The Intersectionality of Evidence Based Interventions (EBI) and Indigenous Traditional Healing in Prevention and Treatment of Substance Misuse and Mental Health

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Seattle, WA
July 27 – 29, 2023

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Overview

In this session participants will have a brief overview of what evidence – based models and programs can intersect well with indigenous traditional healing practices and treat trauma and addiction. From historical trauma to historical resilience, cognitive behavioral therapy can be helpful in terms of individual, family, and community.

Treatment Science

- Co-occurring mental health disorders, ex. anxiety, depression, PTSD
  - Drug use to reduce psychiatric symptoms
  - Exacerbate mental disorder and promote addiction
  - Must treat both substance abuse disorder and mental health both at the same time (NIDA, 2018)
Treatment Science

- Chronic disease with no cure
- Can be managed successfully
- Relapse is part of the process
- Treatment based on behavior change
- Research says medicated assisted therapy for opioids-detox
- Preventing relapse-triggers, coping skills, self-efficacy
- Motivational enhancement therapy-transtheoretical model
- 12 step programs and family therapy
- Behavioral based therapy
  - CBT, REBT,

Prevention Science

- Risk and protective factors (Hogan, Gabrielsen, Luna, & Grothaus, 2003)
- Risk Factors- factors shown to increase likelihood of substance abuse, teenage pregnancy, school dropout, youth violence, and delinquency
  - Ex.- family mgmt problems, fam. conflict, parental attitudes towards substance abuse, early persistent antisocial behavior, friends who engage in problem behavior
- Protective Factors-counter risk factors, the more protective factors that are present, the less risk
  - Ex.-Individual characteristics, bonding, healthy belief and clear standards, actively creating healthy communities,
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Post Acute Withdrawal Syndrome (PAWS)

- 3-6 months
- Acute withdrawal
- Hallucinations
- Tolerance reduce
- Relapse rate is high

Protracted Abstinence

- Long term withdrawal process (Heilig, Egli, Crabbe, & Becker, 2010)
- Negative emotional states- depressed mood elevated anxiety
- Long term use induces neuroadaptions
- Behavioural sensitivity to stress
- Data supports the clinical relevance of neg. emotionality for protracted abstinence and relapse
Protracted Abstinence

(Heilig, Egli, Crabbe, & Becker, 2010)

Withdrawal Stage/Phase

Withdrawal Symptom

CNS Hypersensitivity
ANS Hyperactivity
Tremor & Motor Abnormalities
Anxiety & Negative Affect
Sleep Disturbances
Hyper-Reactivity To Stress

Time Since Termination of Drinking

Relapse Prevention

- Clinical studies indicate relapse at 70-80% with any addiction within the first year (Heilig, Egli, Crabbe, & Becker, 2010)
- Relapse prevention is an integrative process with no right or wrong way, only identifying what is important to each client and what works for them specifically. In tribal community there is a need for relapse prevention, identifying cultural norms and most importantly resiliency factors that the community is most utilizing already. (Donavan and Marlatt, 2008)
- Research literature states that cognitive-behavioral is effective and demonstrates efficacy for the person who is taught it and focused on behavior change (Witkiewitz, Marlatt, & Walker, 2005)
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Stages of Change

- Pre – contemplation
- Contemplation
- Preparation
- Action
- Maintenance

Motivational Interviewing

- Client Centered
- Focuses on active listening
- Stages of Change
- Self – talk
- Empathy
- Core elements to elicit “change talk”
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Family Therapy

- Therapy that incorporates family/community healing
- Explores impact of substance misuse and mental health
- Focuses on strengthening the family and cohesiveness

Cognitive Behavioral Therapy

- Develops specific skills to promote behavior
- Adaptable cross-culturally
- Focus on present
- Recognizes personal responsibility of changing behavior
- Talking about trauma and identifying fear
- Changing thought patterns
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**Behavioral Therapy**
- Changing behavior using learning principles and psychoeducation
- Clients identify own goals for behavioral change
- Is less culturally biased than other treatment models

**Rational Emotive Behavioral Therapy**
- An approach that helps you identify irrational beliefs and negative thought patterns that may lead to emotional or behavioral issues
- ABC (activating event, belief, consequences) model is a main component
  - Attitude – the way we feel about something/someone
  - Belief – personal truth
  - Thought – turns to action
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SAMHSA Trauma Informed

- Safety.
- Trustworthiness & transparency.
- Peer support.
- Collaboration & mutuality.
- Empowerment & choice.
- Cultural, historical & gender issues
- Historical Trauma and unresolved grief

Trauma Informed Care

- Events
- Experiences
- Effects
- Realization
- Recognize
- Respond
- Resist Re-traumatization (SAMHSA)
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Drum-Assisted Recovery Therapy for Native Americans (DARTNA)

- Individuals' with history of substance abuse disorders
- 3-hour treatment sessions, provided 2 times per week over a 12-week period
- No alcohol or drug use
- Connection to the community

Circles of Courage (Brendtro & Broken Leg)

- Positive youth development model based in resilience research
  [https://www.edu.gov.mb.ca/k12/cur/cardev/gr9_found/courage_poster.pdf](https://www.edu.gov.mb.ca/k12/cur/cardev/gr9_found/courage_poster.pdf)

  - Belonging
  - Independence
  - Mastery
  - Generosity
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**SAMHSA Tribal Training & Tech. Assistance Center (TTAC)**

- Tribal action plan (TAP)
- Trauma informed
- Virtual training
- Broad TTA
- Focused TTA
- Intensive TTA

- Gathering of Native Americans (GONA)

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**Tip 67**

- Behavioral Health Services for American Indians and Alaska Natives

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Oaye Luta Okolakiciye

- Non – profit treatment substance misuse and mental health

https://www.oayeluta.org/

The Intersection of Evidence-Based Practice and Indigenous Lakota Lifeways

- Health behavior model- Biopsychosocial
  - Cangleska wakan-Tacan, Nagi, Tawacin, Tacante
- Theory of therapy- CBT/REBT
  - Anpo Wicahpi/Hteyetu Wicahpi
  - Wopila tanka
  - Wounsilapi
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Survey

https://www.surveymonkey.com/r/P6GTLZ9

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)