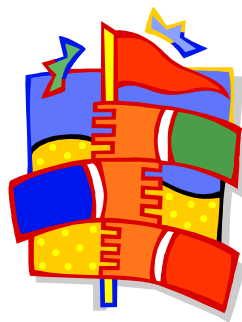


Native American Children



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A Review of the Literature

Healing the *Wakanheja*²: Evidence Based, Promising, and Culturally Appropriate Practices for American Indian/Alaska Native Children with Mental Health Needs

INTRODUCTION

American Indian and Alaska Native (AI/AN) children experience a myriad of risk factors for developing psychopathology, yet there is a paucity of evidence based prevention and intervention practices specifically addressing their needs. There is a dichotomy between evidence based models alleged to be effective with AI/AN, which are not culturally grounded nor sufficiently tested with the population, and culturally grounded AI/AN models whose efficacy have not been demonstrated. There are a number of evidence-based practices assumed effective for AI/AN children because they were utilized with diverse ethnic groups. These practices are then applied to AI/AN children with minimal, superficial and often stereotypical “cultural adaptation” including such things as substituting Native names or themes in the curriculum content and serving fry bread at a meal. The result in this first scenario is that the practice remains inherently based upon the culture of the non-Native developers with “Indian window-dressing” so that the model appears AI on the outside but is internally flawed and culturally irrelevant on a deeper more meaningful and more profoundly important level. This is akin to a non-Native person dressing up in an “Indian” costume for Halloween.

The opposite scenario is the culturally based, culturally congruent, and culturally grounded practice that emerges from traditional AI/AN worldviews. Native philosophies, behavioral norms, relationships and attributes are included and Natives develop the program for their own population. Such practices often have never been evaluated or adequately replicated. Claims of success are based upon observations and anecdotal information. While these observations plausibly reflect participant experience of the Native model as effective, the model has not advanced to the level of being promising or evidence based.

We are proposing some solutions to this dichotomous dilemma: (a) one must facilitate culturally congruent research and evaluation of Native-driven practices. Ideally, AI/AN evaluators lead the efforts utilizing empowerment and participatory action research or other evaluation approaches that promote AI/AN involvement and ownership. These methods would incorporate the needs of and consideration for the AI/AN community; (b) Native-developed and designed practice models should be encouraged and fostered, rather than simply applying practices developed with other populations; (c) culturally appropriate and Native-developed models should be chronicled and then resources should be devoted to conduct evaluations that lead to declaration of promising or evidence based practices.; d) evidence based and promising practices, with potential to be effective with AI/AN population, should be adapted and evaluated. Program fidelity could be maintained while

² Wakanheja is a Lakota (Teton Sioux) word meaning “children who are sacred beings.”

augmenting components that suit AN/AI children. Evaluation methods would incorporate culturally appropriate research instruments and methods and utilize focus groups of AI/AN community members, key informants, and consultants.

This paper divides practices into three categories. First is a review of the evidence based and promising practices that have reported use with American Indians, without noting cultural adaptation. Second are evidence-based practices that may show promise for cultural adaptation for AI/AN communities because of the issues they address and their relevance for the risk factors AI/AN children face. Third, are culturally appropriate practices that AI/AN communities are using, whether or not these are deemed promising practices. We conclude with recommendations for further research and development of best practices for AI/AN children. Because of the diverse tribal AI/AN groups represented in the Washington State, we also present diverse models, which can potentially be adapted and tailored to meet the needs of AI/AN groups in the state.

In keeping with the same format used in a previous literature review that examined measurement with American Indians (Moran & Yellow Horse, 2000), we first sought out best practice programs in NIMH, NIH, SAMHSA, OJJDP, NIDA, Office of Education, and NCAP Web Sites and found 34 programs listed. We also attempted a “backdoor approach” by seeking information about best practices through Indian research literature. Using the PsycINFO, Social Work Abstracts and Social Science Index databases, we identified approximately six programs that specifically addressed the mental health needs of American Indian children and families. We then proceeded to narrow this list to research based best practices, promising practices, and promising alternatives. The outcome produced approximately 40 practices related to mental health needs of American Indian children. The authors reviewed the program for their relevance to mental health needs for American Indian/Alaska Native children, which and entered them into the attached resource guide.

EVIDENCE BASED AND PROMISING PRACTICES WITH AMERICAN INDIANS

Few studies focus specifically on Alaska Native or American Indian children. They are usually combined with other populations and the actual number participating is lost. The degree of cultural adaptation is rarely presented thus it is difficult to assess efficacy for American Indian and Alaska Natives. Practices included in this section may reflect this condition. Most practices address substance abuse and/or mental health risk and protective factors.

Greenberg, Domitrovich, & Bumbarger (1999) advocate for the use of preventive interventions prior to the development of significant symptomology in children. A variety of practices target individual behavior disorders and engage family, peers and teachers in the treatment process designed to decrease risk factors and to increase protective factors. Several models focus on parents as the target for intervention, addressing the child’s relationship with them as a way to reduce risk factors, such as communication problems, family disorganization, and poor bonding and increasing protective factors, such as improving the quality of the child’s interaction with the environment.

Parenting Wisely, a SAMHSA designated Effective Program is a self-administered computer-based program that teaches parents and their children important skills for combating substance abuse. Practitioners can use this versatile program alone or in a group in a variety of situations. It promotes effective parenting skills including communication, positive reinforcement, problem solving, contingency management, assertive discipline and supervision. Research reveals significant improvements in reaction, behavior, and learning (Schinke, Brounstein, & Garner, 2002).

PATHS – Promoting Alternative Thinking Strategies (Greenberg & Kusche, 1997, 1998; Greenberg, Domitrovich, & Bumbarger, 1999) is an evidence based classroom program which focuses on cognitive skill-building to assist elementary school students with identifying and self-regulating their emotions. It has been used with a variety of children with special needs. It promotes social competency and reduces acting out and aggressive behavior.

A promising practice that reports application to American Indians is the *Life Skills Training Program*, which may significantly reduce substance use i.e. tobacco, alcohol, and marijuana (Botvin, Baker, Dusenbury, Tortu, & Botvin, 1990). This program teaches youth how to resist peer pressure and helps enhance self-esteem. Another promising program used with AI is *Preparing for the Drug Free Years*. This program focuses on enhancing bonding and reducing family-related risk factors (Hawkins, Catalano, & Kent, 1991). This program is highly researched and is based on defining and working with risk and protective factors.

The *Families and Schools Together (FAST) program* is a family-based practice that promotes protective factors and improves family functioning for children (aged 4-12) manifesting behavioral and academic problems (McDonald & Sayger, 1998). One of the primary strategies of this program is parent empowerment. It aims to achieve four main goals: enhance family functioning, prevent school failure, prevent substance abuse and reduce stress in the family.

Strengthening Multiethnic Families and Communities (SMFC) has been utilized by a number of American Indian communities with promising results. This program was designated a promising practice by the Center for Substance Abuse Prevention. Among American Indian parents, SMFC leads to improvement in the perceived quality of parent-child relationships including increased positive and decreased negative interactions, as well as perceived improvement in parental competence (Steele, 2002).

EVIDENCE BASED PRACTICES THAT MAY BE RELEVANT FOR AMERICAN INDIAN AND ALASKA NATIVE CHILDREN: EFFECTIVE MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS (SAMHSA)

The Cognitive Behavioral Therapy (CBT) for Child Traumatic Stress is a research based treatment model for children and adolescents ages 3 to 18, addressing trauma-related psychiatric symptoms seen in children following 9/11 (Schinke, Brounstein, & Garner, 2002). There are parallel sessions for children and parents, incorporating feeling identification, cognitive coping/processing, gradual exposure, stress management, and psycho education. Randomized control trials revealed significantly greater reductions in PTSD, depression, anxiety, problem behaviors, and parental emotional distress for children

receiving treatment. This model dealing with traumatic grief may be relevant to American Indians. Manson et al (1996) found a high incidence of trauma exposure among AI adolescents. Cognitive Behavioral Therapy for Child Sexual Abuse includes components such as psycho education, coping skills training, processing of traumatic memories, and training in personal safety skills (Schinke, Brounstein, & Garner, 2002). Parental involvement is included with joint sessions focused on communication about the abuse and associated issues. Parents also receive behavioral training to help reinforce healthy child behavior. Randomized control trials revealed significantly greater reductions in PTSD, depression, problem behaviors, and parental emotional distress as well as increased personal safety skills in children.

Stress Inoculation Training I targets stress reduction since the consequences of stress include anxiety, poor academic performance, delinquency, depression, and suicidal behavior. The practice focuses on enhancing coping skills and relaxation training for high school youth. Evaluation results indicate a significant reduction in anxiety compared with controls as well as increased self-esteem but showed no impact upon depression (Hains & Szyjakowski, 1990; Greenberg, Domitrovich, & Bumbarger, 1999). Because of the high trauma exposure among AI adolescents (Manson et al, 1996), stress is clearly a risk factor so this intervention would be beneficial for AI/AN youth.

CULTURALLY APPROPRIATE PRACTICES IN AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES

Programs summarized in this section are grounded in indigenous culture and are being developed by and utilized in American Indian and Alaska Native communities. These programs show promise in our eyes, but have not yet officially been designated best or promising practices by national organizations.

A number of AI/AN substance abuse prevention models now incorporate traditional cultural activities. Spiritually oriented practices, such as purification lodges, smudging, talking circles, dream work and traditional help youth facilitate healing (Sanchez-Way & Johnson, 2000). Additional cultural activities also include learning traditional languages and crafts, cooking traditional foods, and subsistence activities such as hunting, fishing, and berry picking. In their review of the literature, Sanchez-Way and Johnson (2000) found that although the effect of culture upon substance abuse is indirect and acts through family and peers, some literature indicates that AI teens who identify with their culture are less likely to drink alcohol (Sanchez-Way & Johnson, 2000). Sanchez-Way and Johnson advocate that AI substance abuse prevention projects combine traditional cultural components with other demonstrated approaches.

Segal (2003) has led focus groups on Alaska Native practices. He defines best practices for Alaska Natives as utilizing traditional customs, indigenous healing practices along with appropriate non-Native healing approaches to address substance abuse and co-occurring intergenerational trauma including physical and/or sexual abuse.

Segal found that Alaska Native cultural identification issues were highly interrelated with drug abuse, which can in part be seen as a symptom of cultural identity (Segal, 2001, 2003).

Implicitly treatment can be informed by this understanding and thereby be a focus of intervention. Segal (1999) also found that cultural identification could successfully predict treatment completion and treatment outcome for Alaska Native women.

Segal (2003) reported that focus groups with AN consumers revealed that service providers needed to have familiarity and experience with AN clients and an understanding of community beliefs about healing. Further, practices must acknowledge cultural beliefs and incorporate them in the intervention. The respondents emphasized that spirituality is an important part of healing and that it should be an important component of effective intervention.

Segal (2003) advocates that historical trauma and multi-generational grief should also be a focus of the intervention. Staff training needs to include recognizing and treating trauma. Further, the incorporation of family members in treatment was advocated by AN focus group respondents, as was Native advisory boards, talking circles, and parenting education.

The AN focus groups identified some key best practice strategies that were consistently found to contribute to successful treatment with AI/ANs. These include spirituality, community support, ceremonies, elder involvement, Natives values, Native staff and Native peer support (Segal, 2003).

Years earlier, Silver and Wilson (1988) identified the therapeutic properties of AI purification lodge ceremonies including role modeling affect tolerance (the capacity for one to tolerate her/his emotions), promoting group collectivity, bonding, and ego-enhancement.

The following culturally oriented programs incorporate the key best practice strategies Segal (2003) highlighted. One project (HTUG), used by the authors, is described in detail to give the reader an idea of what a culturally appropriate program would look like.

In a Center for Substance Abuse Treatment-funded project of the Alaska Federation of Natives (AFN), a prototype model of care for substance abuse treatment for Alaska Natives was identified (Segal, 2003). The model incorporated traditional ways. Literature on traditional Native healing practices for mental health disorders as such is limited. However, other studies on Natives in treatment for substance abuse have demonstrated that cultural factors are important elements related to treatment outcome (Segal, 2001, 2003). Gutierrez, S.E., Russo, N.F., and Urbanski, L. (1994) found that acculturation issues were related to treatment outcome and a higher treatment completion rate was found for women indicating that they practiced traditional Native activities while growing up and during the past year, with over 50% of these women viewing themselves as traditional.

Storytelling for Empowerment is a SAMHSA-designated promising practice for middle school rural/reservation American Indian youth and Latino urban youth (Schinke, Brounstein, & Garner, 2002). The focus is on risk factors such as confused cultural identity and the lack of positive parental role models. Goals are to decrease substance abuse, reduce risk factors, and increase resilience.

One of the few AI/AN programs designated as a promising practice is the *Zuni Life Skills Curriculum*. The model focuses on building social-emotional competence and reducing suicidal risk for Zuni Pueblo adolescents. Evaluation revealed that participants reported significantly less hopelessness and manifested higher suicide intervention skills. Another promising practice is the *Sacred Child Project*, serving several North Dakota tribes (Cross, Earle, Echo-hawk Solie, & Manness, 2000). It uses the Wraparound approach (Burns & Goldman, 1999) with children having diagnosable emotional disturbances or who are in danger of or transitioning back from placement outside of the home. The program integrates western treatment and traditional methods. “The whole idea about sacred child is to keep the child in the home or at the very least keep the child in the community”.

The Historical Trauma & Unresolved Grief Intervention (HTUG):

A culturally appropriate practice that has not yet been included on the SAMHSA Model Programs is the *Historical Trauma and Unresolved Grief Intervention*. HTUG was recognized as an exemplary model by CMHS through the award of a Lakota (Teton Sioux) Regional Community Action Grant on Historical Trauma to the Takini Network, a Native non-profit community based organization. The authors are involved with this project and are presenting it in detail to give the reader an idea of what a culturally appropriate program might look like. The description includes background information on historical trauma and unresolved grief and how these experiences affect American Indians in this country. The program was developed for the Lakota, but it is applicable to other American Indians as well.

HTUG has been validated through formal evaluation and research, documented in peer reviewed journals as well as other publications (Brave Heart, 1995, 1998, 1999a, 1999b, 2000, 2001a, b; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). Literature on AI trauma (Manson et al., 1996; Robin, Chester, & Goldman, 1996) and general trauma literature (van der Kolk, McFarlane, & van der Hart, 1996) supports the theoretical constructs underpinning HTUG and the need for specific culturally based trauma theory and intervention.

Historical trauma (HT) is cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences. The historical trauma response (HTR) is the constellation of features in reaction to this trauma (Brave Heart, 1998, 1999a). The HTR often includes depression, self-destructive behavior, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions (Brave Heart, 1998, 1999). The HTR may include substance abuse, often an attempt to self-medicate to avoid painful feelings. The HTR is passed on across generations and intervening with parents can ameliorate the intergenerational transfer of substance abuse (Garbarino, Dubrow, Kostelny, & Pardo, 1990).

HTUG, a psycho educational group intervention, targets parents. Its goal is to reduce mental health risk factors and increase protective factors for children. It has several components: (a) education about traumatic Lakota history and its impact upon current lifespan trauma, (b) utilization of visual stimuli such as videotapes and slides to facilitate processing of that trauma through abreaction and catharsis, (c) fostering a re-connection to traditional Lakota cultural values that can serve as protective factors against mental health and substance abuse

issues, and (d) promoting group collectivity, bonding, and ego-enhancement as well as emotional containment by using traditional Native rituals such as the Lakota purification lodge which aids in that process (Brave Heart, 1998; Silver & Wilson, 1988).

Although HTUG was initially designed as a Lakota intervention, it can be modified for other tribal groups, and is being adapted by other communities such as the Eastern Band of Cherokee Indians. Historical trauma workshops have been delivered to AN communities as well as several other AI regions. HTUG is typically delivered ideally in a retreat setting, which affords a traditional milieu and emotional container. HTUG begins with a greeting circle, prayer, and burning of sage/sweetgrass to foster group collectivity and honesty (traditional belief). HTUG includes a review of traditional ground rules based traditional Native values. The first day focuses on the communal historical trauma (HT) such as massacres and boarding schools. Videos and slides are used with didactic presentation of facts about AI/AN massive group traumatic history. Opportunities for small and large group sharing as well as sharing in pairs are interspersed throughout the presentation of HT. Day Two focuses on completion of boarding school trauma and imparting traditional knowledge, which can serve as protective factors. Information about trauma response features and the physiological as well as emotional impact of trauma is imparted. Participants share life span trauma, after drawing a timeline of their trauma and loss experiences. Self-care plans are then developed and shared. There are also warm up and experiential exercises, using humor as an emotional container. Each day begins and ends with prayer and sometimes traditional singing. A key component is the facilitation of a consolidated positive Native identity through transcendent AI/AN cultural experiences such as the *oinikage* (purification ceremony), which permits cathartic self-disclosure, ego enhancement, collectivity, reformation of self, transfers expectations of healing, and further models affect tolerance (Brave Heart, 1998; Silver & Wilson, 1988). There is a *lowanpi* or *yuwipi* (healing ceremony) or an *inipi* or *oinikage* (purification lodge/ceremony) typically the 3rd night. The last day is more sharing re: self care, plans for the community to continue the process of healing, and a wiping of the tears ceremony or exercise.

The techniques and key operational components of HTUG are analogous to those utilized with other massive group trauma survivors such as group sharing, videotape stimulus material to facilitate retrieval of repressed memories, cognitive content about traumatic history as well as responses to that history, and traditional Native practices aimed at facilitating abreaction and catharsis (emotional processing and releasing) and transcendence (Brave Heart, 1995, 1998). The intervention facilitates disclosure, cohesiveness, bonding and mutual identification, and provides opportunities for role modeling affect tolerance, self-regulation, and trauma mastery comparable to other group intervention models with PTSD clients, massive group trauma survivors and their descendants (Brave Heart, 1998; Fogelman & Savran, 1979). HTUG is also equivalent to the Phase Oriented Treatment strategies for PTSD (van der Kolk, McFarlane, & van der Hart, 1996) utilizing (a) stabilization which includes education and identification of feelings, (b) reconditioning of traumatic responses and memories, (c) restructuring traumatic internal systems, (d) reestablishment of safe social connections and efficacy in relationships, and (e) amassing a collection of restorative emotional experiences (p. 426). HTUG results in symptom normalization (Koller, Marmar, &

Kansas, 1992) and a healthy sense of connection with deceased ancestors rather than fixation to the trauma (Fogelman, 1991).

