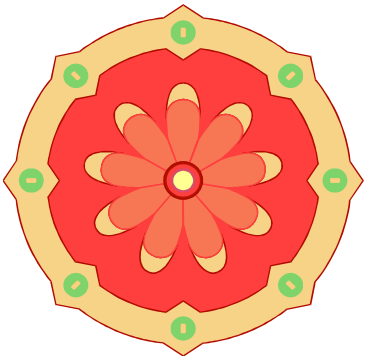
Developing Culturally-Based Promising Practices for Native American Communities



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Developing Culturally Based Promising Practices for Native American Communities

Introduction

In relation to Prevention and Treatment programs, what works in "Indian Country?" And how do we find Federal Funding to implement the programs that we know will work in our communities? This document provides an overview of the major concepts and principles that provide a map for learning how to adapt our own programs to those that are federally approved and how to review the effectiveness of the programs that we have developed for our communities.

There are a variety of substance abuse, mental health, educational, and social service initiatives that have been developed according to the "Indian Way." Unfortunately, when the agencies or community leaders apply for federal funding, they often find that their programs can not be implemented with these federal funds because they are not among those approved by the Federal Government. This leads to a sense of frustration and even defeat in many instances. Local Native American communities feel compelled to use programs that were designed for Mainstream society but do not fit the cultural and social needs of their own communities.

Even though the federal government has been making an effort to include funding directed to more Tribal Communities, the programming aspect of federal policies still creates a significant disparity in the implementation of prevention and treatment programs within communities that need them the most.

White Bison, Inc. has been working with a group of Native and Non-Native researchers and practitioners for the past couple of years who have been examining the differences between the Native programs and those that are on the approved list. In most cases the differences can be captured in the way that "success" is defined.

It has been the government's concern that programs that have a track record of success be those that are approved for funding with federal dollars. They call this "accountability." Under the accountability model, success is defined by a system of measurement that is reviewed by "experts" designated by the federal government. In most cases, "success" is defined as a change in certain visible behaviors as a result of the intervention. These changes are measured using the scientific method. A program is successful if it can be demonstrated that it works 95% of the time or more and can be "generalized" or used as is in any community by any group. This is a "one size fits all" approach which may appear to be efficient and cost effective, but rarely does a program designed in an poor urban community work in a middle class suburban community. Furthermore, programs designed to fit the needs of these communities do not work at all well in the many culturally different Native American Communities.

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From a Native perspective this would be like the whale hunters of Alaska saying that the solution to hunger is the Whale and that the people of the Plains must hunt whales, or that the corn growers of the southwest will only receive whaling boats and harpoons as implements for overcoming hunger in their communities. It doesn't make sense. What else doesn't make sense is the growing concern that people in Native American communities are going without treatment and prevention programs because the ones they would implement are ineligible for funding, while the ones that are recommended do not fit their needs.

In this document we would like to identify a model for acknowledging the programs that are culturally appropriate for Native American communities and also to identify what it is that the federal government is actually looking for in these programs. Sometimes taking the "mystery" out of the process can create a bridge that enables many to cross.

Model Programs and Promising Practices from the Scientific Point of View.

For many years researchers funded by the federal government have been examining what makes prevention and treatment programs work. As a result they have developed a system of definitions, models, processes, and expectations that are based upon a set of values and assumptions that are important to those who provide funding resources. For the most part these are "bottom line" assumptions such as cost effectiveness and efficiency. There are also a variety of organizations whose role is to provide information and instruction on how to implement the rules and procedures for these programs. Unfortunately, most of them are based upon social science and behavioral theories that do not translate well into Native American cultures; nor are their processes and review expectations compatible with Native American values.

For instance, the Center for Substance Abuse for Prevention (CSAP) has a very thorough explanation of its criteria for approving Model programs listed at its website (www.samhsa.gov/centers/csap/model programs/faq.htm). Here you can find the following definition of a model program:

- The program is science-based (research-based or evidence-based), meaning it has been reviewed by experts in the field of prevention according to standards of research. Science-based programs are theory-based, have sound research methodology, and can provide evidence that results are clearly linked to the program itself (credible) rather than extraneous events and can be applied successfully to other populations (generalizable). Results from science-based programs may be positive, neutral, or negative and thus can guide other program development and research (utility).
- The program has been reviewed by the **National Registry of Effective Preventive Programs (NREPP)** and scores sufficiently according to 15 dimensions: theory, fidelity, process evaluation, sampling strategy and implementation, attrition, outcome measures, completeness of data, data collection methods, analysis, validity, integrity, utility, replications, dissemination capability, and cultural and age appropriateness. (Please visit http://www.preventionregistry.org for detailed evaluation criteria and to nominate a program for review.) On a scale of 1.0 to 5.0, those receiving scores between 4.0 and 5.0 on integrity and utility are then submitted for CSAP for final approval.
- The program must receive CSAP approval and receive an invitation to participate in CSAP's national dissemination effort.

