



*Transforming Mental Health  
Sept 8-11, 2009*

**Tribal Communities Transforming Mental Health  
Conference Report**

**Prepared by**

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Colleen Cawston, MPA, and Cindy Trokey**

**Conference held at**

**Great Wolf Lodge, Grand Mound, WA**

**Funded by the NIH/National Center on Minority Health and Health Disparities  
(2R13MD00247-02) and the Mental Health Transformation State Incentive Grant Award  
from the Substance Abuse and Mental Health Services Administration  
(No. 6 U79 SM57648)**

**Native Healing and Wellness Conference  
PI: Lisa Rey Thomas, PhD  
Alcohol & Drug Abuse Institute  
University of Washington**

**Project Period: 07/12/2007 – 03/31/2011**

## Introduction

It is our honor to present this report for the 2009 Tribal Communities Transforming Mental Health Conference (NCMHD - R13 MD2247-02 and the Mental Health Transformation State Incentive Grant Award from the Substance Abuse and Mental Health Services Administration (No. 6 U79 SM57648) held September 8-11, 2009 at the Great Wolf Lodge in Washington State. This conference was a collaboration between the Washington States Department of Social and Health Services' Office of Indian Policy's Indian Policy Advisory Committee (IPAC), the American Indian Health Commission of Washington State (AIHC), and the Alcohol and Drug Abuse Institute at the University of Washington (ADAI).

We convened the first conference, called *Tribal Healing and Wellness Conference*, in May 5-6, 2008 at Kiana Lodge in response to an identified need to better understand and document the behavioral health status, needs, and resources of American Indian and Alaska Native people and communities (AIAN) in Washington State. In particular, there is a great need to understand this from an *Indigenous* perspective that incorporates and builds on Indigenous science, knowledge, practices, and strengths. AIAN leaders are often apprehensive about "outsiders" and research due to historical and current research abuses in Indian Country. However, the support for seeking funding for such this conference was overwhelming. The report from the first conference can be found at our website: <http://adai.washington.edu/tribalconference/>.

This first conference was very successful and the planning team received approval from IPAC and AIHC to submit a second grant to the National Center on Minority Health and Health Disparities (NCMHD) to fund this second conference. We were successful in receiving this grant and were privileged to collaborate with IPAC and AIHC to convene the second conference called *Tribal Communities Transforming Mental Health*. As you can see from our evaluations, this conference was also very successful. In addition, because we partnered with IPAC and AIHC, we were able to plan both the *Tribal Communities Transforming Mental Health Conference* (which is the focus of this report) and a follow-up mini-conference or summit to bring together Tribal Leaders and Tribal Health Directors from Washington State to hold 2 ½ days of discussion and planning for a Tribal-Centric Mental Health Care Delivery System for AIAN people and communities in WA State.

## Acknowledgements

First and foremost we would like to acknowledge the American Indian and Alaska Native individuals who made time to attend the 2009 Tribal Communities Transforming Mental Health Conference as well as those non-Native individuals who work with and for our Washington Native communities. Their willingness to listen, to speak, and to engage in dialogue regarding the health of our Native communities is invaluable. The knowledge and experience that they bring to the issue of health equity for AIAN's is critical. We are especially grateful for the Elders who attended and who were willing to both listen and to provide guidance and wisdom to the conference.

We would like to thank the presenters who traveled to the conference site and provided presentations on state of the art information about and skills for working with AIAN individuals and communities. We are particularly honored that most of the presenters were Native professionals making the conference that much more meaningful for the attendees.

We would also like to acknowledge the following contributors (in alphabetical order):

- Alcohol and Drug Abuse Institute, University of Washington
- American Indian Health Commission of Washington State
- Chehalis Tribe Song and Dance
- Chehalis Tribe
- Indian Policy Advisory Committee, Washington State Department of Social and Health Services
- Liz Mueller, IPAC Chair
- Marilyn Scott, AIHC Chair
- Office of Indian Policy, Washington State Department of Social and Health Services
- Susan Dreyfus, WA State Department of Social and Health Services Secretary

We would also like to acknowledge SAMHSA and the Mental Health Transformation Grant for their support of the second Tribal Conference as well as the follow-up mini-summit.

Finally, we would like to acknowledge the NIH/National Center on Minority Health and Health Disparities for providing the funding and support that made the first and second of this hopefully annual Tribal Conference possible.

We have included the sponsor page from the conference program below.

## sponsors and contributors



Funding for this conference was made possible in part by the Mental Health Transformation State Incentive Grant Award No. 6 U79 SM57648 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the State of Washington. The views expressed in this conference do not necessarily reflect the official policies of the U.S. Department of Health and Human Services or agencies of the State of Washington, nor does mention of trade names, commercial practices or organizations imply endorsement by the U.S. Government.

[mhtransformation.wa.gov/](http://mhtransformation.wa.gov/)



The mission of the National Center on Minority Health and Health Disparities (NCMHD) is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities.

[ncmhd.nih.gov/](http://ncmhd.nih.gov/)

Funding for this conference was made possible (in part) by 2R13MD002247-02 from the National Center on Minority Health and Health Disparities. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention by trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Indian Policy Advisory  
Committee (IPAC)

The objective of the Indian Policy Advisory Committee, with the Office of Indian Policy, is to assist the Tribal governments and Recognized American Indian Organizations to assure quality and comprehensive service delivery to all American Indians and Alaska Natives in Washington State.

[www.dshs.wa.gov/ipac/](http://www.dshs.wa.gov/ipac/)



The Alcohol and Drug Abuse Institute is a multidisciplinary research center at the University of Washington. Its mission is to support and facilitate research and research dissemination in the field of alcohol and drug abuse.

[depts.washington.edu/ada/](http://depts.washington.edu/ada/)



The American Indian Health Commission for Washington State (AIHC) was created in 1994 by federally recognized tribes, urban Indian health programs, and Indian organizations to provide a forum for Tribal-State health issues. It works to achieve unity and guide the collective needs of Tribal governments in providing high-quality, comprehensive health care to American Indians and Alaska Natives.

[www.aihc-wa.org/](http://www.aihc-wa.org/)

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### Conference Planning Committee

#### Tribes

Bob Brisbois, Spokane Tribe  
Helen Fenrich, Tulalip Tribe  
Cindy Gamble, Chehalis Tribe  
Jennifer LaPointe, Puyallup Tribe  
Ronda Metcalf, Sauk Suiattle Tribe  
Marilyn Scott, Upper Skagit Tribe  
John Stephens, Swinomish Tribe

#### Staff

Lisette Austin, UW ADAI  
Jeanette Barnes, MHTG  
Colleen F. Cawston, DSHS OIP  
Sheryl Lowe, AIHC  
Lisa Rey Thomas, UW ADAI  
Cindy Trokey, DSHS OIP

Thank you to Doug North for canoe journey photographs and to Rodney Cawston for beadwork and weaving images.

## Conference Attendees

Conference attendance was initially by invitation and was primarily for Washington Tribal Leaders, Tribal members, and those who work closely with and/or provide direct services to Washington Tribal communities. This policy allowed the focus of the conference to be responsive to the Tribes and Native organizations in Washington State. There were no registration or hotel costs for attendees in this category. After the cut-off date for registration by these attendees we opened registration for non-Tribal members for a nominal fee to cover meals and conference materials; these attendees were also responsible for their own hotel costs.

There were over 200 attendees with representation from 27 Tribes and 5 Recognized American Indian Organizations and included Tribal Council members, Tribal leaders, Tribal employees, Tribal Elders, Tribal community members and Youth. Many worked for Tribal wellness programs in Tribal communities across Washington State.

## Conference Findings and Recommendations

Because the *Tribal Communities Transforming Mental Health Conference* was implemented in a manner similar to other professional conferences, the primary focus was on providing presentations in the field of behavioral health that were identified as priority needs by WA Tribes and AIAN organizations. Every attempt was made to have Native professionals as presenters for each of the sessions. It was overwhelmingly evident that this, Native professionals presenting to a Native audience, is seen as critical by the Tribes for the success of reducing health disparities and promoting good health in AIAN communities in Washington State. A quote from the conference captures and illustrates the importance of this: "...it was stated at the conference how far tribes have come in the past 30 years. Conferences back then were non-Natives who had never been or worked in Indian country telling Native providers what to do. Today, it is Native providers and non-native providers who work and live in tribal communities sharing what is working in tribal communities."

In addition to the provider track, we held a smaller policy track with ongoing discussions between Tribal leaders, providers, and representatives from various departments, divisions, and offices in Washington State that work with Tribes and RAIO's. A brief PowerPoint presentation that summarized the themes of those discussions was given to the attendees during the last morning of the conference, and is appended to this report. .

After two full days of presentations, policy discussions, and networking, conference attendees gathered to discuss what they had learned and what the next best steps would be to continue to improve the mental health status of AIAN people and communities in Washington State. Comments and recommendations from this final gathering are listed below.

The points that were brought up will also begin the dialogues at the follow-up mini-summit to develop a Tribal-centric mental health care delivery system. The summit is planned for April 6-8, 2010 at the Northern Quest Lodge (Spokane Tribe). This follow-up discussion and planning conference will be summarized in a subsequent Tribal Conference report.

### ***Participant Closing Remarks and Recommendations***

“There are Tribes that are not billing Medicaid, and the reimbursement rate allows a Tribe to hire a mental health counselor. It is important for us to share our experiences with other Tribes. These meetings are important so our needs can be heard.”

“Great breakout sessions and keynotes, will take the info back to our social services.”

“Great conference, learned wonderful things. One thing to the State – funding mental health services doesn’t fund getting people better. Is more than that and includes community based programs.”

“This is a reminder about how complex these issues are. It’s important to remember the whole person. It is important to keep and bring people back to the community. It is important to remember cultural competency and traditional healers.”

“Hands up to you. We appreciate the support in regards to room and board, registration, etc. We are grateful for networking and learning from each other, working together. We need one another to uplift and focus on our children. Many younger children are having severe behavioral problems.”

“Co-occurring disorder group for MHTG needs to be reinstated and especially have Tribal input. Instead of having a one-stop shop for an individual needing services, have a case manager with skills be able to assess needs and direct individual to the appropriate services tailored to their needs – needs proper funding. Believe that children are impacted by the mental health and substance abuse issues they see in their own homes – need to address that to really change things. Too many kids are in the foster care system. Need to be willing to shake it up and do what is needed for our people.”

“Have been to a lot of conferences and this is the best one I’ve been to. The quality of the workshops was wonderful with great feedback and input during the sessions. Appreciate the planning group. We have two colleagues on Council that have traveled to attend because mental health needs in our community are great. Appreciate the opportunity to network. Starting off the conference with the weaving workshop was a good idea. I also appreciate that my son was able to attend and have some exposure to opportunities.”

“Mental health is a high priority for our community. We are grateful for the conference and that our Council attended. I loved hearing from Indian presenters – it is an exciting time to hear from and learn from our own people.”

“Three top leaders from Council attended and are grateful to be here. We as Council don’t know but want to learn about mental and behavioral health. Council can’t be knowledgeable in all areas so we need to be educated. Want to thank all attendees as they also put in the time and work. We have to educate our own people sometimes. It is important that different entities come together to work together to ‘know what the other guys are doing’.”

“Hands up to coordinators. The selection of presenters and presentations was great and I got a lot of good ideas. We want to work with the families from beginning to end. Addressing problems with culture is an awesome idea – I was raised with my grandma and have traditional skills. We are working with all areas on our community, including law enforcement, to keep our

community together. Liked the success idea with Skokomish – awesome and will take that back to our Council. They invited the community from the very beginning and that was very important and a good model. This is one of the best conferences I have attended.”

“This conference was intimate; I had a chance to get to know some people. I appreciated the wisdom that was shared. Everything that was done here was done in a traditional way from starting out with the weaving, the eating together. We have a lot of people that we serve, we don’t have enough money, and we don’t have services from the RSN. We should ask ‘whose needs are getting met.’ The RSN is obligated to meet the needs of the people in their regions. That is tragic – we’ve had suicides that could have been prevented had we had the services. I know 50-60% of the people on our reservation and it makes my heart ache to know people that lose loved ones. We are losing our Elders and that is sad as we are losing our wisdom and our ways to cope. I thank all of the planning committee and it was a great conference. Need to get together on the east side of the state next time. Thank you everyone for sharing your time with us.”

“Thank you for the conference, it was truly wonderful. Thank you for those of you who work in the mental health field. I looked at the name Transformation and I thought of a story and that is how Elders share what they are thinking. A long time ago my husband and I owned a fishing boat and we would move from spot to spot going where we thought were more fish. One night, we were moving and using our radar. Then comes dawn and it makes all the difference because you can see what you are doing – maybe something changes but what happens is the Creator gives you light. I have lost a niece and nephew to drugs and suicide. We have a chance now to do something different.”

“I’m leaving from this conference with hope because I’ve heard some good things from our state partners. I’ve also learned from the presenters and presentations that as Natives we have this huge wealth of resources. If we can figure out how to help each other and how to do it right, we have an awesome opportunity to make a difference. I also have hope when I look around and see the young people – I have a lot of hope for my grandkids, great grandkids, and all others. We need to figure out how to work together and how to make a difference because we have a unique way to make a difference.”

“To the state leaders – I ask that in the development of the Mental Health Specialist curriculum not only that there be the development of a theoretical model for working with Native people, but also that we include how to work with urban Native clients. We also need to figure out how to develop some sort of a database for when we see people from outside of our tribe.”

I commend all mental health folks. This is amazing – being at this conference I see the big part that Tribal leaders play in the government to government relationship and consulting with DSHS. When I go back I will share with our leaders and share what we expect of our leaders when they represent us at the State level. Our leaders need to have the courage to say ‘I want to see something done.’ I’d like to thank the planning committee. I am going back to my Tribal Council and letting them know that our voice needs to be heard. I brought my grandson and I am very proud of him. Like we’ve been saying – go back to your culture, it is part of our healing. I have a nephew with a mental health issue and it is very painful to witness his challenges and to try to support him. These children need this help. This group together can all make a difference. I am proud to say that I am a part of the mental health group so we can network and work together. The presentation of the Canoe Family was very beautiful and very touching.”

