

Culturally Responsive Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations



2024

Contents

Resource Overview	3
Introduction	5
What kind of program Information is included?.....	7
Where does the information come from?.....	8
Why should tribes use this information?	11
How can tribes use this information?	12
Section 1.	
Programs at-a-Glance	16
Section 2.	
Programs with Evaluation Documentation	21
Section 3.	
Practice-Informed Programs	95
Endnotes	120

Resource Overview

Culturally Responsive Programs to Reduce Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations is a guide designed to inform strategic prevention planning by helping tribal communities identify and select culturally responsive programs that have been shown or have the potential to reduce substance misuse and foster holistic well-being. Programs or practices for tribal communities featured in this guide have been evaluated using both prototypical Western evaluation methods as well as those that have been developed and refined using practice-based evidence. Program descriptions are divided into two sections—those with documented evaluation findings and those without such documentation. Among those 85 programs reviewed, we found that:

- Fifty-five were evaluated using evaluation documentation, and 30 refined using practice-based evidence derived from local traditions that have been modified over time through real-world experiences of what works best.
- Programs primarily focused on tribal youth (n = 43), the whole tribal community (n = 15), tribal families (n = 20), or tribal adults (n = 5).

- Tribal communities designed and evaluated many programs and infused cultural elements specific to tribes, such as traditional tribal ceremonies and dances.
- Programs focused not only on reducing substance misuse, but also on improving emotional, mental and/or physical health with the goal of creating a more resilient community.
- A few programs met the needs of special populations, such as adults who have experienced trauma, teen mothers and their children, incarcerated youth, and homeless populations.

Introduction

Many tribal communities are asking, “What programs can we implement that are culturally relevant, specific, or adaptable to our community and have documented evidence that they work to keep our people safe and well?”

This guide is designed to inform strategic prevention planning by helping tribal communities identify and select culturally responsive programs that have been shown or have the potential to reduce substance misuse and promote well-being.

We focus on culturally responsive programs because culture plays both a direct and an indirect role in shaping individuals’ expectations about the positive and negative consequences of substance misuse.ⁱ Among American Indian and Alaska Native (AI/AN) populations, the loss of traditional culture or a lack of identification with it is associated with many substance misuse problems.ⁱⁱ Historically, many prevention programs have been based on theories that do not resonate with tribal communities. For example, many programs throughout the United States and AI/AN communities focus on individual-level risk factors rather than a strength-based approach, which aligns with the collectivist worldviews prevalent in many AI/AN communities.ⁱⁱⁱ



Until recently, few culturally responsive programs have been developed by and for AI/AN populations with documented evidence of effectiveness that fit the requirements outlined by many funding entities. Moreover, some of these effective programs were designed and evaluated by non-Indigenous people and may not espouse values congruent with AI/AN culture and reality. Implementing such evidence-based programs is, arguably, a form of institutional colonialism that ignores Indigenous ways of knowing.

Consider the influence of worldview on ways of knowing

"...generosity is measured in the ways of respect and honor, not pity or looking at somebody as being lower. We care, we respect, we honor. Somebody who needs help is helped out of respect for another human being."

—Albert White Hat Sr., from *Life's Journey—Zuya: Oral Teachings from Rosebud*

In contrast, programs informed by cultural practices and traditions acknowledge and validate Indigenous wisdom and teachings. These programs have evolved and been modified over time based on real-world experiences within specific tribes, suggesting that AI/AN worldview and practice-based evidence-informed programs are more likely to be successfully implemented and promote positive outcomes.^{[ivvvi](#)}

This guide embraces both Indigenous and Western ways of knowing, and features programs evaluated using prototypical Western evaluation methods as well as methods that have been developed and refined using practice-based evidence but have yet to participate in Western-based evaluation activities. Some programs are supported by both types of evidence—rooted in the lived experiences and traditions of the populations served and evaluated through experimental, quasi-experimental, and non-experimental designs. By including this range of programs, we acknowledge potential conflicts between Western views on evidence and traditional AI/AN worldviews. For example, to actively deny someone services by assigning them to a control group so that evaluators can rule out alternative explanations for a given program runs counter to core values of generosity and respect held by many tribal communities.

What kind of program Information is included?

This guide presents brief summaries of culturally responsive prevention programs developed and implemented by or with AI/AN populations. Program information is organized into three sections:

- **Section 1** categorizes all prevention programs by key outcomes of interest.
- **Section 2** presents detailed summaries for those programs that have documented outcome evaluation findings.
- **Section 3** presents summaries for those programs with no evaluation documentation but that are informed by practice.

For those programs with documented outcome evaluation findings in Section 2, summaries answer the following questions:

- **Description:** What are the key components of the program?
- **Developer(s):** Who initially developed the program?
- **Populations:** What population group(s) does the program target?
- **Settings:** In what settings has the program been implemented (and evaluated)?
- **Evaluation Design:** How was the program evaluated?
- **Evaluation Outcomes:** What were the evaluation outcomes?

- **Evaluation Studies:** Which evaluation studies reported these outcomes?
- **Resources:** From where can I obtain additional information on this program?

For those practice-informed programs that have no documentation of evaluation findings in Section 3, we provide information on description, website, developer, populations, settings, website, and resources. Because definitions of what constitutes evidence-based varies, we refrain from making these determinations in this document. Rather, we provide information on evaluation methods and outcomes as well as links to specific studies and other documentation, and we encourage you to make those determinations with help from evaluators as needed.

Where does the information come from?

Programs included in this guide were first derived from national sources, including registries and catalogs. Programs included here were judged to be effective or promising by the standards of those entities. These national sources include the following:

- **The Athena Forum's [Excellence in Prevention Strategies](#)** List: Provides a list of substance misuse prevention programs and strategies that have at least two research studies demonstrating evidence of intended results
- **Child Trends' [What Works](#):** Searchable database of over 700 programs that have been evaluated to assess child or youth outcomes related to education; life skills; and social-emotional, mental, physical, behavioral, or reproductive health
- **First Nations Behavioral Health Association's [Catalogue of Effective Behavioral Health Practices for Tribal Communities](#):** Describes evidence-based and practice-based tribal behavioral health practices identified by the board and staff of the First Nations Behavioral Health Association
- **Indian Health Service's [Methamphetamine and Suicide Prevention Initiative Best Practices in Use](#):** Lists evidence-based and practice-based methamphetamine and suicide prevention interventions for Indian Country

- **Johns Hopkins [Center for American Indian Health](#):** Provides descriptions of tribal programs on a variety of topics, such as alcohol and drug abuse prevention, mental health, and adolescent health
- **National Indian Health Board's [Healthy Indian Country Initiative Promising Prevention Practices Resource Guide](#):** Highlights 13 tribal, community-developed prevention programs that are considered promising practices for reducing and preventing disease in Indian Country
- **Office of Juvenile Justice and Delinquency Prevention's [Model Programs Guide](#):** Details information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs by highlighting what works, what is promising, and what does not work according to expert reviews of evaluation research
- **One Sky Center's [Evidence-Based Practices and Best Practices](#):** Provides a list of best practices that have been found to be effective in the prevention and treatment of substance misuse and mental health issues among Native populations
- **Public Health Agency of Canada's [Canadian Best Practices Portal](#):** Describes successful public health interventions in First Nations, Inuit, and Métis urban and rural communities
- **Substance Abuse and Mental Health Services Administration's [Evidence-Based Practices Resource Center](#):** Evidence-based review system that provides reliable information on mental health and substance misuse interventions
- **U.S. Department of Health & Human Services' [Home Visiting Evidence of Effectiveness](#):** Provides a list of evidence-based home visiting program models implemented in tribal communities or evaluated with AI/AN families

Descriptions of these organizations, along with summaries of the criteria they used to establish evidence of effectiveness or to rate the quality of research evidence, can be found by following the links above.

Programs selected for inclusion from these registries were developed to prevent or reduce substance misuse and/or promote mental health among AI/AN populations and to incorporate cultural elements, traditions, or practices.

Second, we conducted a thorough search of the academic literature to identify (1) evaluated substance misuse prevention and mental health promotion programs that might have been excluded from the online registries, catalogs, or webpages listed above and (2) evaluation research on those strategies or interventions.

Searches were conducted in PsychARTICLES; Psychology and Behavioral Science Collection; PsychINFO; SocINDEX; MEDLINE; ERIC; GreenFILE; and Library, Information Science & Technology Abstracts. Keywords included the following:

- **Culture:** cultur* OR culture* OR "cultural practices" OR "cultural practice*" OR "traditional practices" OR "traditional practice*" OR tradition* OR ritual OR rituals OR ritual* OR custom* OR heritage
- **Prevention/Program:** prevent* OR "harm reduction" OR "health promotion" OR "disease prevention" OR "youth development" OR "social development" OR intervention OR intervene OR procedure OR approach OR strategy
- **Effective:** evaluat* OR effect* OR effective* OR evidence OR successful OR effectual OR efficacious
- **Substance/Substance Misuse/Mental Health:** alcohol OR marijuana OR cannabis OR opioids OR tranquilizers OR stimulants OR cocaine OR heroin OR methamphetamine OR morphine OR "binge drinking" OR "heavy episodic drinking" OR "substance dependence*" OR "alcohol abuse" OR drinking OR "alcohol use disorder" OR "alcohol dependence" OR "opioid* use" OR "stimulant use" OR "cigarette use" OR "cocaine use" OR "drug abuse" OR "drug overdose" OR "drug addiction" OR "drug dependence" OR "drug use" OR "heroin use" OR "methamphetamine use" OR "narcotic use" OR "nicotine use" OR smoking OR "street drugs" OR "substance use" OR "substance abuse" OR "substance misuse" OR "substance use disorder" OR "underage drinking" OR "tobacco use" or "marijuana use" OR "cannabis use" OR "prescription drug misuse" OR "prescription drug abuse" OR "alcohol use" OR "alcohol misuse" OR "mental health" OR "well-being"
- **Population:** "American Indian" OR "Alaska Native" OR "Native American" OR Indigenous OR tribe OR tribe* OR tribal OR "Native Peoples" OR native OR Inuit

Note. There may be culturally responsive programs or strategies that did not emerge in our search and are not included in this guide. Innovative programs that meet the cultural needs of a community may exist outside of research literature and the registries and databases we consulted, especially if they are grassroots programs and grounded in local culture.

Studies were limited to those published in the English language in peer-reviewed journals between January 2005 and the present and conducted with U.S. and Canadian populations.

When our search yielded meta-analyses and systematic literature reviews, we consulted these to identify and review individual studies that met the criteria for inclusion.

Strategies and related studies selected for inclusion (or referenced) were those that align with the following criteria:

- Met our definition of *substance misuse prevention* or *mental health promotion*
- Were designed for or targeted AI/AN populations
- Assessed outcomes related to substance misuse and its consequences
- Included cultural practices or traditions

Please be cautious when interpreting associated program results, as our review did not focus on the quality of evaluation research methods. Rather, we screened studies for outcomes specific to substance misuse.

Why should tribes use this information?

Unlike other registries or lists of evidence-based programs, this guide includes many programs that have been developed to promote positive outcomes rather than to prevent negative ones. This focus is important because, as noted above, many substance misuse prevention programs in the United States and tribal communities have, until recently, placed more emphasis on addressing risk factors than on promoting or building on existing strengths. Moreover, we include many practice-based programs that have been developed, refined, and implemented in a variety of real-world settings first rather than being tested in highly controlled environments.

These programs support the behavioral and mental health of communities from a cultural framework, are embedded in the community, are viewed by the community as effective, and have been sustained over time.^{vii}

Further, this guide includes information on which programs have been evaluated and the kinds of outcomes associated with their implementation. Selecting a program with evidence of effectiveness increases the likelihood that the program will work as intended. In referencing this guide, tribes can see that others already have implemented and evaluated culturally responsive programs with varying degrees of success. Selecting evidence-based or practice-based programs also may help ensure greater efficiency in using limited resources. Tribes can look at programs described here, see what kinds of cultural elements they include, and determine whether they can do something similar based on their cultural traditions. We also hope that this guide will help to eliminate some of the guesswork involved in program selection, as many of the entries include information on which strategies work with which communities.

How can tribes use this information?

The following are suggested steps or guidelines for using this guide and its accompanying tools based on SAMHSA's [Strategic Prevention Framework](#) (SPF). Also consider using processes outlined by the [Gathering of Native Americans](#) or by Colorado State's Tri-Ethnic Center for Prevention Research in their [Community Readiness for Community Change guide](#).

Start by looking at protective factors. To be effective, interventions must be linked to protective factors that are grounded in the local culture and help mitigate risks associated with substance misuse. We focus on protective factors to reiterate the importance of a culturally aligned and strengths-based approach to prevention in tribal communities. Therefore, it is critical that tribal communities begin by identifying and understanding these factors, based on a comprehensive review of local quantitative and qualitative data. If data are unavailable, reflecting on factors identified in recent research literature or obtaining a general collective understanding of what drives the problem and solution in the local context can also help communities identify factors to address when implementing health promotion or substance misuse prevention programming. See [*Cultural Factors that Protect Against Substance Misuse and Promote Mental Health in American Indian and Alaska Native Populations*](#).

Identify relevant programs. Once the community has identified salient protective factors, it can begin to identify programs relevant to the protective factors you prioritized. For example, the community may find that youth who are involved with American Indian cultural activities and adhere to American Indian values are less likely to misuse substances. Therefore, the community may want to look into programs that incorporate activities designed to strengthen and incorporate American Indian cultural activities and values. Community members can start by reading the “Description” section of each program record. Also, looking at the “Populations” and “Settings” rows can help communities determine the relevance of a particular program or strategy. The population for which the program was developed and/or the population that participated in the program evaluation study should mirror the community's population. For instance, a strategy created to increase cultural activities for Apache adolescents that incorporates Apache traditions may not apply to Cherokee adolescents. To increase its potential effectiveness, the program may need to be adapted to incorporate tribal-specific components.

Keep in mind that there are some drawbacks to selecting programs from a pre-determined list. Many programs that have been rigorously evaluated may be culturally inappropriate for a particular tribal population. They may also be relatively expensive to adopt and implement and/or provide little opportunity for adaptation. Tribes may also find that there are few programs on this list, especially among those that have been evaluated, that meet the needs of their communities.

Determine the strength of evidence. Once communities have retrieved and reviewed details supporting the strategy(ies) or intervention(s) in which they are interested, they will need to decide whether the evidence of its effectiveness is sufficient. Because we do not rate the programs described in this guide according to the strength of evidence, communities may want to do that. In so doing, communities will ensure that they are working with the best available research evidence when making decisions about programs that have produced outcomes of interest.

The main question to consider when determining strength of evidence is whether the program has been rigorously evaluated using Indigenous research principles and models and has ruled out alternative explanations for outcomes. This determination is complicated by the fact that definitions of rigorous evaluation vary slightly depending on who is rating the research methods. For example, rating entities such as the Office of Juvenile Justice and Delinquency Prevention (OJJDP) apply different criteria to determine strength of evidence. However, communities can certainly apply the same criteria that any well-known rating entity uses or guidelines that federal agencies have developed on what constitutes evidence of effectiveness, such as the Centers for Disease Control and Prevention's [*Understanding Evidence*](#) series. Many tribes, however, prefer to consult with their evidence-based working groups who have established criteria for determining strength of evidence.

Balance strength of evidence against other needs. Having strong empirical support is important, but it is not the only factor to consider. For example, it may be more appropriate to implement a program with less rigorous evaluation methods but with strong real-world applications. For example, programs that were deemed evidence-based through randomized controlled trials may have been conceptualized and developed through the lens of mainstream White culture. In addition, tribal communities differ from one another, and thus, even if a program or practice was evaluated in one tribal context, the outcomes may not be generalizable to all tribes.

Refine your search by considering outcomes. This guide features programs that have documented evidence- or practice-based support. For those with documented effectiveness, communities can look at the "Evaluation Outcomes" row of the program record to help them determine if there are documented outcomes for their selected factors. Communities can then read the more detailed description summaries to learn more about those programs and strategies that seem most relevant and to determine further if any of these interventions would meet the community's needs. For more detailed information, use the resources provided at the bottom of each summary to obtain more information, such as the program's website.

Determine the feasibility of implementation. Once communities have identified a program that addresses those protective factors present or requiring nurturing and that have been shown to demonstrate some evidence of effectiveness, it is important to determine how feasible it

will be to implement, given community resources and conditions (i.e., the community's willingness and/or readiness to implement). A feasibility assessment might, for example, consider the following:^{viii}

- Cultural appropriateness (e.g., how intrusive will this program be according to local cultural community standards?)
- Acceptability (e.g., will community members be satisfied with the program?)
- Demand (e.g., are people likely to participate?)
- Implementation (e.g., is there buy-in from leaders and ongoing support of staff implementing the program?)
- Practicality (e.g., can the community afford to implement the program?)
- Adaptation (e.g., can the community adapt the program to meet its needs without compromising its effectiveness?)
- Integration (e.g., does the program fit with the existing infrastructure, and can it be easily integrated into staff training, workflow, or service delivery?)

Develop an evaluation plan, if needed. Communities may identify a program from among those included here that has not been evaluated, but it does address the cultural factors associated with mental and behavioral health, and it is feasible to implement. If this is the case, consider developing and implementing an evaluation plan that will allow communities to determine whether improvements in mental and behavioral health are associated with the program implemented. It may be important to consult an evaluator and evaluate the program to see if it produces the desired outcomes.



Section 1.

Programs at-a-Glance

Section 1. Programs At-A-Glance

Outcome	Programs with Evaluation Documentation	Practice-informed Programs
Academic Achievement	<ul style="list-style-type: none"> • FACE (Family and Child Education) Program • Families and Schools Together (FAST) for American Indian Children • PRIDE • Walking the Path Together • Wraparound Model • Youth Leadership Program • The Yuonihan Project 	N/A
Behavior Management	<ul style="list-style-type: none"> • Indian Family Wellness/Incredible Years Adaption • Older American's Act Title VI Programs • Parenting in 2 Worlds • Weaving Healthy Families Program 	<ul style="list-style-type: none"> • Family Listening/Circle Program
Chronic Disease and Prevention Management	<ul style="list-style-type: none"> • Culturally Grounded Health Interventions • Healthy Living in Two Worlds • Walking the Path Together 	<ul style="list-style-type: none"> • Discovering Our Story • Home Grown Project • Hualapai Tribe's HICI Project • NativeVision Sports & Lifeskills • Penobscot Indian Nation HICI Project • We R Native

Continued

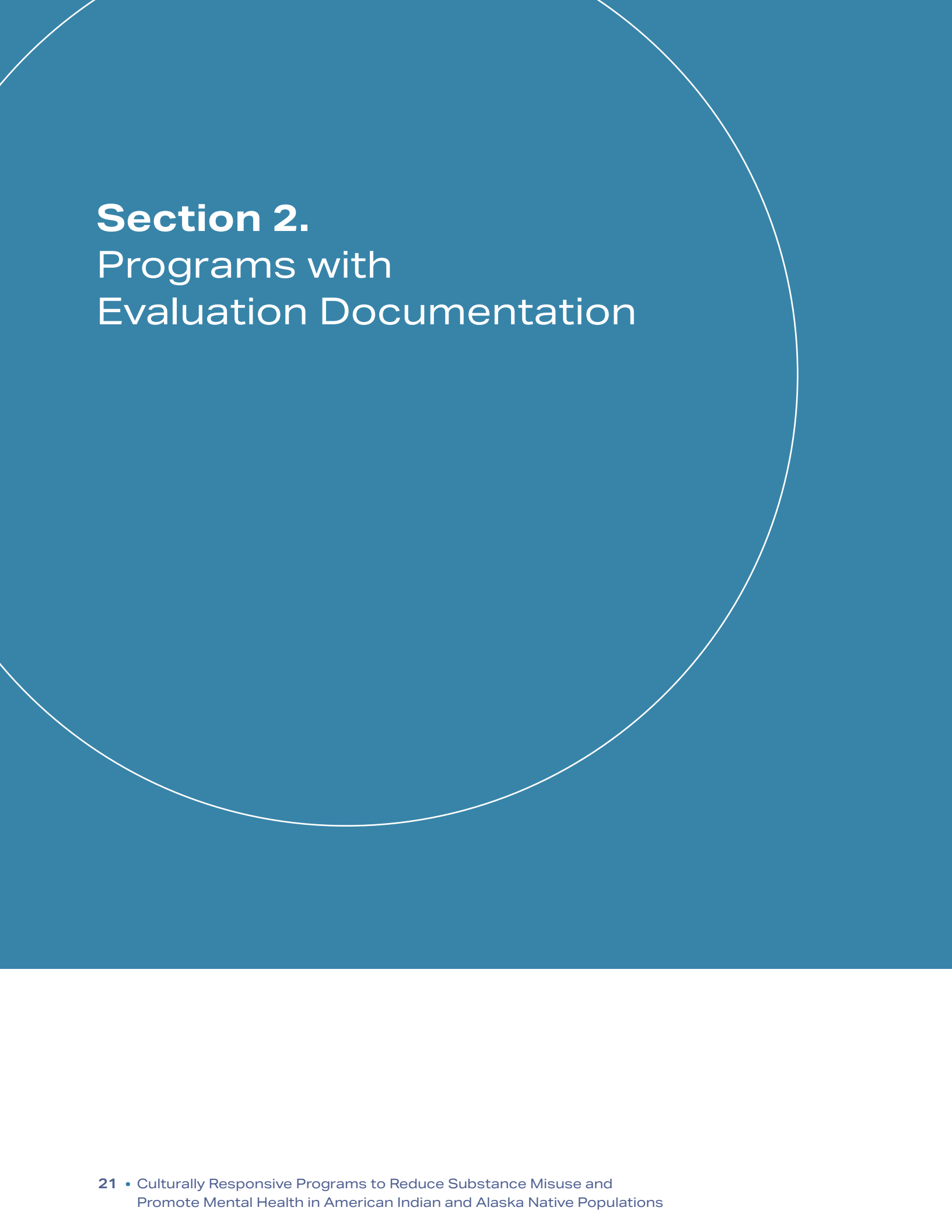
Outcome	Programs with Evaluation Documentation	Practice-informed Programs
Mental Health Promotion	<ul style="list-style-type: none"> • Asdzáán Be'eena' (Female Pathways, AB) • Cherokee Talking Circle • FACE (Family and Child Education) Program • Families and Schools Together (FAST) for American Indian Children • Family Spirit • Healing of the Canoe Project • Holistic System of Care for Native Americans • Lakota Circles of Hope (LCH) • Older American's Act Title VI Programs • Our Life • Seventh Generation • Wakǰáŋyeža (Little Holy One) • Wraparound Model • Youth Leadership Program 	<ul style="list-style-type: none"> • Alaskan Rural Human Service Program • Discovering Our Story • Honoring Children, Making Relatives • Honoring Children, Mending the Circle • LEAP (Lapwai Equine Assisted Program for Life Enrichment) • National Native American Mentoring Program • Native Wellness Youth Leadership Curriculum • NativeVision Sports & Lifeskills • Penobscot Indian Nation HICI Project • Positive Indian Parenting • Project Making Medicine • Rock n' the Rez • Sons of Tradition and Daughters of Tradition • Strengthening the Spirit-Oskâyi Kiskinotahn: Building a Comprehensive Response to Family Violence in Aboriginal Communities (Strengthening the Spirit) • TURTLE Camp • We R Native
STI/HIV Prevention	<ul style="list-style-type: none"> • Gathering of Native Americans • Native American Prevention Project Against AIDS and Substance Abuse • Native STAND (Students Together Against Negative Decisions) 	<ul style="list-style-type: none"> • We R Native • Youth Services Programs

