Cultural Awareness &

Tribal Recovery

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by NAZCARE, INC.
This Presentation will cover:

- Native American Cultural Awareness and Considerations
- Native American Recovery Service Components
- Hope and Vision
Three times as many Native Americans served in the armed forces as non-Natives per capita.
Historical Facts

• Up until 1935, American Indian people could be fined and sent to prison for practicing their traditional religious beliefs.

• In 1965, the Voting Rights Act put an end to individual state’s claims on whether or not Indians were allowed to vote through a federal law.

• With the passage of the Indian Civil Right Act (ICRA) in 1968, also called the Indian Bill of Rights, Native Americans were guaranteed many civil rights they had been fighting for.
Freedom of Religion was passed in 1978. It allowed them freedom of religion.
Historical Facts

Poverty

Thirty-two percent of American Indians live below the poverty rate.

Unemployment is 2.5 times the national average.
American Indians are the only group of living people used as mascots in professional sports.

None of these other images would be seen as acceptable by the public.

This is a basic human rights issue, we are being denied the most basic respect.
American Indian Mental Health Overview

Access to mental health services within the American Indian communities is hampered both by the internal stigma, the reluctance of members of these communities to seek mental health services; and the external stigma-prejudice and misinformation about traditional healing practices held by outside providers. (SAMSHA)

Unfortunately, the IHS is woefully underfunded with regard to providing truly adequate services. And with only 7% of the IHS budget devoted to mental health and substance abuse treatment services, these areas are particularly short changed.
Multi-Generational Trauma

American Indians are the most impoverished ethnic group in the U.S. according to the Report of the Surgeon General on Mental Health. There is good reason to suspect that the history of oppression, discrimination, and removal from traditional lands experienced by American Indians has contributed to a need for mental health care component in the Arizona area.
Multi-Generational Aftermath

- Mental Health
- Depression
- Suicide
- Chemical Dependency
- Domestic Violence
- Obesity
- Diabetes
Mental Health

• Available evidence suggests that mental illnesses impact approximately 20 percent of the total American Indian population.

• American Indians’ high lifetime risk rates of substance use disorders, anxiety disorders and low socioeconomic conditions combine to give context to the greater risk for the development of depression.
American Indians are almost three times as likely to experience feelings of sadness or hopelessness as compared to non-natives.
The suicide rate for American Indian males is two to three times higher than the national rate.

In 2006, suicide was the second leading cause of death for American Indians between the ages of 10 and 34.

While the overall death rate from suicide for American Indians is comparable to the American-European population, adolescent American Indians have death rates two to five times the rate for American-Europeans in the same age groups.
Multi-Generational Aftermath

Chemical Dependency

- Alcoholism death rates are more than seven times the national average.
- Methamphetamine abuse and suicide are the two top concerns in Indian Country.
- Native Americans have some of the highest rates of fetal alcohol syndrome in the Nation.
- Alcoholism is one of the most significant public health problems for Native Americans. They are five times more likely than American-Europeans to die of alcohol-related causes, including liver disease. They also have higher rates of drunk driving and Alcohol/Drug related deaths than the general population.
Multi-Generational Aftermath
Domestic Violence

- American Indians, in general, experience per capita rates of violence that are much higher than those of the general population.
- In particular, the rate of aggravated assault among American Indians is roughly twice that of the country. As a result of these high rates of violence, American Indian women are at high risk of violence; domestic or otherwise.
- One out of three American Indian women are raped in their lifetime, compared with about one out of five women in the overall national statistic.
- Native women experience 7 sexual assaults per 1000 annually.
- American Indians were victimized by an intimate at rates higher than those for all other females.
Obesity

Obesity has become a major health problem in American Indians only in the past 1–2 generations, and is believed to be associated with the relative abundance of high-fat foods and the rapid change from active to sedentary lifestyles.

American Indian/Alaska Native adults were 1.6 times as likely as American-European adults to be obese.

American Indian adults in this survey was 34% for men and 40% for women, higher than the US rates of 24% and 25%, respectively.
Multi-Generational Aftermath

Diabetes

American Indian/Alaska Native adults were 2.3 times as likely as American-European adults to be diagnosed with diabetes.

