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Native American Youth & Substance Abuse Treatment

An Adjustable Intervention for Healing

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Native American Youth & Substance Abuse Treatment

An Adjustable Intervention for Healing

In this paper, the high rates of substance abuse among Native Americans, specifically among Native youth, are examined. The standard definition and treatment plans that exist for substance use disorder among adolescents in the U.S. is discussed. Then an examination of existing cultural interventions, the common traits they share, and their efficacy as utilized by Indigenous populations is explored. Finally, a culturally adaptable treatment plan for Native adolescents experiencing substance use disorder is proposed for further research opportunities.

In the United States, there are 5.2 million American Indians and Alaskan Natives, representing about 2 percent of the population (Administration for Native Americans, n.d.). Roughly 42 percent of this population is under the age of 24 (American Indian and Alaska native (AI/an) youth, n.d.). As defined by the U.S. Department of Justice (n.d.), a Native American is a person who has some degree of Indian blood and is recognized by a tribe and/or the U.S. as being an American Indian. Approximately half of Native Americans reside on reservations or tribal lands, while just over half reside in urban areas. There are 573 federally recognized tribes in the U.S. and each tribe is unique in their cultural practices, traditions, and self-governance. Despite these differences that exist among tribes, many Native Americans continue to experience the harmful impacts of poverty, health disparities, and historical trauma (American Indian and Alaska native (AI/an) youth, n.d.).

One particular issue that remains a major concern for Indigenous communities is substance abuse. In 2017, Native Americans aged 12 and older were found to have the highest rates of substance abuse and dependence at 12.8%, in comparison to all other ethnic/racial groups (American Addiction Centers, 2022). Native Americans report using alcohol, marijuana,

cocaine, methamphetamine, hallucinogens, and inhalants at a higher rate than any other group (Kaliszewski, 2022). These alarmingly high rates of substance use continue to negatively impact Indigenous communities across the U.S. (National Congress of American Indians, n.d.)

Understanding the general status, experiences, and lives of Native youth is essential when examining and providing treatment to this population, as there are often connections that exist amongst their lived experiences that explain where they are today (PettyJohn et al., 2020). Research on Native youth provides evidence to suggest that these individuals face many obstacles, hardships, and difficult experiences during the early and adolescent development stages in life. BigFoot (2007) highlights these various difficulties Native youth commonly experience in today's society. In comparison to all other ethnic/racial groups, Native families are reported as having the highest rates of referrals for sexual and physical abuse, as well as neglect, resulting in Native children representing a disproportionate percentage of youth in the foster care system. Native youth experience the highest rates of fetal alcohol spectrum disorders in the U.S. Additionally, Native youth experience depression, PTSD, substance use disorder, suicidal ideation, and other mental health conditions at higher rates compared to all other youth. Incarceration, crime, and violence are also a concern. Lastly, Native youth tend to struggle more academically, and they have the highest rates of school dropout and the lowest rates of high school completion and college attendance (BigFoot, 2007).

Studies show that Native American youth tend to engage in substance use disorder behaviors at a much earlier age than other populations of youth, especially those who live on or near a reservation (Stanley et al., 2014; National Institute on Drug Abuse, 2018). According to the 2018 National Survey on Drug Use and Health (NSDUH), the lifetime prevalence of illegal drug use in Native American adolescents was about 4 in 10 (Kaliszewski, 2022). Unfortunately,

existing mental health services available for Native youth are not doing enough to address these concerns (BigFoot, 2007). The report “Meeting the Mental Health Needs of American Indians and Alaskan Natives” by Manson (2004) found that while there was a significant demand for services, the services available struggle to meet this demand, and access to these services is minimized, largely due to funding and cost. Native youth are more likely than other youth in the U.S. to receive mental health services in a juvenile center, come across services without adequate children mental health professionals, and come across services that insufficiently understand the needs of the population they work with (Manson, 2004).