Continued

Outcome	Programs with Evaluation Documentation	Practice-informed Programs
Substance Misuse Prevention	<ul style="list-style-type: none"> • Arrowhead Business Group • Bicultural Competence Skills Approach • BRAVE Campaign • Cherokee Talking Circle • Chi-e-chee Network • Circle of Life (COL) • eCHECKUP TO GO • Family Spirit • Family Wellness Warriors • Gathering of Native Americans • Healing of the Canoe Project • Healthy Living in Two Worlds • Holistic System of Care for Native Americans • Ho'ouna Pono Curriculum • Lakota Circles of Hope (LCH) • Living in 2 Worlds (L2W) • Maskwacis Life Skills Training • Motivational Interviewing and Culture for Urban Native American Youth • Native American Prevention Project Against AIDS and Substance Abuse • Nimi Icinohabi Program • Oglala Sioux Tribe CHOICES Program • PRIDE • Project Venture • Protecting You/Protecting Me for American Indian Children • Qungasvik • Red Cliff Wellness School Curriculum • Reducing Tobacco Use in Pregnancy in YK Delta Women • Reward and Reminder Program 	<ul style="list-style-type: none"> • Alaskan Rural Human Service Program • Bii-Zin-Da-De-Dah (Listening to One Another) • Circle Tied to Mother Earth (CTME) • Discovering Our Story • The Good Road of Life: Responsible Fatherhood • Honoring Ancient Wisdom and Knowledge: Prevention and Cessation (HAWK2) • Honoring Children, Mending the Circle • Hualapai Tribe's HICI Project • Methamphetamine Education and Prevention Project • National Native American Mentoring Program • Native H.O.P.E. • Native Wellness Youth Leadership Curriculum • NativeVision Sports & Lifeskills • Navajo Nation Fetal Alcohol Spectrum Disorders (FASD) Prevention Program • Penobscot Indian Nation HICI Project • Piya Mani Otipi Program Tokala Inajio Project • TURTLE Camp • We R Native • Youth Services Programs

Continued

Outcome	Programs with Evaluation Documentation	Practice-informed Programs
Substance Misuse Prevention	<ul style="list-style-type: none"> • Skill Enhancement Program • Walking the Path Together • Think Smart • Thiwáhe Gluwáš’akapi Program (TG) • Traditions and Connections for Urban Native Americans (TACUNA) • Tribal Tobacco Education and Policy Initiative (TTEP) • Weaving Healthy Families Program • Youth Leadership Program • The Yuonihan Project 	
Suicide Prevention	<ul style="list-style-type: none"> • American Indian Life Skills Development/Zuni Life Skills Development • Arrowhead Business Group • Connect Program • Holistic System of Care for Native Americans • Projet Pairs-Aidants • Qungasvik • Respecting the Circle of Life 	<ul style="list-style-type: none"> • Alaskan Rural Human Service Program • Doorway to a Sacred Place • From Legacy to Choice • The Good Road of Life: Responsible Fatherhood • Native H.O.P.E. • Native Wellness Youth Leadership Curriculum • Penobscot Indian Nation HICI Project • Piya Mani Otipi Program Tokala Inajio Project • We R Native
Violence & Injury Prevention	<ul style="list-style-type: none"> • Ho-Chunk Nation’s Motor Vehicle Injury Prevention Program • Holistic System of Care for Native Americans • Protecting You/Protecting Me for American Indian Children • Walking the Path Together 	<ul style="list-style-type: none"> • Alaskan Rural Human Service Program • Discovering Our Story • The Good Road of Life: Responsible Fatherhood • Native H.O.P.E. • Piya Mani Otipi Program Tokala Inajio Project • Project Making Medicine • Strengthening the Spirit-Oskâyi Kiskinotahn: Building a Comprehensive Response to Family Violence in Aboriginal Communities (Strengthening the Spirit)



Section 2. Programs with Evaluation Documentation

Section 2. Programs with Evaluation Documentation

American Indian Life Skills Development/Zuni Life Skills Development	
Description	<p>American Indian Life Skills (AILS) Development is the current version of the former Zuni Life Skills Development program. It is a school-based suicide prevention curriculum that aims to reduce suicide risk factors and increase protective factors among American Indian youth. The curriculum comprises approximately 60 individual sessions delivered by teachers and tribal community leaders during the school day two to three times per week over 20 to 30 weeks.</p> <p>The curriculum integrates commonly shared Native American beliefs and topics into a life skills program, and recommends places where individual tribal beliefs, practices, culture, and language can be added for customization. Students participate in culturally relevant experiential learning exercises on:</p> <ul style="list-style-type: none"> • Self-esteem • Emotions and stress • Communication and problem-solving skills • Self-destructive behavior • Suicide • Personal and community goals <p>Website: http://www.ashiwi.org/</p>
Developer(s)	Teresa D. LaFromboise, Stanford University, in collaboration with the Zuni Pueblo and Cherokee Nations
Populations	<ul style="list-style-type: none"> • American Indian or Alaska Native adolescents aged 14 to 19 • Adaptations have been developed for: <ul style="list-style-type: none"> • Middle school students on a reservation in the Northern Plains area • Sequoyah High School in Tahlequah, Oklahoma • A boarding school on the reservation of Cherokee Nation that enrolls students from about 20 tribes across the country • Young women of the Blackfeet tribe
Settings	School and community
Evaluation Design	Prospective, quasi-experimental design with 128 Zuni Public High School students randomly assigned to a prevention (n=69) or comparison (n=59) group, and assessed before and after using a self-report survey, behavioral observation, and peer ratings.

Continued

American Indian Life Skills Development/Zuni Life Skills Development	
Evaluation Outcomes	<p>Compared with the no-intervention group, students receiving the AILS Development curriculum:</p> <ul style="list-style-type: none"> • Were less likely to feel hopeless • Demonstrated a higher level of suicide intervention skills <p>Students across both groups demonstrated greater problem-solving skills in the scenario with the mild suicide threat than in the scenario with the more serious suicide threat.</p>
Evaluation Studies	<p>LaFromboise, T., & Howard-Pitney, B. (1995). The Zuni life skills development curriculum: Description and evaluation of a suicide prevention program. <i>Journal of Counseling Psychology</i>, 42(4), 479–486.</p>
Resources	<p>LaFromboise, T. (1996). <i>American Indian life skills development curriculum</i>. University of Wisconsin Press.</p> <p>LaFromboise, T. D., & Howard-Pitney, B. The Zuni life skills development curriculum: A collaborative approach to curriculum development. <i>American Indian and Alaska Native Mental Health Research</i> (Monographic Series), 4, 98–121.</p> <p>LaFromboise, T. D., & Lewis, H. A. (2008). The Zuni life skills development program: A school/community-based suicide prevention intervention. <i>Suicide and Life-Threatening Behavior</i>, 38(3), 343–353.</p> <p>Suicide Prevention Resource Center. (n.d.). <i>American Indian life skills development/Zuni life skills development</i>. https://uwpress.wisc.edu/books/0129.htm</p>

Arrowhead Business Group

Description	<p>Arrowhead Business Group (ABG) is a 16-lesson youth entrepreneurship education program that:</p> <ul style="list-style-type: none"> • Draws on theories of positive youth development • Teaches basic business development knowledge and skills • Promotes life skills, resilience, and youth self-efficacy • Offers support and mentorship <p>Lessons are taught by two adult facilitators and are highly experiential, with youth spending the last six lessons developing small business plans. Apache entrepreneurs, business leaders, and Elders also give presentations to highlight aspects of Apache culture that promote entrepreneurship.</p> <p>Website: https://caih.jhu.edu/programs/youth-entrepreneurship-education-program-arrowhead-business-group/</p>
Developer(s)	Tribal-university partnership
Populations	White Mountain Apache adolescents ages 13 to 16
Settings	School and community
Evaluation Design	Experimental, prospective design in which twice as many youth were randomly assigned to the ABG program than the control condition, and in which youth in both conditions completed a battery of self-report measures at baseline and immediately post-intervention, as well as at 6 months, 12 months, and 24 months post-intervention
Evaluation Outcomes	<ul style="list-style-type: none"> • Compared to control group participants, ABG participants showed greater sustained improvements at 12 months for entrepreneurship knowledge and economic confidence and security. • Post-intervention improvements were sustained for ABG participants at 24 months for connectedness to parents, school, and awareness of connectedness.
Evaluation Studies	<p>Tingey, L., Larzelere, F., Goklish, N., Rosenstock, S., Mayo-Wilson, L. J., Pablo, E., Goklish, W., Grass, R., Sprengeler, F., Parker, S., Ingalls, A., Craig, M., & Barlow, A. (2020). Entrepreneurial, economic, and social well-being outcomes from an RCT of a youth entrepreneurship education intervention among Native American adolescents. <i>International Journal of Environmental Research and Public Health</i>, 17(7), 2383.</p> <p>https://doi.org/10.3390/ijerph17072383</p>
Resources	<p>Tingey, L., Larzelere-Hinton, F., Goklish, N., Ingalls, A., Craft, T., Sprengeler, F., McGuire, C., & Barlow, A. (2016). Entrepreneurship education: A strength-based approach to substance use and suicide prevention for American Indian adolescents. <i>Centers for American Indian and Alaska Native Health</i>, 23(2), 248-270.</p>

Asdzáán Be'eena' (Female Pathways, AB)

Description	<p>Asdzáán Be'eena' (AB) is a culturally grounded curriculum that includes 11 lessons organized according to the teachings of the Navajo creation story. Lessons focus on knowledge and skills necessary for delaying substance use and sexual initiation.</p> <p>A family health coach (Navajo women) teaches all lessons, which consist of three to five activities designed to teach a skill or provide knowledge about a topic. Examples of topics include:</p> <ul style="list-style-type: none"> • Identifying role models • Developing support networks • Solving problems • Dealing with peer pressure <p>The family health coach implements the AB curriculum via individual dyad and group formats. Individual dyad lessons are taught to a female youth and their female caregiver in the home or another place of the dyad's choosing. Group lessons occur with 7–12 dyads in a central community location (e.g., school, clinic).</p> <p>Website: https://cih.jhu.edu/programs/evaluation-of-female-pathways-program/</p>
Developer(s)	Johns Hopkins curriculum team in consultation with cultural experts and with input from Navajo girls, mothers and grandmothers, fathers and grandfathers, and traditional practitioners as well as community leaders
Populations	Female Navajo adolescents ages 10–14 and their female caregivers
Settings	Home and community
Evaluation Design	<p>Prospective, nonexperimental design with 47 dyads (female adolescents and their female caregivers) assessed at baseline and 3-months post-intervention (Chambers, Patel et al., 2021)</p> <p>Prospective, experimental design with 410 dyads (female adolescents and their female caregivers) with equal numbers assigned to the AB or comparison group with assessments at baseline and immediate post-intervention then at 6 months and 12 months post-intervention (Chambers, Begay et al., 2021)</p>
Evaluation Outcomes	<p>Results of the nonexperimental study found that (Chambers, Patel et al., 2021):</p> <ul style="list-style-type: none"> • Girls reported significant increases in self-esteem, self-efficacy, parent-child relationship, social support, cultural, and sexual health knowledge. • Caregivers reported increased family engagement in Navajo culture and parent-child communication and improved child functioning (fewer internalizing and externalizing behaviors). <p>Results of the experimental study are pending (Chambers, Begay et al., 2021).</p>

Continued

Asdzáán Be'eena' (Female Pathways, AB)

Evaluation Studies

Chambers, R. A., Begay, J., Patel, H., Richards, J., Nelson, D., Rosenstock, S., Huskon, R., Mitchell, K., Begay, T., & Tingey, L. (2021). Rigorous evaluation of a substance use and teen pregnancy prevention program for American Indian girls and their female caregivers: A study protocol for a randomized controlled trial. *BMC Public Health*, 21(1), 1179. <https://doi.org/10.1186/s12889-021-11131-x>

Chambers, R. A., Patel, H., Richards, J., Begay, J., Littlepage, S., Begay, M., Sheppard, L., Nelson, D., Masten, K., Mitchell, K., Kee, C., Barlow, A., & Tingey, L. (2021). Feasibility, acceptability, and preliminary impact of Asdzáán Be'eena': An intergenerational, strength-based, and culturally grounded program to improve the health of Navajo families. *Family & Community Health*, 44(4), 266–281. <https://doi.org/10.1097/FCH.0000000000000302>

Bicultural Competence Skills Approach

Description	<p>Bicultural Competence Skills Approach is an educational substance misuse prevention intervention that aims to prevent misuse of tobacco, alcohol, and other drugs among Native American adolescents.</p> <p>This intervention:</p> <ul style="list-style-type: none"> • Employs bicultural competence and social learning theories • Comprises 10 to 15 sessions on problem-solving, communication, coping, and discrimination skills • Teaches skills related to resisting temptation and identifying healthy alternatives to substance misuse • Uses culturally relevant examples that help participants predict and avoid situations where substance misuse is likely
Developer(s)	Steven P. Schinke and colleagues, Columbia University
Populations	American Indian or Alaska Native youth ages 9 to 11 from two western Washington reservation sites
Settings	Community
Evaluation Design	<p>Prospective, experimental design with 137 Native American youths (11- to 12-years- old) randomly assigned to prevention and control conditions and assessed before, immediately following, and 6 months after the intervention (Schinke et al., 1988)</p> <p>Prospective experimental design with 1,396 Native American third- through fifth- graders in 27 elementary schools randomly assigned by school to intervention or control groups, and assessed at baseline, 6 months, 18 months, 30 months, and 42 months post-intervention (Schinke et al., 2000)</p>
Evaluation Outcomes	<p>Compared to controls, students participating in the Bicultural Competence Skills Approach intervention (Schinke et al., 1988):</p> <ul style="list-style-type: none"> • Were more knowledgeable about substance use and misuse • Had less favorable attitudes about substance use in Native American culture • Had more self-control • Had more assertiveness • Had greater ability to generate alternative suggestions to substance use when peer pressured <p>Compared to controls, students receiving the Bicultural Competence Skills Approach intervention had lower rates of smokeless tobacco, alcohol, and marijuana use (Schinke et al., 2000).</p>
Evaluation Studies	<p>Schinke, S. P., Botvin, G. J., Trimble, J. E., Orlandi, M. A., Gilchrist, L. D., & Locklear, V. S. (1988). Preventing substance abuse among American-Indian adolescents: A bicultural competence skills approach. <i>Journal of Consulting Psychology</i>, 35(1), 87–90.</p> <p>Schinke, S. P., Tepavac, L., & Cole, K. C. (2000). Preventing substance use among Native American youth: Three-year results. <i>Addictive Behaviors</i>, 25(3), 387–97.</p>

BRAVE Campaign

Description	<p>The BRAVE Campaign is a mobile health intervention that includes three to five text messages per week for 8 weeks, including one role model video per week and one related image. Text messages are designed to improve mental health and help-seeking skills and promote cultural pride and resilience.</p> <p>The role model videos (1–3 minutes each) feature relatable characters experiencing and addressing violent behavior, alcohol misuse, and suicidality (through the eyes of a perpetrator, an intimate partner violence survivor, and a peer bystander) and are intended to demonstrate important coping and help-seeking skills.</p> <p>Website: https://www.wernative.org/my-mind/getting-help/brave</p>
Developer(s)	Northwest Portland Area Indian Health Board and Colorado School of Public Health mHealth Impact Lab
Populations	Self-identified American Indian and Alaska Native youth, ages 15–24 years old
Settings	Nationwide, online
Evaluation Design	<p>Retrospective, nonexperimental study involving analysis of data from the 509 participants randomized to the BRAVE arm of the study (Wrobel, J. et al., 2022)</p> <p>Prospective experimental study with 1,030 participants randomized to either intervention or comparison condition and assessed at baseline and at 3-month, 5-month, and 8-month follow-ups for changes in intentions, behavior, and self-efficacy related to mental health, alcohol and drug misuse as indicated by negative coping scales, and help-seeking skills (Craig Rushing, S. et al., 2021)</p>
Evaluation Outcomes	<p>BRAVE participants who expressed higher help-seeking behaviors at baseline were less likely to engage with the resources shared throughout the intervention—as indicated by a low volume of clicks (Wrobel, J. et al., 2022).</p> <p>Participants in the BRAVE arm did not report better outcomes than those in the STEM arm. There were no significant differences in outcome measures at follow-up based on individual and aggregate survey measures (Craig Rushing, S. et al., 2021).</p>
Evaluation Studies	<p>Wrobel, J., Silvasstar, J., Peterson, R., Sumbundu, K., Kelley, A., Stephens, D., Craig Rushing, S., & Bull, S. (2022). Text messaging intervention for mental wellness in American Indian and Alaska Native teens and young adults (BRAVE Study): Analysis of user engagement patterns. <i>JMIR Formative Research</i>, 6(2), e32138. https://doi.org/10.2196/32138</p> <p>Craig Rushing, S., Kelley, A., Bull, S., Stephens, D., Wrobel, J., Silvasstar, J., Peterson, R., Begay, C., Ghost Dog, T., McCray, C., Love Brown, D., Thomas, M., Caughlan, C., Singer, M., Smith, P., & Sumbundu, K. (2021). Efficacy of an mHealth intervention (BRAVE) to promote mental wellness for American Indian and Alaska Native teenagers and young adults: Randomized controlled trial. <i>JMIR Mental Health</i>, 8(9), e26158. https://doi.org/10.2196/26158</p>

Continued

BRAVE Campaign

Resources

Craig Rushing, S., Kelley, A., Hafner, S., Stephens, D., Singer, M., Bingham, D., Caughlan, C., Fatupaito, B., Gaston, A., Ghost Dog, T., Smith, P., Love Brown, D., & McCray, C. (2021). The BRAVE study: Formative research to design a multimedia intervention for American Indian and Alaska Native young adults [online]. *American Indian and Alaska Native Mental Health Research*, 28(1), 71–102. <https://doi.org/10.5820/aian.2801.2021.71>

Stephens, D., Peterson, R., Singer, M., Johnson, J., Rushing, S. C., & Kelley, A. (2020). Recruiting and engaging American Indian and Alaska Native teens and young adults in a SMS help-seeking intervention: Lessons learned from the BRAVE study. *International Journal of Environmental Research and Public Health*, 17(24), 9437. <https://doi.org/10.3390/ijerph17249437>

Cherokee Talking Circle

Description	<p>Cherokee Talking Circle (CTC) is a school-based, manualized substance misuse intervention that aims to reduce substance misuse and related problem behaviors among Native American adolescents. The intervention comprises 10 sessions or “talking circles” led by a counselor and cultural expert. The talking circle is an educational approach that encourages the following:</p> <ul style="list-style-type: none"> • Dialogue • Respect <p>Co-creation of learning content</p> <ul style="list-style-type: none"> • Social discourse in which participants use a sacred object to signify who has the right to speak (see Kaminski, 2006) <p>The CTC program integrates Keetoowah-Cherokee values into the intervention and emphasizes the value of self-resilience, which the Keetoowah-Cherokee believe emanates from being responsible, disciplined, and confident. Two other cultural themes are interwoven with these three ways of being—being true to oneself and being connected (i.e., identifying and using natural resources). The CTC program was later adapted for urban American Indian young adults.</p> <p>Website: http://ukb-nsn.gov/</p>
Developer(s)	John Lowe, Florida Atlantic University, in collaboration with tribes (community- based participatory research project)
Populations	<p>Students ages 13 to 18 from the United Keetoowah Band of Cherokee Indians in the early stages of substance misuse</p> <p>Also adapted for urban American Indian young adults, ages 18–24 living in northern Florida</p>
Settings	School and community
Evaluation Design	<p>Prospective, experimental design with 187 Cherokee students (13–18 years old) randomly assigned to the CTC intervention or Standard Substance Abuse Education (SE) comparison group, and assessed at pre-intervention, immediate post- intervention, and 90-day post-intervention (Lowe et al., 2012)</p> <p>Prospective nonexperimental design with 75 young adults assessed at baseline and at 6 months post-intervention (Kelley et al., 2022)</p>

Continued

Cherokee Talking Circle	
Evaluation Outcomes	<p>Compared with the SE group, students receiving the CTC intervention reported significant reductions in (Lowe et al., 2012):</p> <ul style="list-style-type: none"> • Overall health problems • General life problems • Internal Behavior Scale (IBS) scores • External Behavior Scale (IBS) scores • Substance problems <p>Compared with the SE group, students receiving the CTC intervention reported a significant increase in Cherokee self-reliance (Lowe et al., 2012).</p> <p>At the 6-month follow-up, participants demonstrated (Kelley et al., 2022):</p> <ul style="list-style-type: none"> • A higher sense of Native-Reliance • Decrease in substance use • Decrease in PHQ-9 depression scores
Evaluation Studies	<p>Kelley, M., Lowe, J., Greywolf, C., Wimbish-Tompkins, R., & Menon, U. (2022). A cultural-based approach to address substance use among urban Native American young adults. <i>Journal of Community Psychology</i>, 51, 2581–2591. DOI: 10.1002/jcop.23044</p> <p>Lowe, J., Liang, H., Riggs, C., & Henson, J. (2012). Community partnership to affect substance abuse among Native American adolescents. <i>American Journal of Drug and Alcohol Abuse</i>, 38(5), 450–455.</p>
Resources	<p>Currie, S., & Kaminski, J. (2009). <i>Talking circles</i>. First Nations Pedagogy. https://firstnationspedagogy.ca/circletalks.html</p> <p>Kaminski, J. (2006). <i>First nations pedagogy</i>. http://firstnationspedagogy.com/theory.html</p>

Chi-e-chee Network

Description	<p>Chi-e-chee Network, implemented by a local group of Chi-e-chees (workers), is a group of strategies for changing attitudes and behaviors related to substance misuse. These strategies include:</p> <ol style="list-style-type: none"> 1. Creating partnerships among community members, professional services staff, and tribal departments 2. Implementing a process of ongoing training for the community on substance misuse issues 3. Organizing community-wide alcohol- and drug-free events 4. Enhancing health, welfare, and youth services for substance-abusing individuals or for children affected by substance-abusing parents 5. Advocating for new tribal policies restricting the use and misuse of drugs and alcohol <p>Website: https://pgst.nsn.us/youth-services/</p>
Developer(s)	Port Gamble S’Klallam Tribe
Populations	Members of the Port Gamble S’Klallam Tribe, located on the Olympic Peninsula in Washington State
Settings	Community
Evaluation Design	Nonexperimental, pre- and post-assessment design with a survey administered to 185 community members and 94 students in grades 7–12; interviews conducted with 13 tribal staff; and key informant interviews conducted with community elders; as well as data abstracted from administrative and client records, Tribal Indian Child Welfare program files, minutes from tribal council meetings, and tribal police records
Evaluation Outcomes	<ul style="list-style-type: none"> • Youth reported having more friends who don’t expect them to drink. • Key informants reported higher percentage of clean and sober community members. • Tribal police data indicated a 28% decrease in police arrests for adult alcohol and drug-related crimes over five years.
Evaluation Studies	Rowe, W. E. (1997). Changing ATOD norms and behaviors: A Native American community commitment to wellness. <i>Evaluation and Program Planning</i> , 20(3), 323-333. doi:10.1016/S0149-7189(97)00012-8
Resources	Hawkins, E. H., Cummins, L. H., & Marlatt, G. A. (2004). Preventing substance abuse in American Indian and Alaska Native youth: Promising strategies for healthier communities. <i>Psychological Bulletin</i> , 130, 304–323. https://doi.org/10.1037/0033-2909.130.2.304

Circle of Life (COL)

Description	<p>Circle of Life (COL) is a 30-hour health education and youth development curriculum that integrates theories of behavior change into a curriculum based on American Indian/Alaska Native (AI/AN) cultural knowledge, values, stories, illustrations, historical figures, practices, and teachings.</p> <p>COL emphasizes responsibility to one’s family and community and the role of the community in preventing HIV/AIDS and other diseases. At the heart of the program are traditional AI/AN beliefs about adolescence as a critical period for personal empowerment and self-mastery with a focus on strengthening and balancing the spiritual, emotional, physical, and mental aspects of individuals.</p> <p>COL program content and activities emphasizes:</p> <ul style="list-style-type: none"> • Communication • Decision-making • Peer resistance • Refusal skills related to promoting a range of healthy behaviors and discouraging risky ones <p>It is recommended that community members be hired and trained to teach the course.</p>
Developer(s)	AI/AN educators with input from parents, education specialists, and health experts from a wide range of AI/AN communities and organizations
Populations	AI/AN middle school students
Settings	Middle schools located on a Northern Plains Indian reservation in the United States
Evaluation Design	Retrospective, experimental design with 443 students (COL group n = 217; control group n = 226) to assess risk of marijuana initiation and 571 students (COL group n = 279; control group n = 292) with assessment at two baseline periods and at 3- and 12-months post-intervention
Evaluation Outcomes	Overall risk of marijuana initiation was 17.3% lower in the COL group compared to the control group. There was no effect on frequency of marijuana use.
Evaluation Studies	Asdigian, N. L., Whitesall, N. R., Keane, E., Mousseau, A. C., & Kaufman, C. E. (2018). Effects of the Circle of Life HIV prevention program on marijuana use among American Indian middle school youths: A group randomized trial in a Northern Plains tribe. <i>American Journal of Drug and Alcohol Abuse</i> , 44, 120–128.

