



National American Indian & Alaska Native

ATTC

Addiction Technology Transfer Center Network
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Addressing Addiction

IN NATIVE AMERICAN COMMUNITIES · VOL 9 ISSUE 1 WINTER 2023



**Indigenous
Paths to
Recovery**

DIRECTOR'S CORNER



Welcome to the latest issue of our newsletter Addressing Addiction in Native American Communities. The main theme in this newsletter is recovery from substance use disorders (SUD) and the Indigenous Path to Recovery that includes involving family and community members, engaging in cultural events, involving Elders and community healers, and engaging in peer support networks. For SUD counselors, it is important to familiarize ourselves with the community Native clients come from and, at the same time, take care of ourselves as a counselor in recovery. The latter is especially important for the workforce because of the additional challenges of the COVID-19 pandemic, when social isolation became the norm and access to Native ceremonies were seriously disrupted.

Chaplain Eddie Greyfox Burgess, member of the Mi'kmaq tribal community in the state of Maine, shares with us his perspective on Native youth and the importance of connection to culture. He developed the Wellness Mobile 5 years ago to reach out to people in his area and disseminate information on such varied topics as domestic and community violence, diabetes prevention, and substance use disorders. He highlights the benefits of participating in Indigenous community functions for youth who may not be connected to their communities and may not be benefitting as much as they could from other interventions.

The importance of early intervention among Native adolescents and young adults is addressed by our graduate student Andrew Lillie. He is basing this topic on an intense discussion that appeared during a session of our Indigenous Behavioral Health Series on SUDs in February. During this webinar, Kathy Tomlin, PhD (Cheyenne River Sioux), gave examples on how to include traditional ways of living into the recovery process and how Native and non-Native counselors can assist their Native clients in how to engage with the tribal communities. Ken Winters, PhD, emphasized that Westernized

methods of early intervention needs to be culturally informed and adapted to be effective.

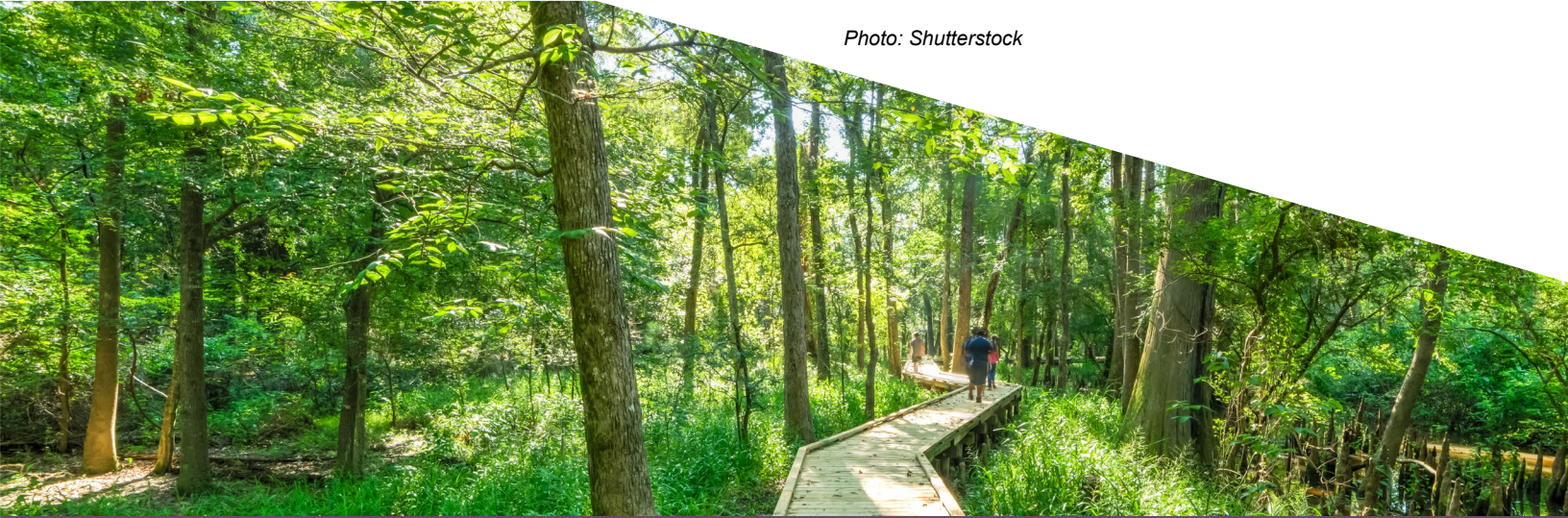
I also have the honor of introducing our readers to Dr. Tomlin as our new Co-Director of the National AI/AN ATTC and National AI/AN MHTTC. She has worked on many projects with us; most notably, she is our lead trainer on Motivational Interviewing in Native Communities, and she managed our Tribal Opioid Response (TOR) TA program until it ended in late September 2022.

