



Many Pathways To Follow: Oregon Tribal Best Practices

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Many Paths To Follow: Looking at Community Planning and Evaluation from a Native American Perspective

Native American/Alaskan Indians (NA/AI) have been conducting and implementing practices **for years** that have been **shown** to be **effective** within their own communities.

Yet NA/AI practices **have not been** able to be scientifically validated.



The question to ask here is ***“Do we have culturally relevant tools to measure what we do in Native American Alaskan Indian (NA/AI) communities”?***

“Should NA/AI be the ones to validate programs from a culturally relevant perspective?”

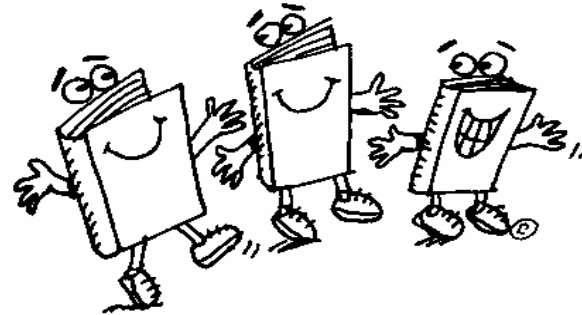
These questions will be discussed from the presenter’s perspective and experience.



Capturing Our History with Tribal Best Practices

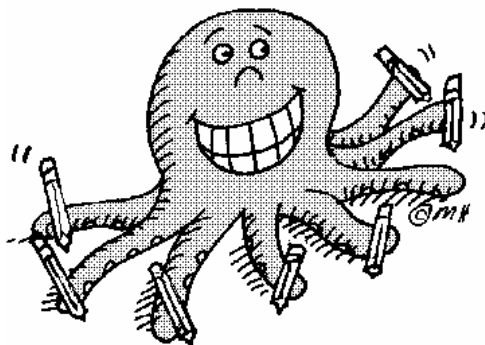
- Overview of the Last Seven Years.
- Bob Nikkel, former Assistant Deputy Director with Addictions and Mental Health Division (AMH) met with members of the Oregon Indian Council on Addictions (OICA) to discuss the Evidence Best Practice (EBP) bill in 2003.
- OICA brought up issues of concern for Indian people if this bill passed.

- 2003 – EBP bill pass.



- OICA decided to be pro-active, decision made to work on a position paper focusing on issues of concern for Indian people.
- Over a period of time, Caroline and John met with all nine Oregon Tribes in person; updated OICA; and discussed issues surrounding EBP at Tribal Quarterly Prevention meetings.

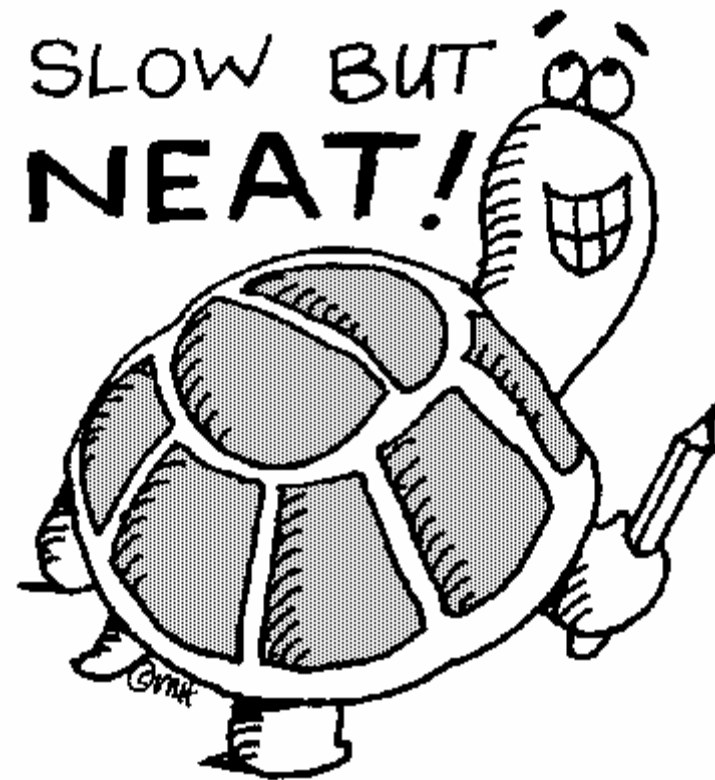
- Collected data, recorded practices Tribes have been implementing covering the total continuum of care with the Institute of Medicine (IOM) for Prevention, Treatment and Aftercare for substance abuse, mental health and juvenile crime.
- Researched EBP's that have been done for N.A. and current research for Native Americans best practices.



