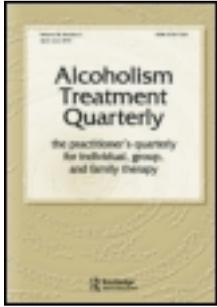


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### The Multicultural Wellbriety Peer Recovery Support Program: Two Decades of Community-Based Recovery

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# **The Multicultural Wellbriety Peer Recovery Support Program: Two Decades of Community-Based Recovery**

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*White Bison has been effective in training 388 peer recovery support persons, known as Firestarters, to implement standardized, Native-focused, peer recovery programs based on the traditional knowledge of tribal elders. Following the elders' Four Laws of Change, White Bison has demonstrated the program capacity to build indigenous support communities of Wellbriety, which are facilitated by these healthy and sober spiritual leaders. Using the Native paradigm of evidence-based model programs, effectiveness has been measured and validated through success at generating this human capital of civic leadership. In turn, using a clan model of Wellbriety, community coalitions have begun to emerge to sustain the work of the Firestarters through local Healing Forests that correct for multigenerational family problems that have grown up in the wake of high rates of addiction.*

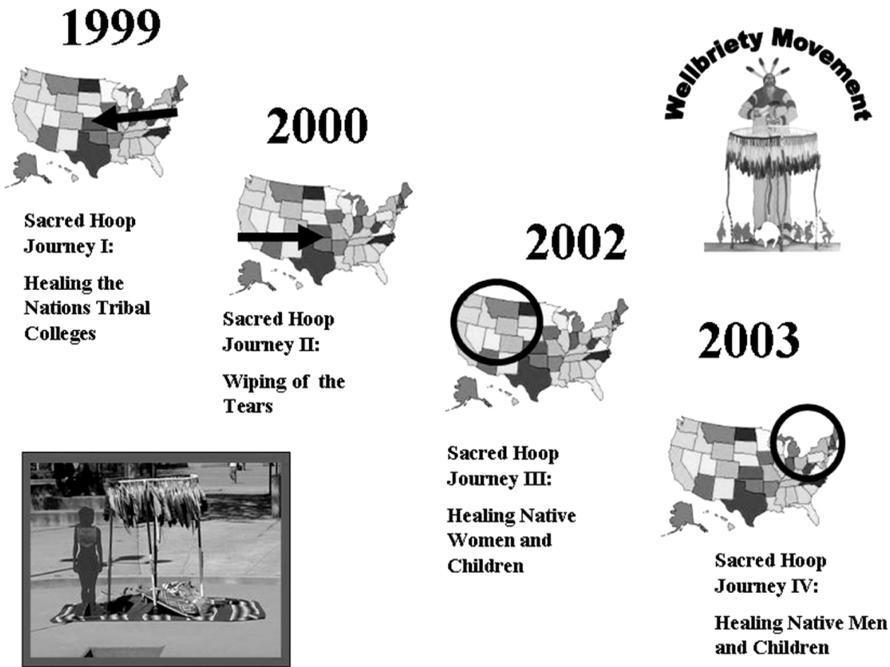
**KEYWORDS** *Wellbriety, Native-focused, peer recovery*

## INTRODUCTION

From 1998 to 2003, White Bison gathered traditional sobriety and wellness teachings from a diverse group of tribes that span ancestral communities from the forests of Maine to the arctic reaches of Alaska and extending out to the shores of the Hawaiian Islands. These Hoop Journeys (see Figure 1) led to Wellbriety Program teachings that gave birth to the Seven Trainings of the Firestarters. This formative period of the Wellbriety project was part of the founding of the initial partnership of 19 organizations that made up

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**FIGURE 1** The 1999–2003 Wellbriety Hoop Journeys.

the initial demonstration sites in the national movement toward peer-led Recovery Community Support Programs (RCSP) under the auspices of the Substance Abuse and Mental Health Services Administration (SAMHSA) (Center for Substance Abuse Treatment, 2006). In 2004, the Wellbriety movement joined the second wave (2004–2008) of grant-funded projects that refined the organizational structure, peer practices, ethics, and evaluation methods of RCSP (Center for Substance Abuse Treatment, 2009).

As the 4-year national Firestarter Training project commenced in October of 2004 (CSAT Grant # 1 H79 TI16156-02), evaluators from Johns Hopkins and Argosy Universities tracked 326 of the initial 388 Firestarters as they were trained and returned to their communities to provide peer recovery coaching, facilitate Medicine Wheel Talking Circles, and join together in creating community coalitions designed around the principles of indigenous clans. This program model of peer leadership is grounded in the strong evidence-based history of the effectiveness of indigenous helpers in developing support communities that are successful in maintaining sobriety and wellness for its members (Glickens, 2004). Most recovery science models would emphasize the program's curriculum and its impact on persons receiving the teaching from the Firestarters. However, evidence-based programs in Indian Country traditionally prioritize measuring the quality of the lifestyle of the facilitator(s) who will create and maintain the peer support community of Wellbriety. In

other words, the prioritized outcome is the impact of the training and 6 months of service on Firestarters themselves as they assume the community positions of Wellbriety peer leaders.