“I want to share my appreciation with the committee. I would have liked to be able to have had my co-workers with me. The sharing of knowledge is going to be a gradual change and this is based on hope and inspiration for change.”

“I brought my mother and she comes with me because we are always concerned for our community and our Tribe. I want to thank AIHC, IPAC, ADAI, and all others. Our Tribal Council said we must get together as we can't lose anymore people, and we developed the Makah Wellness Team (inclusive) to meet every month. It is not always comfortable to be in the same room – I want to get a person well and the police may want to put them in jail – but it has been good to work together. We need statistics and we need to use what is new. We have been working with ADAI for one year – can we trust you? Will my Tribe trust you? We don't want to be on channel 11.”

“My son in law taught me a little phrase. When my granddaughter was in the womb, the doctor said she was going to be born with Down syndrome. My son said, ‘God don't make garbage.’ I always remember that – people are worth it, worth this extra effort and our time. ‘God don't make garbage.’ One of my doctors on staff was here, mental staff was also here – it was great to have an opportunity to meet here with you, share meals and network. I am going to go back and do a better job as a leader. Thank you very much.”

“This was a wonderful track for us. My only complaint is a compliment. I really enjoyed the workshops – but only wish they were longer. I felt like you would just get started then have to end. If I had a moment to talk to state decision makers I would ask to remember to fund wellness as much as funding people once they are in trouble. If we could fund wellness, maybe we could prevent some of that.”



## Background, Significance and Problems Addressed

According to the 2000 census, there are approximately 93,000 American Indian/Alaska Native (AIAN) people in the state of Washington or 1.6% of the total population [1]. These include 29 federally recognized AIAN Tribes, as well as urban health care centers and other AIAN organizations. AIAN individuals and communities are distributed across the state with communities ranging from small, rural groups to urban, inter-Tribal ones.

While collaborating with a local reservation Tribe on a National Center on Minority Health and Health Disparities (NCMHD) Community Based Participatory Research project, (“Healing of the Canoe,” 5R24MD001764), our research team learned about several important Tribal health disparity issues. Due to complex relationships between Tribes and local, state, and federal agencies, healthcare may be provided either by the Tribe, local service providers, the state, an Indian Health Service facility, a regional Native Health Board, or by some combination of the above [2]. Because of this, there is very little empirical data about health disparities as they are experienced by AIAN communities in Washington State, especially in regards to mental health and substance abuse services [2]. In fact, a recent review of psychosocial interventions for ethnic minorities was unable to find any studies evaluating outcomes of mental health interventions for AIANs [3]. Similarly, a recent joint review by the University of Washington Alcohol and Drug Abuse Institute and Northwest Frontier Addiction Technology Transfer Center reported that there were no evidence-based practices shown to be effective with AIANs [4].

Tribal leaders have additionally indicated that insufficient funding and overburdened resources often prevent mental health and substance abuse service providers from receiving adequate training in the provision of effective and culturally appropriate services to Tribal communities [5]. This lack of access to ongoing training contributes to the health disparities experienced by AIANs who are in need of culturally appropriate and effective mental health and substance abuse treatment.

Meanwhile, little is also known about the many community-developed programs that often incorporate Tribal values, practices, and beliefs, and have anecdotal evidence of effectiveness. There is ample testimony from Tribal leaders in Washington State that these community-developed and Tribally-grounded programs are effective as well as crucial to the health of AIAN individuals and communities [6-8]. However, there is currently very little empirical evidence to support their efficacy.

Recently, the American Psychological Association adopted the APA Policy Statement on Evidence-Based Practice in Psychology [9]. This policy defines EBPP as the “integration of the best available research with clinical expertise in the context of patient characteristics, *culture*, and preferences” (p. 273). This policy also acknowledges that multiple types of research evidence are necessary as different research designs are more appropriate for different types of research questions. Therefore, acceptable research evidence includes clinical observation, qualitative research, public health and ethnographic research, and studies of interventions developed in naturalistic settings [9].

Two research approaches have been used successfully with AIAN communities, Community-Based Participatory Research (CBPR) [2, 10-13] and Tribal Participatory Research (TPR) [14-18]. These research approaches require that researchers collaborate in every aspect of the research process, including: a) determination of the research question(s) and desired outcome(s); b) development and adaptation of the intervention(s); c) recruitment strategies; d) analysis and interpretation of the data; e) joint ownership of the data; and f) dissemination. CBPR and TPR provide encouraging opportunities for research with AIAN communities as they

are flexible enough to incorporate and utilize multiple forms of information and data and also encourage the development and evaluation of interventions that incorporate the communities' culture, traditions, and values. Although promising, many AIAN communities remain highly skeptical of engaging in research partnerships due almost exclusively to a history of disrespectful and ineffective research by "outside" researchers [12, 14-17, 19-22].

The critical lack of knowledge regarding: a) specific services available to AIAN individuals and communities; b) services that have been developed at the community level and are showing some success in treating AIAN people; and c) needs of AIAN communities in terms of healthcare is leading to unacceptable gaps in services to AIANs across the state. In response to this, we convened the first Tribal Healing and Wellness Conference May 5, 6, 2008 on the Port Madison Indian Reservation (NIH/ NCMHD - R13 MD2247-01; conference report appended and website available <http://adai.washington.edu/TribalConference/>). This first conference was attended by 148 AIANs, those who work with and serve Native communities, and researchers. As indicated in the report, all nine of the conference objectives were met. In addition, attendees were unanimous in their request that we obtain funding to hold a series of annual conferences to continue to build collaborative research efforts to address health equity and promote good health for Native communities.

This second conference provided an opportunity to create a partnership among Tribes, RAIO's, OIP, AIHC, and ADAI to continue building research capacity within Tribal communities to facilitate the identification, evaluation, and documentation of appropriate and effective community grounded, culturally appropriate, "evidence-based practices." This has increased importance in light of current questions about what constitutes evidence-based practices and the generalizability of those treatments. EBP's are based on clinical trials that rarely, if at all, include AIAN participants. In addition, there are traditional practices and approaches that promote mental, physical, spiritual, and emotional health and that are also effective for substance abuse prevention and treatment.

We believe that this conference also provided an important and exciting opportunity to continue the process of developing respectful partnerships between Tribal communities and research institutions. These partnerships may result in collaborative and more effective, appropriate efforts to understand and address health disparities in Tribal communities.

## Conference Objectives

This list of conference objectives was developed with and approved by Tribal organizations and communities. This list of objectives will be updated and will continue to inform future conference grant applications.

1. To provide specific clinical skills and culturally appropriate training opportunities for working with AIAN communities and clients regarding mental health and substance abuse. [Status – achieved]
2. To continue to identify and document practices and programs that have been developed in AIAN communities to reduce health disparities and promote good health; that incorporate indigenous science, knowledge, and practices; and that build on cultural and traditional practices in AIAN communities that have been effective for thousands of years with regards to mental, spiritual, and physical health. [Status – achieved and ongoing]
3. To continue to identify substance abuse and mental health disparity issues of greatest concern to urban, rural, and reservation Native communities. These issues might include historical and current trauma; HIV/AIDS; infant mental health; methamphetamine; prescription opiate abuse; alcohol and other substance abuse; Community Based Participatory Research; Tribal research codes and Institutional Review Boards; children, youth, and family mental health; Fetal Alcohol Spectrum Disorders (FASD); data collection and data management; suicide; community depression due to historical experiences; bicultural issues; holistic treatment for mental health and substance abuse; use of traditional medicine. [Status – achieved and ongoing]
4. To continue to educate tribal communities and researchers by providing expert speakers who can address health issues of concern to Native communities as identified in the first Tribal Healing and Wellness Conference including: methamphetamine and prescription opiate abuse, historical trauma, and youth and family mental health. [Status – achieved]
5. To continue to provide an opportunity for AIAN organizations to connect and collaborate with researchers and research institutions, with consideration of issues such as Community Based Participatory Research, Tribal research codes and Institutional Review Boards, and HIPPA compliant data collection and management systems that may serve Tribal communities. [Status – achieved and ongoing]
6. To continue to provide formal networking opportunities for AIAN communities facing similar health disparity issues as well as to share effective community-based programs and practices among themselves. [Status – achieved]
7. To produce a report based on the conference proceedings and to disseminate this information to Native communities, service providers, policy makers, researchers, and funding agencies to improve the health of Native communities. [Status – achieved]
8. To continue to facilitate and support collaborative, Community Based and Tribally Based Participatory Research agendas to address identified areas of health disparities and to promote good health. [Status – achieved and ongoing]
9. To continue to set agendas for future conferences. [Status – achieved and ongoing]

## Conference Plan

### ***Composition and Role of the Planning Committee***

Lisa R. Thomas, Ph.D. – Principal Investigator and conference coordinator. Dr. Thomas is a Research Scientist at the Alcohol and Drug Abuse Institute (ADAI), University of Washington, and is currently Co-Investigator and Project Director on the Healing of the Canoe project funded by the National Center on Minority Health and Health Disparities (NCMHD).

Dennis M. Donovan, Ph.D. – Co-Investigator. Dr. Donovan is Director of ADAI and Professor of Psychiatry and Behavioral Sciences, University of Washington, and the Principal Investigator of the Healing of the Canoe project funded by NCMHD.

Lisette Austin, M.A. – Conference Coordinator. Ms. Austin is a Research Coordinator at ADAI, University of Washington, and is currently coordinating the Healing of the Canoe project funded by NCMHD.

Merrilee Gavigan. Ms. Gavigan is the Administrator of ADAI. She provided support to the budget development and budgetary oversight for the project.

Colleen F. Cawston, M.P.A. Ms. Cawston is Director of the Office of Indian Policy (OIP) for Washington State's Department of Social and Health Services. OIP's role is to assist the collective needs of Tribal Governments and Recognized American Indian Organizations to assure quality and comprehensive program service delivery from the Department of Social and Health Services (DSHS) to all American Indians and Alaska Natives in Washington State.

Cindy Trokey. Ms. Trokey is the Administrative Assistant for the Office of Indian Policy, Washington State Department of Health and Social Services.

The Indian Policy Advisory Committee (IPAC) of the Washington State Department of Social and Health Services. IPAC was established in 1977 and was created to guide the implementation of the [Centennial Accord](#) and [Administrative Policy 7.01](#). Its role is to assist the collective needs of the Tribal governments and other American Indian organizations to assure quality and comprehensive service delivery to all American Indians and Alaska Natives in Washington State.

The American Indian Health Commission for Washington State (AIHC) was created in 1994 by federally recognized tribes, urban Indian health programs, and Indian organizations to provide a forum for tribal-state health issues. Membership is open to all federally recognized tribes in Washington State, the Seattle Indian Health Board, and certain Indian organizations. AIHC works to achieve unity and guide the collective needs of tribal governments in providing high-quality, comprehensive health care to American Indians and Alaska Natives. The ultimate goal in promoting increased tribal-state collaboration is to improve the health status of American Indians and Alaska Natives by influencing state health policy and resource allocation in Washington State.

IPAC and AIHC served as the advisory committee to insure that the conference was culturally appropriate, serving the needs of Washington State Tribal communities. Both organizations reviewed and endorsed all materials and topics for the conference, as well as conference speakers and exhibitors. IPAC and AIHC also will assist in reviewing the conference proceedings as well as any resulting reports or other dissemination materials. IPAC and AIHC will also assist publicizing the conference and related information.

### ***Logistical Arrangements***

The conference was held at the Great Wolf Lodge in Grand Mound, Washington. The resort is a joint venture between The Confederated Tribes of the Chehalis Reservation and Great Wolf Resorts and is located on the I-5 corridor in western Washington State, approximately 1.5 hours south of Seattle. It is a full service resort with 317 suite guest rooms, a 30,000 square-foot conference center, a 60,000 square-foot indoor entertainment area and other amenities. The conference space offers boardrooms and banquet halls with state-of-the-art audio and visual capabilities and can accommodate up to 1050 attendees.

The Confederated Tribes of the Chehalis Reservation are located 25 miles Southwest of Olympia in Oakville along the Chehalis River. A vital community with rich cultural traditions, the Chehalis tribe honors its proud history and advances its vision by expanding business opportunities, educational resources and healthcare and outreach services. The Tribe and its 700 tribal members recently opened the Great Wolf Lodge as part of their strategic plan to diversify the economic base in the area. The Chehalis Canoe Family welcomed attendees with song and dance on the first full day of the conference.

### ***Format and Agenda***

The conference offered three primary tracks: 1) a policy discussion track with identified recommended changes, 2) a provider track with regional and national presenters in the field of mental health delivery, and 3) six hours of ethics related training for mental health credentialing. Over 30 presenters from a wide range of fields, including addictive behaviors, mental health and behavioral health, participated in the conference. The following are the conference agenda and breakout session directory as provided for attendees in the conference program.

## agenda

CHRISTINE O. GREGOIRE  
Governor



STATE OF WASHINGTON

OFFICE OF THE GOVERNOR

P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 733-6700 • www.governor.wa.gov

### Greetings from the Governor

September 9 - 11, 2009

I am pleased to extend warm greetings to all of those attending the Tribal Communities Transferring Mental Health Conference, presented by the DSHS Indian Policy Advisory Committee, the University of Washington, and the American Indian Health Commission.

Mental health issues have a profound impact on families across our state and nation, and this conference is an excellent opportunity to discuss current research, best practices, and targeted solutions to improve mental health services and outcomes in tribal communities.

I applaud each of you here today for your commitment to innovation and excellence in mental health services, ensuring access to quality care and renewing hope for those who are hurting and vulnerable. Your efforts not only promote wellness today, but also lay a solid foundation for a healthy future for generations to come.

Thank you for participating in this important dialogue, and please accept my best wishes for a rewarding and productive meeting.

Sincerely,

Christine O. Gregoire  
Governor

#### Tuesday, September 8, 2009

1:00-5:00 pm Registration – Conference Center  
6:00-9:00 pm Welcome Reception – Chehalis Grand Ballroom, Salon A, B, C  
Welcome by conference committee: Helen Ferlich, Committee Chair. Please join for fun, socializing and weaving. Light refreshments will be provided.

