Executive Summary

This Treatment Improvement Protocol (TIP) serves as a primer for working with individuals who identify with American Indian and Alaska Native cultures. It aims to help behavioral health service providers improve their cultural competence and provide culturally responsive, engaging, holistic, trauma-informed services to American Indian and Alaska Native clients. The TIP presents culturally adapted approaches for the prevention and treatment of addiction and mental illness, as well as counselor competencies for providing behavioral health services to American Indians and Alaska Natives.

Introduction

American Indians and Alaska Natives have consistently experienced disparities in access to healthcare services, funding, and resources; quality and quantity of services; treatment outcomes; and health education and prevention services. Availability, accessibility, and acceptability of behavioral health services are major barriers to recovery for American Indians and Alaska Natives. Common factors that influence engagement and participation in services include availability of transportation and child care, treatment infrastructure, level of social support, perceived provider effectiveness, cultural responsiveness of services, treatment settings, geographic locations, and tribal affiliations.

In response to existing behavioral health disparities, this TIP illustrates strategies for facilitating American Indian and Alaska Native individuals' access to and engagement in behavioral health services. It outlines promising practices for providers to apply in working with American Indians and Alaska Natives, and it includes tools and strategies that will help program administrators facilitate implementation of these practices.

Through this TIP, behavioral health workers will learn to identify how and to what extent a client's cultural background affects his or her behavioral health needs and concerns. It offers practical ideas and methods for addressing the realities of service delivery to American Indian and Alaska Native clients and communities, and it provides programmatic guidance for working with their communities to implement culturally responsive services. Throughout, the TIP emphasizes the importance of inclusivity, collaboration, and incorporation of traditional and alternative approaches to treatment and recovery support when working with American Indian and Alaska Native clients.

This TIP was developed through a consensus-based process that reflected intensive collaboration with American Indian and Alaska Native professionals. These professionals, who represented diverse tribes and native cultures, carefully considered all relevant clinical and research findings, traditional and culturally adapted best practices, and implementation strategies. American Indian and Alaska Native contributors shared their behavioral health-related experiences and stories throughout the process, thereby greatly enriching this important resource.

Audience

This TIP can serve as a resource to both native and non-native behavioral health professionals who wish to provide culturally appropriate and responsive services. This TIP is for:

- Addiction treatment/prevention professionals.
- Mental health service providers.
- Peer support specialists.
- Behavioral health program managers and administrators.
- Clinical supervisors.

- Traditional healers.
- Tribal leaders of governance.
- Other behavioral health professionals (e.g., social workers, psychologists).
- Researchers and policymakers.

Objectives

Addiction and mental health professionals will improve their understanding of:

- American Indian and Alaska Native demographics, history, and behavioral health.
- The importance of cultural awareness, cultural identity, and culture-specific knowledge when working with clients from diverse American Indian and Alaska Native communities.
- The role of native culture in health beliefs, help-seeking behavior, and healing practices.
- Prevention and treatment interventions based on culturally adapted, evidence-based best practices.
- Methods for achieving program-level cultural responsiveness, such as incorporating American Indian and Alaska Native beliefs and heritage in program design, environment, and staff development.

Overall Key Messages

Importance of historical trauma. Providers should learn about, acknowledge, and address the effects of historical trauma when working with American Indian and Alaska Native clients. Most American Indians and Alaska Natives believe that historical trauma, including the loss of culture, lies at the heart of substance use and mental illness within their communities.