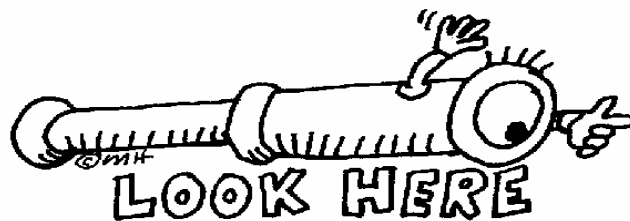


- After a long process the paper titled “Oregon Tribal Evidence Based and Cultural Best Practices” (Cruz, Spence 2005) was published.
- National and statewide interest in the “paper”.
- Power point titled “ There are Many Pathways to Follow: The Debate Around Evidence Based Practices”. (Cruz 2005) was developed. Now called “Tribal Best Practices: There are Many Pathways”






- May 14, 2007 a Tribal stakeholder gathering was held with Oregon tribal researchers and evaluators to strategize the challenges Oregon Tribes face due to SB 267 requirements. The gathering was titled “Oregon Tribal Perspectives on Evidence Based Practices”.





Presenters:

- Alison Ball, PhD. - U of Oregon
- Tom Ball, PhD. - U of Oregon
- Tom Crofoot, PhD. - EWU
- Terry Cross, MSW - NICWA
- Bob Ryan, Ed.D. - Consultant

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- Loye Ryan, Ed.D. - Consultant
 - Dale Walker, MD - One Sky Center
 - Lisa Thomas PhD – University of Washington
 - Anya Sekino – OCCF Letter from Mickey Lansing position paper on Tribal Best Practices.

**Native American Researchers were brought together
to discuss Practices Based On Evidence (PBE)
on May 14, 2007, in Portland Oregon.**

- Some recommendations from participants are listed in the following slides:
- Community-based participatory research approach (CBPR).
- N.A. cultural board at the community level.

“We need to understand that **research** doesn’t account for **changes** in the population and **trends** and **environmental shifts**. We need to do **more** and **add more** and **figure out** what’s **missing** from the communities”

Allison Ball PhD, University of Oregon



Practice-based evidence:

“Most **research** is about practice that has **not** been **developed** or **investigated** in relation to the actual use or application of a practice.”

“**Danger** of using a **list of practices** that we **isolate resources** and we **starve programs** that are **doing well** by asking them to **implement programs** into their services when there is **no evidence to support** that they will do well by **increasing** those services.”

Terry Cross MSW, NICWA



“Allow **people** to **tell** how they **healed** and what they have **done** as human beings. We have to be **careful** not to just look at **numbers** but rather to **listen** to people.
“**How did you get there?**”

Bob Ryan Ed.D., Consultant



“If he can get **through** to the **grandmothers** then he has **done** something **that will or may work** in Indian country.”

“There will be **three Indian grandmothers** who will be there to **watch.**”

“Prefers the **three Indian grandmother** rules as opposed to the **journals** etc.”

“To do **research** in Indian country you have to have a **hard shell** and **move** very slowly.”



Like the **whale hunters of Alaska** saying that the **solution to hunger** is the **Whale**

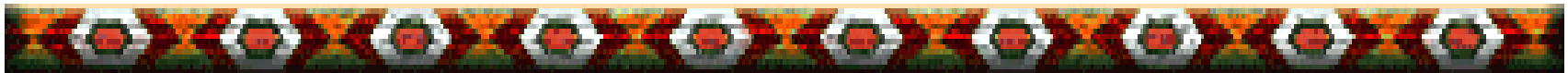
and that the **people of the plains** must hunt whale,

or that the **corn growers of the southwest** will only receive **whaling boats and harpoons** as implements for over coming hunger in their communities.

It doesn't make sense.


(T. Tafoya)

Developing Culturally-Based Promising Practices for Native American Communities
2001 White Bison, Inc.