#### Wednesday, September 9, 2009

8:00 am-5:00 pm Registration – Conference Center  
7:00 am Rezerise Activity – Fallen Timbers Room  
Bob Brisdos M. Ed, Spokane Tribe  
7:30 am Breakfast – Chehalis Grand Ballroom, Salon A, B, C  
8:30 am General Assembly – Chehalis Grand Ballroom, Salon A, B, C  
Bob Brisdos, Spokane Tribe  
Imocetion: Chehalis Tribal Elder  
Welcome Addresses: David Burnett, Chairman, Chehalis Tribe  
Lt Mueller, IMC Chair  
Keynote Address: Dolores Suba Bigfoot, PhD  
University of Oklahoma Health Sciences Center  
The Honoring Children Series: A cultural adaptation of Evidence Based Practices to address Child Mental Health and Child Trauma

#### Thursday, September 10, 2009

10:15 am Break  
10:30 am Breakfast sessions – Refer to directory on page 4  
Policy discussion – Northwest Territory Ballroom Salon B, C  
12 noon Lunch – Chehalis Grand Ballroom, Salon A, B, C  
1:30 pm Breakfast sessions – Refer to directory on page 4  
Policy discussion – Northwest Territory Ballroom Salon B, C  
3:00 pm Break  
3:30 pm Breakout sessions – Refer to directory on page 4  
Policy discussion – Northwest Territory Ballroom Salon B, C

#### Friday, September 11, 2009

8:00 am Breakfast – Chehalis Grand Ballroom, Salon A, B, C  
8:45 am General Assembly – Chehalis Grand Ballroom, Salon A, B, C  
Lt Mueller, Jamestown S'Klallam Tribe  
Invocation: Ron Jemelka, Director, Washington State Mental Health Transformation Grant  
Policy Discussion: Lt Mueller, Jamestown S'Klallam Tribe Vice-Chair  
Indian Policy Advisory Committee Chair  
Marlyn Scott, Upper Skagit Tribal Council  
American Indian Health Commission Chair  
5:00 pm Adjourn for day one  
6:00 pm Dinner – Chehalis Grand Ballroom, Salon A, B, C  
Susan Dryfus, Secretary DSHS, Chehalis Caneo Family

#### Friday, September 11, 2009

7:00 am Rezerise Activity – Fallen Timbers Room  
Bob Brisdos M. Ed, Spokane Tribe  
7:30 am Breakfast – Chehalis Grand Ballroom, Salon A, B, C  
8:30 am General Assembly: Jennifer L'Poirie, MPA  
Puyallup Tribe Health Authority  
Invocation  
Welcome Addresses: Marlyn Scott, AIHC Chair  
Helen Ferlich, Planning Committee Chair  
Lisa Rey Thomas, UW ADAT Conference Partner  
Keynote Address: Kalvin White, PhD  
Chief Executive Officer, Native Wholistic Specialists  
Indigenous Psychology and the Warrior Spirit Concept  
Break  
10:15 am Breakfast sessions – Refer to directory on page 4  
Policy discussion – Northwest Territory Ballroom Salon B, C  
12:00 noon Lunch – Chehalis Grand Ballroom, Salon A, B, C  
1:30 pm Breakfast sessions – Refer to directory on page 4  
Policy discussion – Northwest Territory Ballroom Salon B, C  
3:00 pm Break  
3:30 pm Breakout sessions – Refer to directory on page 4  
Policy discussion – Northwest Territory Ballroom Salon B, C  
5:00 pm Adjourn for day two  
6:00 pm Dinner – Chehalis Grand Ballroom, Salon A, B, C

#### Friday, September 11, 2009

7:00 am Rezerise Activity – Fallen Timbers Room  
Bob Brisdos M. Ed, Spokane Tribe  
8:00 am Breakfast – Chehalis Grand Ballroom, Salon A, B, C  
8:45 am General Assembly – Chehalis Grand Ballroom, Salon A, B, C  
Lt Mueller, Jamestown S'Klallam Tribe  
Invocation: Ron Jemelka, Director, Washington State Mental Health Transformation Grant  
Policy Discussion: Lt Mueller, Jamestown S'Klallam Tribe Vice-Chair  
Indian Policy Advisory Committee Chair  
Marlyn Scott, Upper Skagit Tribal Council  
American Indian Health Commission Chair  
11:30 am Lunch – Chehalis Grand Ballroom, Salon A, B, C  
1:00-3:30 pm Tribal/RSN meeting – Northwest Territory's Ballroom  
Invocation, Opening, Adjourn, Closing Prayer

Northwest Territory Ballroom Salons A & B –  
Polling Track

<b>WEDNESDAY</b>	10:30 a.m.	Bob Ehrhart, M.Ed	Tribal Caucus
	1:30 p.m.	Marylene Lindblad, BSN, MPH	Modalities of State Plan update
	3:30 p.m.	Lisa Rey Thomas, PhD	What is a best practice
<b>THURSDAY</b>	10:30 a.m.	Jim Roberts	Tribal Caucus on Report Issues: <ul style="list-style-type: none"> <li>• Tribal encounter rate</li> <li>• MH waiver renewal</li> <li>• Tribal MH match</li> <li>• Reduction of RSNs</li> <li>• Other</li> </ul> Mental health report submitted
	1:30 p.m.	Jim Roberts	Tribal-State meeting on Chapter 3 MHTC Report and NPAIHB Report issues
	3:30 p.m.	Jim Roberts	Tribal Strategy development for Tribal consultation meeting, MH waiver renewal

Northwest Territory Ballroom Salon C –  
Credentialed Track

<b>WEDNESDAY</b>	10:30 a.m.	Ronda Metcalf, MSE, BSW	Ethics Training 6 hours
	1:30 p.m.	Ronda Metcalf, MSE, BSW	Ethics Training 6 hours
	3:30 p.m.	Ronda Metcalf, MSE, BSW	Ethics Training 6 hours
<b>THURSDAY</b>	10:30 a.m.	Ronda Metcalf, MSE, BSW	Ethics Training 6 hours
	1:30 p.m.	Ronda Metcalf, MSE, BSW	Ethics Training 6 hours
	3:30 p.m.	Ronda Metcalf, MSE, BSW	Ethics Training 6 hours

Chehalis Grand Ballroom Salon D – Provider Track

<b>WEDNESDAY</b>	10:30 a.m.	Dolores Bigfoot, PhD	Honoring Children, Making Relatives (PDT)
	1:30 p.m.	Karina Walters, PhD	Historical Trauma and Microaggression Distress
	3:30 p.m.	Dobbes Bigfoot, PhD	Honoring Children, Honoring the Future
<b>THURSDAY</b>	10:30 a.m.	Paul Connor, PhD	Fetal Alcohol Spectrum Disorders: Brain, Cognition and Long-Term Consequences
	1:30 p.m.	Lorraine Glover, MSW	Healthy and Whole
	3:30 p.m.	Karina Walters, PhD	Historical Trauma and Microaggression Distress

Chehalis Grand Ballroom Salon E – Provider Track

<b>WEDNESDAY</b>	10:30 a.m.	Kalvin White, PhD	Psychological Aspects of Native Ceremonies
	1:30 p.m.	Robin Sigo, MSW	Supervision in Tribal and Native Communities
<b>THURSDAY</b>	10:30 a.m.	Kalvin White, PhD	Herzlj Adolescent Cultural Identity and Depression
	1:30 p.m.	Eric Tropp, PhD Sue Kerns, PhD Kimberly Miller Cheryl Miller	Partnership for Success: A community model supporting children's evidence-based programming
	3:30 p.m.	Robin Sigo, MSW	Supervision in Tribal and Native Communities

Chehalis Grand Ballroom Salon F – Provider Track

<b>WEDNESDAY</b>	10:30 a.m.	Martina Wedshla, PhD	Rites of Passage: Healing through Native American Culture
	1:30 p.m.	Kantila Vermer, PhD	Use of Motivational Interviewing with Native Clients
	3:30 p.m.	Bonnie Duran, DPH	Barriers to Care and Injustice: Partner Violence Among Native Women in Primary Care
<b>THURSDAY</b>	10:30 a.m.	Lisa Rey Thomas, PhD Lisette Aleton, MA	2008 Native Healing and Wellness Conference Summary and Implications
	1:30 p.m.	Scott Lindquist, PhD	Primary Care & Behavioral Health Screening

Eagles Landing – Provider Track

<b>WEDNESDAY</b>	10:30 a.m.	Dexa Kaysen, PhD	Cognitive Processing Therapy for Complex Traumas and Complicated PTSD
	1:30 p.m.	John H. Roll, PhD	Understanding and Treating Methamphetamine Addiction
	3:30 p.m.	Kimberly VanGoda, PhD	Treatment of Posttraumatic Stress Disorder in Native Combat Veterans
<b>THURSDAY</b>	10:30 a.m.	John H. Roll, PhD	Contingency Management for the Treatment of Substance Use Disorders
	1:30 p.m.	John H. Roll, PhD	Understanding and Treating Methylphenidamine Addiction
	3:30 p.m.	Kimberly VanGoda, PhD	Treatment of Posttraumatic Stress Disorder in Native Combat Veterans

Fallen Timbers Salon A – Provider Track

<b>WEDNESDAY</b>	10:30 a.m.	Nancy Lynn Palameter-Hodler, PhD	AI/AN Cultural Renewal Movements: Mental Health & Wellness Strategies
	1:30 p.m.	Tamrae Cohn, BA	Sokane Tribe Young Women's Camp
	3:30 p.m.	Elise Krohn, MEd Elizabeth Campbell Valerie Seigrest	Traditional Foods and Medicines in Treatment and Recovery
<b>THURSDAY</b>	10:30 a.m.	Alan Marlett, PhD	Mindfulness-Based Relapse Prevention in the Treatment of Addictive Behaviors
	1:30 p.m.	Elise Krohn, MEd Elizabeth Campbell Valerie Seigrest	Traditional Foods and Medicines in Treatment and Recovery
	3:30 p.m.	Phyllis Gant, M.Ed	American Indians and the Million Dollar Mutual Inventory

Fallen Timbers Salon B – Provider Track

<b>WEDNESDAY</b>	10:30 a.m.	Caleb Bartra-Green, PhD	Prescription Opiates: The problem and what to do about it
	1:30 p.m.	Shilo Tippet, PhD	Women's Mental Health and Co-occurring Medical Disorders
	3:30 p.m.	Fraeang Dary, PhD June La Marr, PhD	Sigma – Mental Health Disease, Substance Abuse and HIV Risk
<b>THURSDAY</b>	10:30 a.m.	Shilo Tippet, PhD	Women's Mental Health and Co-occurring Medical Disorders
	1:30 p.m.	Gregory Twiddy, MA Rosanne Waldron, MBA	The Native American Mental Health Specialist Curriculum: a Facilitated Discussion
	3:30 p.m.	Caleb Bartra-Green, PhD	Prescription Opiates: The problem and what to do about it



## Conference Speakers

The following are biographies for the conference speakers, listed in alphabetical order:

### **Lisette Austin, MA**

Lisette Austin is a Research Coordinator at the Alcohol and Drug Abuse Institute (ADAI) at the University of Washington. She earned a Master's degree in American Indian Studies from the University of Arizona in 1996, with a focus on medical anthropology and substance abuse research. Following her degree, Ms. Austin worked at the University of Washington's Fetal Alcohol and Drug Unit, serving as liaison to northwest tribal communities and providing education to tribes about Fetal Alcohol Spectrum Disorder. She has since worked on a number of research projects both at the University of Washington and Fred Hutchinson Cancer Research Center. She spent two years at the UW Addictive Behaviors Research Center, working on a collaborative project with the Seattle Indian Health Board to promote healthy life skills among Urban American Indian youth. Ms. Austin is currently working on an NCMHD funded project, "Healing of the Canoe," a collaborative effort between ADAI, the Suquamish Tribe and the Port Gamble S'Klallam Tribe. She is also a freelance writer, and dabbles in professional Brazilian dance. She lives in Seattle with her husband and 8 year old son.

### **Caleb Banta-Green, PhD**

Caleb Banta-Green is a Research Scientist at the Alcohol and Drug Abuse Institute at the University of Washington. He earned master's degrees in social work and public health from the UW as well as a PhD from the UW School of Public Health and Community Medicine. He conducts research in three main areas including epidemiological research on drug trends across Washington using a combination of quantitative and qualitative methods. For this epidemiological research he relies upon regular workgroup meetings to inform the process and product of drug trend reporting. He has also researched drug treatment in Washington- starting with analyses of diversion programs for adolescents and in recent years focusing on prescription opiate abusers entering treatment. Lastly, he has conducted health services research concerning the complexities of opioid use in medical practice and the role of addiction.

### **Dolores Subia BigFoot, PhD**

Dolores Subia BigFoot, PhD, is an enrolled member of the Caddo Nation of Oklahoma and is an Assistant Professor in the Department of Pediatrics, University of Oklahoma Health Sciences Center. Dr. BigFoot directs the Indian Country Child Trauma Center that is part of the National Child Traumatic Stress Network. As director of ICCTC, she lead the development of the Honoring Children Series, which is the cultural adaptation of four evidenced based treatments, *Honoring Children, Mending the Circle* (Trauma Focused Cognitive Behavior Therapy), *Honoring Children, Respectful Ways* (Treatment of Children with Sexual Behavior Problems), *Honoring Children, Making Relatives* (Parent-Child Interaction Therapy) and *Honoring Children, Honoring the Future* (Suicide Intervention and Prevention). Currently she is providing training in the Honoring Children Series as part of Project Making Medicine, a training program to training clinicians in the treatment of child physical and sexual abuse. As a doctoral-level counseling psychologist she provides consultation, training, and technical assistance to tribal, state, and federal agencies on child maltreatment, child trauma, trauma informed services, and cultural adaptation and related issues. Dr. BigFoot is recognized for her efforts to bring traditional and spiritual practices and beliefs into the formal teaching and instruction of American Indian and



Alaska Native people and to professionals working with AI/AN populations. Dr. BigFoot developed an American Indian parent training program which builds on the strengths of Indian parents, families, and communities to parent children. She co-authored *Helping Indian Parents Discipline their Children* and the *IHS/BIA Handbook on Child Protection*. In addition to those publications, she developed for the OVC/DOJ the cross cultural training manual, *Upon the Back of a Turtle* and the *OVC Monograph Series for Indian Country*. She provides clinical services in treatment of adolescent sex offenders, and Parent Child Interaction Therapy.