At the end of the newsletter, we include other highlights of what has happened in other parts of the Native Center for Behavioral Health, like our new Mental Health Awareness training program in Sioux City Iowa, and our very recent publication from the National AI/AN Prevention TTC: Research at the Speed of Trust.

We always want to include in our newsletters words of wisdom from tribal colleagues and spiritual leaders. Doug Widow, Cheyenne River Sioux tribal member, reflects on and shares with us the importance of wisdom in our efforts to manage the affairs in our lives. He explains this concept of Woksape and how to live by the wisdom that flows through us from the Creator if we are willing to listen.

I encourage you to start celebrating spring, the beginning of new life, and share with your Native clients how to embrace the season while recovering from SUD.

Anne Helene Skinstad, PhD
*Program Director
National American Indian and Alaska Native ATTC
Clinical Professor, Department of Community and Behavioral Health*



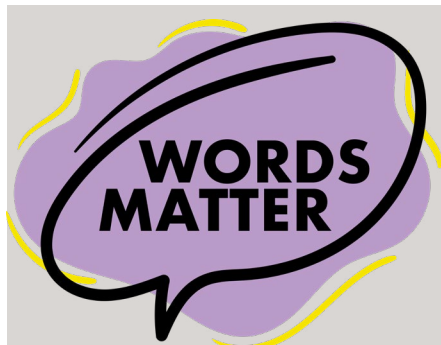
The Journey of Recovery

MARY K. WINTERS, MEd

Contributions from KEN C. WINTERS, PhD

INTRODUCTION

While many definitions and conceptualizations of recovery are described in the literature and writings, there is value in viewing recovery from a substance use disorder as a process of change through which an individual achieves abstinence and improved quality of life. Several recovery pathways exist, including adherence to the 12 Steps, mutual support groups, faith-based support, culturally informed supports, assistance with medication, and self-directed recovery. Sustaining recovery can be a challenge. More than 50% of individuals discharged from a treatment program for substance use disorders resume use of a substance within the following 12 months and most relapse within a few months after discharge from a treatment program (Hubbard et al., 2001; Israel et al., 2013; Miller et al., 2003). Yet when a person can stay substance-free for more than a year after treatment, likelihood of successful long-term, sustained recovery is very high (Vaillant, 1996; White, 2005).



Words matter when discussing recovery. Referring to an Indigenous person as “a person in recovery” rather than someone who was “addicted” or had a “drug problem” will likely favor the client’s self-view and their prognosis. Also viewing a person’s recovery as a journey in overall physical, psychological, and spiritual wellness, as opposed to just seeking to be substance-free, can promote that person’s long-term recovery.

Successful recovery for American Indians and Alaska Natives (AI/ANs) is optimized when the treatment originates within Native communities and employs local models of recovery (Substance Abuse and Mental Health Services Administration, 2018). This approach facilitates AI/AN clients linking their recovery to the activities of the Indigenous community and building a strong connection to their culture. In this light, connecting to culture and community is a form of healing and a pathway for recovery (Substance Abuse and Mental Health Services Administration, 2018).

GENERAL KEYS TO LONG-TERM RECOVERY

There are numerous research studies, books, and reports on the addiction recovery process. Below are keys to recovery, which are compiled from insights by experts in behavior change, William Miller and Steven Rollnick (2012), as well as by experts who authored SAMHSA's Behavioral Health Services for American Indians and Alaska Natives, Treatment Improvement Protocol #61 (Substance Abuse and Mental Health Services Administration, 2018).