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In the background section of the same site the following definitions are available: (www.samhsa.gov/centers/csap/moeelprograms/background.htm)

Science-Based Programs
Programs which have been reviewed by experts in the field according to predetermined standards of empirical research. Science-based programs are theory-based, have sound research methodology, and can prove that effects are clearly linked to the program itself and not to extraneous events. Results from science-based programs may be positive, neutral, or negative.

Effective Programs
Programs which are science-based, but produce consistently positive patterns of results. Only programs positively affecting the majority of intended recipients or targets are considered effective.

Model Programs
Effective programs whose developers have agreed to participate in CSAP's dissemination efforts and to provide training and technical assistance to practitioners who wish to adopt their programs. Ensuring that programs are carefully implemented maximizes the probability for repeated effectiveness.

Risk Factors
All young people are exposed to risk factors, which can place them at greater than average risk for substance use. Risks vary considerably according to an individual's age, psychosocial development, ethnic/cultural identity, and environment. However, the impact of any single risk factor may change over time with the development of the child or changes in his or her environment.

Protective Factors
Converse to risk factors, protective factors can increase a child's resilience to substance abuse, since they act as buffers to initiating or continuing substance use. The literature on protective factors and resilience is more diffuse than that for risk factors, and there is less clarity about which factors are most important in the prevention of substance abuse. Nevertheless, a growing consensus exists that in the major domains of youth development, certain protective factors are critically important.

Domains
CSAP's conceptual framework of substance abuse prevention consists of six life domains: individual, family, peer, school, community, and society. These domains interact, with the individual at the core of the framework, primarily through an individual's risk and protective factors. The precise nature of the links between substance use and each of the risk factors identified under the six domains are not yet fully understood.

In another document that is extremely helpful in terms of implementing and evaluating programs, CSAP has explained that "[t]he move toward acountability...has increased the importance of using proven programs" (Getting to Outcomes 2000, 23). In addition they outline the criteria for effectiveness that "evidence-based" programs include.

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- degree to which program is based upon a well-defined thoeroy or model
- the degree to which the populaton you are servicing received sufficient interventions or dosages
- quality and appropriateness of data collection and data analysis proceudres you used
- the degree to which there is strong evidence of a cause-and-effect relationship (i.e. a high likelihood your program cased or strongly contributed to the desired outcomes) (Getting to Outcomes 2000, 22)

Also, CSAP explains the "purpose for implementing evidence-based programs" as

- Ensure the program is based upon a successful model
- To ensure that you are spending resoures on interventions that incorporate known principles of effective programming
- To create funding oppportunities (Increasingly, funders want to invest their limited dollars in programs that are sure to make a difference) (Getting to Outcomes 2000, 23)

One of the opportunities that is provided in the evidence-based framework provided by CSAP (and other organizations such as the OJJCP is that of "Best Practices." Best practices are described in the Getting to Outcomes document as follows:

> Practitioners often develop new ideas about effective programming and put them into practice. For example, one of the most effective treatments for alcoholism was developed by someone who was neither a scientist nor a practitioner. Alcoholics Anonymous (AA), based upon a 12-step, self-help program, was founded by a man who was seeking help for his own problem with alcohol. In selecting and implementing a best practice program from the field, one should first ascertain that principles of program effectiveness have not only been considered, but incorporated as well into the "best practice" model under consideration.
>
> As described in the definition, part of the concept of *best practice* from the field is that there are"lessons learned" to use or to avoid (in other words, mistakes) .... Lessons learned can be identified as knowledge derived from reflection on cumulative experience and validated through evaluation and subsequent experience. (Getting to Outcomes 2000, p 24)

There are many "best practices" and "promising practices" (those that may need to be implemented more than one time, or those that have not undergone any type of review in order to examine and demonstrate their effectiveness) that have been developed to address substance abuse and treatment problems in Native American communities. One document has been compiled by the Office of Justice Programs:

Department of Justice, Office of Justice Programs
Promising practices and Strategies to Reduce Alcohol and Substance Abuse Among American Indians and Alaska Natives
Prepared by American Indian Development Associates (AIDA) August 2000
Document: http://www.ojp.usdoj.gov/ameriannative/promise.pdf

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The introduction to this document contains the following statement: "The following promising practices highlight effective solutions developed within the tribal community that combine western and traditional approaches, building upon the strengths of the respective Indian communities. It is hoped that the programs showcased in this publication can be used in a variety of ways by tribal, state and federal governments and by non-governmental organizations to increase their ability to prevent, intervene or suppress alcohol and substance abuse" (OJP 2000, 6)

Programs featured in this document:

Poarch Creek Indian Nation Drug Court program
Cheyenne River Sioux Alcohol Legislation and Taxation Initiative
Turtle Mountain Safe Communities Program
Southern Ute Peaceful Spirit Youth Services program
Boys and Girls club of the Northern Cheyenne Nation
–SMART MOVES Programs
Na'nizhoozhi Center Incorporated
Pueblo of Zuni Recovery Center
Southeast Alaska Regional Health Consortium
Medicine Wheel Treatment Program Montana State Prison

Other "Best Practices" may be found at the following sites:

Find descriptions for the following **BEST PRACTICES** at

DARE to Be You (CSAP demonastration grant #1397)
http://www.samhsa.gov/csap/modelprograms/
Project Venture: National Indian Youth Leadership Project.
http://niylp.org/clearinghouse/prj-venture-article1.htm

Some Promising Practices can be found at these sites:

Bi-cultural Competence Skills Approach

Schinke, et al. 1988. Preventing Substance Abuse Among American-Indian Adolescents: A Bicultural Competence Skills Approach. Journal of Counseling Psychology. 35(1), 87-90.

