

# **Interviews on Seven Reservations in Montana: Prevention is Everyone's Business**

Patty Stevens and Natale` Adorni

March to May 2012

**This report records the insights and personal experiences of those involved  
in health promotion efforts related to preventing:**

Suicide and Attempted Suicide

Consequences of Underage Drinking

Consequences of Adult Problem Drinking

and

Prescription Drug Misuse/Abuse

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*Healthy People. Healthy Communities.*

Department of Public Health & Human Services

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## Interviews on Seven Reservations: Prevention is Everyone's Business

Patty Stevens and Natale` Adorni

**Purpose of the Interviews:** These interviews were conducted under the auspices of the Strategic Prevention Enhancement Grant (SPE). This planning grant was awarded to the Addictive and Mental Disorders Division, within the Montana Department of Public Health and Human Services, to mobilize state agencies and tribal entities to better plan for and coordinate prevention activities to address four specific health areas. The four areas were: 1) to build *emotional health*; 2) to prevent and reduce the *consequences of underage and adult problem drinking*; 3) to reduce *prescription drug misuse and abuse* and 4) to *prevent suicide and attempted suicide* in the general population and populations at-risk including American Indians, Military families, and Lesbian, Gay, Bi-sexual, Transgender and Questioning (LGBTQ) populations.

The planning activities were under the purview of the SPE Consortium consisting of twelve state agencies and three tribal entities. Tribal participation in the Consortium fell to four members representing two of the reservations (The Confederated Salish and Kootenai Tribes of the Flathead Reservation and the Rocky Boy's Indian Reservation) and the Montana/Wyoming Tribal Leaders Council<sup>1</sup>.

In order to further enhance the knowledge about how the targeted public health problems impacted the reservations and what prevention efforts were occurring in Indian Country, the Consortium requested in-person interviews be conducted with groups and individuals across the seven reservations. It was also hoped that through this process relationships would emerge that could be fostered over time and result in useful collaboration for all parties.

**Interviewers:** The grant supported the work of two interviewers, Patty Stevens and Natale` Adorni. Patty is a member of the Interagency Coordinating Committee (ICC) working group whose mission is to create and sustain a coordinated, comprehensive system of prevention services in the state of Montana. Patty is also an enrolled member of the Confederated Salish and Kootenai Tribes of Montana. At the time of these interviews, Natale` was a Montana Center for Substance Abuse and Prevention (CSAP) Fellow at the Department of Public Health and Human Services and has considerable experience working with local communities in rural and frontier Montana to enhance prevention efforts as well as improving care for at-risk youth and adults.

**Process:** Prior to the interviews, Patty and Natale` attended the *Community Readiness Training for Indian Health Services*, in Billings, MT where treatment professionals from across the state were gathered. At the meeting, Patty and Natale` outlined the purpose of the interviews, the reservations they intended to visit and what they hoped to identify (overall successes/barriers and emerging trends). As a result of this meeting, a list of possible contacts was generated. This created an opportunity to begin connecting with the behavioral healthcare workers, to share information about the planning grant and quickly identify important stakeholders with the knowledge and experience about prevention efforts on the reservations.

In some cases, interviews resulted from referrals from other interviewees, they occurred spontaneously, and were not necessarily always conducted with experts in any particular field,

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<sup>1</sup> The Tribal Leaders Council represents all of the tribes and provides a means of communication with tribal leadership.

but were held with respected community members. At the conclusion of each interview, inquiries were made to identify elders, leaders, community members and professionals who could be interviewed.

**Reservations Visited:** Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne and Rocky Boy's. Over 2000 miles were covered in the course of conducting these interviews taking a month to complete. A total of **76 interviews** were conducted with a broad array of professionals from schools, hospitals, treatment facilities, housing authorities, prevention programs, social services, as well as Elders, leaders and community members.

**Interviewees were Asked:** 1) to describe their prevention efforts or health promotion efforts related to preventing: *suicide, underage drinking, adult problem drinking, prescription drug abuse and mental health issues*; 2) what prevention strategies/activities (that targeted the health problems) worked well in the communities; 3) what environmental conditions (community, school, family, friends) helped prevent the targeted health problems; 4) what environmental conditions contributed to the risk of the targeted health problems; what resources were used for prevention efforts (including workforce, community awareness and support, sound knowledge of prevention theory, practices, programs, vast practical experience, knowledge of community politics, policies, finances, other); and 5) how their prevention work connected to the prevention work carried out at the state-level. The questions were used to guide the conversations and the resulting stories, from the interviewees, illustrate what is happening on the respective reservations.

## Montana and the Seven Reservations

Montana is the fourth largest state in the country with 147,138 square miles. It is a rugged, rural state with a sparse population; Montana's population reached 1 million people in 2011. The state is composed of predominately Caucasians, 89.9 %; about 11 percent higher than the national average. The remaining population includes: 6.4% American Indians (5<sup>th</sup> highest in U.S.) , 3.5% Hispanic and .5% African American (lowest proportion in the U.S.).

Much of Montana is considered *Frontier* rather than rural. According to the dictionary, frontier is defined as "the farthest area of land on which people live and work, before the country becomes wild and deserted. Based on a study from the USDA Economic Research Service, frontier and remote is also described as a territory characterized by some combination of low population size and a high degree of geographic remoteness (<http://www.ers.usda.gov/data-products/frontier-and-remote-area-codes.aspx>). Montana contains 56 counties, of which 45 qualify as *frontier* counties. The reservations are located within fifteen of these frontier counties.

Montana is home to seven Indian Reservations, with the majority of the 53,000 American Indian populations living on these reservations. The seven reservations are: Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne and Rocky Boy's. Montana is also home to the Little Shell Tribe which is made up of 4,500 members located in Cascade County. The tribe is recognized by the state but not the federal government so they do not receive federal support. The *Little Shell Chippewa Tribe* does not have reserved land and the members of the tribe live throughout the state. No interviews were conducted with tribal members.

Tribal nations are diverse. Each tribe has unique cultures, languages, traditions, histories and geographic conditions. The largest tribal organizations in Montana include the Blackfeet Nation,

the Crow Tribe, and the Fort Peck Tribes with a total lands covering 13,188 square miles (8,440,147 acres).

The impact of these geographic realities, on the lives of residents, emerged during the interviews. For example, they talked about the large distances from and lack of easy access to mental health and chemical dependency treatment services/professionals; the lack of adequate transportation and poor to non-existent cell phone coverage. Faced with this reality, prevention and treatment professionals are required to be not only passionate, creative and innovative but also able to identify and integrate existing community resources and treatment modalities to meet their clients need.

Historically, the needs of communities were met through building partnerships and coordinating services. However, with the rise of prescription drug misuse and abuse, alcoholism and completed suicides, it has been necessary to access services from outside agencies. As one of the treatment professionals at Crow Agency stated, “We are left with the job of “band-aiding” people in crisis until we can set up an appointment in Billings.” As the interviews revealed, local prevention, treatment and mental health staff working on reservations, were referring clients to Montana’s larger cities, Billings, Missoula, Great Falls, Bozeman, Butte-Silver Bow and Helena.

### **Blackfeet Reservation**

The Blackfeet Reservation covers 1.5 million acres (3,000 square miles) and is considered a frontier community. It has a population of about 10,000, including 8,500 enrolled Blackfeet, several hundred Blackfeet descendants’ and Indians from other tribes, and a few hundred non-Indians. About half of the members live on the reservation. The Blackfeet Reservation is located in northwestern Montana along the eastern slopes of the Rocky Mountains. It is bordered on the north by Canada and on the west by Glacier National Park. The Tribal headquarters and Blackfeet Community College are located in Browning.

Blackfeet Tribal Chief, Earl Old Person, states one of the main issues facing the tribe today are “the high unemployment rate and looking at ways to create permanent employment opportunities rather than relying on government programs for employment.”

Revenue for tribal members is derived from agriculture, livestock production, timber, light industry, tourism, and construction. The leading employers on the reservation are the Indian Health Service, School District No. 9, the Blackfeet Tribe, and the Bureau of Indian Affairs. Local craftsmen increase their income by selling crafts to the summer tourists. Much of the labor force depends on firefighting and other seasonal type jobs. According to the Montana Department of Labor and Industry, 2012, the 2011 average unemployment rate on the Blackfeet Reservation was at 16.6%.

For more information, please visit: <http://www.blackfeetnation.com/about-the-blackfeet/the-blackfeet-today.html>

### **Crow Reservation**

The Crow Reservation is the largest reservation in Montana, encompassing 2.2 million acres of rolling upland plains, the Wolf, Bighorn and Pryor Mountains, and the bottomlands of the Bighorn River, Little Bighorn River and Pryor Creek. The reservation is home to 8,143 (71.7%) of the 11,357 enrolled Apsáalooke tribal members. About half live on the reservation. The reservation is located in south-central Montana and is considered a frontier community. It is

bordered on the south by Wyoming and on the east by the Northern Cheyenne Reservation. The northwestern boundary is about 10 miles from Billings. The tribal headquarters and Little Big Horn College are located in Crow Agency.

The economy of the Crow Reservation rests largely upon government services to the residents, and some employment in agriculture, farming and ranching, particularly in spring and summer. According to the Montana Department of Labor and Industry, 2012, the 2011 average unemployment rate on the Crow Reservation was at 23.6%.

For more information, please visit: <http://www.crowtribe.com/pop.htm>

### **Flathead Reservation**

The Flathead Reservation, home to the Confederated Salish, Kootenai and Pend d'Oreille Tribes, covers 1.39 million acres. Fifty-eight percent is Indian owned, including the first tribally designated and managed wilderness area of 93,000 acres. Much of the tribal land is in various forms of natural management. There are 7,923 enrolled members. About half live on the reservation. The reservation is located in northwestern Montana between Missoula and Flathead Lake. The reservation includes the southern half of Flathead Lake. The tribal headquarters and Salish Kootenai College are located in Pablo.

The Tribes have traditionally been the largest employers on the reservation. Other employers include the K-12 school districts and the Salish Kootenai College, which houses the Tribal Business Assistance Center. This office provides workshops related to business management, creating a business infrastructure and entrepreneurship. According to the Montana Department of Labor and Industry, 2012, the 2011 average unemployment rate on the Flathead Reservation was at 14.0%.