American Indians/Alaska Natives were twice as likely as American-European to die from diabetes in 2005.

Arizona American Indians lead the nation in amputations due to complications related to Diabetes.
Combining Traditional and Western Ways of Healing

- Traditional Counseling
- Talking Circle
- Prayer Support
- Ceremonies
- Sweat Lodge
- Elders
- Medicine People
Cultural Differences
Communication

• Eye Contact
• Withdrawn
• Soft Speech Tone
• Long Pauses
• Interrupting
Cultural Differences

“We the People”

• Matriarchal
• Storytelling
• Photography
• Crab Barrel
• Prayer
NAZCARE’s Tribal Recovery Model

- NAZCARE will train people identified as peers to be trained as Peer Support Specialists
- The training of peers is billable under AHCCCS or OMB
- NAZCARE will then mentor and coach trained Peer Support Specialist on the job
- NAZCARE will assist to train Supervisors of Peer Supports to understand how to supervise and support Peer Support Specialists
Workforce Development

• The Model will develop a workforce within the community based on Peer Support Specialist delivering services.
The Model is:

• Research-based set of practices in recovery proven to be effective
• Research proven to be cost-effective
• Proven to reduce the burden to treatment and the system of care
• Proven to increase providers of care
• Self-sustaining programs oriented to providing behavioral health services and supports, transportation to and from healthcare appointments, recovery education, and advocacy.
• These services are community-based and provided by Peers that have been through a similar journey.

• Peers have the lived life-experience being someone that is in recovery from mental health and/or substance abuse issues.
A Model For Workforce Development

- The model trains Peers to deliver recovery services in Tribal communities through a system of care.
- It develops jobs as Peer Support Specialist &/or Recovery Specialist that are sustainable through billable services.
- Individuals will become trained, qualified and certified paraprofessionals with a career ladder to further career development.
Career Development

- Peer Support Specialist
- Behavioral Health Technician
- CNA
- Home Health Care Worker
- Community Health Worker
- Behavioral Health Professional
- Social Worker
Recovery-Oriented Care

Recovery Oriented System of Care (ROSC)

Residential Support/Sober Living

Counselors & Aftercare Groups

Family Support
Family Therapy

Social Support
Sober Friends

Hedonic Rehabilitation

Workplace

Mutual Support Groups, AA, NA, SMART, etc.

Therapists (Cognitive Behavioral & Motivational Therapies)

Daily Drug & Alcohol Testing

Schools and Colleges

Faith-based Organizations

Relapse Plan

Cultural Groups
Recovery Activism

Addiction Medicine
Physicians (Pharmacotherapy)
Conceptual Model for the Recovery Guide

Self Exploration

Resource Tools

Recovery Guide for Persons in recovery
A Tribal Model

This model addresses the issues in tribal communities:

• Boundaries
• Dual Relationships
• Lack of Providers
• Services outside the “clinic”
Indigenous Healers and Institutions

• People in the natural environment of the recovering person who offer words, ideas, rituals, relationships, and other resources that help initiate and/or sustain the recovery process.

• They are distinguished from professional healers and institutions not only by training and purpose, but through relationships that are culturally-grounded and enduring.
Types of Recovery Services

- Peer to Peer Support
- Recovery Support Groups
- Psycho-education
- Family Services
- Family Support Services
- Employment Training & Support
- Wellness Plans
- Substance Abstinence Support & Recovery Services
- Social Skills and Social Connection
Employment Support

• Overcome barriers to employment
• Advocating to employers and the community at large for workplace inclusion and opportunities
Wellness Plans

- Wellness Action Recovery Plans
- Peer Whole Health Plans
- Prevention, Intervention, Relapse and Crisis Plans
How can the model work for you?

- Who can you consider employing?
- Where can you deliver recovery services?
Correcting the Disparity

• American Indians are almost three times as likely to experience feelings of sadness or hopelessness as compared to non-natives

• Less than 7% of the IHS budget is devoted to mental health and substance abuse treatment services.

• This model draws down more Federal Funding, allows for grants through a Best Practice Model for SAMSHA, ACF and SEDS grants along with many others.

• But – this model is self-sustaining through billable services!
Vision

• To see recovery work in tribal communities
Questions - Discussion
Thank You
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