What else doesn't make sense is the growing concern that people in Native American communities **are going without treatment and prevention programs** because the ones they would implement are **ineligible for funding**, while the ones that are recommended do not fit their needs. (T.Tafoya)





**Addictions & Mental Health Division (AMH)
Position Paper on Native American Treatment
Programs and Evidence-Based Practices (Bob Miller)
September 21, 2007**

- Acknowledge NA concerns about EBP
- AMH does not believe that an EBP on list should be assumed to be better than a culturally validated practice
- AMH concludes that we need a different framework for NA stakeholders

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- NA stakeholders must take the lead in defining what works
 - Addictions & Mental Health Division (AMH) anticipated that this framework would incorporate elements of the recommendations of the “Paper”
 - Time should be allowed to develop evaluation tools
 - AMH will collaborate to establish and maintain an EBP framework consistent with the culture and values of NA.




***Tribal Cultural Best Practice: 2nd Gathering of Tribal
Researchers and Evaluators May 14, 2008***

- “Meeting the EBP Standard” (One Sky Center): Michelle J. Singer, Douglas A Bigelow PhD.
- “University of New Mexico Center for Rural & Community Behavioral Health”: Charlene Poola, LISW.
- “Re-Indigenizing our Science: Ethical and Respectful Research Partnerships with Tribal Communities”: Lisa Thomas PhD.
- Identifying Success in Native American Youth: Building Practice-Based Evidence from the Ground Up Native American Youth Association: Korinna Wolfe PhD.

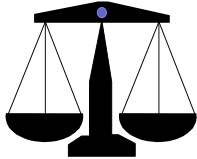


Introduces TBP Tools

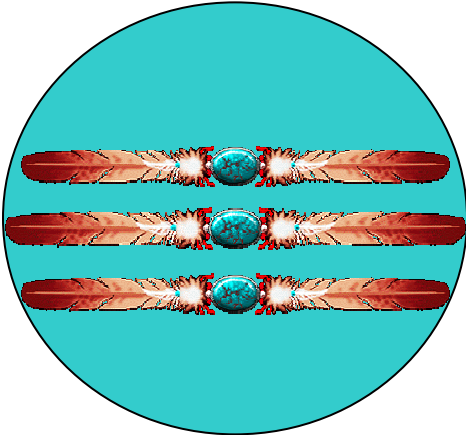
- Cultural validation/replication tool
- Standardization of Tribal Cultural Best Practices (TCBP)
- Discuss TBP review panel and sub-committee to meet and prepare for December 8, 2008 stakeholder meeting.

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- December 8, 2008 Tribal Best Practice Summit held.
 - Decision made to place what we have so far on the AMH web site.
 - Placed on web last April 2009.
 - Still need to post descriptions, adaptation and process.

Science –
Validated




Cultural –
Replicated



Cultural –
Validated

Science –
Replicated

Developing Culturally-Based Promising Practices for Native American Communities 2001 White Bison, Inc.
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Science-Validated refers to those approaches based upon social science or behavioral science theories (science based) which were designed for non-Native communities. **Some** of these have been **adapted** to meet some of the cultural needs of N.A. communities. These programs were also evaluated using scientific methods preferred by the accountability systems described in the government resource documents.

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



Cultural-Validated refers to those approaches that are based upon **principals, laws, and values** of specific N.A. communities.

These **“teachings”** form the basis for the programs.

They are **culturally relevant, culturally appropriate**, and **designed** according to the **“Indian Way”**.


Developing Culturally-Based Promising Practices for Native American Communities 2001 White Bison, Inc.
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They have been implemented according to culturally accepted practices and have been **accepted as valid by the community itself.**

They **have not**, however, been **evaluated** using the scientific method. None the less, their effectiveness had been demonstrated