For more information, please visit: <http://www.cskt.org/>

### **Fort Belknap Reservation**

The Fort Belknap Indian Reservation is home to the Gros Ventre and the Assiniboine Tribes and is located forty miles south of the Canadian border and twenty miles north of the Missouri River, which is the route of the Lewis and Clark Expedition. Fort Belknap Indian Reservation is the fourth largest Indian reservation in Montana and is another frontier community. It encompasses an area consisting of 675,147 acres, which extends approximately 28 miles east, and west and 35 miles north and south. Approximately 4,921 members live on or near the reservation. The tribal headquarters and Fort Belknap Community College are located in Fort Belknap.

The principal source of employment is agriculturally-related. According to the Montana Department of Labor and Industry, 2012, the 2011 average unemployment rate on the Fort Belknap Reservation was at 14.9%.

For more information, please visit: [http://visitmt.com/places\\_to\\_go/indian\\_nations/nakoda-aaninin-fort-belknap/](http://visitmt.com/places_to_go/indian_nations/nakoda-aaninin-fort-belknap/)

### **Fort Peck Reservation**

The Fort Peck Reservation covers 2.1 million acres of which there are an estimated 11,786 enrolled tribal members with about half of the members living on the reservation. Fort Peck is home to two separate Indian nations, the Assiniboine and the Sioux Tribes, each composed of numerous bands. The reservation is in the north eastern corner of Montana 40 miles west of

North Dakota and 50 miles south of Canada. The southern border is the Missouri River. This is considered a frontier community. The tribal headquarters and Fort Peck Community College are located in Poplar.

In addition to agriculture, the industrial park in Poplar is one of the largest employers on the reservation and houses an assortment of enterprises such as production sewing and metal fabrication. Other important contributors to the economy include an electronics manufacturer, farming, ranching, and oil extraction. According to the Montana Department of Labor and Industry, 2012, the 2011 average unemployment rate on the Fort Peck Reservation was at 11.1%.

For more information, please visit: <http://www.fortpecktribes.org/>

### **Northern Cheyenne Reservation**

The Northern Cheyenne Reservation covers 445,000 acres located in southeastern Montana near Colstrip, Montana. This mineral rich reservation is home to over 9,300 Northern Cheyenne enrolled tribal members with about half living on the reservation. The Northern Cheyenne Reservation is in southeastern Montana. It is bounded on the east by the Tongue River and on the west by the Crow Reservation. This is a frontier community. The tribal headquarters and Chief Dull Knife College are located in Lama Deer. The major employers include the St. Labre Indian School, the federal government, tribal government, power companies and construction companies. The education system, farming, ranching and small businesses contribute to the economy. According to the Montana Department of Labor and Industry, 2012, the 2011 average unemployment rate on the Northern Cheyenne Reservation was at 20.5%.

For more information, please visit:

<http://www.bia.gov/WhoWeAre/RegionalOffices/RockyMountain/WeAre/NorthernCheyenne/index.htm>

### **The Rocky Boy's Reservation**

The Rocky Boy's Reservation covers 130,000 acres. There are approximately 5,656 Chippewa Cree enrolled members with about half living on the reservation. The reservation is located in north central Montana and is bordered on the west by US Highway 87 and on the east by the Bears Paw Mountains. The Rocky Boy's Reservation is the smallest reservation in Montana and the last to be established. The reservation is split by Hill County covering the northeast and Choteau County covering the southwest portion of the tribal lands. There is no town site on the reservation, is truly frontier in every sense of the word. The community of Rocky Boy's includes tribal headquarters and Stone Child College.

Major employers include the Chippewa-Cree Health Board, the Chippewa-Cree Tribal Office, Rocky Boy Schools, Stone Child College and Box Elder Schools. According to the Montana Department of Labor and Industry, 2012, the 2011 average unemployment rate on the Rocky Boy's Reservation was at 15.6%.

For more information, please visit: <http://www.rockyboy.org/Site%20Map/Info%20Page.htm>

## **RESULTS OF THE INTERVIEWS**

The following results illustrate how the seven reservation communities have a wealth of traditions and stories that guide them in discussing prevention efforts that meet the needs of their members. Discussions around prevention and prevention efforts need to be considered within the cultural context of the respective reservations.

The stories are organized by categories such as Protective Factors, Prevention Efforts, and Environmental Risk Factors and illustrate the major themes that emerged during the interviews. We acknowledge this is not an exhaustive compilation of what is happening in Indian Country. However, it is a summary of what is happening on each of the reservations using the words of the interviewees.

A number of themes emerged from the interviews that support what is reported in the literature on tribal experiences across the United States.

**Themes:** 1) Culture *plays a significant role in preventing public health problems* and it's essential to see the connections between community, culture and prevention. For example, a reoccurring theme across reservations was the role of cultural connectedness as a protective factor. This factor is well supported in the literature. For example, "One of the strongest factors that protect Native Youth and young adults is their sense of belonging to their culture and community; conversely loss of culture can reduce resiliency and well-being. Protective factors help a person stay safely on the correct path. It is often the Elders and adults, and sometimes the role of older peers, to guide the young along their life's path and help them avoid, or at least cope with, some of the roadblocks that appear" (p. 8)<sup>2</sup>. "For example, in a situation when a suicide has occurred, the possibility of suicide contagion seems to be decreased by a healing process that involves the role of Elders and youth in decision-making, adult role models and the use of traditional healing practices" (p. 15).

Other examples of protective factors include the use of indigenous language as a marker of cultural persistence and strength (p. 16), and spiritual continuity as evidenced through strong spiritual beliefs and practices that promote survival (p. 16). Spiritual beliefs, traditional values, and health methods promote spiritual and cultural continuity, ensuring that young people have a valued role in preserving their heritage. They also encourage and support the acquisition of life skills and coping skills that help prepare youth to live successfully in a bicultural world (p. 18).

2) *Exposure to historical trauma is a risk factor associated with public health problems.* Again the literature recognizes this as a significant risk factor for American Indian communities throughout the United States. "All Native families have a collective history of trauma and abuse. As a result, many parents struggle every day to pass on to the next generation what they themselves may never have received in terms of nurturing or a sense of belonging. Historical trauma is the cumulative exposure of traumatic events that affects an individual and continues to affect subsequent generations. Trauma never affects just one person, one family, one generation or even one community" (p.12). "A trauma-informed plan would be one in which all of its components have been considered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addiction services" (p. 12).

"Nurturing and protecting children is a basic aspect of these cultures, although this aspect may have been threatened over time as a result of historical trauma, boarding schools, imposed social services, alcoholism and poverty, traditional family values have survived and will help

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<sup>2</sup> U.S. Dept of HHS. To Live to See the Great Day that Dawns: Preventing Suicide American Indian and Alaska Native Youth and Young Adults. DHHS Publication SMA (10)-4480, CMHS-NSPL-0196. 2010. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

strengthen youth. Culturally sensitive programs to strengthen family ties can be effective prevention effort” (p.15).

3) *A community’s sense of having some control over its daily life can be empowering and contribute to the community’s sense of general well-being.* Some interviewees emphasized the value of taking local responsibility and not relying on others. This value is also supported in the national literature as a protective factor within communities.

***This report presents the stories, through the lens and experiences of the interviewees, that emerged during the brief interviews.***

## **Protective Factors Associated with Reducing/Preventing the Risk of the Targeted Public Health Problems**

These factors included, but were not limited to:

- ❖ Embracing traditional cultural practices, beliefs, norms and values, languages, rituals
- ❖ Peer/community support for avoiding substance abuse
- ❖ Commitment by the communities to keep the culture, traditions and languages alive
- ❖ Close family/home ties
- ❖ Embracing spiritual beliefs
- ❖ Respectful communication between youth and parents.

**The following stories illustrate the role of these protective factors.**

Emphasizing the *need to immerse in its culture*, on Fort Belknap it was said, "There is a Cree component that is taught in the public school that is teaching the background of our culture and our beliefs. They need to expand and strengthen this. The people practice their cultural religion here; they use peyote. They have a Sundance. Each Tribe holds its own event." He continued, "They *have evidence based programs* such as Positive Indian Parenting and Honoring Our Children by Honoring Our Traditions. Grandparents have a lot of influence."

One professional on Rocky Boy’s talked about the importance of maintaining sobriety and through her efforts and by her example, she brings hope to future generations. She stated, “I live in Rocky Boy because it’s beautiful. My mother’s here. I love my job and it helps me stay sober. *We help each other stay sober.* I’ve had some people say that Rocky is a big black hole that sucks them in. When in reality it’s their substance abuse that is the big black hole. When they decide to make that change, they have a whole different outlook.”

One of the last professionals we spoke to on Rocky Boy’s added, “I love it here too. My kids are in school here. It’s in my blood. My children won’t go anywhere else. I love it in the summertime. My mom is here. All the family is here. It doesn’t matter if I come from Billings or Great Falls, once I see the Bear Paw Mountains, *I know I’m home.*”

In each community we visited there was a consensus that in order for sustainable change to occur, *a commitment must come from within the community* itself. As an example, a prevention coordinator from Northern Cheyenne stated, “In Cheyenne, we live for each other. We have the ability to make a difference. You always draw upon your experience to help others! In Cheyenne, if you’re corrected you always talk about that.” He emphasized both *community and*

*individual responsibility when implementing change.* Adding, “A person needs to communicate one's needs effectively in both Indian/Non-Indian cultures.” When addressing the needs of those bullied and vulnerable he said, “You take up for people that can't take up for themselves. There is an organized media campaign to address this issue on our reservation.”

Results from the interviews revealed Native youth may be subjected to additional hazards that increase their risk for alcohol and substance abuse. These are lack of cultural identity; historical trauma; and low self-esteem. In order to combat these identified hazards, on Fort Belknap, the Meth Suicide Prevention Coordinator/Oversight Planting Seeds of Hope emphasized the need for cultural distinctiveness. She said, “*If we get our people back to touch base on their culture, it helps them.* It helps them a lot. We go into our schools and teach our traditional games. I and my coworkers are certified cultural trainers and we go in and teach our kids cultural games and their meaning and background behind them. Double ball, shinny, atlatl. You take double ball and you get a group of Jr. high kids and they're going to want to knock each other down and play hard, play rough. You set them down beforehand and explain why we played it and this is the respect of it. What made me come to the conclusion that it was our culture because without our culture, we don't have anything. It don't matter if I go across the bridge over here and I'm talking to a non-native kid, they've lived here long enough and they are around the rez enough and they're best friends with rez kids, even though they may be non-Indian, they're still connected somehow to this reservation and culture. When you sit down and play the games with them, they have just as much respect for our games as they would themselves.”