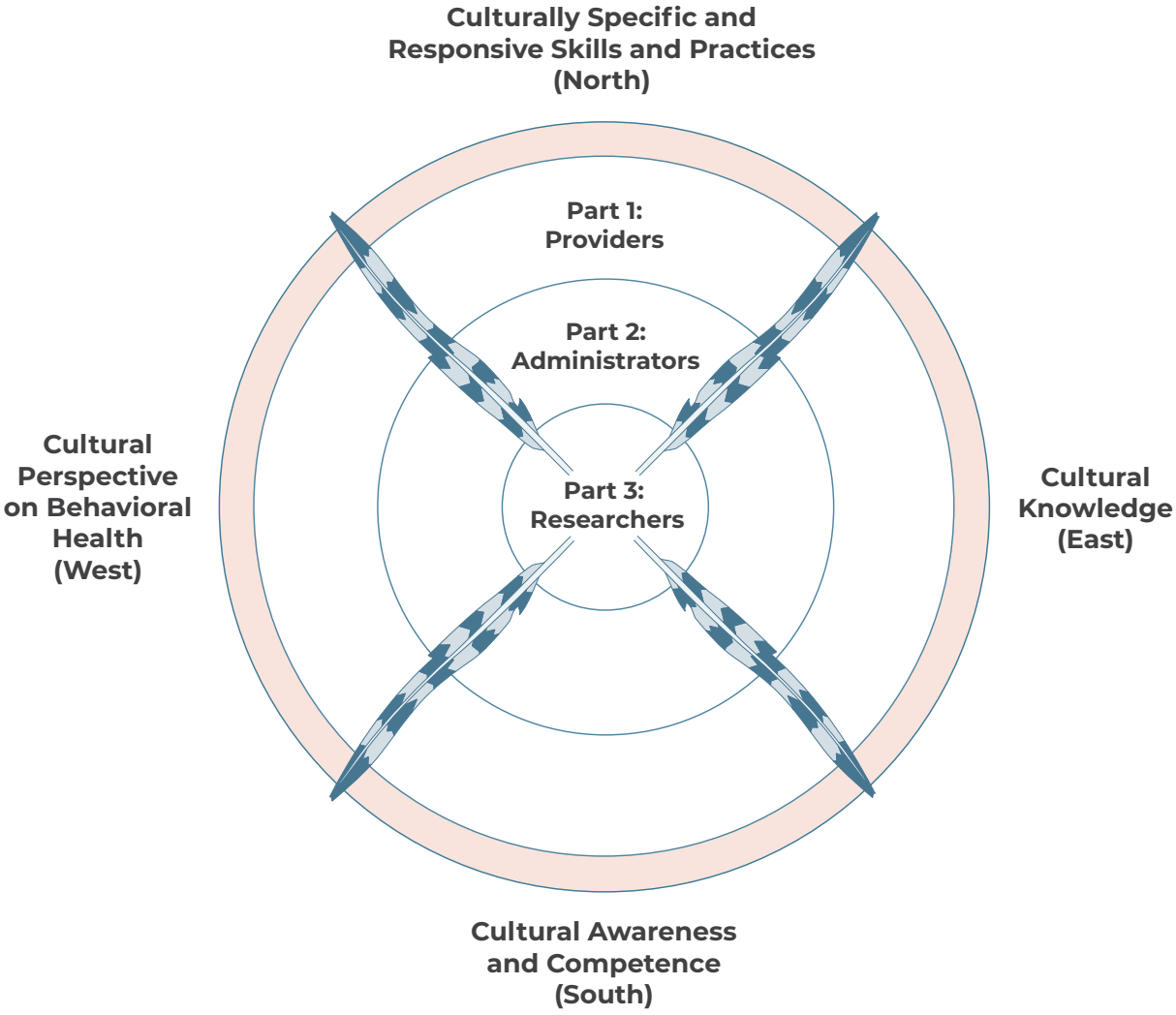
Acceptance of a holistic view of behavioral health. Among many American Indian and Alaska Native cultures, substance use and mental illness are not defined as diseases, diagnoses, or moral maladies, nor are they viewed as physical or character flaws. Instead, they are seen as symptoms of imbalance in the individual's relationship with the world. Thus, healing and treatment approaches must be inclusive of all aspects of life—spiritual, emotional, physical, social, behavioral, and cognitive.

Role of culture and cultural identity. Providers need to understand how clients perceive their own cultural identity and how they view the role of traditional practices in treatment. Not all American Indian and Alaska Native clients recognize the importance of culture or perceive a need for traditional practices in their recovery. Nonetheless, providers and administrators must be ready to address their clients' cultural identity and related needs. Helping clients maintain ties to their native cultures can help prevent and treat substance use and mental disorders. Through reconnection to American Indian and Alaska Native communities and traditional healing practices, an individual may reclaim the strengths inherent in traditional teachings, practices, and beliefs and begin to walk in balance and harmony.

Recognition of sovereignty. Tribal governments are sovereign nations. Each nation adopts its own tribal codes and has a unique history with the U.S. federal government. Providers in native and non-native programs need to understand the role of tribal sovereignty and governance systems in treatment referrals, planning, cooperative agreements, and program development.