The importance and impact of HTUG upon American Indian children can be understood through a description of the challenges for their parents. Many AI and some AN parents have most likely been the victims of punitive or “boarding school style discipline” which is perceived as negatively impacting parenting interaction with children and contributes poor mental health, substance abuse, violence, and other problems (Brave Heart, 1998, 1999a). Protective factors against psychosocial problems such as parental emotional availability and support, parental competence, and parental involvement with a child’s schooling have all been negatively impacted by parental or generational boarding school experiences. Parents who have been traumatized as children are less likely to be emotionally present for their children. Parents raised in boarding schools lack role models of healthy parenting, thereby being at risk for parental incompetence. The lack of control over the school environment, choices about schooling, and negative boarding school experiences (see Brave Heart, 1995, 1999a) place AI parents at greater risk for a lack of involvement in the schooling of the current generation. Hence, there is a significant need for healing from this traumatic history among AI parents, which includes an emphasis on parental competence and parental support.

There is an increased risk of substance abuse and other emotional problems in children who experience: un-nurturing and ineffective parental disciplinary practices, absence of family rituals, alcohol-related violence, parental psychiatric problems such as depression, sibling alcohol use, and stressful life events such as verbal, physical, and sexual child abuse perpetrated by a family member (see Chassin, Pillow, Curan, Molina, & Barrera, 1993; Jacob & Leonard, 1994; Jennison & Johnson, 1998; Miller, Maguin, & Downs, 1997; Molina & Chassin, 1996; Orenstein & Ullman, 1996; Sher, 1997; Symth & Miller, 1998; Sher, Gershuny, Peterson, & Raskin, 1997).

A lack of effective AI/AN parenting role models and the lack of nurturing as well as abuse in boarding schools have resulted in punitive, authoritarian, uninvolved, and non-nurturing parents to varying degrees (see Brave Heart, 1995, 1999a, 2000; Morrisette, 1994). Poor spiritual foundations, weak Native identity, and poor family affiliation – consequences of the boarding school legacy and spiritual oppression (Brave Heart, 1999a) – are associated with Indian youth alcohol and other substance abuse (Oetting & Beauvais, 1989; Guyette, 1983).

An analysis of CSAP’s High Risk Youth Cross-site study indicated that positive family relations with supervision, monitoring, and anti-drug family norms serve as protective factors against youth substance abuse (Nye, Zucker, & Fitzgerald, 1995). Protective family factors include positive discipline methods, high parental involvement, spiritual involvement, bonding with family and social groups that value non-use of alcohol and other substances, and external social support (see Alvy, 1991/1993). The literature on protective factors suggests that parents’ encouragement of their children to dream and to establish goals and purpose in life is an important protective factor. The disempowerment and oppression of AI/AN as well as the prohibition against the open practice of Native spirituality historically has impaired Native ability, to varying degrees, of being able to dream about the future, to set life goals, and to find one’s spiritual purpose in life.

Intergenerational Transfer of Trauma Research

Often associated with parental substance abuse, childhood trauma exposure influences the emotional and the sensory perceptual experiences of childhood events and these effects persist into adulthood (Segal, in press). Among Alaska Native females, substance abuse is related to emotional problems, parental neglect and abuse, and sexual victimization of offspring (Segal, in press).

An examination of risk factors for PTSD among descendants of Jewish Holocaust survivors is relevant to American Indians. Yehuda in Brave Heart (in press) found that, despite the lack of statistically significant differences in actual self-reported number of traumatic events or in the degree of trauma exposure, adult children of survivors had a higher degree of cumulative lifetime stress (Brave Heart, 2003, in press). Implicitly, there is a tendency among offspring to experience or perceive events as more stressful and traumatic. Children of Holocaust survivors were found to be more likely to develop PTSD in response to their own traumatic lifetime events when having a parent living with chronic PTSD. Rather than trauma exposure itself, the parental trauma symptoms are the critical risk factors for trauma responses among the children of survivors. For AI/AN, PTSD prevalence is 22% compared with 8% for the general population. For AI/AN veterans, PTSD rates are significantly higher than both African Americans and the general population, attributed at least in part to greater trauma exposure (Office of the Surgeon General, 2001). PTSD nomenclature inadequately represents AI/AN trauma (Robin, et al., 1996), specifically historical trauma (Brave Heart, 2003). Despite the pervasiveness of trauma exposure, AI youth often do not meet the criteria for PTSD because their culture may mask symptom presentation and assessment (Brave Heart, 1999, 2003, in press; Manson et al., 1996). The Takini Network is developing more accurate trauma assessment and evaluation efforts and studying the effectiveness of HT interventions.

First-degree relatives of trauma survivors with PTSD manifest a greater prevalence of mood and anxiety as well as substance use disorders (Brave Heart, 2003; Yehuda, 1999). Children of substance abusers attempt suicide at a higher rate (Segal, in press). Childhood sexual abuse reported by many AI/AN boarding school survivors is implicated in intergenerational trauma transfer and is a significant risk factor for depression, and/or anxiety disorders and substance abuse (Brave Heart, 1999a, 2003, in press; Robin, et al., 1996). Offspring of parents with anxiety or depressive disorders have an increased risk of developing a similar disorder (Beardslee & Wheelock, 1994). Depression and substance abuse are correlated with PTSD and are both common among AI/AN (Robin et al, 1996; Brave Heart, 1999b, 2003, in press); high trauma exposure is significant among AI/AN adolescents (Manson et al, 1996). All these factors of childhood and trans-generational trauma are considered in the HTUG program.

CONCLUSION AND RECOMMENDATIONS

The sparse literature regarding promising and evidence based practices with AI/AN children does not specify sample size, degree of cultural adaptation, if any, significance for treatment effect, and the outcome measures. Information regarding replication is not documented. There is a paucity of evidence based prevention and intervention practices *specifically* addressing the needs of Native children and youth and the issues that these young people

face. Existing evidence based models are often not culturally grounded, adapted, nor sufficiently tested with AI/AN populations.

Culturally based, culturally congruent, and culturally grounded practices that emerge from traditional AI/AN worldviews, philosophies, behavioral norms, relationships, attributes, and developed by Natives, need to be fostered, promoted, and evaluated. Federal agencies should promote and fund culturally congruent research and evaluation of Native-driven practices conducted by AI/AN evaluators primarily and incorporating a consideration for the AI/AN community. Native-developed and designed practice models should be encouraged and fostered, rather than simply applying practices developed with other populations. Federal agencies can facilitate the development of an AI/AN practice database, which the authors are currently exploring with CMHS staff. Finally, those evidence based and promising practices that have the potential to be of help to the AI/AN population should be adapted and then evaluated, utilizing focus groups of AI/AN community members, AI/AN key informants, and AI/AN consultants for such adaptation. Culturally appropriate measurement instruments and research and evaluation designs need to be utilized.

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Resource Guide

Cultural Enhancement Through Storytelling

A Best Practice

Description:

1. **Primary purpose:** “Cultural Enhancement Through Storytelling,” 1997 winner of NCADD’s Prevention and Education Meritorious Award, is a primary prevention program of NCADD’s Tucson Affiliate. A community-based project located in Sells, AZ.

The Programs philosophy is that stories teach respect for the self, school, teachers, community, family and tribe, and that the O’odham culture teaches through stories. Stories can strengthen and empower youth, “which include heroes and heroines who overcome adversity and win honor for themselves, family and community, help build a strong personal identity which can motivate youth toward future goals.” All that the project represents can be found in the saying “O’odham Himdag `o wud t-gewkdag,” which translates as “the O’odham way of life is our strength.”

The four objectives include: 1) seventh-grade students will show an increase in their ability to make good decisions and practice problem-solving skills; 2) students will learn the definition of a positive role model and be able to identify one within their community; 3) seventh-grade students will show an increase in their knowledge of alcohol and other drugs and a self-reported decrease in the use of these substances; and 4) students will feel a stronger connection to their culture and heritage.

“Six major components comprise the project. Three of the components are seventh-grade school curricula for health studies, social studies and language arts. Each of the curricula is delivered over a six-week period by the classroom teacher, with assistance from the project staff. Pre- and post-tests are administered to measure specific skills learned by the students.”

“Tribal elders tell traditional stories during Winter Storytelling Nights in January, when community members are invited to join in song and dance. In addition, O’odham traditions and culture are being incorporated into the operations of the juvenile detention

center, the Tohono O’odham diabetes program and other services for children and adults.”

2. Target populations: The Tohono O’odham Indian reservation, it targets children ages nine to fourteen.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available.
2. **Qualitative evaluation:** Information not available.

Evidence supporting practice:

This program received one of eight 1998 Exemplary Substance Abuse Prevention Program Awards, sponsored by the National Association of State Alcohol and Drug Abuse Directors, the National Prevention Network and the Center for Substance Abuse Prevention. The National Council on Alcoholism and Drug Dependence fights the stigma and the disease of alcoholism and other drug addictions.

Practice implementation:

1. **Staffing requirements:** Classroom teacher, with assistance from the project staff. Tribe members fluent in the O’odham language and knowledgeable in the traditions of their people are employed as site staff. Instrumental in its development, they have been affiliated with the project since the pilot phase began in 1991.
2. **Training requirements:** Six major components comprise the project. Three of the components are seventh-grade school curricula for health studies, social studies and Language arts. Each of the curricula is delivered over a six-week period by Pre-and post-tests are administered to measure specific skills learned by students.
3. **Cost of program:** none known.

Prevention Material For Parents

\$1.25 - What Should I Tell My Child About Drinking? (Brochure)

Comprehensive guide offers advice for various stages of a child’s development and features a series of “teachable moments” that give parents a structured opportunity to sit down with their child and discuss alcohol.

\$59.99 - What Should I Tell My Child About Drinking? (Video)

Hosted by Meryl Streep, this two-part video will help parents and other caregivers improve their communication skills about alcohol. Package includes companion brochure (see above) and facilitator’s guide. VHS, 46 minutes, color.

Prevention Materials For Youth

\$0.75 - Drinking Too Much Too Fast Can Kill You.

How to recognize the signs of alcohol poisoning and what to do about it. Companion poster also available.

\$0.75 - Who’s Got the Power? You . . . Or Drugs?

Resource Guide

Straight talk--in their own words--for adolescent guys and girls, plus important health information, all in day-glo colors.

\$0.75 - Girls! Straight Talk About Drinking and Drugs.

Gender-specific information for teen girls vividly conveyed in language they use and understand.

Posters

\$2.00 - Don't Let Drinking Take Your Power Away.

Part of our "Prevention Series for Youth," this poster targets teen girls with a dramatic photograph. Printed both sides in English and Spanish. Four-color, 15 1/2" x 22 1/2."

\$2.00 - Drinking Too Much Too Fast Can Kill You.

Simple, graphic message targets students on high school and college campuses, or anywhere binge drinking takes place. Also includes essential facts about alcohol for this audience. Two-color, 15 1/2" x 22 1/2".

Publications Kit

\$10.00 - NCADD Sample Kit

Includes a sample of every NCADD publication EXCEPT the video. A \$14.75 value. One per customer.

4. **Use of natural funding:** The Arizona Department of Health Services funds the project through the Community Partnership of Southern Arizona. The Indian Oasis Baboquivari School District, a major collaborator, provides additional funding.

Other considerations:

Contact information:

Compass Health Care
2475 N Jackrabbit Avenue
Tucson AZ 85745
520/620-6615

Relevant websites:

Email: tucson.az@ncadd.org

Strengthening Families Program

A Best Practice

Description:

1. **Primary purpose:** none known. The Strengthening Families Program (SFP) provides parenting and family skills development strategies to reduce problem behaviors in children, improve school performance, and reduce delinquency and alcohol and drug use in teenagers.

2. **Target populations:**

Ages of Children:

Preschool children (3-5 years of age): Use SFP parent and family training manuals, plus Dare to Be You children's manual, or Webster-Stratton's child and parenting series (find contact information for these programs on www.strengtheningfamilies.org)

Elementary school aged children (6-11 years): Use the original SFP. For detailed description of Strengthening Families Program (SFP)

Junior high school students (12- 14 years): Use the 7-session Strengthening Families Program for 12-14 year olds (Molgaard and Kumpfer, 1994).

High school students: Use the original SFP to teach high school students how to be better parents.

Diverse Ethnic Populations

African-American families: The Strengthening Families Program was modified twice for African-American children and parents. Each time new-revised manuals were developed on CSAP grants. The Strengthening Black Families Program was developed and found effective for rural African-American families in mental health and drug treatment in the South. The Safehaven Program is the SFP modification for inner city drug abusers developed by the Salvation Army Harborlight staff and the Detroit City Department of Health. The positive results of this research can be found in the International Journal of Addictions and the Journal of Substance Use and Abuse (Aktan, Kumpfer, and Turner). These two SFP curriculum sets can be ordered from the University of Utah.

Asian and Pacific Islander Families: Also on a CSAP Grant, the Coalition for Drug-free Hawaii Developed the Strengthening Hawaii's Families Program. This program is substantially modified and includes 10 session of family values followed by 10 sessions of the original SFP modified to be more culturally appropriate. The outcome results, however, were somewhat better for the 14-session SFP than for the more culturally modified SFP (Kameoke). These curriculum manuals can be purchased through the Coalition for Drug-free Hawaii.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** none known.
 - a. The standardized SFP Parent Interview Questionnaire (195-items) with client satisfaction and recommendations for SFP improvements added for the Follow-up Parent Interviews;
 - b. The SFP Children's Interview Questionnaire (150-items);
 - c. SFP Teacher/Trainer Interview Questionnaire (about 160-items), used in prior SFP studies modified by the local site evaluator recommendations and pilot tests of the instruments.

2. **Qualitative evaluation:** None known.

Evidence supporting practice:

1. **Peer-reviewed research:**

U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

www.strengtheningfamilies.org

Aktan, G. B. Kumpfer, K. L., & Turner, C. W. (1996). Effectiveness of a family skills training program for substance use prevention with inner city African-American families. *Substance Use and Misuse*.

Kumpfer, K. L. (1987). Special populations: etiology and prevention of vulnerability to chemical dependency in children of substance abusers. In Brown, B.S., & Mills, A.R. (Eds.) *Youth at High Risk for Substance Abuse: 1-71*. National Institute on Drug Abuse Monograph, DHHS Publication Number (ADM) 90-1537. Washington, DC: Supt. of Doc., U.S. Government Printing Office.

Kumpfer, K. L. (1989). Prevention of alcohol and drug abuse: A critical review of risk factors and prevention strategies. In Shaffer, D., Philips, I., & Euzer, N. (Eds.), *Prevention of Mental Disorders, Alcohol and Other Drug Use in Children and Adolescents* (pp. 309-371). OSAP Monograph No. 2. Rockville, MD.

Kumpfer, K. L. (1993). *Strengthening America's families: Promising parenting and family strategies for delinquency prevention. A User's Guide*, prepared for the U. S. Department of Justice under Grant No. 87-JS-CX-K495 from the Office of Juvenile Justice and Delinquency Prevention, Office of Juvenile Programs, U.S. Department of Justice.

Kumpfer, K. L. (1993). *Safe Haven African American parenting project: Second year evaluation report*. Submitted to City of Detroit Health Department, Health Behavior Laboratory, Department of Health Education, University of Utah, Salt Lake City, UT.

Kumpfer, K. L. (1995). Access to hard-to-reach women: Interventions as confounds or strategy. In C. Jones & M. De la Rosa (Eds.) *NIDA technical review: Methodological issues: Etiology and consequences of drug abuse among women*. Silver Spring, MD: National Institute of Drug Abuse ADAMHA.

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- Kumpfer, K. L., Olds, D.; Alexander, J. F., Zucker, R. A., Gary, L. E. (In press). Family etiology of youth problems. In Ashery, R. & Kumpfer, K.L. (eds.) *Family-Focused Preventions of Drug Abuse: Research and Interventions*, NIDA Research Monograph. Submitted 9/17/96.
- Kumpfer, K. L., Olds, D., Alexander, J. F., Zucker, R. A., Gary, L. E. , & McDonald, L. (In press). Family-focused substance abuse prevention: What have we learned from other fields? In Asbery, R. and Kumpfer, K. (Eds.) Submitted 9/11/96.

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Kumpfer, K. L., Sasagawa, M. & Harrison, S. L. (1995) Asian Association of Utah. Evaluation Report. Department of Health Education and Promotion, University of Utah, Salt Lake City, Utah 84112.

Kumpfer, K. L., & Turner, C. W. (1990-1991). The social ecology model of adolescent substance abuse: Implications for prevention. *The International Journal of the Addictions*, 25(4A), 435-463.

2. **Other supporting documents:** none known.

\$300 for purchasing a basic set of six newly revised SFP manuals including Spanish version (e.g., Family Skills Training, Children's Skills Training, Parent Skills Training, Children's Handbook, Parents' Handbook, and the Implementation Manual).

Practice implementation:

1. **Staffing requirements:** The program requires a part-time site coordinator and family recruiter and four trainers to deliver the program (two parent trainers and two children's trainers).
2. **Training requirements:** A minimum of two to three days is necessary for two co-trainers to train 10 to 40 participants. The training covers prevention theory, history, logistics, staffing, recruitment and retention, evaluation results, and extensive participant simulation/practice on each component (parent skills training, children's skills training, and family skills training).
3. **Cost of program:** A two day training is \$2,700 plus travel expenses (hotel, airfare, and per diem.); a three day training is \$3,700 plus travel expenses; \$3,500 for up to 40 participants; \$175 for 6 manuals
4. **Use of natural funding:** none known.

Other considerations:

Contact information:

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Department of Health Promotion and Education
University of Utah
250 South, 1850 East, Room 215
Salt Lake City, UT 84112-0920
Phone: (801) 581-7718
Fax: (801) 581-5872

Relevant websites:

<http://www.strengtheningfamiliesprogram.org/>
E-mail: <mailto:karol.kumpfer@health.utah.edu>

Across Ages

A Best Practice

Description:

1. **Primary purpose:** The project is a school and community based drug prevention program for 9-13 year olds, which pairs older adult mentors (55 years and older) with youth. The program also employs community service, social competence training, and family activities to build youth sense of personal responsibility to self and community. The overall goal is to increase protective factors among high-risk youth to prevent, reduce, or delay alcohol, illegal substances, or tobacco use and the problems associated with such use. The aims are to (a) increase knowledge of health and substance abuse and foster healthy attitudes, intentions, and behaviors towards substance use, (b) improve academic performance and school bonding as well as attendance, behavior, and attitudes regarding school, (c) strengthen relationships with adults and peers, and (d) enhance problem solving and decision making skills.
2. **Target populations:** American Indian youth are included among the populations that have utilized this model. However, the original model was designed and tested on African Americans, European Americans, Asian Americans, and Latino 6th graders. The model is NOT appropriate for extremely rural populations, which would include most American Indian reservations, because of the lack of anonymity for the mentoring relationship. Targeted youth, defined as at risk youth, manifest risk factors such as residence in a community lacking positive free time activities or few positive role models, or being in kinship care because of the inability of birth parents to care for the youth often due to substance abuse.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

EBP resource:

Schinke, S. Brounstein, P. And Gardner, S. Science-Based Prevention Programs and Principles, 2002. DHHS Pub. No. (SMA) 03-3764. Rockville, ME: Center For Substance Abuse Prevention, Substance Abuse And Mental Health Services Administration, 2002.