Developing Culturally-Based Promising Practices for Native American Communities 2001 White Bison, Inc.
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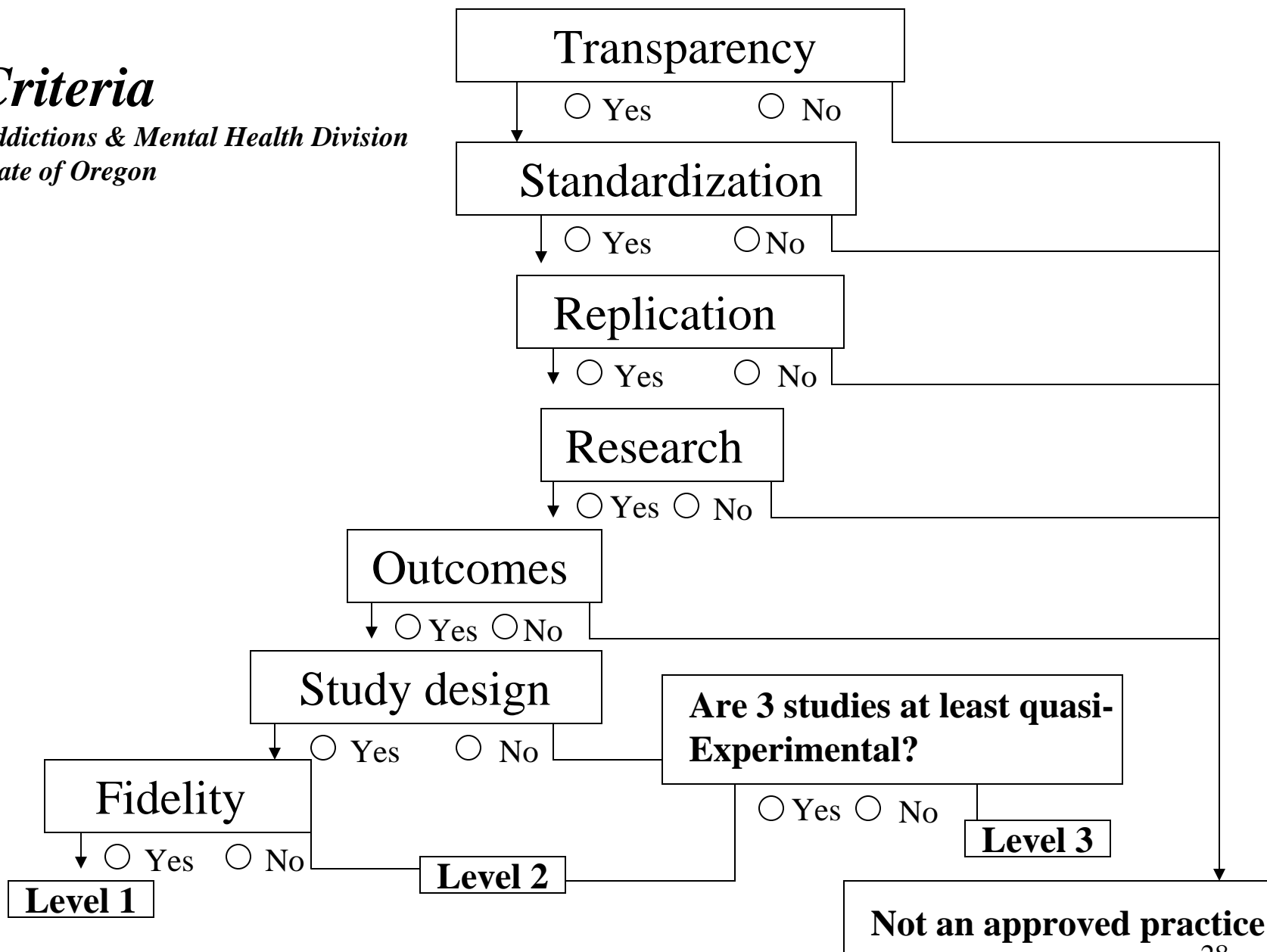


Cultural-Replicated refers to those programs that have been **developed** and **implemented** according to the **“Indian Way”** and have been passed on to others and **continue** to be implemented and utilized.

From this perspective, the **proof of the effectiveness** of the program becomes **“if it is useful, it is used.”** If it is not useful, if people find little results according to their standards, they will not attend, and the program (no matter how much science has gone into it) will simply be ignored.

Criteria

Addictions & Mental Health Division
State of Oregon



Create a Bridge Between Science and N.A. Culture Validation

Scientific Validated	Cultural Validated
<ul style="list-style-type: none">• Transparency• Standardization• Replication• Research• Outcomes• Study design• Fidelity	<ul style="list-style-type: none">• Longevity in historical tribal history• Tribal Based Practice manual• Cultural replication Within tribe and/or other tribes• Meets Tribal principles• Outcomes• Traditional Worldview applies• According to Tribe/Tribal Nation



Transparency:

Criteria:

How to find evidence; What qualifies as evidence;
How to judge quality of evidence.

Process:

Who reviews the evidence? Should be open for observation by public description. Is the research understandable and fully described so it can be replicated by others?

N.A Transparency: Practice has longevity in historical tribal history. Documented and/or oral history.
Can it pass the **“Three Grandmothers test”**?.