### History of the Wellbriety Recovery Community Support Program

At the heart of the Wellbriety Trainings are the multiracial Four Laws of Change (see Table 1) that were given to White Bison by a diverse representation of elders during the Hoop Journeys. These trainings teach the Firestarters methods of community building that create a developmentally focused Healing Forest (Coyhis & White, 2007). The Healing Forest is based on the social development stage model of Erik Erikson who refined European American psychological principles through Native teachings; particularly the wisdom of the Oglala Lakota (Sioux) Tribe of South Dakota (Friedman, 1999). Eriksonian developmental psychology, better termed “Eriksonian-Lakota,” is known for its stage theory of self-identity across the life span. As each person’s development progresses through these stages, and that person is confronted by different maturation tasks on a path forward or a parallel barrier to growth (e.g., autonomy vs. shame, initiative vs. guilt). The teachings of the Lakota are rich with a history of that dual knowledge. The Oglala Lakota, a tribe of strong heritage and allies among many tribes (*Lakota* means friend or ally), was deeply victimized by alcohol traders seeking the gold of the

**TABLE 1** The Four Laws of Change

1	Change comes from within—For change to occur within the community—each individual must change within himself or herself first. All permanent and lasting change starts on the inside—then works its way out.
2	For development to occur, it must be preceded by a vision—the principle for the human is—you move toward and become like that which you think about. Each community must create its vision or picture of what wellness would look like in the future. Would it include culture, spirituality, healthy men, healthy women, healthy work environment, alcohol and drug free, sober leadership, etc.?
3	A great learning must occur—Each community consists of the cycle of life—baby-youth-adult-elder. If you want the youth to change, the adults and elders must be involved in the change also. If you want the youth to stop drinking, the adults and the elders must stop drinking. If you want the youth to be respectful, the adults and the elders must become respectful. Training and changes must be applied to all four directions at the same time.
4	You must create a healing forest—The Healing Forest model is inspired by the idea that if one tree in a sick forest is removed, is brought back to health, and is then returned to the sick forest, the healthy tree will again become sick. To heal a forest, or community, all members must be involved in the healing process. This is the key to systemic change. The roots of the forest must remove the anger, guilt, shame and fear and replace it with the culture and spirituality.

Black Hills and violently decimated by arrests of their leaders such as Sitting Bull and genocidal behavior best exemplified by the massacre at Wounded Knee. It is a tribe that has known great community health and great community pain. This historical duality lies within their tribal teachings that were passed on to Erikson and disseminated in his writings as the developmental stage model of human growth and personality characteristics. Because social development models of prevention have become the preferred theory for evidence-based program development across virtually all cultures, the Wellbriety Peer Recovery Support Program is additionally compatible with many associated prevention programs. The Erikson-Lakota Healthy Forest model also meets a Native perspective that follows developmental stages in the clan social context that is multigenerational in scope. The Firestarter leadership is designed to replace an unhealthy forest including many diseased trees (see Figure 2) with a multigenerational path of Wellbriety within a Healing Forest.

The Seven Trainings have been shown to be successful at instilling the core principals of Wellbriety through measuring the components of Wellbriety (i.e., sobriety and wellness) in the Firestarters themselves. This follows the First Law of Individual Change—before providing peer services to other community members. In the Native evaluation paradigm, this represents the strongest evidence for inclusion in the community's recovery and prevention programming. Wellbriety, as noted above, is a lifestyle of sobriety and overall wellness that was measured in the 326 trained Firestarters at the 6-month posttraining milestone, with 309 participants adopting a lifestyle of alcohol and drug abstinence (96.9%), five (1.5%) experiencing 1 to 2 days of intoxication, and two experiencing 1 day of illicit drug use on a monthly basis. No participant had more than 2 days of drinking five or more drinks, drinking less but feeling "high" or using illicit drugs in the month preceding a 6-month follow-up survey. In terms of overall wellness, only five Firestarters rated their health as "poor" (1.5%) and 275 (86.2%) rated their overall health as "good," "very good," or "excellent."

These cadres of Firestarters begin a community mobilization effort that creates motivation for building a Healing Forest (Coyhis, 2001). The Community Readiness interval scale instrument was measured by the *Community Readiness Model* (Tri Ethnic Center for Prevention Research at Colorado State University, 1997) (see Figure 3), and surveys in two pilot communities that show a growing overall Readiness Total Score to build a Healing Forest. The overall average of six dimensions of readiness that reached levels of 4.1 and 5.3 (on the 1–9 Likert Readiness Scale). The strongest dimension of community readiness was found in the "Community Knowledge Base" Dimension subscale with community levels of 5.1 and 7.5, respectively. Developing this knowledge base is the initial activity of the Firestarter process of peer coaching and facilitating Wellbriety groups. It is intuitive that, when that Readiness dimension reaches a critical mass, it initiates community motivation toward further support of the Wellbriety programming. Psychometric evaluation