She continued, “We've been very fortunate to have our own people, our cultural teachers in our schools that have helped a lot. We have someone in the Lodge Pole Elementary, the high school and Jr. High out at Hays, and we have staff here at Harlem High School. They are cultural teachers. They are actual certified teachers and have gotten their cultural endorsements.”

Traditionally, families have both provided support and advocated for the needs of their members. However, it appears social conditions, such as alcoholism, are eroding this mechanism. From those interviewed, *in order to survive on the reservation, it may be more necessary to learn to advocate for one's self.* An example of this is best demonstrated in one professional's personal story. “I've been sober 23 years. I was born and raised in Browning but lived on and off the reservation until I was 18. My father was a raging alcoholic and I was a poster child for dysfunction.” He continued, “My son didn't graduate from high school. He was presented with a lot of social challenges – not academic. My son told a photo journalist that someday he wanted to be a counselor just like his Dad. When asked why, he said ‘because he helps people.’ ”

Tribal members are more likely to go to those who are respected for advice and help versus those who are not. For example, in Northern Cheyenne we learned tribal members generally respect those families and Elders who have knowledge, life experience and perseverance. *These rich relational resources have great potential to impact and ultimately shape and change community norms.* Faced with the public health issues of prescription drugs and alcohol abuse, those interviewed expressed *a willingness to listen to proposing environmental program changes, but only when presented in culturally appropriate ways.*

One coordinator stated, “You pick your battles. I come from a whole different perspective. I don't fight. I stand for what I know resonates in the deepest part of me and I'm not going to push up against anything because the natural law says it's going to push back and I don't want that anymore. So what do we stand for? We stand for the youth.” He added, “I wasn't raised

traditional, I wasn't raised in that environment and I never learned how to speak Cheyenne. Our ceremonial things were to be feared rather than embraced. So until my mom married into a very traditional family, and I'm so grateful for that, its bringing into the present now and how can we learn to incorporate that into our being. It isn't about these intellectual diatribes; *it's about what resonates here.*"

The impact *community support systems* can have on individuals engaged in self-destructive behavior is best illustrated in the following story. Disclosing she contemplated committing suicide as a youth, one professional shared her personal struggles growing up as a youth on the reservation. "I was scared to commit suicide. I was taught in the churches that if you committed suicide you would go to hell. I didn't try it. I always thought about it. I thought it was the easier way. I witnessed physical abuse of my mom almost on a daily basis. There was no holidays or birthdays without a full blown fight." She continued, "For sure I'm an exception. There are not many who have God in their lives. I talk to as many people as I can because I have a full time job, I'm a mom and a wife and so I do a lot. Social media has helped a ton. Even just this morning, I posted that I had abuse in my background and that I had every excuse to fail but God's given me every excuse to succeed. I even talk about suicide on there. I talk about it a lot because no one talks about it. I'm very passionate about it. There are some out there my age that are like me but there's a lot of excuse making. I always thought that way for a long time. I'm like this because I witnessed abuse growing up. I have a lot of dysfunctional coping today mechanisms that might not have been out in the open, it might not have been drugs or alcohol, but it's still dysfunction and it could have wrongly affected my family, my kids. I've just now found a lot of freedom this past year after serving God for 10 years. It's not something that happens overnight. You just gotta keep going."

Today many popular, non-tribal cultural norms and values are evident in the tribal school environment. This is best exemplified in the following example. On the Blackfeet Reservation, unlike a half a century ago, a large percentage of Blackfeet are fluent English speakers. Several of the schools on the reservation are administered by a locally elected school board, under the Board of Public Education, and subject to school laws. A Browning High School Counselor stated, "*If students of whatever race or culture are disconnected from their traditional values they are likely to pick up on unhealthy values.*" He added, "Our kids are also barraged by popular culture through television, movies and the Internet."

Emphasizing the importance of creating a healthy environment in order for youth to flourish, a professional also from Blackfeet stated, "While academic knowledge and test scores are important, it is students behavior towards others that is of vital importance because it is a determinant of how individuals use the knowledge they have gained." He added, "*Parents, extended family and the environment conditions are critical components to laying the groundwork for a healthy community.*" "We need to look at the entire family and community, not just the individual to blame."

A common theme throughout the interviews was the importance of giving and sharing personal interaction with one another. A Blackfeet Tribal Member relayed, "Harmony in body, mind and spirit is at the core. *A person has to be in a state of wellness in order to be able to relate to himself and his people.*" In contrast this member defined the concept of "unwellness" as disharmony in body, mind, and spirit.

Common spiritual beliefs include the following:

- American Indians believe in a Supreme Creator. In this belief system there are lesser beings also.
- Man is a three-fold being made up of a body, mind, and spirit.
- Plants and animals, like humans, are part of the spirit world. The spirit world exists side-by-side and intermingles with the physical world.
- The spirit existed before it came into a physical body and will exist after the body dies.
- Illness affects the mind and spirit as well as the body.
- Wellness is harmony in body, mind, or spirit.
- Each of us is responsible for our own wellness.

## Prevention Efforts

An important prevention tool, acknowledged across the reservations, was the significance of returning to and in some cases reintroducing culture to people of all generations. For example at Browning, a community based worker stated, "If we valued our culture we would have fewer problems. We are losing a lot and losing our language is our biggest loss. We need to value our language. This will lead to better coping skills and a connection with identity. *Identity is key to preventing suicide along with other addictions.*"

We interviewed a young professional from the Healthy Heart Project on the Crow Reservation. She was both a nurse and case Manager. She stated, "We've had some pretty tragic things happen. The one I can remember was a little less than a year ago. A mental health patient that wasn't getting the care he needed, I think he was schizophrenic, murdered his Grandma. I have one person that I stay in contact with through Facebook that was contemplating suicide. *Faith has a lot to do with it.* That's probably the main reason why I'm in nursing because of the helping part of it and there is also the spiritual health that is included. I wasn't going to finish nursing school because I thought that I wouldn't be able to use what I thought I had to offer. After talking to one of my instructors during nursing school when I was thinking about quitting and going into Christian Counseling, she said you get to do a lot of it and it's actually one of the aspects of nursing care. I was so glad that I stayed in the nursing program."

Given the assignment of *promoting positive cultural norms*, one data collection professional explained, "You have to have some type of information to give out to people that they can read and absorb. You have to have a hook to catch people. *What is one thing that people have here that they want more than anything? It's their identity.* People realize, they say I'm Cheyenne but what is a Cheyenne? How do they live? How do they treat each other? What is their history? What do they believe? To me, you give them this; they will have a life. If you ask people here, what do you have here? You'll probably get a laugh. They think it's a joke or something. Very few of them will tell you it's the people. That's a really hard kind of realization because you realize where the people are at. If you ask the elder people what's going on? What happened? What do you see? They will tell you so much. It has everything to do with people not being taught or implementing what they say they are. The Cheyenne, we live for each other. We live for respect out of what we were given as a nation to survive. We are one of the only northern banks tribe, through a covenant, that is tied to a regent. The laws that we have, we are the only tribe that lives in that regent that has those laws."

The Healthy Heart Case Manager at Crow said, “*We need to work together with other programs.* We did a Crow Fitness Center Open House where we tried to tell them all the resources that are available. The Fitness Center took the lead and all the programs had about 15 minutes where they talked about their programs. We’ll have it from 10-2; we’ll have lunch for the community. It was pretty successful. IHS helped by getting out this mass mailing to everyone. There was no social media advertising. The only list they sent out was the diabetic registry which was over a 1000. So here’s the problem, when someone was getting some pre-diabetic training, they got added to the registry. They weren’t actually diabetics. So people were coming in saying, ‘I’m not a diabetic, why did I get this letter? Is there something I don’t know?’ That’s when they knew they needed to work on the registry. So it went from 1100 back down to 900.”

### **Examples of Effective Prevention Strategies and Practice-Based Evidence Activities**

There are a wide variety of culture-based practices being used across the reservations; the following are some examples.

On Fort Belknap a Chemical Dependency Center staffer stated, “Most of the kids that come in for activities are involved in their culture. We have another person that does prevention activities. *She gets them busy doing community service.* She’ll have those help elders. We have our Cultural Coordinator for the youth who takes kids to the *sweat house*. He coordinates our ‘Language & Roots’ on Tuesday in all three communities through the CDC (Chemical Dependency Counseling) Program. There is a lot of emphasis on *language revitalization*. There is the Assiniboine language on Tuesdays and Gros Ventre on Thursdays. Those programs provide dinners. They make hand drums, drum sticks, gourds, moccasins, hair ties, etc. Our hope is to get sewing machines in here for dance regalia and shawls. Our services are equally provided in the three communities. We hope to have sweats at her place for the girls in the near future.” She uses the *Matrix Model for Teens and Young Adults*. The center has a Culture Night, Movie Night and swimming pool.

A former councilman on Fort Belknap noted, “What is positive is that more kids are finding their culture again. There are a lot of singing groups. *Kids are starting to sing and dance again.* They’re *starting to feel pride in themselves again.*” He continued, “I have a grandson that is at the Denver March Pow Wow singing. That’s what saved him. He doesn’t drink or smoke in spite of what his parents are doing. His mom is a pill user and his dad is abusive. Grandpa and Grandma were the same way. I think that (culture) is going to be the Savior.”

From the Northern Cheyenne, "One of the things we talked about was doing a beadwork class. That was one of the activities that I wanted to do. The designs we use all promote healthy living. They all promote a disciplined way of life. I look at the system that can be developed and it all boils down to having *a system, a lifestyle, a community system, that is going to promote a healthy lifestyle and environment.*” *Promoting individual’s to take personal responsibility of their actions.*

On Crow Agency, an example of a positive and effective community prevention activity occurs during the third week in August during the Chichaxxaasua Crow Fair Celebration and Pow Wow. According to the official website, this event is *viewed as the largest family reunion in the world*, stating Apsáalooke/Crow People are famous for their cultural vitality. Over 10,000 Crow people live in the encampment of over 1,700 teepees and 1,200 tents. Crow families move their households including their horses to the camp. The Tepee Capital of the World features a daily parade of the Apsáalooke/Crow People and their horses in full regalia, cars and flatbed trucks

bedecked with beadwork and attire, an afternoon of all Indian rodeo and Indian relay races and daily drumming, singing and dancing.