CONNECT Program

Description	<p>The CONNECT Program consists of two main intervention strategies.</p> <ul style="list-style-type: none"> • Strategy 1 is a school-based screening and a brief intervention with motivational interviewing (MI). Trained coaches meet individually with students for 10–15 minutes in a private school office where they ask two screening questions. Using the National Institute on Alcohol Abuse and Alcoholism’s (NIAAA’s) <i>Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide</i>, students risk level is assessed: <ul style="list-style-type: none"> • Students at moderate or high risk participate in MI and engage in “change talk” to decrease or stop alcohol use. • Students at low risk participate in MI to affirm their decisions not to drink. • Coaches schedule a 1-month follow-up meeting with those students who are at a moderate or high risk to monitor progress and adjust goals. • Strategy 2 is a media campaign to reinforce positive social interactions. Postcards with behavioral tips are mailed to students’ caregivers and feature themes related to: <ul style="list-style-type: none"> • Communication and connection • Monitoring strategies • Identifying high-risk behaviors or situations • Identifying consequences of alcohol use • Establishing healthy family norms and roles <p>Posters containing similar messages are distributed in multiple high-traffic areas throughout the community.</p> <p>CONNECT has been implemented with Communities Mobilizing for Change on Alcohol with the Cherokee Nation.</p> <p>Website: https://web1.sph.emory.edu/eprc/research/cmca-connect.html</p>
Developer(s)	Academic-tribal partnership between Emory University and the Cherokee Nation
Populations	Cherokee Nation youth, families, and communities
Settings	School and community
Evaluation Design	<p>Prospective, experimental design with six communities assigned to one of the following:</p> <ul style="list-style-type: none"> • A control • Communities Mobilizing for Change on Alcohol (CMCA) only (which is a community-organizing intervention targeting alcohol access) • CONNECT only (which is a school-based universal screening and brief intervention) • A combined condition with quarterly surveys of students starting in grades 9 and 10 and ending in grades 11 and 12

Continued

CONNECT Program	
Evaluation Outcomes	<p>There was no difference between the CONNECT and control groups on anticipated intermediate outcomes: alcohol expectancies, parental communication, and social support (Garrett et al., 2019).</p> <p>Students exposed to CMCA or CONNECT both showed a significant reduction in the probability over time of 30-day alcohol use and heavy episodic drinking compared with students in the control condition, with variation in magnitude of effects over the 2.5-year intervention period (Komro et al., 2017).</p> <p>Students exposed to CONNECT showed significant reductions in marijuana use and in prescription drug misuse (Livingston et al., 2018).</p>
Evaluation Studies	<p>Garrett, B. A., Komro, K. A., Merlo, L. J., Livingston, B. J., Rentmeester, S., Tobler, A., Livingston, M., & Kominsky, T. K. (2019). CONNECT: Implementation of a school-based alcohol screening and brief intervention for youth in the Cherokee Nation. <i>Journal of School Health</i>, 89(11), 874–882.</p> <p>Komro, K. A., Livingston, M. D., Wagenaar, A. C., Kominsky, T. K., Pettigrew, D. W., Garrett, B. A., & Cherokee Nation Prevention Trial Team. (2017). Multilevel prevention trial of alcohol use among American Indian and White high school students in the Cherokee Nation. <i>American Journal of Public Health</i>, 107(3), 453–459. https://doi.org/10.2105/AJPH.2016.303603</p> <p>Livingston, M. D., Komro, K. A., Wagenaar, A. C., Kominsky, T. K., Pettigrew, D. W., & Garrett, B. A. (2018). Effects of alcohol interventions on other drug use in the Cherokee Nation. <i>American Journal of Public Health</i>, 108(2), 259–261. https://doi.org/10.2105/AJPH.2017.304188</p>
Resources	<p>National Institute on Alcohol Abuse and Alcoholism. (n.d.). <i>Alcohol screening and brief intervention for youth: A practitioner's guide</i>. https://www.niaaa.nih.gov/sites/default/files/publications/YouthGuide.pdf</p>

Culturally Grounded Health Interventions

Description	<p>Culturally Grounded Health Interventions use culturally grounded ways of teaching and reinforcing positive health behaviors such as storytelling, music, and crafts to prevent recreational tobacco use and encourage healthy eating habits among Native youth ages 8–12.</p> <ul style="list-style-type: none"> • The healthy dietary practices curriculum combines traditional Native teachings with information on healthy eating practices through stories, theater exercises, and crafts. • The recreational tobacco use prevention curriculum combines traditional Native teachings with information on recreational tobacco use through teachings by elders, crafts, stories, drama, and videos.
Developer(s)	Hilary Weaver (Lakota), State University of New York, Buffalo, in collaboration with Native American people in the Northeastern United States
Populations	Native youth in Northeastern United States
Settings	Reservation, social health, and educational sites
Evaluation Design	Quasi-experimental design using pretests and posttests with 75 Native youth at five sites in Northeastern United States
Evaluation Outcomes	The group that received both the recreational tobacco use and health dietary practices curricula showed some improvement on dietary attitudes.
Evaluation Studies	Weaver, H. N. (1999). Health concerns for Native American youth: A culturally grounded approach. <i>Journal of Human Behavior in the Social Environment</i> , 2(1–2), 127–143.
Resources	Jackson, K. F., & Hodge, D. (2010). Native American youth and culturally sensitive interventions: A systematic review. <i>Research on Social Work Practice</i> , 20(3), 260–270. https://doi.org/10.1177/1049731509347862

eCheckup TO GO

Description	<p>eCHECKUP TO GO is a web-based screening, brief intervention, and referral to treatment (SBIRT) tool adapted to provide a culturally targeted intervention to reduce alcohol-exposed pregnancies (AEPs). A personalized online intervention, eCHECKUP TO GO incorporates self-assessment of drinking behaviors with motivational interviewing and goal-setting activities.</p> <p>Website: https://www.echeckuptogo.com/</p>
Developer(s)	Drs. Van Sickle and Moyer at San Diego State University and the Native American Research Centers for Health
Populations	American Indian/Alaska Native women ages 18 to 45 years old
Settings	American Indian/Alaska Native health clinics located in Southern California between April 2011 and September 2012
Evaluation Design	Prospective, experimental study involving 263 patients who were surveyed at recruitment/baseline, after the randomization (121 assigned to the intervention group, 142 assigned to the control group), and during the follow-up (247 participants with 1-month, 3-month, and 6-month post-interventions)
Evaluation Outcomes	There were no differences in outcomes between those participating in the adapted eCHECKUP TO GO intervention and the treatment as usual. Risky drinking behavior and vulnerability to AEP were reduced in both the intervention and control groups. This included drinks per week, frequency of heavy episodic/binge drinking episodes per 2 weeks, and risk of AEP at 6 months post-intervention. Higher alcohol consumption was linked to testing positive for depression or impaired functionality and a greater number of binge drinking episodes over a 2-week period.
Evaluation Studies	Montag, A. C., Brodine, S. K., Alcaraz, J. E., Clapp, J. D., Allison, M. A., Calac, D. J., Hull, A. D., Gorman, J. R., Jones, K. L., & Chambers, C. D. (2015). Preventing alcohol-exposed pregnancy among an American Indian/Alaska Native population: Effect of a screening, brief intervention, and referral to treatment intervention. <i>Alcoholism, Clinical and Experimental Research</i> , 39(1), 126–135. https://doi.org/10.1111/acer.12607

FACE (Family and Child Education) Program

Description	<p>FACE (Family and Child Education) Program is a family-based program that seeks to provide American Indian children with a culturally relevant early childhood education. The program is based on <i>Parents As Teachers (PAT)</i>, <i>Parents And Child Education (PACE)</i>, and the <i>High/Scope Curriculum</i> for early childhood and grades K–3.</p> <p>FACE consists of weekly or biweekly home visits to each family, during which parent educators:</p> <ul style="list-style-type: none"> • Assess the child’s developmental level • Provide parent-child learning experiences • Refer the child/family to additional services based on assessment • Encourage parents to attend a planned monthly group meeting <p>Center-based services are offered to families once the child reaches age 3. These services consist of:</p> <ul style="list-style-type: none"> • Adult education • Early childhood education • Parent time • Parent and child together time <p>Website: http://www.faceresources.org/</p>
Developer(s)	The Bureau of Indian Affairs (now the Bureau of Indian Education), Office of Indian Education Programs
Populations	Children from birth to age 5 and their families
Settings	Home and center-based
Evaluation Design	Nonexperimental design with a pretest and posttest with children in FACE preschool

Continued

FACE (Family and Child Education) Program	
Evaluation Outcomes	<p>Outcomes for FACE children:</p> <ul style="list-style-type: none"> • 90% of children—including 91% of home-based children and 89% of center-based children—were screened for developmental delays and health and dental problems. • Average standard scores for vocabulary and language comprehension increased. • Preschoolers scored significantly higher on post-assessment for each of the seven Work Sampling System domains (personal and social development, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development). • FACE parents reported believing that FACE was effective in preparing their child for school. <p>Outcomes for FACE adults:</p> <ul style="list-style-type: none"> • 89% of adult education participants set at least one goal, and 75% completed a goal. • 76% of home-based parents set goals, and 65% completed goals. • At least 95% of parents, regardless of services received, reported that FACE impacted their parenting skills somewhat or a lot in all areas that were measured. • 72% of adults demonstrated reading gains, and 75% demonstrated gains in mathematics. • 63% of adults with the goal of obtaining a GED or high school diploma reported that FACE participation helped them make progress toward achieving their goal. • 31% of center-based adults with the goal of obtaining a new or better job reported that FACE helped them achieve their goal. • Most FACE adults reported feeling better about themselves, increased the frequency of their interactions with other adults, had more self-direction and self-discipline, improved their communication skills, and improved their physical fitness. • Parent reports suggested that FACE participation improved their home literacy practices. • 64% of adults from Program Year 2014 indicated that participation in FACE helped increase their use of their Native language. • Most FACE parents with K–5 children attended classroom or school events (93%), compared with fewer parents nationally (81%).
Evaluation Studies	<p>Yarnell, V., Lambson, T., & Pfannenstiel, J. (2015, May). <i>BIE family and child education program, 2014</i>. https://www.bie.edu/cs/groups/xbie/documents/document/idc1-030934.pdf</p>
Resources	<p>National Congress of American Indians. (2008). <i>The family and child education program</i>. https://www.faceresources.org/</p>

Families and Schools Together (FAST) Program for American Indian Children

Description	<p>The tribal-controlled College of Menominee Nation worked with program developers to adapt the Families and Schools Together (FAST) Program for American Indian children. The FAST program is designed to fortify family bonds and increase positive parent-child communication, thereby improving children’s academic performance and emotional functioning.</p> <p>FAST for elementary school-age children includes eight weekly sessions (and subsequent booster sessions over two years). Each session is organized in the following way:</p> <ol style="list-style-type: none"> 1. The family unit meets together to establish cohesiveness. 2. Parents and children participate in separate activities designed to foster connections to peers. 3. Parents and FAST children reconvene in one-to-one play time. 4. Each session ends with activities that illuminate and celebrate the interdependencies of family members. <p>In addition, adaptations for American Indian children include:</p> <ol style="list-style-type: none"> 1. Making interventions for at-risk youth and families more accessible 2. Using role modeling, behavioral rehearsal, action-oriented, and present-focused intervention approaches 3. Integrating traditional healing methods 4. Having a culturally represented team of tribal community members facilitate program implementation <p>Website: http://www.familiesandschools.org/</p>
Developer(s)	Lynn McDonald (original developer), adaptation involved tribes
Populations	At-risk elementary school-age children of American Indian descent attending reservation or public schools in northern Wisconsin, along with their parents and teachers
Settings	School and afterschool
Evaluation Design	Experimental design in which 100 K–2 students and their families in three schools were randomly assigned to either FAST participation or the control condition and assessed at baseline, immediately after participation in the 8-week program, and at 9 and 12 months after participation
Evaluation Outcomes	<ul style="list-style-type: none"> • At the immediate posttest, FAST students were more likely than controls to show improvements in their scores for aggressive and withdrawn behaviors. • At the 9-month and 12-month follow-ups, FAST students were less likely than controls to be withdrawn and more likely to have greater academic competence.
Evaluation Studies	Kratochwill, T. R., McDonald, L., Levin, J. R., Bear-Tibbetts, H. Y., & Demaray, M. K. (2004). Families and schools together: An experimental analysis of a parent- mediated multi-family group program for American Indian children. <i>Journal of School Psychology, 42</i> (5), 359–383.
Resources	Jackson, K. F., & Hodge, D. (2010). Native American youth and culturally sensitive interventions: A systematic review. <i>Research on Social Work Practice, 20</i> (3), 260–270. https://doi.org/10.1177/1049731509347862

Family Spirit

Description	<p>Family Spirit is a home visiting mental health promotion and substance misuse prevention intervention for American Indian teenage mothers that aims to:</p> <ul style="list-style-type: none"> • Increase parenting competence • Reduce risk factors that could inhibit effective parenting • Promote healthy infant and toddler behaviors <p>The intervention comprises 63 lessons on prenatal care, infant care, child development, family planning, and healthy living. It is based on the American Academy of Pediatrics' guide <i>Caring for Your Baby and Young Child: Birth to Age 5</i>.</p> <p>Cultural adaptations to program style, graphics, delivery, and content were made with input from community-based participants. Moreover, the intervention employs Native paraprofessionals as home visitors, building local human capital and reflecting American Indian provider preferences.</p> <p>Website: https://cih.jhu.edu/programs/family-spirit-home-visiting-program/</p>
Developer(s)	Johns Hopkins Center for American Indian Health
Populations	American Indian teenage mothers and their children from Apache and Navajo communities
Settings	Home, community, and outpatient
Evaluation Design	<p>Prospective, experimental design with 53 pregnant American Indian teens randomly assigned to an intervention group or a control group receiving a breastfeeding education program. Maternal and child outcomes were evaluated at 28 weeks gestation and 2 and 6 months postpartum (Barlow et al., 2006).</p> <p>Prospective experimental design with 167 pregnant American Indian teens randomly assigned to an intervention group or a control group receiving a breastfeeding education program. Maternal and child outcomes were evaluated at 28 weeks gestation, and 6 and 12 months postpartum (Walkup et al., 2009).</p> <p>Prospective experimental design with 322 pregnant American Indian teens randomly assigned to the intervention plus optimized standard care group or to an optimized standard care only group. Maternal and child outcomes were evaluated at 28 and 36 weeks gestation and 2, 6, 12, 18, 24, 30, and 36 months postpartum (Barlow et al., 2013, 2015).</p>

Continued

Family Spirit	
Evaluation Outcomes	<p>At 2 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated (Barlow et al., 2006):</p> <ul style="list-style-type: none"> • Significantly higher parent knowledge scores • Significantly higher maternal involvement scores <p>At 6 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated (Barlow et al., 2006):</p> <ul style="list-style-type: none"> • Significantly higher parent knowledge scores • Maternal involvement scores approaching significance <p>At 6 and 12 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated greater parenting knowledge gains (Walkup et al., 2009).</p> <p>At 12 months postpartum, compared to mothers in the control group, mothers in the intervention group reported their infants to have:</p> <ul style="list-style-type: none"> • Significantly lower scores on the externalizing domain (impulsivity, peer aggression) • Less separation distress in the internalizing domain knowledge <p>At 12 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated (Barlow et al., 2013):</p> <ul style="list-style-type: none"> • Significantly greater parenting knowledge • Significantly greater parenting self-efficacy • Significantly greater home safety attitudes • Fewer externalizing behaviors <p>At 12 months postpartum, compared to children in the control group, children of mothers in the intervention group demonstrated (Barlow et al., 2013):</p> <ul style="list-style-type: none"> • Fewer externalizing and dysregulation problems • Lower risk for externalizing and internalizing problems <p>At 36 months postpartum, compared to mothers in the control group, mothers in the intervention group demonstrated (Barlow et al., 2015):</p> <ul style="list-style-type: none"> • Significantly greater parenting knowledge • Significantly greater parental locus of control • Fewer depressive symptoms and externalizing problems • Lower past month use of marijuana and illegal drugs <p>At 36 months postpartum, compared to children in the control group, children of mothers in the intervention group demonstrated fewer externalizing, internalizing, and dysregulation problems (Barlow et al., 2015).</p>

Continued

Family Spirit	
Evaluation Studies	<p>Barlow, A., Varipatis-Baker, E., Speakman, K., Ginsburg, G., Friberg, I., Goklish, N., Cowboy, B., Fields, P., Hastings, R., Pan, W., Reid, R., Santosham, M., and Walkup, J. (2006). Home-visiting intervention to improve child care among American Indian adolescent mothers: A randomized trial. <i>Archives of Pediatrics and Adolescent Medicine</i>, 160(11), 1101–1107. http://dx.doi.org/10.1001/archpedi.160.11.1101</p> <p>Walkup, J. T., Barlow, A., Mullany B. C., Pan, W., Goklish N., Hasting, R., Cowboy, B., Fields, R., Varipatis-Baker, E., Speakman, K., Ginsburg, G., & Reid., R. (2009). Randomized controlled trial of a paraprofessional-delivered in-home intervention for young reservation-based American Indian mothers. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 48(6), 591–601. http://dx.doi.org/10.1097/CHI.0b013e3181a0ab86</p> <p>Barlow, A., Mullany, B., Neault, N., Compton, S., Carter, A., Hastings, R., Billy, T., Coo-Mescal, B., Lorenzo, S., &...Walkup, J. T. (2013). Effect of a paraprofessional home-visiting intervention on American Indian teen mothers' and infants' behavioral risks: A randomized controlled trial. <i>American Journal of Psychiatry</i>, 170(1), 83–93. http://dx.doi.org/10.1176/appi.ajp.2012.12010121</p> <p>Barlow, A., Mullany, B., Neault, N., Goklish, N., Billy, T., Hastings, R.,...Carter, R. (2015). Paraprofessional delivered, home-visiting intervention for American Indian teen mothers and children: Three-year outcomes from a randomized controlled trial. <i>American Journal of Psychiatry</i>, 172(2), 154–162.</p>
Resources	<p>Novins, D. K. (2009). Participatory research brings knowledge and hope to American Indian communities [Editorial]. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 48(6), 585–586</p>

Family Wellness Warriors

Description	<p>Family Wellness Warriors (FWW) provides intensive five-day trainings that are grounded in Alaska Native values and methodologies and based on the theory that healing from adverse life experiences (ALEs) is an essential step that must occur in order for participants to build resilience, self-efficacy, and healthy relationships.</p> <p>To heal ALEs, participants and peer leaders use storytelling to:</p> <ul style="list-style-type: none"> • Break the silence about harms experienced and make sense of traumatic experiences • Support each other • Develop positive self-narratives • Find commonalities with others <p>Participants work in peer-led groups to build self-esteem, develop relational skills, and set positive goals for the future.</p> <p>Website: https://www.southcentralfoundation.com/family-wellness-warriors-nuiju/</p>
Developer(s)	Southcentral Foundation
Populations	Alaska Native adults
Settings	Nonprofit tribal health care organization owned by the Alaska Native people
Evaluation Design	Retrospective, quasi-experimental design using electronic health record data for 90 participants participating in FWW and propensity matched with 90 people who participated in a comparison condition.
Evaluation Outcomes	When compared to controls, FWW participants showed reductions in total health care system visits and substance use visits. There were no significant differences found for visits with medically unexplained symptoms.
Evaluation Studies	Ray, L., Outten, B., & Gottlieb, K. (2020). Health care utilisation changes among Alaska Native adults after participation in an Indigenous community programme to address adverse life experiences: A propensity score-matched analysis. <i>International Journal of Circumpolar Health</i> , 79(1), 1705048. DOI: https://doi.org/10.1080/22423982.2019.1705048
Resources	<p>Gottlieb, K., & Outten, B. (2011). Family wellness warriors. <i>Family & Community Health</i>, 34(3), 235–241. https://doi.org/10.1097/FCH.0b013e318219623b</p> <p>Ray, L., Outten, B., & Andrews, P. (2018). Disrupting the intergenerational transmission of trauma: A conceptual model for the Family Wellness Warriors Initiative. <i>Journal of Health Disparities Research and Practice</i>, 12(2), 40–71. https://digitalscholarship.unlv.edu/jhdrp/vol12/iss2/3</p>

Gathering of Native Americans

Description	<p>Gathering of Native Americans (GONA) is a community prevention and strategic planning curriculum that aims to promote and guide community discussions, help communities heal from historical trauma, and address planning and prevention issues by focusing on the four themes of belonging, mastery, interdependence, and generosity.</p> <p>GONA provides culturally specific substance misuse prevention training in tribal communities, and it emphasizes the importance of Native American values, traditions, and spirituality in helping people heal from historical trauma.</p> <p>Four main developmental themes reflect key life teachings:</p> <ol style="list-style-type: none"> 1. Belonging and learning who one is during infancy and childhood 2. Mastery of one's talents during adolescence and young adulthood 3. Interdependence with and responsibility to others and connectedness to all things during adulthood 4. Generosity or giving back to one's community through teachings, rituals, stories, and song during the later years
Developer(s)	Substance Abuse and Mental Health Services Administration in partnership with American Indian and Alaska Native behavioral health experts
Populations	Native youth ages 10 to 18 living in urban areas in California
Settings	Youth services organizations
Evaluation Design	Mixed-methods outcome (pretest/posttest structured questionnaire and post-only semi-structured qualitative interviews) design with 100 youth (13–18 years old) who lived in the San Francisco Bay Area
Evaluation Outcomes	<p>As a result of GONA, participants:</p> <ul style="list-style-type: none"> • Had increased knowledge of HIV/AIDS and hepatitis risks and transmission • Perceived alcohol and other drugs as more harmful • Increased their sexual self-efficacy
Evaluation Studies	Nelson, K., & Tom, N. (2011). Evaluation of a substance abuse, HIV and hepatitis prevention initiative for urban Native Americans: The Native Voices program. <i>Journal of Psychoactive Drugs</i> , 43(4), 349–354.
Resources	<p>Aguilera, S., & Plasencia, A. V. (2005). Culturally appropriate HIV/AIDS and substance abuse prevention programs for urban Native youth. <i>Journal of Psychoactive Drugs</i>, 37(3), 299–304. DOI: https://doi.org/10.1080/02791072.2005.10400523</p> <p>Substance Abuse and Mental Health Services Administration. (2014). <i>Broad training and technical assistance</i>. http://www.samhsa.gov/tribal-ttac/training-technical-assistance/broad</p>

Healing of the Canoe Project

Description	<p>The Healing of the Canoe Project is one of a number of programs that have been modeled on the cultural experience of the Canoe Family. Youth who belong to the Canoe Family participate in activities that prepare them for annual canoe journeys to visit other tribes. These activities include:</p> <ul style="list-style-type: none"> • Participation in talking circles with elders and respected community members • The construction of large ocean-going canoes that can carry groups of paddlers from one community to another • Learning how to navigate the waters • Celebrations with cultural protocols that include feasting on local specialties, singing, dancing, and participation in potlatches (gift-giving ceremonies) <p>Youth who participate in the Canoe Family must make a commitment to be clean and sober throughout all activities.</p> <p>For the Healing of the Canoe Project, Martlett and colleagues (2003) developed an eight-session skills-based course that used aspects of the canoe journey as well as other Native symbols to teach life skills, such as decision-making, communication, and goal setting, as well as provide information about alcohol and drug use and its consequences. This curriculum was further adapted for and evaluated with the Suquamish Tribe.</p> <p>Website: http://healingofthecanoe.org/</p>
Developer(s)	The Alcohol and Drug Abuse Institute (University of Washington) in collaboration with the Suquamish and Port Gamble S'Klallam Tribes
Populations	Members from northwest coastal tribes; evaluated with Suquamish High School students
Settings	Community
Evaluation Design	Quasi-experimental switching replication design in which 23 participants were assigned to receive the intervention as either part of Cohort A or Cohort B (comparison and delayed intervention group) and surveyed before and 4 months after implementation with each cohort
Evaluation Outcomes	<p>Compared to non-participants, participants had:</p> <ul style="list-style-type: none"> • Higher levels of hope, optimism, and self-efficacy • Lower levels of substance use
Evaluation Studies	<p>Donovan, D. M., Thomas, L. R., Sigo, R. L. W., Price, L., Lonczak, H., Lawrence, N., Ahvakana, K., Austin, L., Lawrence, A., Price, J., Purser, A., & Bagley, L. (2015). Healing of the canoe: Preliminary results of a culturally grounded intervention to prevent substance abuse and promote tribal identity for native youth in two Pacific Northwest tribes. <i>American Indian and Alaska Native Mental Health Research</i>, 22(1), 42–76.</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4374439/pdf/nihms672510.pdf</p>
Resources	<p>Hawkins, E. H., Cummins, L. H., & Marlatt, G. A. (2004). Preventing substance abuse in American Indian and Alaska Native youth: Promising strategies for healthier communities. <i>Psychological Bulletin</i>, 130(2), 304–323. DOI: https://doi.org/10.1037/0033-2909.130.2.304</p> <p>Marlatt, G. A., Larimer, M., Mail, P. D., Hawkins, E. H., Cummins, L. H., Blume, A. W., Lonczak, H. S., Burns, K. M., Chan, K. K., Cronce, J. M., La Marr, C. J., Radin, S., Forquera, R., Gonzales, R., Tetrick, C., & Gallion, S. (2003). Journeys of the circle: A culturally congruent life skills intervention for adolescent Indian drinking. <i>Alcoholism: Clinical & Experimental Research</i>, 27(8), 1327–1329.</p>

Healthy Living in Two Worlds

Description	<p>The Healthy Living in Two Worlds curriculum is grounded in social learning theory and tailored to the Haudenosaunee people. Its goals are to:</p> <ul style="list-style-type: none"> • Increase physical activity • Prevent or reduce recreational tobacco use • Increase healthy eating among youth <p>Using a summer day camp format, the program is implemented at sites with facilities such as a gym, swimming pool, outdoor space for games/sports activities, and a kitchen for food preparation. The curricular program includes weekly field trips and presentations by guests on topics and associated activities such as Haudenosaunee dance skills (e.g., Smoke Dancing), lacrosse skills, and the traditional role of tobacco in Native American communities.</p>
Developer(s)	Hilary N. Weaver (Lakota), State University of New York, Buffalo, with members of the Haudenosaunee
Populations	Urban American Indian Youth ages 9 to 13 in upstate New York
Settings	Camp or college campus (during summer)
Evaluation Design	Nonexperimental, pretest and posttest design in which 16 participants completed assessments on the first and last days of the program
Evaluation Outcomes	Sample size hindered the ability to detect statistically significant differences from pretest to posttest.
Evaluation Studies	Weaver, H. N., & Jackson, K. F. (2010). Healthy Living in Two Worlds: Testing a wellness curriculum for urban Native youth. <i>Child and Adolescent Social Work Journal</i> , 27(3), 231–244. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2889696/pdf/nihms195338.pdf
Resources	Weaver, H. N. (2010). The Healthy Living in Two Worlds project: An inclusive model of curriculum development. <i>Journal of Indigenous Voices in Social Work</i> , 1(1), 1–18.