## The Healing Forest of Wellbriety: Multigenerational Recovery

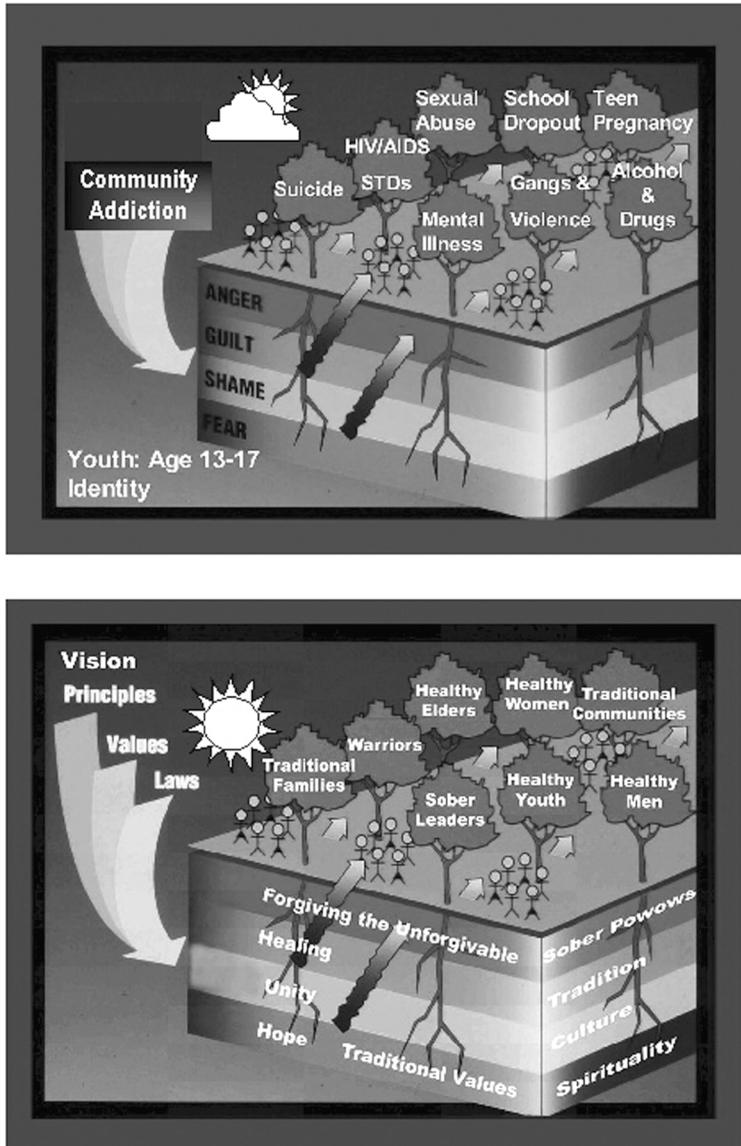


FIGURE 2 The Firestarter pathway of change.



**FIGURE 3** The readiness stages.

of repeated use of the Community Readiness survey process across many SAMHSA programs has also led to principles of participant-based strategic planning (Oetting et al., 1995) that have also been widely used in Native communities (Jumper-Thurman, 1995). In the past 2 years, this Community Readiness Survey has been used by White Bison in conjunction with the strategic planning guidelines for the national Drug Free Communities Program (U.S. Department of Health and Human Services, 2006). This hybrid community mobilization process leads to a grassroots community Vision Book (local participatory strategic plan), which is diffused through a follow-up White Bison training to support the Firestarters' Wellbriety efforts. This second generation of Wellbriety training is called "Coalitions as Clans" and is based on a community planning to institutionalize a peer recovery support services program using the documented Firestarters leadership efforts toward a sustainable local Healing Forest.

### History of the Wellbriety Peer Facilitated Groups, Recovery Coaching, and Community Coalitions

From 1988 to 1998, White Bison hosted Wellbriety Days at tribal communities across North America that were followed by the Hoop Journeys of 1999 to

2003. Beginning in 1993, the Sacred Hoop, the symbol of the Wellbriety Movement, was carried to Native American communities throughout the United States. The Sacred Hoop is a willow hoop with 100 eagle feathers, each of which represents a Native American community in healing. These 100 communities will be the Firestarters of the growing national Wellbriety movement to guide Native communities and allied non-Native communities into sobriety and wellness.

Beginning in 1999, White Bison received a series of grants that enabled them to make the Four Journeys with the Sacred Hoop, taking place in 1999, 2000, 2002, and 2003. These journeys included the participation of people from more than 300 Native American communities around the United States. The Firestarter Trainings have been developed to disseminate the learning of the Wellbriety movement between these communities and to new communities in search of recovery from addiction.