Substance Use in Adolescents

During adolescence, between the ages of 12-17, it is normal for an individual to experience the desire to try new things, including drugs and alcohol (Mash & Wolfe, 2019). In fact, most people in the U.S. begin using substances like alcohol, tobacco, and illegal drugs during adolescence and young adulthood (National Institute for Drug Abuse, 2014). Whether an individual chooses to experiment with drugs or alcohol is influenced by several factors. These factors include availability and access to substances within their school, community, or friendships, whether their friends or family members are using substances, the status of the individual’s family environment and lastly, their inherited genetic vulnerability (Mash & Wolfe, 2019). According to the National Institute for Drug Abuse (2014), an adolescent is more likely to use substances if their home environment is unsafe, abusive, or unregulated. They are also more likely to use substances if they are experiencing mental health issues or have certain personality characteristics that cause them to seek out excitement in dangerous situations.

Although curiosity is often an attribute society encourages, exploring with substances at an early age can quickly become detrimental to an adolescent and their future (Mash & Wolfe,

2019). Substance use decreases an individual's judgement and inhibitions and increases their risk for physical damage or sexual assault to occur. Substance use is also a risk factor for obesity and various psychological disorders such as suicidality, depression, and anxiety (Mash & Wolfe, 2019). Those who begin using drugs and alcohol during their teens are the most likely to develop a substance use disorder (National Institute for Drug Abuse, 2014; Mash & Wolfe, 2019).

According to the DSM-5-TR, substance-related and addictive disorders are composed of 10 separate classes of drugs which include alcohol, caffeine, cannabis, hallucinogens (which contain separate categories), inhalants, opioids, sedatives (or hypnotics or anxiolytics), stimulants (amphetamine-type substances, cocaine, and other stimulants), tobacco, and other (or unknown) substances (APA, 2022). Substance use disorders during adolescence involve consumption of any of the previously stated substances that impact an individual's brain functioning, mood, or behavior, making it difficult for them to control the amount they use substances such as alcohol, drugs, or medications, often leading to substance abuse or substance dependence (National Institute on Mental Health, n.d.; Mash & Wolfe, 2019). In summary, the diagnostic criteria for substance use disorder is significant distress or impairment due to problematic patterns of substance use (APA, 2022).

Substance use disorders can lead to substance dependence, either psychologically or physically. Psychological dependence involves the feeling of need for the substance in order to properly function. On the other hand, physical dependence refers to when the body alters its functioning to the constant presence of the substance. Additional aspects of physical dependence include tolerance, which is the need for a higher dose of a substance in order to get the same effect when taken at a lower dose, and withdrawal, which occurs when the use of a substance is stopped abruptly, causing adverse physiological symptoms (Mash & Wolfe, 2019). Substance

dependence can lead to detriments in functioning on a daily level, with school or work responsibilities, socially, with time spent obtaining the substance, and increased risk taking and negative consequences (Wilmshurt, 2017).

In addition to the existing criteria for substance use disorder, *The Adolescent Psychopathology Treatment Planner* (2014) provides the following list of behavioral definitions of substance use. These definitions are used to determine if an adolescent is in need of substance use treatment.

1. Self-report of almost daily use of alcohol or illicit drugs or regularly using until intoxicated.
2. Caught or observed intoxicated and/or high on two or more occasions.
3. Changing peer groups to one that is noticeably orientated toward regular use of alcohol and/or illicit drugs.
4. Drug paraphernalia and/or alcohol found in the client's possession or in his/her personal area (e.g., bedroom, car, school locker, backpack).
5. Marked change in behavior (e.g., isolation or withdrawal from family and close friends, loss of interest in activities, low energy, sleeping more, a drop in school grades).
6. Physical withdrawal symptoms (shaking, seizures, nausea, headaches, sweating anxiety, insomnia, and/or depression).
7. Continued substance use despite persistent physical, legal, financial, vocational, social, or relationship problems that are directly caused by the substance use.
8. Mood swings.
9. Absent, tardy, or skipping school on a regular basis.