Diineegwahshii—an Athabaskan substance abuse prevention program from Fairbanks Alaska targeting girls

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Was included in the Guiding Principles for Promising Female Programming: An Inventory of Best Practices by Green Peters and Associates, 1998.

Focus is on girls who are at risk for juvenile delinquency or who are already part of the Juvenile Justice System.

Program provides outreach, assessment, case management, group training and social learning, ceremonies and family and community gatherings to support the girls.

Contact Person:
Valerie Naquin, M.A. Fairbanks Native Association
finalife@polarnet.com
907 452-1274

Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA)

Targets reduction of health risk behaviors associated with alcohol, substance abuse, AIDS, and sexual risk taking. Focus is on 8th and 9th grade students. Local community designed the curriculum. Traditional ceremonies, development of social and prevention skills, all framed within the context of Native American health beliefs and values.

Contact Person:
Tonja Nansel, Ph.D.
National Institute of Child Health and Human Development
301-435-6937

Devils Lake Sioux Community Partnership Project (Okiyapi)

Document describing this project:
Hoggarth, A., Myer, and Rousey, A. M. (1996). Family involvement and federal funding: An effective combination for the reduction of substance abuse in an ethnic minority community. Evaluative feasibility report. ERIC Document Reproduction Service No. #406 076
www.eric.com

Established family circles; developed comprehensive community substance abuse prevention plan; sponsored community workshops on substance abuse, suicide prevention, domestic violence, parenting issues. Community coalition lead by Little Hoops Community College. Strong interagency coordination.

Contact Person
Dr. Ann Maria Rousy of Cankdeska Cikana Community College
310 717-9089
DrAnnMaria@aol.com

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PARITY: Promoting Academic Retention for Indian Tribal Youth.

Document describing this is available through public libraries—no longer available through NREL..

Hyne, B. September1993. An Eagle's View: Sharing Successful American Indian-Alaska Native Alcohol and Other Drug Prevention Programs. Northwest Regional Educational Laboratory. Western Regional Center for Drug-Free Schools and Communities, Volume 1, pages 6-7.

Goal: reduce drop out rates and increase resiliency among students in grades 6-12. Reconstructed curriculum to make it more relevant to students. Focus is on Respect for Students; cross-community support and cooperation; involvement of partners as equals.

Contact Person:
Dr. Sheila Anne Webb, Dean
College of Education and Professional Studies
Jacksonville State University
256-782-5444
sawebb@isucc.jsu.edu

Strengthening Multi-Ethnic Families and Communities

Document describing this is available from Department of Health Promotion and Education web site:
http://www.strengtheningfamilies.org/html/model_programs/mfp)pg29.html

Parenting program targeting ethnic and culturally diverse parents of children aged 3-18. Twelve 3-hour training sessions covering the following topics: Cultural/Spiritual Focus, Rites of Passage, Positive Discipline, Enhancing Relationships, and Community Involvement. Parental involvement increased in community and school activities, and in political issues. Program promotes pride in cultural heritage, community bonding, and family bonding; reduces life-threatening risks for children; helps with child rearing challenges.

Contact person:
Dr. Marilyn L. Steele, Executive Director

323-936-0343
dr_mls@earthlink.net

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Strengthening Hawaii Families (SHF)

Document describing this program is:
Strengthening America's Families, Effective Family Programs for the Prevention of Delinquency, Model Programs (1999). Office of Juvenile Justice and Delinquency Prevention, Department of Health Promotion and Education.
http://www.strengthening families.org/html/model_programs.html

This is a cultural values based prevention program developed by the Coalition for a Drug Free Hawaii. A 14 week training program that promotes prevention and develops social skills. Topics include: connecting with one another, exploring and practicing family values, cultural choices, problem-solving; decision-making; anger management and stress management; wellness' substance abuse prevention, and healthy life style choices, and the "ohana' family time.

Contact:
Sandra Lacar
808-545-3228
cdfh@pixi.net

Some helpful documents and resources for developing programs that meet the requirements for the governement review processes are available at the following sites:

To learn more about the Promising Practices and Best Practices Exemplary Awards for Model Programs, see the following documents:
http://www.samhsa.gov/centers/csap/modelprograms/pubs_science.htm

To nominate your program as a Promising or Best Practice, review this site:
http://www.samhsa.gov/centers/csap/modelprograms/nrepp.htm

To acquire Getting to Outcomes Vol 1 and Vol 2 , the implementation and evaluation resource document published by SAMHSA, CSAP and NCAP, go to the WESTCAPT site:
http://www.unr.edu/westcapt/
This document may be found under the "Links to Resources" section.