1. **Peer reviewed research:**

Taylor, A. & Dryfoos, J. (1999). Creating safe passage: Elder mentors and vulnerable youth. *Generations*, Vol 22 (4), 43-48.

Taylor, A., LoSciuto I, Fox M. and Hilbert S. (1999). The mentoring factor: an evaluation of Across Ages. *Intergenerational program research: Understanding what we have created. Family and Youth Series.* Hayworth Press.

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Rogers, A. and Taylor, A., Intergenerational mentoring: a viable strategy for meeting the needs of vulnerable youth. *Journal of Gerontological Social Work*. 28 (1& 2), 125-140.

2. **Other supporting documents:**

Catalano, R.F., Berglund, J.L., Ryan, J.A.M., Lanczak, H.S. & Hawkins, J.D. (1998). Positive youth development in the United States: Research findings on evaluations of positive youth development. U.S. Department of Health and Human Services.

Training Manuals:

- Across Ages Program Development and Training Manual \$75
- Linking Lifetimes Program Development Manual \$75
- Timeout Program Development Manual \$50
- Grandma's Kids Coloring Book \$5
- Elder Mentor Handbook \$25
- Linking Lifetimes Summary Report \$5
- Intergenerational Mentoring Planner \$2
- Tip Sheets \$10
- Open Doors, Open Hearts Manual and Video Set \$75
- Linking Lifetimes: A global View of Intergenerational exchange \$41

Practice implementation:

1. **Staffing requirements:** Part time clerical support, program coordinator-f/t, outreach coordinator-f/t or p/t
2. **Training requirements:** Recommendations to provide state-or agency-approved screening and training of mentors, who are 55 years or older, that includes 8 to 10 hours of preservice training and monthly in-service meetings. Recommended training and orientation to all participants.
3. **Cost of program:** none known.
 - Across ages program development training manual \$75
 - Across ages handbook for parents, youth and teachers \$25
 - Elder mentor handbook \$25
 - Videos-Across ages: an intergenerational approach to prevention \$25
 - Elders as mentors: A training program for older adults, includes facilitators guide \$65
4. **Use of natural funding:** Pennsylvania Department of Education.

Other considerations:

Contact information:

Andrea Taylor, Ph.D., PI
(215) 204-6708
ataylor@temple.edu

Relevant websites:

www.temple.edu/cil/acrossageshome.htm

Creating Lasting Family Connections

A Best Practice

Description:

1. **Primary purpose:** CLFC curriculum focuses on family strengthening, substance abuse, and violence prevention. CLFC targets environmental risk factors by building skills for personal growth family enhancement, and interpersonal communication, including refusal skills for both youth and families.
2. **Target populations:** CLFC is designed for youth 9-17 years old. The youth evaluated in the project are from African American, White, or from mixed ethnic communities including Hispanics/Latinos, Asian Americans, and Native Americans. The developers also report that CLFC has been successfully implemented in schools, churches, recreation centers, community settings, juvenile justice facilities, and other settings.

Evaluating this practice:

The CLFC program was evaluated using random assignment procedures, valid and reliable outcome measures, and multivariate analysis methods to uncover direct and conditional relationships between the program and outcomes.

1. **Outcome measures used to evaluate practice:** Outcome measures not mentioned
2. **Qualitative evaluation:** Not mentioned

Evidence supporting practice:

EBP resource:

Schinke, S. Brounstein, P. and Gardner, S. Science-Based Prevention Programs and Principles, 2002. DHHS Pub. No. (SMA) O3-3764. Rockville, ME: Center For Substance Abuse Prevention, Substance Abuse And Mental Health Services Administration, 2002.

1. **Peer reviewed research:** (Johnson et al., 1996) That article appeared in the Journal of Adolescent Research (1996). The authors were Knowlton Johnson, Ted Strader, Michael Berbaum, Denise Bryant, Gregory Bucholtz, David Collins, and Tim Noe. In addition to this article, others appeared in the Journal of Volunteer Administration (Strader, Collins, Noe & Johnson, 1997); in Social Work (Johnson, Bryant, Collins, Noe, Strader & Berbaum, 1998); and an article in the Journal of Community Practice (Johnson, Noe, Collins, Strader & Bucholtz, 2000).

2. Other supporting documents:

- Building Healthy Individuals, Families, and Communities: Creating Lasting Connections, Ted N. Strader with Tim Noe and David Collins, Published by Kluwer Academic/ Plenum Publishing Corporation, 124 pp., 2000.
- “Mobilizing Church Communities to Prevent Alcohol and Other Drug Abuse: A Model Strategy and Its Evaluation”, Journal of Community Practice with Knowlton Johnson, Tim Noe, David Collins, Ted N. Strader and Greg Bucholtz, Vol. 7 (2) 2000, pp. 1-27.
- “Preventing and Reducing Alcohol and Other Drug Use among High-Risk Youths by Increasing Family Resilience,” Social Work Journal of the National Association of Social Workers, Knowlton Johnson, Denise Bryant, David Collins, Tim Noe, Ted N. Strader, Michael Berbaum, Vol. 43, No. 4, pp 297-308.
- “Mobilizing Church Communities for Alcohol and Other Drug Abuse Prevention Through the Use of Volunteer Church Advocate Teams, “ The Journal of Volunteer Administration, Ted Strader, David Collins, Tim Noe and Knowlton Johnson, Vol. XV No. 2, Winter 1997, pp 16-29.
- “Reducing Alcohol and Other Drug Use By Strengthening Community, Family, and Youth Resiliency: An Evaluation of the Creating Lasting Connections Program,” Journal of Adolescent Research, Knowlton Johnson, Ted N. Strader, Michael Berbaum, Denise Bryant, Gregory Bucholtz, David Collins, and Tim Noe, Vol. II No. 1, January 1996, pp 36-67.
- CLFC Training Modules: Includes all six training manuals, a set of 25 participant notebooks for all 6 trainings, and 6 poster sets.
 - “Developing Positive Parental Influences” Training Kit \$250.00
 - “Raising Resilient Youth” Training Kit \$250
 - “Getting Real” Adult Training Kit \$250
 - “Getting Real” Youth Training Kit \$250 or Replacement set of 25 notebooks \$99.95.
 - “Developing Independence and Responsibility” \$250
 - “Developing a Positive Response” \$250

Practice implementation

1. **Staffing requirements:** Program developer, national training director and four facilitators p/t
2. **Training requirements:** Training is recommended for those interested in providing any of the Creating Lasting Family Connections (CLFC) program modules for youth and/or parents. Training from the developer, Ted N. Strader and his team of certified CLFC Master Trainers is available through Resilient Futures Network in a variety of formats. Training in the use of any individual module, or any of the parent and youth companion pairs of modules can be provided in a 2 to 3 day seminar.
3. **Cost of program:**
 - a. Curriculum Materials (Complete Sets) \$1224.50
 - b. Supporting Material, Consultation, and Training:

- c. “Creating Lasting Family Connections: Program Evaluation Kit (Includes one)each of Youth and Parent Survey, Construct Definitions and Psychometric Properties) \$300.00
 - d. “Creating Lasting Family Connections” Program Training Assessment Survey \$150.00
 - e. “Creating Lasting Family Connections” Program Training for 5-day course (per person) \$750.00
 - f. “Creating Lasting Family Connections” Program Training for 10-day course (per person)\$1500
 - g. “Building Healthy Individuals, Families and Communities” Book by Ted N. Strader, et al., (Kiuwer Academic/Peinum Publishers, New York, 2000) \$25.00
4. **Use of natural funding:** Multiple contracts and grants

Other considerations:

Contact information:

Ted N. Strader or Teresa A. Boyd
COPEs, Inc.
845 Barret Avenue
Louisville, KY. 40204
Phone: (502)583-6820
Fax: (502)583-6832

Relevant websites:

www.copes.org

Dare To Be You-Ute Indian Reservation

A Best Practice

Description:

1. **Primary purpose:** The primary purpose of this program was inspired by the need for family-based prevention efforts on the Ute reservation, which was experiencing high rates of substance abuse, unemployment, and teenage pregnancy. Thus, the program goals are to improve communication between parents and their children and to train teachers and community members to provide services to target families. Risk factors for parents include satisfaction with parenting roles, sense of personal worth, relationship with children, and use of harsh parenting.

Resource Guide

2. **Target populations:** The target Audience for this program is Preschoolers and their families, which has been in operation from 1989-present. Since the program began in 1989, it has served approximately 180 families (the entire population of the reservation is 1,400), and remains popular among residents.

Evaluating this practice:

An experimental group method was used to evaluate this model.

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** information not available

Evidence supporting practice:

EBP resource:

Schinke, S. Brounstein, P. and Gardner, S. Science-Based Prevention Programs and Principles, 2002. DHHS Pub. No. (SMA) 03-3764. Rockville, ME: Center for Substance Abuse Prevention, Substance Abuse And Mental Health Services Administration, 2002.

1. **Peer reviewed research:**

Miller-Heyl, J., MacPhee, D., & Fritz, J. (2000). DARE to be You: A systems approach to the early prevention of problem behaviors. New York: Kluwer Academic/Plenum Publishers.

Fritz, J., MacPhee, D., & Miller-Heyl, J. (1999, April). Parent social cognitions and children's interpersonal problem solving. Poster presented at the Biennial Meeting of the Society for Research in Child Development, Albuquerque, NM.

Miller-Heyl, J., MacPhee, D., & Fritz, J. (1998). DARE to be You: A family-support, early prevention program. *Journal of Primary Prevention*, 18, 257-285.

MacPhee, D., Fritz, J., & Miller-Heyl, J. (1996). Ethnic variations in personal social networks and parenting. *Child Development*, 67, 3278-3295.

Fritz, J. J., Miller-Heyl, J., Kreutzer, J. C., & MacPhee, D. (1995). Fostering personal teaching efficacy through staff development and classroom activities. *Journal of Educational Research*, 88, 200-208.

DARE to be You Replication Manual for the DARE to be You Program for Families of Preschool Youth, Caregivers and Community. (2000). Colorado State University Cooperative Extension, Ft. Collins, CO.

DARE to be You Parent Training Guide Insert Packet. (1998). Colorado State University Cooperative Extension, Ft. Collins, CO.

DARE to be You Preschool Activity Guide. (1992). Colorado State University Cooperative Extension, Ft. Collins, CO.

DARE to be You Parent Training Guide. (1991). Colorado State University Cooperative Extension, Ft. Collins, CO.

DARE to be You K-12 Life Skills and Substance Abuse Prevention Curriculum (5-volume set). (1988). Colorado State University Cooperative Extension, Ft. Collins, CO.

DARE to be You Leaders' Manual, second Ed. (1985). Colorado State University Cooperative Extension, Ft. Collins, CO.

2. Other supporting documents :

- Community leader manual
- Set of K-12 school curriculum
- Parent training guide
- Pre-school activity guide
- Parent and pre-school training set
- Spanish/English edition parent training guide

Practice implementation:

1. Staffing requirements: Information not available
2. Training requirements: \$3,000 for up to 40 participants (this includes materials) There are three components of the Dare to be You program. The family component provides training in communication, parenting skills, and social skills for children and parents. The school component trains and supports childcare providers and teachers, and the community component trains community members who will provide ongoing support to the target children and their families. There is a strong emphasis on hiring multicultural teen workers, since Ute youths typically have poor relationships with youths outside their community.
3. Cost of program:
 - \$46 community leader manual
 - \$150 set of K-12 school curriculum
 - \$32 parent training guide
 - \$32 pre-school activity guide
 - \$60 parent and pre-school training set
 - \$45 Spanish/English edition parent training guide
 - Other guides and supplemental materials are available
4. Use of natural funding:

Other considerations:

Contact information:

Jan Miller-Heyl, M.S.
Colorado State University
Cooperative Extension
215 N. Linden
Cortez, CO 81321
Phone: (970) 565-3606
Fax: (970) 565-4641

Relevant websites:

<http://www.coopext.colostate.edu/DTBY/>

With Eagle's Wings

A Best Practice

Description:

1. **Primary purpose:** “With Eagle’s Wings is in its first year of the grant from the Center for Mental Health Services (CMHS) and is operated under the Northern Arapaho Nation. The program is the first tribally controlled mental health program on the reservation. The grant was written in dedication to Anthony Sitting Eagle, a principal chief of the Northern Arapaho people who died in 1997.”
2. **Target populations:** “The program presently serves children and families who are referred or who are “walk-ins”; 504 children ages ten and under have been served at welcome house, the project’s facility designed to protect children from abuse, neglect and domestically violent situations.”

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Info not available
2. **Qualitative evaluation:** Info not available

Evidence supporting practice:

Resource:

Cross, T., Earle, K., Echo-Hawk Solie, H., & Manness, K. (2000). Cultural strengths and challenges in implementing a system of care model in American Indian communities. *Systems of Care: Promising Practices in Children’s Mental Health, 2000 Series, Volume I*. Washington, DC: Center for Effective Collaboration and Practice,

American Institutes for Research. <http://www.mentalhealth.org/cmhs/ChildrensCampaign/PDFs/2000monographs/vol1.pdf>

1. **Peer reviewed research:**

Cross, T. L., et al (1989). Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed. Washington, D.C. Georgetown University: Child Development Center.

Deserly, K. J., & cross, T. L. (1986). An assessment of tribal access to children's mental health funding. American Indian children's mental health services. Portland, or: national indian child welfare association.

2. **Other supporting documents:** Info not available

Practice implementation:

1. **Staffing requirements:** "The operational services teams (made up of staff that is responsible for the care of the consumers) are multidisciplinary and use program models that echo the traditions and beliefs of the American Indian cultures on the reservation."

2. **Training requirements:** "The strong cultural components will ensure culturally competent training for all service providers and staff, individual support through tribal elders and traditional healers, and access to spiritual healing practices."

3. **Cost of program:** Info not available

4. **Use of natural funding:** With Eagle's Wings is in its first year of the grant from the Center for Mental Health Services (CMHS) and is operated under the Northern Arapaho Nation.

Other considerations:

Contact information:

Substance Abuse & Mental Health Services (SAMHSA)

Relevant websites:

<http://www.mentalhealth.org/cmhs/ChildrensCampaign/PDFs/2000monographs/vol1.pdf>

Families That Care- Guiding Good Choices

A Best Practice

Description:

1. **Primary purpose:**
2. **Target populations:** 4-12 and parents/families, Male and Female OF African American, American Indian/Alaska Native, Asian, American Hispanic/Latino, Native Hawaiian and Other Pacific Islander (NHOPI), AND White DESCENT ATTENDING Rural, Suburban, and Urban schools

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

EBP resource:

Schinke, S. Brounstein, P. and Gardner, S. Science-based prevention programs and principles, 2002. DHHS Pub. No. (SMA) 03-3764. Rockville, ME: Center For Substance Abuse Prevention, Substance Abuse And Mental Health Services Administration, 2002.

1. **Peer reviewed research:**

- Hawkins J.D., Catalano R.F., & Kent L.A. (1991). Combining broadcast media and parent education to prevent teenage drug abuse. In L. Donohew & H. E. Sypher & W. J. Bukoski (Eds.), *Persuasive communication and drug abuse prevention*, (pp. 283-294). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Kosterman R., Hawkins J.D., Haggerty K.P., Spoth R., Redmond C. (2001). Preparing for the drug free years: session-specific effects of a universal parent-training intervention with rural families. *Journal of Drug Education*, 31(1),47-68.
- Park J., Kosterman R., Hawkins J.D., Haggerty K.P., Duncan T.E., Duncan S.C., & Spoth R. (2000). Effects of the “preparing for the drug free years” curriculum on growth in alcohol use and risk for alcohol use in early adolescence. *Prevention Science*, 1(3), 125-138.
- Redmond C., Spoth R., Shin C., & Lepper H.S. (1999). Modeling long-term parent outcomes of two universal family-focused preventive interventions: One-year follow-up results. *Journal of Consulting and Clinical Psychology*, 67(6), 975-984.
- Spoth R., Redmond C., & Shin C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. *Journal of Consulting and Clinical Psychology*, 66(2), 385-399. Spoth R., Redmond C., & Shin C. (in review). Randomized trial of

- brief family interventions for general populations: Adolescent substance use outcomes four years following baseline. Institute for Social and Behavioral Research. Iowa State University.
- Spoth R., Reyes M.L., Redmond C., & Shin C. (1999). Assessing a public health approach to delay onset and progression of adolescent substance use: Latent transition and log-linear analyses of longitudinal family preventive intervention outcomes. *Journal of Consulting and Clinical Psychology*, 67(5), 619-630.
- Hawkins J.D., Catalano R.F., & Kent L.A. (1991). Combining broadcast media and parent education to prevent teenage drug abuse. In L. Donohew & H. E. Sypher & W. J. Bukoski (Eds.), *Persuasive communication and drug abuse prevention*, (pp. 283-294). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Kosterman R., Hawkins J.D., Haggerty K.P., Spoth R., Redmond C. (2001). Preparing for the drug free years: session-specific effects of a universal parent-training intervention with rural families. *Journal of Drug Education*, 31(1),47-68.
- Park J., Kosterman R., Hawkins J.D., Haggerty K.P., Duncan T.E., Duncan S.C., & Spoth R. (2000). Effects of the “preparing for the drug free years” curriculum on growth in alcohol use and risk for alcohol use in early adolescence. *Prevention Science*, 1(3), 125-138.
- Redmond C., Spoth R., Shin C., & Lepper H.S. (1999). Modeling long-term parent outcomes of two universal family-focused preventive interventions: One-year follow-up results. *Journal of Consulting and Clinical Psychology*, 67(6), 975-984.
- Spoth R., Redmond C., & Shin C. (1998). Direct and indirect latent-variable parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. *Journal of Consulting and Clinical Psychology*, 66(2), 385-399. Spoth R., Redmond C., & Shin C. (in review). Randomized trial of brief family interventions for general populations: Adolescent substance use outcomes four years following baseline. Institute for social and Behavioral Research. Iowa State University.
- Spoth R., Reyes M.L., Redmond C., & Shin C. (1999). Assessing a public health approach to delay onset and progression of adolescent substance use: Latent transition and log-linear analyses of longitudinal family preventive intervention outcomes. *Journal of Consulting and Clinical Psychology*, 67(5), 619-630.

[Articles on PDFY have been published in the *Journal of Drug Education*, *Prevention Science*, *Child and Adolescent Social Work Journal*, *Journal of Marriage and the Family*, and the *Journal of Community Psychology*, to name a few.] [Articles on PDFY have been published in the *Journal of Drug Education*, *Prevention Science*, *Child and Adolescent Social Work Journal*, *Journal of Marriage and the Family*, and the *Journal of Community Psychology*, to name a few.]