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Standardization:

Intervention must be standardized so that it can be reliably replicated elsewhere by others. Standardization typically involves a description that clearly defines the essential elements of the practice, as evidenced in a manual or toolkit.

N.A. Standardization:

Capable of creating Tribal Based Practice manuals. Practices that are **culturally relevant, culturally appropriate**, and **designed** according to the **“Indian Way”**. Should Native American Tribes, Nations, Villages create manuals? Passing from one generation to the next has been in existence for centuries.

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Replication:

Replication of research findings means that more than one study and more than one group of researchers have found similar positive effects resulting from the practice.

N.A. Replication: Cultural replication. Since all Tribes are not the same are we talking about similar Tribes, within Tribes, or just replication? Programs that have been **developed** and **implemented** according to the **“Indian Way”** and have been passed on to others and **continue** to be implemented and utilized can be defined as **“cultural replication”**. Our Elders and community members will let us know if we are not doing it right.


Research:

Accumulated scientific evidence based on randomized controlled trials. Quasi-experimental studies. Research should be published in peer-reviewed journal.

N.A. research: Meets Tribal Principals.

Experts in Native American communities are often **elders**. They carry the spiritual, cultural and intellectual wisdom of the community. N.A. communities “teachings” provide basis for understanding what works and why. These teachings are accessed by the Elders and have been the basis for healthy communities for many centuries.


Meaningful outcomes:

Effective interventions must be shown that they can help consumers to achieve important goals or outcomes related to impairments and/or risk factors.

N.A. Outcomes:

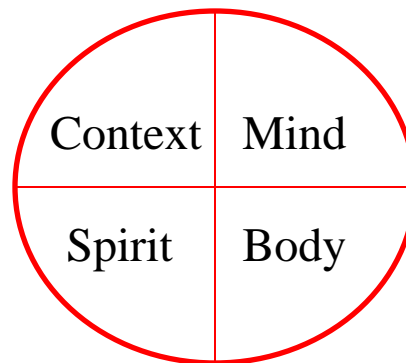
Do people show up for one time and then never come again? Or do they come, tell their friends about it, and bring others to participate? Do community members, participants, clients share feedback. This is the “**story**” of the program. It can be documented. Important to track these measurements, how they change over time.

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Study Design:

These programs are evaluated using scientific methods preferred by the accountability systems described in the government resource documents and requests for proposals.

N.A. Design: Randomized assignment to control or experimental groups is inconsistent with native American values. Therefore Native American Groups are best approached utilizing the **RELATIONAL WORLDVIEW** as describe by NICWA.