Ho-Chunk Nation's Motor Vehicle Injury Prevention Program

Description	<p>Ho-Chunk Nation's Motor Vehicle Injury Prevention Program was a culturally tailored program that aimed to increase seat belt and child safety seat use through the following:</p> <ul style="list-style-type: none"> • Increased enforcement of seat belt and child safety seat laws • Child safety seat education and distribution events • Comprehensive media campaign with newspaper and radio ads, radio PSAs (public service announcements), road signs, mobile media, and billboards • Community education events such as crash simulations, safety expos, health fairs, school events, and child passenger safety clinics
Developer(s)	Ho-Chunk Nation
Populations	Ho-Chunk Nation community members
Settings	Community
Evaluation Design	Observational surveys and use of tribal police data
Evaluation Outcomes	<p>From 2005 to 2009:</p> <ul style="list-style-type: none"> • Observed driver use of seat belts increased 38%. • Passenger use of seat belts increased 94%. • Observed use of child safety seats increased 85%. • 151 citations were given for seatbelt nonuse
Evaluation Studies	<p>West, B. A., Naumann, R. B., & Centers for Disease Control and Prevention. (2014). Tribal motor vehicle injury prevention programs for reducing disparities in motor vehicle-related injuries. <i>Morbidity and Mortality Weekly Report</i>, 63(1), 28–33.</p> <p>https://www.cdc.gov/mmwr/preview/mmwrhtml/su6301a6.htm#tab</p>

Holistic System of Care for Native Americans

Description	<p>Holistic System of Care for Native Americans (HSOC) is a flexible service provision framework that encourages the combination of evidence-based practices and practice-based evidence, such as <i>Gathering of Native Americans (GONA)</i> and <i>Positive Indian Parenting</i>, with intertribal American Indian/Alaska Native (AI/AN) cultural practices, including:</p> <ul style="list-style-type: none"> • Talking circles • Sweat lodge ceremonies • Traditional healers • Prayer • Smudging • Drumming • Herbs <p>Counselors also work with individuals to develop skills and use healing practices based on their own individual backgrounds, traditions, practices, and stories. This approach is based on a holistic community strategic planning process that links treatment, prevention, and recovery.</p>
Developer(s)	Family and Child Guidance Clinic of the Native American Health Center, San Francisco, CA
Populations	Adult Native American women and men, reentry, and homeless populations
Settings	Outpatient and residential treatment centers
Evaluation Design	Prospective, nonexperimental design in which participants in outpatient and residential treatment were interviewed at baseline and at a 6-month follow-up with a standardized assessment tool (n = 490). The sample was composed of 86% AI/AN, 70% females, and 30% males, and was entirely urban.
Evaluation Outcomes	<p>HSOC participants demonstrated reductions in:</p> <ul style="list-style-type: none"> • Alcohol and other drug (AOD) use in the past 30 days • AOD-related stress in the past 30 days • Arrests or crimes committed in the past 30 days • Serious depression • Serious anxiety or tension • Hallucinations • Trouble understanding or concentrating • Trouble controlling violent behavior • Attempted suicides <p>HSOC participants demonstrated increases in:</p> <ul style="list-style-type: none"> • Employment (full time or part time) • School or training program enrollment

Continued

Continued from previous page

Holistic System of Care for Native Americans	
Evaluation Studies	Wright, S. Nebelkopf, E., King, J., Mass, M., Patel, C., & Samuel, S. (2011). Holistic system of care: Evidence of effectiveness. <i>Substance Use & Misuse</i> , 46(11), 1420– 1430. DOI: http://dx.doi.org/10.3109/10826084.2011.592438
Resources	Nebelkopf, E., & Wright, S. (2011). Holistic system of care: A ten-year perspective. <i>Journal of Psychoactive Drugs</i> , 43(4), 302–308. DOI: https://doi.org/10.1080/02791072.2011.628922

Ho'ouana Pono Curriculum

Description	<p>Ho'ouana Pono is a culturally grounded curriculum that incorporates short films as the basis for classroom-based lessons focused on resistance skills training. The short films depict drug offer situations in rural Hawai'i and youths' use of culturally specific refusal strategies in each situation.</p> <p>The curriculum includes seven 45-minute lessons, and six of these lessons incorporate one 4–7-minute video vignette. All lessons in the curriculum follow this format:</p> <ul style="list-style-type: none"> • Introduction and/or review of the past lesson • Culture wall activity • One video • One to two interactive activities • Wrap-up activity
Developer(s)	Researchers with extensive input from Hawaiian youth
Populations	Native Hawaiian youth
Settings	Middle schools
Evaluation Design	<p>Prospective, experimental design with six middle, intermediate, or multi-level schools that were randomly assigned to either an intervention or a comparison group, with assessments (with 254 students) at baseline, post-intervention, and a 6-month follow-up (Okamoto et al., 2016)</p> <p>Prospective, experimental design with 13 middle, intermediate, or multi-level schools block randomized into four cohorts by school size and assessments (with 486 students) conducted across six waves within across two consecutive academic quarters (Quarters 2 and 3) (Okamoto et al., 2019):</p> <ol style="list-style-type: none"> 1. All cohorts: Baseline and immediate post-intervention 2. Cohort 1: Follow-ups at 3, 9, 12, and 15 months 3. Cohort 2: Follow-ups at 6, 9, and 12 months 4. Cohort 3: Follow-up at 3 months 5. Cohort 4: Did not receive follow-ups
Evaluation Outcomes	<p>At the 6-month follow-up, Ho'ouana Pono curriculum participants were more likely than those in the comparison condition to use nonconfrontational and culturally relevant drug resistance skills, and girls were less likely to report aggressive behavior.</p> <p>However, findings indicate that the curriculum did not affect youths' risk assessment of alcohol use; that is, youths showed preference for the benefits of alcohol use in certain situations over the risks (Okamoto et al., 2016).</p> <p>The curriculum had no effect on alcohol use and only a small but significant effect on cigarette or e-cigarette use (Okamoto et al., 2019).</p>

Continued

Ho'ouana Pono Curriculum	
Evaluation Studies	<p>Okamoto, S. K., Kulis, S., Helm, S., Lauricella, M., & Valdez, J. K. (2016). An evaluation of the Ho'ouana Pono curriculum: A pilot study of culturally grounded substance abuse prevention for rural Hawaiian youth. <i>Journal of Health Care for the Poor and Underserved</i>, 27(2), 815–833. DOI: https://doi.org/10.1353/hpu.2016.0061</p> <p>Okamoto, S. K., Kulis, S. S., Helm, S., Chin, S. K., Hata, J., Hata, E., & Lee, A. (2019). An efficacy trial of the Ho'ouana Pono drug prevention curriculum: An evaluation of a culturally grounded substance abuse prevention program in rural Hawai'i. <i>Asian American Journal of Psychology</i>, 10(3), 239–248. DOI: https://doi.org/10.1037/aap0000164</p>
Resources	<p>Helm, S., & Okamoto, S. K. (2013). Developing the Ho'ouana Pono substance use prevention curriculum: Collaborating with Hawaiian youth and communities. <i>Hawai'i Journal of Medicine & Public Health</i>, 72(2), 66–69.</p> <p>Okamoto, S. K., Helm, S., Ostrowski, L. K., & Flood, L. (2018). The validation of a school-based, culturally grounded drug prevention curriculum for rural Hawaiian Youth. <i>Health Promotion Practice</i>, 19(3), 369–376. DOI: https://doi.org/10.1177/1524839917704210</p>

Indian Family Wellness / Incredible Years Adaptation

Description	<p>Indian Family Wellness is a two-phase intervention that includes combining a motivational interview (MI) procedure with a parenting education program.</p> <p>Phase 1 includes the three-session Indian Family Wellness MI procedure modeled on Family Check-up:</p> <ul style="list-style-type: none"> • Session 1: Intervention staff gather information on family history, tribal traditions practiced, and intergenerational trauma. • Session 2: Parents report on family functioning. • Session 3: Parents discuss child wellness and concerns surrounding the child. <p>Phase 2 includes an adaptation of the Incredible Years, which is implemented in 11 weekly home visiting sessions, lasting 90 minutes each. In these sessions, coaches:</p> <ul style="list-style-type: none"> • Use a variety of techniques to teach parenting skills—video vignettes and discussion, role play, and practice • Share culturally based stories with each skill taught • Provide connections between skills to be taught and traditional Indian values and beliefs
Developer(s)	Collaboration between Indian Child and Family Services and Oregon Research Institute
Populations	American Indian families with children ages 3–11 years
Settings	Home, community
Evaluation Design	Prospective, experimental design with 49 families assigned to either intervention or delayed intervention conditions and assessed at baseline and at 6 months after intervention completion
Evaluation Outcomes	Compared to those in the control condition, intervention families demonstrated greater improvements in child behaviors (fewer externalizing behaviors) and parent behaviors (effective parenting skills).
Evaluation Studies	Dionne, R., Davis, B., Sheeber, L., & Madrigal, L. (2009). Initial evaluation of a cultural approach to implementation of evidence-based parenting interventions in American Indian communities. <i>Journal of Community Psychology, 37</i> (7), 911–921. https://doi.org/10.1002/jcop.20336

Lakota Circles of Hope (LCH)

Description	<p>Lakota Circles of Hope (LCH) is a substance use prevention program for children in grades 2–5. It includes 10 lessons in each grade year (40 lessons total) on making healthy decisions in the context of Lakota traditions and values. The LCH curriculum is designed to reduce risk behaviors by enhancing appreciation for Lakota values and traditions and is based on the four Lakota values: generosity, fortitude, wisdom, and respect.</p> <p>Topics are introduced in a developmentally appropriate manner by trained instructors who are members of one of the Lakota tribes. Drawing on social-cognitive theory, lessons focus not only on social problem-solving and application to daily life, but they also include Lakota stories and cultural crafts and activities.</p> <p>Website: https://www.lakotacirclesofhope.org/</p>
Costs	No cost information found
Developer(s)	Lakota educators
Populations	American Indian children in grades 2–5
Settings	Schools on American Indian reservations in South Dakota
Evaluation Design	Prospective, quasi-experimental design with youth participating in 10 LCH schools (n = 1,011) and three comparison schools (n = 134 students) and assessed at baseline and at the end of the school year
Evaluation Outcomes	<p>Those participating in LCH were more likely than those in the comparison condition to show improvements in communication with supportive adults and Lakota identity.</p> <p>There were no effects of LCH on self-esteem; conflict resolution; and risk behaviors (i.e., tobacco, alcohol, marijuana and other drug use as well as sex).</p>
Evaluation Studies	Usera, J. J. (2017). The efficacy of an American Indian culturally-based risk prevention program for upper elementary school youth residing on the Northern Plains Reservations. <i>Journal of Primary Prevention</i> , 38, 175–194.

Living in 2 Worlds (L2W)	
Description	<p>Living in 2 Worlds (L2W) teaches four drug resistance strategies—refuse, explain, avoid, and leave (R-E-A-L)—in culturally appropriate ways. The curriculum, which also incorporates general American Indian and Alaska Native (AI/AN) cultural values, is adapted from <i>Keepin' it REAL</i>, a universal substance use prevention curriculum designed to enhance middle school students' ability to resist substance use offers.</p> <p>Website: https://sirc.asu.edu/living-2-worlds</p>
Developer(s)	University-based research team (led by Leslie Jumper-Reeves, Arizona State University) in partnership with the local urban Indian Center using a community-driven participatory process
Populations	Urban AI middle school students, predominately from the Navajo tribe, but also from Apache, Hopi, and Tohono O'odham tribes
Settings	Middle school classroom
Evaluation Design	<p>Prospective, nonexperimental pretest and posttest survey design with 57 urban AI middle school students from two Phoenix schools (Kulis et al., 2013)</p> <p>Prospective, experimental study with classrooms in three urban middle schools assigned at random to receive L2W or usual programming; and assessment of 107 students at baseline and 1-month post-intervention (Kulis et al., 2017)</p>
Evaluation Outcomes	<p>L2W participants showed significant increase in the use of these strategies: refuse, explain, and leave (Kulis et al., 2013).</p> <p>In contrast to the comparison group, L2W participants demonstrated (Kulis et al., 2017):</p> <ul style="list-style-type: none"> • Less growth in alcohol and cigarette use/frequency • Less frequent use of passive resistance strategies • Less loss of connections to American Indian spirituality <p>There were no differences between those in the L2W group and the comparison group with regard to either of the following (Kulis et al., 2017):</p> <ul style="list-style-type: none"> • Other substance use behaviors: Marijuana and inhalant frequency and amount of alcohol, cigarette, and marijuana use • Antecedents: Substance use intentions, permissive drug use norms, perceived harmlessness of substance use, substance use expectancies, exposure to substance offers, and AI ethnic identity
Evaluation Studies	<p>Kulis, S., Dustman, P. A., Brown, E. F., & Martinez, M. (2013). Expanding urban American Indian youths' repertoire of drug resistance skills: Pilot results from a culturally adapted prevention program. <i>American Indian & Alaska Native Mental Health Research (Online)</i>, 20(1), 35–54. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670795/</p> <p>Kulis, S. S., Ayers, S. L., & Harthun, M. L. (2017). Substance use prevention for urban American Indian Youth: A efficacy trial of the culturally adapted Living in 2 Worlds program. <i>The Journal of Primary Prevention</i>, 38(1–2), 137–158. DOI: https://doi.org/10.1007/s10935-016-0461-4</p>
Resources	<p>Jumper-Reeves, L. R., Dustman, P. A., Harthun, M. L., Kulis, S., & Brown, E. F. (2013). American Indians' cultures: How CBPR illuminated inter-tribal cultural elements fundamental to an adaptation effort. <i>Prevention Science</i>, 15(4), 547–556. DOI: https://doi.org/10.1007/s11121-012-0361-7</p>

Maskwacis Life Skills Training

Description	<p>Maskwacis Life Skills Training (MLST) is a cultural adaptation of the evidence-based program Botvin <i>LifeSkills Training</i>, which aims to reduce substance use and violence. It includes 10 to 12 classroom sessions where youth learn:</p> <ol style="list-style-type: none"> 1. Resistance skills to help them say “no” to drugs and alcohol 2. Factual information about substance use risk 3. Skills that support a child’s inner spirit <p>The adaptation includes use of Native cultural contexts, spiritual concepts, and Elder support.</p> <p>Website: https://www.facebook.com/MaskwacisLSTProgram/</p>
Developer(s)	University of Alberta (Canada) Research team in collaboration with members of the Maskwacis First Nations
Populations	Elementary school students (grades 3 through 5) and junior high school students (grades 6 through 8) in the Maskwacis four nations (previously Hobbema)
Settings	School
Evaluation Design	<p>Prospective, nonexperimental, mixed-methods design using pre- and post-surveys and focus groups (Baydala et al., 2016)</p> <p>Retrospective design using an outcome mapping approach using team workshops, meeting minutes, focus groups, funder reports, and program facilitators’ daily reports (Tremblay et al., 2016)</p>
Evaluation Outcomes	<p>Participants demonstrated significant positive increases in knowledge, skills, and attitudes related to substance abuse from both Euro-Western and Indigenous perspectives from baseline to Year 3 (Baydala et al., 2016). Focus groups communicated impact of program on schools, Elders, facilitators, and participants.</p> <p>Outcome mapping prompted (Tremblay et al., 2016):</p> <ul style="list-style-type: none"> • Relationship-building activities for Elder-youth dyads • Ongoing relationships with prominent community members, resulting in one chief taking on an advocacy role, and all leaders and education directors signing letters in support of the program • School personnel becoming more welcoming, supportive, and interested in the program and cultural teachings • Recognition of the complexity of community partners’ roles, which extended beyond delivering the program • Significant growth in university partners’ capacity to practice authentic community-based participatory research
Evaluation Studies	<p>Baydala, L., Fletcher, F., Tremblay, M., Rabbit, N., Louis, J., Ksay-yin, K., & Sinclair, C. (2016). A community-university approach to substance abuse prevention. <i>Journal of Community Engagement and Scholarship</i>, 9(1). https://jces.ua.edu/articles/10.54656/CMKD8147</p> <p>Tremblay, M., Baydala, L., Rabbit, N., Louis, J., & Ksay-yin, K. (2016). Cultural adaptation of a substance abuse prevention program as a catalyst for community change. <i>Journal of Community Engagement and Scholarship</i>, 9(1). DOI: https://jces.ua.edu/articles/10.54656/TQWS7641</p>

Motivational Interviewing and Culture for Urban Native American Youth

Description	<p>Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY) integrates motivational interviewing (MI) with traditional practices. It comprises three 2-hour workshops with tribal youth:</p> <ol style="list-style-type: none"> 1. Making Healthy Choices for My Brain 2. Making Healthy Choices for My Body 3. Making Healthy Choices for My Spirit <p>The workshops integrate three traditional practices: beading, cooking, and the prayer/sage ceremony. Each workshop opens with a prayer (smudging) and includes a 1-hour MI session and a 1-hour cultural activity.</p>
Developer(s)	<p>UCLA, RAND, and Sacred Path Indigenous Wellness Center</p>
Populations	<p>Urban American Indian/Alaska Native (AI/AN) youth from tribal communities in northern and southern California</p>
Settings	<p>Community wellness group</p>
Evaluation Design	<p>Prospective, experimental design with 185 adolescents, with half assigned to the MICUNAY group and half to a comparison group, and assessed at baseline and at 3-month and 6-month follow-ups</p>
Evaluation Outcomes	<p>There were no significant differences in AOD (alcohol, tobacco, and marijuana) use (intention to use, frequency of use, current use, and consequences of use) between the MICUNAY and comparison groups.</p>
Evaluation Studies	<p>D'Amico, E. J., Dickerson, D. L., Brown, R. A., Johnson, C. L., Klein, D. J., & Agniel, D. (2020). Motivational interviewing and culture for urban Native American youth (MICUNAY): A randomized controlled trial. <i>Journal of Substance Abuse Treatment</i>, 111, 86–99.</p>
Resources	<p>Dickerson, D. L., Brown, R. A., Johnson, C. L., Schweigman, K., & D'Amico, E. J. (2016). Integrating motivational interviewing and traditional practices to address alcohol and drug use among urban American Indian/Alaska Native youth. <i>Journal of Substance Abuse Treatment</i>, 65, 26–35. doi: https://doi.org/10.1016/j.jsat.2015.06.023</p>

Native American Prevention Project Against AIDS and Substance Abuse

Description	Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA) is a school-based substance abuse prevention program for Native American youth that aims to address various issues, including substance abuse and AIDS. The intervention comprises 24 sessions on topics such as alcohol and other drug abuse, sexually transmitted diseases, and coping with pressures, and it draws on Native American values.
Developer(s)	Multi-university-based research team in collaboration with tribes
Populations	American Indian/Alaska Native (AI/AN) adolescents in northern Arizona
Settings	School
Evaluation Design	Quasi-experimental design, pretest-posttest with nonequivalent control groups using the American Drug and Alcohol Survey and NAPPASA's Health Behavior Survey with 2,704 high school students
Evaluation Outcomes	<p>Students receiving the NAPPASA curriculum:</p> <ul style="list-style-type: none"> • Remained in or moved to the lower risk alcohol and other drug use category at both 9th- and 10th-grade follow-ups • Were more likely to remain sexually abstinent • Had lower rates of risky sexual behavior among sexually active youth • Were less likely to have had sex while drunk or high • Had an increased use of family, rules, laws, religion, traditional ways, and community protective influences to help them avoid risky behaviors
Evaluation Studies	<p>Rolf, J. E., Nansel, T. R., Baldwin, J. A., Johnson, J. L., & Benally, C. J. (2002). HIV/AIDS and alcohol and other drug abuse prevention in American Indian communities: Behavioral and community effects. In P. D. Mail, S. Heurtin-Roberts, S. E. Martin, & J. Howard (Eds.), <i>Alcohol use among American Indians and Alaska Natives: Multiple perspectives on a complex problem</i> (NIAAA Research Monograph No. 37, pp. 295–319). National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.</p>
Resources	Baldwin, J. A., Rolf, J. E., Johnson, J., Bowers, J., Benally, C., & Trotter, R. T. (1996). Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth. <i>Journal of School Health</i> , 66(9), 322–327.