Other supporting documents

- \$729 for 1-9 Curriculum Kits
- \$12 each for 1-9 Family Guides

Practice implementation

1. **Staffing requirements:** staffing SHOULD INCLUDE two co-leaders, parent and someone with group facilitation experience.
2. **Training requirements:** provide parenting workshops, understand the principles of adult learning, and be knowledgeable about risk and protective factors as they relate to prevention. It is highly recommended that workshop leaders attend a 3-day workshop leader's training event. Two co-leaders SHOULD SHARE responsibilities for instruction, modeling skills, and answering questions, lead workshops. It is most beneficial if workshop leaders are representative of the community.
3. **Cost of program:** *\$4,750 (plus trainer expenses) for up to 12 people, plus \$105 materials fee per person
4. **Use of natural funding:** information not available

Other considerations:

Contact information:

Channing Bete Company
One Community Place South
Deerfield, MA. 01373-0200
PrevSci@channing-bete.com

Relevant websites:

www.preventionscience.com

*FAST -
Families And Schools Together*

A Best Practice

Description:

1. **Primary purpose:** Families and Schools Together (FAST) is a multifamily group intervention designed to build protective factors and reduce the risk factors associated with substance abuse and related problem behaviors for children 4 to 12 years old and their parents. FAST systematically applies research on family stress theory, family systems theory, social ecological theory, and community development strategies to achieve its four goals:

- Enhanced family functioning
- Prevention of school failure by the targeted child
- Prevention of substance abuse by the child and other family members
- Reduced stress from daily life situations for parents and children

One of the primary strategies of FAST is parent empowerment: parents receive support to be the primary prevention agents for their own children. Entire families participate in program activities that are designed to build parental respect in children, improve intra-family bonds, and enhance the family-school relationship. FAST activities were developed to build the social capital of parents and provide a safe place to practice parenting. Because of this program, the participating children increase their social skills and attention span, while reducing their anxiety and aggression. Research has shown that these childhood behavioral outcomes are correlated in adolescence to the prevention of substance abuse, delinquency, and school failure.

2. **Target populations:** Rural Wisconsin Indian Reservation (3 tribes), Grades K-2
Universal Invitation & recruitment;

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Teacher CBCL pretests used to match pairs prior to randomization.
2. **Qualitative evaluation:** No Information available

Evidence supporting practice:

EBP resource:

Schinke, S. Brounstein, P. and Gardner, S. Science-based prevention programs and principles, 2002. DHHS pub. No. (SMA) 03-3764. Rockville, ME: Center For Substance Abuse Prevention, Substance Abuse And Mental Health Services Administration, 2002.

1. **Peer reviewed research:**

Publications: McDonald Publication & Presentation List

Bierman, K. L., Greenberg, M. T., & the Conduct Problems Prevention Research Group. (1996). Social skill training in the FAST Track program. In Peters, R. DeV., & McMahon, R. J. (eds.) *Prevention and early intervention: Childhood disorders, substance abuse and delinquency*. Thousand Oaks, CA: Sage.

McDonald, L. (2002, October). Family Empowerment - FAST. Paper presented at the meeting of Wissenschaftliches Programm: Themen- und Terminplan, Siegen, Germany.

McDonald, L. & Moberg, P. Families and Schools Together: FAST Strategies for Increasing Involvement of All Parents in Schools and Preventing Drug Abuse. In *Increasing Prevention Effectiveness*.

- McDonald, L. (2001, October). *Invited virtual presentation on FAST Families and Schools Together*. Paper presented at AIR-CECP Virtual Conference.
- McDonald, L. (2001, August). *Families and Schools Together [Abstract]*. Paper presented at the 2nd National Conference on Drug Abuse Prevention Research, Washington, DC.
- McDonald, L. (2001, April). Families and Schools Together (FAST). In M. Valkestijn and G. van de Burgwal (Eds.), *A Report on the European Conference. New opportunities for children and youth. Good practices and research regarding community schools*. EDE, The Netherlands.
- McDonald, L. (2000). FAST: training & orientation manual. Madison, WI: FAST National Training and Evaluation Center.
- McDonald, L. (2000, February). *Impact of Building Multiple Protective Factors in Family Systems of Children at Risk for Mental Health Problems [Abstract]*. Paper presented at the Chaos and Complex Systems Seminar, Madison, WI.
- Moberg, D. P., McDonald, L. W., Burke, M., Brown, R. L., & McCubbin, H. I. (2000, September). Randomized Trial of Families and Schools Together (FAST): First Report on One-Year Outcomes. Paper presented at the meeting of Addictions 2000 Research Conference, Cape Code, MA.
- Moberg, D. P., McDonald, L. W., Burke, M., Brown, R. L., & McCubbin, H. I. (2000, June). Randomized Trial of Families and Schools Together (FAST): Proximal Outcomes between Hispanic and African American Families. Paper presented at the meeting of Society for Prevention Research Conference, Montreal, Quebec.
- McDonald, L. (1999). School safety: The efforts of states and school programs to make schools safe. *Policy and Practice*, 1(4), 9.
- McDonald, L., & Frey, H. E. (1999). *Families and Schools Together: building relationships*. *OJJDP Bulletin*. Washington, DC: U. S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- McDonald, L. (1998, April). *A Multi-Family Approach: Families and Schools Together (FAST) Builds Protective Factors In Potentially Neglectful Families*. Proceedings of the conference Parenthood in America, Madison, Wisconsin.
- McDonald, L. (1998). FAST team trainer manual: steps to certification (Rev. ed.). Madison, WI: FAST Training and Evaluation Center.
- McDonald, L. (1998). Systematically building multiple protective factors to increase Head Start children's mental health: The evaluated and replicated multifamily FAST program. In F. Lamb-Parker, J. Hagen, R. Robinson, & C. Clark (Eds.), *Children and families in an era of rapid change: creating a shared agenda for researchers, practitioners and policy makers (summary of conference proceedings)* (pp. 274-275). Washington, DC: U. S. Department of Health and Human Services, Administration for Children, Youth and Families.
- McDonald, L. (1998). Universal kindergarten FAST program manual. Madison, WI: FAST International.

- McDonald, L., & Billingham, S. (1998). FAST orientation manual and elementary school FAST program workbook. (Rev. ed.). Madison, WI: FAST International.
- McDonald, L., & Howard, D. (1998, December). Families and Schools Together. *Fact Sheet* (No. 88). Washington, DC: U. S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- McDonald, L., & Sayger, T. (1998). *Impact of a family and school based prevention program on protective factors for high-risk youth*. *Drug and Society*, 12, 61 -86.
- Sayger, T. & McDonald, L. (1998). Evaluation report for Australian FAST schools. Madison, WI: FAST International.
- McDonald, L. (1997). FAST early childhood program workbook and FAST middle school program workbook. Madison, WI: FAST International.
- McDonald, L., Billingham, S., Conrad, P., Morgan, A., Nina. O., & Payton, E. (1997). *Families and Schools Together (FAST): Integrating community development with clinical strategy*. *Families in Society*, 78(2), 140-155.
- McDonald, L. (1996). A prize-winning innovation: FAST (Families and Schools Together). In E. Wattenberg & Y. Pearson (Eds.), *Defining excellence for limited services: A summary of proceedings* (pp. 15-19). Minneapolis, MN: University of Minnesota.
- McDonald, L. (1996). Families and schools together (FAST). In R. Talley & G. Walz (Eds.), *Safe schools, safe students* (pp. 59-63). Washington, DC: NECP, NAPSO, APA, ERIC.
- McDonald, L. (1996). *FAST: Family and Schools Together*. *Wisconsin Counties*, 60 (4), 21-26.
- McDonald, L., Pugh, C., & Alexander, J. (1996). Multitarget multiperspective indices of FAST program impact. Paper presented at the meeting of American Psychological Association, Toronto, Canada.
- McDonald, L. (1995). FAST national evaluation report. Milwaukee, WI: Family Service America.
- McDonald, L. (1994). FAST trainers training manual. Milwaukee, WI: Family Service America.
- McDonald, L. (1993). Families and schools together: Final report for OHD/ADF/DHHS Grant #90-PD-165. Madison, WI: Family Service, Inc.
- McDonald, L. (1992). Families and schools together(FAST): orientation manual and a program workbook. Madison, WI: Family Service, Inc.
- McDonald, L., Coe-Braddish, D., Billingham, S., Dibble, N., & Rice, C. (1991). *Families and Schools Together: An innovative substance abuse prevention program*. *Social Work in Education*, 13, 118-128.
2. **Other supporting documents:** information not available

Practice implementation:

1. **Staffing requirements:** Trained Parents and a professional team
2. **Training requirements:** Information not available
3. **Cost of program:** Program implementation costs range totally on local resources. Communities have run the FAST program on a per family unit cost basis ranging from \$300/ family to \$1,800/ family. Alternatively, if you figure 10 families served per multi-family group cycle, cycles have cost the local collaborative from \$3,000 to \$18,000 per program cycle. FAST has been implemented in over 600 communities in 38 states and the creativity in budgeting and the access to local bartering for transportation, youth volunteers, VISTA workers, grocery stores for donated shopping vouchers, repositioned time by schoolteachers, social workers, etc. have been astonishing. The training start up costs (not including implementation of the multi-family group sessions) to bring a research based national program into your local community will include payment to the FAST National Training and Evaluation Center in a formal contract. These are standard fees and expected costs:
 - Technical assistance from FAST National
 - 4 days of training of local pilot team(s)
 - Travel of the team(s) to the training
 - Travel of the trainer to you (minimum three site visits)
 - Evaluation consultation, questionnaires, data analysis, and evaluation report for your local pilot FAST program
 - Manuals and supplies for the FAST training
 - Costs of the team members time to be trained
4. **Use of natural funding:** information not available

Other considerations:

Contact information:

Lynn McDonald, Program Developer
FAST National Training and Evaluation Center - Pat Davenport-CEO
2801 International Lane, Suite 105 P.O. Box 14500
Madison, Wisconsin 53704
Phone: (608) 663-2382

Relevant websites:

www.wcer.wisc.edu/fast

Parenting Wisely

A Best Practice

Description:

1. **Primary purpose:** The Parenting Wisely intervention is a self-administered, computer-based program that teaches parents and their 9- to 18-year-old children important skills for combating risk factors for substance use and abuse. The Parenting Wisely program uses a risk-focused approach to reduce family conflict and child behavior problems, including stealing, vandalism, defiance of authority, bullying, and poor hygiene. The highly interactive and nonjudgmental CD-ROM format accelerates learning, and parents use new skills immediately. The Parenting Wisely program:

- Reduces children's aggressive and disruptive behaviors
- Improves parenting skills
- Enhances family communication
- Develops mutual support
- Increases parental supervision and appropriate discipline of their children

A highly versatile program, Parenting Wisely can be used alone, in a group, or with a practitioner at a variety of locations such as public agencies, schools, libraries, or at home. Semiliterate parents can use the Parenting Wisely program, as it provides the option to have the computer read all text aloud. Printed program portions are written at the fifth-grade level, and the entire program is available in Spanish.

2. **Target populations:** 9-18 delinquents, at-risk adolescents, and parents; Male and Female, living in Urban, Suburban, and Rural settings.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Schinke, S. Brounstein, P. and Gardner, S. Science-based prevention programs and principles, 2002. DHHS Pub. No. (SMA) 03-3764. Rockville, ME: center for substance abuse prevention, substance abuse and mental health services administration, 2002.

1. **Peer reviewed research:**

Gordon, D.A. (2000). Parent training via CD-ROM: Using technology to disseminate effective prevention practices. *The Journal of Primary Prevention*, 21(2), 227-251.
Kacir, C. & Gordon, D.A. (1997).

Interactive videodisk parent training for parents of difficult pre-teens. *Child and Family Behavior Therapy*, 21(4), 1-22

Lagges, A. & Gordon, D.A. (1997). Interactive videodisk parent training for teen mothers. *Child and Family Behavior Therapy*, 21(1), 19-37.

Segal, D., Chen, P., Gordon, D.A., Kacir, C., & Gylys, J. (1999). Parenting Adolescents Wisely: Comparing interactive computer-laserdisc and linear video methods of intervention in a parent-training program. In press, *International Journal of Human Computer Interaction*.

2. **Other supporting documents:** The Parenting Wisely program is a interactive intervention program contained on a CD-ROM that is formatted for a personal computer (PC). The PC must have a CD-ROM player and the ability to play video on the computer screen and play sound.

Complete program materials include:

- One interactive CD
- One program manual
- Five parent workbooks
- Parent completion certificates, program description brochures
- Program poster and referral cards
- Evaluation instruments (on a floppy disk, for duplication)

Materials:

- Three part video series costs \$299
- CD Kit costs \$599 and includes: 1 display poster, 5 workbooks, 1 service provider manual, 5 program completion certificates, 10 referral cards, 1 floppy disk with pre/post evaluation instrument, 20 brochures, and 2 parent registration forms.

Practice implementation:

1. **Staffing requirements:** practitioners, counselors and program trainers can be used for groups or families.
2. **Training requirements:** Staff training is not required to implement the program, as it stands alone and is self-administered. A service provider's guide supplies all the information necessary to fully implement the program. No formal training available
3. **Cost of program:** information not available
4. **Use of natural funding:** information not available

Other considerations:

Contact information:

Donald Gordon, Program Developer
FamilyWorks, Inc.
340 W. State Street
Room 135B, Unit 19
Athens, OH 45701-3751
Phone: (740) 593-9505
(541) 488-0729
Toll Free: 1(866) 234-WISE
Fax: (541) 482-2829
Email: familyworks@familyworksinc.com

Relevant websites:

<http://www.parentingwisely.com/>

Preparing For Drug Free Years

A Best Practice

Description:

1. **Primary purpose:** “Preparing for the Drug Free Years project teaches parents, 1) skills to increase their children’s opportunities for family involvement, 2) teaches skills needed by children and adolescents, and 3) teaches parents skills to provide reinforcement for desired behavior and appropriate consequences for undesired behavior. The program covers the following topics: (1) understanding the risk factors of drug abuse, (2) understanding the nature and extent of the problem, (3) reducing risks by strengthening family bonds, (4) conducting family meetings and fostering family communication, (5) establishing a family position on drugs, (6) identifying and establishing positive reinforcements and appropriate negative consequences, (7) reinforcing a child’s use of refusal skills, (8) expressing and controlling anger, (9) increasing children’s participation in the family, and (10) creating a parent support network.”

Target Risk Factors: “family management problems; family conflict; favorable attitudes toward drug use; parental attitudes and involvement; anti-social behavior in early adolescence; alienation/rebelliousness; friends who use.”

Protective Factors: “family bonding; opportunities, skills and recognition; healthy beliefs and clear standards.”

2. **Target populations:** “Parents of children 8-14 years old; urban, multiethnic communities; African American; Native American; Hispanic/Latino; Asian/Pacific Islander.”

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** information not available.
2. **Qualitative evaluation:** information not available

Evidence supporting practice:

Best/Promising Resource: <http://www.health.state.nm.us/bhsd/prevention/xbluepart2.htm>

Strengthening America's Families: Promising Parenting Strategies for Delinquency Prevention, Office of Juvenile Justice and Delinquency Prevention, 1993 from the National Criminal Justice Reference Service, (800) 851-3420.

1. **Peer reviewed research:** info not available
2. **Other supporting documents:** info not available

Practice implementation:

1. **Staffing requirements:** Staffing includes the hiring of two volunteer workshop leaders, with one leader being a parent.
2. **Training requirements:** The program Prefers training for leaders in-group facilitation skills. The program also prefers training in presenting the curriculum, which involves attending a 3-day workshop directed by certified DRP trainers. A Curriculum Kit for workshop leaders includes everything needed to present the workshops.
3. **Cost of program:** Not specified
4. **Use of natural funding:** Not specified

Other considerations:

Contact information:

Developmental Research and Programs,
130 Nickerson, Suite 107,
Seattle, WA 98109,
(800) 736-2630,

Relevant websites:

<mailto:moreinfo@drp.org>

Project Alert

A Best Practice

Description:

1. **Primary purpose:** Project ALERT offers a drug prevention curriculum for to reduce both the onset of substance abuse and regular use. The 2-year, 14-lesson program focuses on the substances that adolescents are most likely to use: alcohol, tobacco, marijuana, and inhalants.

Project ALERT has 3 main goals that focus on individual, peers, family and schools:

- To motivate adolescents against drug use
- To teach adolescents the skills and strategies needed to resist pro-drug pressures
- To establish nondrug-using norms Protective Factors To Increase

2. **Target populations:** The target population for Project ALERT is 11 to 14 years old, from widely diverse backgrounds and communities. “The program has proved successful with high- and low-risk White, African American, Hispanic/Latino, Asian American, and Native American youth from urban, rural, and suburban communities and a variety of socioeconomic backgrounds. The original program was tested in schools in different geographic areas with different population densities, and among students with a range of racial/ethnic and economic backgrounds.”

Evaluating this practice:

“Project ALERT used a rigorous pre-post design with random assignment of 30 schools to one control and two treatment conditions (i.e., an adult teacher group and an adult teacher plus teen leader group). The participating schools had diverse student bodies. Nine schools had a minority population of 50 percent or more.” The data collected included Self-reported drug use surveys.

1. **Outcome measures used to evaluate practice:** Information not available

Individual

- Current use of alcohol, tobacco, or illegal drugs
- Intention to use in the future
- Belief that drug use is not harmful or has positive effects
- Belief that drug use is normal
- Low self-esteem
- Inadequate resistance skills

Peer

- Peer drug use
- Peer approval of drugs

School

- High levels of drug use

Resource Guide

- Low norms against use

Family

- Lack of clear norms against use
- Poor communication

2. **Qualitative evaluation:** information not available

Evidence supporting practice:

Schinke, s. Brounstein, p. And Gardner, s. Science-based prevention programs and principles, 2002. DHHS Pub. No. (SMA) 03-3764. Rockville, ME: center for substance abuse prevention, substance abuse and mental health services administration, 2002.

1. **Peer reviewed research:**

Research A. High: A Multi-Site Longitudinal Test,” Science, 247:1299-1305, 1990; also RAND, R-3919-CHF, March 1990.

B. Ellickson, Phyllis L. and Robert M. Bell, Prospects for Preventing Drug Use Among Young Adolescents, The RAND Corporation, R-3896-CHF, April 1990.

C. Ellickson, Phyllis L., Robert M. Bell, and Ellen R. Harrison, “Changing Adolescent Propensities to Use Drugs: Results from Project ALERT” Health Education Quarterly, 20(2): 227-242, 1993.

D. Ellickson, Phyllis L., Robert M. Bell and Kimberly McGuigan, “Preventing Adolescent Drug Use: Long Term Results of a Junior High Program,” American Journal of Public Health, 83(6): 856-861, 1993; also RAND, RP-208, 1993.

E. Bell, Robert M., Phyllis L. Ellickson, and Ellen R. Harrison, “Do Drug Prevention Effects Persist into High School? How Project ALERT Did with Ninth Graders,” Preventive Medicine, 22:463-483, 1993; also RAND RP-237, 1993.