In addition, there is an excellent seven step process for developing a successful prevention program explained under the "Program Planning and Best Practices" section of this site.

Another Resource available at the WestCapt site is the "Decision Support System" model developed by CSAP.

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The following resources were found at: www.samhsa.gov/centers/csap/modelprograms/faq.htm

CSAP's Decision Support System (DSS) promotes scientific methods and programs for substance abuse prevention for use within communities and State prevention systems. DSS is accessed at http://www.preventiondss.org/

Other programs* and their Web addresses are listed below.

- The National Institute on Drug Abuse's *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide*.
  - http://www.nida.nih.gov/Prevention/Prevopen.html

- The Office of Juvenile Justice and Delinquency Prevention Blueprint Model programs.
  - http://ncjrs.aspensys.com/txtfiles1/fs99110.txt

- The Department of Education's listing of Exemplary and Promising Programs.
  - http://www.ed.gov/offices/OERI/ORAD/KAD/expert_panel/2001exemplary_sddfs.html
  - http://www.ed.gov/offices/OERI/ORAD/KAD/expert_panel/2001promising_sddfs.html

- The Centers for Application of Prevention Technology's database of programs.
  - West CAPT: • http://www.open.org/~westcapt/bpalpha.htm
  - Northeast CAPT: • http://www.northeastcapt.org/science/pod/
  - Central CAPT: • http://www.ccapt.org/programs.html

- The Virginia Tobacco Settlement Foundation's database of programs.
  - http://165.176.1.170/vatobacco/index.asp

- Drug Strategies' *Making the Grade: A Guide to School Drug Prevention Programs*.
  - http://www.drugstrategies.org/pubs.html

- The Centers for Disease Control and Prevention.
  - http://www.cdc.gov/nccdphp/dash/rtc/tob-curric.htm

- The Hamilton Fish Institute's database of programs.
  - http://www.hamfish.org/programs/index.php3

- Strengthening America's Families.
  - http://www.strengtheningfamilies.org/

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Best Practices(BP) and Promising Practices(PP)

Program Title	Agency and Contact	Description of Program	Target Population	Evaluation Type	Site or Reference
Diineegwahshii-an	Valerie Naquin, M.A. Fairbanks Native Association finalife@polarnet.com 907 452-1274	Athabaskan substance abuse prevention program from Fairbanks Alaska	targeting girls	PP	Was included in the Guiding Principles for Promising Female Programming: An Inventory of Best Practices by Green Peters and Associates, 1998.
Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA)	Tonja Nansel, Ph.D. National Institute of Child Health and Human Development 301-435-6937	Targets reduction of health risk behaviors associated with alcohol, substance abuse, AIDS, and sexual risk taking. Local community designed the curriculum. Traditional ceremonies, development of social and prevention skills, all framed within the context of Native American health beliefs and values.	8th and 9th grade students	PP	not available
Devils Lake Sioux Community Partnership Project (Okiyapi)	Dr. Ann Maria Rousy of Cankdeska Cikana Community College 310 717-9089 DrAnnMaria@aol.com	developed comprehensive community substance abuse prevention plan; sponsored community workshops on substance abuse, suicide prevention, domestic violence, parenting issues	families	PP	Hoggarth, A., Myer, and Rousey, A. M. (1996)
PARITY: Promoting Academic Retention for Indian Tribal Youth.	Dr. Sheila Anne Webb, Dean College of Education and Professional Studies Jacksonville State University 256-782-5444 sawebb@isucc.jsu.edu	reduce drop out rates and increase resiliency among students Reconstructed curriculum to make it more relevant to students. Focus is on Respect for Students; cross-community support and cooperation; involvement of partners as equals.	grades 6-12	PP	Hyne, B. September1993

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Best Practices(BP) and Promising Practices(PP)

Program Title	Agency and Contact	Description of Program	Target Population	Evaluation Type	Site or Reference
Strengthening Multi-Ethnic Families and Communities	Dr. Marilyn L. Steele, Executive Director 323-936-0343 dr_mls@earthlink.net	Parenting program targeting ethnic and culturally diverse parents of children aged 3-18. Twelve 3-hour training sessions covering the following topics: Cultural/Spiritual Focus, Rites of Passage, Positive Discipline, Enhancing Relationships, and Community Involvement. Parental involvement increased in community and school activities, and in political issues. Program promotes pride in cultural heritage, community bonding, and family bonding; reduces life-threatening risks for children; helps with child rearing challenges.	Parents children aged 3-18	PP	Document describing this is available from Department of Health Promotion and Education web site: http://www.strengtheningfamilies.org/html/model_programs/mfp)pg-29.html
Strengthening Hawaii Families (SHF)	Sandra Lacar 808-545-3228 cdfh@pixi.net	This is a cultural values based prevention program developed by the Coalition for a Drug Free Hawaii. A 14 week training program that promotes prevention and develops social skills. Topics include: connecting with one another, exploring and practicing family values, cultural choices, problem-solving; decision-making; anger management and stress management; wellness' substance abuse prevention, and healthy life style choices, and the "ohana' family time.	families	PP	Document is available from Department of Health Promotion and Education web site: http://www.strengthening families.org/html/model_programs.html
Bi-cultural Competence Skills Approach		Preventing Substance Abuse Among American-Indian Adolescents: A Bicultural Competence Skills Approach	teens	PP	Schinke, et al. 1988
DARE to Be You (CSAP demonstration grant #1397)				BP	http://www.samhsa.gov/csap/modelprograms/
Project Venture: National Indian Youth Leadership Project.				BP	http://niylp.org/clearinghouse/prj-venture-article1.htm