Teachings gathered from a decade of listening to the Native Elders were widely discussed in Talking Circles of many tribes during these journeys. This participatory community process of focus groups (Hawkins & Catalano, 1992), conducted in the Native Way (Benson, 2003), led to the cross-tribal Four Laws of Wellbriety. The Wellbriety Firestarter Training targets unique peer health supports needed for whole communities, from childhood to the senior years, with a focus on families and the greater community clan. Wellbriety strategies have the goals of social support found to be effective in peer-led networks (McLellan et al., 1998), particularly in the community of addiction recovery (White, 2001), but also embracing multigenerational risk and resiliency factors historically found to be effectively addressed by what has been called the servant leadership model (Cobb, 1976) underlying peer-driven wellness networks (Center for Substance Abuse Treatment [CSAT], 2005).

As pilot Firestarter Trainings began in late 2002, the White Bison leadership group of Elders continued to evaluate the program against the Four Laws of Change. They invited Firestarters and community stakeholders to annual meetings that included ongoing evaluations of diverse local program structures, written curriculum, and audiovisual materials. This process mirrors the principles of participatory community evaluation of systems change Addiction Technology Transfer Center (ATTC) Practice Committee (2000) that maintain the Elder and peer influence on Wellbriety program refinements (Community Anti-Drug Coalitions of America, 2001). By developing these standardized materials and protocols, the RCSP of Wellbriety meets, in a peer-focused manner, the national program documentation criteria for external validity for export and use of Wellbriety in similar communities (Brownson, Fielding & Maylahn, 2009).

At the outset of the pilot Firestarter Training, there were three specialized group training options: Men's Medicine Wheel 12-Step Group, Women's Medicine Wheel 12-Step Group, and Family and Friends Medicine Wheel

12-Step Group. All Firestarters were given approximately 16 hours of general training in peer recovery support practice and 8 hours of specialized training in running one of these groups. Some Firestarters took multiple trainings or were coached by a peer who had received a different specialized training. Although individualized recovery coaching is an important part of the Firestarter work, particularly community reentry support called Warrior Down (Coyhis, 2000), the core of the program is the peer-facilitated recovery support group where individuals build expanding individual support. As the ongoing community evaluation and revisions progressed, four additional programs were developed to greatly expand the Family and Friends 12-Step Group goals. Not only the addicts and their significant others suffer in a Native community, but also the entire tribe usually has been damaged by the historical trauma of multigenerational addiction and related family impact (Coyhis & White, 2002). These additional four curricula, which have created the “Seven Trainings” program, are Families of Tradition, Sons of Tradition, Daughters of Tradition and Fathers of Tradition.

The next phase of the Wellbriety movement has been to develop local coalitions and to implement train-the-trainer curriculum at the community level to energize and enhance the recovery process through the local development of additional Firestarters. The first coalition-building technical assistance training was held in Denver, Colorado, on April 13–15, 2004, for representatives of Urban Indian Centers, faith-based and community-based service providers, and state government and national association representatives. This was attended by 54 individuals, including representatives from 16 Urban Indian Centers. Out of this initial gathering, the coalition as clans model was developed where each local community could develop a Vision Book (Third Law of Change) to sustain Wellbriety through a strategic plan that was developed in the Native Way. By adhering to SAMHSA’s guidelines for Drug Free Community Coalitions (Moore & Tonsmeire, 2006), the Vision Book style of strategic planning aligns Native processes with federal health systems methods (Crozier-Hogle, & Wilson, 1997).

## WELLBRIETY PROGRAM IMPLEMENTATION

Spanning two decades, from 1988 to 2008, White Bison has been creating peer-designed and peer-delivered curriculum and training that are leading to second-generation community coalitions that house sustainable local training. The White Bison approach to peer services development and delivery is based upon Native American traditional values. These values, encoded in the Four Laws of Change for Wellbriety, provide a set of principles that are used to mobilize and implement change in whole communities through peer leaders known as Firestarters. The training of Firestarters, and the documentation which supports that process, emphasize the importance

of local empowerment, peer support, recovery support services, prevention of relapse, reduction of stigma, mobilization of community resources, and development of increasing local resources. The “Fire of Wellbriety” itself is maintained by community coalitions of individuals, families, community organizations, and tribal leadership. The Coalition is facilitated in a clan model of family. This model is not guided by a nuclear family set of hierarchical relationships, but rather by a shared clan vision of Wellbriety that transcends historical disagreements or kin conflict (Cross, 1998) and also honors the Firestarter’s role in community health.

### The Firestarters: Tracking Practices and Lifestyle Outcomes of the Peer Service System Implementation

Local tribes, from the initial pool of 300 communities who participated in the Hoop Journeys, were selected to recruit volunteers to participate in 3-day Firestarter Trainings with the standardized curriculum, audiovisual support materials, and an introduction to follow-up Web-based support at the White Bison web portal. A minimum of one community was scheduled and trained each quarter from October 1, 2004 forward. By March of 2007, 12 cohorts had been trained, and 388 participants had returned to their home community for at least 6 months.

