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Integrating Motivational Interviewing and Traditional Practices to Address Alcohol and Drug Use Among Urban American Indian/Alaska Native Youth

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ABSTRACT

American Indians/Alaska Natives (AI/AN) exhibit high levels of alcohol and drug (AOD) use and problems. Although approximately 70% of AI/ANs reside in urban areas, few culturally relevant AOD use programs targeting urban AI/AN youth exist. Furthermore, federally-funded studies focused on the integration of evidence-based treatments with AI/AN traditional practices are limited. The current study addresses a critical gap in the delivery of culturally appropriate AOD use programs for urban AI/AN youth, and outlines the development of a culturally tailored AOD program for urban AI/AN youth called Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY). We conducted focus groups among urban AI/AN youth, providers, parents, and elders in two urban communities in northern and southern California aimed at 1) identifying challenges confronting urban AI/AN youth and 2) obtaining feedback on MICUNAY program content. Qualitative data were analyzed using Dedoose, a team-based qualitative and mixed methods analysis software platform. Findings highlight various challenges, including community stressors (e.g., gangs, violence), shortage of resources, cultural identity issues, and a high prevalence of AOD use within these urban communities. Regarding MICUNAY, urban AI/AN youth liked the collaborative nature of the motivational interviewing (MI) approach, especially with regard to eliciting their opinions and expressing their thoughts. Based on feedback from the youth, three AI/AN traditional practices (beading, AI/AN cooking, and prayer/sage ceremony) were chosen for the workshops. To our knowledge, MICUNAY is the first AOD use prevention intervention program for urban AI/AN youth that integrates evidence-based treatment with traditional practices. This program addresses an important gap in services for this underserved population.

1. Introduction

There is a need for culturally-appropriate alcohol and drug (AOD) prevention and intervention programs for urban American Indian/Alaska Native (AI/AN) youth. In 2013, AI/ANs aged 12 or older had the 2nd highest rate of current illicit drug use compared to any other single ethnic/racial group in the U.S., and among youth aged 12 to 17 in 2013, AI/ANs had the 2nd highest rates of heavy drinking in the U.S. (Substance Abuse and Mental Health Services Administration, 2014). Also, data from school-based surveys in California from 1997 to 2006 showed that for nearly all substances surveyed – alcohol, marijuana, heroin, inhalants, amphetamines, and cocaine – rates of use were consistently higher among AI/AN youth in all age groups (seventh, ninth, and eleventh grades) compared to all other racial/ethnic groups (Wright, Nebelkopf, & Jim, 2007).

According to the 2010 U.S. Census, approximately 70% of AI/ANs reside within an urban setting (Norris, Vines, & Hoeffel, 2012). Studies to date conducted among urban AI/ANs have demonstrated concerning AOD use trends. For example, Dickerson and colleagues found that at-risk AI/ANs adults (individuals at risk for HIV/AIDS and AOD use attending programs providing prevention and counseling services) in an urban setting reported an earlier onset of alcohol, marijuana, methamphetamine, and other drug use compared to all other at-risk ethnic/racial groups within Los Angeles County (Dickerson, Fisher, et al., 2012). Furthermore, in a large trial comprised of a diverse group of middle school youth age 12–15 in 16 schools across three urban school districts (N = 9528), AI/AN youth reported higher lifetime alcohol use and stronger intentions to use alcohol and marijuana compared to youth in all other racial/ethnic groups (D'Amico, Tucker, et al., 2012). Despite these high rates of AOD use among urban AI/AN

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youth, very few evidence-based, culturally-appropriate programs exist for this population.

AI/ANs residing in urban areas in the U.S. have a unique history. Briefly, the Indian Relocation Act of 1956 financed the relocation of AIs residing on reservations to urban centers, providing them funding to establish job training centers (James, 1992). However, this move had many detrimental effects on this population including numerous psychosocial problems (Evans-Campbell, Lindhorst, Huang, & Walters, 2006; LaFromboise, Berman, & Sohi, 1994). For example, many AI/ANs who moved to urban areas found themselves homeless, unemployed, in poverty, without a strong cultural base or community, and unable to achieve economic stability. In addition, the relocation of AI/ANs to urban areas appears to have had persisting or "inter-generational effects." Poverty rates among AI/ANs in Denver, Phoenix, and Tucson are currently nearly 30%, and approximately 25% of AI/ANs live in poverty in Chicago, Oklahoma City, Houston, and New York (Williams, 2013) compared to 19.1% among the general U.S. population who live in these cities (DeNavas-Walt & Proctor, 2014). Furthermore, as a result of acculturative stress directly and indirectly associated with historical related trauma, AI/ANs typically experience poorer mental health outcomes (Duran & Duran, 1995) and higher rates of AOD use compared to other races/ethnicities (Lane & Simmons, 2011; Myhra, 2011; Whitesell, Beals, Crow, Mitchell, & Novins, 2012).

Unique risk factors may predispose urban AI/ANs to initiate AOD use during adolescence. For instance, a diminished sense of a visible AI/AN community in large urban centers may contribute to few opportunities to engage in AI/AN traditional healing practices that have historically emphasized notions of health and well-being (Dickerson & Johnson, 2012; Native American Health Center, 2012). Thus, it may be especially challenging for urban AI/AN youth to gain a sense of belonging and cultural identity within the urban environment. This could be detrimental as connection with cultural identity can positively affect an AI/AN adolescent's self-esteem and self-construct during this time of development (Smokowski, Evans, Cotter, & Webber, 2014; Stumblingbear-Riddle & Romans, 2012). In a recent study with urban AI/AN youth, Stumblingbear-Riddle and Romans (2012) found that stronger enculturation and more social support from friends among urban AI/AN adolescents were both associated with higher resilience, which is often associated with less AOD use (Weiland et al., 2012; Wingo, Ressler, & Bradley, 2014). Given that AI/AN youth often exhibit crucial differences in their ways of viewing the world compared to other racial/ethnic groups of youth (Brown, 2010; Brown, Hruschka, & Worthman, 2009), it is important to understand their conceptualization of addiction and desistance from AOD use and the related stressors, barriers and cultural differences that may exist in order to build successful AOD use prevention programs for these youth.