Each year the Blackfeet Nation's Annual North American Indian Days are held in Browning. Tipis, tents and RVs decorate the Pow Wow grounds for four days of contest dancing and games. During the Pow Wow, *no alcohol is sold on the reservation (including grocery stores) and bars are closed.*

On the Flathead Reservation, a Salish couple living in St. Ignatius recognized that a lot of the young people had no exposure to horses, nor had they slept in a tipi, fished or gone into the mountains. *They wanted children to have fun and be in a safe environment free from alcohol and drugs (tobacco included).* So they started acquiring horses and discussing their ideas with others who wanted to help. Each year 75-100 youth and families come to their home to sleep in tepees and ride horses. Guests also keep busy swimming, hiking, cooking and learning cultural activities and survival skills. The couple wants to have 4 camps a year with the primary focus to be with horses, to hunt, gather berries and roots and tan hides. There is no charge to participants, no registration process, and no one is turned away.

*Youth can also be important shapers and models of positive community norms and values for their peers and adults.* One of the enrolled members of the Confederated Salish and Kootenai Tribes described a newly formed Indian youth group that calls themselves, *Yoyoot Skwikwimlt*, which translates to “Strong Young People.” Their purpose is dedicated to Indian youth so they can better themselves by knowing who they are as Indian people. The group recognizes that the youth don’t know who they are in life as Indian people. Some of them are going down a road that their ancestors never intended them to follow. They want youth to go on and be successful and know who they are and where they come from. *The founder is now 19 years old and is the youngest fluent speaker of the Salish language.* He teaches the Salish Language and the traditional values of the Salish people, along with history, hunting, beadwork, storytelling, drying meat, digging bitterroot, camas bake, berry picking, powwows and cooking. The group is not expert in these areas and seeks guidance from knowledgeable Salish Elders. *Once they learn themselves, they teach others.*” In discussions with these youth group members, aged 12 to 19, each member reported no history with drugs or alcohol. While most youth may say that they have nothing to do, this group is quite the opposite. As individuals, they report *keeping busy with school, activities and family.*

Highlighting his culture and his people, in Browning a young man by the name of John Davis took a unique route to his badge of honor. "I was the first Blackfeet to ever talk on this radio," Davis said. "This is my coup story." Davis, a 21-year-old Blackfeet Community College student, is among the volunteers who have made FM 107.5 a force to be reckoned with in Browning. In the Blackfeet language, the station is *Ksistsikam ayikinaan*. That translates to ‘voice from nowhere,’ but you can call it Thunder Radio. At 30-watts, the community radio station doesn't reach too far beyond Browning, but its impact is growing.” He continued, “The Blackfeet people have our own accent so I guess they enjoy that it sounds like them. The DJs are from the faith-based and school sectors. Everyone seems to have one important thing in common - they have a positive outlook on life.” His *radio program is reportedly transmitting a positive energy to its listeners.*

In Lame Deer, the Second Season program works with a group of young men, youth, who are on the verge of getting into trouble. The program takes them to different events and *gets the youth*

*participating in the community.* According to the professional interviewed, “*These kids are learning respect and they are speaking out.* They are very articulate. I don’t know that it’s a last chance.” This professional also told us of an event entitled: “Time To Become One.” It was held at the *2nd Annual Native American Cultural Awareness Conference.*

At Crow Agency we asked, “If you could do anything for your community to help them, and there was no issue about anything, what would you do?” Our professional responded by stating she would start a *support group* in Lodge Grass. “The reason we’re starting something in Lodge Grass is because a young lady just approached me at a basketball game and said that I had no idea that the things I was saying (Facebook posting) were helping her. I didn’t even know she was on there. She said, ‘Can you please think about coming here?’ Shortly after that I was asked by somebody else to help with something there and the perfect opportunity came up. My husband is very supportive of me. He’s not as loud about his faith but he supports it. He understands it.” Her husband watches their children in support of her work.

With the goal to prevent the onset and reduce the progression of substance abuse, underage drinking and suicide, the Fort Belknap Meth Suicide Prevention Coordinator stated, “My position is *education and awareness.* What I do is go into the schools to train our teachers in suicide prevention and over the summer with the TANF (Temporary Assistance to Need Families), we also train our teenagers with QPR (Question, Persuade and Referral). This project builds resilience and facilitates recovery in the community.”

As was evident on all reservations, tribal members on Fort Belknap appeared to be open to the concept of the supernatural and a higher power having a large impact and in their lives especially when it came to treatment success. One individual stated, “*We value the importance of an individual’s spiritual connection* and sweats are part of the culture. Also, we have three churches here. All are well attended. We have the Assembly of God, Sacred Heart and Baptist Church.”

On the Flathead Reservation, the *Suicide Prevention Program runs a series of groups for ages 14-24 years.* There is also Seeking Safety, an evidence-based program, which does activities with veterans, Second Circle Lodge youth, and Salish Kootenai College students. There are *weekly groups for veterans, family and survivors* who lost a family member to suicide because, “There is a need to talk about it in a safe environment.”

There are many examples of prevention activities occurring on the Flathead Reservation. The following illustrate the comprehensive nature of the public health prevention programs and coordinated prevention efforts. For example, a Parent Partnership Advocate helps individuals navigate through the mental health system, working with both adults and youth. He also runs a course entitled: *Mindfulness*, a cognitive based therapy for those with recurrent suicidal behaviors.

Another professional *facilitates a women's group with college age students that focuses on preventing and reducing high risk behaviors, and empowering the participants to make healthy choices.* She explains, that “With risky behavior, participants are usually under the influence. There have been a lot of IV drug users recently. They do a lot of counseling with HIV stuff.” This interviewee also works with hepatitis prevention training programs for nurses in Montana and Idaho. Her peer organizes presentations on and off the reservation, talking about “protecting yourself.”

A health education professional who manages the tribal fitness centers, stated, “I’m always looking at prevention. My focus is on the kids and *fighting obesity diabetes*. I work closely with all aspects of Tribal Health.” She added, “The reservation also promotes the *Safe on All Roads Program and Buckle-Up Montana*. We know that it doesn't work that easy on the other reservations. A lot of ours is prevention. *Our big push is the car seats* too. This is a state program and now is under the umbrella of Tribal Health. On the state-level, the Flathead Reservation has been the most successful in prevention and they also work well with the county health department.” Another example of *coordinated efforts with diverse programs in the community is the work carried out under the Tribal Incentive Grant*.

The program coordinator for the Fatherhood Program described a parenting program entitled *Parents as Teachers (PAT)* that builds parenting and life skills. The demand for this program is high; one staff member has a caseload of 48 clients. “We operate on federal grants and no state funding. My staff believes in collaborating with others.” The project is funded to provide for 125 clients. “Our caseload is about 170 as of September 1, 2012.” The program addresses a number of interconnecting risk factors that can be associated with poor mental and behavioral health such as unemployment, trauma, and inadequate life skills. For example, the program provides financial literacy programs, domestic violence training, parenting classes, and provides jobs or can help participants get jobs. “Everyone has to pass a background and drug test and then be subjected to random tests. They have a Work Placement Specialist currently knocking on the doors of the private sector. There is a Home Construction crew where they provide labor on the various projects. There is also a certified auto mechanics program. Cultural identity is held once a week.” The Tribal Lands Department contracts with his clients for their fencing project.

The Program Manager for Behavioral Health on the Flathead Reservation believes that people employed are less likely to be “out there partying hardy and it’s important to promote personal responsibility.” The programs offered by the Behavioral Health Center are in demand. “We have 135 clients and are only supposed to have 125. We are a 3-year program. If a client is in the program this year, they can't be in the next round. Each year has to be an unduplicated count.”

From her perspective, “Treatment is an opportunity to be preventive.” They have had emergency on-call coverage for suicide prevention for the last 30 plus years.” This center also has an agreement with the University of Montana that employs two doctoral students. “They do evaluations for us, analyze data and then present it. They make sure everyone gets a follow-up appointment. With underage drinking and driving, we do a *Minor’s in Possession (MIP) Program* as well as provides intensive outpatient for adolescents. She sees a lot of kids.”

The Behavioral Health Center also provides intervention for adults with alcohol-related problems. “We use the *Prime for Life*. It's a 4-week course that is held 3 hours a week. It's a nice program. [Addressing] adult problem drinking is what we do all day.” She added, “Alcohol misuse is still a big issue. We have meth and domestic violence monies that *focus on Depression Anxiety and Anger (DAA)*.” *For prescription drug abuse, we have DURT (Drug Utilization Review Team)*, a program where any provider can do a referral and this allows for information and medical records to be gathered and a team put together to make recommendations [if they believe the client to be getting multiple scripts from different sources, although there is no data to indicate whether this is helping to address the problem]. *Medicated Assisted Treatment (MAT) is used for people to help manage craving*; typically, Suboxone is prescribed. We also employ a staff addressing client treatment needs through the *Access to Recovery (ATR) program*.”

According to most individuals interviewed from all seven reservations, prescription drugs abuse is an escalating problem without ideal solutions or effective programs, other than DURT. Other interviewees expressed concern about the high number of clients seeking help because they were getting addicted to Suboxone.

### **Environmental Factors that Enhance the Effectiveness of Prevention Efforts**

*Youth involvement* was identified as an important prevention strategy used by the reservations. For example on the Blackfeet Reservation, “There is a youth coalition group that is starting up. It's called the 'Blackfeet Youth Coalition’”.

Another supportive environmental condition on the Blackfeet Reservation is the commitment by the Blackfeet Community College to “promote and advance the *Nii-tsi-ta-pi* values and way of knowing through high quality, accessible academic and vocational education programs and services.” The core values promoted by the College are: *Tsi-ksi-ka-ta-pi-wa-tsin* – Blackfeet Way of Knowing: Blackfeet Culture/Spirituality in philosophy, thought, and action; *Nin-na-wa-tsin* – Being a Leader: Professionalism, Integrity, and Responsibility in human interaction; *Iniyimm* – Respect: Respect for ones self, all other people, all ideas and each thing in the natural world; *Ni-ta-pi-pa-ta-pi-tsin* – Living in a Good Way: Honest in all thoughts and actions; *Ii-yi-kah-kii-ma-tsin* – Trying Hard: Commitment, Dedication, Sincerity in the pursuit of all our goals; *Aoh-kan-otah-tomo* – Accepting Everyone: Embracing the unique talents and contributions of each individual and *Ii-ta-mii-pa-ta-pi-yoip* – Happy Living: Humor, laughter and enjoyment of life (<http://bfcc.edu/about.php#vision>). This demonstrates *broad community support and commitment for promoting tribal values and tribal pride*.