Prior to each training, participants completed a standardized instrument of health and social behaviors capable of tracking federal peer recovery program markers; that is, Government Performance and Results Act (GPRA) indicators. Evaluation staff readministered these instruments 6 months post-training in a manner of semianonymity through using matching code numbers. To minimize error and maximize reliability in evaluating pre- and/or posttesting, the data were entered in the CSAT’s web-based management information system that creates multiple recovery science reports for quasi-experimental evaluation (Mulvey, Atkinson, Avula, & Luckey, 2005). The Firestarter cohorts of 388 trained volunteers were tracked through this repeated measurement process, and 326 (84%) remained in the project at the 6-month milestone as measured by continuing voluntary contact with the trainers in the ongoing evaluation process.

To assess Wellbriety’s culturally-related outcomes (U.S. Department of Health and Human Services, 2004) that are embedded in the training, materials from the original focus groups were assessed for key items of cultural self-efficacy, civic character, and peer leadership. Program evaluators from Johns Hopkins’ Bloomberg School of Public Health assembled an instrument from these items to explore the fit between Wellbriety and indicators of quality in peer-led social support networks. These instruments were calibrated to review Wellbriety’s Firestarter outcomes on the two key quality practice indicators of effective peer-led network across diverse cultures (CSAT, 2005): (1) authenticity (the character of the leaders) and (2) servant leadership (the

actions of the leaders). This instrument, named GPRA Plus, has been used with the cohorts trained after October of 2007.

With GPRA and GPRA Plus instruments and qualitative process surveys from participants and trainers, the evaluators reviewed the archival data from the multisite project to identify how 326 of these peer leaders continued their self-development and diffused Wellbriety services to the greater community.

## THE FIRESTARTER PROGRAM OF WELLBRIETY

### Ethnicity and Gender of the Firestarters

Although built on Native principles, Firestarters came from a variety of cultures. Many urban or nonreservation Indian groups are subpopulations of multicultural communities. With the cross-cultural alignment of Wellbriety's guiding "coalitions as clans" structure, multicultural coalitions have successfully implemented the Firestarter model with leaders of different ethnic backgrounds. The Juneau Alaska Drug Free Community Coalition was the first (2001 to present) Wellbriety program where the Native population was an ethnic minority (21%) but led the multicultural community coalition. Subsequently, Juneau's Central Council of Tlingit and Haida Indian Tribes of Alaska (CCTHITA) successfully provided an Institute that trained more than 100 coalition members from across Alaska and communities in six other states (Moore & James, 2006). CCTHITA also held a Seven Trainings for their 23 communities in Southeast Alaska that, like Juneau, included a number of communities where the Native population was a minority. Firestarters who took both trainings were awarded state-recognized and tribal-recognized Traditional Chemical Dependency Counselor Certification based on peer practice and ethical knowledge in providing culturally appropriate support services.

### Vision of Change Used to Describe the Primary Mission of the Firestarter Training

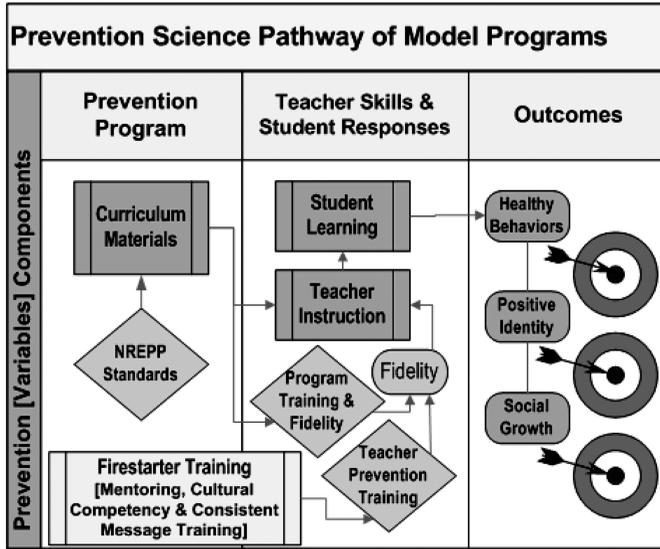
The central vision that drives the Wellbriety training is the prevention of alcohol and drug use. There is no implied moral evaluation related to adults who drink in a problem-free manner. However, the Firestarter Training is designed to develop leaders who model an abstinent lifestyle and provide peer support for others who seek a similar lifestyle. Therefore, Wellbriety is a program to prevent alcohol and illicit drug use among children, youth, and adults. The training is appropriate for all three prevention strategies: primary (before substance use), secondary (intervention after use but before substance abuse), and tertiary (relapse prevention for recovering substance abusers) (Simeonsson, 1991). The evaluation of the Firestarter Community

Support Program has, as noted throughout its history, been aligned with protocols used in prevention science (Hawkins, Catalano, & Arthur, 2002).