Additionally, Project ALERT has been published in the following journals:

Published in Science (1990), Journal of Research in Crime and Delinquency (1992), American Journal of Public Health (1993), Health Education Quarterly (1993) and Preventive Medicine (1993).

Project ALERT Replication Study:

Penn State Cooperative Extension and School collaborations TENA L. ST. PIERRE, PH.D. The Pennsylvania State University

Additionally, Project ALERT has been published in the following journals

Published in Science (1990), Journal of Research in Crime and Delinquency (1992), American Journal of Public Health (1993), Health Education Quarterly (1993) and Preventive Medicine (1993).

2. **Other supporting documents:**

Teacher manual (includes core and booster lessons), 8 student videos, 12 classroom posters, overview video for colleagues & community, optional teen leader manual

- Trained Project ALERT teachers continue to receive:
- Free video & print curriculum updates
- Free subscription to ALERT Educator teacher support newsletter
- Toll-free phone support & TA
- Access to an on-line faculty advisor
- NOTE: An overview/promotional video is available on request
- Parental/take-home materials also available in Spanish.

Practice implementation:

1. **Staffing requirements:** information not available
2. **Training requirements:** Project ALERT training is intended for middle grade core teachers, health teachers, physical education instructors and guidance counselors. Educators participating in training gain understanding of the content, process and goals of Project ALERT and acquire the skills needed to deliver the lessons effectively. They learn how to implement the program with fidelity and develop confidence in their ability to teach the curriculum successfully. It is important to train all educators who will be involved in delivering both years of the program. Consideration should be given to training administrators who have oversight responsibility, school nurses and school resource officers.
3. **Cost of program:** \$150 (includes training workshop, all program materials, and on-going TA); Workshop and online training are available. Also, onsite training costs \$4200 for 25 participants and an additional \$150 for each additional person.
4. **Use of natural funding**

Other considerations:

Contact information:

Dr. Phyllis Ellickson and colleagues at RAND developed and evaluated Project ALERT.
Health Services Administration, U.S.
Project ALERT
725 South Figueroa Street
Suite 970
Los Angeles, CA 90017-5416
Phone: (800) 253-7810
Fax: (213) 623-0585
Email: info@projectalert.best.org

Relevant websites:

<http://www.projectalert.best.org/>

Project Venture: The National Indian Youth Leadership Project

A Best Practice

Description:

1. **Primary purpose:** The Project Venture Program is a youth development program designed to prevent substance abuse by implementing an outdoor adventure/service-Leadership approach. It is recognized by the Center for Substance Abuse Prevention as a “Promising Program” for Native youth and communities, it is currently being replicated in at least twenty other locations across the United States. In 2003, Project Venture is under going the process to become officially recognized as a Model Program by NREPP and CSAP.

Project ventures focus strategies include building skills in self-confidence, teamwork, cooperation, and trust through summer skill-building leadership camps and outdoor adventure activities. “Project Venture is currently being replicated or adapted in more than a dozen communities around the Nation because of its appeal as a culturally appropriate prevention program. Among its many accomplishments, the program has shown significant reductions in delaying the onset of lifetime use of alcohol and marijuana.”

2. **Target populations:** High-risk Native American youth in tribal, alternative, and public schools. Initially tried with Navajo youth in grades 6-9.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:**
 - Overall risk profile for alcohol, tobacco, and other drug use
 - Delayed onset/lifetime use of alcohol and marijuana use
 - Past 30-day use of alcohol and marijuana
 - Frequency of cigarette, inhalant, and alcohol use
 - Depression and aggressive behavior
2. **Qualitative evaluation:** information not available

Evidence supporting practice:

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention

Web Resource: <http://www.modelprograms.samhsa.gov/textonly.cfm?page=background>

1. **Peer reviewed research:** information not available

2. Other supporting documents:

- Project Venture recognized as Exemplary Program by Center for Substance Abuse Prevention, SAMHSA/HHS
- Project Venture ranked in top four prevention programs nationally, CSAP cross-site evaluation study
- Project Venture ranked most effective prevention program serving Native youth, CSAP cross-site evaluation study
- 25 national Project Venture replication sites funded
- 2003
- Project Venture has met the criteria to become a national Model Program, first Native American program to be designated Model Program
- NIYLP selected Milestone Program by Kellogg Foundation for 75th anniversary celebration
- NIYLP Turtle Island Project spotlighted in Kellogg Foundation annual report, 2003
- Articles
- Project Venture: An Outdoor Adventure/Service-Leadership Approach to Prevention

Practice implementation:

1. **Staffing requirements:** Info not available
2. **Training requirements:** Info not available
3. **Cost of program:** Info not available
4. **Use of natural funding:** Dependence on government and private grants.

Other considerations:

Contact information:

McClellan Hall, Program Director
NIYLP
P.O. Box 2140
Gallup, NM 87301-4711
Voice: (505) 722-9176
Fax: (505) 722-9794
Email: atallant@niylp.org

Relevant websites:

<http://www.niylp.org/main/index.htm>

<http://www.modelprograms.samhsa.gov/textonly.cfm?page=background>

Promoting Alternative Thinking Strategies (PATHS)

A Best Practice

Description:

1. **Primary purpose:** PATHS (Promoting Alternative Thinking Strategies) is a comprehensive program for promoting emotional and social competencies and reducing aggression and acting-out behaviors in elementary-school-aged children, while simultaneously enhancing the educational process in the classroom.

Protective Factors: Individual

Emotional understanding, Self-control, Empathy development, Emotion regulation, Problem-solving skills, Communication skills, Cognitive and academic skills, Family communication skills, Positive peer relations, Positive classroom atmosphere, Teacher management, AND Teacher-student relations

Risk Factors: individual

Impulsivity, Aggression, Internalizing problems (depression & anxiety), Poor peer relations, Disruptive classroom behavior, AND Chaotic classroom environment.

2. **Target populations:** This innovative curriculum for kindergarten through sixth grade (ages 5 to 12) is used by educators and counselors as a multiyear, prevention model. The PATHS curriculum was developed for classroom use with all elementary school children. PATHS has been field-tested and researched in general education classrooms, with a variety of special-needs students (deaf, hearing-impaired, learning disabled, emotionally disturbed, mildly mentally delayed, and gifted), and among African American, Hispanic/Latino, Asian American, Pacific Islander, Native American, and White children. Ideally, it should be initiated at the start of schooling and continue through grade six.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Info not available
2. **Qualitative evaluation:** Info not available

Evidence supporting practice:

EBP resource:

Schinke, S. Brounstein, P. and Gardner, S. Science-based prevention programs and principles, 2002. DHHS Pub. No. (SMA) 03-3764. Rockville, ME: Center For Substance Abuse Prevention, Substance Abuse And Mental Health Services Administration, 2002.

1. **Peer reviewed research:**

- Kusche, C. A. & Greenberg, M. T. (1994) *The PATHS Curriculum*. Seattle: Developmental Research and Programs.
- Greenberg, M. T., & Kusche, C. A. (1993). Promoting social and emotional development in deaf children: The PATHS Project. Seattle: University of Washington Press.
- Greenberg, M. T., Kusche, C. A., Cook, E. T., & Quamma, J. P. (1995). Promoting emotional competence in school-aged children: The effects of the PATHS Curriculum. *Development and Psychopathology*, 7, 117-136.
- Bierman, K., Greenberg, M. T., & Conduct Problems Prevention Research Group (1966). Social skills in the FAST Track Program. In R. DeV. Peters & R. J. McMahon (Eds.). *Prevention and early intervention: Childhood disorders, substance abuse, and delinquency* (pp. 65-89). Newbury Park, CA: Sage.
- Greenberg, M. T., & Snell, J. (1997). The neurological basis of emotional development. In P. Salovey (Ed.) *Emotional development and emotional literacy* (pp. 92-119). New York: Basic Books.
- Greenberg, M. T. (in press). Educational interventions. In P. Hindley and N. Kitson (Eds.). *Mental Health and Deafness*. London.
- Greenberg, M. T. (1997). Promoting social and emotional competence: The PATHS Curriculum and the CASEL Network. *Reaching Today's Youth*, 49-52.
- Elias, M. J., Zins, J. E., Weissberg, K. S., Greenberg, M. T., Haynes, N. M., Kessler, R., Schwab-Stone, M. E., & Shriver, T. P. (1997). *Promoting social and emotional learning: guidelines for educators*. Alexandria, VA: Association For Supervision And Curriculum Development.
- Greenberg, M. T., & Kusche, C. A. (1998). Preventive intervention for school-aged deaf children: The PATHS Curriculum. *Journal of Deaf Studies and Deaf Education*, 3, 49-63.
- Greenberg, M. T. & Kusche, C. A. (1998) *Promoting Alternative Thinking Strategies*. Institute of Behavioral Sciences, University of Colorado.
- Kusche, C. A., & Greenberg, M. T. (1998) Integrating emotions and thinking in the classroom. *THINK*, 9, 32-34.
- Kusche, C. A., Riggs, R. S., & Greenberg, M. T. (in press). Paths: using applied psychoanalysis to teach emotional literacy to preoedipal, oedipal and latency-aged children. *The American Psychoanalyst*
- Kusche, C. A., & Greenberg, M. T. (in press). PATHS in your classroom: Promoting emotional literacy and alleviating emotional distress. In J. Cohen (Ed.) *Social emotional learning and the elementary school child: A guide for educators*. New York: Teachers College Press.
- Conduct Problems Prevention Research Group. (in press). Initial impact of the Fast Track prevention trial for conduct problems: II. Classroom effects. *Journal of Consulting and Clinical Psychology*.

2. **Other supporting documents:** The curriculum consists of an Instructional Manual, six volumes of lessons, pictures and photographs, and additional materials. A research book is also available.

- The Turtle Technique (Schneider & Robin, 1978)

Resource Guide

- Control Signals Poster (CSP). The CSP is modeled on the notion of a traffic signal and is a revised version of the Stop Light used in the Yale-New Haven Middle School Social Problem Solving Program (Weissberg, Caplan, & Bennetto, 1988).
- Following the conceptual model developed by D’Zurilla and Goldfried (1971), Shure and Spivak (1978), and Weissberg et al. (1981),

Practice implementation:

1. **Staffing requirements:** teachers, counselors,
2. **Training requirements:** The PATHS curriculum provides teachers with a systematic and developmental procedure for reducing adverse factors, which can negatively affect a child’s adaptive behavior and ability to profit from his/her educational experiences. The PATHS curriculum provides teachers with systematic and developmentally based lessons, materials, and instructions for teaching their students:

3. **Cost of program:** \$3,000 plus expenses (does not include materials)

Materials:

- \$640 for a complete 7-volume set
- \$300-\$350 for each individual grade level
- Implementation Costs:
- Using existing staff approximately \$15 per child per year over 3 years
- Using full-time salaried on-site PATHS coordinator approximately \$40-\$50 per child per year

4. **Use of natural funding:**

Other considerations:

Contact information:

Carol A. Kusché, Ph.D.
Mark T. Greenberg, Ph.D.
Prevention Research Center
Henderson Building S-109
Pennsylvania State University
University Park, PA 16802
Phone: (814) 863-0112
Fax: (814) 865-2530
Email: mxg47@psu.edu

Relevant websites:

<http://www.prevention.psu.edu/PATHS/>

Blue Bay Healing Center

Description:

1. **Primary purpose:** Development of the blue bay healing center and its relationship to suicide prevention efforts on the flathead reservation and to prevent Substance abuse among youth on the reservation by breaking the generational cycle associated with this program.
2. **Target populations:** Developing a culturally relevant treatment modality that engages the entire reservation population in the healing process.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Info not available
2. **Qualitative evaluation:** The program is well known on the flathead reservation and is most effective treatment.

Evidence supporting practice:

1. **Peer reviewed research:** A survey was conducted to discover how knowledgeable of the services of the program and to assess the satisfaction of the services they received.
2. **Other supporting documents:** Info not available

Practice implementation:

1. **Staffing requirements:** Many staff members are hired for their experience with alcohol and other drug abuse. While the program has an extensive training program that provides excellent exposure to current thinking in the field and to high-level practitioners, it cannot produce an immediate professional style in newly hired counselors who are largely without a formal educational background. In such an environment, there will always be a few counselors who project an image to other agencies and to the community at large that raises questions of ethics and property. Within the agency, there are likely to be instances when gossip and an informal friendship network replace responsible communication and professional-level consultation.
2. **Training requirements:** A holistic approach is used in prevention including medical detoxification with hospitals, screening for inpatient treatment, and satellite offices in four reservations areas.
3. **Cost of program:** Info not available
4. **Use of natural funding:** Info not available

Other considerations:

Contact information:

Flat head reservation

Relevant websites:

[Http://www.uchsc.edu/ai/ncaianmhr/journal/Mono4.pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/Mono4.pdf)

*Boys & Girls Club
Northern Cheyenne Smart Moves
Program*

Description:

1. **Primary purpose:** In 1993, the Northern Cheyenne Nation established one of the first Boys & Girls Clubs located on Indian lands that was managed and operated by Indian people.

The Club has over ten programs and content areas directed at addressing the multiple issues of alcohol, tobacco, and other drug use. When the survey of Indian students in the Northern Cheyenne community revealed youth were at risk for substance abuse, the Club implemented a series of SMART MOVES (Skills Mastery and Resistance Training) prevention programs. As a member of the national Boys & Girls Club of America, the Northern Cheyenne Club has access to the resources such as SMART MOVES, which the national Club developed and makes available to their affiliates throughout the country.

2. **Target populations:** Ninety-nine percent of Club participants are Northern Cheyenne youth and parents. The majority of participants are referrals; however, membership in the Club is voluntary. The referral system is comprised of links with four school districts, tribal courts, social services, health providers and individual referrals from educators, counselors, family, friends, peers and community members.

The objective is to decrease the risk factors for substance abuse by increasing protective factors in the following areas:

- Bonding through attachments and commitments with family, friends, school and community to achieve the positive values held by each group.
- Development of healthy beliefs and clear positive standards for behavior by youth and adults, especially parents and tribal leaders.
- Development and strengthening of social skills to resist use.

- Promoting belief in moral order as defined by Northern Cheyenne tradition and contemporary standards.
- Developing assertiveness and social skills.
- Increasing peer resistance and refusal skills.
- Strengthening problem solving and decision-making skills.
- Increasing conservative group norms regarding substance use.
- Increasing knowledge of the health consequences and prevalence of use.
- Analyzing media and peer influence of use by Youth and adults.

The Boys and Girls Club of Northern Cheyenne is an independent, non-profit organization located on tribal lands. It has a 12 member governing board comprised of representatives from the tribal government,

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** None available

Practice implementation:

1. **Staffing requirements:** Seven administrative staff and seven line staff
2. **Training requirements:** Trained and certified substance abuse prevention staff. The SMART components are all curriculum-based programs that use educational lectures, role-play, group activities, and discussion to promote the children and youth. When structured prevention program sessions are not taking place, Club youth participate in activities designed to stress non-drug use norms in order to keep the youth and their families, especially parents, involved in the prevention programs.
3. **Cost of program:** Operating budget of \$750,000.00
4. **Use of natural funding:** State and private sources, The Bureau of Justice assistance. Northern Cheyenne Tribe, St. Labre Indian School Education Association, and First Interstate Banc system.

Other considerations:

Contact information:

Boys And Girls Club Of Northern Cheyenne Nation
P.O. Box 309
Lame Deer, Mt. 59043
Phone: (406) 477-6654
Fax: (406) 477-8646

Relevant websites:

[Http://www.bgca.org/](http://www.bgca.org/)

Domestic Violence Pilot Projects

Description:

1. **Primary purpose:**

The domestic violence pilot projects include:

- Ketchikan Indian Corporation, Ketchikan, AK. The federally recognized Tribe administers health care and other services for its members. The pilot site will develop a domestic violence-screening tool and promote a culturally sensitive health care awareness campaign addressing domestic violence. It also will provide medical staff training and technical assistance to local and regional clinics.
- Feather River Tribal Health, Inc., Oroville, CA. The non-profit Tribal organization serves patients from Butte, Sutter and Yuba Counties. The pilot site will work to establish a violence-screening program in its medical and dental departments. It also will implement screening services for its female patients and develop a case management system for handling cases involving domestic violence.
- Houlton Band of Maliseet Indians, Houlton, ME. The ambulatory care clinic provides services to the Tribe's members and those of other federally recognized Tribes who reside in the area. The clinic already has services for victims of domestic violence and collaborates with the state coalition against domestic violence. The pilot site will train its staff and implement a mandatory screening policy for all female patients over the age of 12.
- Mississippi Band of Choctaw Indians, Choctaw Health Center, Choctaw, MS. The health center is wholly Choctaw-managed, and its health care programs meet the specific needs of Tribe members. The Center already has domestic violence procedures in place, but the pilot program will work to develop culturally sensitive screening tools. The site also will develop more education and training for its health care providers.

- Rosebud Indian Health Service, Rosebud, SD. This clinic on the Rosebud Indian Reservation provides ambulatory and inpatient care to members of the Rosebud Sioux Tribe. The clinic currently collaborates with the White Buffalo Calf Woman Society to raise awareness about domestic violence on the Reservation. The pilot site will train its staff on domestic violence and implement screening and other prevention programs.
 - Gerald L. Ignace Indian Health Center, Milwaukee, WI. This clinic is the only physical and mental health provider for the Native population in Southern Wisconsin. The pilot site will create culturally relevant screening tools to identify the needs of victims of domestic violence, train its staff on domestic violence and form collaborative partnerships with area service providers to improve its victim referral process.
2. **Target populations:** Information not available

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

[Http://endabuse.org/programs/display.php3?Docid=35](http://endabuse.org/programs/display.php3?Docid=35)
[Http://endabuse.org/programs/display.php3?Docid=183](http://endabuse.org/programs/display.php3?Docid=183)

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** Information not available
2. **Training requirements:** Information not available
3. **Cost of program:** Six are fully funded with budgets ranging from \$50,000 to \$65,000
4. **Use of natural funding**

Other considerations:

Contact information:

Family Violence Prevention Fund
383 Rhode Island St. Suite #304
San Francisco, CA 94103-5133
Phone: (415) 252-8900
Fax: (415) 252-8991
TTY: (800) 595-4889

Relevant websites:

[Http://endabuse.org/programs/display.php3?Docid=35](http://endabuse.org/programs/display.php3?Docid=35)
[Http://endabuse.org/programs/display.php3?Docid=183](http://endabuse.org/programs/display.php3?Docid=183)

K' E' Project

Description:

1. **Primary purpose:** The K'E Project provides services to the Navajo Nation, the largest American Indian reservation in the United States. The K'E Project uses Navajo concepts of health and well-being in its delivery of services to children and families. The provider is sensitive to the family's cultural needs, which enhance family values to participate in their children's healing.