1. Acknowledge that the recovery phase of addiction is a learning process. It is common to experience unevenness; relapses may occur, as well as stretches of a return to the recovery plan. Cycling in and out of recovery is more the norm than the exception. As noted above, sustained recovery is likely to be choppy in the early months.
2. Identify and embrace healthy behaviors that are personally reinforcing and serve to protect against relapses. These may include taking on a new hobby, participating in community activities that are substance-free, and getting immersed in Native ways of healing.
3. Align your health behaviors with short- and long-term goals. Design a "stepped-up" personal plan that includes realistic and attainable goals, with the front-end being short-term goals for the next few months and then setting your sights on more ambitious, longer-term goals.
4. Understand and embrace your motivations for recovery. Common motivations for maintaining recovery include the need to be a responsible parent or involved family member, to support your overall health, and to be a vital member of your community.
5. Use insights about the triggers or antecedents that may lead to relapse, and employ coping strategies and approaches to guard against these triggers.
6. Strengthen and maintain relationships with those who support recovery. The source of these supports can be within one's family and from the community. A related point is the value of disengaging from relationships with significant others and friends with whom there was a history of joint substance use and who do not value a commitment of recovery (Brousseau et al., 2022).

The Recovery Community Research Center hosts a webinar series that addresses recovery topics offered by experts. The Center also conducted a national survey on recovery. Information about the webinar series and access to the survey report can be found at <https://www.recoveryanswers.org/addiction-research-summaries/seminar-series/>.



Keys to Recovery for AI/ANs

The previous section provides general keys to recovery relevant to all. Below are essentials to recovery for AI/ANs (Substance Abuse and Mental Health Services Administration, 2018).



Importance of traditional culture

Traditional practices are vital to support one's recovery. These practices and perspectives include maintaining a connection to traditional teachings, practices, and beliefs, and embracing traditional healing as a path toward. Many in recovery meet often with community elders, traditional healers, and Native peer support and recovery coaches.

There is a Native saying that well-being means to “walk in balance and harmony,” a viewpoint reflecting that Native communities have a holistic view of well-being that encompasses mind, body, spirit and emotion, the seasons and nature, the individual, the family, and the community. Holistic health is based on an understanding of the interconnectedness of all life and the importance of balance and harmony of the mind, body, spirit, and environment. It involves drawing on the strengths and assets of the individual, family, and community.



Strength-based perspective

Emphasizing and harnessing one's assets and strengths, including individual, family, community, cultural, spiritual, and environmental strengths, is essential in the recovery of an AI/AN client. There is a point of view that AI/ANs may be reluctant to talk about their strengths, as this can be seen as boasting (Substance Abuse and Mental Health Administration, 2018). Yet a strengths-based perspective does not have to include situations when an AI/AN client is asked to describe their own strengths. Rather, a preferred focus is to steer discussions as to how people bolster themselves and use strengths and resources they have been given or received. These sources can be drawn from previous generations and tribal heritage. Providers can discuss with clients who they can depend upon, and what are the personal, social and community resources can be leveraged to support their recovery.

Some traditional healing rituals alter participants' consciousness, which in turn can produce a spiritual transformation that supports recovery. Examples include offering tobacco or herbal medicines with one's prayers; burning herbs or smudging for purification; and participating in a Talking Circle, where an object is passed from one person to the next, and each participant is listened to, allowing everyone to express feelings and thoughts. Traditional healers can also have a central role in one's recovery. They are keepers of stories with the tribal community. These stories represent themes and often serve to guide individuals on how to handle various problems (Substance Abuse and Mental Health Services Administration, 2018).



Role of the family

For many AI/ANs, family is a central source of support, and thus their role in recovery can be vital. The definition of “family” for American Indian and Alaska Native clients will likely include extended relations, such as second cousins, family friends, and other unrelated community or village members. Family hierarchies, structure, traditions, roles, and rules may vary from tribe to tribe.

Regardless, support for recovery arrives from many members, and this support is likely to be an excellent motivator for help-seeking and an agent for recovery support. When challenges exist, such as when some family members may erect barriers to recovery or when a client is estranged from the family, the support of others outside the blood-family relationship becomes even more important.



Role of Elders

Elders can be differently defined by tribes and communities in their own way. The Urban Indian Health Institute in Seattle (Urban Indian Health Institute, 2022) defines Elders as individuals 55 years and older. Yet age alone is not always the determining factor for designating who is an Elder, and Elders are sometimes selected from the community.

Identifying and including Elders as contributors to promoting recovery of tribal members can be vital. Through their willingness to pass on their accumulated wisdom to those in recovery

through engagement, by sharing cultural knowledge and values, and serving as a role model by maintain sobriety and exhibiting other healthy habits, Elders can elevate their value in the community by supporting someone else's recovery.