Stressing the importance of collaboration between state and tribal law enforcement agencies, one individual from the Blackfeet Housing-Community and Economic Development stated, "Now we have a *fairly good working relationship with law enforcement*. We've come a long way and have built relationships with the Glacier County Commissioners. Before, we didn't have cross-jurisdictional deputized officers. Now it's in code." She added, “We previously had safety checkpoints that were very effective. The incentives were very effective especially during our grant Montana Community Change Project (MTCCP). It reinforced good behavior.”

Fort Peck Reservation is also working with law enforcement to promote an important environmental change, the use of seat belts. The Fort Peck Reservation has a Primary Seatbelt Law that is enforced with the collaboration of tribal and state law enforcement officials. These officials conduct Safety Checkpoints/High Visibility Enforcement Operations during holidays and share data from vehicle crashes.

Fort Belknap, addresses substance misuse and abuse by *encouraging programs, policy change and supportive environmental practices, through Education and Safety Programs and locally driven Ordinances*. The professionals note, “It's hard to get the young people to not drink and drive. You hear a lot from the young kids that there's nothing to do. I work part-time with the Safe On All Roads (SOAR) Program and Fitness Center. There's a big push for seat belts and addressing underage drinking and driving. It's hard to get people to change their behaviors.” In order to better understand the community’s level of readiness for change, she used funding from the Department of Transportation to conduct a survey with over a 1,000 people between the ages of 18-34 years of age. The results identified priorities that could be targeted in the change process.

In order to better understand the nature and extent of consumption (i.e., underage drinking and prescription drugs misuse/abuse), on the Flathead Reservation, “Ronan School wrote a comprehensive grant a few years ago for emergency response. It was a reservation wide plan. It was similar to fire drills. There was a protocol, intervention, prevention, aftercare.”

### **Environmental Risk Factors Contributing to the Targeted Public Health Problems**

A recurring theme that emerged from the interviews was that *Prescription Drug and Alcohol Abuse are #1 in misuse and abuse*. “They seem to go hand in hand (alcohol and prescription drugs). Addicts/dealers are waiting outside of hospital emergency rooms and paying patients top dollar for prescription narcotics.” This message was consistently heard from schools, the faith-based community, health, treatment/recovery facilities and social service sectors across the seven reservations. Professionals recognized this as a public health crisis.

Risk factors in the tribal communities included: *high poverty; high unemployment; loss of culture, identity and value; and increased criminal activity associated with prescription drug abuse*. The loss of culture, identity and values was consistently identified as a risk to public health and the restoration and reinforcement of cultural traditions was perceived of as potent protective factors. When youth or adults are disconnected from their culture, it leads to increases in incidents of suicide, domestic abuse, sexual crimes, unplanned pregnancy, school dropout, unemployment, substance abuse and misuse.

Another risk factor that negatively impacts the health and safety of tribal communities is *criminal activity*. The capacity to deal effectively with crime is challenged by a number of factors. The quality and quantity of law enforcement personnel to address criminal activity is variable. Some reservations found it difficult to adequately compensate their officers which results in low retention rates and impacts the professional behavior of those who officers who remain.

In addition, on some reservations, *cross jurisdictional “turf issues” exist and law enforcement is compromised*. One professional stated, “During the project (MTCCP – Montana Community Change Project), cross jurisdiction was a big obstacle. Here we have to work with all three: Tribal/State/Federal. There are a lot of barriers to access the federal data. So how did we get the school data? We got it because one of the tribal members was a brother to a school official.” State/Federal law enforcement agencies recognize that increasingly more types of crime have migrated across tribal nation lines and effective law enforcement requires the cooperation of disparate agencies across organizational and jurisdictional boundaries. This is especially evident when it comes to combating illegal drug trafficking, specifically, prescription drugs, and violent crimes on the reservations. Those reservations with cross jurisdictional agreements address even common problems more efficiently and effectively. Also, many tribal departments are too small to dedicate resources to specific areas. When state and tribal law enforcement cooperate together, manpower is more efficiently distributed, it is more cost effective, and response/investigation time is improved, culminating in better service to the communities.

The Fort Peck Reservation is also subject to an increased public health problem – the number of crashes involving serious bodily harm – with risk factors related to a *rapid increase in population and volume of traffic*. As a result of the Bakken Oil Boom approximately 35,000 persons were reported to have relocated in Eastern Montana/Williston, North Dakota in the last year. The (CHSP) Comprehensive Highway Safety Plan, Emphasis Area has identified high crash Severity Corridors on Fort Peck, due to an increased number of commercial vehicles

involved in crashes. Fort Peck Indian Reservation statistics showed there were a total of 50 crashes resulting in serious bodily injury. This number is expected to continue to rise with the increased population and volume of traffic using the highways. A related concern is the relationship between seat belt usage and injury from crashes. Based on recent studies, on the Fort Peck Indian Reservation the current seat belt usage rate ranges from 22-52 percent. The data also show that 58% of the crash victims who needed hospitalization were not wearing a seat belt. [Source: Harborview Injury Prevention and Research Center, Montana Highway Patrol, Indian Health Services, and Fort Peck Injury Prevention Program.]

Professionals interviewed in the areas of domestic abuse, mental health and chemical dependency services expressed *frustration with the tribal court system* around inconsistencies related to individual accountability, sentencing and mandated treatment. The outcome can be missed opportunities to intervene early and interrupt the destructive cycle and for individuals to receive treatment and support to recovery. For example, at Rocky Boy's a professional stated, "There are about 13 children in foster care and 8 in the Family Preservation Program. There are lists upon lists of (ICWA) Indian Child Welfare Act inquiries. There are 11 pending and 9 active cases. Placement for these children is usually in family or kinship foster care."

Patty and Natale' provide some informational background about the courts. "In general, tribal governments do not have the 'separation of powers' that calls for an independent judiciary. This can affect consistency in sentencing. How independent a tribal court is from a tribal council depends greatly on the method of selecting judges, council tradition and the character of the individual judge. Tribal judges generally are not attorneys, but some tribes do require preparation for the office by administering judicial qualification exams. Tribal court judges all receive judicial training while serving in office. Overall, most tribal governments are organized in much the same way as state and local governments. Legislative authority is vested in an elected body often referred to as a tribal council; although it can be known by other names, such as business committee, community council, or executive board. The council members can be elected either by district or at large. In some instances the members are nominated by district but are elected at large. The council governs the internal affairs of the tribe with one important exception --some tribal resolutions and ordinances may be subject to review by the Secretary of the Interior. In some instances, the secretary may veto power over tribal ordinances. However, a tribe may opt out of this review requirement if the tribe's constitution does not include the requirement."

The single common environmental factor, identified across the reservations, that impacted health of the communities was *geographic isolation*. The frontier conditions, in part, inhibit access to resources, treatment professionals, and support from the state. Access issues are further exacerbated by challenges associated with transportation and poor cell phone coverage. These factors directly affect timely access to and the standard of care available for those in serious need. Unfortunately access to prescription drugs such as OxyContin and Vicodin are more easily available and people are self-medicating in order to cope.

Geographic isolation can interact with individual risk factors such as depression, trauma, identity issues and result in *physical/emotional isolation* and further misuse and abuse of drugs and alcohol. For example, with youth who choose to socially isolate themselves, meaning, in some cases, staying home from school for days, not talking with friends or acquaintances, and generally avoiding contact with other people, there were increased episodes of substance abuse and suicide. It was reported these individuals used drugs and alcohol to mask problems, "shut

down” or “feel numb.” While there was no universal and all-encompassing explanation for drug and alcohol abuse among the reservations, treatment professionals agree, “When a person feels depressed, inadequate or anxious, it can lead to further isolation, loneliness and depression. It can be very difficult to break this cycle, but breaking this cycle is very necessary for recovery. We never give up hope.”

*“When traditional Native values clash with the values of the dominant society, cultural conflict results.* Native youth can easily be caught in a no-man's land of confusion and fuzzy self-image. Besides coping with the normal challenges of adolescence, Native youth must also deal with their identity as Indians. In this effort they face a microcosm of all the problems with which their culture struggles.” Chief Earl Old Person stated, “I once heard a Governor in Montana say we are for the majority. I told him, what about the minority? We are the minority.”

Not surprisingly, interviews exposed *greater incidents of self-destructive behavior on those reservations with recurrences of high unemployment rates and living in impoverishment.* We learned from professionals, isolation, fear, guilt, shame, depression, anger, irritability, and other symptoms were typically connected to the identification of post-traumatic stress. One professional from a Blackfeet Reservation Treatment Center noted that young adults are masking their trauma with the increased use of alcohol and prescription medication, up to and including completed suicide.

Chief Earl Old Person talked about Native peoples' *history of oppression (historical trauma)* and how present situations can increase the risk of trauma on Reservations. He cited the following personal example. As an elementary child in boarding school, he reflected back on an incident when he along with other Native children were told to line up in the school yard. He said they were told people from the federal government were going to scrape their eyes for DNA samples. Without questioning further, he along with the other children complied. He stated “no one ever saw the final report.” He attributed damage to his eye sight and the need to wear sunglasses to this incident.

Chief Earl Old Person recalls his childhood experiences as positive in spite of this incident adding, "My parents tried to give us other things that others had within the school. I used to tell my dad that it wasn't necessary. Kids used to have letterman sweaters with things that you've earned. They wanted to get me one. The important thing was that I learned something; I didn't have to display it. Those are some of the things, some changes. Today the kids have everything and they want something more. But on the other hand, there's some that don't have anything. So I think there's a lot of things that's causing our young people to come to the point they think there is no one that really wants to help." He added, *“choices concerning alcohol and substance abuse are tied in some way to self-esteem and at the root of this is the breakdown of the family unit.* Many youth today are living and coping with someone else's trauma in the home.”