### **Elizabeth Campbell, BA**

Elizabeth Campbell is a member of the Spokane Tribe. In 2008 she received a Bachelor of Arts from the Evergreen State College with a focus in education and Native American studies. She runs an organic farm with her family in Shelton, Washington and is the program assistant for the N.W. Indian Treatment Center's plant program.

### **Tawhnee Colvin, BA**

Tawhnee is an employee of the Spokane Tribe of Indians, Department of Health and Human Services (CPS). She works with children and families on issues pertaining to child abuse and neglect. Tawhnee's goals for the Spokane Tribe's CPS are to provide education and resources that will enhance and promote healthy lifestyles for parents and children. Prior to her current position, Tawhnee worked for the Spokane Tribe's Gaming Commission as a Gaming Licensor/Back Ground Agent. In June of 2007, Tawhnee received her Bachelor's Degree in Psychology from Eastern Washington University. Tawhnee recently accepted a position on Columbia-Hunter's School Board. It is Tawhnee's hope to serve her community and represent the Spokane Tribe of Indians while attaining high levels of education and working with teachers and staff from Columbia School District #206. Raised on the Spokane Indian Reservation, Tawhnee lives with her spouse Charles of 16 years. Together they share three daughters.

### **Paul Connor, PhD**

Paul Connor, PhD, is Courtesy Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences' Fetal Alcohol and Drug Unit (FADU) at the University of Washington. He received a Bachelor's degree in psychology from the University of Washington, and his Ph.D. in clinical psychology, with a specialization in neuropsychology, from Brigham Young University. Dr. Connor served his internship at Henry Ford Hospital in Detroit, Michigan, specializing in neuropsychology, before his return to the University of Washington for a post-doctoral fellowship in neuropsychology and fetal alcohol research. For the past 13 years he has been the neuropsychologist at the Fetal Alcohol and Drug Unit specializing in the study of the damaging effects on the brain, cognition, and mental health functioning caused by prenatal alcohol exposure serving as Co-Investigator and Principal Investigator on several federally funded grants. He has authored and co-authored several articles and book chapters on the neuropsychological, neuroimaging, and psychiatric implications of the long term effects of prenatal alcohol exposure into adolescence and adulthood, and is a member of several professional societies. Recently, Dr. Connor also entered private practice offering neuropsychological assessment services for adults with known or suspected prenatal alcohol damage in both clinical and forensic settings.

### **Fransing Daisy, PhD**

Fransing Daisy, PhD (Cree), Clinical Psychologist, is a Behavioral Health faculty for the Northwest AIDS Education and Training Center. Fransing has developed curricula on HIV/STI risk assessment, HIV/AIDS Stigma within Native communities, HIV/STI risk reduction and motivational interviewing, and HIV/AIDS, mental health and substance use. She has also provided trainings for health care staff at tribal clinics and chemical dependency treatment programs located in Alaska, Idaho, Oregon, and Washington. Prior to her work with NW AETC, she was a HIV/AIDS research specialist, a clinician with the Indian Health Service, Group Health Cooperative, and Seattle Indian Health Board as well as a private practitioner/consultant with other Native agencies and clinics.

### **Bonnie Duran, DrPH**

Dr. Duran (Opelousas/Coushatta) has worked in public health research and education among Native Americans and other communities of color for 27 years. In the past 10 years, she has conducted studies of alcohol, drug, and mental disorder (ADM) prevalence; victimization risk factors; and treatment-seeking behaviors among Native American women attending IHS primary care facilities and men and women from rural reservation community-based samples. In addition to her epidemiologic work, Dr. Duran has worked with the Navajo Nation, IHS, and community-based organizations on projects funded by the Health Resources and Services Administration and aimed at integrating ADM and HIV services in a frontier rural setting. With the Navajo Nation Health Department, she conducted a CDC-funded, jail-based sexually transmitted disease screening and education project. With colleagues at the University of New Mexico (Nina Wallerstein) she is co-principal investigator of a national study, funded by the National Center on Minority Health and Health Disparities, on the mechanisms of community-based participatory research and tribally based health research review boards. The overall aims of her research are to work with Native and other communities to design ADM treatment and prevention efforts that are empowering, culturally rooted, capacity building, assessable, and sustainable. Dr. Duran is on the editorial board of the *American Journal of Public Health*, and a member of the health services study section at NIMH. She is currently an Associate Professor in the School of Public Health and Director of the Center for Indigenous Health Research at the Indigenous Wellness Research Institute, both at the University of Washington.

### **Lorraine Glover, MSW**

Lorraine Glover, LICSW, LMHC, has worked as a clinical social worker for thirty years. Her training and experience as a play therapist with children, as well as her work with adult and geriatric populations in diverse settings such as nursing homes, hospitals, clinics, schools, and in private practice, contributes to knowledge of the lifespan that benefits her clients, patients, and staff. Since 1978, she has worked with Native populations, including eight years for the Lummi, Nooksack, Upper Skagit, and Swinomish Tribes. For the last 16 years, Lorraine has been employed by the Suquamish Tribe Wellness Center, a co-occurring outpatient treatment facility, as the Senior Mental Health Counselor. Her clinical interest is the effects of chronic trauma on the individual, currently using a successful Dialectic Behavior Therapy (DBT)-based curriculum she has titled "Healthy and Whole."

### **Phyllis Grant, MEd**

Phyllis Grant is an enrolled member of the Hunkpapa Lakota Tribe under her mothers' lineage. Her educational background is M.Ed and Counseling, and she has been a Licensed Mental

Health Counselor in Washington State since 2001. Ms. Grant has worked with American Indian people since 1993 in the field of mental health, and has a strong understanding of some of the mental health needs of American Indian people. Over the course of her career as a therapist she has had numerous trainings. Her first “official” introduction to integrating mainstream mental health with cultural values was with Project Making Medicine in 2003 at the University of Oklahoma Health and Science Center, sponsored by the Indian Health Service and National Center on Child Abuse and Neglect. In 2005 she returned to Project Making Medicine with another extensive training regarding the treatment of children, furthering her base line concepts of merging western concepts of health with traditional belief systems. In March 2009 she received training in the Cultural Adaptation of Trauma Focused Cognitive Behavioral Therapy. Ms. Grant also has been trained on administering the MMPI-2 and administering, scoring and interpreting the Millon Clinical Multiaxial Inventory 111.

### **Ron Jemelka, PhD**

Dr. Jemelka is currently the Director of the Mental Health Transformation Project, a federal grant to the Governor’s Office in Washington State. He received his Ph.D. from the University of Texas at Austin in 1983. Dr. Jemelka has worked extensively in public policy, mental health, correctional health care, and health services research since 1973. He has been nationally recognized as an expert in correctional intake screening, health care and mental health care, external quality review of Medicaid managed care and psychiatric epidemiology. He has published over 25 books, book chapters, and refereed journal articles on program evaluation, correctional health care, public policy, and assessment. Since 1984 he has served as a consultant to a variety of local, state, and federal agencies on issues related to social services, correctional mental health, mental health service system planning, substance abuse, and health services research. Dr. Jemelka was a faculty member at the University of Washington Medical School from 1986 to 1998, and 2002 to 2003, and at Washington State University from 2003 to 2005. From 1998 to 2002, he was the Research Director for the Texas Health Quality Alliance, the external quality monitor of Medicaid Managed Care programs in Texas.

### **Debra Kaysen, PhD**

Dr. Kaysen is a clinical psychologist and Associate Professor in the Psychiatry and Behavioral Sciences Department at the University of Washington. She received her doctorate in psychology from the University of Missouri in 2003. She has received grants from NIAAA and the Alcohol Beverage Medical Research Foundation to research the effects of traumatic events on women, and the interaction between trauma exposure, PTSD, and alcohol problems. Other research has focused on the development of post-trauma symptomatology and adaptation of Cognitive Processing Therapy for PTSD for torture survivors in Kurdistan, Iraq. She has published over 30 journal articles and was awarded the New Investigator Award from the Women's SIG of the Association for Behavioral and Cognitive Therapies and an early Career poster award from Division 50 of the American Psychological Association and NIAAA. She conducts clinical supervision with psychiatry residents and psychology interns at Outpatient Psychiatry and social workers at Harborview Sexual Assault Center. Dr. Kaysen is a trainer for a large Veterans Administration dissemination project in the implementation of Cognitive Processing Therapy for PTSD for military veterans. As such she conducts nationwide trainings and ongoing clinical consultation in the use of Cognitive Processing Therapy. She is currently the Website Editor for the International Society for Traumatic Stress Studies.

### **Suzanne Kerns, PhD**

Suzanne Kerns, Ph.D., is a clinical psychologist and an Assistant Professor at the University of Washington Department of Psychiatry and Behavioral Sciences, Division of Public Behavioral Health and Justice Policy. Clinical and research interests focus on translation of evidence based practices to real-world settings, including addressing issues related to their acquisition, adoption, and sustainability. Suzanne currently collaborates with agencies, communities and Tribes to develop strategic planning to promote locally-driven, culturally relevant implementation of evidence-based practices. Suzanne is a program consultant and involved in research of Family Integrated Transitions, an intervention supporting youth returning to their communities after being incarcerated. Suzanne is a co-investigator for Project Focus, an experimental study of strategies designed to increase access to evidence-based services for youth in foster care through caseworker and clinician training and consultation. She is also a certified trainer for Triple P Positive Parenting Program.

### **Elise Krohn, M.Ed**

Mrs. Krohn is an educator, gardener and herbalist who specializes in Northwest Coastal traditional foods and medicines. She currently works as the program director and main educator for the Traditional Plants Program at the Northwest Indian Drug and Alcohol Treatment Center, where she teaches classes in herbalism, ethnoecology, native nutrition and ethnobotany. She facilitated the building of a medicine wheel garden and a traditional foods garden for the center. Through the Northwest Indian College's Diabetes Prevention Through Traditional Plants Program, Mrs. Krohn serves as a community educator in native foods and botanical medicine for Puget Sound tribal communities. This is a "teach the teacher" program for educators, health care workers, cooks and cultural specialists from over 10 tribes throughout Puget Sound. Ms. Krohn has a Masters in Education in Traditional Foods and Medicines from Lesley University.

### **June La Marr, PhD**

June La Marr, Ph.D. (Paiute / Pit River) received her Ph.D. with distinction from the University of Washington Clinical Psychology Program. She has worked for the Tulalip Tribes for 14 years as a mental health therapist and for the last 3 years has worked as the Health and Human Services Program Developer for the Tulalip community. As a research assistant with the Addictive Behaviors Research Center at the University of Washington, she helped develop a culturally appropriate life skills manual for Native adolescents, entitled Canoe Journey/Life's Journey. She is presently a community principal investigator for a 5-year developmental research study that is designing and testing a culturally appropriate cardiovascular risk prevention program for American Indians in the Northwest. One of her primary interests is creating programs that will have a positive impact on Native families, in particular developing parenting skills specific to Native American families.

### **Alan Marlatt, PhD**

After serving on the faculties of the University of British Columbia (1968-1969) and the University of Wisconsin (1969-1972), Dr. Marlatt joined the University of Washington faculty in the fall of 1972. His major focus in both research and clinical work is the field of addictive behaviors. In addition to over 200 journal articles and book chapters, he has published several books in the addictions field, including Relapse Prevention (1985; 2005), Assessment of Addictive Behaviors (1988; 2005), Harm Reduction (1998), and Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach (1999). Over the

course of the past 30 years, he has received continuous funding for his research from a variety of agencies including the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the Alcoholic Beverage Medical Research Foundation, and the Robert Wood Johnson Foundation. In 1990, Dr. Marlatt was awarded The Jellinek Memorial Award for outstanding contributions to knowledge in the field of alcohol studies, in 2001 he was given the Innovators in Combating Substance Abuse Award by the Robert Wood Johnson Foundation, and in 2004 he received the Distinguished Researcher Award from the Research Society on Alcoholism.

### **Ronda Metcalf, MSE, BSW**

Ronda Metcalf is a member of the Sauk-Suiattle Indian Tribe. She is a graduate of the University of Nebraska at Kearney, holding a Masters of Science in Education with a Specialization in Community Counseling. Ms. Metcalf also has a Bachelors of Science in Social Work with an emphasis in Child Welfare and Development. She is a United States Army Veteran with 9 years and 4 months of active duty service. Ms Metcalf is an elected Tribal Council Member, currently serving as Vice Chairman. She is currently employed as the Sauk-Suiattle Indian Tribe Director of Health & Social Services. The most important aspects of Ms. Metcalf's life are being the mother of 8 children and the grandmother of 5 ½ grandchildren. Her hobbies include beading, camping and spending time with family.

### **Cheryl A. Miller**

Cheryl A. Miller, an enrolled Assiniboine Sioux Tribal Member, is one of the Co-Directors of Tuwaduq Family Services for the Skokomish Tribe and has been employed by the Skokomish Tribe for the past 4 ½ years. Cheryl attended the University of Montana and has over 23 years experience in the Social Work field. Cheryl has experience working in both Tribal Communities as well as being a former State Employee with the Department of Children and Family Services where she served as the Native American Specialist, Social Worker III, and the Region 5 ICW Compliance Program Manager. Cheryl also did a six month temporary job assignment as a Program Manager with Indian Policy. Cheryl is a strong advocate for Indian Child Welfare and has also worked as a Guardian Ad Litem. Cheryl has served as the former Chairperson for the Region 5 LICWAC (Local Indian Child Welfare Advisory Committee) and a current member of the Region 6 LICWAC, former Board member for Kitsap Mental Health, Former Board member of the Kitsap Human Rights Network and a current Board Member of the United Way of Mason County. Cheryl is the IPAC (Indian Policy Advisory Committee) delegate for the Skokomish Tribe.