Role of peer support

Peer support specialists or recovery coaches are those who have personally experienced sustained recovery from a substance use disorder (SUD), a mental disorder, or both (Center for Substance Abuse Treatment, 2009). Their functions include providing information and resources, offering effective coping strategies, and sharing insights about the keys to successful recovery. Many recovery coaches lead recovery groups.

Several literature reviews have assessed and demonstrated the benefits of peer recovery support in SUD populations. Bassuk and colleagues concluded in their review of several studies: “...that in the majority of studies, participation of peers in recovery services had a positive effect on substance use outcomes (abstinence and decreased drug and/or alcohol use)” (Bassuk et al., 2016).

Tracy and Wallace (2016), in their review of 10

studies in the U.S., cited the following benefits of peer support groups:

- reductions in relapse rates
- lower rates of recidivism
- increased adherence to post-discharge treatment appointments
- less craving for substances
- greater self-efficacy (self-confidence)
- reductions in drug injection practices that could transmit HIV to other users



Importance of community supports

AI/AN community support is a key ingredient whether you are providing care for someone who lives on a reservation, in another rural area, or in an urban area. When AI/AN communities regularly hold sobriety celebrations, festivals, and traditional cultural events, they are playing a vital role in support of recovery. Naturally, presentations by tribal leaders and individuals with inspiring stories of a substance-free lifestyle are advisable. Celebrations that have a strong family flavor are likely to improve attendance and to help advance the benefits of a healthy lifestyle to future generations.

Comprehensive service systems that support recovery are known as Recovery-Oriented Systems of Care (ROSC). ROSCs support a person's efforts toward health, well-being, and sobriety with the aid of accessible and effective formal services (e.g., aftercare programs; self-help) and informal services (e.g., peer support programs). Effective ROSCs for AI/ANs facilitate recovery by supporting involvement in self-help groups, spiritual communities, and substance-free activities (Substance Abuse and Mental Health Services, 2018).



Peer Support During a Crisis

Some peer support workers specialize in providing services during a crisis, while others without specialized training may assist during a crisis if requested or as needed.

Four ways peer support can help a person in recovery when faced with a crisis:

1. Establish valuable rapport by sharing common experiences and reinforcing the client's coping skills and assets.
2. Engage with family members or others close to the individual on how to best support them.
3. Affirm that maintaining recovery is still a paramount goal for the individual.
4. Continue to act as an advocate for the client (e.g., assist with any referral for services).



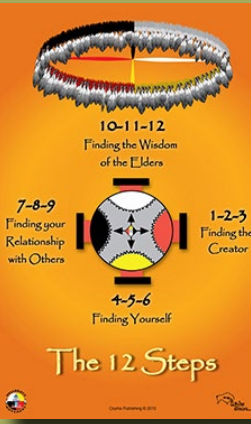
Counselors as a source of community support

There are two major ways a counselor can support an Indigenous client's connection to the community to foster recovery support. First, it behooves counselors to get to know the traditional healers, providers, and programs in the client's community. Helping clients to connect with these sources of support can foster recovery systems that promote sustained recovery. A related point is to connect with specific community-level supports that are available for AI/ANs in the local area (e.g., talk with AI/AN service providers, contact your state's behavioral health division).

Second, counselors need to assist clients in developing and utilizing a healthy social support system. A favorable "social support team" may require the client to make major changes in terms of their social life and relationships with significant others to avoid connections to those who may not support a substance-free lifestyle.

12-step programs and mutual health

The 12-Step model has been adapted for AI/AN clients. One prominent example is The Red Road to Wellbriety, which blends the older teachings of Native recovery, recovery circles, the code of Handsome Lake (Seneca), ancestral teachings, and the 12-Step program (Coyhis & Simonelli, 2008). Involvement in a mutual- or self-help group has a long-standing tradition among AI/ANs and can be very beneficial for those comfortable with sharing personal experiences in a group.



This 12 Step program for Native Americans was developed by Don Coyhis and White Bison, Inc. (<https://whitebison.org/>). The program uses the Medicine Wheel to teach the importance of finding balance in the four core aspects of the self – physical, mental, emotional and spiritual. The 12 Steps of the program center on the three steps that dovetail with these aspects of personal character and values (e.g., Step 1: Honesty; Step 2: Hope; Step 3: Faith).