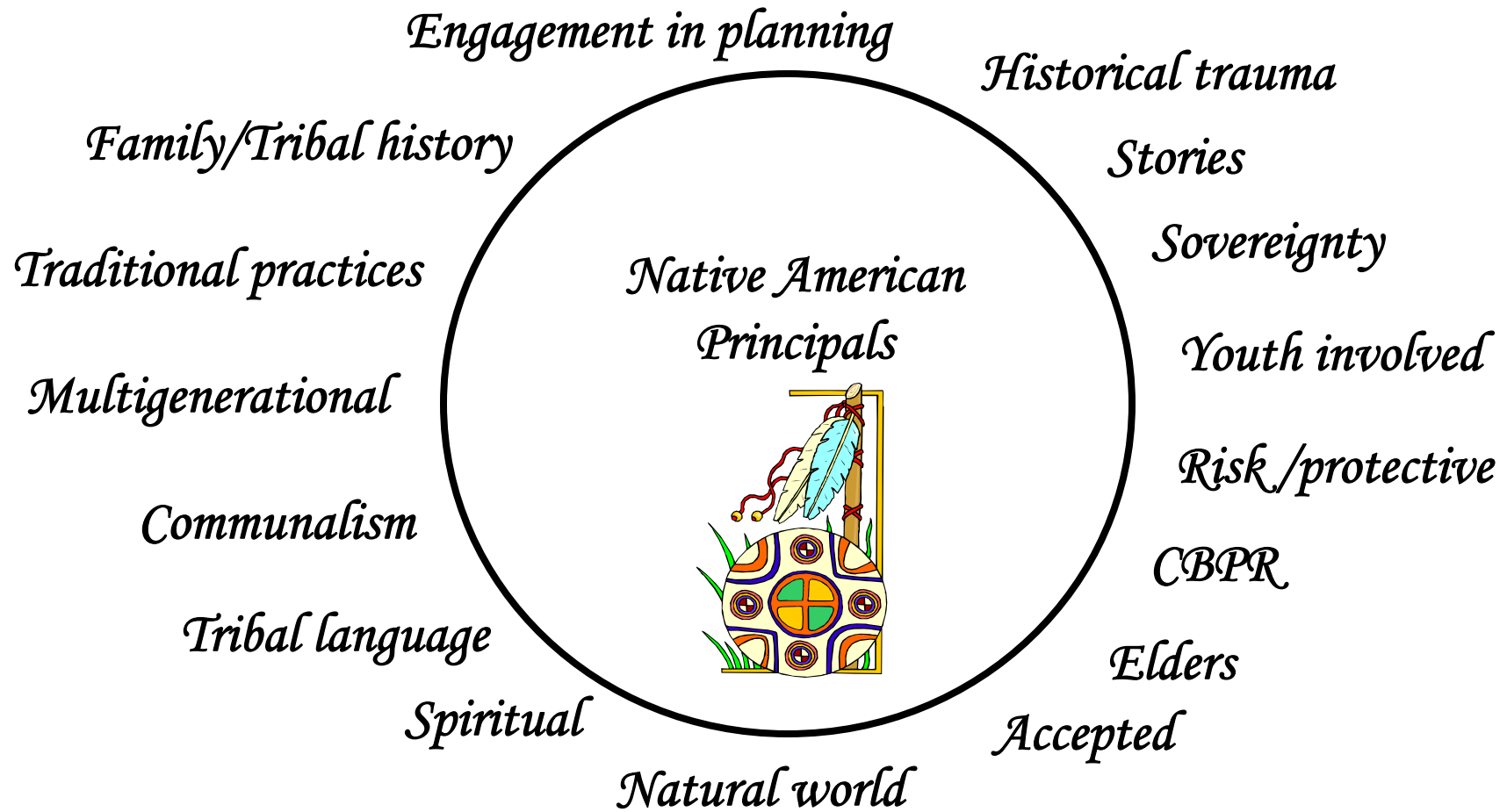
Fidelity Scale:

A fidelity scale is used to verify that an intervention is being implemented in a manner consistent with the treatment model – or the research that produced the practice. The scale has been shown to be reliable and valid.

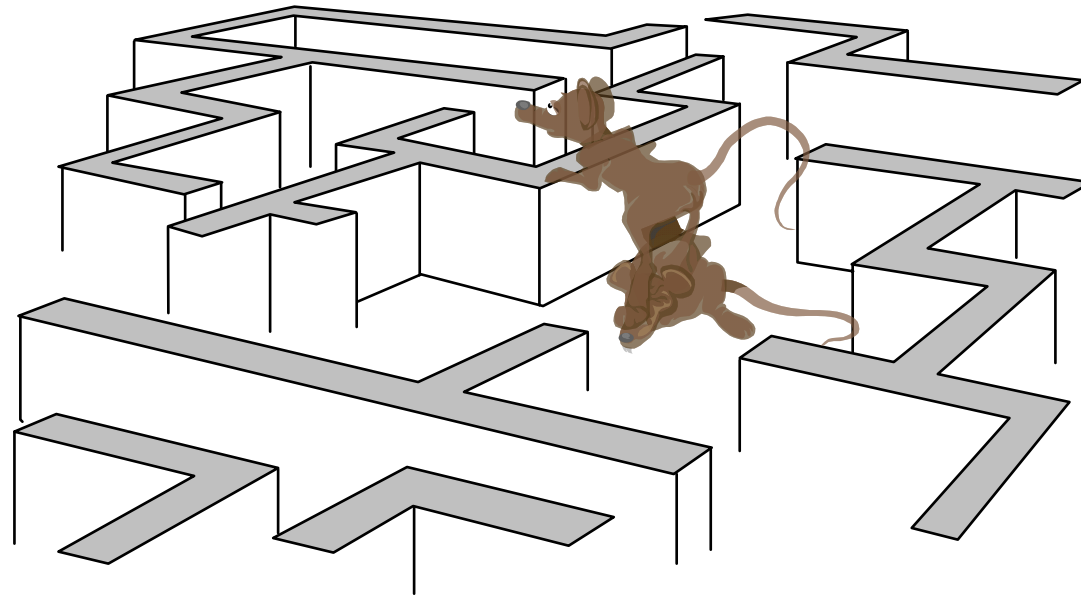
N.A. Fidelity Scale:

Our Elders within our community, our teachers and the **“Three elder women test”** is our fidelity scale. The Elders are our gauge for how we are doing.