### **Kimberly R. Miller**

Kimberly R. Miller, "seeathtablu" an enrolled Skokomish Tribal Member is one of the Co-Directors of Tuwaduq Family Services for the Skokomish Tribe and has been employed by the Skokomish Tribe for the past 5 years. Kimberly brings a wealth of cultural experience to her current position and prior to becoming one of the Co-Directors she was the Cultural Wellness Specialist for Tuwaduq Family Services. Kimberly has been a previous instructor for Northwest Indian College instructing students in the techniques of Coastal Salish Basket Weaving. Kimberly has worked with the Seattle Art Museum and the Northwest Indian Treatment Center in Elma, WA. Kimberly is a current member of the Region 6 LICWAC Committee, and has been a Member of the Basket Makers Association since its inception in 1994. Kimberly is the current alternate delegate for IPAC (Indian Policy Advisory Committee) for the Skokomish Tribe. Kimberly is also a licensed foster parent specializing in hard to place teenagers.

### **Nancy “Lynn” Palmanteer-Holder, PhC, M.Ed.**

Lynn Palmanteer-Holder (Colville) is a doctoral candidate at the University of Washington’s School of Social Work; in 1991 she earned her M.Ed., from WSU, and in 1985 her B.Ed., from EWU. For 25+ years, she has worked in education, counseling, community development and administration. Her research interest is to advance Tribal-Based Participatory Research (TBPR) as an indigenizing tool to inform policies, processes, interventions and systems changes in reducing tribal health & social inequities. Currently, she is a Research Associate to Dr. Bonnie Duran, Director for UW Center of Indigenous Health Research, on a *National Community-Based Participatory Research (CBPR): Processes and Outcomes*, study along with a National CBPR Advisory Committee led by Dr. Nina Wallerstein, University of New Mexico. This study has partnered with the Navajo Nation Health Research Review Board, and NCAI Policy Center. Her dissertation is a critical indigenous qualitative approach to describe local causes, gaps, and solutions to health & social inequities. This research-policy nexus hopes to contribute to a knowledge gap in understanding the unique differences between tribes as they prepare for the upcoming National Indian Health Care Reform Legislation. Lynn is a member of the Confederated Tribes of the Colville Indian Reservation, and many professional organizations. In 2000, she received a National Public Service Award, as a doctoral student is a recipient of the following fellowships: Bank of America Minority Awards, National Institute of Mental Health Prevention Research, and the Native American Research Centers for Health. More importantly, she is a wife, mother, granny, daughter and teacher.

### **John M Roll, PhD**

Dr. Roll received his bachelor’s degree from the University of Montana, his Masters degree from Saint Bonaventure University, and his PhD from Washington State University (WSU). He completed postdoctoral fellowships in various aspects of addictions science at the University of Vermont and University of Michigan. He held faculty positions at Wayne state University and UCLA. He is currently a Professor and Associate Dean of Research at WSU. He also directs WSU’s Program of Excellence in the Addictions and the Rural Mental Health and Substance Abuse Treatment Program. He has appointments in Nursing and Psychology as well as an adjunct appointment in Psychiatry at UW. Dr. Roll is a Fellow of the American Psychological Association (APA) and is currently President of the APA’s division of Psychopharmacology and Substance Abuse.

### **Robin Little Wing Sigo, MSW**

Robin Little Wing Sigo (Suquamish Tribe) is a Co-Investigator on the “Healing of the Canoe” project, an NCMHD funded collaborative effort between ADAI, the Suquamish Tribe and the Port Gamble S’Klallam Tribe. This community-based participatory research project is working to reduce substance abuse and promote cultural identity among tribal youth. Ms. Sigo is also a mental health counselor at the Suquamish Tribe Wellness Center and has over ten years experience working with tribal communities developing and implementing programs. She spent two years as the Wellness Center Administrator, working with an interdisciplinary team to meet the unique needs of Native and non-Native clientele. Robin resides in Suquamish with her husband and four children (including newborn twin girls) on the Port Madison Indian Reservation.

**Valerie Segrest** (co-presenting with Elise Krohn)

Valerie Segrest is a member of the Muckleshoot Tribe. She received a Bachelor of Science in Nutrition from Bastyr University in 2009 and is now the nutrition specialist for the traditional plants program at the Northwest Indian College. She is also the Muckleshoot tribal school nutritionist.

**Lisa R. Thomas, PhD**

Lisa Rey Thomas, Ph.D. is Tlingit and her family is from Southeast Alaska. Dr. Thomas is a Research Scientist at the Alcohol and Drug Abuse Institute at the University of Washington and has 20 years of experience working with American Indian and Alaska Native (AIAN) communities. She is Co-Investigator and Project Director of a Community Based Participatory Research project, the *Healing of the Canoe* funded by NIH/National Center for Minority Health and Health Disparities (NCMHD). Dr. Thomas is Principal Investigator of an NIH/NMCHD funded conference grant, *Tribal Healing and Wellness*. She serves as the Alaska Liaison for the Pacific Northwest Node of the NIDA Clinical Trials Network and is project director of two related NIDA supplements working with Tribes in the Pacific Northwest. Dr. Thomas serves on numerous committees and task groups, including the American Psychological Association's (APA) Committee on Ethnic Minority Affairs (chair, 2007), APA Div 18 Psychologists in Indian Country Section (chair, 2007-2009), Co-Chair for the Native Research Network, and Member-at-Large of APA's Division 45 Society for the Psychological Study of Ethnic Minority Issues. She is a member of APA Divisions 18, 27, 45, and 56 and is also a member of the Society of Indian Psychologists. Lisa has two wonderful boys, 18 and 9. She also loves to run and to knit.

**Shilo Tippett, PhD**

Shilo Tippett, Ph.D. is a clinical psychologist in the Posttraumatic Stress Disorder Outpatient Clinic at the Seattle VA Medical Center. She completed her internship at the Seattle VA and received her PhD in Clinical Psychology from Oklahoma State University in 2006. She completed a postdoctoral fellowship in Posttraumatic Stress Disorder in the Deployment Health Clinic at the Seattle VA in 2007. She currently provides individual and group psychotherapy predominately to OIF/OEF veterans with a variety of concerns including posttraumatic stress disorder, major depression, and traumatic brain injury. She is an Acting Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. In addition, she is a committee member for the Joint American Indian Veterans Advisory Committee and the Minority Veterans Affairs Advisory Committee at the Seattle VA. Dr. Tippett is a member of the Confederated Tribes of Warm Springs, Oregon and a shareholder of the Sealaska Corporation. She has a range of experience and expertise in the area of Native American and minority mental health.

**Eric Trupin, PhD**

Eric Trupin, Ph.D., is a clinical psychologist and Professor and Vice Chair in the Department of Psychiatry & Behavioral Sciences of the University of Washington School of Medicine in Seattle, Washington. He directed the Division of Child and Adolescent Psychiatry at Children's Hospital and Medical Center for twelve years. Dr. Trupin is currently the Director of the Division of Public Behavioral Health and Justice Policy. This Division maintains a wide range of clinical, research and training programs primarily focused on implementing evidence based behavioral health practices to improve outcomes for children and adults. In 2007 the Washington State Legislature established an Evidence Based Institute within his Division. He directs clinical and

systems research programs supported by NIDA, The MacArthur Foundation and Paul Allen Foundation. In 1989, in collaboration with the Washington State Legislature and Governor, he established the Washington Institute for Mental Illness Research and Training. The Institute has been recognized nationally as a highly successful public/academic collaboration. Dr. Trupin has been a consultant to numerous state and federal agencies on issues related to child and adolescent mental health. He currently consults with the U.S. Department of Justice's Civil Rights Division in a number of jurisdictions as an expert on conditions of confinement for incarcerated juveniles. Dr. Trupin serves on the Advisory Board for the National Center for Mental Health and Juvenile Justice funded by the MacArthur Foundation and on the Steering Committee for the Center for the Promotion of Mental Health in Juvenile Justice at Columbia University.

### **Greg Twiddy, MA,**

Greg Twiddy is a member of the Skokomish Tribe and is currently working as a Program Administrator for what was formerly the Mental Health Division of DSHS and is now the newly formed Division of Behavioral Health and Recovery. He did his undergraduate work at Central Washington University and completed his Masters in Counseling and Psychology at Saint Martin's College. Greg was previously the Director of Social Services for his own Tribe and has worked as a mental health counselor for several Tribes in the area. He also maintained a private practice in his hometown of Shelton, WA Greg has an extensive background in Indian Child Welfare and has worked as a social worker for the Division of Children and Family Services.

### **Kimberly VanGoda, PhD**

Dr. VanGoda is a Staff Psychologist, Post-Traumatic Stress Disorder Patient Care Line; Coordinator, Women's PTSD Outpatient Clinic at the VA-Puget Sound Healthcare System, American Lake Division. Her clinical interests include the assessment and treatment of post-traumatic stress disorder (both separate from and concurrent with comorbid mental health diagnoses) and development of mental health treatment programs for women veterans. Research interests include the effectiveness of cognitive-behavioral and exposure therapies as applied to post-traumatic stress disorder and differences between male and female veterans in presentation of PTSD symptoms and in treatment issues. Dr. VanGoda is also involved with the Minority Veteran's Program and is interested in providing culturally appropriate treatment to Native American veterans.

### **Kamilla Venner, PhD**

Kamilla Venner, PhD is an assistant professor of psychology at the University of New Mexico where she earned her PhD in clinical psychology. She is also a member of the Athabascan tribe in Alaska. Dr. Venner has devoted her career to understanding the development of alcohol problems and the process of resolving those problems among American Indian/Alaska Native populations. Her passion lies in effecting changes to help eliminate the disproportionate health disparities experienced among AI/AN people. Dr. Venner's grants have focused on improving substance abuse treatment and interventions for AI/AN by collecting success stories of recovery and by adapting effective substance abuse treatment in partnership with AI/AN. Her current NIDA R01 funding aims to work with the Zuni people to adapt and test the feasibility of two evidenced based treatments: motivational interviewing (MI) and the community reinforcement approach (CRA). She has a manual to guide the use of MI with AI/AN people available as a free download at <http://casaa.unm.edu/nami.html>. Dr. Venner plans to continue working with tribes to



adapt evidenced based treatments and to test the current methods of training native providers to use such treatments.

### **Roxane Waldron, MPA**

Roxane Waldron is a Project Coordinator for the Washington Institute for Mental Health Research & Training (WIMHRT), Western Branch. WIMHRT is affiliated with the University of Washington and the Division of the Public Behavioral Health & Justice Policy. At WIMHRT, she currently organizes mental-health related trainings and conferences. Recent projects she has managed include The Restraint and Seclusion Reduction SAMHSA Grant, Children's Mental Health Conference 2008, Prevention Summit 2008, Older Adult Mental Health Conference 2008, "Marty Smith" Safety Trainings (2009). Projects under development (in collaboration with the Mental Health Division) include the Native American Mental Health Specialist Curriculum and Training and the Children's Mental Health Specialist Training. Roxane received her Masters of Public Administration from The Evergreen State College in June 2006. She can be reached at [rwaldron@u.washington.edu](mailto:rwaldron@u.washington.edu).

### **Karina Walters, PhD**

Karina L. Walters is an Associate Professor and William P. and Ruth Gerberding Endowed Professor in the School of Social Work at the University of Washington. She received her PhD from University of California, Los Angeles in 1995. An enrolled member of the Choctaw Nation of Oklahoma, Dr. Walters founded and directs the University-wide, interdisciplinary Indigenous Wellness Research Institute. A recent recipient of the prestigious Fulbright Award where she was an Honorary Visiting Scholar at Ngā Pae o te Maramatanga National Institute for Research Excellence in Maori Development and Advancement at the University of Auckland, NZ, her research focuses on historical, social, and cultural determinants of physical and mental health among American Indians and Alaska Natives. She has published and presented nationally and internationally on her research as well as mentoring numerous American Indian and Alaska Native junior faculty, researchers, post-doctorate, graduate and undergraduate students. She serves as principal investigator on several groundbreaking studies associated with health-risk outcomes among American Indian individuals, families, and communities funded by the National Institutes of Health. These include the HONOR Project – a nationwide health survey that examines the impact of historical trauma, discrimination, and other stressors on the health and wellness of Native Lesbian, Gay, Bisexual, Transgender and Two-Spirited men and women, and Healthy Hearts Across Generations – a project in collaboration with the Tulalip Tribes to design and test a culturally appropriate, feasible and generalizable cardiovascular disease prevention program with American Indians living in the Northwest.

### **Martina Whelshula, PhD**

Dr. Martina Whelshula is a member of the Arrow Lakes Nation of the Colville Indian Reservation. Dr. Whelshula has worked extensively with Native American communities nationwide in the areas of local and national policy development, education, community mobilization, and healing. She has served as the Chair pro-tem for the Washington State Native American Education Advisory Committee with the Office of Superintendent of Public Instruction, a member of the Washington State Native American Think Tank, member of the Washington State Multi-Ethnic Think Tank, Washington State Board of Education's Equity Committee, the Governor's P-20 Council, and was appointed by Washington State Governor Christine Gregoire as Trustee to the Evergreen State College Board of Trustees. Dr. Whelshula's professional experience has ranged from Research Director for national health policy development for Congressional review,

to P-12 native language instructor in the public school system, tribal Head Start Director and President of the Spokane Tribal College. She is an educator, therapist, and organizational consultant. Dr. Whelshula is currently Administrative Director for the Healing Lodge of the Seven Nations, a Native American residential treatment center for alcohol and drug addicted youth. The Healing Lodge treatment center is governed by seven consortium Tribes in the northwest; the Coeur d'Alene Tribe, Colville Confederated Tribes, Kalispel Tribe, Kootenai Tribe, Nez Perce Tribe, Spokane Tribe of Indians, and the Confederated Tribes of the Umatilla Indian Reservation.

### **Kalvin White, PhD**

Kalvin White is from White Cone, Arizona. He earned his doctorate in Counseling Psychology in 1998 from the University of Utah. Indigenous Psychology has become the focus of his professional career. Dr. White is the president of Native Wholistic Specialist, Inc (NWS). Native Wholistic Specialists, Inc. is a Native American owned and operated community-based organization, located in Window Rock, Arizona, committed to enhancing the wellness of Native Americans by providing therapeutic interventions and professional mental health services to individuals and communities.

## Conference Presentation Abstracts

The following abstracts are listed in alphabetical order, by title.