Significance of community. American Indian and Alaska Native clients and their communities must be given opportunities to offer input on the types of services they need and how they receive them. Such input helps match services to clients, increase community use of services, and use agency and tribal financial resources efficiently. Providers must involve themselves in native community events and encourage native community involvement in treatment services.

Value of cultural awareness. If providers are aware of their own cultural backgrounds, they will be more likely to acknowledge and explore how culture affects their interactions, particularly their relationships with clients of all backgrounds. Without cultural awareness, providers may discount the influence of their own cultural contexts—including beliefs, values, and attitudes—on their initial and diagnostic impressions of clients and selection of healing interventions.



Commitment to culturally responsive services. Organizations have an obligation to deliver high-quality, culturally responsive care across the behavioral health service continuum at all levels—individual, programmatic, and organizational. Not all American Indian or Alaska Native clients identify or want to connect with their cultures, but culturally responsive services offer those who do a chance to explore the impact of culture, history (including historical trauma), acculturation, discrimination, and bias on their behavioral health.

Significance of the environment. An environment that reflects American Indian and Alaska Native culture is more engaging for, and shows respect to, clients who identify with this culture. Programs can create a more culturally responsive ethos through adapted business practices, such as using native community vendors, hiring a workforce that reflects local diversity, and offering professional development activities (e.g., supervision, training) that highlight culturally specific American Indian and Alaska Native client and community needs.

Respect for many paths. There is no one right way. Providing direction on how something should be done is not a comfortable or customary practice for American Indians and Alaska Natives. For them, healing is often intuitive; it is interconnected with others and comes from within, from ancestry, from stories, and from the environment. There are many paths to healing.

Content Overview

Through this TIP, providers can explore how they interact with American Indian and Alaska Native clients and how they can incorporate culturally responsive ways of healing into their work. First, the TIP explores the basic elements of American Indian and Alaska Native cultures. Second, it emphasizes the importance of becoming aware of and identifying cultural differences between providers and clients. Third, it highlights native cultural beliefs about illness, help seeking, and health. Fourth, it offers culturally adapted, practice-based approaches and activities informed by science and the restorative power of native traditions, healers, and recovery groups.

Part 1: Practical Guide to the Provision of Behavioral Health Services for American Indians and Alaska Natives

Part 1 is for behavioral health service providers who work with American Indian and Alaska Native clients and communities to support their mental health and drug and alcohol recovery.

Part 1 consists of two chapters. Part 1, Chapter 1, explains the background and context for Chapter 2, so it is strongly recommended that readers examine it first. Part 1, Chapter 1, includes:

- A summary of American Indian and Alaska Native history, historical trauma, and critical cultural perspectives on such key topics as health beliefs and help-seeking behaviors.
- An overview of American Indian and Alaska Native demographics, social challenges, and behavioral health issues.
- Strategies to expand providers' cultural awareness/competence and culture-specific knowledge.
- Specific treatment interventions, including traditional American Indian and Alaska Native interventions and cultural adaptations of standard treatment/prevention strategies.

Part 1, Chapter 2, content provides:

- Several case histories in the form of story-based vignettes that demonstrate specific knowledge and clinical skills necessary for providing effective counseling to American Indians and Alaska Natives across behavioral health settings.
- For each vignette, an outline of the client's presenting concerns and treatment needs, provider–client dialog, and master provider notes.
- Practical suggestions and guidance for key stages in the provider–client relationship.

In Part 1, readers will learn that:

- Not all native cultures are the same. Similarities across native nations exist, but not all American Indian and Alaska Native people have the same beliefs or traditions.
- The use of diagnostic terminology in clinical work with American Indian and Alaska Native clients can be problematic, because the process of "naming" can have significant spiritual meaning and may influence individual and community beliefs about outcome.
- For hundreds of years and into the present, American Indians and Alaska Natives have endured traumatic events resulting from colonization. They and their communities continue to experience repercussions (i.e., historical trauma) from these events.
- American Indian and Alaska Native clients experience grief for unique reasons, such as loss of their communities, freedom, land, life, self-determination, traditional cultural and religious practices, and native languages, as well as the removal of American Indian and Alaska Native children from their families.
- Among American Indians and Alaska Natives, historical loss is associated with greater risk for substance abuse and depressive symptoms.
- Genes that increase risk of substance misuse and related factors (e.g., tolerance, craving) are no more common in American Indians and Alaska Natives than in White Americans.
- Alcohol is the most misused substance among American Indians and Alaska Natives, as well as among the general population. Many American Indians and Alaska Natives do not drink at all, but binge drinking and alcohol use disorder occur among native populations at relatively high rates.
- American Indians and Alaska Natives start drinking and using other substances at a younger age than do members of other major racial or ethnic groups. Early use of substances has been linked with greater risk for developing substance use disorders.