10. Poor self-image as evidenced by describing self as a loser or a failure, and rarely making eye contact when talking to others.
11. Predominantly negative or hostile outlook on life and other people.
12. Has been caught stealing alcohol from a store, the home of friends, or parents.
13. Has been arrested for minor in possession, driving under the influence, or drunk and disorderly charges.
14. Positive family history of chemical dependence.

While there are many similarities in how adults and adolescents experience substance use disorder, there are important distinctions that impact the expression of the disorder in youth, as discussed by Mash & Wolfe (2019). Patterns of substance use among adolescents tend to differ from adults, largely due to the accessibility of substances. For instance, adults are able to obtain drugs, alcohol, or medications much easier than an adolescent. Peers tend to have a significant impact on adolescent's decision making, and therefore influencing their decision to use substances. Additionally, the level of parental supervision an adolescent receives and their desire to engage in "adult" activities can influence their substance use (Mash & Wolfe, 2019).

Substance use during adolescence can have major impacts on an adolescent's developing brain, leading to impaired memory or thinking ability, potentially delaying them socially and educationally (National Institute for Drug Abuse, 2014). From a developmental perspective, the human brain is not fully developed until age 24. During adolescence, decision making and actions are more influenced by an emotional and responsive amygdala, rather than a well-thought out, logical frontal cortex (AACAP, 2017). Adolescents who are using substances before their brain fully develops are at risk for damaging or delaying the development of decision making, problem solving, and more. Studies have found that adolescents with a history of heavy alcohol

consumption indicate abnormal neurodevelopment and performed poorly on memory and attention tests, in comparison to adolescents with lower levels of substance use (Mash & Wolfe, 2019).

Substance Use Disorder Treatment for Adolescents

Given that adults and adolescents are different, treatment is also different. Treating substance use disorder in youth poses a complex issue for mental health professionals to take on. According to Wilmshurt (2017), youth are often referred to treatment by a judge, parent, or school, which often results in the individual expressing some level of resistance to receiving help. Additionally, youth tend to underreport the severity of their substance use disorder. With that being said, treatment plans for substance use disorder experienced by adolescents differs from treatment plans designed for adults (Wilmshurt, 2017).

There are a number of existing evidence-based approaches for treating substance use disorder in adolescents (National Institute for Drug Abuse, 2019; Hardey, 2022). Behavioral approaches utilized include group therapy, cognitive-behavioral therapy (CBT), and other forms which can take place outpatient or inpatient. Behavioral approaches such as CBT, help an individual to identify negative thinking patterns, thoughts, and/or behaviors that tend to lead to addiction (Hardey, 2022). In attending group and/or individual therapy sessions, the goal of CBT is to help the individual understand how to modify their negative thoughts into more healthy and positive thoughts, as well as identify any triggers that may lead to substance abuse. CBT also incorporates relapse prevention (Wilmshurt, 2017). Family-based approaches and family therapy sessions may also be utilized in treatment for substance use in adolescents as they can increase adolescent engagement in treatment and increase treatment effectiveness (Hardey, 2022;

Wilmshurt, 2017). Family-based approaches encourage positive adjustments in family dynamics that support recovery (Hardey, 2022).

Additional approaches to treatment include peer support and 12-Step programs, which include community-based meetings with recovering individuals who support one another in abstinence from substances, with an opportunity for connecting with a sponsor (Wilmshurt, 2017). Both of these approaches may be beneficial for an adolescent during treatment and recovery (Hardey, 2022). Addiction medications during treatment may be required for managing withdrawal symptoms, any other co-occurring conditions, and preventing relapse (National Institute for Drug Abuse, 2019). Motivational interviewing can be useful when dealing with resistance to treatment. Motivational interviewing can help an individual recognize that they need help, allowing for them to find the motivation necessary to stop engaging in unsafe behaviors and begin treatment. Motivational incentives can be used to positively reinforce abstinence from substances (Hardey, 2022; Wilmshurt, 2017).