### **2008 Native Healing and Wellness Conference: Summary and Implications**

Lisa R. Thomas, PhD  
Lisette Austin, MA

The 2008 Tribal Healing and Wellness Conference was convened in response to a need to better understand and document the behavioral health status, needs and resources of American Indian and Alaska Native (AIAN) people and communities in Washington State. In particular, there continues to be a great need to understand this from an *indigenous* perspective that incorporates and builds on indigenous science, knowledge, practices and strengths. Tribal leaders indicated that insufficient funding and overburdened resources often prevent mental health and substance abuse service providers from receiving adequate training in the provision of effective and culturally appropriate services to tribal communities. This lack of access to ongoing training contributes to the health disparities experienced by AIANs who are in need of culturally appropriate and effective mental health and substance abuse treatment. Equally important, little is also known about the many community-developed programs that often incorporate tribal values, practices and beliefs, and have anecdotal evidence of effectiveness. There is ample testimony from tribal leaders in Washington State that these community-developed and tribally-grounded programs are effective as well as crucial to the health of AIAN individuals and communities. However, there is currently very little documentation to support their efficacy. This session will provide a summary of the findings and recommendations that resulted from the 2008 Tribal Healing and Wellness Conference, with a discussion regarding the implications for policy, funding, research, and service provision to Native communities in the Pacific Northwest.

### **AI/AN Cultural Renewal Movements: Mental Health & Wellness Strategies**

Nancy "Lynn" Palmanteer-Holder, PhC, M.Ed.

For the past few decades, cultural renewal efforts in health have been brought to life by way of socio-political global, national and local indigenous social movements. In general terms, in the United States (US), many national American Indian (AI) movements have demonstrated the political power of unified Tribal governments; on the other hand, it has marginalized AI voices representing individual Tribes as they experience different core causes to health and social inequities, cultural barriers, gaps with unlike solutions. Individual tribes maintain their commitment to support locally owned agendas for locally owned approaches to avoid the dictating and generalization of Tribes across the US. Many indigenous researchers have argued, while at one level research can focus on AI/ANs nationally with their many shared needs and cultural values, it is equally important to respect each individual tribe at the local level, taking into account the unique historical experiences, cultural background and socioeconomic conditions of each community. This presentation combines a literature review along with participatory observations examining AI social movements and cultural renewal strategies within historical and contemporary tribal contexts. A synopsis demonstrates again and again, the importance of incorporating indigenous voices, local indigenous epistemologies, cultural relevant theories and traditional approaches to address the adverse effects on the health status of American Indian and Alaska Natives.

This presentation will: 1) suggest tribal-based participatory processes linked to community-based participatory research principles, 2) explain how the concept of indigenizing is a form of cultural renewal and a vital strategy for tribal health promotion, 3) stress indigenous theories & social movements, 4) provide a critical contrast between western and indigenous worldviews of health & community wellness, 5) make available examples of emerging national, regional and local cultural renewal mental health promotion & wellness projects, and, 6) engage the audience to participate in discussing local health promotion strategies to reduce mental health disparities in their tribal communities. This presentation is an adaptation of a non-published paper planned to be submitted September 2009.

### **American Indians and the Millon Clinical Multiaxial Inventory**

Phyllis Grant, M.Ed

This presentation will give a brief description of the theory behind the Millon Clinical Multiaxial Inventory, an established psychometric instrument that is being used with American Indian populations. It will also describe clinical findings related to American Indian people, and what is indicated as a result of prevalent traits within the population. We will additionally examine the MCMI 111 as an approach to treatment, and explore attempts to combine mainstream protocols for treatment with cultural/traditional aspects of healing. The implications for current and future treatment support the current movement towards culturally specific methods for promoting healing among Natives. The hope is to orient clinicians towards a concept that can be built on, especially in regards to subtle tribal differences, and used as a collaborative application/integration of systemic/dynamic cultural values and beliefs.

### **Barriers to Care and Intimate Partner Violence among Native Women in Primary Care**

Bonnie Duran, DrPH

Using data from an AIAN study conducted in the Southwest and Northern Plains, Dr. Duran found 4 obstacles to mental health and substance abuse treatment for women. The obstacles are: (1) self-reliance, (2) privacy issues, (3) quality of care issues, and (4) communication and trust. Participants disclosed whether they had sought treatment for emotional, drug or alcohol problems in the past year and, if so, whether they had faced obstacles in obtaining care from Indian Health Services, tribal services, and other public or private systems. Factors related to these obstacles included negative social support, instrumental social support, usefulness of counselors, usefulness of family doctors, and other factors. This presentation will explore these obstacles to services and associated factors, as well as how they might be similar or not to barriers faced by AIAN women in the PNW. Strategies for improving access to care will also be discussed. Finally, Dr. Duran will explore the relationship of intimate partner violence (IPV) with mental disorders and discuss research she conducted with the Albuquerque Area Tribal Health Board and IHS. Results indicated that severe physical or sexual abuse was related to PTSD, mood, and any other mental disorder.

### **Cognitive Processing Therapy for Complex Traumas and Complicated PTSD**

Debra Kaysen, PhD

Chronic traumatic events like domestic violence, child physical abuse, and child sexual abuse, have been associated with an increased risk for a wide variety of problems including emotional instability, depression, dissociation, anger, sexual difficulties, self-destructive behaviors, suicide, substance abuse, and impaired interpersonal relationships, and PTSD symptoms, have been described as "complex PTSD." Clients with Complex PTSD present unique challenges for clinicians. American Indian and Alaska Native (AIAN) communities are at greater risk for

exposure to chronic traumatic events, in addition to the impact of colonization and historical trauma. Complex PTSD may be one useful way of understanding psychological distress from exposure to chronic and historical trauma within this community.

Dr. Kaysen will discuss what is known about the effects of chronic traumatic events exposure to historical trauma on symptoms. She will then discuss treatment options including information on Cognitive Processing Therapy, a therapy for PTSD with comorbid conditions, as one possible treatment option. She will discuss practical clinical strategies for ways to use this therapy with complex PTSD.

### **Contingency Management for the Treatment of Substance Use Disorders**

John M. Roll, PhD

Most agree that drug abuse occurs because the abused drug serves as a powerful source of reinforcement which “hijacks” the user’s motivational system. Treatments which decrease the relative reinforcing efficacy of the abused drug tend to be successful at initiating clinically-relevant periods of abstinence. Among these treatments, contingency-management (CM) is one of the most effective, especially for treating cocaine and methamphetamine use disorders. This presentation will describe the considerable scientific evidence supporting the development of the CM procedures. In addition treatment outcome data will be reported documenting the efficacy of the procedures. The presentation will conclude by focusing on controversial issues surrounding the use of the CM approaches to drug abuse treatment.

### **Delivering Culturally Competent Mental Health Services to Tribal Communities**

Antony L. Stately, PhD

This session will provide participants with an overview of the unique factors related to the behavioral health status of American Indian and Alaska Native communities, including an exploration of the historical, social, cultural, economic, and political context impacting their well-being and provide a background on the major mental and behavioral health concerns (e.g., depression, PTSD, suicide, substance abuse, trauma and violence, etc.) confronting tribal communities. Lastly, it will address issues relevant to the development and delivery of cultural competent behavioral health services to these communities, including a discussion of the application of traditional healing and holistic methods and strategies (e.g. traditional healers, medicine people, etc.) within Western approaches to mental/behavioral health treatment.

### **Fetal Alcohol Spectrum Disorders: Brain, Cognition and Long-Term Consequences**

Paul Connor, PhD

During this session, Dr. Connor will review the background history of Fetal Alcohol Spectrum Disorders (FASD) including early hints of recognition that alcohol during pregnancy could be harmful, the initial diagnosis of FAS in the 1970’s and the subsequent research on the damaging effects on brain and behavior. He will discuss the challenging diagnostic issues of prenatal alcohol exposure, focusing on assessment of FASD from a neuropsychological, neuroimaging, and mental health perspective and the various diagnostic systems in place around the country. Finally, Dr. Connor will discuss treatment issues with this population, the lack of extensive treatment efficacy studies, prevention of future generations of children with FASD, and practical treatment strategies that have been successfully employed in the community.

## **Healthy and Whole** Lorraine Glover, MSW

Compared to the general population, Native populations are overrepresented in adult diagnoses of PTSD and Borderline Personality Disorder. Childhood trauma experiences with perceived relational abandonment cause dramatic alterations in the brain's regulatory capacity. Brainstem and midbrain functions are overdeveloped (e.g., anxiety, impulsivity, poor affect regulation, motor hyperactivity) and limbic and cortical functions are underdeveloped (e.g., empathy, problem-solving skills). These symptoms too often result in harmful addictions and a decrease in function, effectiveness and the subjective experience of quality of life.

Children repeatedly facing trauma and feeling alone become adults with feelings of emptiness; an unstable sense of self with difficulty experiencing appropriate levels of self-esteem; exhibit impulsivity and self-defeating/destructive behaviors due to difficulty setting functional boundaries; alternate between emotional numbing/dissociation and experiencing overwhelming emotions; experience confusion and ambivalence regarding dependency and meeting their own adult needs; perceive aloneness or unresponsiveness as abandonment; and experience extreme emotional reactivity with slow returns to baseline functioning. These characteristics, consistent with a Borderline Personality Disorder diagnosis, are now better understood as functions of chronic complex trauma and inadequate attachment. Traumatized children raised by traumatized parents repeat patterns without awareness or understanding of intergenerational perpetuation of inadequate attachment.

The *Healthy and Whole* curriculum, although heavily based on Marsha Linehan's Dialectic Behavioral Therapy curriculum, teaches additional information offering hope and confidence that changes can be made with good results. The program educates participants about developmental stages and tasks; how trauma can interrupt the process; and what is possible to retrain neural pathways to override old patterns of behavior and thought. Self-esteem, relationship and power differentials, identification of values and creating meaning in one's life then are understandable and achievable. Identifying and honoring those who have positively influenced one's life, mentoring, and giving back to others are key features. Participants become excited about life's possibilities. *Healthy and Whole* integrates the principles of attachment theory; the behavioral development of a life worth living; with mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness skills. Central to all is a reliance on the power of relationship to facilitate "reattachment" to create new pathways for healing and healthier functioning.

Completion of the curriculum culminates with a moving and meaningful graduation ceremony. The graduation is designed to increase awareness of the circle of life and importance of community, instill pride and mastery as well as educate others regarding how their lives have changed. This format increases the percentage of prospective members accepting an invitation to participate in the next scheduled group session.

## **Historical Trauma and Microaggression Distress: Preliminary Results from the Honor Project**

Karina L. Walters, MSW, Ph.D.

American Indians and Alaska Natives have endured a succession of historically traumatic assaults and discriminatory events over time on their land, communities, families, and persons. Indigenous community discourse suggests that historical trauma combined with contemporary micro-aggressions distress can potentially become embodied in health outcomes and health risk

behaviors. This presentation describes how historical trauma and microaggressions impact indigenous embodiment of health and identity processes among 6-site national study of 447 gay, lesbian, bisexual, and other sexual-minority (two spirit) American Indians/Alaska Natives. Results indicated that high levels self-reported discrimination distress and historical trauma loss was associated with higher odds of physical pain and impairment and non-ceremonial smoking behaviors. Additionally high levels of positive identity attitudes were associated with lower odds of physical pain and impairment as well as self-rated poor health. Identity attitudes moderated the influence of discrimination distress and historical trauma loss on self-rated health and smoking behaviors. Findings suggest that historical trauma loss and discrimination may be a risk factor for embodiment of physical pain and impairment and for fair or poor self-rated health among those with low levels of actualization. Actualized identity attitudes may protect against physical pain and impairment and poor self-rated health and buffer the negative influence of discrimination.

### **Honoring Children, Honoring the Future**

Dolores Subia BigFoot, PhD

This presentation is about *Honoring Children, Honoring the Future*, a suicide prevention curriculum for American Indian middle and high school students. It was the only evidence-based suicide prevention program in Indian Country that has been recognized by the Department of Health and Human Services in 2005 as a SAMHSA program of excellence. *Honoring Children, Honoring the Future* consists of several elements: 1) the implementation of the *American Indian Life Skills Development Curriculum* (AILSDC) developed by Teresa LaFromboise; 2) consultation to tribes and tribal programs on suicide prevention and intervention strategies, and healing activities; 3) co-sponsorship of a suicide risk assessment and crisis intervention training and support; 4) coordination and collaboration with other entities on policies or strategies for suicide prevention and intervention; and, 5) development of trauma brochures for AI/AN communities.

### **Honoring Children, Making Relatives**

Dolores Subia BigFoot, PhD

Honoring Children, Making Relatives is the cultural adaption of Parent Child Interaction Therapy. Parent-Child Interaction Therapy (PCIT) is an empirically-supported treatment for conduct-disordered young children that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior. This treatment focuses on two basic interactions: Child Directed Interaction (CDI) is similar to play therapy in that parents engage their child in a play situation with the goal of strengthening the parent-child relationship; Parent Directed Interaction (PDI) resembles clinical behavior therapy in that parents learn to use specific behavior management techniques as they play with their child. Honoring Children, Making Relatives incorporated American Indian/Native Alaskan teachings, practices, rituals, traditions, and cultural orientation into PCIT while maintaining the guiding principles and theory of this specialized treatment. The presentation will provide an overview of the basic principles within the AI/AN teachings and practices.

## **Keynote Address: Indigenous Psychology and the Warrior Spirit Concept**

Kalvin White, PhD

This presentation will address the conceptual and analytical framework used by American Indian to diagnosis mental health and wellness. It will cover mental health diagnosis strictly from an indigenous perspective and incorporate the warrior spirit concept and its influence on mental health for American Indian people.

The concept of holistic healing is not new to many indigenous cultures. Since indigenous cultures have evolved holistic healing has been the cornerstone of wellness. When speaking one's native language to communicate a worldview, a discipline, values, ethics and standards of living the map toward wellness is being designed to meet the physical, social, psychological, and mental needs of an individual. The power and movement of ideas communicated in a native tongue moves an individual towards wellness. Native languages communicate the essence of one's affect and being. For example in the Navajo language, seeking the state of "hozho" is a movement towards wellness. It is prescriptive and action oriented. The state of hozho is living and moving. "Hozho na sha do leel" is translated into "I am a purposeful person with unique qualities and I seek to walk in balance and in beauty." Securing the state of hozho in Navajo culture is a significant and powerful achievement. To follow and implement this statement in one's life is to employ a worldview, discipline, values, ethics and standards of living exhibited in one's behaviors and actions.

