



## Connecting Prevention Specialists to Native Communities

### *Culture is Prevention*

#### **How is Culture an Effective Prevention Intervention for Native Youth's Mental Health, Substance Abuse, and Suicidality?**

*Native culture is rich in its complexity and diversity. Within itself are the elements needed for its own recovery and wellness. Including the best practices for mental health, substance abuse, and suicidality treatment and prevention. The phrase "Culture is Prevention" is meant literally. When substance abuse preventionists center "Culture is Prevention," they are operating from a strengths-based framework and are more likely to meet the unique prevention needs found in Native communities.*

*Successful prevention efforts need to be able to hold the complex truths in Native communities: the realities of historical trauma and structural violence and the profound resiliency that has allowed Native communities to survive-and thrive- within these harsh contexts. The more familiar prevention specialists are with concepts such as cultural connectedness, narrative resilience, honoring treaties, conflict resolution, reconciliation, community empowerment, family cohesion, and cultural affinity, the more likely prevention specialists work helpfully - not harmfully - in Native communities.*

*The Prevention Technology Transfer Center has several guides and provides technical assistance to prevention specialists and their agencies. This resource is intended to serve as an introduction to the overarching framework for prevention specialists working with Native communities.*

*For many reasons, research is slow to catch up with what Native elders have been telling health workers for decades: "our culture is our treatment." Growing research is showing more and more support for this adage, which means as prevention specialists, we need to be open to alternative models of knowing. A mix of both evidence-based practices and practice-based evidence will create the strongest prevention curriculums and delivery. Increasing protective factors is more successful at prevention efforts than decreasing risk factors; this is due to "a (post)colonial return to indigenous cultural orientations and practices which are sufficient for effecting abstinence and recovery from substance use disorders for many American Indians/Native Alaskans."*



*There are many ways to support Native culture and life skills; because there is such multiplicity, any evidence-based substance abuse curriculum, practice-based initiatives, or mix of the two needs to be from a meaningful engagement with the community. When programs are community directed and reinforced in the community, they are able to create a greater and more sustainable impact rooted in their values and culture.*

*Culture itself can be thought of in multiple ways: what guides an individual and community, what has meaning for an individual and community, or simply, what things people do. Cultures overlap each other, exist throughout the socioecological ladder, and are fluid. Below are more relevant points of culture.*

*“Points” of culture:*

- *Values, traditional beliefs*
- *Language, symbolism, names*
- *Artifact, or the things people create such as art and technology*
- *Relationships*
- *Ceremonies, customary practices*
- *Interpretation of emotional states*
- *Gender, gender practices*
- *Governing, code of conduct*
- *Understandings of Wellness and Illness*
- *Food and Food Sovereignty*
- *Oral Histories, Folklore, and Knowledge System*
- *Religion and Spirituality*



## Evidence-Based Practice and Practice-Based Evidence

A successful prevention strategy will often require a mix of evidence-based practice and practice-based evidence, if not a prioritization of practice-based evidence. Prevention specialists are often asked to find an evidence-based curriculum to implement in Native communities. However, research also shows evidence-based curriculum without, at least, a mix of practice-based evidence and a culturally-rooted framework is not effective. Additionally, implementation of only an evidence-based intervention ignores the work often already being done by and for community members outside of the researched group. Working from a place of indigenous knowledge and implementation of practice-based evidence is also called a respectful design. “The term ‘respectful design’ emerged from contributions to Faculty of Design planning at Swinburne University of Technology” by Norman W. Sheehan. Respectful design is best match with the personal practices of “cultural humility” and “cultural safety.”

So, what is practice-based evidence and how can we use it? Practice-based evidence “models, grounded in the context and culture of a community.” It is distinct from culturally adapted evidence-based practices in such as practice-based evidence is solely rooted in the lived experiences of the community the intervention is directly impacting. Several valid concerns about evidence-based practices and culturally adapted practices exist. Namely, the “inadequate or no inclusion of cultural variables in research samples, no examination of the impact of culture(s) on outcomes, no adequate consideration for co-occurring disorders, and not taking into account context and environment.” As Sheehan describes, respect for indigenous knowledge “is about showing care and awareness in the way we identify, explore, and assess meaning because we know our view is always incomplete.” Respect can also be moments of “productive inaction”- first working to listen, understand, and then explore possible prevention modalities within the individual community.

Ways to begin to recognize practice-based evidence can include:

1. Practices from those within the community who are responsible for the community’s health and well-being, such as medicine people, elders involved in community organizing, community programs already responding to the needs of the community. Such as the BEAR program on Pine Ridge Reservation. The director of the Be Excited About Reading program, Yvonne “Tiny” Decory, is also heavily involved in suicide prevention and response. Because of this, the BEAR program works both as a literacy and mental health intervention.