A member of the Salish Community also recalled childhood incidences of trauma that had a profound impact on her. As a child, she remembers spending summers with her grandmother who would frequently bathe her in a small round wash tub. The purpose, “she was scrubbing the Indian off me.” She also recalled as a child not being able to go to town with her grandmother, unlike her sister, because her skin was too dark. She concluded with two school incidents. “My 4<sup>th</sup> Grade teacher told my friend not to trade shoes with me because Indians have germs. I also witnessed my brother's 1<sup>st</sup> grade teacher grabbing his long hair and saying, ‘That's what this long hair is good for.’”

Meeting the mental health and substance abuse needs of reservation communities is sometimes challenging for providers, the client, family members and friends. The following story illustrates some of the challenges.

While in the process of completing this report, interviewer Stevens encountered the problem of prescription drug abuse and its consequences through a firsthand experience.

A young woman called Stevens for help with her addiction to prescription drugs. She wanted to go to inpatient treatment. She was “sick” and could not make herself “feel better”. She mentioned being afraid of losing her child. She knew Stevens’ home was known to be drug and alcohol free, and it would be a safe place. Not knowing anything about this problem, Stevens did not know where to start. It was Friday, and a phone call was made to Tribal Health. No one was at work that day who could help. The next call was to the tribal jail for the on-call mental health person. The on-call worker was asked if it was possible to get into a place to detox. She was directed to the emergency rooms at the local hospitals. The worker was unsure of whether or not she would be covered under Tribal Health if she went to a local hospital. The intake person at the local hospital said, “they didn’t have a way to detox someone” and referred her to Missoula, a community several miles away.

While waiting in the Missoula hospital 30-45 minutes, the young woman “wanted to just forget about it because it was taking too long.” Interviewer Stevens asked to accompany the young woman, so she could get an understanding of the process. When meeting with the nurse, the young woman shared her problem and requested inpatient treatment. After being seen, the young woman returned to the waiting room, where she waited for two more hours, again wanting to leave. Finally, she was called and was brought into another room where she changed into hospital clothing. After another hour of time passed, the young woman finally met with a Mental Health Worker and revealed that she was “depressed,” had “stomach cramps”, and had thoughts of suicide but did not know how she would “do it”.

By the time her wait was over, the young woman was seen and was prescribed **five** medications that would help with withdrawal symptoms. Prior to leaving the hospital, a Mental Health Worker told her that she was doing exactly what she should be doing, and the next steps were to get in and see a counselor and be evaluated. He told her that she needed to put herself in a lockdown type of environment so that she would not be tempted to use while she detoxed. The worker then made a phone call to Turning Point, a local chemical dependency treatment provider, to get more information. The worker advised the young woman to go to Tribal Health to see how long it would take to get an assessment, as the option at Turning Point was to have an assessment the following Tuesday at 7am. Tribal Health might be a quicker turn around, although being the weekend, options were limited.

The young woman returned to Stevens’ home, and for the next two days, she had difficulty sleeping and was quite restless and experienced a lot of anxiety. The young woman repeatedly said she was “really tired” and that her body “never ached so bad”. Stevens helped care for her baby when the young woman seemed overwhelmed. The young woman made several phone calls to friends and told them what she was doing and the importance of “getting clean” for her child. Additionally, she made a trip to her own home once each day for the following three days to get some of her belongings, and that of her baby.

On Monday, day 4, the young woman contacted Tribal Health, only to find that it would be **several weeks** to get an assessment done. Stevens agreed to pay the \$25 assessment charge at Turning Point as the young woman could be seen the following day yet lacked the resources to pay the cost of the assessment. The young woman started feeling better and began recanting her desire for inpatient treatments, stating, “I will take my baby and run if they tell me I have to go to inpatient treatment. I can’t be away from my baby that long.” She began to rationalize why it was best for her to do intensive outpatient treatment, and second guessed what was going to happen.

On Tuesday, day 5, the young woman went to Turning Point and had her assessment done. She also went to her mother’s home and told her what was happening.

On Wednesday, day 6, the young woman went to a group meeting, and when she returned to Stevens’ home, she said she “wanted to sleep in her own bed” [indicating that she would leave for the night] and return the next day. Stevens asked her about what the counselor said. The young woman said that he asked her about what she wanted, and said something to the effect that he would rather have her smoking pot than using drugs. The comment started a big discussion and Stevens asked the young woman, “Are you using again?” The young woman replied, “I’m not going to lie, I’ve smoked pot every day when I would leave and go to my house.” She left and would return to Stevens’ home the following day.

On Thursday, day 7, the young woman called Stevens and said that she had forgotten her prescriptions and was having a hard time. She said she would go to Stevens’ house because she needed help with her child. Upon being confronted about possible relapse, the young woman denied the allegation.

On Day 10, Stevens’ contacted the young woman, who reported being clean and feeling good although “bored just sitting at home.”

On Day 11, the young woman’s counselor called Stevens’ and suggested ways for others to provide support.

During the course of these days, the young woman admitted to six years of “use”. She began snorting the pills as a way to get high. She admits that she started smoking the drugs within the last three months even though she thought she “would never do that”. The young woman reached out for help because she felt “worthless” and had been “without” for a couple of days and was in withdrawal. She added, “You’d be surprised about the number of people in your circle that use.”

This was Stevens’ first encounter with someone, addicted to prescription drugs, who was reaching out for help. *As a result of the event, it was evident that there was no clear path or ideal solution for those who live on reservations. You have to know how to navigate the system, to ask the right questions of the providers and the individual, to be able to answer questions to aid someone seeking help, to confront someone when necessary, and to get connected to resources.*

## Status of the Public Health Problems on the Reservations: What we Learned

*Alcohol and drug abuse in Native families and communities is a public health crisis on our reservations. The abuse of substances hurts all tribal members, not only the abuser but his/her family, friends and associates as well. The negative effects of alcohol and substance abuse are physical, mental, emotional, and spiritual. Alcoholism and substance abuse appears to be multi-generational.*

*According to the professionals interviewed, presently, it is affecting 3-4 generations and will affect many more generations to come if it is not opposed. Alcohol abuse is only the tip of the iceberg. Prescription medication misuse and abuse trails closely behind. All professionals agreed. Those who abuse only do so to submerge and mask the problems. Alcoholism often co-exists on reservations with certain other specific emotional and behavioral problems like depression, self-hate, cultural shame, stress-related acting out, including completed suicides.*

*From the interviews conducted, alcohol abuse is reported to be widespread on all seven reservations. Further, it is perceived that American Indians use and abuse alcohol and other drugs at younger ages, and at higher rates, than other ethnic groups.*

Promoting change can be challenging. One prevention specialist at Lame Deer related, “Rather than anybody saying anything at all, they just won’t say it. The one’s that do say something, they say, ‘well they did this, and they did that and so who are they to talk about that?’ That’s an issue there in itself. *How do we get people to talk about the issues that are really important here?* What she was talking about even just saying it like that, “I’ve said that to some people before.” I’ve said, ‘Hey, this doesn’t exist in our culture’. That he, who has sinned, cast the first stone because you always draw upon your experiences to help others. That’s important. How do we get people to understand that? The large part is getting them to buy into that ethic to live by, because people are afraid. They’re so afraid and you see it in the numbers that we have in substance abuse. That is evident that the fear we have and who are the people here that are living a vibrant life? Which of our people are just trying to skim the lines and not get involved in things?”

People that really do have the knowledge and the technical abilities to really make changes and recognizing our resources and where can we get these people to really discuss issues. An example, they had this at Fort Robinson, these grandchildren of these people that survived under the slaughters of our people got up and they told this history and they just talked about it. Now one of these guys goes and does a run over there. He takes these kids over there and they do that to a couple of these sites. This is something our Elders always said, ‘Don’t go to places where suicides were committed. Don’t go there.’ They used to burn those areas. They literally burned up the house if there was a suicide there. If there was a murder, they’d burn it. That doesn’t happen today. It seems like a lot of these things have kind of fallen out of the memory. When we bring this up to people, they say, “Yes, I remember that.” The reasoning behind those kinds of things, getting people to understand why these things are happening, what it represents. That type of buy in, it’s difficult to get people to see that.”

Another professional stated, “*We need to bring attention to self-accountability. It starts at home. Here they have issues with school authority. There are high truancy problems. It’s clear that kids are falling off at sophomore year.*”

“Many people are dealing with the *issues of oppression vs. suppression* .and you wonder why people drink. *The essence of the problem goes back to historical trauma*. Putting a Band-Aid on an aching wound does not work. Unless we get over that specific thing, we can’t do all of these things. How well is that going to work? It has to do with dealing with people’s feelings and being honest and talking about the kinds of abuse that happened. This is really what happened and how do we move forward with it? Many of us this has happened to, until we come to recognize that it isn’t specifically about the victimization because the majority of us recognize that, but what are the steps in moving forward? We get either those persons who accuse others and point their fingers at others or simply shut their mouths and say nothing.” He continued, “Elders always said, “You never go to places where our people were slaughtered, murdered or committed suicide.”

A mental health professional from Northern Cheyenne stated, “Here there are two sets, we have modern mainstream values and law and order codes. We still have our own ancestral values. All that information is becoming lost. *We’re trying to live two separate ways*. So we’re always caught up in this other way, they’ll automatically revert to this other way, saying I have this right, I have that right. I would say they don’t know how to maintain or how to be accountable and at the same time be accountable to the community. I listen to what is being said and I’m the same way. This is a life experience and you realize that you want to move forward. I’m sure of what our ancestors would have wanted. With their history, and what they did, that’s what permeates throughout me. These stories that they talked about, they really invoked on the moral and principles associated with it. Like talking about where certain laws came from and where certain traditions come from. That information isn’t available. When you’re trying to help promote something within the youth or these young people that you’ll talk to, automatically someone will come along and say that person doesn’t know anything, they’re too young, they don’t know. I asked these people, what do you think will change for our people when they move back to their identity and that everything to do with preserving their identity and everything to do with what could be done with it, the healthy part of it. Working together and improving our community. One guy said, ‘I always think about that.’ Not until we lose everything and these people say, ‘Here, there saying I’m Cheyenne but they don’t know what it means and they’re gonna wanna learn. I’d say we’re at the bottom.’”