Maintaining your own recovery as a counselor

Many counselors are in recovery and maintaining this wellness path requires attention to one's health and wellness. Several keys were identified to promote health as an addiction counselor by a panel of experts (Center for Substance Abuse Treatment, 2006).

1. Carry out regular self-assessments regarding your recovery. As necessary, locate and access resources to maintain health, such as support groups and sponsors.
2. Strengthen your perception of self-efficacy by maintaining a positive and realistic attitude of your effectiveness, and stay the course with "skill sustenance" goals (e.g., staying informed about best practices).
3. Carry out regular self-assessment to monitor signs of burnout and compassion fatigue (e.g., "Am I feeling emotionally drained because of work?" "Am I caring less about my clients?"). Employ strategies to guard against burnout, such as regularly reflecting on the importance of your work and preserving a manageable caseload.

Seek support from co-workers and your supervisor. Your work environment provides an opportunity for open discussions about and solutions to job burnout. Take advantage of experienced staff who have been down the "burnout road."



SUMMARY

Recovery from a substance use disorder is a journey of change, challenges, successes, and affirmations. Optimally, the process leads to an improved quality of life, which for most is aligned with abstinence. The keys to a successful recovery may include engagement with from various approaches, including those with formal (e.g., 12-step treatment, medication-assisted treatment) and informal (e.g., mutual support groups, natural recovery) features.

Counselors who effectively support the recovery of their Indigenous clients appreciate a holistic view of behavioral health, understand the role of cultural identity and values and the significance of the community and the environment, and acknowledge that many recovery paths are possible. The experts that authored TIP #61 (Substance Abuse and Mental Health Services Administration, 2018) remind us that “being there for your client” is a powerful therapeutic tool. As they note: “You know your work, and you are likely good at it. You may assume that your clients see you as credible because you have earned your position; you have credentials that speak to your skill in helping people recover from mental and substance use disorders and maintain that recovery. Much of the time, this is sufficient for your clients to trust you enough to benefit from the help you offer them” (p.5).

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Woksape

Doug Widow Jr., AA/AA, PADC
Cheyenne River Sioux

K*sape* - It starts in your heart with gratitude, appreciation, love, kindness and self-discipline. Wisdom is how we manage the affairs in our life.

Woksape demonstrates self-control and discipline, uses their time, talents and resources wisely. Recognizes the goodness and inner qualities of a person. Has the courage to forgive self and others and move forward. Recognizes and admits their short comings and negative traits. Has confidence to follow or lead using good judgment. Can discern between a person having wisdom vs. knowledge. Able to love, serve and be devoted to family, staying focused on what really matters in life. Has purpose and direction in life. Recognizes that true wisdom is not in them but flows through them from the Creator.

A simple, happy, barefooted reservation child can have more wisdom than a famous, educated, rich person. We need to make every effort to really understand people we serve. Our goal should always be to uplift, encourage, assist, and teach. A truly successful program does not complicate, but simplifies and solves. Focus on the simple ways we can serve others. Often people know so much but learn so little. Fools hate wisdom.

Often feelings of doubt are present when change is required. Common statements: I can never escape my past; there is nothing I can do to change; that is just the way I am. Unhappiness grows misery. If we don't change, we will be going in circles.

The language and songs are still here. I is the source; Ni is referred to as life. Pi is plural. Together it is inipi. There are receiving life. From the iyan. Stones. When we go there, we will find ourselves. We will find out our weakness, and our strengths. That is where I get my wisdom from.



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PERSPECTIVE:

Cultural Connections are Critical for Native Youth

Chaplain Eddie Greyfox Burgess, Mi'kmaq, MHRT-CSP, CADAC, IPSS, BHP-RC

Eddie Greyfox Burgess founded the Wellness Mobile in Maine in 2018 and spends the warmer months of the year handing out information on topics as varied as substance use disorders, diabetes prevention, and violence. He spent several years as a substance abuse counselor and social worker and earned his chaplaincy as a way to honor his brother, a chaplain's assistant who was killed in Iraq in 2004. His own recovery journey began in 1994, when three Elders – Lakota, Abenaki, and Mi'kmaq – tracked him down in rural New Hampshire and connected him with the tribe.

How does your Native culture shape your recovery?

It was vital for me to see where I sit in the world and where people sit around me – to understand that I am one piece of a dynamic circle, but not a circle orbiting around people. It changed my whole thought process around culture, community, the concept of belonging. It also brought clarity as to why there's so much harshness in the world and how colonization and greed continue to shape the situations in this present day. I remember earlier discussions when I first coming on to the Red Road and participating in powwows. And it was discussion about opiates and how that was just a corporate idea and a big desire for money and power.