### Interactive Variables in the Wellbriety Theory of Change That Create the Measurable Objectives of the Vision

The Wellbriety Firestarter Training is an evidence-based, preservice training for peer leaders working with youth and adults in alcohol and drug use prevention groups with associated, one-to-one, peer support coaching. The two identified components of prevention programs are the Instructor (Firestarter) and the Curriculum (Wellbriety Program Documentation) (National Registry of Effective Prevention Programs, 2008). The interactive impact of these variables on those receiving services results in predicted outcomes, which articulates the underlying theory of change. Typically, evidence-based outcomes of prevention-intervention theories of change are validated through measuring the second-generation impact of what the Wellbriety services (Curriculum variable) would have on those receiving the program from the Firestarters (Instructor variable). Any focus on the first-generation training impact on the instructors is usually restricted to an instructor's consumer satisfaction rating of the training and/or how much fidelity the instructor possesses in his or her reteaching of the curriculum. No other variables related to the instructor are typically measured in making the determination of reaching the threshold of "evidence based." Intentionally, in the Firestarter Training evaluation, the validity evidence is centered on measuring the Wellbriety outcomes in the lives of the Firestarters (Instructors) themselves.

In following the National Institute of Health's mandates for a culturally competent evaluation outcomes (U.S. Department of Health and Human Services, 2004) of the Firestarter program, the evaluators constructed a design to conform to the evolving standards developed by the Indian Health Service and Alaska's Mental Health Trust Authority for Indigenous evidence based effective practice model (Manson & Naquin, 2005) to focus on outcomes on the life model of the Firestarter. Within the Native community structure, the ability of the peer leader to adhere to the principles of Wellbriety in his or her own life is the best enduring evidence of long-term program success (Dana, 2000). In peer support services of all cultures, without a healthy peer model of recovery and health, the curriculum or program is compromised from the outset. The very idea of peers helping peers toward recovery requires the peer to be in the recovery envisioned to the service recipients. Because the Wellbriety program is a train-the-trainers model, success with the trainers indicates success for those they subsequently "train" in their role as peer facilitators. This can be measured at the level of the trainer's personal experience with the program outcomes. The evaluation of the Wellbriety Pathway of Change is outlined in Figure 4.



**FIGURE 4** The Wellbriety peer leadership theory of change.

### Wellbriety's Model of Peer Leadership Outcomes

The community hosts of the 2004 to 2008 trainings were effective in recruiting established members of their community to be Firestarters. To ensure that these outcomes were from instructors who represented their community, the marker variable of self-identifying as being in stable community housing was used as an identifier. The Firestarters had strong community stability as measured by permanent housing of the Firestarters: 6-month follow-up level = 98.1%, baseline = 96.1%.

The effectiveness of the Wellbriety theory of change to produce predicted outcomes in these local peer leader Firestarters, often called the construct validity of the training process, was measured by posttraining behaviors that were concurrent with the message of a substance-free lifestyle supported by a commitment to seeking personal social support for that lifestyle.

The Wellbriety theory of change predicts that this program will build community-based RCSP that are facilitated by volunteer Firestarter peer leaders who model personal Wellbriety programs of (1) abstinent lifestyles, (2) culturally supported recovery identity, and (3) extended social growth. Because the process evaluations have been used to refine the Firestarter implementation skills, with each quarter's cohort improving the number and types of services provided, the middle two quarters of 2007 were used to describe an example of community-level peer practices.

*Individual peer practices and the health outcome variable: substance-free lifestyle model of the Firestarter.* Process evaluations of the trained Fire-

starters indicate most replicate the peer support groups in a similar fashion, though different Firestarters have a substantial diversity in peer practices toward individual mentoring and coaching. The entire training includes a specific method of peer coaching that includes workbooks and skill building in authentic methods of active listening of others.

Firestarters provide services that cluster into established areas of peer practices: (1) Service Connectors to professional and nonprofessional community services, (2) Community Builders, and (3) Group Facilitators (Center for Substance Abuse Treatment, 2009). The entire area of Service Connection is, outside of mentoring and coaching, the primary peer-to-peer approach to individual services. It is in these individual services where the Firestarters' own recovery represents the critical outcome variable in the healthy functioning of the Wellbriety Program.

The three most important Service Connector roles of the Firestarters, in order of type and frequency, were (1) transportation, particularly to attend support meetings; (2) referral and connection with spiritual advisors and elders, including serving as time-limited sponsors to recovery programs; and (3) referral of people to Sweat Lodges or family support services.

The Firestarters brought a strong level of sustained personal recovery to these peer service practices for individuals seeking their own recovery. A confidential 6-month follow-up of 299 Firestarters established a descriptive summary of their drug and alcohol use behaviors. The follow-up rate survey participation exceeded 80%. The Firestarters began with a solid abstinent lifestyle (baseline measurement) of 93.3% and strengthened over the 6 months of Firestarter peer service to a 96.3% abstinence rate measured by no use of alcohol or illicit drugs in the previous 30 days.