Many studies and qualitative-based community based gatherings have emphasized the importance that the AI/AN community places on integrating evidence based treatments with AI/AN traditional practices in AOD use programs for AI/AN youth (Dickerson, Johnson, Castro, Naswood, & Leon, 2012; Native American Health Center, 2012). Using focus groups and interviews with AI/AN youth, parents, and providers, Dickerson, Johnson, et al. (2012) demonstrated the need for culturally-appropriate interventions for AI/AN youth; namely, that there was a lack of programs integrating AI/AN traditional activities with evidenced based treatments, which was cited as a significant barrier to seeking care within Los Angeles County. Dickerson, Johnson, et al. (2012) also found that a large number of urban AI/AN youth are lacking AI/AN traditional activity opportunities and may not have ways to connect to an AI/AN identity in an urban environment (Dickerson, Johnson, et al., 2012). Examples of AI/AN traditional practices include a wide spectrum of activities ranging from learning to make jewelry, drumming, talking circles, sweat lodge ceremonies, to 7-day Navajo traditional ceremonies.

In addition to utilizing traditional healing practices, many clinicians serving AI/ANs emphasize the usefulness of Motivational Interviewing (MI) (Dickerson, Moore, Rieckmann, Croy, & Novins, 2015; Tomlin, Walker, Grover, Arquette, & Stewart, 2014; Venner, Feldstein, & Tafoya, 2007). MI is one of the most widely-used evidence-based treatments (EBTs) for AOD use in the U.S. (Substance Abuse and Mental Health Services Administration National Registry of Evidence-based Programs and Practices (NREPP), 2014). It is a client-centered therapeutic modality to help clients explore and resolve ambivalence and helps to elicit the client's own motivations for change (Miller & Rollnick, 2012; Rollnick, Miller, & Butler, 2008). Studies have found that the non-judgmental, empathic, and collaborative approach of MI works well with diverse groups of adolescents (Baer, Garrett, Beadnell, Wells, & Peterson, 2007; D'Amico, Miles, Stern, & Meredith, 2008; D'Amico et al., 2015; Feldstein Ewing, Walters, & Baer, 2012) and can be especially helpful for youth who may be from a disadvantaged/marginalized background or a cultural minority (Hettema, Steele, & Miller, 2005). Among AI/AN adults, Venner et al. (2007) and Tomlin and colleagues found that MI closely mirrored AI/AN traditions and was culturally appropriate for AI/ANs. They worked in partnership with Native American adult clients across several tribes to develop their manuals (Tomlin et al., 2014; Venner et al., 2007). In addition, a 2011 study by Gilder and colleagues examined acceptability of MI with Native American youth on contiguous rural southwest California reservations by conducting surveys with 36 Native American tribal leaders and members. Overall, tribal leader and member participants reported that an MI research program to reduce underage drinking would be well regarded in this reservation community (Gilder et al., 2011). Given the importance of focusing on AI/AN traditional practices and the potential acceptability of MI among the Native American community, integrating these two components could lead to an innovative, developmentally and culturally relevant program for urban AI/AN youth that may increase well-being and spirituality, provide a stronger sense of cultural identity, and decrease AOD use. We therefore worked with two large urban AI/AN communities in northern and southern California to address this gap and develop a new program integrating traditional practices and MI to target AOD use among urban AI/AN youth.

1.1. MICUNAY

MICUNAY (Motivational Interviewing and Culture for Native American Youth) is an AOD use prevention intervention program that integrates MI AN graphics /AN traditional practices. The original foundation of the program is based on extensive community-based work conducted by Daniel Dickerson and Carrie Johnson (Dickerson & Johnson, 2011, 2012; Dickerson, Johnson, et al., 2012; Dickerson et al., 2014), Kurt Schweigman (Native American Health Center, 2012), Ryan Brown (Brown, 2010; Brown, Copeland, Costello, Angold, & Worthman, 2009; Brown, Hruschka, et al., 2009), and Elizabeth D'Amico (D'Amico, Green, et al., 2012; D'Amico, Hunter, Miles, Ewing, & Osilla, 2013; D'Amico, Osilla, & Hunter, 2010; D'Amico et al., 2008). MICUNAY targets a variety of behaviors including reducing AOD use and increasing well-being, spirituality and cultural identification. All MICUNAY workshops use a MI approach and different MI strategies, such as discussion of the pros and cons of AOD use and rulers (Miller & Rollnick, 2012). MICUNAY also utilizes the Northern Plains Medicine Wheel, which is a conceptual, culturally-acceptable model (Dapice, 2006) routinely utilized and accepted in health clinics serving urban AI/ANs in California. The Northern Plains Medicine Wheel focuses on emotional, mental, physical, and spiritual aspects of well-being and helps to provide participants with a visual representation of session content.

To our knowledge, there are no interventions for urban AI/AN youth that utilize AI/AN traditional practices and MI to address AOD among AI/AN youth. This paper describes the development of MICUNAY and of the MICUNAY logo based on focus groups with urban AI/AN youth, parents, providers, and community stakeholders as well as extensive collaboration with experts in AI/AN psychosocial issues and interventions.