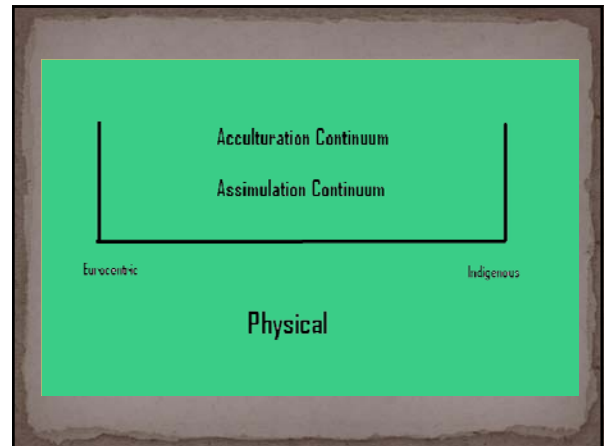


## Recovery Among AI/NA: Adapting interventions

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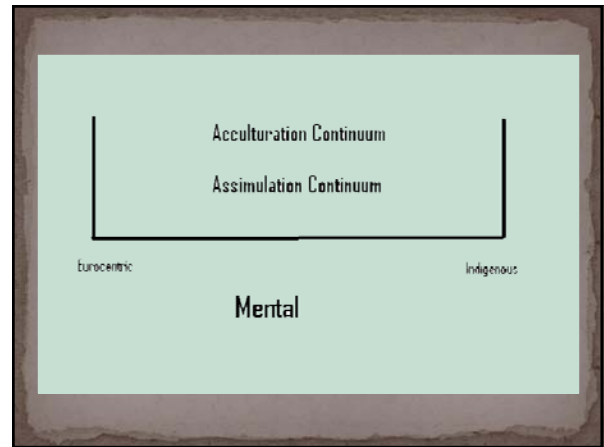
Ray Daw  
Health Services Administrator  
Department of Behavioral Health Services  
Navajo Nation



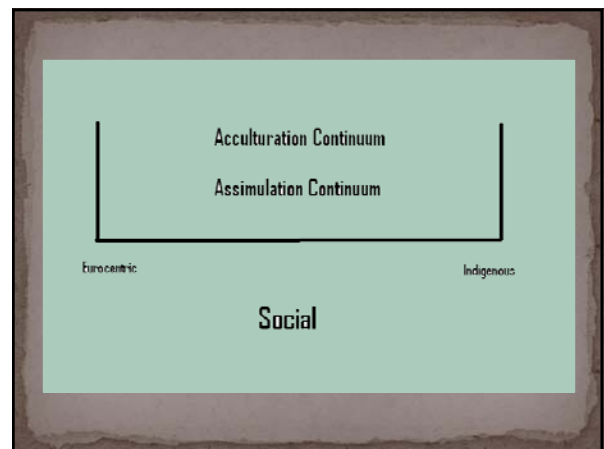
## Forced Acculturation

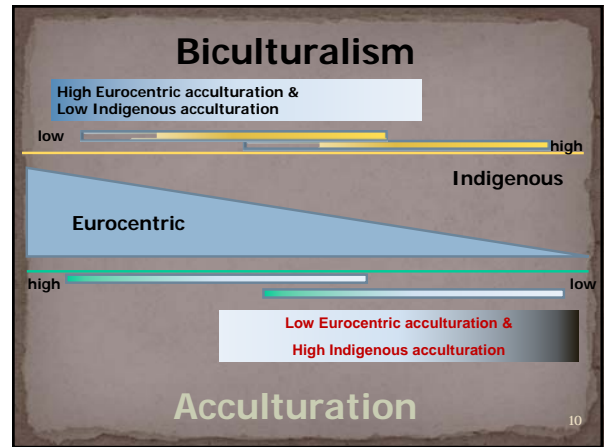
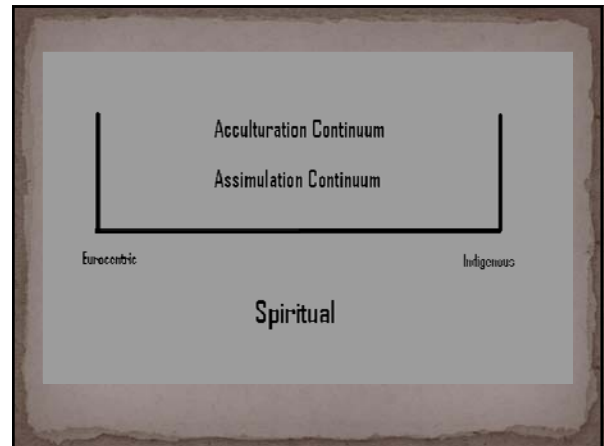
Eurocentric                      Indigenous

Two black and white portraits are shown side-by-side. The left portrait is of a young woman with her hair pulled back, wearing a dark, high-collared dress, representing Eurocentric culture. The right portrait is of a Native American man with long hair, wearing a beaded necklace and a feathered headdress, representing Indigenous culture.



**“Tradition is  
Enemy of  
Progress”**





### What Matters

- Increasing American Indian identity
- Decreasing structural poverty

Addressing what matters will decrease the probability of alcohol symptoms and drug use.

Talking Circle

S. Manson, et al. AMERICAN INDIAN SERVICES UTILIZATION, PSYCHIATRIC EPIDEMIOLOGY, RISK AND PROTECTIVE FACTORS PROJECT (AI-SUPERPPP) - University of Colorado at Denver and Health Services Center

### HOW TO BE CULTURALLY RESONATE

- Find an elder/spiritual leader in the Native culture and find a mentor/ instructor in the eurocentric culture, spend time with and learn from both of them.
- Step into history: participate in tribal ceremonies, beliefs, & practices
- Learn as much as possible about both of the languages (Tribal and non-tribal).
- Learn as much as you can about great thinking and thoughts - read source material if possible - look for great themes and myths embedded in literature EVERYTHING works by these principles
- Be as good as you can be at what you do in the larger society

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### Adapting of MI and CR

- Interweave traditional NA healing with Eurocentric models of treatment.

### Adapting of MI and CR

- Use of these evidence-based practices, Motivational Interviewing (MI) and the Community Reinforcement Approach (CRA), with Native American populations is relatively new and there is little documentation on the efficacy and effectiveness of these practices when used with this diverse population

### Adapting of MI and CR

- From experiences at an outpatient program that is 85% staffed by American Indians and with a population that is 95% American Indian, MI and CRA have been practices for three years.
- A comparison and contrast MI and CRA with indigenous interventions to describe how these practices intersect and blend.

### Recommendations

- As evidence-based practices, both MI and CRA, have been shown to improve treatment motivation and completion, by providing practitioners with skills that display empathy and enhances client engagement. It is important that;
- First, having MI and CRA trainers that are cultural relevant and sensitive.
- Second, having on-site clinical supervision that motivated to support and encourage learning.
- Third, providing appropriate resources that is based on continuous process and outcome evaluation.

### Recommendations

- Make MI the standard practice
- Adhere to the full MI training model
  - Skill sets
  - fidelity
- Train supervisors in MI supervision; MIA-STEP
- Develop program supervisors as trainers
- Implement full MI training with providers
- Identify and implement appropriate CBT practices
  - Matrix, CRA, CRAFT, etc.

### Putting It All Together