Most models of mental illness limit themselves to finding behavioral correlates to meet the requirements of mental illness and dysfunction. Most western models of mental illness teach practitioners to count the occurrence of mental illness symptoms to qualify it for a mental illness diagnosis. As such, practitioners use the model to define the mental illness and compartmentalize them in diagnostic categories. It seems the diagnostic category then becomes the focus of intervention and treatment. Relieving one's depression and anxiety disorder serve as indicators of successful interventions and treatment. Very little attention is given to the quality of mental health and wellness presence in one's life and how one is using this mechanism to cope and survive despite being confronted with life's challenges. Indigenous models of wellness include this strain of living as a significant indicator of mental health and wellness.

Indigenous models of mental health and wellness were often deemed destructive and dysfunctional by practitioners that did not ascribe to a holistic wellness model. Indigenous models of wellness include a balance between positive and negative forces. Negative energies exist and can have a significant impact on one's state of being and presences. Negative energies have the capability to consume one's life to the extent that it becomes the focus of the existence. The spirit of negativity can be strong and controlling. The goal of negative energy is destruction.

An Indigenous psychology model does not deny the existence of negative energy. In negative energy there is a positive outcome. Indigenous healing models balance negative and positive energies to achievement mental health and wellness. Achieving mental health and wellness is the goal of indigenous psychology. My presentation will address these aspects of indigenous psychology.



**Keynote Address: The Honoring Children Series – A Cultural Adaptation of Evidence-Based Practices to Address Child Mental Health and Child Trauma**

Dolores Subia BigFoot, PhD

The Indian Country Child Trauma Center has identified a set of empirically supported child trauma intervention models, and has built on the foundation of Native traditional teachings and practices to develop culturally relevant treatment interventions.

The presentation is an opportunity to present information on the issue of evidence based treatment with American Indian and Alaska Native populations. It will include the adaptation and implementation process of EBT with AI/AN children exposed to trauma. Steps of implementation for creating culturally based adaptations of EBT will be presented including the essential considerations and the current knowledge necessary to move EBT to American Indian and Alaska Native treatments providers and tribal communities. Four adapted evidence based treatments will be presented, Honoring Children-Mending the Circle (TF-CBT); Honoring Children-Respectful Ways (Treatment of Children with Sexual Behavior Problems), Honoring Children-Making Relatives (Parent-Child Interaction Therapy) and Honoring Children-Honoring the Future (Suicide Intervention-Prevention Strategies). The use of evidence based treatment has particular poignancy for American Indians and Alaskan Native since this population typically is not included in research trials. Evidence based treatments are being promoted but AI/AN tribal groups are quite hesitant to adopt much less incorporate into their service program, treatments that may hold little relevance for them. ICCTC at the University of Oklahoma Health Sciences Center, supported by the National Child Traumatic Stress Network and the Substance Abuse and Mental Health Services Administration, has developed, refined, and disseminated culturally relevant trauma intervention models for use with children in Indian Country. The premise of the cultural adaptation is the belief that American Indians and Native Alaska cultures have current healing practices, activities, and ceremonies that were and are used therapeutically and are based on knowing how to instruct individuals regarding relationships, child rearing, understanding healing, and understanding what makes life unbalanced.

**Mindfulness-Based Relapse Prevention in the Treatment of Addictive Behaviors**

Alan Marlatt, PhD

Relapse prevention is an evidence-based clinical intervention in the treatment of addictive behaviors. Mindfulness meditation can be a helpful additional cognitive coping skill to prevent relapse. This presentation will give an overview of Mindfulness-Based Relapse Prevention, an 8-week outpatient group therapy program, along with results from a recent treatment-outcome study.

**Navajo Adolescent Cultural Identity and Depression**

Kalvin White, PhD

This presentation will highlight the statistical relationship between cultural identity and depression as define a study addressing this issue. The purpose of this study was to examine the relationship between Navajo adolescent cultural identity and depression. In order to accomplish this task, the Navajo Cultural Identity Measure (NCIM) was developed. The NCIM consists of three knowledge scales and three attitudinal scales. Internal consistency reliability indices for the NCIM were above .80. The clinical and content depression scales of the Minnesota Multiphasic personality Inventory, Adolescent Form (MMPI-A), the Children's Depression Inventory (CDI), and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) were used to assess depression. Navajo adolescent norms were

generated for each of these measures. Navajo adolescents reported more depressive symptoms on these measures than the non-normative population, with the exception of CDI. Navajo males scored higher than females on the MMPI-A, which is opposite the MMPI-A normative sample. The Navajo females had higher means scores than the Navajo males on the CDI and the DSM-IV, which contrasts with the normative samples of the CDI. The DSM-IV has no adolescent reference group to compare with the Navajo sample. It was concluded that the construct of Navajo adolescent cultural identity could be empirically studied and that it consisted of knowledge and attitude factors. In addition, attitude about Navajo culture is modestly related to Navajo adolescents' reports of depressive symptoms.

**Partnerships for Success: A community model supporting children's evidence-based programming**

Eric Trupin, PhD

Sue Kerns, PhD

Cheryl Miller

Kimberly Miller

Implementing new, proven-effective programming for emotional and behavior health and wellbeing for children and families is complex. Merely identifying appropriate evidence-based practices and procuring training is often not sufficient to promote long-term program sustainability. Local cultural beliefs and norms, ways that child-serving systems have historically interacted, and how the community at large understands the role of the new programming are additional considerations that may influence successful implementation. Yet because of differences from community to community, individual treatment programs rarely provide helpful or systematic guidance around these larger issues. The Partnerships for Success (PfS) model (Julian, 2006) was designed as a roadmap for strategic planning efforts and targeted program implementation of evidence-based programs for children's mental and behavioral health. The PfS model has five primary goals that are adaptable to the local needs and values: 1) community mobilization, 2) reducing duplicative efforts among state, Tribal and local agencies, 3) promoting fiscal responsibility, 4) evaluation, and 5) consideration for sustainability. These goals are achieved through manualized activities that can be adapted to meet overall community needs. Communities engage in strategic planning, including conducting a community-specific needs and resource assessment, analysis of gaps between identified needs and existing programming, identifying desired impacts and populations of focus, and ultimately aligning these with evidence-based practices. Additional activities include comprehensive planning and problem-solving for implementation, evaluation, and sustainability. This model provides an opportunity to overcome many implementation challenges and offers a framework for determining any necessary cultural adaptations.

We will present the experience of the Skokomish Nation and Tuwaduq Family Services, in collaboration with the University of Washington Division of Public Behavioral Health and Justice Policy, in using an adaptation of the Partnerships for Success model to develop new, culturally relevant programming for Skokomish youth. We will discuss the successes as well as the challenges with using this model and conclude with lessons learned that we hope will benefit other Tribes interested in using this or a similar process to guide decision making and implementation of new programs.

**Practicing What We Preach:  
Strengths-based Leadership Strategies for Tribal Treatment Centers**

Robin Little Wing Sigo, MSW

This presentation will discuss management strategies that can enhance the effectiveness of treatment center staff through strength-based leadership. As with strengths-based therapy, this leadership strategy seeks to acknowledge and respect each employee's talents to identify areas they will thrive in at the agency; thus creating a healthier and more cohesive environment that can translate to more successful treatment outcomes for patients. Specific areas of discussion will include strategies for reducing staff turnover, hiring strategies, motivating existing staff and the importance of cultural humility among staff. This presentation will include specific case studies in addition to examples and questions from the audience.

**Prescription opiates: The problem and what to do about it**

Caleb Banta-Green, PhD

This presentation will first describe the nature of the current problem with prescription type opiates including: what populations are impacted, how are they impacted and how the problem looks in different care settings. Insights are drawn from analyses many data sources including: drug treatment data, mortality data and local school survey data. For each of these data, detailed analyses of prescription opiate abuse have been conducted. The nature of the problem among chronic pain patients treated in primary care medical practice will also be described, specifically the relationship between pain, mental health, addiction and functioning. This work draws upon research conducted at Group Health Cooperative by the presenter. Findings from recently published research on primary prescription opiate abusers entering drug treatment in Washington will be described, focusing on the characteristics of this emerging group and how they fare in drug treatment. Lastly, steps that can be taken to help prevent prescription opiate misuse and abuse will be discussed.

**Psychological Aspects of Native Ceremonies**

Kalvin White, PhD

**Abstract:** This presentation will address the mental health benefits of Native ceremonies. Ceremony provides a sanctuary for individuals to exercise self-exploration, validate their identity, and secure the essence of their being, in the presences of trusted individuals. This presentation will highlight the power of place, song, dance, and ritual in mental health. Native ceremonies were automatically ruled out by many non-Natives as a treatment intervention for treating mental health issues of Native people. A primary reason was because the ceremonies were misunderstood. Native ceremonies were deemed as unhealthy and suspicious by many non-Native people. Little did people realize that native ceremony amplify the power of place, community, language, family, and unity. These are all ingredients of healing and wellness. A fundamental element of wellness and healing are native language and community. Each of these elements drives and communicates a direction to achieve wellness. They are fundamental elements embedded in all native ceremonies. Because most non-Native treatment modalities are restricted to hospitals, treatment centers, and other facilities located native communities it seems wellness and healing are prolonged. This presentation will address the psychological aspects of native ceremonies.

## **Rites of Passage: Healing Through Native American Culture**

Martina Whelshula, PhD

For centuries professionals and lay people alike believed that; only if the Indian would stop drinking and get his life in order, then he wouldn't have any more problems. Native American people, themselves, began to believe that they were the problem as they began to internalize the cultural oppression. Echoed across the nation by non-native and native people is the age-old question, "Why can't the Indian adjust?" .

Psychology's attempts to assist Native American populations in a meaningful healing process have been distressingly inadequate. Many clients may receive temporary relief, but few experience a sustaining movement toward health. The problem lies, not only in ineffective strategies and techniques, but, in the lack of understanding key issues and the profound differences in psychological worldviews.

This presentation will address those differences in psychological worldviews and describe approaches grounded in Indigenous epistemology that offer profound transformative healing processes.

## **Spokane Tribe Young Women's Camp**

Tawhnee Colvin

This presentation will describe the annual Young Women's Gathering and explore the importance of this type of tribal community offering. This year, Tawhnee facilitated the Young Women's Gathering for 21 young women. The four-day Young Women's Gathering offered traditional lessons, language, culture, education, prevention, healing, sweats, crafts and the coming of age ceremony. The Coming of Age Ceremony celebrates female youth as they are recognized as Young Women for the first time. The final day of camp is a celebration of friends and family of the Young Women who participated in the four-day encampment.

## **Stigma—Mental Health Dis-ease, Substance Abuse and HIV Risk**

Fransing Daisy, PhD

June La Marr, PhD

Mental health dis-ease stigma in Native communities, where anonymity is difficult to maintain, is hidden and often self medicated with substance abuse. These behaviors can be perceived by the community and family as a characteristic of youth whereby disregarded unless they become lethal or adversely health impairing. For youth the combination of mental health dis-ease such as bipolar illness, severe depression, and psychotic episodes can lead to health risks in the form of HIV and hepatitis. These co-occurring problems (mental health dis-ease, substance abuse, and HIV) can negatively impact the life of the extended family. Early diagnosis, use of traditional cultural interventions, and support by the community for behavioral change can be an effective way to support youth within our extended families. During this workshop we will explore the presence of co-occurring stigma and ways to alter this within Native communities.

## **The Native American Mental Health Specialist Curriculum: A Facilitated Discussion**

Antony L. Stately, PhD

This session will provide an opportunity for individuals working within tribally-based mental health programs and systems to provide critical input into the development of a curriculum design for the Native American Mental Health Specialist certification/training for the Mental

Health Division in Washington. The scope of the curriculum is intended to address the unique social, cultural, and historical factors that impact the mental health status of American Indians and Alaska Natives (hereafter, Native American) in the state of Washington through highly interactive and didactic sessions. This project is adopting a community-based participatory research approach and seeks through this session to obtain critical and unique perspectives from members of, and service providers within, Washington's diverse tribal communities to ensure cultural appropriateness and competency.

### **Traditional Foods and Medicines in Treatment and Recovery**

Elise Krohn, M.Ed.  
Elizabeth Campbell  
Valerie Segrest

The Native Foods Nutrition Program is a culturally based program at the Northwest Indian Drug and Alcohol Treatment Center. The treatment center is a 45-day residential treatment program run by the Squaxin Island Tribe in Elma, Washington. It is unique in the way it weaves culture into the basic fabric of the program. The program specializes in chronic relapse patterns related to unresolved grief and trauma, including historic trauma from colonization. To address and heal this generational trauma, the Treatment Center incorporates cultural traditions and native ways of knowing. When patients' traditions are honored in the healing process, re-traumatization is less likely to occur.

The Treatment Center's Native Foods Nutrition Program has been in place since 2004. It includes weekly hands-on classes on the uses of plants for food and medicine. Storytelling and mentoring are used as learning tools. The medicine wheel and traditional foods gardens are an important component of the program. Students learn to identify, plant, maintain and harvest food and medicines. The garden is a supplemental source of residential fruits and vegetables. Twice a month, a traditional plants and foods class is offered to patients and their family members. This helps families see what patients are learning and teaches activities that families can do together at home.

Treatment Center staff has seen how culturally relevant classes on traditional foods help patients remember the teachings of their elders. A sense of pride and enthusiasm comes over many as their culture is validated and affirmed. Many voice their intention to return home and teach what they have learned while seeking more knowledge about these issues. They are infused with a renewed sense of purpose, place, and belonging. This is a vital part of the healing process.

This year, the treatment center is creating a partnership with the Northwest Indian College. Through this partnership, the plant program will be expanded to include teacher trainings in diabetes prevention through traditional plants, creating community gardens, traditional medicines and other related topics. An outpatient program will also be created to support patients returning to their communities. One of the most challenging periods in a treatment program occurs when the patient moves from the inpatient facility back to their home. This is often the very place that enabled their addiction initially. Often, the culturally relevant supports available during their stay at the Treatment Center are no longer available.