How do you bring a methodical understanding to the causes and consequences of risk taking behavior? One Northern Cheyenne professional stated, “A guy gets thrown in jail for domestic violence. He fights in there. Maybe he’s even sent to prison. He becomes more motivated and learns all these other skills while in there and he is going to be worse when he gets out. (Historically), versus going before the society and they say, hey if you do that again, we’re going come back here and we’re going to whip you. He’ll think about that. Let’s say he tests that. He does it again and they bring him back and they do whip him. That was how we stopped things from happening. People have criticized that way. I said if you can find me an example where we locked somebody in a tepee and it worked. *The biggest point is incorporating the cultural teachings that would promote them to do their best.*”

One of the more troubling indicators of the toll depression takes on American Indians is reflected in the reported completed suicides. The professionals we spoke to indicated *suicide on the reservations was one of the leading causes of death for American Indians especially those between the ages of 15 to 24 years old.*

On Rocky Boy's a community member stated, "*Prescription drugs are a big issue at Rocky Boy too. I had cancer a year ago and they put me on prescription drugs. Before I could even get to the clinic for my appointment I had three people approach me and ask me if they could buy the drugs the doctors were going to prescribe me. Once it gets out that you're sick, you're a target for drug dealers.*"

On Flathead Reservation a treatment professional reported, "Our facility is restricted to 30 clients, not anywhere near where it needs to be to touch the issue. There is no campaign to do awareness – they are funded at 40% of the need in behavioral health and chemical dependency is 1% of the IHS (Indian Health Services) budget."

On Fort Belknap we heard it *should be up to the tribal governments to recognize their responsibility for ensuring that the needs of their people with substance abuse and mental health frailties are being met.* This individual also proposed greater involvement from tribal health clinics, tribal educational institutions and any other tribal organizations which serve the whole tribe. This tribal member spoke directly to practical issues outlining barriers such as treatment professionals not keeping regular office hours for those clients seeking help, extraordinary staff turnover, lack of accessible rehabilitation services, inconsistent access to or lack of access to transportation and lastly poor cellphone coverage.

### **Tribal/State/Federal Association**

Linked to stimulating the individual cultures and identities, there has been a *call for self-sufficiency in addressing the economic and social health of the reservations.* A housing authority representative stated, "We need to create more opportunity. We need to see that the Federal Government will not help us long term. We need to get away from looking to the Federal Government to support us. It's not good for the Indian people." At the Northern Cheyenne Reservation, it was also noted, that "Federal funding is not an issue. We need to be more resourceful independent of the government."

*The Bureau of Indian Affairs (BIA) does not play any part in the workings of the tribal government.* While on some reservations the Bureau maintains a significant presence, the BIA is not involved in tribal governmental decision making.

We learned that tribal members who live off of their home reservation maintain tribal membership and benefits. However, to access those benefits (i.e., health care) or to exercise their membership rights (i.e., voting in tribal elections) they may have to return to their home reservations. There may be benefits, such as higher education scholarships, that they are eligible for by returning to the reservations. Tribal services and benefits for off-reservation members vary from tribe to tribe.

### **Raising Future Generations**

The *connection between economic well-being and family well-being* was a theme that emerged from the interviews. This connection is explained by a member of the Blackfeet tribe, "What we know is whether or not parents work outside of the home dramatically affects all these areas. When parents are employed in the workforce, it is less likely that parents will call the school and tell them their kid is sick. In the mornings, they'll say let's get going, I need to get to work. A parent working and feeling like they are a contributing member of society dramatically affects community's teens, school dropout rate, depression/suicide, substance abuse, and criminal

activity. It also reduces their likelihood to get in trouble by just hanging out. You know what they say about idle hands.”

One message heard consistently was the *importance of “family.”* Family is defined as biological parents, their children plus grandparents, aunts and uncles. Grandparents are often viewed as key decision-makers and play a central role in the “child-rearing” of especially young children. Other members of extended family may also assume childcare responsibilities and may discipline children. Aunts may be called “mother,” uncles may be called “father.” A child’s cousins may be viewed as his or her brothers and sisters. One tribal member emphasized the importance of finding strength within the family unit itself. “We have allowed ourselves to be totally dependent on tribal programs. Who is there to support the parents? In our society, it’s the uncles and the auntie’s.”

Family support systems play a significant role in guiding each family member and future generations. This appeared very important because the American Indian culture is centered on the family, and family relationships contribute to and shape individual choices. A staff from the Crystal Creek Lodge Treatment Center in Browning stated, “Being a grandmother, I raised my grandchildren, it’s the Indian way. My daughter passed away from this disease.” *Lack of family support may be a source of stress.*

Temporarily employed at the Fort Belknap Tribal Health Center, a former tribal health director/former councilman acknowledged, “One of the most positive factors here is family. Family is really big!”

*When intervention is necessary, we learned it is important to protect, mentor to and request that all “family” members participate in the decision making for those relatives encountering or engaging in high risk behaviors.* A Northern Cheyenne program director with mental health services said, “One of the things in high school that I was taught by my grandmother was that you take up for people who can’t take up for themselves. In high school I was really defensive of people who were picked on. I had a friend that was gay and he came up to me years later and said I always wanted to tell you thank you for treating me so good through high school. You always respected me. You didn’t tease me. I said, ‘That is how I was raised.’ There’s no difference in how people are and the way that they live. Maybe there are some of those kids that are out there that are like that but how many kids actually have that training or that understanding. I couldn’t tell you. Who’s teaching our kids that? I went through a whole process of rewriting the culture and I tell people that because I know what it’s like to be re-educated. I know what it’s like to do something that I didn’t have the right to do or assuming that I did, or making a mistake. That’s something that we talk about in Cheyenne. The overall Judah-Christian society that we’re acclimated to doesn’t do that. If you’ve done something wrong, you don’t speak about it. You don’t tell anybody else about it. I see that a lot when it comes to preserving our culture.”

With an emphasis on the *importance of mentoring*, a Northern Cheyenne program director added, “When I was a young man, I was in the Marine Corps. I wanted to fight. I had two guys that had taken me through ceremonies who were both combat veterans in Vietnam. When I’ve worked with youth in the past who’ve wanted to learn about Cheyenne history and culture, they always ask me, ‘Why are we doing that today?’ I always tell them, you have to tolerate that. Imagine going through life like that. You have to tolerate, tolerate, tolerate. I had a friend that is doing a student exchange, we’re always talking about issues or his experiences with his kids and

I was doing a little research myself with the Japanese culture. They've been successful in maintaining their culture and incorporating it into modern society. We are so unsuccessful at that. How do we get our families here to understand that this is what is really needed? If we use those principles and those values and incorporate them and make them so that they meet today so that we can be just as successful. *It's about identity. Today, what they are learning in the schools contradicts what they are learning at home.*"

On the Rocky Boy's Reservation a community member stated, "*Elders in the community are making a difference.* That's true. I'm evidence of one of those people. I've been sober now for 10 years in April. I had to change my whole life. I'm really worried about the kids on our reservation today. When I got sober I had to change the people I hung out with and my whole social life. I even had to bring my own beverages just in case all people had was alcohol at their house. Now it's people like me that are raising the grandkids and teaching them a better way. The most positive thing about Rocky is we are the most educated tribe. When I graduated in 80 there were only two of us that graduated from college with a BA. Now there are lots of kids that have a Masters and I know of a few that have or are working on their PhD's. That's my perception."

A tobacco prevention specialist in Lame Deer stated, "We have had three *Gathering of Native American's* (GONA's) in the two last years. Sitting in the groups with people, the bottom line is they want something different, they haven't used, and they don't have anybody supervising them, or walking with them as they're making those changes. It's like you get on a bike and you go down this road and you see this other path and you say, I can't do this because it's unfamiliar and you slide back into the same behavior and how many people are willing to be honest enough to say that you're sliding back into the same behavior. Know that I'm here and you can call me and I'll walk with you on this new trail even though I know that you're a little scared. It's about having a support system because isn't it a part of what we've been taught along the way and it goes so totally against who we are as tribal people that you need to be independent, pull yourself up by your bootstraps. Think about the harshness of that. That's pretty harsh. *In a tribal society, it's like, "here, let's do this" and you walk through that process.* My estimation is that it goes back to historical trauma because something in our knowing that this doesn't resonate with us."

Acknowledging the *significance of spiritual connectedness*, a professional stated, "I got involved in the church at about 16. *I was searching for something to help.* I didn't do any drugs. It's crazy because I lived on the reservation for a long time and then I moved to Billings to the really scary area. I was offered drugs but I was scared of disappointing my mom. She was a really great mom. She was a single parent and brought a step-father into the home where a lot of things happened and so she was not healthy in her mind. She was the best mom you could ask for but she had her issues. She was raised by two alcoholic parents and basically an orphan. She had her issues where she allowed a dangerous person to come into our home and didn't take into account how it was affecting us. We had the cops at our house every week. I have one younger brother. We grew up in the same home and he coped with it in every wrong way you could cope with anything. He is trying to fightit. I don't know. It's such a mystery to me because we lived in the same house. This step dad was his biological father. I have a sister that is 16 years younger than me. She's 14. She had to grow up in that environment a lot longer than I had too. My step dad is her biological father. She deals with a lot of anger and is sort of coming out of it right now. I see a lot of changes. Good changes. She is getting involved with the church. She

had a situation at school where this girl was taking advantage of her and putting her through so much. We told her to stay away from her but don't dislike her. Don't do any of that. Forgive her. You can love her and you don't need to talk bad about her. We talked to her about boundaries. She's doing better but she had like continual migraine headaches. They can't find a medical reason for it. A lot of it could be mental because she was exposed to that physical abuse of the parents which is so not healthy for her. I just hated the fact that she was growing up in that environment. I was so glad to have gotten out of there. I lived in that kind of environment and did not want that for my kids. I did everything I could to keep them out of what I had to go through. They know nothing of dysfunction whatsoever."

A common theme from those interviewed, "Ultimately individuals choose their life path." A tribal member stated, "But for sure, God played a role in it. This is the crazy part. We were the most dysfunctional family you could think of but we were in church all the time. My abusive step dad was like almost like a preacher. He also had mental health issues. I was offered drugs. I was suicidal when I was younger. I mean really suicidal. At 16, my mom let me move in with my auntie. I found this group called the Christian Club and there was an older woman there who was a mentor. She talked me through things. She was like a mom to all us kids. I had a great mom, with issues, but who doesn't? I got involved in that group when I was 16 and actually met my husband in that group. I still had tons of dysfunction in my life from being exposed to all that ugly stuff."

