizona. Many of them had been teen mothers themselves. The results from this study show that the paraprofessional home-visiting intervention program resulted in better parenting skills in the teen mothers, reduced rates of substance abuse and depressive symptoms in the teen mothers, reduced dropout rate from school, and reduced residential instability. The children of these Native teen mothers also showed much better outcomes and were better adjusted. The researchers concluded that the culturally-sensitive Family Spirit Intervention program promoted effective parenting skills, reduced maternal risks, and improved child development outcomes. Furthermore, this program increased the workforce in these tribal communities, in that after their training was completed, every one of the health educators/para-professionals were either employed in health-related jobs or going to school.

To read more about this study, see the original article:

Allison Barlow, M.P.H., Ph.D.; Britta Mullany, Ph.D., M.H.S.; Nicole Neault, M.P.H.;  
Novalene Goklish, B.S.; Trudy Billy, B.S.; Ranelda Hastings, B.S.; Sherlynn Lorenzo;  
Crystal Kee, B.S.; Kristin Lake, M.P.H.; Cleve  
Redmond, Ph.D.; Alice Carter, Ph.D.; John T.  
Walkup, M.D. (2014) Paraprofessional-  
delivered home-visit intervention for  
American Indian teen mothers  
and children: 3-year outcomes  
from randomized controlled  
trial. American Journal of  
Psychiatry, October issue.

Please also check  
out the [interview with  
Dr. Allison Barlow  
in Psychiatric News  
at this link.](#)

Photo: iStock

*I was taught that we are sent here to learn, evolve, and try to become as much like the Creator as we possibly can; but as we are born, we forget what we had known before and the reason we came here. Part of the journey of life is to remember and keep focused on that goal, but there are those whom will be sent to help us remember, including spirits and nature. With this lies the responsibility of caretakers and relatives to provide a loving, caring, and nurturing environment for the children to grow, assisting them in planting their roots and building a strong foundation. Just as a tree or building can only get as high as the roots are deep, or as strong as the foundation will hold, each person can only climb as high as his or her roots are deep, or foundation is strong. Loving one another and treating each other good will assist us in seeing the world in better ways. This, along with the teachings will strengthen the roots and foundation in order to assist in growth in the right direction toward the Creator.*

- Sean A. Bear I

*Remember that your  
children are not your  
own, but are lent to you  
by the Creator.*

- Mohawk





*Leadership Academy graduation 2015, pictured from left to right, back row: Daniel Dickson, Brent Lierman (trainer), Sean A. Bear I, Peter Nathan, Lena Thompson; second row: Ray Daw, Anne Helene Skinstad, Anne McCoy, Jacki Bock, Wilma Champine-Calf Looking; front row: Patrick Calf Looking (mentor, 2015), Donna Belgarde (participant, 2015), John Jewett (participant, 2015), Dale Walker (mentor, 2015), Clyde McCoy*

## American Indian & Alaska Native Leadership Academy

*by Anne Helene Skinstad, PhD*

The American Indian and Alaska Native Leadership Academy concluded its pilot program in Portland, Oregon, on May 21st and 22nd. We are very pleased with the development of the program and grateful to the members of the task force who helped us conceptualize and develop its ideas. We are also proud of the graduates and what they have accomplished since we first met them in August 2014. Furthermore, we are indebted to the mentors who have put a great deal of effort into supporting the participants in their personal development.

**Immersion training:** The participants started the program by spending 5 days lead by Brent Lierman, PhD in Tama, Iowa, learning how to develop their leadership skills in a culturally informed way, and how to incorporate input from elders and community members into their work. The participants also started developing their personal leadership development and their project plan with the help of their mentors.

Between face-to-face meetings, participants and mentors worked diligently on their projects, participated in webinars on topics important for their leadership development skills, and participated in regular conference calls with their mentors and fellow participants.

**Enhancement session:** Participants and mentors met in Florida in January to share and discuss the progress of their project and development plan. Participants were given the opportunity to present their projects to fellow participants and mentors for feedback on how they could develop their project plan further. The program also included presentations by Brent Lierman, PhD, Lenore Myer, Clyde McCoy, PhD, and R. Dale Walker, MD.

**Graduation session:** Participants and mentors met in Portland, Oregon, to celebrate their accomplishments





and their finished project. Participants gave their final presentations of their projects, and we also heard from leaders in the region, including Joe Finkbonner, Director, Northwest Portland Area Indian Health Board; Cheryle Kennedy, member of the Tribal Council and 10 years as the Chairwoman; Dr. Cornell Pewewardy; as well as task force member Ray Daw, MA, and trainer Brent Lierman, PhD. We ended the afternoon by touring the Native American Youth and Family Center (NAYA) and being introduced to all the different programs the center offers by Dolores S. Fry, Jill Erickson, and Ashley Thirsdrup.