- Health is viewed holistically. American Indian and Alaska Native cultures rarely make a distinction among physical, mental, emotional, and spiritual health. One aspect of health is believed to affect the others.
- Illness affects an American Indian or Alaska Native individual's community as well as the individual. A health problem that affects one person will have effects on a family, community, tribe, and other individuals as well. This also means that healing the community can positively affect individual health.
- American Indian and Alaska Native clients' ideas about behavioral health interventions will likely reflect traditional healing, mainstream treatment services, and mutual-help groups.
- American Indians and Alaska Natives use behavioral health services at a rate second only to White Americans; they may be even more likely to use addiction treatment services.

Part 2: Implementation Guide for Behavioral Health Program Administrators Serving American Indians and Alaska Natives

Part 2 is an implementation guide directed specifically to administrators, program managers, and clinical and other supervisors. This part can also help providers who are interested in program development. Both chapters address programmatic features that can help foster culturally responsive treatment practices for American Indian and Alaska Native clients. Specific topic areas include workforce development, culturally specific considerations in program and professional development, and culturally responsive program policies and procedures.

Part 2 consists of two chapters. Part 2, Chapter 1, content includes:

- Approaches to fostering a culturally responsive organization and workforce, as well as programmatic policies and procedures that benefit American Indian and Alaska Native populations.
- Overviews of administrative challenges and paths toward solutions.
- Methods for staff training, along with supporting content on American Indian and Alaska Native history and culture.
- Suggestions for supporting cross-cultural supervisor–supervisee relationships.
- Criteria for evidence-based tribal behavioral health practices.
- Provider competencies in attitudes, beliefs, knowledge, and skills related to working with American Indians and Alaska Natives.

Part 2, Chapter 2, content includes organizational tools to help administrators and program managers better serve American Indian and Alaska Native clients. The chapter offers tools for:

- Developing a culturally competent and responsive workforce.
- Developing culturally adapted and evidence-based practices.
- Integrating care to include traditional practices in behavioral health services.
- Creating sustainability.

In Part 2, readers will learn that:

- Facing serious health disparities has led to poorer behavioral health outcomes among American Indians and Alaska Natives compared with the general population.
- Working with American Indian and Alaska Native populations can pose challenges to implementing effective programs in remote communities where clients have difficulty accessing services because of a lack of service awareness, transportation, phone or Internet services, child care, or insurance or healthcare financing.
- Engaging and establishing a positive relationship with local native leaders and communities can help alleviate initial feelings of mistrust among American Indian and Alaska Native clients and can strengthen your program's effectiveness.
- Requesting programmatic input from tribal partners can help administrators identify potential obstacles early and develop culturally appropriate ways to overcome challenges.
- Engaging with American Indian and Alaska Native communities as partners helps programs identify and make use of tribal resources and strengths, such as family ties, large community networks, physical resources, intergenerational knowledge and wisdom, and community resilience.

- Incorporating cultural adaptations into effective evidence-based practices is essential to avoid the perception among American Indians and Alaska Natives that these practices are mainstream, thus ignoring or failing to honor native practices, knowledge, and culture.
- Training efforts should be specific to the tribe(s) a program serves and should function within the constraints of the geographic region in which the program operates.
- Fostering culturally informed professional development creates ripple effects. Staff members see such education as beneficial; training improves organizational functioning; clients have better treatment experiences and outcomes; acceptance of and respect for programs increase among native communities; thus, more American Indian and Alaska Natives seek services from such programs.
- Providing cultural training and developing cultural competence form a main pathway in reducing health inequalities. We know that understanding tribal history and culture results in better healthcare communications with American Indian and Alaska Native clients and communities and improves outcomes.