*Group facilitation peer practices and the identity outcome variable: Support group and family connection of the Firestarters.* The three most important Group Facilitator roles of the Firestarters, in order of type and frequency, were (1) facilitating Men's and Women's 12-Step Medicine Wheel support groups; (2) facilitating youth Sons and Daughters of Tradition Groups; and (3) facilitating children's Sons and Daughters of Tradition groups and accompanying Family/Father's groups.

In the cohorts submitting data for the process evaluation, 17 peer facilitators identified their peer service commitment as including the development and facilitation of Wellbriety groups. This subgroup had begun 15 groups by the 6-month milestone. There were 126 group members and the groups met at least weekly. Firestarters committing to group facilitation had begun those activities at an average initiation rate of 88% by the 6-month of RCSP local services. The groups had an average of 8.5 members who were attending these groups on a weekly basis.

The Firestarters brought a strong level of personal sustained social support to these group facilitation peer service practices. This is also the area where the Firestarters' training created the greatest positive change. A posi-

tive self-identity in recovery, together with relapse prevention, is sustained by family and community support for a person's recovery. In a 6-month follow-up of 258 Firestarters providing data in this area, the Firestarters started with a strong social support lifestyle (baseline measurement) of 79.8% as aggregated by the SAMHSA web information system. This social recovery support strengthened over the 6 months of their peer service to an 84.9% rate of personal social recovery support. This is measured by family, clan, and/or group support for their "recovery." Only 1.6% said they did not currently have someone to turn to if they experienced problems in their recovery.

Although increasing their recovery support networks over the program implementation period, there were substantial increases and decreases in the four measured support behaviors as noted in Table 2.

The Firestarters increased their own family connections and self-help support group affiliation that were not identified with faith or religious doctrine. At the same time, attendance at faith self-help groups and groups not formed on self-help principles both decreased. Because religious and faith-based groups are often formed to strengthen faith rather than mutual self-help in recovery: (1) Firestarter Wellbriety levels increased (abstinence and overall health), as (2) their own recovery support network increased while shifting toward family and groups focused on recovery through mutual self-help.

*Community-building peer practices and the social growth outcome variable of social growth: Prosocial lifestyle, lack of substance-related negative consequences to self/community, and involvement in ongoing work/education.* The three most important community-building roles of the Firestarters, in order of type and frequency, were (1) helping to create peer-led community service networks, including reentry programs from prison and treatment; (2) volunteer to support and assist with services through faith, school, and social service programs; and (3) assist with the initiation of community coalition building.

The Firestarters brought a strong level social growth in their own recovery to their training. These outcome indicators were maintained and strengthened over the 6-month initiation of their community Wellbriety activities, as noted in Table 3.

**TABLE 2** Types of Recovery Support Behaviors of the Firestarters

Behavior	Baseline %	6-Month follow-up %
Nonfaith/religious self-help groups	50.8	53.8
Faith/religious self-help groups	29.0	26.3
Other recovery support meetings	36.2	22.5
Family friends recovery support	74.7	85.6

**TABLE 3** Substance Abuse and Mental Health Services Administration Social Growth Indicators of the Firestarters' Lifestyle

Behavior	Baseline %	6-Month follow-up %
Prosocial indicator by a crime-free lifestyle	93.3	96.3 (3.2↑)
Employment and/or school enrollment level	80.7	85.9 (6.4↑)
Negative substance-related personal and social consequences	99.0	99.3 (3.3↑)

## FIRESTARTER TRAINING AND PROGRAM IMPLEMENTATION

### Impact of the Training on the Firestarter's Capacity to Replicate the Elders' Wellbriety Teachings at the Local Level

The Wellbriety evaluators used anonymous self-report instruments to ascertain the instructors' personal evaluation of their competency to replicate the training in the manner presented to them in their preservice learning. This type of evaluation, often termed assessment of fidelity to the program's structure, was measured over the last three cohorts who have completed a 6-month implementation process. The predicted level of competency was expected to average above 3.5 on a Likert-type scale of measurement with these self-assessments of fidelity increasing over three successive measurements. Fidelity measures, like the documentation of the program through curriculum and support resources, is a key element of the National Registry of Effective Prevention Programs (NREPP, 2008) standards for external validity and becoming model programs for replication in other communities.

During the first 2 years of training Wellbriety cohorts, the curricula for running groups was refined and audiovisual materials were developed through eight quarterly formative evaluations guided by the technical staff at SAMHSA's CSAT. Over the subsequent three quarters (October 1, 2006–June 30, 2007), three separate cohorts were trained in the materials (Rapid City, South Dakota  $N = 23$ ; Albuquerque, New Mexico  $N = 30$ ; and Bangor, Maine  $N = 29$ ). The reliability of the training process was measured through anonymous self-ratings on three instruments of peer practice fidelity.