2. Through the successes and challenges of already existing intervention programs. For example, LightShine Canine: A Rez Dog Rescue, is a mobile crisis rescue for animals needing care from Pine Ridge Reservation and Rosebud Reservation and is a high utilized resource. What makes mobile crisis a strong option? What are the limitations? Could their model of immediate first aid provided by a community member until outside help arrives be used for suicidality, yes or no?
3. Cultural practices that have survived historical trauma are often linked to the survival of the people. For example, alternative/traditional healing modalities such as plant medicine and spiritual practices where oral history, wellness knowledge, and values are transcribed and embedded. Strengthening existing and restoring lost practices are invaluable prevention models.
4. In historical documents written in the tribe's native language and oral histories of the tribe. Often, tribal values can be found and understood from these documents and histories. Reclaiming lifeways rooted in tribal values can be powerful methods of prevention and promote community activism surround agency and sovereignty and enable self-determination of the community.
5. Indigenous knowledge and, specifically, spiritual practices are often rooted in thousands of years of experience and observation, through vision quests. Engaging with these ways of knowing can lead to innovative prevention designs and activities. An example is a spiritual wellness kit. Prevention specialists can include the creation of a spiritual wellness kit as a part of Our Culture is Prevention (also called "Tradition, Not Addiction") and align it with historically known aspects of Native health: The Medicine Wheel, the Red Road, tobacco use is ceremonial only, etc. The more the participants are involved with the process (cutting the prayer flag materials and collecting the plants and learning about the cultural meaning behind each one) the better. Corresponding colors, plants, meaning vary from tribal group to tribal group.

These are only possible examples of practice-based evidence and models. Engaging with particular community leaders for their guidance is what determines a strong and/or acceptable practice.





## Ethical Community Engagement

Firstly, “culture provides the framework in which we operate, and each cultural framework promotes and maintains assumptive structures that define our understanding of the world, the way we perceive in our shared contexts, what is possible, and what we expect to happen when we act.” Cultures are complex, stand alone, overlapping, are made of overarching cultural norms and subgroups at the same time. It requires the ability to hold multiple and, possibly, opposing realities and norms as equally true. Meaningful engagement asks us to move outside of our personal value systems and histories and move into the value systems and histories of the community.

As common as this advice is, it is also worth repeating; operating from a place of assumptions and not a place of exploration will be an insurmountable barrier. Any time preventionists are working with a cultural group they are not a regular participant of, the preventionist needs to re-center ethical community engagement. For example, non-Natives working with Native communities, but all for Native preventions working in a community’s subpopulations, such as youth and marginalized groups. Learn to ask exploratory questions, practice “deep” and active listening skills (knowing “active” listening will vary from culture to culture), and correctable feedback. Correctable feedback means, giving information to the community but ultimately letting the community decide if it is interested in that information. An example would be “There was a promising intervention for substance abuse prevention used in Oklahoma, do you think going over the outcomes or methods of that intervention would be useful?” Some successful models of community engagement can be found in Community Advisory Boards, Community Based Participatory Research, and Tribally Driven Participatory Research

The importance of substance abuse prevention efforts cannot be overstated. But without a centering of cultural practices and indigenous knowledge, these efforts will fall short. There exist vast and robust models for community health and wellness within Native communities.

Successful centering of the “Culture is Prevention” framework will allow prevention efforts a solid foundation moving forward with indigenous communities.



## Additional Resources

Melson J, Butt N. (2014). *Culture is Prevention: Creating an innovative strength-based inter-Tribal strategic plan through multi-disciplinary collaboration*.

*Native connections* (2018). Culture is prevention, [samhsa.gov](http://samhsa.gov).

Please check our website [ptcnetwork.org/native](http://ptcnetwork.org/native) for more resources.

## Sources

Great lakes inter-tribal council. (2015). *Culture is Prevention: Sharing Great Lakes Inter-Tribal Council's Inter-Tribal Prevention Strategic Plan*.

Gone JP, Calf Looking PE. (2011). American Indian Culture as Substance Abuse Treatment: Pursuing Evidence for a Local Intervention. *Journal of Psychoactive Drugs*, 43:4, 291-296, DOI: 10.1080/02791072.2011.628915

Heart MYHB. (2003). The Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration. *Journal of Psychoactive Drugs* 35(1): 7-13.

Bartgis J, Bigfoot D. (2010). full article published in the National Indian Health Board Edition, *Healthy Indian Country Initiative Promising Prevention Practices Resource Guide*.

*Native connections*. (2018). Culture is prevention, [samhsa.gov](http://samhsa.gov)

DeCory Y. *Native Hope*. Retrieved from <https://www.nativehope.org/fellows-yvonne-tiny-decory>

Wambli Sina Win JD. (2011). *The Red Road is not for Sale*, [nativetimes.com](http://nativetimes.com).

*Cultural Humility Teaching Information: Institute for Indigenous Knowledge & Development*. The University of New Mexico, retrieved from <https://iikd.unm.edu/teaching/cultural-humility/index.html>

### Written by:

Cindy Sagoe, B Pharm, MPH

Sarah Murray, Graduate Research Assistant

### Contributions by:

Sean A. Bear 1st BA, CADC

### Contact for More Information:

#### Cindy Sagoe, B Pharm, MPH

Program Coordinator

National American Indian and Alaska Native Prevention Technology Transfer Center

College of Public Health, University of Iowa

145 North Riverside Drive, Iowa City, IA 52252

[cindy-sagoe@uiowa.edu](mailto:cindy-sagoe@uiowa.edu)

[ptcnetwork.org/native](http://ptcnetwork.org/native)

(319) 471-2947

This project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).



National American Indian & Alaska Native

PTTC

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# SAMHSA

Substance Abuse and Mental Health  
Services Administration