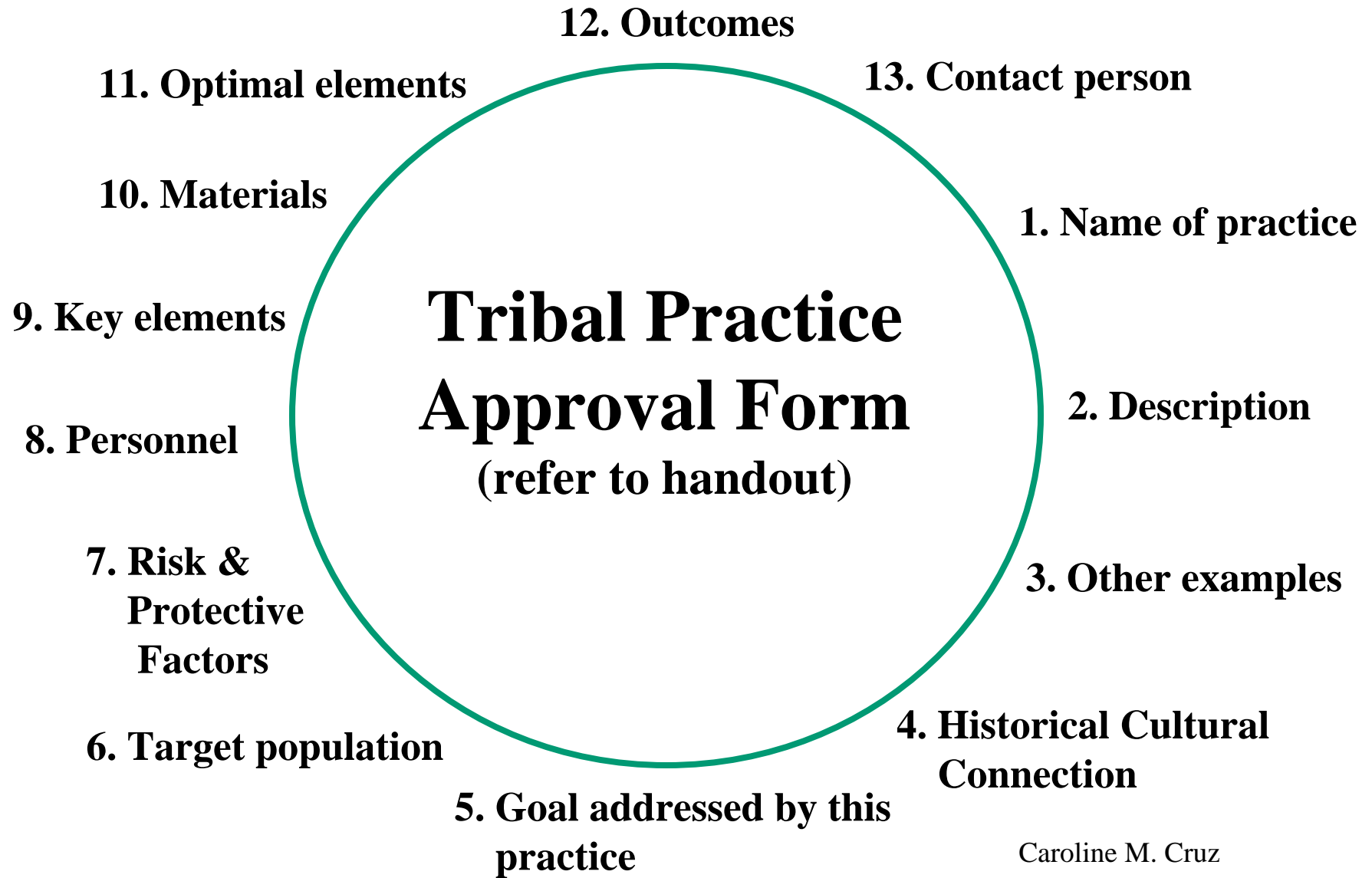


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Where Do We Go From Here?







Accepted? Date of approval.