She continued, "At 19, I was already pregnant with my first daughter, not yet married, scared to go to church, you should be married before you have a child. That's what I was told all my life. Finally, I was waiting for my boyfriend to join with me but I waited a whole year. I knew I needed to make that decision for myself and my child, so I went by myself. So for the first two years I said why I am even coming to church because my mind is so messed up? But I stuck it out and kept at it, and now I'm totally different. When I was 16 and suicidal, I didn't talk to anyone about it."

The former councilman on Fort Belknap noted, "*What is positive is that kids are finding their culture again.* There are a lot of singing groups. Kids are starting to sing and dance again. They're starting to feel pride in themselves again. He has a grandson that is at the Denver March Pow Wow singing. That's what saved him. He doesn't drink or smoke in spite of his parents. His mom is a pill user and his dad is abusive. Grandpa and grandma were the same way. "I think that [culture] is going to be the Savior."

An example of a cultural institution that plays an important role in shaping youth is the *Cuts Wood School*, on the Blackfeet Reservation. This school immerses its students in their Blackfeet language both as a goal in itself and a means of transmitting cultural values. According to the Director, "the school has found content that is taught in Blackfeet becomes part of English knowledge as well. In addition to academics and language, values are also emphasized. The Cuts Wood School avoids competition, 'a form of violence,' as well as hierarchal concepts, ranking, and punitive designations."

## **Encouraging, Common Emerging Trends**

Encouraging news, treatment professionals, formal and informal leaders on our Reservations acknowledge alcohol and substance abuse exists, understand the need to make sustainable changes, and report they are taking steps themselves to eliminate abuse. Native people and their

communities are becoming increasingly confident that their members can reject abuse, and, more importantly, can continue to reject it in the future. Those interviewed recognized *the only way to conquer alcohol and substance abuse is for the tribal people themselves to take the initiative to become involved and provide direction to their communities.*

We heard, in its struggle against abuse, *a tribal community's most valuable resource is its own people.* Allies in this cause include parents and families, school personnel, social service providers, and primary and mental health care providers. In addition, court, law enforcement and tribal government personnel can provide valuable assistance.

Tribal traditions and spiritual values are also being recognized as a vital resource. These *cultural traditions, including language and values articulate promise, renew hope and foster coping skills.* Those involved on the front lines understand they cannot create change alone. It is incumbent on all individuals in their community to take part in the effort against alcohol and substance abuse. As one professional stated, “They need to feel involved and must believe that they have planned and own the effort.” Another stated, “My ancestors are what motivate me. I took the time to learn from elders before they died and learned their way of life. Meth has gone down, so has prescription drugs/marijuana.” He specified, individual drug abuse/addiction is perceived to be self-induced by individuals who are basically just not taking care of themselves. There are low suicide rates because of our cultural beliefs. Elders speak up to the young people about strong cultural norm, but not necessarily social accountability. If they commit suicide, we tell them they are not going on to see their relatives in the next life.”

Community workers we interviewed, both formal and informal also *believe that youth will make better choices about their lives if youngsters know more about and take a more active part in their tribal culture, especially their language.* Youth achieve positive self-esteem that comes with belonging to something larger than them.

We learned *cross-generational communication will be an essential piece to implementing sustainable change in the fight of addressing substance abuse, mental health issues and suicide.* As Chief Old Person stated, “I think you need to communicate. I was talking to a youth in Washington, D.C.; there was a National Youth Conference. I sat next to him and he told me, “You know we are afraid to talk to the elders, afraid that they might not accept us.” I was telling him, “I think the elders are afraid to talk to you people too. They’re afraid you’re not going to listen. Why don’t you come together? Make an effort. Find out how you get comfortable. The elders have some wisdom. You folks, you have some things you can help the elders with. Maybe there is something you might want to tell them.”

## **Creating Change for the Future: Culture is Prevention**

Each Indian reservation visited had a different culture. The extent of cultural involvement and practices also varied from tribe to tribe as it did with each individual. There is however, agreement that the *best means for fighting alcohol abuse in a Native community is one that the community cultivates itself.* This approach has the key advantage of belonging to those it aims to help. Change requires partnership and the passion of others in order to make the largest positive impact.

There was consensus, among those interviewed, that *Native adolescents who identify with their culture were far less likely to be involved in alcohol use than those who lack this sense of identity.* All professionals agreed it was important for youth to have clear and positive standards

for behaviors through family supervision and discipline; family and peer norms that discourage alcohol and drug use; academic achievement; meaningful opportunities to feel a part of the community; and most importantly strong relationships within the family and between parents/caregivers. *It is critical for the community environment to control access to alcohol and drugs by developing healthy norms and values and to recognize that policies and laws need to be consistently enforced by the criminal justice system.*

A site coordinator in Lame Deer talked about the *importance of partnering with existing prevention efforts in the community*. He said, “That’s what we try to do. We’re having a basketball camp in August and Tobacco Prevention can come in and do their talks. Try to maximize the unique opportunities that we have. Like the Town Hall meetings. We’re supposed to be setting up an underage drinking event for next month. Crows sing Cheyenne Sundance songs. Crows have taken Cheyenne ceremonies and do them there. We’ve watched them over the years take Cheyenne songs, Cheyenne protocols and do them at Crow. That’s the cultural norm in any society that’s been assimilated. We have that ethic where that’s still very strong. These elders used to speak about it. Elders were very adamant and spoke up to the young people about them making changes to things. In our society, one of the main cultural laws is that you can’t change anything and you can’t add anything. You have to do things the way they were meant to be done. If you don’t adhere to that, there’s a consequence. It’s a law that’s supposed to have a social response but it doesn’t anymore. The accountability that’s associated with the person’s health. Like for instance, people make an observation that a person two years ago was walking around, going about his business, trying to sell parts of the ceremony and today he’s in a wheelchair and in really bad health. That’s the things we have here. The thing with suicide is that when a person commits suicide they are not going to go on and see their people on the other side. For some people, that’s a major factor. I think that’s probably it. Substance abuse is being used instead of that choice.

## **Common Threads for the Future - A Comprehensive Community Approach**

The interviews revealed that community support is necessary when effecting long-term sustainable change. Each community expressed knowing what change approach was needed to meet their needs. For some communities the approach involved sharing information and supporting one another in their prevention efforts. For other communities, interviewees talked about the value of a more formalized approach that involved considerable collaboration and commitment from the community in order to pursue and achieve a shared vision.

At the conclusion of the interviews, Natale’ and Patty considered the content of the interviews, discussed possible next steps and as a result, they have offered some opportunities and suggested strategies that could be used to inspire/promote healthy lifestyles. An overarching theme of their suggestions is the importance of bringing together the best of both culturally-based approaches and western evidence-based prevention methods to create and structure a system for addressing the multiple public health problems.

The opportunities and strategies align with the first four steps in the Strategic Prevention Framework Model (SPF) model, with particular emphasis on ensuring cultural competence. The following figure depicts all five steps: 1) Profile population needs, resources and readiness to address needs and gaps; 2) Mobilize and/or build capacity to address needs; 3) Develop a comprehensive strategic plan; 4) Implement evidence-based prevention programs and activities; and 5) Monitor, evaluate, sustain, and improve or replace those that fail.



**Opportunities and strategies that align with the first four steps of the model:**

- **Profile population needs, resources and readiness:** *Identify risk and protective factors that are present at all levels: community, family, and individual levels;*
- **Mobilize capacity to address needs:** *Interviews revealed that an individual's tribal pride is reinforced when a community promotes an alcohol and drug-free lifestyle that includes the sweat lodge, pow-wows, graduation ceremonies and other traditional practices.*
- **Mobilize capacity to address needs:** *Promote consistent and widespread messages about the negative consequences of substance abuse and the need for prevention;*
- **Mobilize capacity to address needs:** *Work on changing any community norms, values, policies and perceptions that support substance abuse;*
- **Mobilize capacity to address needs:** *Create broad-based support by involving a wide spectrum of individuals, groups, and organizations;*
- **Mobilize capacity to address needs:** *Encourage newly formed coalition team members to identify and work with individual prevention efforts, already existing in their community;*
- **Mobilize and build capacity to meet needs:** *Promote youth involvement in prevention efforts with the support of respected Elders. For example, the use of weekly peer support groups can build buy-in from the youth sector. Here students can share thoughts and feelings, in a protected environment that promotes tribal culture, and encourages development of healthy attitudes about life, including those that counter the pro-social norms around the use of substances. An essential component of this process is the involvement of Tribal Elders who could potentially facilitate and monitor these group activities, lending their expertise and guidance. Ultimately this cross-generational exchange has potential to open up the channels of communication between these two persuasive generations.*
- **Reservations develop a comprehensive strategic plan that meets their specific needs and context:** *Inform, educate, and empower people by developing a tribal sponsored plan that*

*promotes positive health choices and supports emotional health, and counters alcohol or substance abuse in their communities.*

- **Implement culturally-based, evidence-based programs/strategies:** *Identify and integrate new prevention strategies and partner with existing organizations and institutions.*
- **Implement culturally-based, evidence-based programs/strategies:** Promote the use of culturally-based activities that provide youth with opportunities to have fun without substances, sustain their cultural heritage, and build self-esteem with the support of positive adult role models.

## **Concluding Remarks**

When reflecting on this extraordinary and valuable experience, Natale' and Patty, concluded that "There is a heightened sense of community awareness in the field that prevention is the key to changing environmental conditions surrounding: underage drinking, adult problem drinking, prescription drug abuse and mental illness."

For reservation communities, the key to prevention is to hold onto or re-embrace their culture. It was quite clear that each Tribe felt it was vital to pass on their customs and traditions. Using the words of one tribal member, "Teaching our people to know where they came from and getting back to honoring our culture, maintain our language, traditions and values is the most powerful tool we can use to combat the issues we face on our reservations."

Interviewer Stevens stated, "We always have hope. If we (Native Americans) give up hope, we die." A quote from a treatment professional on the Blackfoot Reservation sums up the strength and hope future, "*There are a lot of great people out there who are working in the trenches who have great hope for future generations, this in spite of overwhelming cultural circumstances, they go to work every day with great hope to make a difference. The most important thing to understand is the belief that each of us is responsible for our own wellness.*"

## **NOTICE OF NON-DISCRIMINATION**

The Americans with Disabilities Act of 1990 (ADA) requires state agencies to continuously let people know that they do not discriminate against people with disabilities in their programs, services, and activities and they will provide equal communication services and devices upon request. One of the most popular options for providing information is to put a statement on all publications, including requests for proposals, contracts, brochures, and reports.

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