The project Uses K'E teachings and practices as the central philosophy for healing, and they provide an array of home-based services. These Services include:

- Both in-home and outpatient counseling and therapy that is strengths-based and family centered
 - Traditional/cultural counseling and healing that includes K'E teachings and practices in efforts to strengthen family and clan relationships as well as assistance obtaining support services for traditional healing
 - Behavior management services to maintain children in the home via positive skill development
 - Aftercare and follow-up counseling and support services upon completion of treatment
 - Prevention and community education, including outreach, referral, collaboration, networking and community education
 - Case management and advocacy for adequate and appropriate resources to support and empower individuals and families
2. **Target populations:** Not specified

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

EBP resource:

<http://www.mentalhealth.org/cmhs/childrencampaign/pdfs/2000monographs/voll.pdf>

Cross, T., Earle, K., Echo-Hawk Solie, H., & Manness, K. (2000). Cultural strengths and challenges in implementing a System of care model in American Indian communities. *Systems of Care: Promising Practices in Children's Mental Health, 2000 Series, Volume I.* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research. P. 43-44.

1. **Peer reviewed research:**

Cross, T. L. (1986). Drawing on cultural tradition in Indian welfare practice. *Social Casework, 67*, 283-289.

Cross, T. L. & Rylander, L. (1986). *Gathering and Sharing: An Exploratory Study of Service Delivery to Emotionally Handicapped Indian Children.* Portland, OR: Regional Research Institute, Portland State University and Northwest Child Welfare Institute.

Cross, T. L., et al (1989). *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed.* Washington, D.C. Georgetown University: Child Development Center.

Cross, T. L. (1995). Understanding family resiliency from a relational worldview. In H.L. McCubbin, E.A. Thompson, A. I. Thompson, & J. E. Fromer, (Eds.). *Resiliency in Ethnic Minority Families. Vol I: Native and Immigrant American Families.* Madison, WI: University of Wisconsin System.

Culturally Relevant Ethnic Minority. (1989). *Seattle Indian Health Board's culturally oriented mental health program.* *Multi-Ethnic Mental Health Services* (pp. 163-190). Mount Vernon, WA.

Deserly, K. J., & Cross, T. L. (1986). An assessment of tribal access to children's mental health funding. *American Indian Children's Mental Health Services.* Portland, OR: National Indian Child Welfare Association.

2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** Information not available
2. **Training requirements:** Information not available
3. **Cost of program:** Information not available

4. **Use of natural funding:** In 1994, the Center for Mental Health Services (CMHS) funded the first of five American Indian children's mental health projects. This monograph examines five American Indian children's mental health projects funded by the Center for Mental Health Services (CMHS).

Other considerations:

Contact information:

Information not available

Relevant websites:

[Http://www.mentalhealth.org/CMHS/CHILDRENSCAMPAIGN/PDFS/2000MONOGRAPHS/VOL1.PDF](http://www.mentalhealth.org/CMHS/CHILDRENSCAMPAIGN/PDFS/2000MONOGRAPHS/VOL1.PDF)

The Kmihqitahasultipon Program

Description:

1. **Primary purpose:** "The Kmihqitahasultipon Program serves children and families of the Passamaquoddy Tribe of Indian Township, Maine. The Kmihqitahasultipon Program, the name of which means "we remember" in Passamaquoddy, works with a major goal of "restoring Passamaquoddy culture and traditions to the daily life of Indian Township families and children for the purpose of improving overall community well-being." Because a large number of families in the Passamaquoddy community have experienced some kind of trauma (from time spent in boarding schools, separation from the community, or abuse), the Kmihqitahasultipon Program in many ways considers the entire community when designing and delivering services. If a family has more than one very young child, the program often works with all the children in that family." (p. 81). "The Kmihqitahasultipon Program has four primary philosophical commitments: (1) a focus on the strengths, roles, and responsibilities of staff, as well as their working relationships; (2) frequent, relationship-based interventions and supports for children; (3) cultural competence; and (4) a strong connection to the community." (p. 82-83)

"Full-time parent advocates at the Kmihqitahasultipon Program offer valuable resources to parents of very young children. This includes developing a supportive and trusting relationship with the family member. When this relationship is in place, the parent advocate is able to provide many supports to the family member, including, 1) help with parenting skills, 2) respite, 3) willingness to listen to family members on a regular and ongoing basis, 3) facilitation of communication between parents and teachers; and 4) information for family members regarding various community supports." (P.84-85).

2. **Target populations:** Information not available

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:**

Evidence supporting practice:

The Kmiqhitasultipon Program, Indian Township, Maine. In: Promising Practices in Early Childhood Mental Health Promising Practices in Children's Mental Health Systems of Care - 2001 Series, Volume III, pp. 81-86.

Web Resource:

<http://www.mentalhealth.org/cmhs/childrenscampaign/pdfs/2000monographs/voll.pdf>

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** "All staff, except one, is Passamaquoddy. Several speak Passamaquoddy and thus can offer services in both English and Passamaquoddy. The Kmiqhitasultipon Program also benefit from a twice-monthly consultation with psychologists from Harvard University. Video conferencing is used to discuss a particular case the Kmiqhitasultipon Program staff present."
2. **Training requirements:** "An initial intensive five-day-a-week, four-week-long orientation and training program offered the staff a unique opportunity to learn one another's strengths and areas of contribution, as well as to focus on their collective vision and goals for the program itself." (p. 86).
3. **Cost of program:** Information not available
4. **Use of natural funding:** Program was initially funded by Wings of Maine and began receiving funds independently of Wings of Maine in 1997.

Other considerations:

Contact information:

Information not available

Relevant websites:

[Http://www.mentalhealth.org/cmhs/childrenscampaign/pdfs/2000monographs/voll.pdf](http://www.mentalhealth.org/cmhs/childrenscampaign/pdfs/2000monographs/voll.pdf)

Life Givers

Description:

1. **Primary purpose:** The Life Givers Program provides an on site services to deliver case management, including medical screening and monitoring; individual, group, and family counseling; alcohol and drug education; gender and survivor groups; social/life skills training; mental health crisis intervention and screening; in-home schooling and developmental child care to meet the needs of Native female teens. The program serves communities across the state from Ketchikan to Barrow. The program has been commended for cultural integrity of the program, integrating culture throughout the treatment continuum. An early Head Start center provides developmentally appropriate care to infants and toddlers with classrooms organized into interest centers. Each child is assessed and receives a develop individual learning plan, guided socialization sessions between teen parents and their children and parenting training.
2. **Target populations:** Ages of girls in program are between ages 13-18. Ages of children in daycare are between ages 0-3.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Fairbanks Native Association

Web resource:

<http://www.fairbanksnative.org/lifegivers.html>

National Child Welfare Resource Center for Family-Centered Practice

1. **Peer reviewed research:**
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** Mental Health Clinicians
2. **Training requirements:** The program implements a bio-psycho-social-spiritual model of addiction. “This model encompasses six systems: the biological system and physical recovery, the psychological system, the recovery environment (both family and peer relations), and promoting recovery at the community level.”
3. **Cost of program:** Information not available

4. **Use of natural funding:** Information not available

Other considerations:

- Award for Dedication and Commitment to Serving Women and Children Affected by Substance Abuse from U.S. Department of Health and Human Services.
- Cited as promising practice by the Office of Juvenile Justice and Delinquency Prevention

Contact information:

Fairbanks Native Association
Clinical Director: Montean Jackson
Telephone: 452-1274 Fax: 452-1282
Location: 605 Hughes Avenue, Fairbanks, AK 99701
Fax: 202.742.5394
Email: fnalife2@mosquitonet.com

Relevant websites:

[Http://www.fairbanksnative.org/lifegivers.html](http://www.fairbanksnative.org/lifegivers.html)

Minneapolis American Indian Center, Ginew/Golden Eagle Program

Description:

1. **Primary purpose:** This program provides intensive services to prevent child abuse, family violence, chemical abuse, delinquency, teen pregnancy, prostitution, suicidal behavior, truancy and running away from home for American Indian youth. “The Ginew/Golden Eagle Program offers at least three months of one-on-one sessions with the Youth Advocate, meetings with the family and home visits. If needed, the Youth Advocate will provide court advocacy, probation monitoring, and referrals to other services and/or treatment. It is anticipated that three-fourths of the youth will also take part in daily activity groups at least twice a month.” (p. 18). “Service Area: Youth Minneapolis Youth Intervention Programs strive to eliminate involvement (or further involvement) of at-risk youth in Minnesota’s juvenile justice system by offering comprehensive prevention, early intervention, and diversion services to youth and their families.” (p. 3).
2. **Target populations:** American Indian youth between the ages of 9 and 18. The program targets youth who are at risk of child abuse, family violence, chemical abuse,

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delinquency, teen pregnancy, prostitution, suicidal behavior, truancy and running away from home.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Minnesota Department of Economic Security
Office of Youth Development, December 1996, p. 18.

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** Program directors, counselors,
2. **Training requirements:** Information not available
3. **Cost of program:** The average state investment per client is estimated at \$67.
4. **Use of natural funding:** “The Minnesota Legislature funded Youth Intervention Programs at a level of \$650,000 for 1996 and an additional \$650,000 for 1997. Funding was provided under Chapter 312, Section 23, and Grants in Aid to Youth Intervention Programs, established under §268.30, Subdivisions 1 and 2. An additional \$240,000 appropriation was made by the 1996 Legislature to fund six new programs which will begin on January 1, 1997” (p. 4). Applicants for state funding must provide two dollars in local funds for every one dollar the state invests. Many programs provide local matching funds in amounts, which far exceed the required 2 to 1 match.

Other considerations:

Contact information:

Contact: Shirlee Stone
612-879-1766

John Olson
Youth Programs Analyst
Office of Youth Development
MN Dept. of Economic Security
390 North Robert St.
St. Paul, MN 55101
(612) 282-2732

(800) 456-8519
Mailto:jrolson@ngwmail.des.state.mn.us

Kay Tracy, Director
Office of Youth Development
MN Dept. of Economic Security
390 North Robert St.
St. Paul, MN 55101
(612) 296-6064
(800) 456-8519
Mailto:ktracy@ngwmail.des.state.mn.us

Relevant websites:

[Http://www.maicnet.org/Ginew/](http://www.maicnet.org/Ginew/)

Mno Bmaadzid Endaad “Be in Good Health at His House”

Description:

1. **Primary purpose:** The Sault Ste. Marie Tribe of Chippewa Indians is in partnership with the Bay Mills Tribe of Chippewa Indians and Hiawatha Behavioral Health on this services project. Mno Bmaadzid Endaad, “Be in Good Health at His House,” is a program that integrates tribal tradition and values with western modalities. The program collaborates with community, tribal and nontribal programs of human services, and other agencies while maintaining cultural integrity into the program. Thus, Mno Bmaadzid Endaad is integrated into the Indian communities it serves. The program is a model for multidiscipline collaboration, which becomes the focal point for their system of care. The following is their mission statement, as well as objectives of the program:

“To develop an integrated, seamless and multidisciplinary service delivery system that provides culturally sensitive services. It shall be designed for the prevention and early identification of child abuse and neglect. Services shall be client oriented, easily accessible, and focused toward measured positive outcomes...”

- “Objective 1: The development of a seamless health and human service delivery system inclusive of multiple systems that will emphasize prevention, early intervention, and coordinated services to improve access of services to Native American children and their families.

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- “Objective 2: To provide non-native service providers with information and training regarding the cultural norms and practices; specifically, parenting, family values, and norms.
- “Objective 3: To educate the community to the needs of children with serious emotional disturbance and their families and availability of services to ensure that all children are provided a safe and nurturing environment in which to grow.”

2. **Target populations:** Information not available

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available

2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Cross, T., Earle, K., Echo-Hawk Solie, H., & Manness, K. (2000). Cultural strengths and challenges in implementing a system of care model in American Indian communities. *Systems of Care: Promising Practices in Children’s Mental Health, 2000 Series, Volume I*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Cross, T.L. et. al. (1989). *Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed*. Washington, D.C.: Georgetown University: Child Development Center.

American Indian Practices Converge in a “System of Care” for Children. *SAMHSA NEWS, Vol. IX, No. 1, Winter 2001*.

1. **Peer reviewed research:** Information not available

2. **Other supporting documents:**

- Use of extended family and the extended family concept (context)
- Use of traditional teachings that describe wellness, balance, and harmony or provide a mental framework for wellness and use these as objectives for the families (mind)
- Use of specific cultural approaches such as storytelling, talking circles, ceremonies, sweat lodges, feasts, etc. (mind, spirit, body)
- Use of cultural adaptations to mainstream system of care practices such as wraparound, respite, crisis intervention, collaboration (mind, context)

Practice implementation:

1. **Staffing requirements:** Staff includes professionals and paraprofessionals, natives and non-natives. The staff use spiritual healing methods, and employ grassroots mentors, elders, and community members who, reflect the deeply rooted traditions of community. Mno Bmaadzid Endaad staff demonstrates commitment by modeling this same generosity of self.

2. **Training requirements:** The program provides training to non-native service providers regarding cultural norms and practices; specifically, parenting, family values, and norms.
3. **Cost of program:** Information not available
4. **Use of natural funding:** “A variety of tribal programs, such as tribal schools and substance-abuse treatment programs, are additional resources and part of the system of care with which Mno Bmaadzid Endaad collaborates.”

Other considerations:

Contact information:

Hardy Stone Director of Communications
CMHS Child, Adolescent, and Family Branch
Room 11C-16
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1333.
<mailto:hstone@samhsa.gov>

Relevant websites:

[Http://www.mentalhealth.org/cmhs/childrenscampaign/pdfs/2000monographs/vol1.pdf](http://www.mentalhealth.org/cmhs/childrenscampaign/pdfs/2000monographs/vol1.pdf)

Natural Helpers Programs

Description:

1. **Primary purpose:** The Tribal Youth Program I is implemented in the Lower Elwha Klallam Tribe in the State of Washington. This programs is a Juvenile Justice Program that has four Goals: 1) Reduce, Control, and Prevent Indian Juvenile Crime, 2) Provides Intervention for Court-Involved Youth, 3) Improvement to Tribal Juvenile Justice Systems, and 4) Prevention Programs Focusing on Alcohol and Drugs.

“The Lower Elwha Juvenile Justice Program is a prevention project that incorporates strategies from all of the objectives of the Tribal Youth Program. Services are offered to all native children from elementary through age 18. Elementary children are offered a curriculum that addresses the issues of residing in a home affected by substance abuse. Other program components include intensive advocacy services for adolescents involved with the criminal justice system and enhancement of the tribal court to enable services to be provided for family-related issues. Additionally, the tribe assesses all native youth in

grades 6–12 within the Port Angeles School District to determine developmental profiles. In addition, the “natural helpers,” provide training and partnership, and Comprehensive Substance Abuse Primary Prevention Services that are Coalition Driven.”

- Goal 1: To empower youth to plan, implement, and evaluate prevention activities to reduce ATOD abuse and other related problems in northern Rio Arriba County.
- Objective 1: provide on-going support, leadership training, and prevention activities to 100% of Chama Valley Middle School students.

2. **Target populations:** Native children from elementary through age 18.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:**

MMWR Weekly April 10, 1998 / 47(13):257-261

Suicide Prevention Evaluation in a Western Athabaskan American Indian Tribe -- New Mexico, 1988-1997 <http://www.cdc.gov/mmwr/preview/mmwrhtml/00051966.htm>

2. **Other supporting documents :** Information not available

Practice implementation:

1. **Staffing requirements:** Information not available

2. **Training requirements:**

- Conduct a training of trainers on conflict management. Train approximately 15 youth in conflict management skills and techniques to be Natural Helpers. Implement conflict management once a week in group settings.
- Train a minimum of 15 new middle school Natural Helpers in leadership and peer counseling techniques.
- Involve approximately 40 Natural Helpers, and other students, in developing activities such as fundraising, to be implemented quarterly.
- Implement one activity per quarter throughout the school year.
- Trained Natural Helpers will identify and refer other students to school and community resources, including identifying students in need of mentoring, tutoring, or other services.

3. **Cost of program:** \$95,500

4. **Use of natural funding:** Information not available

Other considerations:

Contact information:

Relevant websites:

Pride: Substance Abuse Education/ Intervention Program

Description:

1. **Primary purpose:** The PRIDE program is prevention based. It also incorporates strong intervention practices and policies, as well as treatment referral and after-care provision. The pride program is a comprehensive plan that addresses all aspects of the substance abuse issue.
2. **Target populations:** The PRIDE program has been implemented at the tribe's elementary, middle, and high schools.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** The pride program has resulted in positive results that have been determined through formal as well as informal measures. A renewed commitment of the Puyallup tribal council and administrative program initiatives, principal among them the pride program, have resulted in significant improvement in student outcomes.
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:** The pride program researched studies with students, by taking questionnaires about alcohol & drug use, as well as suicidal attempts.
2. **Other supporting documents:** Karachi tribal mental health agency

Practice implementation:

1. **Staffing requirements:** Staff is encouraged to communicate among the three school campuses; opportunities for dialogue and observation regularly occur at an interschool and intraschool level.

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- Building principals. One full-time employee per school provides program oversight within school, ensures building-level communications flow, reviews infusion and pull-out class lesson plans, and coordinates referral process for intervention.
- Behavior development specialists. One full-time employee per school acts as a case manager for the intervention component; provides direct support for the security component; provides crisis intervention, referral, and direct support, particularly for behavioral needs; implements individual student behavior contracts; assists with after-care programs; provides ongoing counseling; and assists with implementation of interagency agreements, particularly for student referral and interagency communication.
- Chemical dependency counselors (CDCS). The principal of the high school is completing certification requirements for CDC 1, and an additional CDC 1 position is available on an itinerant basis. Additional consultant, outpatient, and inpatient CDC counseling is available through interagency agreement with the Puyallup tribal treatment center.
- Pride teachers. At each school, an instructor is responsible for teaching pride curriculum units on a regular basis. These individuals also act as consultants for other teachers' daily lesson plan infusion activities.

2. **Training requirements:** Information not available

3. **Cost of program:** The pride program has been implemented without any outside funding. Base school budgets, including title v funds, special education monies, and basic Indian student equalization program (ISEP) funding, support the program.

4. **Use of natural funding:** Funded through a P.L. 638 self-determination contract with the bureau of Indian affairs.

Other considerations:

Contact information:

Information not available

Relevant websites:

[Http://www.uchsc.edu/ai/ncaianmhr/journal/Mono4.pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/Mono4.pdf)

Pueblo Of Zuni Recovery Center

Description:

1. **Primary purpose:** The Zuni Recovery Center (ZRC): This center provides holistic services to the many different segments of the community that are affected by substance abuse. The Center has three primary programs: 1) a comprehensive day treatment program, 2) a DWI school, and 3) an underage drinking initiative. Although these programs focus on different populations, they share the same core mission of reducing the prevalence and incidence of chemical dependency by helping clients to address the issues underlying their dependency and to embrace healthier lifestyles. The Comprehensive Day Treatment Program: This component of the ZRC provides differentiated services for adults, youth and children that include individual, group and family counseling and other wellness treatments such as nutrition and physical fitness training. Specialized treatment programs accommodate clients who are chemically dependent and who need dual treatment for both substance abuse and mental health problems, or who are adult children of alcoholics. The DWI Program: This program treats DWI offenders through a combination of education, group therapy, mandatory community service, and therapeutic fitness training at Zuni's Wellness Center.
2. **Target populations:** Information not available

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing:** Information not available
2. **Training requirements:** Information not available
3. **Cost of program:** \$487,800 annually
4. **Use of natural funding:** ZRC receives financial support from federal, state, and tribal sources, as well as private foundations.