Native STAND (Students Together Against Negative Decisions)

Description	<p>Native STAND (Students Together Against Negative Decisions) is a culturally informed peer education curriculum designed to promote healthy decision-making. It is an adaptation of <i>Students Together Against Negative Decisions (STAND)</i>, which was developed for youth in rural Georgia.</p> <p>Based on Stages of Change and Diffusion of Innovations models, and relying on popular opinion leaders, the curriculum includes 29 sessions on topics, such as:</p> <ul style="list-style-type: none"> • Team building • Self-esteem • Goal setting • Decision-making • Negotiation and refusal skills • Peer educator skills • Effective communication <p>With a focus on preventing and reducing risky sexual behavior and substance misuse, the curriculum incorporates stories, legends, and symbols of many Indigenous cultures to meet specific learning objectives.</p> <p>Website: https://www.healthynativeyouth.org/curricula/native-stand/</p>
Developer(s)	<p>A work group of leaders in the areas of reproductive health, sexually transmitted disease (STD), HIV/AIDS, youth development, curriculum development, evaluation, and Native American health issues, including:</p> <ul style="list-style-type: none"> • A Native elder • Native youth • Representatives from the National Coalition of STD Directors, the Indian Health Service, the Centers for Disease Control and Prevention, and Mercer University School of Medicine
Populations	American Indian/Alaska Native (AI/AN) Youth
Settings	School
Evaluation Design	Nonexperimental, prospective study in which 80 students attending four Bureau of Indian Education boarding schools completed pretests and posttests using computer assisted self-interviewing.
Evaluation Outcomes	<p>Students at all four schools experienced increases in:</p> <ul style="list-style-type: none"> • Talking to peers about sexual health • STI/HIV prevention and reproductive health knowledge • The intention to use condoms to avoid pregnancy and STIs • Condom self-efficacy indices <p><i>Note.</i> There were no substance misuse results reported.</p>

Continued

Continued from previous page

Native STAND (Students Together Against Negative Decisions)	
Evaluation Studies	De Ravello, L., Rushing, S. C., Doshi, S., Smith, M. U., & Tulloch, S. (2011). Evaluating Native STAND: A peer education curriculum for healthy decision-making for Native youth. <i>Sexually Transmitted Infections</i> , 87(Suppl 1), A226. https://doi.org/10.1136/sextrans-2011-050108.295
Resources	de Ravello, L. (2010, March 10). Native STAND: A peer education curriculum for health decision making for Native youth (Paper presentation). National STD Conference, Atlanta, GA. https://cdc.confex.com/cdc/std2010/webprogram/Paper21786.html

Nimi Icinohabi Program

Description	<p>The Nimi Icinohabi Program is an adaptation of the Botvin <i>LifeSkills Training</i> program that consists of eight units designed to be taught in sequence. Throughout the program, the following topics are discussed:</p> <ol style="list-style-type: none"> 1. Wanorauzi Ahocipa (The Inner Spirit) 2. Da?a Awacinaa Cayu (Think Before You Do) 3. Tauci Iginmnamne (To Use Their Minds) Skills 4. The Significance of Udukabi (Tobacco) to Isga People 5. Wicaamnamni “Hnanikwi” (Tricky Techniques/Advertisement) 6. Gisni Taucita (The Worried Mind) 7. I?abi Napeyabi (Communication) 8. Daguca Ugicigebi (Building Relationships) 9. Ici?abi (Assertiveness) <p>Website: https://escholarship.org/uc/item/4m33f6bc</p>
Developer(s)	<p>Alexis Nakota Sioux Nation Board of Education in Partnership with Alexis Health Services, Alexis Elders, and Alexis Band Leaders:</p> <ul style="list-style-type: none"> • Liz Letendre, Betty Sewlal, Brenda Kootenay, Eugene Alexis, Stephanie Alexis, and Lisa Alexis, Alexis Board of Education • Brenda Desjarlais and Janine Odishaw, Alexis Nakota Sioux Nation • Kathleen Alexis, Alexis Health Services • Sherry Letendre, Alexis Heritage Institute • Lola Baydala, Fay Fletcher, and Carmen Rasmussen, University of Alberta principal investigator
Populations	Children and youth (grades 3 through 9) in the Alexis Nakota Sioux Nation
Settings	School
Evaluation Design	Prospective, mixed-methods design using pre- and post-questionnaires with students and focus groups with community members
Evaluation Outcomes	<p>Students demonstrated positive changes in:</p> <ul style="list-style-type: none"> • Drug and alcohol refusal skills • Self-beliefs • Knowledge of the negative effects of drug and alcohol use <p>Community gained ownership and investment into the program.</p>
Evaluation Studies	<p>Baydala, L. T., Sewlal, B., Rasmussen, C., Alexis, K., Fletcher, F., Letendre, L., Odishaw, J., Kennedy, M., & Kootenay, B. (2009). A culturally adapted drug and alcohol abuse prevention program for Aboriginal children and youth. <i>Progress in Community Health Partnerships: Research, Education, and Action</i>, 3(1), 37–46.</p>

Oglala Sioux Tribe CHOICES Program

Description	<p>Based on the original CHOICES (Changing High-risk Alcohol Use and Increasing Contraception Effectiveness Study) Program, the Oglala Sioux Tribe CHOICES Program (OST CHOICES) uses motivational interviewing paired with an in-person brief intervention to reduce the risk of alcohol-exposed pregnancies.</p> <p>One component of OST CHOICES includes participants identifying people who can help them reach drinking and birth control goals and how they can help, emphasizing the importance of social support.</p> <p>The program was culturally tailored by changing the language and images and by using culturally appropriate implementation methods.</p> <p>Native CHOICES is a variation of the Oglala Sioux CHOICES Program and is designed to meet the needs of other tribal populations.</p>
Developer(s)	Oglala Sioux Tribe
Populations	Nonpregnant American Indian women, ages 18 – 44, from the Oglala Sioux and Northern Plains tribes with a history of binge drinking
Settings	Clinic
Evaluation Design	<p>Prospective, experimental design with 112 women assigned 1:1 to either Native CHOICES or to care as usual, and assessed at baseline and at 6 weeks, 3 months, and 6 months post-baseline (Hanson et al., 2021)</p> <p>Prospective, nonexperimental study with 193 women and assessment at baseline and at 3-month and 6-month follow-ups (Hanson et al., 2017)</p> <p>Prospective, nonexperimental study with 231 women and assessed at baseline and at 3-month, 6-month, and 12-month follow-ups (Hanson et al., 2013)</p>
Evaluation Outcomes	<p>Pending (Hanson et al., 2021)</p> <p>A decrease in alcohol-exposed pregnancy risk from baseline at both 3-month and 6-month follow-ups, based on utilization of contraception rather than decreasing binge drinking (Hanson et al., 2017)</p> <p>With each follow-up assessment (Hanson et al., 2013), alcohol consumption decreased, but contraception use did not increase. Overall risk for alcohol-exposed pregnancy decreased (Hanson et al., 2013)</p>
Evaluation Studies	<p>Hanson, J. D., Miller, A. L., Winberg, A., & Elliott, A. J. (2013). Prevention of alcohol-exposed pregnancies among nonpregnant American Indian women. <i>American Journal of Health Promotion</i>, 27(3 Suppl), S66–S73. https://doi.org/10.4278/ajhp.120113-QUAN-25</p> <p>Hanson, J. D., Nelson, M. E., Jensen, J. L., Willman, A., Jacobs-Knight, J., & Ingersoll, K. (2017). Impact of the CHOICES Intervention in preventing alcohol-exposed pregnancies in American Indian women. <i>Alcoholism, Clinical and Experimental Research</i>, 41(4), 828–835. https://doi.org/10.1111/acer.13348</p> <p>Hanson, J. D., Oziel, K., Sarche, M., MacLehose, R. F., Rosenman, R., & Buchwald, D. (2021). A culturally tailored intervention to reduce risk of alcohol-exposed pregnancies in American Indian communities: Rationale, design, and methods. <i>Contemporary Clinical Trials</i>, 104, 106351. https://doi.org/10.1016/j.cct.2021.106351</p>

Continued

Oglala Sioux Tribe CHOICES Program

Resources

Floyd, R. L., Sobell, M., Velasquez, M. M., Ingersoll, K., Nettleman, M., Sobell, L., Mullen, P. D., Ceperich, S., von Sternberg, K., Bolton, B., Skarpness, B., Nagaraja, J., & Project CHOICES Efficacy Study Group. (2007). Preventing alcohol-exposed pregnancies: A randomized controlled trial. *American Journal of Preventive Medicine*, 32(1), 1–10.

Hanson, J. D., & Jensen, J. (2015). Importance of social support in preventing alcohol-exposed pregnancies with American Indian communities. *Journal of Community Health*, 40(1), 138–146. <https://doi.org/10.1007/s10900-014-9911-1>

Hanson, J. D., & Pourier, S. (2016). The Oglala Sioux Tribe CHOICES Program: Modifying an existing alcohol-exposed pregnancy intervention for use in an American Indian community. *International Journal of Environmental Research and Public Health*, 13(1), 1–10. <https://doi.org/10.3390/ijerph13010001>

Hanson, J. D., Ingersoll, K., & Pourier, S. (2015). Development and implementation of CHOICES group to reduce drinking, improve contraception, and prevent alcohol-exposed pregnancies in American Indian women. *Journal of Substance Abuse Treatment*, 59, 45–51. <https://doi.org/10.1016/j.jsat.2015.07.006>

Jensen, J., Baete Kenyon, D. Y., & Hanson, J. D. (2016). Preventing alcohol-exposed pregnancy among American Indian youth. *Sex Education*, 16(4), 368–378. <https://doi.org/10.1080/14681811.2015.1082070>

Older American's Act Title VI Programs

Description	<p>The Older Americans' Act (OAA) Title VI Program is a federal program that provides culturally responsive services to support the well-being of American Indian (AI), Alaska Native (AN), and Native Hawaiian older adults. The program promotes the delivery of home- and community-based nutrition and supportive services as well as caregiver support services. These services include:</p> <ul style="list-style-type: none"> • Congregate and home-delivered meals • Information referral • Case management • Transportation • Health promotion • Other supportive services to address multiple needs of older adults <p>A traditional AI medicine wheel guides programming and includes a holistic view of health and well-being with emphasis on social and cultural connectedness as well as emotional and physical well-being.</p> <p>Website: https://acl.gov/programs/services-native-americans-oaa-title-vi</p>
Developer(s)	DHHS, Administration for Community Living with local agencies in the aging and disability network
Populations	Older AI, AN, and Native Hawaiian adults
Settings	States receiving grants from the U.S. Department of Health and Human Services Administration for Community Living
Evaluation Design	Retrospective, study using quantitative data from a national survey of Indigenous older adults (n = 1,175) and qualitative data from interviews (n = 36) and focus groups (18 groups, n = 161), with a subgroup of older adults receiving services. Comparisons were made based on older adults' use of Title VI services and level of service provision.
Evaluation Outcomes	Compared to older adults who did not participate in Title VI services, older adults receiving Title VI services had significantly fewer hospitalizations and falls per year and more social and cultural engagements per month.
Evaluation Studies	Clarke, G. S., Douglas, E. B., Campos, S., House, M. J., Vaughn, E. E., & Hudgins, K. E. G. (2022). Building connection and improving health for Indigenous elders: Findings from the Title VI evaluation. <i>Journal of the American Geriatrics Society</i> , 70(5), 1525–1537. https://doi.org/10.1111/jgs.17761

Our Life

Description	<p>Our Life is a psychoeducational group-structured program that focuses on violence, trauma, and substance misuse among American Indian (AI) youth and families. The intervention has four components:</p> <ol style="list-style-type: none"> 1. Healing historical trauma through experiential methods and cultural practices 2. Reconnecting to traditional cultural language by learning from elders and practitioners 3. Parenting and social skill building 4. Building relationships between parents and youth through equine-assisted activities
Costs	Unknown
Developer(s)	University-based researchers and AI tribal members through a community-based participatory research partnership
Populations	AI youth ages 7 to 17 and their parents in New Mexico
Settings	Central non-stigmatized location
Evaluation Design	<p>Prospective, quasi-experimental, mixed-method within-group longitudinal design with 18 youth assessed at five time points (prior to intervention, 3-month midpoint, at the immediate end of intervention, and 6 months and 12 months post-intervention) using quantitative measures and qualitative open-ended questions (Goodkind et al., 2012)</p> <p>Prospective, nonexperimental study with 23 students assessed prior to the intervention, at the end of the intervention, and at 3 and 6 months post-intervention (Goodkind et al., 2010)</p>
Evaluation Outcomes	<p>Quantitative analysis revealed that youth who completed at least nine intervention sessions demonstrated an increase in (Goodkind et al., 2012):</p> <ul style="list-style-type: none"> • Traditional cultural identity • Self-esteem • Positive coping strategies • Quality of life • Social adjustment <p>Qualitative analysis revealed that participants reported (Goodkind et al., 2012):</p> <ul style="list-style-type: none"> • Increased positive attitude and respect • Improved academic performance • Increased social support • Decrease in anger • Improved family connections • Improved family social dynamics • Increased cultural knowledge <p>At the 3-month follow-up, participants experienced decreases in (Goodkind et al., 2010):</p> <ul style="list-style-type: none"> • Anxiety • Post-traumatic stress disorder (PTSD) symptoms • Avoidant coping strategies

Continued

Our Life	
Evaluation Studies	<p>Goodkind, J., LaNoue, M., Lee, C., Freeland, L., & Freund, R. (2012). Feasibility, acceptability, and initial findings from a community-based cultural mental health intervention for American Indian youth and their families. <i>Journal of Community Psychology</i>, 40(4), 381–405. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4235231/</p> <p>Goodkind, J. R., Lanoue, M. D., & Milford, J. (2010). Adaptation and implementation of cognitive behavioral intervention for trauma in schools with American Indian youth. <i>Journal of Clinical Child and Adolescent Psychology</i>, 39(6), 858–872. https://doi.org/10.1080/15374416.2010.517166</p>
Resources	<p>Goodkind, J. R., LaNoue, M. D., Lee, C., Freeland, L. R., & Freund, R. (2012). Involving parents in a community-based, culturally grounded mental health intervention for American Indian youth: Parent perspectives, challenges, and results. <i>Journal of Community Psychology</i>, 40(4), 468–478. https://doi.org/10.1002/jcop.21480</p>

Parenting in 2 Worlds (P2W)

Description	<p>Parenting in 2 Worlds (P2W) is a parenting skills curriculum adapted from the <i>Familias: Preparando la Nueva Generación</i> Latino parenting curriculum using community-based participatory research with American Indian (AI) communities. P2W is based on the premise that strengthening family functioning and reinforcing positive parenting practices are effective means of preventing adolescent substance use, risky sexual behavior, and other problem behaviors. P2W curriculum aims to:</p> <ul style="list-style-type: none"> • Help parents to coach their children to resist substance use and risky sexual behavior • Build and strengthen family functioning • Increase the family's problem-solving and communication skills in culturally resonate ways <p>Cultural adaptations include the incorporation of AI cultural values and common intertribal cultural elements, distinctive AI worldviews on rearing children, and family challenges specific to the AI urban experience.</p> <p>P2W is a 10-week, 10-workshop manualized curriculum, with each workshop designed to be 2 hours long. P2W uses various facilitation strategies and a series of short video clips of urban AI parents and grandparents sharing their experiences of raising children was produced for each workshop.</p>
Developer(s)	Developed by researchers in partnership with a nonprofit urban Indian center
Populations	Urban AI youth and families
Settings	Community
Evaluation Design	Prospective, experimental study with 575 parents of AI children (ages 10–17) randomly assigned to P2W or a comparison condition, with assessments at baseline and post-intervention
Evaluation Outcomes	Compared to Healthy Families in 2 Worlds, P2W participants reported significantly larger increases in parental self-agency and positive parenting practices and fewer child discipline problems.
Evaluation Studies	Kulis, S. S., Ayers, S. L., Harthun, M. L., & Jager, J. (2016). Parenting in 2 Worlds: Effects of a culturally adapted intervention for Urban American Indians on parenting skills and family functioning. <i>Prevention Science: The Official Journal of the Society for Prevention Research</i> , 17(6), 721–731. https://doi.org/10.1007/s11121-016-0657-0
Resources	<p>Kulis, S., Ayers, S. L., & Baker, T. (2015). Parenting in 2 Worlds: Pilot results from a culturally adapted parenting program for urban American Indians. <i>The Journal of Primary Prevention</i>, 36(1), 65–70. https://doi.org/10.1007/s10935-014-0376-x</p> <p>Jumper-Reeves, L., Dustman, P. A., Harthun, M. L., Kulis, S., & Brown, E. F. (2014). American Indian cultures: How CBPR illuminated intertribal cultural elements fundamental to an adaptation effort. <i>Prevention Science</i>, 15(4), 547–556. https://doi.org/10.1007/s11121-012-0361-7</p>

PRIDE (Positive Reinforcement in Drug Education)

Description	<p>PRIDE (Positive Reinforcement in Drug Education) is a comprehensive substance misuse prevention program that includes:</p> <ul style="list-style-type: none"> • A school-based curriculum • Increased building and program security • Counseling • Case management • Referral to treatment and after-care provision <p>The PRIDE curriculum includes developmentally appropriate sessions on life skills, emotions, body awareness, drug identification, friendship, drugs and culture, values, and goal setting. It also uses three methods to enhance cultural experiences and identity:</p> <ol style="list-style-type: none"> 1. Puyallup, Northwest Coast Salish, and other tribal cultural traditions are infused in various curriculum components. 2. American Indian issues pertaining to family systems, community support systems, tribal values, and other pertinent cultural issues form the context for addressing instructional objectives. 3. During afterschool time, students are provided with opportunities and encouraged to participate in tribal dance, drumming, and singing ceremonies and Indigenous sports traditions.
Costs	Unknown
Developer(s)	Chief Leschi school staff, with involvement of the local community and building-level personnel; consultation provided by Pierce College of Tacoma, Washington
Populations	Students in preschool through grade 12 from the Puyallup Tribe in Tacoma, Washington
Settings	School on urban reservation
Evaluation Design	Nonexperimental design using pre- and post-assessments that included three sets of quantitative data: school attendance, behavior records, and six student questionnaires about tobacco and drug use and future intentions

Continued

PRIDE (Positive Reinforcement in Drug Education)	
Evaluation Outcomes	<p>School data revealed increases in:</p> <ul style="list-style-type: none"> • School enrollment • Percentage of students completing the school year • Composite group achievement test scores • Student involvement in school sports, school government and social functions, extracurricular activities, cultural ceremonies, and American Indian arts and crafts activities <p>School data also revealed fewer incidents of drug or alcohol possession at the high school level.</p> <p>Data for students in grades 4–6 showed decreases in:</p> <ul style="list-style-type: none"> • Use of alcohol (sixth graders) with other kids when parents are not present • Experimentation with smokeless tobacco • Initiation of cigarette use • Initiation of crack use • Initiation of other drug use • Use of alcohol, marijuana, and inhalants <p>Data for students in grades 4–6 showed increases in the percentage of students who say they never used drugs and never will.</p>
Evaluation Studies	<p>Dorpat, N. (1994). PRIDE: Substance abuse education/intervention program. <i>American Indian and Alaska Native Mental Health Research</i>, 4(Mono), 122–133. https://pubmed.ncbi.nlm.nih.gov/8205212/</p> <p>Guilmet, G. M., & Whited, D. L. (2000, April 24–26). <i>The safe futures substance abuse and violence prevention program at Chief Leschi Elementary School, 1996– 1999</i> (Paper presentation). 12th Annual Indian Health Service Research Conference, Albuquerque, NM. http://files.eric.ed.gov/fulltext/ED444781.pdf</p>
Resources	<p>Guilmet, G. M., Whited, D. L., Dorpat, N., & Pijanowski, C. (1998). The safe futures initiative at Chief Leschi Schools: A school-based tribal response to alcohol-drug abuse, gang violence, and crime on an urban reservation. <i>American Indian Culture and Research Journal</i>, 22(4), 407–440. https://escholarship.org/uc/item/3600r6pr</p>

Projet Pairs-Aidants

Description	<p>Projet Pairs-Aidants is an adaptation of <i>Applied Suicide Intervention Skills Training (ASIST)</i>, which focuses on preventing youth suicide. It was originally developed in the English language, but was translated into French and then into Indigenous languages. The program involves two training days designed for youth and community service providers to:</p> <ul style="list-style-type: none"> • Increase their knowledge and skills in recognizing and responding to calls for help • Increase their confidence in providing care and applying intervention knowledge and skills • Enhance their ability to identify high-risk youth <p>Website: https://www.livingworks.net/programs/asist/</p>
Developer(s)	LivingWorks
Populations	First Nations or Innu community of Uashat Mak Mani-utenam in the northeastern region of Québec near Sept-Îles
Settings	Community
Evaluation Design	Prospective, mixed-methods, nonexperimental design using a survey with participants and interviews with trainers
Evaluation Outcomes	<p>Participants reported:</p> <ul style="list-style-type: none"> • Increased confidence to help someone in distress • Change in professional practice • Increase of referral rates
Evaluation Studies	<p>Cousins, J. B., Kinney, M., Moore, M., Pruden, J., Sanderson, K., & Wood, I. (2010, June). <i>National Aboriginal youth suicide prevention strategy: Multiple case study of community initiatives</i>. https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=d427f4da35a11e4efa537d9e4be27e2351bf67b4</p>

Project Venture

Description	<p>Project Venture aims to help youth—primarily American Indian (AI) youth—resist substance use by building their social and emotional competence. Project staff lead:</p> <ul style="list-style-type: none"> • Games and activities in classrooms • Experiential activities (e.g., hiking, camping) after school, on weekends, and during summers • Extended adventure camps and wilderness treks during summers • Community-focused service learning and service leadership activities throughout the year <p>The program does the following:</p> <ul style="list-style-type: none"> • Promotes the development of a positive self-concept, a community service ethic, and an internal locus of control • Builds decision-making, problem-solving, and social skills <p>All activities are strengths-based and centered on AI values about the role of family, learning from the natural world, spiritual awareness, service to others, and respect.</p> <p>Website: https://projectventure.org</p>
Developer(s)	The National Indian Youth Leadership Project
Populations	<p>At-risk AI students in grades 5–8 in public middle schools in Gallup, New Mexico</p> <p>Adaptations have been developed for:</p> <ul style="list-style-type: none"> • New Sunrise Regional Treatment Center residents in Albuquerque, New Mexico • Court-referred youth from the Pueblo of Acoma
Settings	School, reservation, and community
Evaluation Design	Prospective, experimental design with random assignment to an intervention or a control group, with assessments at baseline and at 6 months and 18 months; sample of 397 students (76% AI, 50% male)
Evaluation Outcomes	Compared to the control group, participants in the intervention group reported lower increase of substance use over time.
Evaluation Studies	<p>Carter, S. L., Straits, J. E., & Hall, M. (2007). <i>Project Venture: Evaluation of a positive, culture-based approach to substance abuse prevention with American Indian youth.</i></p> <p>https://www.ojp.gov/library/publications/project-venture-evaluation-positive-culture-based-approach-substance-abuse</p>

Protecting You/Protecting Me for American Indian Children

Description	<p>Protecting You/Protecting Me (PY/PM) for American Indian Children is a five-year long elementary school curriculum that consists of 40 lessons taught to students in grades 1–5, with eight lessons per grade. Lessons focus on vehicle-related safety, risky behaviors, and the dangers of alcohol and its effect on brain development.</p> <p>The program also trains high school students to serve as peer helpers who may teach PY/PM lessons to elementary school students. Tribal representatives worked with curriculum developers to tailor the curriculum to AI children.</p> <p>Adaptations included:</p> <ul style="list-style-type: none"> • Altering specific words and concepts to ensure they conveyed appropriate meaning to students • Emphasizing tribal language throughout the curriculum • Changing Anglo names to names more familiar to AI children • Removing images with the likelihood of either conveying the wrong meaning or no meaning • Replacing generic positive values with tribal values • Adding stories that would likely resonate with particular tribes • Expanding the scope of the curriculum to emphasize wellness; honoring one’s body; recognizing that one’s behavior affects others; and assuming responsibility for oneself, one’s family, and one’s community
Developer(s)	Mothers Against Drunk Driving and Hazelden
Populations	Elementary school-age students and high school peer helpers of the Hopi and Navajo Nations
Settings	School
Evaluation Design	Nonexperimental, pretest and posttest design with 226 Hopi and 88 Navajo elementary school students and seven Hopi high school peer helpers completing both pre-program and post-program surveys
Evaluation Outcomes	<p>Hopi participants demonstrated:</p> <ul style="list-style-type: none"> • Improvements in their media literacy (students) • Increased perceptions of risks associated with high levels of alcohol use (peer helpers) <p>Navajo student participants demonstrated:</p> <ul style="list-style-type: none"> • Increased perceptions of harm associated with underage alcohol use • Improved media literacy • Improved vehicle safety skills
Evaluation Studies	LeCroy & Milligan Associates, Inc. (2008, August). <i>Protecting you/Protecting me program: Fourth annual evaluation report</i> . https://www.lecroymilligan.com/files/ugd/4d0a9d_2d0ca196e97e44378dcc3b73554854e6.pdf
Resources	Ringwalt, C., & Bliss, K. (2006). The cultural tailoring of a substance use prevention curriculum for American Indian youth. <i>Journal of Drug Education</i> , 36(2), 159–177. doi:10.1007/s10935-008-0150-z