The formal graduation ceremony took place over dinner, with presentations of gifts and certificates of completion, as well as well-wishing speeches. The graduates have done incredible work, and they will be welcomed to present their projects again to future

participants in the Leadership Academy.

In changing times, it is important to develop leaders for urban and tribal behavioral health programs so; clients will be better served in the future. This includes ensuring that leaders understand culturally-informed, community-based, participatory programming and evaluation; know how to listen carefully to the community to build programming based on the community's strengths; and finally, understand how generational and historical trauma can impede the health and well-being of clients, families, and community members.

We are in the midst of preparing for the 2016 cohort of our Leadership Academy, and we would encourage you to visit the [Leadership Academy page on our website](#) to learn more.

## THE NIDA-SAMHSA BLENDING INITIATIVE

by Thomas E. Freese, PhD

The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) joined together in 2001 to create the Blending Initiative to reduce the gap that exists between the publication of research results and impact on treatment delivery. This initiative incorporates collaboration between clinicians, scientists, and experienced trainers to catalyze the creation of user-friendly tools that facilitate the dissemination of information about and the adoption of research-based interventions into front-line clinical settings.

In 2015, SAMHSA's Regional Addiction Technology Transfer Centers (ATTCs) are focusing on the development of creative and rapid dissemination tools to ensure that key stakeholders have access to the latest research findings. This year the ATTCs are focused on three key topics.

1. One group will focus on Adolescent Substance Use Disorder Treatment. The group develop tools to help providers identify and address SUD in adolescents and young adults, and to tailor interventions to meet the unique needs of young people. Providers will also

be given strategies for identifying evidenced-based practices targeting this population.

2. The second group will develop information on late-breaking research on medications for addiction treatment, formatted so that they can be easily infused into existing training materials.
3. The third group will be working to create easily understandable information on the impact of marijuana use, research on its use as a medicine, and the difference between the marijuana plant and the synthetic cannabinoids that are now available on the streets.

These products are under development now. Watch the website at [www.nattc.org](http://www.nattc.org) (projects tab) and information will be posted as it becomes available. In the meantime, you can browse the catalog of training products previously developed under the Blending Initiative. None of these Blending initiative products is culturally adapted, but two of the National Focus Area ATTCs; the Hispanic Latino ATTC located in Puerto Rico, and the National American Indian and Alaska Native ATTC, located in Iowa City, can assist with cultural interpretations.



## TRAININGS, EVENTS and OPPORTUNITIES:

### JULY

7/1/2015 12 - 1 pm Central	Behavioral Health webinar series: <i>Storytelling: Revitalizing the Oral Tradition for Healing and Connection</i>	Online*, see <a href="#">Behavioral Health webinar page for registration and information</a>
7/7-8/2015	Pilot training of: <i>A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals, 2015 edition</i>	Online
7/9-10/2015	<i>Alcohol &amp; Drug Exam Review</i> training	Rapid City, SD; contact Jacki Bock, see below**
7/15/2015 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: <i>Clinical Evaluation: Screening</i>	Online*, see <a href="#">ESAS webinar page for registration and information</a>
7/23-24/2015	Focus group for Ramsey County grant: <i>A bridge to American Indian health</i>	St. Paul, MN
7/30-31/2015	Association of American Indian Physicians 44th Annual Meeting and Health Conference; <i>Center staff will present at this event</i>	Tulalip, WA

### AUGUST

8/5/2015 12 - 1 pm Central	Behavioral Health webinar series: <i>Native American Cultural Sensitivity Training</i>	Online*, see <a href="#">Behavioral Health webinar page for registration and information</a>
8/17-21/2015	Leadership Academy: Immersion Training	Tama, IA
8/19/2015 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: <i>Clinical Evaluation: Assessment</i>	Online*, see <a href="#">ESAS webinar page for registration and information</a>
8/23-25/2015	47th Annual Southwestern School for Behavioral Health Studies; <i>Center staff will present at this event</i>	Tuscon, AZ

\*Webinars require advance registration. Go to our website: [attnetwork.org / americanindian](http://attnetwork.org/americanindian) and click on *Trainings & Events* to see a full list of upcoming webinars and registration information. Questions? Contact Kate Thrams at [kate-thrams@uiowa.edu](mailto:kate-thrams@uiowa.edu) or 319-335-5362.

\*\* To register for this training, contact Jacki Bock: [jacki-bock@uiowa.edu](mailto:jacki-bock@uiowa.edu); 319-335-5564

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