Other considerations:

Contact information: Relevant websites:

Danny Ukestine, Director
Zuni Recovery Center
P.O. Box 339
Zuni, NM 87327
Phone: 505 782-4717
Fax: 505782-4181

Sacred Child Project

Description:

1. **Primary purpose:** This five-year-old program was to create mental health service for Native American children living on North Dakota's reservations. The program is overseen by Debra Painte at the United Tribes Technical College, which serves five sites: Spirit Lake Nation, Standing Rock Nation, Three Affiliated Tribes, Turtle Mountain Band of Chippewa and Trenton Indian Service Area. This program integrates western services and traditional healing methods such as traditional healers, clans, extended family, churches and ceremonies. Other Sacred Child Project services include: 1) Wraparound care coordination and training, 2) Parent advocacy, 3) Parent and community education, 4) Tutoring, 5) Mentoring, 6) Traditional healing, 7) Recreational activities, 8) Cultural activities, 9) Psychological assessments, 10) Transportation, 11) Limited family, emergency financial assistance, and 12) Youth social development activities.
2. **Target populations:** American Indian youth between ages 1 to 22 who are agency or private placement referrals. To qualify, parent coordinators must have a child with emotional or behavioral challenges or must have an extended family member with similar issues.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Cross, T., Earle, K., Echo-Hawk Solie, H., & Manness, K. (2000). Cultural strengths and challenges in implementing a system of care model in American Indian communities. *Systems of Care: Promising Practices in Children's Mental Health*, 2000 Series, Volume I. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research. P. 47-53.

Jodi Rave Lee covers Native issues for The Lincoln (Neb.) Journal Star and Lee Newspapers. She can be reached at (402) 473-7240 or jravejournalstar.com. Tuesday, November 27, 2001

1. **Peer reviewed research:**

Bronfenbrenner, U. (1979). *The ecology of human development : Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Bruns, E. J., Burchard, J. D., Ermold, J., & Dakan, E. (2000, March). Development of the Wraparound Fidelity Index: Results from an initial pilot test. Paper presented at the 13th Annual Research Conference of the University of South Florida's Research and Training Center for Children's Mental Health, Clearwater Beach, FL.

Burns, B. J., & Goldman, S. K. (Eds.). (1999). Promising practices in Wraparound for children with serious emotional disturbance and their families. *Systems of Care: promising practices in children's mental health, 1998 Series, Volume IV*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** Parent Coordinators, intake team, care coordinators, and support team. All staff is Native American or from the community they are serving. The 12 life domains of the plan of care include cultural and spiritual domains.
2. **Training requirements:** On-going training provided for case-by-case situations
3. **Cost of program:** Limited funding is provided to families needing wraparound services, which is determined by a support team. Cost of care includes resources used to implement intervention, and outcomes of care plan.
4. **Use of natural funding:** Information not available

Other considerations:

Contact information:

Sacred Child Project, North Dakota
Contact Person At Location:
Susan Paulson
701-854-3861

Jan Two Shields
701-255-3285, Ext 385

John VanDenBerg
The Community Partnership Group
9715 Bellcrest Road
Pittsburgh, PA 15237
412-366-6428

Relevant websites:

Vdb@Nauticom.Net

Southeast Alaska Regional Health Consortium

Description:

1. **Primary purpose:** “The Southeast Alaska Regional Health Consortium is part of the Seven Circles Coalition, which serves the youth in nine communities in southeastern Alaska -- Wrangell, Petersburg, Yakutat, Haines, Saxman, Klawock, Juneau, Sitka, and Ketchikan.” Each community has a large Native American population. The Coalition has traditionally been involved with Native elder organizations, a women’s safe shelter, and a senior citizens’ center. Interventions focus on youth assets, rather than focusing on deficiencies. Youth are involved in all aspects of project planning and implementation. Project activities include establishing a website and hosting substance abuse prevention teleconferences.” SEARHC provides culturally relevant residential treatment services to clients. The Raven’s Way Program is a six-week residential program for adolescents between the ages of 13 and 18 who have problems with alcohol and/or drug abuse. “The goal is to help youth troubled by dependency problems to find their own path towards spiritual healing, by blending conventional and adventure based therapy.” One component is a three-week program wilderness exchange program that helps youth experience healthy lifestyles, teamwork skills, and self-confidence. A second component focuses on youth development of family living skills where youth spend two weeks in a group home and 12 days at a remote camp.
2. **Target populations:** The Raven’s Way Program is a six-week residential program for adolescents between the ages of 13 and 18 who have problems with alcohol and/or drug abuse.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Southeast Alaska Regional Health Consortium. In: Promising practices and strategies to reduce alcohol and substance abuse among OJP American Indians and Alaska Natives. U.S. Department of Justice: Office of Justice Programs. August 2000, pg. 29-34.

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** Program staff provides comprehensive treatment services along with part time support from the SEARHC Edgecumbe Hospital.
2. **Training requirements:** Staff development is ongoing and consists of two weeks of formal training for each program component annually, in-house training is provided to acquire an Alaska Counseling Certification, and staff attends off-island conferences and workshops on behavioral health.
3. **Cost of program:** Total: \$2,120,000; Ravens Way: \$930,000; BBHC: \$830,000; Deilee Hit: \$360,000
4. **Use of natural funding:** State of Alaska Division of Alcohol and Drug Abuse, Medicaid and third party funding.

Other considerations:

Contact information:

Southeast Alaska Regional Health Consortium
222 Tongass Drive
Sitka, AK. 99835
Phone (907) 966-2411
Fax: (907) 966-8656

Relevant websites:

Storytelling for Empowerment

Description:

1. **Primary purpose:** Storytelling for Empowerment is a school-based secondary prevention program designed for club and classroom settings. The project has been tried with American Indian and Latino-Latina middle school youth, which addressed the risk factors of confusion of cultural identity, the lack of congruence of multicultural learning styles and instruction, and the lack of consistent, positive parental role models. Program goals include “decreasing the incidence of alcohol, tobacco, and illegal drug use among high-risk youth by identifying and reducing factors in the individual, family, school, peer group, neighborhood/community, and society/media.” The Program also focuses on increasing factors that strengthen youth resiliency to protect youth from using substances.
2. **Target populations:** The targeted population for the Project is American Indian middle school-aged youth living on a rural Indian Nation, as well as Latino-Latina middle school-aged youth living in urban settings. Grades 5-8.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

The [Center for Injury and Violence Prevention, Virginia Department of Health](#) The [VCU Center for the Study and Prevention of Youth Violence](#) in collaboration with [The Virginia Department of Education](#):

[Http://modelprograms.samhsa.gov/print.cfm?Pkprogramid=172](http://modelprograms.samhsa.gov/print.cfm?Pkprogramid=172)

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Storytelling for Empowerment Project includes a Storytelling PowerBook (27-lesson activity book), and a Facilitator’s Guide. The sections in the PowerBook include: Knowledge Power (knowledge of brain physiology, definition of additions, physical effects of drug, charts, games); Skills Power (decision making strategies with role plays); Personal Power (five multicultural stories, symbol making, plays); Character Power (four multicultural stories of historical figures, character trait mandalas); Culture Power (definitions of culture, biculture, sub culture, cultural symbol); and Future Power (stories of multicultural role models, choosing a role model, drawings, goal setting). As 20-30 sessions are necessary to decrease alcohol and marijuana use, the intervention can be implemented within 3 months during the school year.

Practice implementation:

1. **Staffing requirements:** Information not available

2. **Training requirements:** Storytelling powerbook (English and Spanish) Storytelling for Prevention (English and Spanish) Facilitator's Guide for Storytelling powerbook Available on www.wheelcouncil.org
3. **Cost of program:** Information not available
4. **Use of natural funding:** Information not available

Other considerations:

Contact information:

Annabelle Nelson, Ph.D., Program Developer
The Wheel Council
P.O. Box 22517
Flagstaff, AZ 86002-2516
Phone: (928) 214-0120
Fax: (928) 214-7379
annabelle@wheelcouncil.org

Relevant websites:

www.wheelcouncil.org

The Dream Catcher Meditation

Description:

1. **Primary purpose:** The dream catcher meditation is a short-term treatment insight-oriented model designed for American Indian adolescents. Its overall goal is to “help clients’ express unconscious conflicts and to facilitate differentiation and healthy mutuality. (p. 51). Risk factors include high levels of truancy, delinquency, drug use, and suicide rates. Some protective factors include rituals and symbolism of Native American Church peyote meetings, stomp dances, sun dances, and many other ceremonies, including rites of passage and ceremonies for religious renewal to effect balance.
2. **Target populations:** American Indian youth-age not specified

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Case Study evaluation of each session.

Evidence supporting practice:

Resource:

Robbins, R. (1994). The Dream Catcher Meditation: A Therapeutic Technique Used With American Indian Adolescents American Indian And Alaska Native Mental Health Research, Vol. 10, 1: P. 51-65.

Web resource:

[http://www.uchsc.edu/ai/ncaianmhr/journal/10\(1\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/10(1).pdf)

1. **Peer reviewed research:** The Dream Catcher Meditation 65
2. **Other supporting documents:** The program consist of twelve sessions that include: 1) Self-Reflection, 2) Respect for Ancestors, 3) Differentiation, 4) Respect for Place, 5) Appreciation of Others, 6, 7, 8) Psychological Traumas, 9) Integration, 10) Outside Influences, 11) Life Goals, and 12) Evaluation and Termination.

Practice implementation:

1. **Staffing requirements:** Information not available
2. **Training requirements:** Information not available
3. **Cost of program:** Information not available
4. **Use of natural funding:** Information not available

Other considerations:

Contact information:

Rockey Robbins, Ph.D.
Department of Applied Health & Education Psychology
Oklahoma State University
1406 Amherst
Norman, OK 73071

Relevant websites:

[Http://www.uchsc.edu/ai/ncaianmhr/journal/10\(1\).pdf](Http://www.uchsc.edu/ai/ncaianmhr/journal/10(1).pdf)

The Zuni Life Skills

Description:

1. **Primary purpose:** The Zuni life skills development curriculum takes a skills training approach to reduce the risk factors for suicide among Zuni adolescents.
2. **Target populations:** Zuni high school adolescents

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** The project focused on changes in students in the three experimental conditions. Measures consisted of a student survey administered at the beginning and end of the semester and one mid-semester measure of suicide potential. The student survey included the following variables: Suicide behavior, suicide risk factors, personal & social skills.
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:** This model has been implemented numerous times (Hollin & Trower, 1986) and studied over 20 years that has shown effectiveness with diverse groups, skills training developed by counselors and educators to help these populations make changes in their lives and environment (see the work of Engels, 1984; Jansen & Meyers-Abel, 1981 and Schinke, Holden, & Moncher, 1989). Such programs focus on enhancing cognitive and behavioral skills necessary for coping effectively with affective arousal, stress, and negative states (Feiner & Fetner, 1989).
2. **Other supporting documents:**

Ashby, M. R., Gilchrist, L. D. & Miramontez, A. (1987), Group Treatment For Sexuality-Abused American Indian Adolescents, *Social Work With Groups*, 10, 21-32.

Bach, P. J., & Bornstein, P.H. (1981). A Social Learning Rationale And Suggestions For Behavioral Treatment With American Indian Alcohol Abusers, *Addictive Behaviors*, 6, 75-81.

Bandura, A. (1977). *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.

Practice implementation:

1. **Staffing requirements:** Teachers, school personnel, and community people involved in the curriculum implementation
2. **Training requirements:** Three training sessions were provided to teachers, school personnel, and community people involved in the curriculum implementation. Each training program was planned around a model for implementing health education

innovations including (a) background on theoretical foundations for the curriculum and the research; (b) demonstration of new skills to be mastered by teachers, preferably using content from the curriculum; (c) practice of skills; (d) observation and feedback on teachers' performance of the new skills; and (e) coaching of the teachers in the application of new concepts and skills within the classroom environment.

3. **Cost of program:** Information not available
4. **Use of natural funding:** Information not available

Other considerations:

Contact information:

Zuni Pueblo High Schools

Relevant websites:

[Http://www.uchsc.edu/ai/ncaianmhr/journal/mono4.pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/mono4.pdf)

*United American Indian Involvement, Inc.
Ah-No-Ven (Healing) Home – Youth
Regional Treatment Center*

Description:

1. **Primary purpose:** United American Indian Involvement, Inc. (UAI) is a non-profit 501(c)(3) organization that provides services to the Los Angeles American Indian Community. The Youth Regional Treatment Center (YRTC) is currently being developed in collaboration with Indian Health Service. UAI will establish a residential facility to address the unique needs of American Indian youth who have been separated from their families or have significant substance abuse issues.
2. **Target populations:** Target population, i.e. age, gender, language, etc. not listed for current service programs. However, in mid-to-late 2003, the program plans on opening a 24-hour, seven day a week treatment home for up to ten (10) American Indian girls between the ages of 14 to 18.

Evaluating this practice:

1. Outcome measures used to evaluate practice: Information not available

2. Qualitative evaluation: Information not available

Evidence supporting practice:

Web Resource:

<http://www.laindianhealth.com/>

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** Information not available
2. **Training requirements:** Information not available
3. **Cost of program:** Information not available
4. **Use of natural funding:** Program funding includes: Indian Health Service, California Rural Indian Health Board – Community Challenge Grant, California Employment Development Department, California Office of Criminal Justice Programs, City of Los Angeles Community Development Department, CAN-Fit, First 5 Los Angeles (Prop 10), Los Angeles County Alcohol Programs – General Relief, Office of Alcohol Programs- Prop 36, Los Angeles County Department of Mental Health, Los Angeles County Department of Public and Social Services, Los Angeles County Community Development – CSBG, CSAIBG, Los Angeles County Dept. Of Health Services, Office of AIDS Programs and Policy, substance Abuse and Mental Health Services Administration (SAMSHA) – CMHS, and Private Donations.

Other considerations:

Contact information:

1125 West 6th Street, Suite 400
Los Angeles
213-202-3970

Relevant websites:

[Http://www.laindianhealth.com/](http://www.laindianhealth.com/)

Wraparound Milwaukee

Description:

1. **Primary purpose:** Wraparound Milwaukee provides services based on the wraparound approach, which is implemented as a Medicaid managed care behavioral health carve-out for specific populations, e.g. children and adolescents with serious emotional disturbance who are under court order in the child welfare or juvenile justice system.
2. **Target populations:** The population that has been served by Wraparound Milwaukee is approximately 47% African American, 38% Caucasian, 8% Hispanic, and 3% Native American.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Child and Adolescent Functioning Assessment Scales (CAFAS); Child Behavior Checklist (CBCL-C)
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Burns, B.J., and Goldman, S.K. (Eds.) (1999). Promising practices in wraparound for children with serious emotional disturbance and their families. Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Vol IV. Washington, D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.

EBP resource: <http://cecp.air.org/promisingpractices/1998monographs/vol4.pdf>

1. **Peer reviewed research:**

Bruns, E., Burchard, J., & Yoe, J.T. (1995). Evaluating the Vermont System of Care: Outcomes Associated with Community-Based Wraparound Services. *Journal of Child and Family Studies*, 4 (3), 321-39.

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2. **Other supporting documents:** Information not provided.

Practice implementation:

1. **Staffing requirements:** Project director and project management staff.
2. **Training requirements:** Information not available
3. **Cost of program:** Information not available
4. **Use of natural funding:** Wraparound Milwaukee is funded through a blending of child welfare and juvenile justice funds, a monthly capitation for each Medicaid child enrolled in the project, and federal grant dollars from the Center for Mental Health Services.

Other considerations:

Contact information:

Contact: Bruce Kamradt, Project Director,
Wraparound Milwaukee
(414) 257-7639

Relevant websites:

[Http://cecp.air.org/promisingpractices/1998monographs/vol4.pdf](http://cecp.air.org/promisingpractices/1998monographs/vol4.pdf)

Daughters of Tradition

Promising Alternative

Description:

1. **Primary purpose:** The Daughters of Tradition (DOT) is an educational program designed for Native American girls that is implemented over one year. It is best when facilitated by caring adults who will share their wisdom, as well as involving local community members, grandparents and Elders. The program can be delivered in schools, churches, boys and girls clubs, or at someone's home. Daughters of tradition continues to go through an extensive review process in 87 different American Indian communities, through a grant provided CSAP--centers for substance abuse prevention. The review process includes using focus group evaluation to illicit responses concerning the cultural appropriateness of the intervention. The risk factors include drug & alcohol, low self-esteem, and abuse.
2. **Target populations:** This prevention program is for 8-12 year old Native American girls living in rural and urban areas.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Daughters of Tradition Kits - Set of 14 Posters, My Journal, Daughters Booklet, and T-Shirt; Facilitator's Kit - Set of 14 Posters, My Journal, Daughters Booklet, T-Shirt, set of instructional videos, and facilitator's manual

Practice implementation:

1. **Staffing requirements:** Whether training is for individuals, teams, organizations, families, communities, the goal is to Foster Wellbriety. Thus, training focuses on achieving a healthier environment so that positive energy, creativity, success and values can be obtained.
2. **Training requirements:** White Bison Training includes curriculum training, technical assistance and consulting services for Native American communities, corporations, nonprofit organizations, professional associations, educational institutions and government agencies. All of the trainings and related services are designed around the teachings of traditions and natural laws passed down through generations of Native American Elders. All White Bison, Inc. Trainings are adapted to appropriately meet the cultural needs of Native American communities and corporate communities.

3. **Cost of program:** Information not available
4. **Use of natural funding:** Information not available

Other considerations:

Contact information:

White Bison, Inc.
6145 Lehman Drive Suite 200
Colorado Springs, CO 80918
Phone: 719-548-1000
Fax: 719-548-9407
Website: www.whitebison.org
info@whitebison.org

Relevant websites:

[Http://www.whitebison.org/youth/dot.html](http://www.whitebison.org/youth/dot.html)

The Healing Lodge of the Seven Nations

Promising Alternative

Description:

1. **Primary purpose:** The philosophy of treatment of the healing lodge is the belief that addiction is “progressive and chronic and is not a symptom of some other problem.” These risk factors include physical problems, which affect emotional, interpersonal, psychological, economic and personal well-being.
2. **Target populations:** The target population is American Indians and Alaska Native youth who are identified as having a substance abuse problem. The Seven Nations include Kalispel, Colville Confederated Tribes and Spokane Tribe of Indians in Washington; Kootenai, Coeur d’Alene and Nez Perce tribes of Idaho and the Confederated Tribes of the Umatilla Reservation in Oregon.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Resource: <http://www.healinglodge.org/About/aboutdefault.htm>

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** The Program's educational focus includes American Indian History, Current Events, Poetry and Fiction Writing, and Mathematics. Also included is the spiritual and cultural belief related to the medicine wheel, the talking circle, smudging and the sweat lodge.

