

**Oregon Addictions & Mental Health Division**

**Evidence-Based Programs**

**Tribal Practice Approval Form, Mk V**

1. **Name of Tribal Practice**

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1. **Brief Description**

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1. **Other Examples of this Tribal Practice**

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1. **Evidence Basis for Validity of the Tribal Practice: Historical/Cultural Connections**

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| --- | --- |
| Longevity of the Practice in Indian Country |  |
| Teachings on which Practice is based |  |
| Values incorporated in Practice |  |
| Principles incorporated in Practice |  |
| Elder’s approval of Practice |  |
| Community feedback/ evaluation of Practice |  |

1. **Goal Addressed by this Tribal Practice**

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1. **Target Populations**
   1. Institute of Medicine Strategy (check off one of the following four)

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| * “Universal” |
| * “Selective” |
| * “Indicated” |
| * Treatment |

* 1. Socio-demographic or other characteristics

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| --- | --- |
| Age |  |
| Sex |  |
| Occupation |  |
| Living Cond’ns |  |
| Other |  |

1. **Risk and Protective Factors Addressed**

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| **Domain** | **Risk Factors** | **Protective Factors** |
| Community |  |  |
| Family |  |  |
| Peer |  |  |
| School |  |  |
| Individual |  |  |

1. **Tribal Practice—Personnel**

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1. **Tribal Practice—Key Elements**

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1. **Tribal Practice—Materials**

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1. **Tribal Practice—Optional Elements**

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1. **Outcomes**

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| **Decrease** | **Increase** | **Specify** |
| Avoidable death | Longevity |  |
| Disease-specific morbidity | Health |  |
| Disability Handicap | Ability |  |
| Pain and Suffering | Wellbeing |  |
| Alienation Anomy Isolation | Social/Community/ Cultural Connectedness |  |
| Abuse Dependency Addiction | Abstinence Non-harmful Use |  |
| Unemployment | Employment |  |
| Educational failure | Educational Success |  |
| Dysfunctional family | Healthy Family |  |
| Delinquency/crime | Good Behavior |  |
| Homelessness Instability | Stable Housing |  |
| Unhealthy Attitude, Beliefs, Ignorance, Lack of Skills, Lifestyle | Healthy Attitudes, Beliefs, Skills, Lifestyle |  |

1. **Contact person** **for Agency Providing the Tribal Practice**

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| --- | --- |
| Person |  |
| Phone |  |
| e-mail |  |

Practice Approval Date\_ \_\_\_

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