Qungasvik

Description	<p>Qungasvik is a toolbox that contains prevention activities that communities can use or adapt. Activities are not prescriptive; rather, they are cultural activities that serve as catalysts for communities who may use them to develop and tailor interventions to tribal-specific customs and history. Each activity stresses one or more of 12 protective factors organized by three levels of influence:</p> <ol style="list-style-type: none"> 1. Individual: Self-efficacy, communal mastery, wanting to be a role model, <i>ellangneq</i>, and giving 2. Family: Affection or praise, being treated as special, clear expectations, and family models of sobriety 3. Community: Safe places, role models, and limits on alcohol use <p>Website: https://www.uaf.edu/canhr/projects/elluam/Qungasvik.pdf</p>
Developer(s)	Alakanuk Community Planning Group, Toksook Bay Community Planning Group, Yup'ik Regional Coordinating Council, and People Awakening Team
Populations	Yup'ik/Cup'ik community members
Settings	Community
Evaluation Design	Prospective, quasi-experimental study with four communities using a staggered start design in which data were collected and analyzed from 239 young people assessed twice at baseline and twice after intervention start-up
Evaluation Outcomes	The Qungasvik intervention was associated with dose dependent improvements in reasons for life and reflective processes on alcohol consequences as protective factors that buffer suicide and alcohol risk.
Evaluation Studies	Ilen, J., Charles, B., Fok, C. C. T., Lee, K., Grogan-Kaylor, A., Qungasvik Team, & Rasmus, S. (2023). Culturally grounded strategies for suicide and alcohol risk prevention delivered by rural Alaska Native communities: A dynamic wait-listed design evaluation of the Qungasvik intervention. <i>American Journal of Community Psychology</i> , 71(1–2), 184–197.
Resources	Henry, D., Allen, J., Fok, C. C. T., Rasmus, S., Charles, B., & People Awakening Team. (2012). Patterns of protective factors in an intervention for the prevention of suicide and alcohol abuse with Yup'ik Alaska Native youth. <i>American Journal of Drug and Alcohol Abuse</i> , 38(5), 476–482. https://doi.org/10.3109/00952990.2012.704460

Red Cliff Wellness School Curriculum

Description	<p>Red Cliff Wellness School Curriculum is a school-based substance misuse prevention curriculum that aims to reduce risk factors and increase protective factors associated with substance use among Native American youth. The curriculum includes 20 to 30 lessons and activities covering sharing, respect, honesty, and kindness. Cultural elements include lessons on positive cultural teachings and Ajegewe-mino-bimadissiwin (return to the good life).</p> <p>Website: https://www.redcliff-nsn.gov/divisions_services/education/wellness_curriculum.php</p>
Developer(s)	First American Prevention Center, an arm of the Red Cliff Band of Lake Superior Chippewa
Populations	American Indian (AI) or Alaska Native (AN) children ages 6 to 12 from the Red Cliff Band of Lake Superior Chippewa
Settings	School and community
Evaluation Design	Prospective, quasi-experimental design with eight rural schools served AI/AN reservations that were assigned to either an intervention or a comparison condition. Analysis covered 237 students in intervention schools and 407 students in the comparison schools. Marijuana intentions were assessed at pretest and immediate posttest.
Evaluation Outcomes	<p>Compared to students in the comparison group, Red Cliff Wellness School curriculum participants reported:</p> <ul style="list-style-type: none"> • Less increase in intention to use marijuana • Less increase in alcohol use
Evaluation Studies	Petoskey, E. L., Van Stelle, K. R., & De Jong, J. A. (1998). Prevention through empowerment in a Native American community. In J. Valentine, J. A. De Jong, & N. J. Kennedy (Eds.), <i>Substance abuse prevention in multicultural communities</i> (pp. 147– 162). Haworth Press.

Reducing Tobacco Use in Pregnancy in YK Delta Women

Description	<p>Implemented by the Yukon-Kuskokwim Health Corporation (YKHC), Reducing Tobacco Use in Pregnancy in YK Delta Women is a culturally relevant education initiative designed to raise awareness of tobacco use dangers and reduce tobacco use among pregnant women. Communication activities include:</p> <ul style="list-style-type: none"> • Development and distribution of direct mail to all pregnant women living in the region • Anti-tobacco literature from other organizations placed in clinics and hospitals • Anti-tobacco posters placed in high schools • Print ads displayed in local newspapers promoting tobacco abstinence among local women and teens • Radio ads produced in Yup'ik and English airing twice daily <p>Group education sessions on tobacco risks are provided to expecting women, and health care providers screen pregnant women for tobacco use and refer those who screened positive to tobacco cessation counseling.</p> <p>Website: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2816194/</p>
Developer(s)	Yukon-Kuskokwim Health Corporation
Populations	Alaska Native Women in the Yukon Kuskokwim Delta
Settings	Clinic and health center, community, hospital, and school
Evaluation Design	Nonexperimental pretest and posttest design in which pregnant women participating in group educational and cessation interventions were surveyed prior to and immediately following participation
Evaluation Outcomes	Among participants, there was reduced prevalence of tobacco use in the last three months of pregnancy compared to baseline data.
Evaluation Studies	Fadahunsi, O., & Ellsworth, L. (2013, November 3). <i>Reducing tobacco use in pregnancy in YK Delta women</i> (Paper presentation). 141st APHA Annual Meeting, Boston, MA. Abstract retrieved from https://apha.confex.com/apha/141am/webprogram/Paper287723.html
References	Patten C. A. (2012). Tobacco cessation intervention during pregnancy among Alaska Native women. <i>Journal of cancer education : the official journal of the American Association for Cancer Education</i> , 27(1 Suppl), S86–S90. https://doi.org/10.1007/s13187-012-0317-4

Respecting the Circle of Life

Description	<p>Respecting the Circle of Life (RCL) is designed to educate Native youth and families and to build knowledge and skills pertaining to sexual health negotiation. It is a nine-lesson (16 hours) health education and skills development program that was culturally adapted from an evidence-based intervention (EBI) for HIV risk reduction, <i>Focus on Youth + ImPACT</i>.</p> <p>RCL integrates behavior change theory and reflects:</p> <ul style="list-style-type: none"> • Native cultural knowledge • Traditional practices • Family and individual values and beliefs • Illustrations reflecting local context <p>RCL emphasizes the important roles that individuals, families, and communities play in preventing STIs, HIV, and unintended pregnancy. It takes a positive youth development approach and provides guidance on teaching and practicing skills that participating youth need to make healthy choices, such as:</p> <ul style="list-style-type: none"> • Problem-solving • Communication with peers and parents or trusted adults • Sexual partner negotiation skills • Decision-making <p>Trained facilitators from the participating community delivery RCL.</p> <p>Website: https://www.healthynativeyouth.org/curricula/respecting-the-circle-of-life/#:~:text=Respecting%20the%20Circle%20of%20Life%3A%20Mind%2C%20Body%20%26%20Spirit%20,(parents%20or%20other%20trusted%20adults</p>
Developer(s)	With input from Native youth, a local community advisory board, educators, youth-serving professionals, and health care providers
Populations	American Indian youth ages 11–17 years and their parents or trusted adult(s)
Settings	Rural reservation in the Southwest United States at an 8-day summer camp and post-camp lesson
Evaluation Design	Retrospective, experimental design with 534 youth randomly assigned to RCL (n = 266) or control (n = 268) group, and assessed at baseline and at 3 months, 9 months, and 12 months post-program completion
Evaluation Outcomes	Compared to the control group, those receiving RCL were more likely to report: <ul style="list-style-type: none"> • Lower intention to use substances through 12-month follow-up • Improvements in attitudes regarding peer pressure to use substances through 12-month follow-up • Improvements in attitudes regarding parent-youth communication about substance use among 13–14-year-olds through 9-month follow-up
Evaluation Studies	Tingey, L., Chambers, R., Patel, H., Littlepage, S., Lee, S., Lee, A., Pinal, L., Slimp, A., & Rosenstock, S. (2021). Impacts of the respecting the Circle of Life teen pregnancy prevention program on risk and protective factors for early substance use among Native American youth. <i>Drug and Alcohol Dependence</i> , 228, 1–11.

Reward and Reminder Program

Description	<p>The culturally tailored Reward and Reminder Program aims to reduce convenience store alcohol sales to youth living on or near nine American Indian reservations.</p> <p>Decoy buyers are used to assess alcohol sales to youth. The buyer also records additional descriptive information about the interiors of the outlet. Adaptations have included feather imagery in the reward and reminder letter graphics and model tribal council resolutions in support of the program.</p>
Developer(s)	Research team (Pacific Institute for Research and Evaluation, Southern California Tribal Health Center, The Scripps Research Institute) with input from tribal members
Populations	Youth living on or near Southern California American Indian reservations
Settings	Community
Evaluation Design	Nonexperimental design using pretests and posttests examining changes in rates of sales to minors over time
Evaluation Outcomes	Observed sales to minors in subsequent reward and reminder visits were significantly lower than those observed at baseline
Evaluation Studies	Moore, R. S., Roberts, J., McGaffigan, R., Calac, D., Grube, J. W., Gilder, D. A., & Ehlers, C. L. (2012). Implementing a reward and reminder underage drinking prevention program in convenience stores near Southern California American Indian reservations. <i>American Journal of Drug & Alcohol Abuse</i> , 38(5), 456–460. https://doi.org/10.3109/00952990.2012.696758

Seventh Generation

Description	<p>Seventh Generation is a 13-week afterschool program that incorporates seven culturally specific core values:</p> <ol style="list-style-type: none"> 1. Harmony 2. Respect 3. Generosity 4. Courage 5. Wisdom 6. Humility 7. Honesty <p>In addition, the program focuses on:</p> <ul style="list-style-type: none"> • Social and emotional competencies with an emphasis on decision-making and problem-solving • Resistance • Enhancement of self-esteem • Strategies to cope with stress and anxiety • General social skills <p>Six months after completing the program, youth participate in six booster sessions that review the basic content of the 13-week program.</p> <p>To be culturally responsive, Seventh Generation incorporates the general values of responsible decision-making, harmony, and balance. Because some cultural elements (e.g., medicine wheel) resonate more with some tribes than others, program staff settled on the Circle of Life metaphor to visually represent the interplay of harmony and balance after extended conversations with people of different tribal backgrounds.</p>
Developer(s)	Not able to identify
Populations	American Indian (AI) youth in grades 4–7 in urban Colorado
Settings	Afterschool
Evaluation Design	Quasi-experimental nonequivalent control group design with pretest, 14-week posttest, and 1-year follow-up with 378 (intervention n = 257; comparison n = 121) AI youth
Evaluation Outcomes	<p>Compared to youth in the comparison condition, youth who attended the Seventh Generation program reported significantly:</p> <ul style="list-style-type: none"> • Greater internal locus of control • Lower depression scores • More social support
Evaluation Studies	<p>Moran, J. R., & Bussey, M. (2007). Results of an alcohol prevention program with urban American Indian youth. <i>Child & Adolescent Social Work Journal</i>, 24(1), 1–21. https://doi.org/10.1007/s10560-006-0049-6</p>

Skill Enhancement Program

Description	<p>The culturally tailored, 10-session Skill Enhancement Program provides lessons on:</p> <ol style="list-style-type: none"> 1. Myths and facts concerning American Indian drinking and drug use 2. Information on drugs and alcohol 3. Factors that encourage drug use and reasons for rejecting drugs 4. The role of values in decision-making 5. How to think like an Elder to maintain the Indian Way, resist drugs, and make healthy decisions 6. Effective responses to overt and covert pressures to use drugs <p>Students have opportunities to practice newly learned skills and film commercials demonstrating application of resistance, decision-making, and communication skills learned.</p>
Developer(s)	Not able to identify
Populations	Urban and rural Native American youth residing in the Pacific Northwest who currently use alcohol, marijuana, tobacco, and/or inhalants
Settings	School
Evaluation Design	Quasi-experimental design in which 39 intervention students (in three sites) and 58 control students (in four sites) completed pretests, posttests, and 6-month follow-up assessments
Evaluation Outcomes	<p>Compared to controls, Skill Enhancement participants demonstrated:</p> <ul style="list-style-type: none"> • Greater improvements in knowledge of substance abuse facts and interpersonal skills (e.g., refusal skills) at posttest and follow-up • Greater declines in tobacco at posttest and alcohol, marijuana, and inhalant use at the 6-month follow-up • Lower likelihood of identifying as tobacco users (at posttest) and alcohol, marijuana, and inhalant users (at posttest and 6-month follow-up)
Evaluation Studies	Gilchrist, L., Schinke, S. P., Trimble, J. E., & Cvetkovich, G. (1987). Skills enhancement to prevent substance abuse among American Indian adolescents. <i>International Journal on the Addictions</i> , 22(9), 869–879.
Resources	<p>Jackson, K. F., & Hodge, D. (2010). Native American youth and culturally sensitive interventions: A systematic review. <i>Research on Social Work Practice</i>, 20(3), 260–270.</p> <p>https://doi.org/10.1177/1049731509347862</p>

SmokingZine

Description	Delivered over a six-week period, SmokingZine is a Web-based smoking prevention intervention that consists of a series of smoking educational modules that include contexts and images that are culturally relevant to American Indian (AI) youth.
Developer(s)	Researchers with input from AI youth
Populations	AI youth 12–18 years of age
Settings	Web-based
Evaluation Design	Prospective, experimental study with 113 youth randomized to SmokingZine or control conditions with assessments at baseline and at a 1-month follow-up
Evaluation Outcomes	Compared to the control group, SmokingZine participants: <ul style="list-style-type: none"> • Showed declining intentions to try cigarettes • Were more likely to help others quit • Had less positive attitudes about the drug effects of smoking
Evaluation Studies	Bowen, D. J., Henderson, P. N., Harvill, J., & Buchwald, D. (2012). Short-term effects of a smoking prevention website in American Indian youth. <i>Journal of Medical Internet Research</i> , 14(3), e81. https://doi.org/10.2196/jmir.1682
Resources	Norman, C. D., Maley, O., Li, X., & Skinner, H. A. (2008). Using the internet to assist smoking prevention and cessation in schools: A randomized, controlled trial. <i>Health</i> , 27(6), 799–810. https://doi.org/10.1037/a0013105

Think Smart

Description	<p>Think Smart is a school-based drug prevention curriculum designed to reduce use of harmful legal products (HLPs) such as inhalants and over-the-counter drugs. The curriculum is an adaptation of the Schinke life skills training curriculum for Native Americans, and it includes 12 core sessions along with 3 booster sessions administered 2 to 3 months later.</p> <p>The curriculum draws from a cognitive-behavioral model that emphasizes teaching:</p> <ul style="list-style-type: none"> • Drug refusal skills • Anti-drug norms • Personal self-management skills • General social skills <p>Adaptations from the original Schinke curriculum includes more emphasis on HLPs and substitution of Alaskan culture material for American Indian culture material.</p>
Populations	Predominantly Alaska Native fifth- and sixth-grade students in frontier Alaska
Settings	School
Evaluation Design	Prospective, experimental design in 14 communities randomized to either intervention or control conditions with assessments at baseline, post-intervention, and a 6-month follow-up
Evaluation Outcomes	Compared to control communities, the Think Smart communities showed a greater decrease in the proportion of students who used HLPs over a 30-day period at the 6-month follow-up assessment.
Evaluation Studies	Johnson, K. W., Shamblen, S. R., Ogilvie, K. A., Collins, D., & Saylor, B. (2009). Preventing youths' use of inhalants and other harmful legal products in frontier Alaskan communities: A randomized trial. <i>Prevention Science</i> , 10(4), 298–312. https://doi.org/10.1007/s11121-009-0132-2
Resources	Johnson, K., Holder, H., Ogilvie, K., Collins, D., Ogilvie, D., Saylor, B., Courser, M., Miller, B., Moore, R., & Saltz, B. (2007). A community prevention intervention to reduce youth from inhaling and ingesting harmful legal products. <i>Journal of Drug Education</i> , 37(3), 227–247. https://doi.org/10.2190/DE.37.3.b

Thiwáhe Gluwáš'akapi Program (TG)

Description	<p>The Thiwáhe Gluwáš'akapi Program (TG), which is translated as <i>sacred home in which families are made strong</i>, is a cultural adaptation of the Strengthening Families Program for Parents and Youth 10–14 (SFP 10–14). SFP was designed to prevent early substance use among American Indian (AI) youth by engaging youth and their parents with other families from their community in interactive sessions that foster the development of knowledge, attitudes, and skills that protect against substance use. Adaptations include a focus on kinship connections to help both youth and parents understand the support and structure this network can provide.</p> <p>Trained facilitators deliver TG in seven weekly sessions with groups of 8–10 families:</p> <ul style="list-style-type: none"> • Program sessions for parents focus on setting clear rules about substance use and communicating their rules and values about substance use to their children. • Youth learn specific strategies for resisting peer pressure to use substances or to engage in other risky behaviors. • Other content includes encouraging family fun time, identifying youth and family strengths, helping both youth and parents understand each other's perspectives, expressing feelings, and resolving conflicts. <p>Website: https://coloradosph.cuanschutz.edu/research-and-practice/centers-programs/caianh/projects/past-work/TG1</p>
Populations	American Indian youth, ages 10–14 and their parents or adults who are like their parents
Settings	Northern Plains reservation located in a rural area
Evaluation Design	<p>Tuitt et al., 2023: Prospective, nonexperimental design with 197 parents of youth from 12 different communities assessed at baseline, 1 week after the final session, and at 6 months after program completion</p> <p>Whitesell et al., 2019: Prospective, experimental component analysis with 136 families from 12 different communities randomly assigned to one of four TG variations and assessed at baseline and then 2 months and 6 months after program completion</p>
Evaluation Outcomes	<p>Tuitt et al., 2023: Outcomes included strengthened relationships among adult participants and increases in participants' willingness to talk to and seek advice from the other caregivers who participated in the program with them.</p> <p>Whitesell et al., 2019: No significant differences were found across the following four TG variations on any of the substance use measures:</p> <ul style="list-style-type: none"> • Condition A = English kinship terms + No Facebook + substance use content • Condition B = English kinship terms + Facebook + nutrition content • Condition C = Tribal kinship terms + No Facebook + nutrition content • Condition D = Tribal kinship terms + Facebook + substance use content

Continued

Thiwáhe Gluwáš'akapi Program (TG)

Evaluation Studies

Tuitt, N. R., Ivanich, J., Mousseau, A. C., Schultz, K., Keane, E., Asdigian, N., & Whitesell, N. (2023). Preliminary findings on social networks of American Indian parents participating in a family-based substance use prevention program with their children. *Journal of Child and Family Studies*, 32, 2322-2330. <https://doi.org/10.1007/s10826-023-02595-z>

Whitesell, N. R., Mousseau, A. C., Keane, E. M., Asdigian, N. L., Tuitt, N., Morse, B., Zacher, T., Dick, R., Mitchell, C. M., & Kaufman, C. E. (2019). Integrating community-engagement and a multiphase optimization strategy framework: Adapting substance use prevention for American Indian families. *Prevention Science*, 20(7), 1136–1146. <https://doi.org/10.1007/s11121-019-01036-y>

Traditions and Connections for Urban Native Americans (TACUNA)

Description	<p>Traditions and Connections for Urban Native Americans (TACUNA) combines three workshops with wellness circles. Three 2-hour workshops are adapted from the Motivational Interviewing (MI) and Culture for Urban Native American Youth workshops (D'Amico et al., 2020; Dickerson et al., 2015) and the Motivational Interviewing Social Network (Kennedy et al., 2018), which augments MI with personal network visualization.</p> <p>Each TACUNA workshop:</p> <ul style="list-style-type: none"> • Uses MI to address social network factors that may affect personal choices across risk and protective factors • Focuses on American Indian/Alaska Native (AI/AN) culture and traditional practices • Focuses on how social networks can influence health behaviors for the brain, body, and spirit <p>Wellness circles are held once per month, and participants attend with members of their social networks. Workshops focus on how social networks can influence healthy behaviors.</p> <p>TACUNA workshops are designed to be facilitated by trained AI individuals with strong cultural knowledge.</p> <p>Website: https://www.tacunaproject.com/pub-media</p>
Developer(s)	<p>Sacred Path Indigenous Wellness Center, RAND, and UCLA collaborating with focus groups with AI/AN emerging adults, parents of AI/AN emerging adults, and providers who work with AI/AN emerging adults.</p>
Populations	<p>AI/AN emerging adults</p>
Settings	<p>Urban communities</p>
Evaluation Design	<p>Prospective, experimental design with emerging adults receiving either TACUNA (n = 185) or a comparison program (n = 185) with assessments at baseline and 3-, 6-, and 12-months post-intervention</p>
Evaluation Outcomes	<p>Results pending</p>
Evaluation Studies	<p>Evaluation in progress</p>

Continued

Traditions and Connections for Urban Native Americans (TACUNA)

Resources

D'Amico, E. J., Dickerson, D. L., Rodriguez, A., Brown, R. A., Kennedy, D. P., Palimaru, A. I., Johnson, C., Smart, R., Klein, D. J., Parker, J., McDonald, K., Woodward, M. J., & Gudgell, N. (2021). Integrating traditional practices and social network visualization to prevent substance use: Study protocol for a randomized controlled trial among urban Native American emerging adults. *Addiction Science and Clinical Practice*, 16, 1–18.

D'Amico, E. J., Dickerson, D. L., Brown, R. A., Johnson, C. L., Klein, D. J., & Agniel, D. (2020). Motivational interviewing and culture for urban Native American youth (MICUNAY): A randomized controlled trial. *Journal of substance abuse treatment*, 111, 86–99.

Dickerson, D. L., Brown, R. A., Johnson, C. L., Schweigman, K., & D'Amico, E. J. (2016). Integrating motivational interviewing and traditional practices to address alcohol and drug use among urban American Indian/Alaska Native youth. *Journal of Substance Abuse Treatment*, 65, 26–35.

Kennedy, D. P., Osilla, K. C., Hunter, S. B., Golinelli, D., Maksabedian Hernandez, E., & Tucker, J. S. (2018). A pilot test of a motivational interviewing social network intervention to reduce substance use among housing first residents. *Journal of Substance Abuse Treatment*, 86, 36–44.