The participant satisfaction rating of the participants for the overall 3-day training process was a 4.7. All ratings are done on a Likert-type scale of 1 to 5, where 5 = *very satisfied*, 1 = *very dissatisfied*, and 3 was a midpoint. The most current cohort (April 1–June 30, 2007) is presented first; followed by Cohort 2 (January 1, 2007–March 30, 2007) and concluding with the first cohort to begin the series of reliability studies. Reliability is measured by a positive trend line of consistently strengthening training in Wellbriety structures of facilitated support groups and coaching:

- Third cohort's replication confidence = 4.0; Cohort 2 = 4.2; Cohort 1 = 3.8: Nine items identified the participant's confidence in being able to replicate specific components of the program when facilitating their own Wellbriety group or providing coaching service. The strongest elements of the training satisfaction were being able to integrate the skills in their own life which enhances mentoring and modeling (4.6), as well as building trust in the groups they will facilitate that enhances the peer support strength of the groups (4.6). Two additional areas, with averages in the satisfactory range, where the participants felt the need for additional skills were related to culture: being able to incorporate the teachings of the Elders in their work (3.5) and introducing cultural themes, practices, and activities into their work (3.6). Those items are being prioritized on the follow-up support through White Bison's web portal.
- Third cohort's curriculum and resource confidence = 4.0; Cohort 2 = 4.3; Cohort 1 = 3.6: Five items were identified to rate the participant's confidence in effectively using the curriculum and resources of the Wellbriety group. All of the written audiovisual material and workbooks received high rankings above a 4.0.
- Third cohort's perception of the helpfulness of group facilitation strategies = 4.2; Cohort 2 = 4.0; Cohort 1 = 3.9: Participants rated 10 strategies they learned to be able to implement the curriculum and instruction when providing Wellbriety groups. The strategy the participants felt the greatest capacity in was facilitating Talking Circles (4.5). The rest were ranked in the range of 3.5 to 4.5.

### Key Community-Building Elements in the Firestarter's Peer Practices

The individual Firestarter Trainings evolved into community coalitions supporting the Wellbriety Community Support Program as the Firestarters provided community-building activities.

There were two systems models used in community prevention, discussed in the Wellbriety History section (above), which fit this second generation of the "coalitions as clans" Wellbriety training: (1) the Center for Substance Abuse Prevention's community building in the Drug-Free Communities national project, and (2) the community readiness model and its measurement system developed at Colorado State University's Center for Applied Studies in Ethnicity.

As White Bison synthesized these findings into the "coalitions as clans" community mobilization process to enhance the work of Wellbriety leaders in a sustainable fashion, the program evaluators took a deeper look into the cultural self-efficacy (Weaver, 2002), peer leadership (Trimble, Beauvais, Epstein, Pacheco, & Johnson, 2001), and civic character (Petoskay, Van Stelle, & DeJong, 1998). The GPRA Plus instrument was used in a descriptive, but

quantitative, review of the types and levels of these three Firestarter variables in the cohorts from October 1, 2007 to March 30, 2008:

- Cultural self-efficacy average: 65% (Mean = 7.15 of 11 possible culturally affiliated tribal behaviors)
- Leadership average: 75% (Mean = 3.75 of 5 Likert-type scale self-ratings across five items of peer practices [Center for Substance Abuse Treatment, 2009] seen as most related to the Elders teachings)
- Character average: 79% (Mean = 3.95 of 5 Likert-type scale self-ratings across five items of peer practices [Center for Substance Abuse Treatment, 2009] seen as most related to the Elders teachings).

These initial rating scales indicate a face valid assessment that the Firestarters had very high levels of these attributes; particularly because more than 30% of the participants are non-Native and the leadership and civic character items were drawn from definitions in the newly emerging practice standards for Peer Recovery Support Services; rather than typical definitions of “how leaders should lead” and “community members should devote time to civic service.” In addition, the specific item-by-item findings can provide the basis for beginning to develop local standards of ethical practice that are needed in this newly emerging practice system.

## SUMMARY

Wellbriety peer coaching and group facilitator training offer an evidence-based structure of mentoring and culturally competent peer support groups, provided by peer leaders who are healthy role models. These peers, called Firestarters, implement these service systems that have a high level of construct validity.

There are also opportunities to double the evidence-based program implementation by infusing an additional categorical prevention curriculum suited to the needs of the community within a general Firestarter group. This practice has been pursued in some communities, such as Juneau, Alaska, and Federal Way, Washington, where these curricula are taken from SAMHSA's model for promising programs list and CSAT's Best Practices.

The prevention training of local peer leaders develops the community capacity through the training of a growing cadre of Wellbriety facilitators that is often missing in the sustainability planning and implementation of evidence-based curricula. The peer leader participatory program planning support follows the SAMHSA Prevention Platform (Center for Substance Abuse Prevention, 2009) and ensures this cadre provides culturally competent planning support with Native and other family/clan-focused cultures. The cycles of local train-the-trainers model embedded in the Firestarter pro-

gram further represents a limited implementation cost that is sustainable, because the initial trained facilitator can act as a second-generation trainer for a new cadre of persons in early recovery.

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