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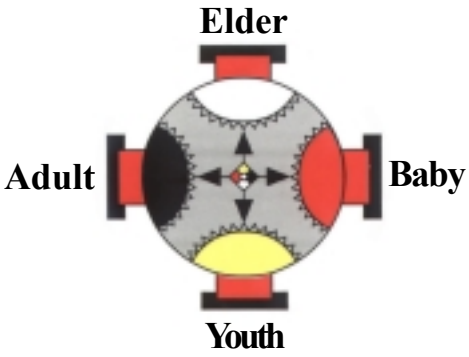

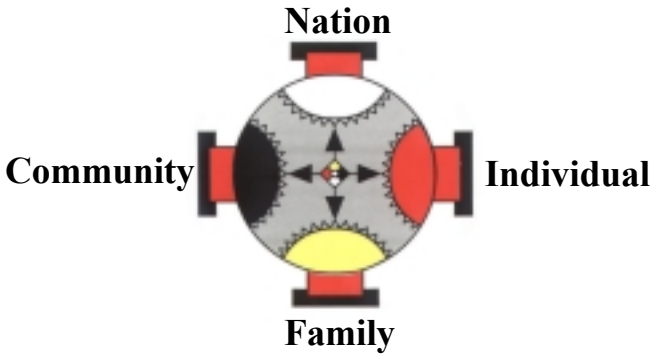

Models and Promising Practices from a Native American Point of View:

Having described the system and resources currently preferred by the federal funding agencies, it is also to point out that it is important to include another point of view. The definitions and explanations provided in the government resources are thorough and clear, and make sense from an "accountability" point of view. The problem is that some of them contain expectations and assumptions that do not fit well within the Native American community. Here are a few examples:

1. Experts in Native American communities are often the Elders. These people carry the spiritual, cultural and intellectual wisdom of the community. They are not scientists "credentialed" in the scientific method, nor do they determine whether things work or not through empirical research. Social science, behavioral science and other scientifically trained "experts" do not share the same assumptions, beliefs, and values that the Elders have been sharing with the People for centuries. Credentials are very important for the experts in the scientific arena. However, within the Native American communities, the definition of credentials is different. This "Indian Way" does not necessarily include university training, college degrees or publications and recognition for research activities. It does however, include a specific set of behaviors and wisdom that is recognized by the community as being valued and based upon "teachings." Not every person of a certain age is considered an Elder. Only certain people who have been identified and agreed upon as having that wisdom and as demonstrating those "teachings" in their lives have those designations.

2. "Theories" in science-based (also called evidence-based or research-based) programs are based upon observations, assumptions and values of the Western European cultures. Within the Native American communities "teachings" provide the basis for understanding what works and why. These teachings are accessed through the Elders and have been the basis for healthy communities for many centuries.

3. Within the framework of science, what can be observed is what is counted. However, within the context of the "Indian Way," not only is there the seen world, but the unseen world as well. From the Native American perspective, when things are out of harmony in the unseen world, then this disharmony is reflected in the seen world. Intervening only in the areas that can be seen is insufficient to create change from the perspective of the traditional Native American teachings.

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4. Culture is Prevention from the Native American perspective. What this means is that people who are fully integrated into the culture of their community have integrated the teachings of that community into their lives. Culture within Native American communities is made up of social and spiritual practices and beliefs that guide the community toward a path of healthy living and healthy relationships. Within the "Indian Way" spirituality is not separate from everyday life and activities. For those who understand and live within their culture, prevention is a way of life. From this perspective, the definitions of protective factors, risk factors, and domains would need to be expanded to include cultural variables and even, in some cases, spiritual variables, before they would be appropriate from the "Indian Way" of doing things.

5. Generalizability is an important criteria for success within the science based arena. This is the "one size fits all" approach. The goal is to create one program that will work with many different populations. Well this might work in communities that have similar cultures and similar social values and expectations, such as a suburban community in Minneapolis and a suburban community in Denver. However, Tribal Communities are sovereign nations. As such each has its own form of government, its own culture, traditions, values, and spiritual practices. To try to "generalize" from one community to another creates a variety of problems unexpected by the scientists.

6. Another issue with science-based programs is the need for "random sampling" and "control groups" that are integral to the quantitative methods for most often used to ensure generalizability. In the "Indian Way," an opportunity is to be made available to everyone in the community. Most of the communities are too small to support the rigorous expectations of random sampling. Also, they are too closely knit to prevent those in "control groups" from communicating with those in the "experimental groups." To provide an intervention to some members of the community while denying it to others creates problems that can undermine the success of the program all together.