Tribal Tobacco Education and Policy Initiative (TTEP)

Description	<p>The Tribal Tobacco Education and Policy Initiative aimed to achieve two goals:</p> <ol style="list-style-type: none"> 1. Generate support by engaging tribal members, nurturing relationships, and developing partnerships 2. Create a community-focused change by increasing the use of traditional tobacco and creating a smoke-free event for four Tribal Nations (three Ojibwe and one Dakota) found in Minnesota state
Developer(s)	ClearWay Minnesota SM and local tribal governments
Populations	Members of four Minnesota Tribal Nations (three Ojibwe and one Dakota)
Settings	Community
Evaluation Design	Prospective, nonexperimental study using a concurrent mixed-methods design in which tribal coordinators provided qualitative and quantitative data using a Web-based data collection tool to report major activities, strategies, and indicators (i.e., "The Tribal Tobacco Story")
Evaluation Outcomes	Tribal coordinators viewed restoring traditional use of tobacco as a method for reducing commercial use and as an essential means to heal from the effects of decades of historical trauma. Tribal nations rely on their own citizens to ask for and create change from within, as opposed to support offered from "outside" advocacy groups. Tribal coordinators emphasized the importance of incremental changes to policy and garnering support from within the community.
Evaluation Studies	Scott, S., D'Silva, J., Hernandez, C., Villaluz, N. T., Martinez, J., & Matter, C. (2017). The Tribal Tobacco Education and Policy Initiative: Findings from a collaborative, participatory evaluation. <i>Health Promotion Practice</i> , 18(4), 545–553. https://doi.org/10.1177/1524839916672632

Wak'háŋyeža (Little Holy One)

Description	<p>Wak'háŋyeža combines elements from <i>Common Elements Teaching Approach</i> and <i>Family Spirit</i> with four cultural lessons addressing tribal-specific risk factors (e.g., historical trauma) and protective factors (e.g., cultural identity, communal mastery) into a 12-lesson curriculum. Lessons engage participants on knowledge and skills related to the following:</p> <ol style="list-style-type: none"> 1. Psychoeducation 2. Cognitive coping 3. Substance use prevention 4. Traumatic stress coping 5. Child development 6. Mindful parenting 7. Parent-child power struggles 8. Healthy living 9. Tribal identity 10. Communal mastery 11. Healing from historical and contemporary trauma 12. Family spiritual practices <p>Caregivers of young children participate in all 12 lessons, and their children participate with them in three of these. Each lesson is 90 minutes in length, and all lessons are taught over a 16-week period with a community health worker.</p> <p>Website: https://cih.jhu.edu/programs/little-holy-one/</p>
Costs	No information
Developer(s)	Developed by Johns Hopkins University Center for Indigenous Health in partnership with the Fort Peck community
Populations	Head-Start-enrolled Dakota and Nakoda parents and children ages 3–5 years old
Settings	Head Start locations and community centers in rural Fort Peck Reservation northeastern Montana
Evaluation Design	<p>Prospective, nonexperimental design involving 18 Head Start teachers and teacher assistants with pre- and post-survey assessments and two 30-minute focus groups held post-survey (Wilson et al., 2023)</p> <p>Prospective, experimental design with 120 parent-child dyads with half assigned to Wak'háŋyeža and another half to an active control group, with assessments at baseline and at 6 weeks, 12 weeks, 6 months, 12 months, 18 months, and 24 months post-intervention (Brockie et al., 2021)</p>
Evaluation Outcomes	Head Start teachers and teacher assistants reported that the intervention helped their psychological health and well-being; depression decreased while stress, tribal identity and resilience increased (Wilson et al., 2023).

Continued

Wak'hányeža (Little Holy One)

Evaluation Studies

Wilson, D. H., German, D., Ricker, A., Gourneau, H., Hanson, G. C., Mayhew, J., Brockie, T. N., & Sarche, M. (2023). Feasibility, acceptability and effectiveness of a culturally informed intervention to decrease stress and promote well-being in reservation-based Native American Head Start teachers. *BMC Public Health*, 23, 2088.

<https://doi.org/10.1186/s12889-023-16913-z>

Brockie, T., Haroz, E. E., Nelson, K. E., Cwik, M., Decker, E., Ricker, A., Littlepage, S., Mayhew, J., Wilson, D., Wetsit, L., & Barlow, A. (2021). Wak'hányeža (Little Holy One) – An intergenerational intervention for Native American parents and children: A protocol for a randomized controlled trial with embedded single-case experimental design. *BMC Public Health*, 21, 2298.

<https://doi.org/10.1186/s12889-021-12272-9>

Walking the Path Together

Description	<p>Walking the Path Together (WTPT) is a long-term, proactive program that provides one-on-one support to First Nations children who live with family violence. An “Eagle Feather Worker” from the shelter works individually with children’s families to provide customized services to match their needs and requests. The key activities include:</p> <ul style="list-style-type: none"> • Case management • Individual counseling sessions • Talking circles • Family counseling sessions • Talks with Elders • Family group conferencing sessions <p>Website: https://www.publicsafety.gc.ca/cnt/rsracs/pblctns/wlknng-ptk/wlknng-ptk-eng.pdf</p>
Developer(s)	Alberta Council of Women’s Shelters
Populations	Families living on reserves in Alberta
Settings	On-reserve domestic violence shelters
Evaluation Design	Prospective, nonexperimental design using mixed methods
Evaluation Outcomes	<ul style="list-style-type: none"> • Children began to express pride and commitment to First Nations heritage. • At each phase of the project, over half of the children were no longer exposed to violence and understood consequences of violence and that it is wrong. • There was a decrease in reports to Child Welfare over the course of the project. • Children improved social skills at school. • There was an increase in children’s school attendance. • There was a decrease in drug and alcohol use among caregivers. • There was a decrease in instances of criminal involvement among caregivers or other participants. • There were reductions in instances of self-injury among children, as well as in emergency department and hospital use. • As a result of the project, all families were assessed as healthier (i.e., eating more nutritional meals, less malnourishment). • Caregivers were more likely to say they would take action to keep their children safe. • The overall social value of investment in WTPT is \$5.42 for every \$1 invested.
Evaluation Studies	Hoffart, I. (2014). <i>Walking the Path Together evaluation – Phases I and II: Report to Safe Communities Innovation Fund</i> . https://web.archive.org/web/20190318081056/https://acws.ca/collaborate-document/1132/download/Walking-the-Path-Together-Tools-Outcome-Evaluation-Phase-II-Nov-11-w.bleeds.pdf
Resources	Cunningham, A., & Baker, L. (2014). <i>Walk proud, dance proud: Footprints on a healing journey</i> . https://acws.ca/wp-content/uploads/2021/05/Walking-the-Path-Together-Tools-GuidePHII.pdf

Weaving Healthy Families Program

Description	<p>The Weaving Healthy Families Program (WHF) is a family-focused, skill building, and psychoeducational intervention that integrates culturally relevant risk, promotive, and protective factors associated with the prevention of substance misuse and violence among Native American families.</p> <p>Whole families attend ten 2.5-hour sessions focused on select topics, and they also join subgroups based on their child’s age. Each subgroup receives lessons on the same topics from trained tribal members in developmentally tailored ways.</p>
Developer(s)	Based on the Celebrating Families (National Association for Children of Addiction) and the Wellbriety & Celebrating Families! program developed in partnership by White Bison, a Native American-led nonprofit organization
Populations	Adults and adolescents from Native American families
Settings	Church site within local community
Evaluation Design	Prospective, nonexperimental study with 24 individuals in eight families who completed pretest, posttest, and 6-month follow-up assessments
Evaluation Outcomes	<p>Following the intervention, participants reported reductions in:</p> <ul style="list-style-type: none"> • Depressive symptoms among adults • Alcohol use among adults <p>And positive outcomes associated with:</p> <ul style="list-style-type: none"> • Improvements in adult conflict resolution behaviors • Adolescent wellness • Emotional regulation, family resilience, and family functioning among adults and adolescents
Evaluation Studies	McKinley, C. E., & Theall, K. P. (2021). Weaving Healthy Families Program: Promoting resilience while reducing violence and substance use. <i>Research on Social Work Practice</i> , 31(5), 476–492. https://doi.org/10.1177/1049731521998441
Resources	McKinley, C. E., Lilly, J., Liddell, J. L., Knipp, H., Solomon, T. A., Comby, N., Comby, H., Haynes, P., Ferris, K., & Goldberg, M. (2023). Developing the Weaving Healthy Families Program to promote wellness and prevent substance abuse and violence: Approach, adaptation, and implementation. <i>Families in Society</i> , 104(3), 245–261. https://doi.org/10.1177/10443894221146351

Wraparound Model

Description	<p>The Wraparound Model is a multicomponent intervention strategy designed to keep young people at risk out of juvenile justice institutions. Wraparound involves a variety of services tailored to the needs of an individual child and his/her family. The Wraparound process includes:</p> <ol style="list-style-type: none"> 1. Family engagement and team preparation 2. Initial plan development 3. Implementation 4. Transition <p>The adaptation of Wraparound for Indian Country maintains these processes as well as incorporates Native American perspectives—that is, it emphasizes strength-based approaches focusing on wholeness, wellness, and health rather than on a deficit perspective.</p> <p>Website: https://www.nicwa.org/wp-content/uploads/2016/11/2011_WraparoundProcess_FactSheet.pdf</p>
Developer(s)	Native American Training Institute
Populations	American Indian/Alaska Native (AI/AN) children and youth with complex needs
Settings	Juvenile justice, human service agencies, home, and school
Evaluation Design	Meta-analysis of nine controlled studies of wraparound programs published in peer reviewed publications (but none with AI/AN)
Evaluation Outcomes	<p>Compared to those in alternate programs, youth in wraparound programs:</p> <ul style="list-style-type: none"> • Were less likely to be suspended from school • Missed fewer days of school • Demonstrated fewer emotional and behavioral problems <p>Compared to those in alternate programs, youth in wraparound programs demonstrated greater:</p> <ul style="list-style-type: none"> • Improvements in their behavioral functioning • Improvements in mood/emotion • Improvements in overall functioning • Improvements in GPA
Evaluation Studies	<p>Bruns, E. J., & Suter, J. C. (2010). Summary of the wraparound evidence base: April 2010 update. In E. J. Bruns & J. S. Walker (Eds.), <i>Resource guide to wraparound</i>. https://nwi.pdx.edu/NWI-book/pgChapter3.php</p>

Continued

Wraparound Model

Resources

Lazear, K. (2015). Why cultural competence is one of wraparound's greatest strengths and most persistent challenges. *The TA Telescope*, 1(2), 1–9.

<https://nwi.pdx.edu/pdf/CulturalCompetenceAndWrap.pdf>

Walker, J. S., Bruns, E. J., VanDenBerg, J. D., Rast, J., Osher, T. W., Miles, P., Adams, J., & National Wraparound Initiative Advisory Group. (2004). *Phases and activities of the wraparound process*. National Wraparound Initiative, Research and Training Center on Family Support and Children's Menal Health, Portland State University.

<http://nwi.pdx.edu/pdf/PhaseActivWAProcess.pdf>

Youth Leadership Program

Description	<p>The Youth Leadership Program (YLP) is adapted from the <i>Comprehensive Health Education Foundation's (CHEF) Natural Helper</i> curriculum to reflect the cultural values of Alaska Native youth, and the Inupiaq specifically, including:</p> <ul style="list-style-type: none"> • Respect for others • Cooperation • Hard work • Responsibility to the tribe • Sharing <p>Like the CHEF program, YLP trains highly influential members of youth social networks to proactively and responsively provide positive social support and promote messages that encourage well-being.</p> <ul style="list-style-type: none"> • Participating schools select 4–18 youth leaders (YLS), who are typically nominated by the student body as individuals with whom they can communicate and talk to about issues at home or school. • YL advisors (generally teachers or other adults) oversee the YLS work and meet with them weekly to review the past week's activities and plan for future efforts. • More seasoned YL captains play a leadership role among their peers and assist with training activities.
Developer(s)	Northwest Arctic Borough School District
Populations	Alaska Native youth
Settings	Rural Alaskan school district
Evaluation Design	Prospective, nonexperimental study including a survey for program participants done at the beginning and end of the study year (n = 61, complete pairs); pre- and post-intervention school data (attendance, GPA, and disciplinary actions; n = 86); an all-school survey asking students at the participating schools about their experience with YLP and participating youth (n = 764); interviews with program advisors (n = 11) and school principals (n = 2); and focus groups with participating students at all 11 participating schools at the end of the year
Evaluation Outcomes	<p>Outcomes included:</p> <ul style="list-style-type: none"> • Increased school attendance among participating youth • Improved academic performance of participating youth • Positive peer reviews of participating student interventions in cases of bullying, depression, and suicidality • Increased sense of agency, responsibility, and confidence among participating youth
Evaluation Studies	Wexler, L., Poudel-Tandukar, K., Rataj, S., Trout, L., Poudel, K. C., Woods, M., & Chachamovich, E. (2017). Preliminary evaluation of a school-based youth leadership and prevention program in rural Alaska Native communities. <i>School Mental Health</i> , 9(2), 172–183. https://doi.org/10.1007/s12310-016-9203-2

The Yuonihan Project

Description	<p>The Yuonihan Project was a fetal alcohol spectrum disorder (FASD) prevention media campaign that included posters, radio ads, and other materials such as brochures and pens.</p> <ul style="list-style-type: none"> • Community liaisons conducted outreach and disseminated materials at local health fair booths, community events, community centers, health clinics, and local tribal colleges. • Radio ads were featured on locally owned stations run by tribes, and community liaisons participated in live interviews on these stations at least twice per year. • Posters were distributed throughout tribal communities at various locations, including: <ul style="list-style-type: none"> • Women’s restrooms • Clinics • Tribal college buildings • Indian Health Service obstetrics ward • Domestic violence shelters and homeless shelters • Local food banks <p>Designed with tribal input, campaign materials used traditional language and images from the tribal communities. The image of the turtle featured prominently in campaign materials, as the turtle amulet is a traditional North Plains Lakota symbol that grandmothers or female elders provide to pregnant women or new mothers.</p> <p>Website: https://fasdprevention.wordpress.com/2012/05/16/the-yuonihan-project-an-fasd-prevention-campaign-in-american-indian-communities-in-the-northern-plains/</p>
Developer(s)	University of South Dakota’s Center for Disabilities and the Great Plains Tribal Epidemiology Center (formerly Northern Plains Tribal Epidemiology Center)
Populations	Northern Plains Lakota women of childbearing age
Settings	Community, clinic, and service agency
Evaluation Design	Nonexperimental, posttest only design with a convenience sample of 119 American Indian women of childbearing age who were exposed to the campaign
Evaluation Outcomes	<p>Of the women surveyed:</p> <ul style="list-style-type: none"> • 91% reported that the campaign increased their knowledge about fetal alcohol syndrome (FAS). • 93% reported that the campaign increased their knowledge about the effects of alcohol on unborn children. • 72% reported that the campaign decreased their drinking.
Evaluation Studies	Hanson, J. D., Winberg, A., & Elliott, A. (2012). Development of a media campaign on fetal alcohol spectrum disorders for Northern Plains American Indian communities. <i>Health Promotion and Practice</i> , 13(6), 842–849. https://doi.org/10.1177/1524839911404232

Section 3.

Practice-Informed Programs

Section 3. Practice-Informed Programs

Alaskan Rural Human Service Program	
Description	<p>The Alaskan Rural Human Service Program is a 32-credit University of Alaska certificate program for rural residents who are natural helpers and healers in their communities. Helpers and healers participate in culturally appropriate training to enhance their knowledge and skills in:</p> <ul style="list-style-type: none"> • Crisis intervention • Suicide prevention • Community development • Counseling in mental health, substance misuse, interpersonal violence, grief, and healing <p>This training was developed and delivered with tribal elders and draws on Alaska Native cultures and traditions. It is grounded in oral tradition and emphasizes cooperative learning. After training, students typically return to work where their helping efforts are supported by numerous tribal partnerships throughout Alaska.</p> <p>Website: https://www.uaf.edu/academics/programs/certificates/rural-human-services.php</p>
Developer(s)	Not able to identify
Populations	Rural, village-based human service workers in Alaska
Settings	University campus and rural villages

Bii-Zin-Da-De-Dah (Listening to One Another)

Description	<p>Bii-Zin-Da-De-Dah (Listening to One Another) is a family-centered drug and alcohol misuse program that includes 15 weekly experiential learning sessions for adolescents and their families. Youth learn communication and social skills to avoid bullying, alcohol/substance misuse, and other risky behaviors and to adopt a healthy lifestyle. Parents and other family members connect with each other during separate sessions in which they discuss challenges and solutions to parenting issues.</p> <p>Tribal communities can adapt the program to their local culture, incorporating rituals, stories, and perspectives. Sessions are typically delivered once or twice per week in the early evening, and supper is served.</p> <p>Website: http://www.mcgill.ca/mhp/</p>
Developer(s)	Melissa Walls (Bois Forte and Couchiching First Nation Anishinabe), University of Minnesota-Duluth
Populations	<p>Ojibwe children (ages 10–12 in grades 5–8) and their families</p> <p>Adaptations have been developed for Navajo, Lakota (Takoja Niwiciyape, Giving Life to the Grandchildren), Canadian Ojibwe, and Swampy Cree First Nations</p>
Settings	Social service organizations
Resources	<p>Whitbeck, L. B., Walls, M. L., & Welch, M. L. (2012). Substance abuse prevention in American Indian and Alaska Native communities. <i>The American Journal of Drug and Alcohol Abuse</i>, 38(5), 428–435. https://doi.org/10.3109/00952990.2012.695416</p> <p>Currently undergoing evaluation funded by the National Institutes of Health (NIH): An RCT of a Family-Centered Ojibwe Substance Abuse Prevention</p>

Circle Tied to Mother Earth (CTME)

Description	<p>Circle Tied to Mother Earth (CTME) are storybooks and hands-on cultural activities related to LifeSkills Training (LST) concepts. CTME is implemented in conjunction with LST, an evidence-based substance misuse prevention program for youth. LST is implemented in the first hour and CTME is presented in the second hour, adding a cultural focus to the LST themes addressed.</p>
Developer(s)	Local tribes, state university faculty, and state health department
Populations	American Indian youth
Settings	Tribal communities in Massachusetts
Resources	<p>Woods, C., Kim, B., Calvert, D., & Aronowitz, T. (2023). The development and pandemic-related adaptation of a resilience program for native middle school youth: A case study. <i>Public Health Nursing</i>, 40(2), 298–305. https://doi.org/10.1111/phn.13154</p>

Discovering Our Story

Description	<p>Discovering Our Story is a collaborative project between Wisdom of the Elders, Inc., and several Portland, Oregon, area partners that serve Native Americans. One component of this project is a multi-media health and wellness curriculum designed to address these issues:</p> <ul style="list-style-type: none"> • Mental health • Substance misuse • Domestic violence • Type 2 diabetes <p>Research has shown that these are related issues that affect generations of Native families in Portland, Oregon. The curriculum includes video productions of exemplary elders sharing their stories, which are accompanied by a set of five teachings based on the Native American hero's journey story model.</p> <p>Websites: https://wisdomoftheelders.org/discovering-our-story-tv/</p>
Developer(s)	Wisdom of the Elders, Inc., and several Portland, Oregon area partners that serve Native Americans
Populations	American Indians in the Portland, OR, area
Settings	Media and online

Doorway to a Sacred Place

Description	<p>Doorway to a Sacred Place is a culturally responsive method for addressing crises, such as suicides or attempted suicides, in rural Alaskan communities. The program includes a guide that Alaska Native peoples may use alongside existing Critical Incident Stress Management models. Four different traditional healing practices are described in the guide and each of these practices may be taught differently across tribes:</p> <ol style="list-style-type: none"> 1. A talking circle that allows people to learn about themselves and their connection to all living things 2. Didactic teaching circles in which facilitators provide information about difficult topics to a group of individuals 3. Body energy healing practices that include "listening to our bodies" and allowing the release of tensions within the body 4. Song, dance, and/or drumming to express feelings of grief or sorrow and to help the healing process
Developer(s)	Alaska Native Tribal Health Consortium
Populations	Tribal communities in rural Alaska
Settings	Rural community

Family Listening/Circle Program

Description	<p>Family Listening/Circle Program (FL/CP) is a cognitive-behavioral family strengthening curricula tailored to individual tribes using community-based participatory research practices. It incorporates an empowerment perspective into each session so that participants are able to create their own visions, identify community challenges, and choose community action projects to address these challenges.</p> <p>While the issues, images, and logos of the curriculum are unique to the implementing tribes, each curriculum includes 12-sessions that begin with prayer, which is followed by dinner, traditional introductions with practice in tribal language, a review of home practice, main content experiential exercise, and wrap-up.</p> <p>Sessions 1–6 of the curriculum are grounded in teachings specific to each tribe and incorporate:</p> <ul style="list-style-type: none"> • Cultural introductions • Cultural foods • Families eating together • Relationships • Core values • Cultural family roles • Ancestral lineages of the people • Phases of life and ceremonies linked to these phases • Cultural responsibilities • Visions for the community <p>Sessions 7–12 include indigenized cognitive-behavioral exercises that help strengthen:</p> <ul style="list-style-type: none"> • Communication • Help-seeking • Anger management • Problem-solving • Exploring discrimination while highlighting the beauty in differences • Positive relationships • Empowerment • Building social support within community networks <p>The community action projects are introduced in Sessions 5 and 6 when program participants discuss their community visions and the challenges they see in their community. As children and families identify community challenges, the facilitators help them think through potential solutions to address their concerns.</p> <p>Website: https://hsc.unm.edu/population-health/research-centers/center-participatory-research/indigenous-health-and-wellness/family-listeningcircle-program.html</p>
Developer(s)	Researchers and tribal members
Populations	American Indian families with young children

Continued

Family Listening/Circle Program	
Settings	Native nation lands in New Mexico
Resources	Rae, R., Belone, L., Tafoya, E., Yepa, M., Cohoe-Belone, B., Burbank, I., Orosco, A., Lacroix-Garcia, P., Sherpa, M., & Wallerstein, N. (2023). Family listening/circle program: The experience of community action projects to promote family and community wellness in three tribal communities in New Mexico. <i>Frontiers in Public Health</i> , 11, 1091751. https://doi.org/10.3389/fpubh.2023.1091751

From Legacy to Choice	
Description	<p>From Legacy to Choice is a suicide prevention program developed by the Colville Confederated Tribes that consists of a comprehensive five-day workshop. It is designed to help community members:</p> <ul style="list-style-type: none"> • Work through historical and related trauma and grief • Improve communications between members • Increase understanding of community trauma • Increase support systems • Empower community members to collaborate when dealing with problems as they occur to break the cycle of intergenerational community trauma <p>Website: https://www.nihb.org/public_health/gp_colville_results.php</p>
Developer(s)	Colville Confederated Tribes
Populations	Colville Confederated Tribes community members
Settings	Community

Good Road of Life: Responsible Fatherhood	
Description	<p>The Good Road of Life: Responsible Fatherhood addresses risk factors for substance misuse, violence, depression, and suicide among young Native men. It is a culturally based curriculum consisting of seminars to increase men's self-awareness of their relationships with their families and teach communication skills and forgiveness.</p> <p>Website: https://www.nativeprideus.org/trainings/the-good-road-of-life-(grl)-curriculum</p>
Developer(s)	Native Prevention, Research, Intervention, Development, and Education (PRIDE)
Populations	Young Native men and their families
Settings	Community

Home Grown Project

Description	<p>The Home Grown Project was a community program that aimed to improve the health of the Little Traverse Bay Bands of Odawa Indians Tribe by increasing the amount of fresh, locally grown foods consumed. The program was developed out of a desire to bring tribal members closer to a more traditional food source to gain back the respect their ancestors had for the earth and the spirit of their food sources. The project included three phases:</p> <ul style="list-style-type: none">• Phase I implemented a Community Supported Agriculture program to encourage cooking with fresh, locally grown produce.• Phase II involved a group trip to a U-pick farm to gather food.• Phase III inspired participants to begin growing their own food and planning for a community garden or orchard. <p>Website: https://www.nihb.org/public_health/gp_traverse_odawa.php</p>
Developer(s)	Little Traverse Bay Bands of Odawa Indians
Populations	Little Traverse Bay Bands of Odawa Indians tribal members
Settings	Community

Honoring Ancient Wisdom and Knowledge: Prevention and Cessation (HAWK2)

Description	<p>Honoring Ancient Wisdom and Knowledge: Prevention and Cessation (HAWK2) is the computer-based version of the <i>Statewide Indian Drug Prevention Program (SIDPP)</i>, which emphasizes bicultural competence by enhancing participant skills in negotiating both mainstream and Native culture.</p> <p>HAWK2 consists of seven lessons, with each being 25 to 30 minutes long. Video segments demonstrate the following skills:</p> <ol style="list-style-type: none"> 1. Refusal 2. Conflict resolution 3. Negotiation 4. Coping 5. Assertive communication 6. Relaxation <p>Participants also view scenarios and are asked to identify problems and then to consider and practice alternative responses to these problems. Cultural elements include animations, created with American Indian youth input, that convey Native American tales and legends.</p> <p>Website: https://www.socio.com/products/honoring-ancient-wisdom-and-knowledge-prevention-and-cessation-hawk</p>
Developer(s)	Collaboration among community experts, research scientists, school teachers, and practitioners, as well as Native youth
Populations	Young Native American children in elementary school settings (grades 4–5) from tribes in California
Settings	School
Resources	Raghupathy, S., & Forth, A. L. G. (2012). The HAWK2 program: A computer-based drug prevention intervention for Native American youth. <i>American Journal of Drug & Alcohol Abuse</i> , 38(5), 461–467. https://doi.org/10.3109/00952990.2012.694531

Honoring Children, Making Relatives

Description	<p>Honoring Children, Making Relatives is a cultural enhancement of Parent-Child Interaction Therapy (PCIT). PCIT combines play therapy with behavioral therapy techniques. It includes two phases that are delivered back-to-back requiring an average of 15 weekly outpatient sessions.</p> <ul style="list-style-type: none"> • Phase 1: Parents learn to follow their child's lead in one-on-one play, using PRIDE skills—Praise, Reflection, Imitation, Description, and Enjoyment—to reinforce positive and appropriate child behaviors. • Phase 2: Parents learn to give effective instructions, rewards, and punishments. <p>Therapists coach parents through interactions during sessions.</p> <p>Cultural enhancements include the incorporation of the following elements:</p> <ul style="list-style-type: none"> • The Old Wisdom in implementing program phases • The concept of the child as the center of the circle • The importance of attending to and listening to the child • Telling about experiences through storytelling and ceremony <p>Website: https://www.icctc.org/#training</p>
Developer(s)	Indian Country Child Trauma Center
Populations	American Indian children ages 2–6 with disruptive behavior disorders
Settings	Clinic and community
Resources	<p>Bigfoot, D. S., & Funderburk, B. W. (2011). Honoring Children, Making Relatives: The cultural translation of parent-child interaction therapy for American Indian and Alaska Native families. <i>Journal of Psychoactive Drugs</i>, 43(4), 309-318.</p> <p>https://doi.org/10.1080/02791072.2011.628924</p>

Honoring Children, Mending the Circle

Description	<p>Honoring Children, Mending the Circle is a program for American Indian/Alaska Native (AI/AN) children and youth who have experienced trauma. It is a cultural adaptation of the evidence-based treatment Trauma-Focused Cognitive Behavioral Therapy, and it blends cognitive-behavioral methods with traditional teachings.</p> <p>Organized to facilitate learning and skill building for parents and children, its core components include:</p> <ul style="list-style-type: none"> • Psychoeducation and parenting skills • Relaxation • Affective modulation • Cognitive coping • Trauma narrative and cognitive processing • <i>In vivo</i> desensitization • Conjoining parent-child sessions • Enhancing future safety and development <p>Central to the program are AI/AN world views:</p> <ul style="list-style-type: none"> • All things are interconnected. • All things have a spiritual nature. • Existence is dynamic. <p>Website: http://www.icctc.org/</p>
Developer(s)	Indian Country Child Trauma Center
Populations	AI/AN youth experiencing traumatic events and their parents (or other caretakers)
Settings	Clinic and community
Resources	Bigfoot, D. S., & Schmidt, S. R. (2010). Honoring Children, Mending the Circle: Cultural adaptation of trauma-focused cognitive behavioral therapy for American Indian and Alaska Native children. <i>Journal of Clinical Psychology</i> , 66(8), 847–856.