Adherence to
key elements
(Fidelity)

Longevity in
Tribal History
(Transparency)

Study Design
(Non-
experimental)

Description on file
(Standardization)

Review Criteria
By
Tribal Best
Practice Panel
(Refer to handout)

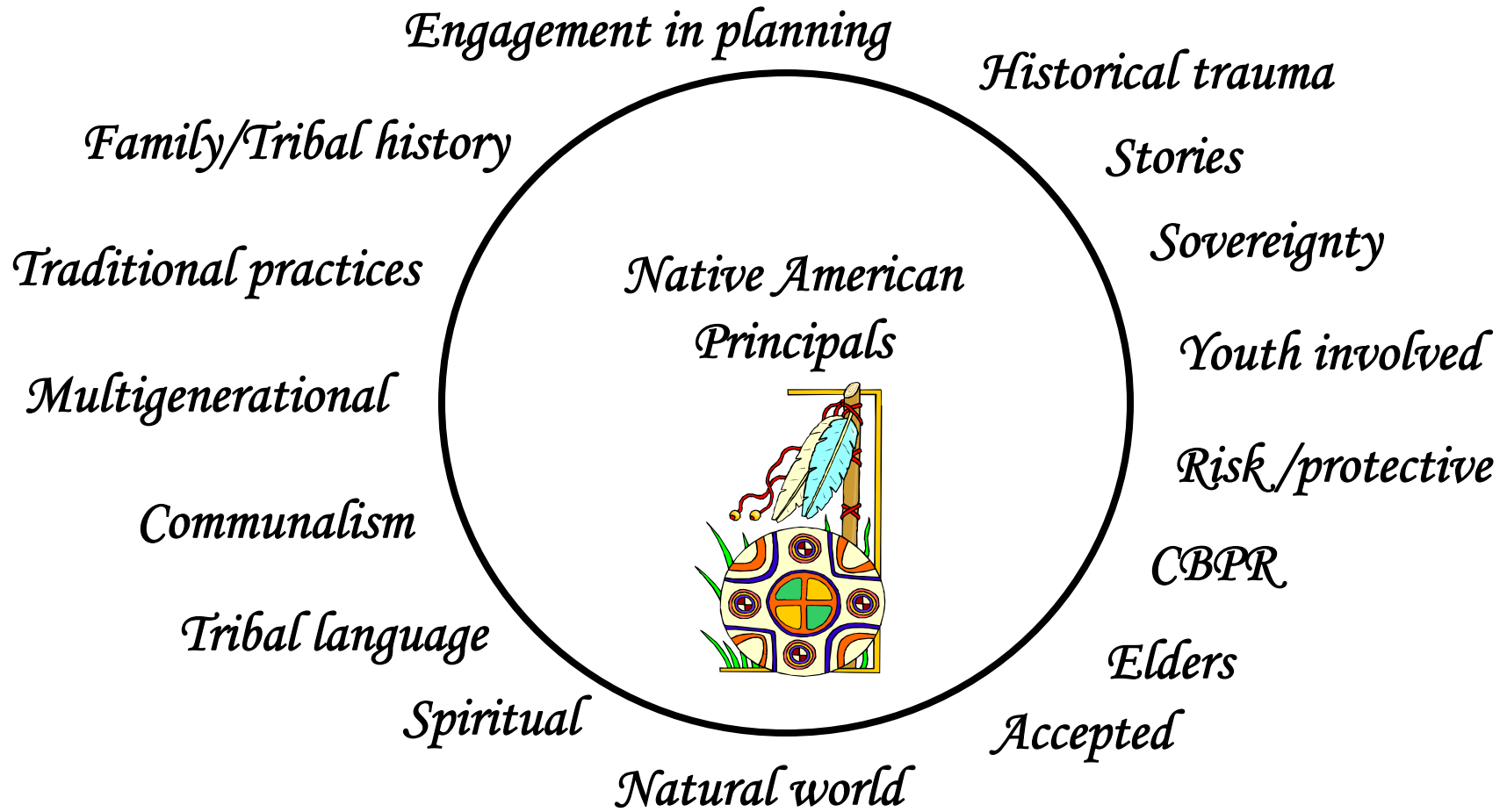
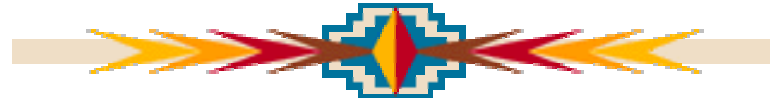
Measurable
Outcomes
(Outcomes)

Cultural replication within
Tribe or other Tribe
(Replication)

Meets Tribal principles
(Research) – See next slide

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Thank You
and
Create A
Good Day