Part 3: Literature Review

Part 3 content includes:

- A literature review, intended for use by clinical supervisors, researchers, and interested providers and program administrators. It provides an indepth review of the literature relevant to behavioral health services for American Indians and Alaska Natives.
- Links to selected abstracts, along with annotated bibliographic entries for resources that had no existing abstract available.
- A general bibliography.

Parts 1 and 2 are available in print and online in both PDF and HTML formats. Part 3 is available only online in PDF and HTML formats; you can access digital versions at https://store.samhsa.gov.

Terminology

Before you read Part 1, Chapter 1, you will want to be familiar with the terms this TIP uses, along with explanations for why they are used. Of course, different people have different preferences; some people will prefer different terms. The intent and usage of these key terms are explained below. Clinical diagnostic terms (e.g., "substance use disorder," "social anxiety disorder," "major depressive disorder") are used in accordance with definitions in the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (DSM-5; American Psychiatric Association [APA], 2013).

American Indians and Alaska Natives. This TIP uses the term "American Indians and Alaska Natives" to refer to the indigenous peoples from the regions of North America now encompassed by the continental United States and Alaska. The term includes a large number of distinct tribes, pueblos, villages, and communities, as well as a number of diverse ethnic groups. On occasion, "native" or "Native American" is used for the sake of brevity, and this usage is not meant to demean the distinct heterogeneity of American Indian and Alaska Native people. The Native American peoples of the continental United States are known as American Indians, and those from Alaska are known as Alaska Natives. American Indians and Alaska Natives are considered distinct racial groups. In the U.S. Census, for example, the federal government considers American Indian and Alaska Native to be racial categories. However, this TIP is concerned with the cultural identity of American Indian and Alaska Native people. A person may have

USE OF DIAGNOSES WITH AMERICAN INDIAN AND ALASKA NATIVE CLIENTS

Some providers working with American Indian and Alaska Native clients find diagnostic terminology in clinical work to be problematic because the process of "naming" can have spiritual significance and may have negative consequences for the individual, family, and community. For those reasons, providers should be careful when using such terminology with clients, although the use of such terminology may be essential in other clinical contexts.

American Indian and Alaska Native ancestry but very little cultural identification with it, or he or she may have a large percentage of non-native American ancestors but still identify as a member of his or her native culture. A number of other terms used to describe American Indian and Alaska Native people are not used in this TIP, including "Amerindians," "Amerinds," "Indian," "Indigenous People,""Aboriginal People," and "First Nations" (the last two are commonly used in Canada). This TIP sometimes refers to people from other racial or ethnic groups as "non-native" for brevity's sake.

Behavioral health. The term "behavioral health" is used throughout this TIP. Behavioral health refers to a state of mental/emotional being and choices and actions that affect wellness. Behavioral health problems include substance use disorders, serious psychological distress, suicide, and mental illness. Such problems range from unhealthy stress to diagnosable and treatable diseases like serious mental illness and substance use disorders, which are often chronic in nature but from which people can and do recover. The term is also used in this TIP to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use and related problems; treatments and services for mental and substance use disorders; and recovery support. Because behavioral health conditions, taken together, are the leading causes of disability burden in the United States, efforts to improve their prevention and treatment will benefit society as a whole. Efforts to reduce the impact of mental and substance use disorders on America's communities, such as those described in this TIP, will help achieve nationwide improvements in health.

Cultural competence. This TIP uses the term "cultural competence" to describe the process in which services are delivered that are sensitive and responsive to the needs of the cultural group being served. Cultural competence is an ongoing process that involves developing an awareness of culture, cultural differences, and the role that culture plays in many different aspects of life, including behavioral health. TIP 59, *Improving Cultural Competence* (SAMHSA, 2014a), contains more information on cultural competence in a general sense, whereas this TIP discusses how to provide culturally responsive treatment to American Indians and Alaska Natives specifically. It is worth noting that there is no single Native American culture, but rather many hundreds of diverse cultures with their own languages, traditions, beliefs, and practices, and providers must try to understand the cultures of all the clients they serve.

Culture. The term "culture" is defined in this TIP as the product of a shared history and includes shared values, beliefs, customs, traditions, institutions, patterns of relationships, styles of communication, and similar factors (Castro, 1998). An individual may belong to more than one culture or cultural subgroup and may not accept all the values and beliefs of his or her primary culture, but culture will play a role in defining the individual's basic values and beliefs. TIP 59 (SAMHSA, 2014a) has more information on how cultures work and their importance in behavioral health services.