7. Interconnectedness is an important concept in Native American communities. For Native people, prevention, treatment, intervention, and recovery are all part of the same healing process. They are not to be partitioned into separate activities. Thus, a program that works in a Native American community might have aspects of all of these goals. Native people do not recognize these objectives as distinct and separate. The federal government funds them as discrete programs and does not encourage overlap. This is not the "Indian Way." The same is true in relation to "target populations." When a healing program is introduced in a Native American community, it is not directed ONLY at the youth (even though the title of the program might suggest that). It is directed at the baby, the youth, the adult and the elder. Similarly, a program that seems to be designed for "men" or for "women" as "individuals" may actually incorporate processes designed to bring in families, the community and the nation. There are not artificial separations based upon arbitrary categories. The designations only reflect an emphasis or the direction that shapes the approach.

These are just a few of the examples that make it difficult to transport programs that might work effectively in mainstream society or in other minority communities into the Native American communities. This is not to say that the programs designed using the "science-based" methods are not helpful. They most likely are and practitioners and community leaders in Native American communities can learn much from them. It is also important that Native people develop programs that fit the needs of local communities so that they will be implemented. Without implementation, no program is successful.

It is also important to note that while Native American communities have different definitions and different

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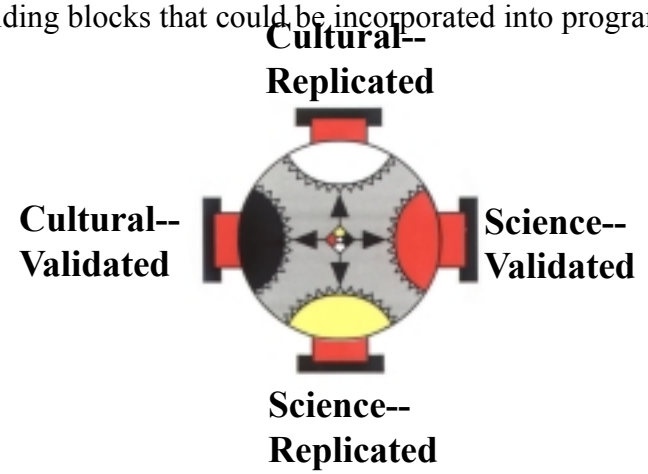
cultural values, we are just as interested in providing programs that work and that are based upon sound principles, laws and values. The opportunity that we have is to create a bridge of understanding between our cultures so that we can define a set of criteria that demonstrates what works in the "Indian Way" and then define measurement systems and accountability systems that will demonstrate the effectiveness of the programs that are implemented in Native American communities. There are many programs that have been implemented. If these were reviewed to determine how effective they had been, using criteria developed by the Native community there is a strong likelihood that these programs could also find their way into the list of programs that could be approved for funding.

The following pages provide a model for thinking about prevention and treatment programs in Native American Communities. It is our hope that the model provided in the following pages, as well as the links to the resources that could provide valuable building blocks that could be incorporated into programs



The categories in this model represent another way of classifying interventions that provide valuable opportunities for addressing prevention, treatment, recovery and interventions of many kinds. This model is based upon the assumption that communities have cultural mesures that determine the effectiveness and success of a program and that these are of equal importance to those defined by the scientifically based community.

Science Validated refers to those approaches based upon social science or behavioral science theories (science based) which were designed for non-native communities. (Some of these have been adapted to meet some of the cultural needs of Native American communities). These programs were also evaluated using scientific methods preferred by the accountability systems described in the government resource documents.

Science Replicated refers to those science based programs that have been implemented more than one time in Native communities or in non-Native communities.

Cultural--Validated refers to those approaches that are based upon principles, laws, and values of specific Native American communities. These "teachings" form the basis for the programs. They are culturally relevant, culturally appropriate, and designed according to the "Indian Way." They have been implemented according to culturally accepted practices have been accepted as valid by the community itself. They have not, however, been evaluated using the scientifc method. None the less, their effectiveness had been demonstrated.

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Cultural--Replicated refers to those programs that have been developed and implemented according to the "Indian Way" and have been passed on to others and continue to be implemented and utilized.

From this perspective, the proof of the effectiveness of the program becomes "if it is useful, it is used." If it is not useful, if people find little results according to their standards, they will not attend, and the program (no matter how much science has gone into it) will simply be ignored. Creating prevention and treatment programs that will be implemented in Native American communities is of critical importance. There are some basic principles that might help in the development of a process for designing Culturally validated programs that will be replicated or at least used as models for programs developed in the "Indian Way."

1. A vision of what is desired needs to be carefully explored and described by as many members of the community as possible.