Native patients returning home benefit from a strong, culturally-based support system that can help them maintain their sobriety. By initiating that support system while patients are still in the Treatment Center's inpatient program and by continuing it after they are home, the *Native Foods Nutrition Project* will increase the likelihood that patients will maintain their sobriety.

## **Treatment of Posttraumatic Stress Disorder in Native Combat Veterans**

Kimberly L. VanGoda, PhD

More Native Americans per capita serve in the US military than any other ethnic group. This presentation will discuss the evaluation and assessment of combat related Posttraumatic Stress Disorder (PTSD) in Native American veterans. It will also review the use of empirically-based behavioral health therapeutic techniques such as Cognitive Processing Therapy, Prolonged Exposure, and Acceptance and Commitment Therapy as well as “alternative” socio-cultural approaches for the treatment of trauma. Additionally, the presenter will discuss accessing care in the VA system and some potential barriers to care.

## **Understanding and Treating Methamphetamine Addiction**

John M. Roll, PhD

Methamphetamine use has garnered considerable public attention over the past several years and had been referred to by some as being at *epidemic* levels. Methamphetamine addiction has had a tragic impact on those addicted to the drug, their families and the communities in which they reside. Additionally, the manufacture of the drug has often placed children at risk for exposure to a variety of powerful toxins and fire as well as caused considerable environmental degradation. This presentation will describe the basic neuropharmacology of methamphetamine as well as its impact on various body systems. Treatment options will also be discussed with particular emphasis on the behavioral/psychosocial and pharmacologic interventions. The presentation will conclude with a discussion of recovery from methamphetamine addiction and what it means to be in recovery from this debilitating disorder.

## **Use of Motivational Interviewing with Native Clients**

Kamilla Venner, PhD

This interactive session will provide a blend of information about how an evidence-based treatment, motivational interviewing (MI), was adapted in partnership with AI/AN along with some exposure to the motivational interviewing style and techniques. Dr. Venner and colleagues worked together with AI/AN focus groups to adapt MI for Native communities. Incorporating the feedback, they created and disseminated an intervention manual to improve acceptability and accessibility within indigenous communities. Recommendations for adaptations ranged from simple wording changes and using different visual aids to incorporating spiritual and cultural aspects. The hope is that the free downloadable manual (<http://casaa.unm.edu/nami.html>) will improve accessibility and adoption of MI practices to help decrease health disparities and improve health equity among AI/AN people.

During this session, there will be opportunities for interaction, work in pairs, and video and live demonstrations of MI. This is meant to be a brief introduction to MI to allow conference attendees to experience some MI techniques and decide whether to further their knowledge and training.

## **Women’s Mental Health and Co-occurring Medical Disorders**

Shilo Tippett, PhD

Due to limited time, mental health symptoms and concerns often go unaddressed among female patients presenting to medical settings. Issues such as Posttraumatic Stress Disorder, substance use, and depression are commonly associated with poorer physical health and medical concerns. Various life experiences, such as trauma, are associated with increased

emotional distress and co-morbid medical symptoms such as pain issues, heart problems, and gastrointestinal distress. Identifying and addressing mental health concerns as they present and referring patients to appropriate care is essential for the overall wellbeing of patients. These issues will be discussed along as will barriers to treatment and ways to promote access to care among this population.

## Conference Evaluations

In addition to the general conference evaluations below, we also gathered evaluation data for each of the breakout sessions and provided those to individual presenters.



### Overall Conference Evaluation Summary

	OUTSTANDING 5	ABOVE AVERAGE 4	AVERAGE 3	BELOW AVERAGE 2	POOR 1
1. Overall, how satisfied are you with this year's conference?	33	9	1		
2. Provider track breakout sessions were:(4)*	30	8	1		
3. Policy track breakout sessions were: (12)*	16	11	4		
4. How satisfied were you with the facility and location?	34	9			
5. How satisfied were you with conference staff and onsite support? (1)*	36	6			
6. Would you recommend this conference to others?	Yes 43	No			
7. Would you come to a similar conference in the future? (2)*	Yes 41	No			
8. How did you hear about this conference? If word of mouth or other, please explain below	IPAC/AIHC 15	Tribe 21	Word of Mouth 1	Other 10	
9. What type of trainings/ workshops would you like to see in the future?					

\*Please note that numbers in (x) were missing or listed as N/A

### COMMENTS

1. Excellent conference and hospitality. Learned more about Native American culture, symbolism, and celebration as well as struggles and oppression due to health inequities. Tribes, DSHS, and Feds have to come together and save the lives of Native people.
2. I really enjoyed this facility and thank the Chehalis Tribe for their sharing. The Canoe Family should be very proud of the progress they've made in such a short time!
3. Enjoyed hearing fidelity to model as adaptation of therapy models to Tribal needs, talents, and traditions.
4. Excellent organization and speakers, keynotes, and provider/policy personnel. Other Tribes may consider hosting i.e. Tulalip, etc.



5. I've enjoyed the fellowship with Tribal peoples, networking with people; the quality of the presenters and their real life experiences; and the opportunity to grow from these experiences so that I can improve my practice/program to improve the lives of our people.
6. Thank you!
7. Outstanding job! Everything about this conference was done well. The lessons learned here are going home with me. Thank you Colleen and crew for a great learning experience.
8. There was some confusion on how many CEU's were offered. Overall excellent job conference committee members – your hard work is very much appreciated! PS – I loved the Tornado!!
9. Great presenters who are Native and know our communities and do the daily work with Indian people.
10. The staff that worked on this meeting worked long hours – went beyond normal hours, very dedicated. Great meeting!
11. The space and the accommodations were great! The food was also great!
12. I was unable to attend on Wednesday and feel like I missed a good day.
13. Thank you for all the great planning and organizing that I'm sure went into this event.
14. I wish there weren't as many breakouts and that they were longer.
15. I wish the breakfast were more varied and more food for vegetarians.
16. Overall, very nice!
17. Acronym dictionary ☺.
18. I have always attended mental health conferences and love them.
19. My supervisor sent me the email and allowed me to come from my job and I enjoyed it. Glad I'm here, thank you.
20. Very good conference. The break-out sessions were great and provided useful information that will help in serving my clients. It was great to have all Native Americans presenting.
21. Please add an acronym list with web addresses for those of us who are not familiar with all of the agencies and programs.
22. Breakout sessions overall were good but a few presenters read word-for-word their slides without much other info.
23. Everything was wonderful. The speakers were all very interesting and informative.
24. Thanks to all who worked so hard in putting this together and OIP, IPAC, etc., etc.
25. The conference was excellent! Great choice of facilitators. Awesome resources! Thank you!
26. Great speakers representing various Tribes – powerful for Indian people.
27. Thank you so much, this was excellent.
28. Really enjoyed the Healthy and Whole because it was more of a "how to do it" session. Wished it was longer. Is she available to come to individual Tribes?

29. Very informative and educational. Evidence of lots of strengths and effort on the part of many people. Helped me understand the bigger picture and provided hope that things can improve.
30. Awesome experience!
31. A great conference in a great place and I am glad I was here. I attended the policy strand but there were topics in the provider strand I really wanted to listen to.
32. Keynote speakers were spectacular!
33. Chehalis Tribe Canoe Family songs and dances were awesome!
34. Listening to Tribal Elders tell their stories also phenomenal.

What types of trainings and workshops would you like to see in the future?

1. More about blending of EBP/PBE and Native healing.
2. How to engage not only the providers, State and Tribal governments, administrations, and Tribal Councils but also those that are the recipients of services and their family and support systems so more is understood not only about successful treatment modalities but also how to bring the community and families together as a continuous support system during treatment and after treatment is complete.
3. Indigenous science warrior spirit.
4. Spiritual mental health tracts that are working in Native reservations.
5. Provider structure/operations amongst Tribal communities.
6. An ICW conference of this caliber and more focus on practical application.
7. One idea for future would be a series of roundtables as part of the conference. There could be chairs in circles with a subject matter expert for each group and small group discussions on topics of interest to the Tribes.
8. In-depth sharing of actual programs in place at different Tribes.
9. I think it would be helpful to find a Tribal program that is in trouble (or had too many difficulties and ended) and have time to discuss and debrief.
10. More regarding best practices and specifically "how to" be designated "best practice".
11. Having more DSHS staff and Tribal staff to work together and share thoughts and desires – the similarities and differences.
12. Practice putting some of the cultural/spiritual into action.
13. More on traditional healing, clinical supervision, rites of passage, Karina Walters.
14. Mental health recruitment site – what to look for in qualified mental health staff, especially Native Americans.
15. Many more Native Healings and cultural communing.
16. Substance abuse – prescription pills.
17. Would like to see the participating Tribes give an update on their mental health programs, maybe during lunchtime.
18. More on mental health and NW spirituality.

19. Tribal discussion concerning traditional oral teachings handed down from generations.
20. Time for workgroups within regions – DCFS.
21. More on traditional healing and the incorporation of that into mental health and spirituality in counseling – both are topics I teach on. I also do teachings on recognizing, treating, and breaking the silence on sexual and physical child abuse (gave contact info).
22. Similar – more topics to use in the field.
23. More, more, more.
24. Clinical.
25. More on transforming.
26. Culturally adapted evidence-based practice training.
27. Breakout session on autism.

## **Next Steps**

A small follow-up conference or summit will be held April 6-8, 2010 with Tribal leaders, Tribal Health Directors and providers to: 1) begin a formal plan for a Tribal-Centric Mental Health Care delivery system to reduce behavioral health disparities in AIAN communities in WA State; 2) to hold a “listening session” for the development of the Washington State AIAN Mental Health Specialist Curriculum and Certification; and 3) to discuss conference findings and discuss policy implications for moving forward with best practices for research partnerships between Tribal communities and academic institutions to reduce health disparities for AIANs.

We also plan to continue the partnership between IPAC, AIHC, and ADAI to submit a grant to NCMHD for a third Tribal Conference. This third conference will extend the planning partnership to include the National Congress of American Indians Policy Research Center (NCAI PRC) to implement their “Research for Tribal Communities Curriculum”. The NCAI Policy Research Center has designed this tool to assist tribal leaders, Native students and other Native community members to understand and manage research and program evaluation. Learners are presented with typical research scenarios faced by tribal leadership and are given the opportunity to consider Western research activities, while emphasizing an Indigenous perspective and approach. We anticipate that we can hold this third Tribal Conference in late 2010 or in the spring of 2011.

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## Appendix A

In addition to the provider track, we held a smaller policy track with ongoing discussions between Tribal leaders, providers, and representatives from various departments, divisions, and offices in Washington State that work with Tribes and RAIO's. This brief PowerPoint presentation summarized the themes of those discussions.

# Tribal Communities Transforming Mental Health

## Policy Session

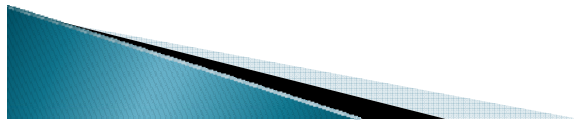
Presented by:  
Liz Mueller, IPAC Chair  
Marilyn Scott, AIHC Chair  
September 9 & 10, 2009

## Recommendations provided to Assistant Secretary Doug Porter

- ▶ Respect for Tribal processes
  - Accept with full faith and credit Tribal Court Orders
  - Accept tribal credentialing of providers
  
- ▶ Recognition of variation between tribes
  - Indian Health Service Direct Service Tribes
  - 638 Contracting Tribes
  - Title V, Compacting Tribes
  
- ▶ Respect for Tribal traditions and culture
  - Recognition of Tribal Healers as provider type that could be paid if a Tribe approved this type of mental health service and requested reimbursement

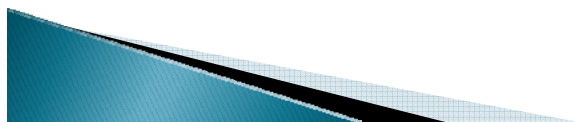
## Tribal Communities Transforming Mental Health

- ▶ Each of you have gained something from attending the week with us.
- ▶ If you had one minute to share with the State and the Tribes how we can transform mental health for our Tribal Communities what would you say?



## Recommendations provided to Assistant Secretary Doug Porter

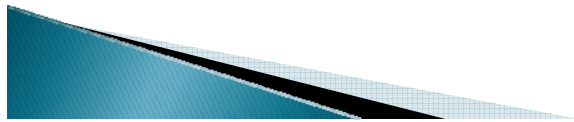
- ▶ State Payment possibilities
  - Consolidated contracting
  - Government to Government payment
- ▶ Provider One
  - flexible enough to accommodate different payment methodologies that meet tribes needs?
- ▶ HRSA restructuring
  - Where and when do tribes have an opportunity to influence restructuring





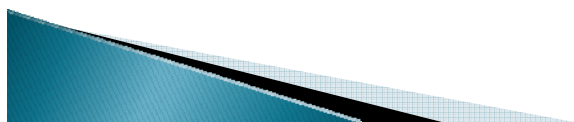
## Recommendations provided to Assistant Secretary Doug Porter

- ▶ Regional Support Networks
  - Improved access to RSN resources for Tribes
  - Recognition of Tribal Mental Health Specialists
  - State needs to do a better job of monitoring 701 plans
  - Should consider penalties for Regional Support Networks who do not comply with the requirement




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  - State needs to do a better job of monitoring 701 plans
  - Should consider penalties for Regional Support Networks who do not comply with the requirement



## Tribal Leaders & DSHS seize a crisis to Transform Mental Health in Tribal Communities

- ▶ Mental Health Transformation Design
    - There will be meetings scheduled to discuss this
  - ▶ With no RSN what would the tribe design
    - Will be a continued discussion with the tribes
  - ▶ Medicaid Administrative Match
    - Received message that CMS reconsidering a lot of things including looking at the MAM
- 

## Medicaid Waiver consultation schedule

- Workgroup sessions
    - One to be scheduled during October NPAIHB quarterly meeting at Quileute (20-22)
    - November 17 location to be determined
  - Consultation will be in Early December
  - Propose to have a placeholder in the waiver to look at how to contract with the tribes
- 