Indian Country. The term "Indian Country" is often narrowly defined in legal terms. In this context, the term includes reservations, native communities, Indian allotments located inside or outside reservations, towns incorporated by non-native people if they fall within the boundaries of an Indian reservation, and trust lands. This includes lands held by federal, state, or local (nontribal) governments, such as wildlife refuges, as well as sacred sites that are not on tribal lands. Many American Indians and Alaska Natives use the term more broadly to include any native community, independent of land designation, this TIP uses the term in that sense.

Medicine versus healing practices. Traditional healers may be referred to as "medicine men" and "medicine women," but to avoid confusion among different meanings of "medicine," this TIP refers to American Indian and Alaska Native healing practices rather than to medicine.

Provider and client. The TIP refers to someone who provides behavioral health services as a "provider" and someone who receives them as a "client." These terms are not intended to be pejorative in any way or to reduce the relationship between the two to a purely business relationship; they are merely intended to highlight the fact that a client is someone seeking a service from a provider and that the provider has a responsibility

to provide the service that the client requests. The consensus panel invested considerable energy in selecting the most appropriate terminology when referring to providers and clients. Members gave voice to traditions and beliefs surrounding healing, as well as some traditions established within behavioral health programs. Different programs may use different terms, and different terms may be used for providers with different roles (e.g., "psychiatrist," "counselor," "prevention specialist"). Certain programs refer to individuals as "relative," "family," or "cousin," regardless of whether they are the provider or client. Some American Indian and Alaska Native programs use the term "participant" rather than "client" and "counselor" rather than "provider." This TIP generally uses the term "provider" rather than "counselor," except in specific examples where "counselor" is appropriate. As you read the document, recognize that there are certain phrases in the English language that would or could be perceived as paternalistic. For example, the term "your client" occurs a few times. This phrase is not meant to denote ownership or to reinforce paternalistic attitudes, but rather to reference the specific clients that the provider is working with in the healing process.

Substance abuse. The term "substance abuse" is used to refer to both substance abuse and substance dependence. This term was chosen partly because it is commonly used by substance abuse treatment professionals to describe any excessive use of addictive substances. In this TIP, the term refers to use of alcohol as well as other substances of abuse. Readers should note the context in which the term occurs to determine its meanings. In most cases, however, the term will refer to all varieties of substance use disorders described by DSM-5 (APA, 2013). The term "addictive disorders" is used to describe other mental disorders that are now classified under the category "Substance-Related and Addictive Disorders" in DSM-5 (APA, 2013), including tobacco use disorder and gambling disorder.

Traditional versus mainstream. When referring to American Indian and Alaska Native cultures, this TIP uses the adjective "traditional," which is widely used by native people to refer to their own cultures. The term is not intended to imply that such cultures are static or out of date, but merely that American Indian and Alaska Native traditions reside in those cultures. This TIP uses the term "mainstream" to refer to the American culture that is endorsed by the majority of Americans. American society is pluralistic, and many diverse cultures contribute to that mainstream culture (including American Indian and Alaska Native cultures); for this reason, the TIP avoids terms like "European culture." The term "mainstream" also avoids the hierarchy implied by terms such as "dominant culture."

TIP Development Participants

Consensus Panel

Each Treatment Improvement Protocol's (TIP's) consensus panel is a group of primarily nonfederal behavioral health-focused clinical, research, administrative, and recovery support experts with deep knowledge of the TIP's topic. With the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Knowledge Application Program (KAP) team, they develop each TIP via a consensus-driven, collaborative process that blends evidence-based, best, and promising practices with the panel's expertise and combined wealth of experience.

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Stakeholders represent a cross-section of key audiences with a deep interest in a TIP's subject matter. Stakeholders review and comment on the draft outline and supporting materials for the TIP to ensure that its focus is clear, its stated purpose meets an urgent need in the field, and it will not duplicate existing resources produced by the federal government or other entities.

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Field reviewers represent each TIP's intended target audiences. They work in addiction, mental health, primary care, and adjacent fields. Their direct front-line experience related to the TIP's topic allows them to provide valuable input on a TIP's relevance, utility, accuracy, and accessibility.

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Disclaimer

The views, opinions, and content expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of SAMHSA or HHS. No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

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