Practice implementation:

1. **Staffing requirements:** The Healing Lodge is a diverse staff that includes an Administrative Director, Treatment Technicians, Treatment Coordinator, Clinical Coordinator, Chemical Dependency Professionals, Mental Health Counselors, and Family Counselors.
2. **Training requirements:** The program provides training to staff, as well as educate and involve the young people in ceremonies, dream catchers, and sweats lodge ceremonies. In addition, the program brings in guest speakers, elders, guest drums and people from the community. The program's intention is to provide education and awareness of options so that the youth can develop their own spirituality.
3. **Cost of program:** Information not available
4. **Use of natural funding:** Partial funding for the Healing Lodge comes from State funds from Washington State's Department of Alcohol and Substance Abuse (DASA).

Other considerations:

Contact information:

President
Tina Nemena, Kalispel Tribe
Usk, WA.

The Healing Lodge Of The Seven Nations
5600 E. 8th Ave.
Spokane, WA. 99212

Relevant websites:

[Http://www.healinglodge.org/](http://www.healinglodge.org/)

Native Visions-Wind River

Promising Alternative

Description:

1. **Primary purpose:** Native vision is committed to helping youth attain a healthy start to life, fitness, and school completion through “the traditional “hoop of life” model that is central too much of American Indian belief. The hoop, or the person, is made up of four elements: the emotional, the mental, the physical and the spiritual.” The program helps children complete their hoop by focusing on:
 - The emotion - by increasing youth self esteem
 - The mental – by improving educational attainment and life skills;
 - The physically, by improving fitness and nutrition while decreasing drug and alcohol use;
 - The spiritual – by increasing cultural attachment and personal identity through increased interaction with parents, mentors and elders.
2. **Target populations:** Information not available

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** “Clint wagon, a native vision program coordinator, and colleagues from several youth organizations create and implement a curriculum to improve the health of children on the wind river reservation of Wyoming.”
2. **Training requirements:** In partnership with Harvard University’s Project on American Indian Economic Development, the Native Vision will take on the ‘Nation Building for Native Youth’, a pilot curriculum in self-governance, self-determination and leadership skills. The program’s goal is to emphasize the notion of contribution: “What kind of Legacy will you leave for your people?”
3. **Cost of program:** Info not available

4. **Use of natural funding:** The Center for American Indian and Alaskan Native Health, The NFL Players Association, The Nick Lowery Foundation

Other considerations:

Contact information:

Native Vision National Office

621 N Washington St.
Baltimore, MD 21205
phone (410) 955-6931
fax (410) 955-2010

Native Vision Wind River Office

PO Box 629
Fort Washakie, WY 82514
phone (307) 335-9301
fax (307) 335-9298

Relevant websites:

<http://www.nativevision.org/>

Project Eagle

Promising Alternative

Description:

1. **Primary purpose:** “Project Eagle was originated as a three-year leadership program funded by the Office of Indian Education. After those first three years in the early 1990’s, several of the Project Eagle facilitators chose to continue to conduct Eagle programs in response to requests made by tribes and schools across the United States.” (p. 57).

“The project eagle program offers gifted American Indian adolescents and their parents a safe environment to express their feelings and thoughts. It utilizes culturally relevant and appropriate psycho-educational group techniques to promote cultural identity, self-disclosure, processing, altruism, positive parent/child interaction, and leadership skills. The identified risk factors include developmental disabilities, depression, suicide, anxiety, alcohol and substance abuse, low self-esteem and alienation, running away, and school dropout as high priority areas.” (p. 56)

2. **Target populations:** American Indian students, age 13 to 19, with “leadership potential.”

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Quantitative (using a five-point scale-five being the highest score and one the lowest) questions and the total mean responses showed the following results:
 - I would rate my interaction with my parent/guardian during Project Eagle...
 - I would rate the Eagle activities as...
 - I felt I was respected as an individual...
 - I felt accepted in Project Eagle...
 - I became a more effective leader:
 - I felt the Eagle activities were related to American Indian culture...
 - Overall, I rate the Eagle sessions...
2. **Qualitative evaluation:** Open-ended questions were used to illicit information related to what respondents appreciated most about the eagle session. The overall emerging themes identified included the following:
 - Bonded me with my parent.
 - Allowed me to share my feelings.
 - Helped me to feel proud of being American Indian.
 - Improved my self-esteem.
 - Helped me to become a better leader.

Evidence supporting practice:

Resource:

Robbins, R., Tonemah, S., Robbins, S. (2002). Project Eagle: techniques for multi-family psycho-educational group therapy with gifted American Indian adolescents and their parents. *American Indian and Alaska Native Mental Health Research*, Vol 10, Number 3, 2002, 56-74.

1. **Peer reviewed research:** Robbins, R. (1993). *Project Eagle Psycho-educational Training Manual*. Norman, OK: American Indian Research and Development.
2. **Other supporting documents:** Project Eagle manual

Practice implementation:

1. **Staffing requirements:** Eagle group facilitators are hired to help youth participants take Responsibility for their actions and learning.
2. **Training requirements:** Eagle facilitators learn skills that encourage youth sharing, risk-taking, and interpersonal validation, refrain from asserting their “expert” knowledge, experience, or personal values in words or tone, and to build trust among participants.
3. **Cost of program:** Information not available
4. **Use of natural funding:** Office of Indian Education

Other considerations:

Contact information:

Rockey Robbins
Counseling Psychology
University of Oklahoma
1406 Amhurst
Norman, OK 73071

Relevant websites:

[Http://www.uchsc.edu/ai/ncaianmhr/journal/10\(3\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/10(3).pdf)

Project Making Medicine

Promising Alternative

Description:

1. **Primary purpose:** Project making medicine. Project making medicine (pmm) is a national training program for mental health professionals from tribal and Indian Health Service agencies in the prevention and treatment of child abuse. Since 1994, PROJECT MAKING MEDICINE has trained over 150 professionals working with Native children on reservations around the country.
2. **Target populations:** Participants who work with American Indian children and families

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Web resource: <http://w3.uokhsc.edu/ccan/page11.html>

1. **Peer reviewed research:** Bigfoot, D. S. (1999, April). Project making medicine: Traditional teaching and healing methods. Paper presented at the National Indian Child Welfare Association Conference, Minneapolis, MN.
2. **Other supporting documents:** “When Your Baby Cries” video on the prevention of Shaken Baby Syndrome. To order contact: Department of Pediatrics - Emergency Medical Services Project (405) 271-3307 or P.O. Box 26901, Oklahoma City, OK 73190. \$15.00 plus shipping

Practice implementation:

1. **Staffing requirements:** Mental health and substance abuse personnel who work with tribal members.
2. **Training requirements:** Project making medicine (pmm) offers a 2-week training program on the treatment of child physical and sexual abuse with an emphasis on Native American practices, for providers working with American Indian children and families. Once participants complete the 2 week training, PMM will schedule an on-site visit to help providers conduct a community wide training in the prevention and awareness of child abuse and neglect.

Week one training topics:

- Historical Overview of Child Abuse and Neglect (CAN)
- Impact of Abuse on Brain Development
- Effects of Violence on Native Children
- Treatment of Children with Sexual Behavior Problems
- Abuse Focused Therapy for Children
- Parent-Child Interaction Therapy
- Working with Non-Offending Parents
- Native American Perspective of Human Development
- Value Systems and Learning Styles
- Traditional Approaches and Methods to Healing
- Treatment for Drug Exposed Infants
- Alcohol Related Neurological Disorders
- Treatment of Secondary Disabilities

Week Two Training Topics

- Storytelling and American Indian Consultation
- Introduction to Clinical Supervision
- Adolescent Sex Offender Treatment
- Interagency Collaboration
- Child Protection Teams
- Teachings of the Medicine Wheel
- Child Advocacy Centers in Indian Country
- Guidelines for Expert Testimony
- Preparing for your On-site

3. **Cost of program:** Info not available
4. **Use of natural funding:** Info not available. PMM is funded by a grant from the Indian Health Service and the Office of Child Abuse and Neglect in HHS.

Other considerations:

Contact information:

Program Developer:
Delores Subia-Big Foote
Center On Child Abuse And Neglect
University of Oklahoma Health Sciences Center
P.O. Box 26901 CHO 3B 3406
Oklahoma City, OK 73190
Phone: (405) 271-8858 Fax: (405) 271-2931

Relevant websites:

<http://w3.ouhsc.edu/ccan>
<Http://w3.uokhsc.edu/ccan/page12.html>

Sons of Tradition

Promising Alternative

Description:

1. **Primary purpose:** The Sons of Tradition provides a character-building framework that encourages youth to create healthy identities for themselves as young Native American men. The program also focuses preventing alcohol and drug for youth living in rural and urban communities through traditional methods.

Because of participating in this year long program boys will:

- Become aware of and be able to discuss their feelings
- Learn to apply the teachings and principles of healthy living to their own lives
- Recognize healthy behavior and learn how to avoid unsafe situations
- Understand the meaning of anger, guilt, shame, and fear
- Understand and apply spiritual values to their lives and experience healthy lifestyles, strong character and a sense of harmony as a result
- Learn how to engage in talking circles that encourage sharing experiences, exploring new concepts and learning how to help each other

2. **Target populations:** A Prevention Education Program for 13-17 year old Native American males.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:** Info not available

2. **Other supporting documents:**

The Son's Booklet addresses the following issues and activities:

- Read a “letter from Grandpa.”
- Tell a story about alcohol and opportunity to identify what it does to individuals, families, the community and the nation
- Learn the facts to reduce alcohol, marijuana, cocaine, inhalants, depression, FAS/FAE, suicide, etc.
- Learn the facts to prevent sexual abuse, domestic violence
- Values--Building Character and Making Choices
- Teachings of the Elders
- The Seven Philosophies
- “Culture as Prevention” (notes about elders as mentors, Native American Naming ceremonies, etc)
- “Word Find” game based on prevention words and traditions
- Recording of telephone numbers of emergency services
- Learn facts related to alcohol, suicide, substance abuse, and depression

Three Mind mapping posters that deliver messages related values (respect, honesty, loyalty, commitment and tolerance), Seven Philosophies, and Grandpa Says, which is based upon the teachings of the Elders.

Seven Philosophies Booklet: Developed to address the philosophy of women, children, family, community, the Earth, the Creator, and “myself.”

Grandpa Says Video: This video goes with the Grandpa Says Mind Mapping posters. It contains video clips of Elders and youth speaking about the importance of values and meaning in one’s life. It also provides a basis for understanding the role and identity of young Native American men.

Cycle of Life Video: This video explains the Cycle of Life teachings and presents the eight thought patterns and eight feelings.

Talking Circle Video: This video describes three different ways to conduct talking circles and how to engage the boys in the learning process of the talking circles.

Practice implementation:

1. **Staffing requirements:**

2. **Training requirements:** “White Bison, Inc. Develops and delivers training, technical assistance and consulting services for Native American communities, corporations, nonprofit organizations, professional associations, educational institutions and government agencies. All of the trainings and related services are designed around the teachings, traditions, and natural laws passed down through the generations by Native American Elders. All White Bison, Inc. Trainings are adapted to appropriately meet the cultural needs of Native American communities and of corporate communities.”

“Fostering Wellbriety: Organizational and Individual Wellness The goal is to achieve a healthier environment in which positive energy, creativity, success and value added performance is the outcomes whether for the individual, the team, organization, the family, or the community. Organizational and individual wellness is the goals. Thus, there is an emphasis upon addressing the truth, being honest with one’s self and others, creating a vision of what is desired, and replacing negative (fear based) thoughts and values with those that promote cooperation, unity and success.”

3. **Cost of program:** Info not available
4. **Use of natural funding:** Info not available

Other considerations:

Contact information:

White Bison, Inc.
6145 Lehman Drive Suite 200
Colorado Springs, CO 80918
Phone: 719-548-1000
Fax: 719-548-9407
E-mail us: info@whitebison.org

Relevant websites:

Website: www.whitebison.org
[Http://www.whitebison.org/youth/sot.html](http://www.whitebison.org/youth/sot.html)

*Southern Ute Peaceful Spirit
Youth Services Program*

Promising Alternative

Description:

1. **Primary purpose:** The Program provides three prevention and intervention components managed by the Peaceful Spirit Youth Services Division. The components include Highway Safety, Underage Drinking Prevention and Youth Counseling. The primary goal uniting the three components is to reduce substance abuse by providing primary and secondary prevention, intervention and treatment services to adolescents and their families. Another goal is to restore and strengthen protective factors by stimulating healthy community growth that reduces adolescent substance abuse. Peaceful Spirit also

recognizes that prevention should be community wide, involve the Tribe's neighbors, have visible public support and strong participation from law enforcement, as well as incorporate culturally relevant services.

2. **Target populations:** The target populations are Southern Ute and Ignacio area youth from age 12 through age 18. However, different components involve all age groups, from infants to elders. No fees or income.

Youth counseling: the goal of this component is to provide alcohol and drug education and treatment to substance using or abusing youth and their families, targeting youth ages 12 to 18. Client referrals come from local schools, tribal and county courts, the clinic, social services, group homes, family members. Although Indian youth receive priority, all youth regardless of ethnicity may be served. Clients must be affected by, or at risk of substance abuse to receive services.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Media, newspaper articles and public service announcements publicizing community prevention efforts used to raise community awareness to decrease tolerance of alcohol abuse problems.

Practice implementation:

1. **Staffing requirements:** Staffing includes four youth staff members, two master level counselors, and one paraprofessional staff. Additionally, Southern Ute community actions programs, inc. Provides administrative, personnel, Peaceful spirit's alcohol recovery center provides clinical supervision and assistance with case management.
2. **Training requirements:** Youth counselors receive State of Colorado alcohol and drug abuse counselor training or certification. Along with officers training, all four staff members attend relevant training in their area of expertise
3. **Cost of program:** No fee or income guidelines prohibit service access. \$139,000 annually (combined).
4. **Use of natural funding:** State of Colorado, southern Ute tribe, and in-kind donations.

Other considerations:

Contact information:

Kathryn Bowers, Youth Services Coordinator
Peaceful Spirit Youth Services
P.O. Box 800
Ignacio, Co. 81137
Phone: (970)563-0041
(970) 563-9030

Relevant websites:

www.Ojp.USdoj.Gov/Americannative/Promise.Pdf

Turtle Mountain Safe Communities Program

Promising Alternative

Description:

1. **Primary purpose:** Victims, concerned citizens developed the Safe Communities program, and family, friends and relatives of a teenage boy lost to a motor vehicle crash. The Safe Communities Program to address the individual and community risk factors associated with alcohol and substance abuse. The Safe Communities Program goal is to increase protective factors through strategies to alter individual and shared community and social environments by:
 - Creating healthy beliefs, attitudes and lifestyles,
 - Increasing skills for alcohol or substance abuse resistance and abstinence,
 - Cultivating community mobilization through awareness and education activities, and
 - Increasing community ownership and responsibility for societal, cultural and legal changes.
 - The three components of the Turtle Mountain Safe Communities Program are:
 - Mothers Against Drunk Driving (MADD), the Safe Communities Coalition, and Highway Safety.
 - By 2003, the Safe Communities Program seeks to:
 - Reduce DWI by approximately 50%, especially among chronic offenders,
2. **Target populations:** Adolescent youth, and adult groups

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available

Resource Guide

2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

Web Resource: <http://www.madd.org/news/0,1056,1285,00.html>

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Information not available

Practice implementation:

1. **Staffing requirements:** Information not available
2. **Training requirements:** The program provides increased training, and technical assistance resources for staff development.
3. **Cost of program:** \$92,453 Annually
4. **Use of natural funding:** The program receives funding from the North Dakota Department of Transportation (DOT), the BIA Indian Highway Safety Program and the Community Service Block Grant program.

Other considerations:

Contact information:

Sharon A. Parisien, Director
Turtle Mountain Safe Communities Program
P.O.Box 900
Belcourt, ND 58316
Phone (701) 477-6459
Fax (701) 477-5134

Mothers Against Drunk Driving National Office
511 E. John Carpenter Fwy, Suite 700
Irving, TX. 75062
Phone: (800) 438-6233
Fax: (972) 869-2206

BIA Highway Safety Program
505 Margqueet, NW Suite 1425

Relevant websites:

[Http://Www.Madd.Org/](http://Www.Madd.Org/)

Twelve Feathers Program

Promising Alternative

Description:

1. **Primary purpose:** This program provides experiential group counseling, focuses on a zero tolerance policy for alcohol and drugs on campus, and implements a life skills training with traditional American Indian cultural activities. The program's goal is to reduce the number of students who withdraw from college due to alcohol and drug violations. Southwestern Indian polytechnic institute (SIPI) is a two-year institution where all students are tribal members from more than 100 different native American communities across the nation. Twelve feathers program at SIPI helps students develop an awareness and understanding of their traditions and culture.
2. **Target populations:** The program targets american Indian students in attaining degrees in higher education. It also targets high-risk students.

Evaluating this practice:

1. **Outcome measures used to evaluate practice:** Information not available
2. **Qualitative evaluation:** Information not available

Evidence supporting practice:

EDP resource: <http://kafka.SIPI.tec.nm.us/subabuseedu.htm>

1. **Peer reviewed research:** Information not available
2. **Other supporting documents:** Classrooms courses

Practice implementation:

1. **Staffing requirements:** Information not available
2. **Training requirements:** Information not available
3. **Cost of program:** Information not available
4. **Use of natural funding:** Information not available

Other considerations:

Contact information:

Southwestern Indian Polytechnic Institute - Albuquerque, Nm
Project Director: Johnnie J. Wardlow

Resource Guide

The Higher Education Center For Alcohol And Other Drug Prevention
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02458-1060
Phone: (800) 676-1730
Fax: (617) 928-1537

Relevant websites:

[Http://Www.Edc.Org/Hec/Pubs/Model.Html](http://Www.Edc.Org/Hec/Pubs/Model.Html) - Sipi

[Http://Www.Edc.Org/Hec/Ed/Models/0109-Winners.Html](http://Www.Edc.Org/Hec/Ed/Models/0109-Winners.Html) - Sipi

[Http://Kafka.Sipi.Tec.Nm.Us/Subabuseedu.Htm](http://Kafka.Sipi.Tec.Nm.Us/Subabuseedu.Htm)

Higheredctr@Edc.Org

Web: [Http://Www.Edc.Org/Hec/](http://Www.Edc.Org/Hec/)