2. Identify the problems that are preventing the achievement of the vision and then do the research within the community of Elders to identify teachings, principles, laws and values that would have a direct impact on creating a solution for this problem. Making these principles, laws, and values visible within the community can provide a basis for the healing process in itself. There may be ceremonies, activities, or traditional practices that could also be included to create a healing environment or bring the community into proper spiritual alignment so that harmony could be restored. Because each com munity has its own ceremo nies and practices, these are best not described in depth, but explained in a more general way: A healing circle was conducted. Different communities will accomplish the same objective using any number of traditioanl practices.

3. Examine the ways that the people in your community learn best. Perhaps you will find that having a combination of approaches works best. For instance some communities include knowledgable commu nity people, university trained people, and Elders who provide various types of learning experiences f rom service work to classroom work to storytelling or traditional practices. Programs can be designed to fit the learning needs and style of your community. They do not have to be limited to the "school room approach." The Summer 2001 edition of Winds of Change Magazine contains a useful article about the learning approaches taken by a group of First Nations people in Canada.

4. A system of measures needs to be developed that make sense to the people. These measures would signal when success was achieved--describe how we would know when the program was working. For instance in one community, success was measured in this way: "When young people walk with their heads up, when they sing songs in the traditional language, when doing this make s the elders cry, when the youth build their own drums." These are some of the many culturally relevant ways to measure the succes of a program. Another important measure of success is whether or not people are asking for the program and whether people want to come to the program. (Do people show up for one time and then never come again? Or do they come, tell their friends about it, and bring others to participate? This is the "story" of the program. It can be documented.) It is important to develop ways of measuring effec tiveness based upon traditional practices. Culturally appropriate ways to evaluate programs exist and once we begin to share them with each other, we will become more adept at using them and most importantly, finding culturally appropriate ways to describe them.

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In the document, Getting to Outcomes, the message on developing goals and objectives reminds pro grams designers to be specific about the goals, to be able to describe how they will measure them, and to identify what means will be used to keep track of the changes. Keeping accurate records of everything that happens during the planning phases, the implementation, and the assessment phases of a program can provide valuable information for improvement as well as documentation for demonstarting the effectiveness of a program.

5. Use of narrative and qualitative approaches can also be included in determining the effectiveness of a program. In otherwords create opportunities for people to tell the stories of their experiences with the program and how it has changed their lives. This narrative approach can include focus groups, talking circles, interviews and even some types of surveys. The value of this approach is that it preserves the context of the program and enables the "voice" of the participants to be heard.

6. The important key is to have a plan, desribe the plan and to explain the process that is being used. For the most part, this will not require that confidential information or cultural traditions be opened to public scrutiny. What it does mean is that program designers need to think through what is important to them, define their objectives, establish a sequence of events or processes that will accomplish those objectives and then develop a system of tracking those events and processes so that a realtionship can be demonstrated between the program activities and changes that were experienced.

The chart that follows illustrates how the Cultural Validity model can be applied to some of the Culturally based promising practices that are being implemented in Native American Communities. It is our hope to build a data base of these promising practices. The goal is to share what's working in Indian Country and to build a collection of ideas and options to help you create excellent programs in your own community. In addition we hope that over time, the various programs will be able to provide ongoing progress reports and also share "lessons learned." It will be helpful for everyone, if culturally relevant ways of measuring success can be shared.

In the following charts, the evaluations are described as follows:

SV--Science-Validated (using a science based form of evaluation)
SR--A science based program that has been replicated
CV--Cultural--Validated (using a culturally based form of evaluation)
CR--A culturally based program that has been replicated

There is also one program in the collection that follows that is a Best Practice according to the CSAP model. It also is coded "BP" for Best Practice.

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Culturally Based Promising Practices

Program Title	Contact/ Agency	Program Description	Target Population	Evaluation	Funding Source
Storytelling for Empowerment	The Wheel Council Annabelle Nelson, PhD 4651 Hwy73 Suite 306 Evergreen CO 80439 303-679-1990(v) 303-679-1992(f)	Storytelling Substance Abuse Prevention 26 hours of programming	Age 11-13; rural Reservation middle school	CV-CR-SR-SV quasi experiemntal design; excellent references	CSAP and Social Ventuire Partners of Arizona
Cultural Enhancement through Storytelling	Compass Health Care Linda Yaguchi 1230 E. Broadway Tuscon, AZ 85719 520-620-6615 ext 22 520-622-5054(f) linday@compasshc.org	clultural program story teling, dances, sonsgs, arts, crafts; stories teach reaspect for school, self, teachers, communty, family and tribe "The O'odham Way"; built on Search Institute's Assets Prevention.; Native student learning styles; community involvement	Tohono O'odham age 9-14 middle school and Community of Sells, AZ; increase number of people knowledgable about "The O'odham Way."	1997 winner of NDADD's Prevention and Education Meritorious Awared; pre and post test; six major componenets, each six weeks long; in school, after school and community activities; excellent references; evaluation for program monitoring, process and outcomes	1996 Community Partnership of Southern Arizona
Across Ages	Boys and Girls of NW Alsaka Elsie Ann Nelson ACT Coordinator P.O. Box 429 Kotzebue, AK 99752 907-442-4470 (ext 14) 907-442-4470(f) littlecreek@yahoo.com	Eskimo/Inuiapit dancing; community services; focus on youth at risk; substance abuse education; mentoring program; adults and elders mentoring youth; problem solving skills; resistance skills; parental involvement	Youth 9-15 middle school	BP-SV-CV-CR over 1000 Middle School students since 1991; It's a Best Practice; addresses multiple risk/porotective factors	State Incentive Grant Temple University Research www.samhas.gov/csap/modelprogram- s/evaluation/aae/aae.htm results published in journals