What is the biggest challenge Native youth face in their recovery?

Sometimes the biggest piece of Native culture in coming to recovery is access to participation in the recovery process. The trauma of the family, miscommunication in the family. Sometimes some family stories don't add up: family members died, but there was no reason, or people didn't share the reasons or stories with clarity. One of the stories I heard as a kid was that I was Micmac, and my grandfather was Micmac somewhere in Nova Scotia, and he and my grandmother came down to Massachusetts to start a farm and for him to work on



Photo: Shutterstock



fishing boats. But there was no clarity around his recovery. Was he drinking? Did he use drugs? Did he get hurt on a boat? Why did he die? In my family history, it's very unclear.

The lack of clarity, the lack of proper understanding of the family roots is a big piece for some youth like myself and youth in foster homes, which makes for an even bigger lack of clarity. Sometimes, the sooner these youth can get into culturally enriched therapy, the better it is for the best outcomes in their lives – as well as understanding that wanting or lack of connection that they can't get in other therapies. But they can get it from being in the community, at the powwows, at the gatherings.

Where do you find the most support in your daily life?

Amazingly enough, a lot of the discussions we've had over the years help in daily life – a conversation you might have had 10 years ago is now coming to fruition to guide you. And there are meditations available in print and online to give you guidance. I would even go a step further and say that some folks really get the clarity from participation, and it's that participation that really brings you to the forefront of understanding the journey you're on.

What does the future look like for Native youth in recovery?

The future of Native youth is very bright because people care about you, and funds are being added in from various grant opportunities to support youth. As long as we have Elders and grandmothers and warriors to help the youth, things will go very well. It's only when people that have those gifts don't come forward to share their gifts that we get closed off and lose our roots. And when we lose our roots, we can't connect, we can't maintain, we can't find clarity in this ever-changing world.



Kathyleen Tomlin Named Interim Co-Director for National AI/AN ATTC and MHTTC

Kathyleen Tomlin (Cheyenne River Sioux), PhD, LPC, LMHC, CADC-3, has been named interim co-director for the National American Indian and Alaska Native Addiction and Mental Health Technology Transfer Centers (AI/AN ATTC and AI/AN MHTTC). Her new role will go through July while the centers search for a permanent co-director.

Since 1974, Dr. Tomlin has been in the addictions and mental health treatment and prevention field as a counselor, administrator, educator, and consultant. Now semi-retired, Dr. Tomlin is committed to sharing her experiences and knowledge within American Indian/Alaska Native peoples and communities. Her career has focused on the development of supervision and training practices to support the professional development of evidenced based practices, while considering the cultural context of these practices. One of those best practices is the teaching and supervision of Motivational Interviewing.

She has been a long-time consultant with the Native Center for Behavioral Health at the University of Iowa's College of Public Health, which houses the National AI/AN ATTC, AI/AN MHTTC, National AI/AN Prevention TTC, and National Childhood Trauma TSA Cat II. Most recently, she co-led the National AI/AN ATTC's Tribal Opioid Response program.

She also has developed an Indigenous-centric version of Motivational Interviewing for the National AI/AN MHTTC, which she has delivered to multiple tribes in Oregon and elsewhere.

She is a member of the Cheyenne River Sioux Tribe, where her mother spent her childhood. On her father's side, she is Irish American from County Mayo in Ireland. Her family has many roots in the American Northwest, with relatives from the southern Willamette Valley to Seattle.

Indigenous Behavioral Health Series

for American Indian and Alaska Native Providers



Indigenous Behavioral Health Series:

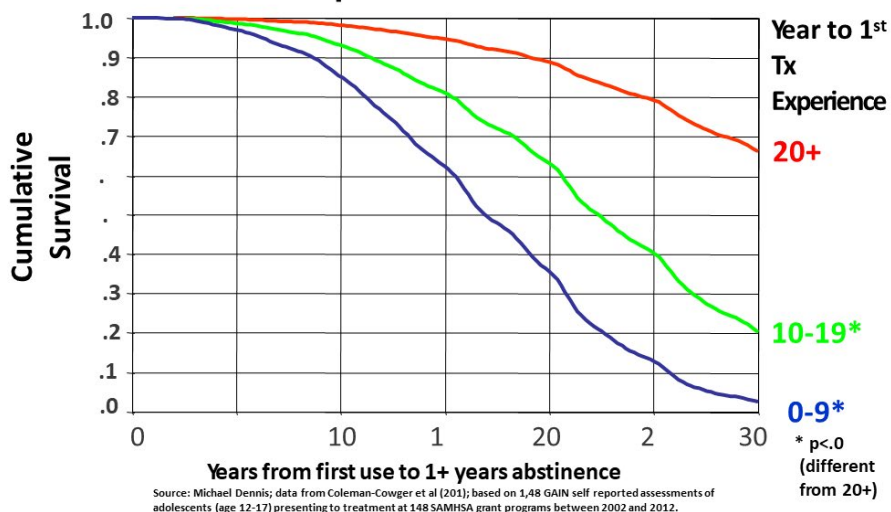
Early Intervention is Key to Quicker Recovery

Andrew Lillie, Graduate Research Assistant

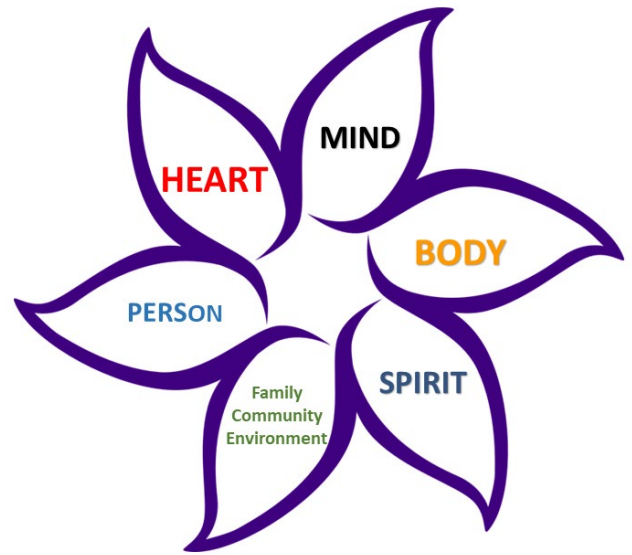
Substance use and dependency in Indigenous communities are issues that tribal leaders and clinicians have been attempting to quell for years. Kathyleen Tomlin (Cheyenne River Sioux), PhD, LPC, LMHC, CADC-3, and Ken Winters, PhD, are targeting ever earlier intervention to disrupt this cycle. As Dr. Tomlin argues: “Substance use is very common. Just as common should be our efforts to provide resources and assistance for those connected to substance use.”

In a recent webinar that was part of the Native Center for Behavioral Health’s Indigenous Behavioral Health Series, Drs. Tomlin and Winters made a compelling case for early intervention for those struggling with substance use and dependency. The study data is staggering. The primary data points examine when a person first started using substances and when they first received treatment for their substance use. Those who received treatment within nine years of first use had a 57% shorter period of time before they reached a full year of abstinence when compared with those who did not receive treatment for 20 or more years (Dennis et al, 2005). Dr. Winters pointed out that this study indicates the benefit of early intervention because substance use “careers” are shorter based upon the immediacy of treatment.

Earlier the Better: “Careers” are Shorter the Sooner People Access Treatment



Societal and environmental factors that may limit a person's ability to receive an appropriate level of early treatment. Dr. Tomlin made a case for interweaving Native perspectives on care with Western treatment. Dr. Tomlin advocated for an omnibus appeal to the heart, mind, body, spirit, family, community, environment, and self. "In the Western world, we separate things out, and we distinguish substance use to only mental health and only co-occurring programming because of the expertise or the knowledge that needs to happen with the provider," Dr. Tomlin said. "Whereas in Native culture, depending on the tribal or village life, you would be looking at programming that is integrated into the person's life."



Discussing where Western medicine and Native culture can intersect for an individual's benefit may be helpful, but it is important to establish what recovery means in the AI/AN context as well. Dr. Tomlin noted a key difference between Western and AI/AN perspectives on recovery: "The Western medical view of medicine is curing, where a Native view of recovery is recovering overall and well-being."

The idea of recovery being attached to one's entire self is a critical aspect in the recovery process for AI/AN communities and requires a level of cultural awareness to arrive at effective recovery tools and methods. "Many AI/AN clients perceive their own cultural identity as important to health and well-being, and view the role of traditional practices in treatment as vital," Dr. Tomlin said. "In this view, health is promoted by strong ties to one's Native culture."

