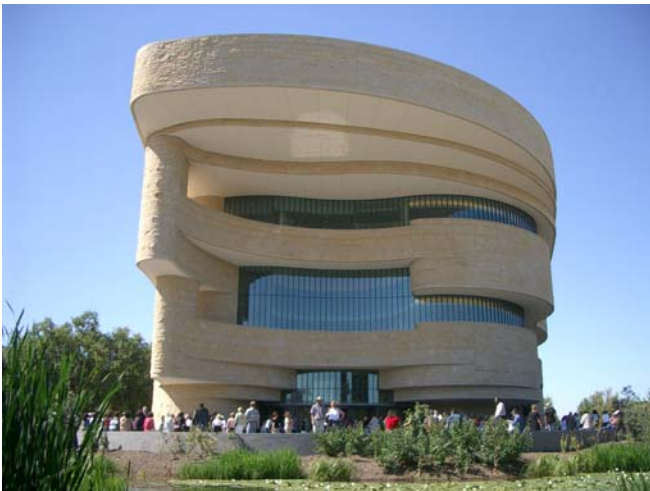




The American Indian/Alaska Native National Resource Center for Substance Abuse Services

SEASONS GREETINGS

Congratulations to NAMI.



May the spirit and courage of partnership that created The National Museum of the American Indian (NAMI) continue to flourish across Indian Country and guide our many journeys.

Best wishes to each and every person who works on behalf of our people.

This volume of the newsletter is dedicated to an issue that is often discussed and just as often found confusing. First, an overview of the terms used, as drawn from a presentation Dr. Walker prepared to help everyone get on the same page as we work together.

Second, there is a summary of work the Center is undertaking with a panel of national experts, and, third, suggested links for literature and supporting materials as your organizations review their strengths and needs in relation to program planning and grant writing.

BEST PRACTICES

Evidence-Based Practice, Best Practice, and, Indigenous Knowledge: Their Connection

Evidence-Based Practice and **Best Practices** are in the lexicon SAMHSA uses in an effort to improve efficacy of substance abuse and mental health prevention and treatment. The terms are used interchangeably and often incorrectly. What do they mean and how do they relate to **Indigenous Knowledge** and quality care in Indian Country?

Definitions:

To understand the relationship of these terms, Dr. Dale Walker reviewed various sources to find workable definitions.

An internet search of “Indigenous Knowledge”, using Google™ led to a wealth of sites, most importantly, the World Health Organization (WHO). WHO is involved with numerous projects around the world that seek to preserve and advance use of indigenous knowledge. **Indigenous Knowledge**, is defined as

“local knowledge unique to a given culture or society”; it has its own theory, philosophy, scientific and logical validity; it is used as a basis for decision-making for all of life’s needs and it continually evolves to adapt to circumstances (WHO, 2002).

This definition includes all the knowledge that guides the day-to-day decisions groups of people use to survive in their specific environment. For example, methods of housing, hunting, land management, food preparation, child rearing and care for the ill and elderly vary among river, high plains or coastal tribal groups.

Native communities know the treatment component of Indigenous Knowledge as Traditional Medicine, referred to as “complementary and alternative medicine” in North America (p. 8, WHO¹). The World Health Organization (WHO, 28 July 2004²) defines **Traditional Medicine** as: “the sum total of health knowledge, skills and practices based upon theories, beliefs and experiences indigenous to different cultures ... used in the maintenance of health”.

Evidence-Based Practices (SAMHSA, 2002) are interventions that show consistent scientific evidence of improving a person’s outcome of treatment and/or prevention in controlled settings (emphasis added). Drake, et al (2001) refers to that level of evidence as the *gold standard*. A number of therapeutic approaches meet that standard, although American Indians have not been a study sample in clinical trials. Two other avenues are used to document evidence-based practices. They are *consensus panels* and *expert opinion* of clinicians.

Effective Interventions for Adults are:

- ◆ Cognitive/Behavioral Approaches
- ◆ Motivational Interventions
- ◆ Psychopharmacological Interventions
- ◆ Modified Therapeutic Communities
- ◆ Assertive Community Treatment
- ◆ Vocational Services
- ◆ Dual Recovery/Self-Help Programs
- ◆ Consumer Involvement
- ◆ Therapeutic Relationships

Effective Interventions for Youth are:

- ◆ Family Therapy
- ◆ Multi-systemic Therapy
- ◆ Case Management
- ◆ Therapeutic Communities
- ◆ Community Reinforcement
- ◆ Circles of Care
- ◆ Motivational Enhancement

The World Health Organization (2002), takes a broader, more inclusive perspective and says that **Best Practices** are examples and cases that

illustrate the use of community knowledge and science in developing cost effective and sustainable survival strategies to overcome a chronic illness.

One Sky Center uses the broader, culturally relevant, international definitions as it works to help communities improve treatment using both science and Indigenous Knowledge. In keeping with the World Conference on Science’s (1999) recommendation that scientific and indigenous knowledge be integrated in interdisciplinary projects that deal with culture, environment and chronic illness, the Center’s perspective is driven by Dr. Walker’s formula:

**Best Practice =
Evidence Based Practice
+ Indigenous Knowledge**

Currently, One Sky Center is working on two Evidence Based treatment strategies for adults that have been applied in urban American Indian treatment programs. Using a SAMHSA Practice Improvement Collaborative (PIC) grant, Motivational Enhancement Therapy (MET) and Cognitive Behavioral Therapy (CBT) were taught, implemented and supervised for one year.