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Culturally Based Promising Practices

Program Title	Contact/Agency	Program Description	Target Population	Evaluation	Funding Source
Tule River Alcoholism Program	Indian Health Services Randall Begley Rt 7 Box 290 Porterville, CA 93257 559-781-8789(v) 559-781-6229(f)	Began in 1979; Inpatient treatment services-group home Alcohol and Drug Free Youth and FAS program 12 Step; talking circles; sweat lodge	Male 18-24 and 25-55	CV-CR Provides annual reports to IHS; no evaluation data available	Indian Health Services
Mentoring for Success	Makah Family Counseling Center Rita Markishtum CDCIII P.O. Box 152 Neah Bay, WA 98357 360-64503014(v) 360-645-2465(f)	adults and elders matched with young people; one evening per week to do carving, storytelling, focus on traditional values and discipline parenting skills and parent training	144 of 147 were Native American; all ages families parenting	CV Once word got out, a huge response--consistently 25 attendees per night; people told friends who also brought friends; created logistical challenges--but excellent program	Division of Alcohol and Substance Abuse 1999-2001
Second Step Violence Prevention	Colorado River Indian Tribe Bill Cornelius Acting Clinical Diretor Rt 1 Box 19 Parker, AZ 85344 520-669-6093(v) 520-669-6432(f)	Skill Development empathy, anger management, impluse control	Early childhood 0-4; 5-11 Native American Community	SV-SR Program was repeated several times; but there is no documentation about how or if it was adapted culturally or how it was received. Excellent articles on the topics at www.cfchildren.org/ssre-ar.htm	Colorado River Indian Tribes
Seven Circles Coalition	Andrea Thomas, Dir 222 Tongasss Drive Sitka, AK 99835 907-966-8753(v) 907966-2489 (f) andreat@searhc.org	youth/adult partnerships; includes youth in community planning; "asset of hte week" helping youth find a place	Community Ketchican; Wrangell; and Juneau Native American and Caucasian (no demographic details)	SV-SR Have an article from Reaching Today's Youth and National Education Services Need info to indicate cultural adaptation, appropriateness or actual success; used Search Institute Assets Survey	CSAP/ OJJDP/ Alaska DSS

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Culturally Based Promising Practices

Program Title	Contact/ Agency	Program Description	Target Population	Evaluation	Funding Source
Walker River Youth Group	Walker River Paiute Tribe Roxanne Ellingston Tamoke Smiley Stan Sanchez P.O. Box 220 Shurz, NV 89427 775-773-2306 roxanne@ghis.com	Talking Circle; cultural sensitivity; substance abuse prevention youth group enable Indian Youth to bond in a cultural way; develop cutlural and life skills; consistency; creation of a "sober family" model; 12 months	8-13 year olds boys and girls	CV Programs is described thoroughly; but no follow-up, or outcomes, or demographics are described; no information on how the youth; parents, facilitators respond to the program	DSS Walker River Housing Authority
Reno Sparks Indian Colony Program	Partnership Jean Bergue Incline Village 405 Golden Lane Reno, NV 89502	Coalition to build community; develop regional ATOD prevention and treatment projects; 184 different activities to reduce effects of ATOD abuse	Youth and adults 27% NA/ 30% Latino/ 43% Anglo	CV-CR-SV Report for Evaluation	CSAP 1998 Evalutaion Report
Smart Moves Curriculum and Juvenile Menotring Program	Jolene Sprang, Dir Smart Moves Boys and Girls Clubs of the Northern Cheyenne and Toni Eagle Feather, Dir Juvenile Mentoring P.O. Box 309 Lame Deer, MT 59043 406-477-6654	culturally specific programs promoting health and life skills; traditional teachings; program to address high risk youth; comprehensive and integrated community resoucres program	Community and Individual; Reservation community ; youth 5-18; adults 18-55+	CV-CR has been replicated more than 3 times; over 2000 clients have been through it; articles and references on mentoring	Boys and Girls Clubs of the Northern Cheyenne Nation
Sumunumu Subtance Aubse Program	Annessa Dressler Prevention Program Coordinator at Big Bend Pyramid Lake Paiute Tribe P.O. BOx 256 Nixon, NV 89424 775-574-1018(v) 775-574-1028(f)	1989 adapt prevention to a cultural ly approrpriate format; weekley meetings; alternative activities; prevention presentations; self-esteem building; goster cultural resiliency and community building; address historical trauma; provide cultural awareness	boys 8-13 years old	CV Program description; no way of telling how many participated or what their experience with the program was	IHS; Tribe; State

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