Hualapai Tribe's HICI Project

Description	<p>The Hualapai Tribe's Healthy Indian Country Initiative (HICI) Project was a prevention program run by the Hualapai Tribe in 2008 that aimed to decrease the impact of diabetes in the community.</p> <p>Program activities included:</p> <ul style="list-style-type: none">• A diabetes support group• The Family Gathering Project, which addressed issues related to historical and multigenerational trauma and included participation in traditional Hualapai cooking and games• The Sobriety Festival, which provided education on substance abuse and alternatives to alcohol• A youth camp that educated youth about healthy food choices and behaviors <p>Website: http://hualapai-nsn.gov/</p>
Developer(s)	Hualapai Tribe
Populations	Hualapai Tribe community members
Settings	Community

LEAP (Lapwai Equine Assisted Program for Life Enrichment)

Description	<p>LEAP (Lapwai Equine Assisted Program for Life Enrichment) is an equine-assisted learning (EAL) program, and it includes activities implemented with horses and geared toward experiential learning.</p> <p>Activities may include feeding, tacking, grooming, riding, or vaulting. LEAP activities emphasize specific skills, such as:</p> <ul style="list-style-type: none"> • Observing animal behavior • Understanding nonverbal communication • Establishing safe and healthy boundaries • Conducting hands-on work with the horses • Engaging in riding activities <p>LEAP also incorporates expressive arts and creativity to promote positive change. EAL is thought to be especially effective with First Nation youth because, for some First Nations, horses are highly culturally relevant and sacred. A horse's spirit helps youth understand their place in the Circle of Life, which aids youth's healing process.</p> <p>Website: https://lapwaiequineassistedprogram.wordpress.com/ https://horseheartconnection.wordpress.com/2015/08/20/leap-for-success/</p>
Developer(s)	Nimiipuu Behavioral Health
Populations	Nez Perce youth
Settings	Horse ranches
Resources	<p>Dell, C., Chalmers, D., Dell, D., Sauve, E., & MacKinnon, T. (2008). Horse as healer: Applying equine assisted learning to uncover and strengthen the spirit of First Nations youth who abuse solvents. <i>Pimatisiwin: A Journal of Indigenous and Aboriginal Community Health</i>, 6(1), 81–106.</p> <p>Dell, C. A., Chalmers, D., Bresette, N., Swain, S., Rankin, D., & Hopkins, C. (2011). A healing space: The experiences of First Nations and Inuit youth with equine-assisted learning. <i>Child Youth Care Forum</i>, 40(4), 319–336. https://doi.org/10.1007/s10566-011-9140-z</p> <p>Professional Association of Therapeutic Horsemanship International. (2017). <i>Equine-facilitated psychotherapy</i>. https://pathintl.org/resources/equine-facilitated-psychotherapy-manual-download/</p>

Methamphetamine Education and Prevention Project

Description	<p>Nevada's Methamphetamine Education and Prevention Project harnesses data to understand the prevalence and incidence of meth use. By partnering with multiple coalitions and agencies, the project created a Statewide Methamphetamine Summit to bring together judges, tribal attorneys, tribal substance abuse counselors, tribal police officers, social workers, the Nevada Attorney General, and Nevada's First Lady to discuss issues related to:</p> <ul style="list-style-type: none"> • Jurisdiction • Barriers to collaboration between law enforcement agencies • Treatment methodologies • Effects on family and communities <p>The project also includes a media campaign:</p> <ul style="list-style-type: none"> • A 6-month radio spot with a 1-minute anti-meth message delivered in Shoshone and Paiute • A billboard with an anti-meth message in the Shoshone language
Developer(s)	Indian Health Board of Nevada
Populations	Members of Shoshone and Paiute tribes
Settings	Community

National Native American Mentoring Program

Description	<p>The National Native American Mentoring Program is based on theories of positive youth development and is designed to strengthen bonds between youth and positive adult role models.</p> <ul style="list-style-type: none"> • Each Boys & Girls Club implementing the program hires a mentor program coordinator to oversee the Club's mentoring program, including supervision, oversight, and monitoring of the mentors and mentees. • A training manual is provided to help coordinators implement the program. • Mentoring models include one-to-one matches between adults and youth, as well as group and team approaches. <p>Website: https://www.mentoring.org/resource/supporting-and-inspiring-native-youth/</p>
Developer(s)	Navajo Nation and local Boys & Girls Clubs
Populations	<ul style="list-style-type: none"> • The program is for American Indian (AI) youth whose parent(s) are incarcerated in tribal, state, or federal prisons. • Adaptations have been developed for other at-risk AI youth ages 5–17.
Settings	Boys & Girls Clubs serving American Indian youth

Native H.O.P.E.

Description	<p>Native H.O.P.E. (Helping Our People Endure) is a peer-counseling program designed to prevent and reduce suicides among Native youth by helping youth draw on their sources of strengths, including culture and spirituality, to promote help-seeking for mental health problems among their peers.</p> <p>The Native H.O.P.E. model includes preparing participants to deliver the H.O.P.E. curriculum successfully in their communities so that they may maintain ongoing “booster” and leadership activities. In addition, trainers are expected to work with tribal communities to develop and implement a strategic action plan that greatly reduces suicide and its contributing factors, including:</p> <ul style="list-style-type: none"> • Depression • Substance misuse • Violence • Exposure to trauma <p>Website: https://www.nativeprideus.org/trainings/native-h.o.p.e.-(helping-our-people-endure)-curriculum</p>
Developer(s)	Clayton Small, Ph.D. (Northern Cheyenne)
Populations	Native youth
Settings	School and community
Resources	Small, C. (2014, October 14). Suicide prevention: A culture-based approach in Indian country [Web log entry]. http://evcrowellfund.org/2014/10/suicide-prevention-culture-based-approach-indian-country/

Native Wellness Youth Leadership Curriculum

Description	<p>Native Wellness Youth Leadership Curriculum, through youth leadership and athletic camps, academies, and gatherings, equips Native youth with the skills, confidence, and self-esteem they will need to live in a positive way in today’s world. These leadership opportunities focus on helping youth make a “head-to-heart” connection and promote and maintain living by the “Warrior’s Spirit.”</p> <p>Website: http://www.nativewellness.com/youth-leadership.html</p>
Developer(s)	Native Wellness Institute
Populations	First Nation youth
Settings	Camp, academies, and retreats

NativeVision Sports & Lifeskills

Description	<p>NativeVision Sports & Lifeskills is both a summer camp and an afterschool program designed to promote resiliency among American Indian (AI) youth so that they are more likely to be healthy, productive, and fulfilled adults.</p> <p>During the summer camp, youth from different AI nations come together to share cultures and participate in life skills workshops. Professional and college athletes mentor camp goers through sports clinics and breakout sessions and share stories of how they overcame obstacles in life.</p> <p>To complement camp activities, tribal communities may implement NativeVision afterschool activities, which include:</p> <ul style="list-style-type: none"> • Fitness, nutrition, and lifestyle promotion • Academic support • Parent engagement • Involvement of Elders to promote cultural connections <p>Website: http://www.nativevision.org/index.html</p>
Developer(s)	Johns Hopkins Center for American Indian Health, NFL Players Association, Nick Lowery Charitable Foundation
Populations	Youth ages 7–18 from different Indian nations
Settings	Camp, school, and community

Navajo Nation Fetal Alcohol Spectrum Disorders (FASD) Prevention Program

Description	<p>The Navajo Nation Fetal Alcohol Spectrum Disorders (FASD) Prevention Program drew on training content from the Substance Abuse and Mental Health Services Administration’s FASD 101 and the National Organization on Fetal Alcohol Syndrome materials to develop culturally tailored and developmentally appropriate educational activities that include:</p> <ul style="list-style-type: none"> • Participating in health and community fairs, Navajo Nation fun runs, veterans events, Navajo puberty ceremonies, school education programs, and media relations • Providing peer education for students (ages 11–18) • Providing technical support and education for teachers, health care providers, parents of special needs children, foster parents, grandparents, and community members • Designing a billboard displaying prevention messages • Establishing partnerships with schools, local clinics, hospitals, and regional medical centers • Implementing collaborative perinatal substance misuse prevention programs with drug/ alcohol treatment and counseling for women and families
Developer(s)	Navajo Nation
Populations	Navajo women of childbearing age, youth ages 11–18 years across the Navajo Nation, families, and community members
Settings	School, community, and clinic
Resources	<p>Beckett, C. D. (2011). Fetal alcohol spectrum disorders: A Native American journey to prevention. <i>Family Community Health</i>, 34(3), 242–245. https://doi.org/10.1097/fch.0b013e31821962a8</p> <p>Network Action Team (NAT) on FASD Prevention from a Women’s Health Determinants Perspective. (2011, October 18). Navajo Nation Fetal Alcohol Spectrum Disorders Prevention Program [Web blog]. https://fasdprevention.wordpress.com/2011/10/18/navajo-nation-fetal-alcohol-spectrum-disorders-prevention-program/</p> <p>Substance Abuse and Mental Health Services Administration. (n.d.). <i>Fetal alcohol spectrum disorders (FASD)</i>. https://store.samhsa.gov/product/tip-58-addressing-fetal-alcohol-spectrum-disorders-fasd/sma13-4803</p>

Penobscot Indian Nation HICI Project

Description	<p>The Penobscot Indian Nation Healthy Indian Country Initiative (HICI) Project offered activities for Native American adolescents to increase their skills and education in substance misuse prevention, leadership, self-esteem building, and chronic disease prevention. Activities included:</p> <ul style="list-style-type: none"> • Inter-tribal Sacred Fire Relay Run • Graduating Seniors Recognition Night • Monthly community fun runs • Summer Youth Workers Prevention Education Series • Community Health Summit • Community Walk for a Safe and Healthy Community • Fit Club • After School Snowshoe Club • Indian Island School classroom prevention education • Suicide awareness and prevention education • Kids In The Kitchen <p>Website: www.penobscotnation.org</p>
Developer(s)	<p>The Penobscot Nation Health Department and other tribal departments and programs, including:</p> <ul style="list-style-type: none"> • The Summer Youth Employment Program • The Indian Island School • Local high schools • The Penobscot Nation Boys and Girls Club
Populations	Native American adolescents from Penobscot Indian Nation
Settings	Community

Piya Mani Otipi Program Tokala Inajio Project

Description	<p>The Piya Mani Otipi (PMO) Program Tokala Inajio (PMOTI) Project provided youth with training in the following:</p> <ul style="list-style-type: none"> • Leadership development • Drug and alcohol prevention • Lakota culture/spirituality • Suicide prevention <p>The goal of these efforts was to reduce drug and alcohol misuse, gang activity, suicide, and juvenile delinquency among the Rosebud Sioux Tribe.</p> <p>Website: www.rosebudsiouxtribe-nsn.gov</p>
Developer(s)	Rosebud Sioux Tribe
Populations	Native American youth from the Rosebud Sioux Tribe
Settings	Community

Positive Indian Parenting

Description	<p>Positive Indian Parenting is a culturally specific 8- to 10-week curriculum and training that explores traditional American Indian/Alaska Native (AI/AN) child-rearing values, attitudes, and practices and works with parents to apply these to their parenting.</p> <p>The curriculum highlights:</p> <ul style="list-style-type: none"> • Storytelling • Cradleboard • Harmony • Lessons of nature • Behavior management • Use of praise <p>Through such lessons, it aims to help AI/AN families reclaim their heritage and reinforce positive bonds with their children. The National Indian Child Welfare Association instructs facilitators from individual tribes to train their colleagues who then administer the program within that tribe.</p> <p>Websites: http://www.tribaljustice.org/program-profiles/nicwa-positive-indian-parenting</p>
Developer(s)	National Indian Child Welfare Association
Populations	AI/AN parents, relatives, and other caregivers of young children
Settings	Child welfare agencies and other human service agencies
Resources	Cross, T. L. (2001). <i>Positive indian parenting: Honoring our children by honoring our traditions</i> . National Indian Child Welfare Association.

Project Making Medicine

Description	<p>Project Making Medicine is a national clinical training program that uses the curriculum from the <i>Honoring Children, Mending the Circle</i> therapeutic program.</p> <p>Based on trauma-focused cognitive behavior therapy, <i>Honoring Children, Mending the Circle</i> promotes an Indigenous orientation of well-being and the use of traditional healing practices with American Indian and Alaska Native children and adolescents who have experienced trauma.</p>
Developer(s)	Dolores BigFoot (Caddo Nation), University of Oklahoma
Populations	Mental health professionals from tribal, urban, Indian Health Service, and residential treatment agencies who provide child abuse prevention services and treatment to children and youth
Settings	Clinic and community
Resources	Indian Country Child Trauma Center. (2011). <i>Project Making Medicine FQA</i> . https://www.icctc.org/#training

Rock n' the Rez

Description	<p>Rock n' the Rez is a summer day camp run by the Coeur d'Alene Indian Tribe that aims to teach youth about cultural values, including respect, honor, dignity, and pride. The program offers the following:</p> <ul style="list-style-type: none"> • The traditional/cultural camp teaches the Coeur d'Alene language, making and playing stick games, tanning hides, beading, and basket weaving. • The performing arts camp teaches dancing and singing. • The youth leaders camp trains youth to help supervise, teach, and organize the Rock n' Rez program. The youth leaders also receive employment training. <p>Website: https://www.rocktherez.com/</p>
Developer(s)	Coeur D'Alene Indian Tribe
Populations	Youth ages 5–12 from the Coeur d'Alene Indian Tribe
Settings	Camp

Sons of Tradition and Daughters of Tradition

Description	<p>Sons of Tradition and Daughters of Tradition are prevention education programs that provide adults who work with teens and pre-teens with the traditional knowledge to prepare American Indian (AI) teens to make healthy choices.</p> <p>Boys and girls participate separately in gender-specific programs. Teens meet with the adult facilitator for two hours each week for a year. In these sessions, boys and girls:</p> <ul style="list-style-type: none"> • Participate in talking circles to share their insights on important cultural themes and prevention issues • Prepare special projects, such as service work • Learn traditional skills and crafts • Participate in and learn how to plan cultural activities and community events <p>The program is based on the premise that youth who develop a strong sense of cultural pride for their heritage will be motivated to make healthy choices.</p> <p>Website: https://whitebison.org/youth-programs/</p>
Developer(s)	White Bison, Inc.
Populations	AI youth ages 8–12
Settings	Social service agency

Strengthening the Spirit-Oskâyi Kiskinotahn: Building a Comprehensive Response to Family Violence in Aboriginal Communities (Strengthening the Spirit)

Description	<p>Strengthening the Spirit comprises adult and children’s programs that aim to reduce domestic violence in families, reduce the risk of violence for children, and support healing and wellness.</p> <p>Adult programs include group sessions (circles) for facilitated discussions on topics related to risk factors in which cultural practices—use of the medicine wheel, sweat lodges, smudging, and role playing—are incorporated.</p> <p>The children’s program includes group sessions with facilitated discussions on topics related to risk factors for violence and criminal activity. The sessions incorporate:</p> <ul style="list-style-type: none"> • Age-appropriate traditional games • Crafts • Role-playing • Exercises to reinforce the concepts learned <p>In some tribes, youth participating in the Strengthening the Spirit program also choose a mentor from among a “Strong Circle of Relatives.” The Strong Circle of Relatives builds upon the traditional practice of an extended family that cares for all tribal children. Chosen mentors are trained and work with mentees to teach tribal history, culture, and value systems that have guided their people for generations.</p>
Developer(s)	Not able to identify
Populations	First Nation families at high risk of violent behavior and contact with the criminal justice system
Settings	Social service agency

TURTLE Camp

Description	<p>Many Chickasaw youth do not have the opportunity to attend summer camp. TURTLE (Teaching Urban Roads to Lifestyle and Exercise) Camp is designed to address this gap in experience as well as provide an opportunity for youth to connect with each other over shared cultural heritage.</p> <p>TURTLE Camp provides education on substance misuse prevention and healthy relationship formation. Youth attending camp are also introduced to Chickasaw cultural activities on field trips to the Chickasaw Cultural Center, where they participate in activities such as stickball and traditional dance.</p> <p>Website: http://www.okcic.com/programs/hdpd/turtle-camp/</p>
Developer(s)	Oklahoma City Indian Clinic
Populations	Chickasaw youth ages 12–17
Settings	Camp and field trips
Resources	<p>National Crime Prevention Centre. (2014). Strengthening the Spirit – Oskâyi Kiskinotahn building a comprehensive response to family violence in aboriginal communities. Building the Evidence Project Summaries. https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/strngthnng-sprt/strngthnng-sprt-eng.pdf</p>

We R Native

Description	<p>We R Native is a multimedia endeavor that includes:</p> <ul style="list-style-type: none"> • Interactive website • Text messaging service • Facebook page • YouTube channel <p>It was designed by drawing on behavior change theory, a holistic approach to health, and extensive formative research with American Indian/Alaska Native (AI/AN) youth across the United States.</p> <p>The purpose of We R Native is to promote positive youth development and healthy decision-making among AI/AN youth. It is a comprehensive health resource that provides content and stories about the topics of greatest interest and relevance to AI/AN youth.</p> <p>The We R Native website is divided into four sections—<i>My Culture, My Life, My Relationships, and My Impact</i>—and has the following features:</p> <ul style="list-style-type: none"> • Articles • Blog posts • Videos • Ways to get involved and spread key messages • Monthly contests • Community service grants • An “Ask Auntie” service, which provides medically accurate and expert-reviewed information <p>We R Native recruits Ambassadors (youth ages 15–24) to join the We R Native development team, to get involved in their community, and to effect change on topics that interest them.</p> <p>Website: https://www.wernative.org</p>
Developer(s)	Northwest Portland Area Indian Health Board and Native American youth
Populations	AI/AN youth ages 13–21
Settings	Social media
Resources	Gaston, A. M. (n.d.). We R Native: <i>Harnessing the power of social media to promote AI/AN adolescent health</i> . https://www.nihb.org/docs/08092018/Friday/We%20R%20Native.pdf

Youth Services Programs

Description	<p>The Youth Services Programs are based on a holistic Native American wellness concept involving four traditional sacred elements: air, water, fire, and earth. They combine:</p> <ul style="list-style-type: none"> • Traditional healing and cultural wellness education • Life skills training • School-based services • Collaborative prevention-focused activities <p><i>Gathering of Native Americans (GONA)</i> cultural enrichment exercises and experiential activities are included to promote positive youth development.</p> <p>Website: https://www.nativehealth.org/cwd-youth-programs/</p>
Developer(s)	Native American Health Center
Populations	Native American youth in Oakland, California
Settings	Afterschool
Resources	Aguilera, S., & Plasencia, A. V. (2005). Culturally appropriate HIV/AIDS and substance abuse prevention programs for urban Native youth. <i>Journal of Psychoactive Drugs</i> , 37(3), 299–304. https://doi.org/10.1080/02791072.2005.10400523

Endnotes

- i. Rotchford, M. D., & James, K. (2017). Cultural factors within the United States promote substance use disorders: A helpful perspective for responding to the opioid misuse epidemic. *MOJ Addiction Medicine & Therapy*, 4(1). DOI: [10.15406/mojamt.2017.04.00069](https://doi.org/10.15406/mojamt.2017.04.00069)
- ii. Soto, C., West, A. E., Ramos, G. G., & Unger, J. B. (2022). Substance and behavioral addictions among American Indian and Alaska Native populations. *International Journal of Environmental Research and Public Health*, 19(5), 2974. <https://doi.org/10.3390/ijerph19052974>
- iii. Whitbeck, L. B., Walls, M. L., & Welch, M. L. (2012). Substance abuse prevention in American Indian and Alaska Native communities. *The American Journal of Drug and Alcohol Abuse*, 38(5), 428–435. <https://doi.org/10.3109/00952990.2012.695416>
- iv. Walsh, M. L., & Baldwin, J. A. (2015). American Indian substance abuse prevention efforts: A review of programs, 2003–2013. *American Indian and Alaska Native Mental Health Research (Online)*, 22(2), 41–68. <https://doi.org/10.5820/aian.2202.2015.41>
- v. Champagne, D. (2007). In search of theory and method in American Indian studies. *The American Indian Quarterly*, 31(3), 353–372. <https://www.jstor.org/stable/30114249>
- vi. Cain, M. J., Winterowd, C., & Farra, A. (2024). The relationships of historical loss, acculturation, and alcohol expectancies with alcohol use among American Indian and Alaska Native people. *American Indian & Alaska Native Mental Health Research*, 31(1), 93–123. <https://doi.org/10.5820/aian.3101.2024.93>
- vii. Kelley, A., Fatupaito, B., & Witzel, M. (2018). Is culturally based prevention effective? Results from a 3-year tribal substance use prevention program. *Evaluation and Program Planning*, 71, 28–35. <https://doi.org/10.1016/j.evalprogplan.2018.07.001>
- viii. Bowen, D. J., Kreuter, M., Spring, B., Cofta-Woerpel, L., Linnan, L., Weiner, D., Bakken, S., Kaplan, C. P., Squiers, L., Fabrizio, C., & Fernandez, M. (2009). How we design feasibility studies. *American Journal of Preventive Medicine*, 35(5), 452–457. DOI: <https://doi.org/10.1016/j.amepre.2009.02.002>

SPTAC is a national training and technical assistance system dedicated to advancing the application of culturally responsive, evidence-informed substance misuse prevention programs guided by SAMHSA's Strategic Prevention Framework.

For more information contact: SPTAC@edc.org