So how can we tie in AI/AN culture with the recovery process? Dr. Tomlin suggested that if a patient is connected to their tribal community, traditional healing practices must be included within their recovery process. These may include sweat or spirit lodges, talking circles, tribal dances, chanting and singing in groups, personal medicine bags, seeking advice from elders, textile arts, and more depending on the individual tribe.

Dr. Winters also encouraged the appropriate blending of Westernized and traditional approaches. According to Dr. Winters, there are three primary factors involved. First, the counselor or helper and the service program must be culturally competent. Second, core components of "westernized" approaches must have been shown to be effective with AI/AN clients. Third, blending needs to account for cultural and Indigenous knowledge and practices.

Drs. Tomlin and Winters agreed that the best way to create an effective recovery process is to build on a foundation of cultural awareness and understanding with AI/AN communities while blending in aspects that work from Western approaches. Recovery requires methods that are conducive to the environment in which a given person is living. This is why understanding the importance of "healing" referring to the entirety of one's self in AI/AN communities is so crucial. Substance use and dependency may feel like an individual struggle. However, when an entire community and support system can come together in a way that is culturally aware and understanding, that becomes the path to get the best results for healing all aspects of an individual: mind, body, heart, and spirit.

Highlights

from the Native Center for Behavioral Health

The Native Center for Behavioral Health at the University of Iowa College of Public Health houses four national American Indian and Alaska Native centers focusing on addiction (ATTC), mental health (MHTTC), prevention (PTTC), and childhood trauma treatment and service adaptation (TSA). Here are some recent activities from these other centers.

Mental Health Awareness Training

The Native Center for Behavioral Health received a new grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide culturally informed Mental Health Awareness Training in the Greater Sioux City, Iowa, region. Sioux City has the largest urban Indian population in Iowa, and although Indigenous peoples make up less than 3 percent of the region's residents, they represent 47 percent of the area's homeless population, and more than 40 percent live in poverty.

The SAMHSA grant provides for training up to 1,600 individuals, including first responders, corrections system and school personnel, providers, employers, and families in culturally informed Mental Health First Aid. Training is expected to begin in Spring 2023.

Research at the Speed of Trust

Conducting research in Indigenous communities is not the same as conducting research anywhere else. This new guide from the National AI/AN PTTC offers guiding principles for researchers and resources for Indigenous communities to help them understand some of the complexities they may encounter and elements they must consider when approaching research with Native populations. It is our hope that this guide will help researchers and the Indigenous communities they work with to avoid common pitfalls, improve their relationships, and strengthen the value of their research efforts.

[Download the guide here](#)

Celebrating Women's History Month

The Native Center for Behavioral Health is celebrating Women's History Month by profiling Indigenous women who have made an impact in their communities, the country, and the world.

[Check out the posters here](#)

EVENTS

2nd Monday of the month	Virtual Native Talking Circle: Staying Connected in Challenging Times Register for future sessions at this link.
1st Wednesday of the month	Essential Substance Abuse Skills webinars: Click here to view a playlist of recorded webinars. Future sessions will be announced on our email list.
3rd Wednesday of the month	Care & Share for Prevention, Treatment, and Recovery Join us for a guided discussion for participants to share their expertise, unique tribal and community practices, and offer peer-to-peer support for others serving Native people and tribal communities. Discussion topics are determined by registration responses. Register at this link.
3rd Wednesday of the month	Behavioral Health webinars: Click here to view a playlist of recorded webinars. Future sessions will be announced on our email list.
April 17	Becoming a Peer Recovery Support Specialist This session will focus on the steps necessary for becoming an AI/AN Certified Peer Recovery Support Specialist while working within westernized clinical systems. Register here.
April 26	Internal Family Systems (IFS): An Evidence-based Healing Practice This 5-part Behavioral Health webinar series offers an overview of IFS and its applications in a clinical setting. Additionally, cultural considerations discussion, recovery, re-entry, and addressing elements of the human condition. 2-hour sessions are on the 4th Wednesday of the month through July 26. Register here.
	Explore our Academic Programming and Special Topics. If you would like find out more or offer these trainings in your area, email Steve Steine at steven-steine@uiowa.edu .



National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

To ensure that you receive announcements for all of our events, publications, and trainings, [join our email list!](#)

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