The MET training manual, revised by substance abuse counselors and therapists to make it relevant to American Indian providers and clients, is currently under review nationally. When complete, One Sky Center will help make it available to interested programs.

Likewise, plans are underway to review and revise a CBT training manual so that it is relevant to Indian communities. The process of establishing a *Best Practice* involves more than adding artistic logos and clinical examples. It is an endeavor of science (clinical trials), consensus panels (expert opinion based on current science), expert clinical opinion (Drake, et al. 2001) *and* traditional practices/indigenous knowledge. Thus, it requires thoughtful work from many perspectives.

References

¹WHO Traditional Medicine Strategy 2002-2005.
www.who.int/medicines/organizations/trm/orgtrmdef.shtml

www.who.int/medicines/library/trm/trm_strat_eng.pdf

Drake, et al. 2001. Implementing evidence based practices in routine mental health service settings. *Psychiatric Services*, 52, 179 – 182.

SAMHSA (2002) Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders

www.alt.samhsa.gov/reports/congress2002/chap4uebp.htm

World Conference on Science (Budapest, June 1999)

www.portal.unesco.org/en/ev.php-URL_ID=5151&URL_DO=DO_TOPIC&URL_SECTION=201.html



Best Practices Consensus Panel 2004

OUR NEXT STEP: CONVENE A CONSENSUS PANEL

An American Indian and Alaska Native Best Practices Consensus Panel met October 13 –15, 2004 in Portland, Oregon. The small meeting was sponsored by the One Sky National Resource Center in collaboration with SAMHSA's Center for Substance Abuse Treatment and the Centers for Disease Control and Prevention. The meeting provided a forum to discuss culturally appropriate, effective and promising practices in the areas of substance abuse prevention, substance abuse treatment, mental health, and co-occurring disorders for American Indians and Alaska Natives.

Meeting participants included senior scientists who are experts in the addictions and mental health fields, junior-faculty level American Indian professionals, community leaders, traditional healers, and a representative from SAMHSA's National Registry of Effective Programs and Practices (NREPP). Participants reviewed the mainstream and AI/AN literature on best practices in substance abuse prevention and treatment, mental health, and co-occurring disorders. Each of the four areas were discussed relative to approaches needed to incorporate science, community practice, indigenous knowledge, and traditional medicine practices into a culturally inclusive and relevant criteria to establish best practice approaches in AI/AN communities.

This exciting panel meeting was the beginning of an on-going process to develop best practice approaches in AI/AN communities. Based on the literature reviews, discussions, and recommendations collected at the October meeting, One Sky Center will develop a set of papers for distribution to providers, educators and health care policy organizations. A first draft of the monograph is expected in mid-2005.

➔ Learn more about SAMHSA's recognized programs and criteria when you log on to:
www.modelprograms.samhsa.gov/template.cfm?CFID=15822&CFTOKEN=15266514

TECHNICAL ASSISTANCE – GRANT WRITING

There will be new announcements for federal funding in early 2005. One Sky Center will develop Technical Assistance workshops in response to those announcements.

Log onto our web site frequently for current information, as workshops are subject to rapid turn-around. For example, three SAMHSA treatment Notice of Funding Availability (NOFA) were recently announced with a quick submission date. A daylong grant-writing workshop specific to the requests in the NOFA's was held December 14, 2004 in Stilwater, Oklahoma at the request of Oklahoma tribes.

Support for the workshop was provided by One Sky Center in collaboration with Paradox Consulting, LLC, the workshop coordinator, and Oklahoma State University's American Indians Into Psychology program, which arranged meeting space.

Word on the moccasin trail is that the prevention arm of SAMHSA will announce a round of NOFA's with short turn-around in early spring. One Sky Center will help present another grant-writing workshop for those funding sources, pending their announcement. Stay tuned!

In conjunction with grant writing workshops, we aim to provide useful resource links via our web site. **Those who are writing grants will find the following links helpful:**

National Library of Medicine
www.nlm.nih.gov/medlineplus/

National Library literature search page
www.ncbi.nlm.nih.gov/entrez/query.fcgi

On-line access to whole articles
www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pmc

Alcohol abuse links at NIH
www.health.nih.gov/search.asp/21

Mental Health & behavior links at NIH
www.health.nih.gov/search.asp/16

American Indian & Alaska Native links at NIH
www.health.nih.gov/result.asp/458/26

CSAT's 2004-2005 Action Plan (includes priority issues for funding, evaluation etc)
www.samhsa.gov/Matrix/SAP_treatment.aspx

Health, United States, 2004
With Chartbook on Trends in the Health of Americans
www.cdc.gov/nchs/data/hus/hus04.pdf
includes a focus on drugs and charts of Indian specific data (editor)

FREQUENTLY ASKED QUESTIONS

Q. Do you fund projects?

A. We do not have funds to distribute. We *do* assist in the identification of potential funding for programs and provide telephone &/or e-mail consultation.



Oregon Health & Science University
3181 SW Sam Jackson Park Road
(GH-151)
Portland, Oregon 97239

Phone: 503.494.3703
Fax: 503.494.2907
Web: www.oneskycenter.org
Email: onesky@ohsu.edu

OHSU