According to the National Institute on Drug Abuse (2014), there are several principles for adolescent substance use disorder treatment. These principles state that the substance use needs to be identified as soon as possible, since adolescents can benefit from an intervention even if they are not addicted. Routine annual medical visits are important for checking in and monitoring substance use. Additionally, legal interventions or pressure from family can impact an adolescent beginning, remaining in, and eventually completion of treatment. Treatment should be adjusted to the specific needs of the adolescent, and should focus on the whole person (i.e., physical, mental, emotional well-being) not just the substance use. It is important that any mental health issues are addressed during treatment, as there is a high comorbidity rate with other disorders such as attention deficit disorder (ADHD) and conduct problems (Mash & Wolfe,

2019). Understanding the role that an adolescent's family and community play in their treatment should be acknowledged. Any issues such as violence, child abuse, or suicide should be identified and addressed accordingly. Lastly, a plan for continuing care and support after treatment should be established.

According to *The Adolescent Psychotherapy Treatment Planner* there are a number of long-term goals included in substance use treatment for adolescents. These goals include the following:

1. Confirm or rule out the existence of chemical dependence.
2. Maintain total abstinence from all mood-altering substances while developing an active recovery program.
3. Reestablish sobriety while developing a plan for addressing relapse issues.
4. Confirm and address chemical dependence as a family issue.
5. Develop the skills that are essential to maintaining a drug-free life.
6. Reestablish connections with relationships and groups that will support and enhance ongoing recovery from chemical dependence.
7. Develop an understanding of the pattern of relapse and strategies for coping effectively to help sustain long-term recovery.

Despite increased recognition by mental health professionals across the U.S. of the importance of culture and cultural competency in the treatment of mental disorders, the fundamental ideology of treatments is based in Western medicine and science. This ideology focuses on the lack of disorder(s) and views the mind and body as separate entities in treatment (Rowan et al., 2014; Hodge et al, 2009). Healing from a Western perspective tends to include isolating the individual, treating them, and then reintroducing them into society. This perspective

lacks a relational component, which is central to Indigenous healing. Healing from an Indigenous perspective, an approach that is more circular and holistic in nature, is about connecting with their family, kinship, community, and finding balance within one's physical, mental, and spiritual identity, environment, and the spirit world (Moghaddam & Momper, 2011; Allen et al., 2011; Hodge et al, 2009).

Perhaps just as it is important for mental health professionals to be culturally competent for the success of the therapeutic relationship, it is just as important that the treatment provided is culturally competent, as it seems unreasonable to require a client to adapt to the treatment, when the treatment should be adapted to them (Rybak & Decker-Fitts, 2009). The existing treatment plan for adolescents experiencing substance use is not designed to effectively treat Native adolescents, as it does not include the key aspects of spirituality, culture, traditions, and connectedness, which are all central to Indigenous identity and wellness (Hodge et al, 2009). Nevertheless, over the past few decades Native Americans have begun to utilize their traditional healing practices for issues their communities face, such as substance use disorder (Center for Substance Abuse Treatment, 2006).

Cultural Interventions

What is referred to as “the hope and promise of healing from addiction for Indigenous people” lies within the implementation of traditional healing practices, which include herbal remedies, smudging, ceremonies, and much more, into standard treatment programs (Schiff & Moore, 2006). This merging of healing practices is otherwise known as cultural interventions (Rowan et al., 2014). Cultural interventions are defined as treatment programs that utilize cultural competency that is in line with the cultural values and beliefs of the people interacting with the program (Dumont & Muskoday, 2014). Research on cultural interventions for

Indigenous populations indicates that these treatment plans have similar characteristics. Many interventions are designed to serve a specific tribe/nation, and emphasize the components of spirituality, cultural identity, and healing from historical and intergenerational trauma. Cultural interventions highlight the importance of participation in traditional and cultural activities.

Several types of culturally based substance treatment efforts utilized by Indigenous populations in the U.S. and Canada are examined and reported in a scoping study by Rowan et al. (2014). An integrative approach was utilized in most of the culture-based interventions, merging Western interventions and cultural interventions to form new interventions specifically fit to serve their distinct Indigenous populations. The cultural interventions discussed include dancing, singing, drumming, beading, sewing, land-based activities, storytelling, language, prayer, sweat lodge, ceremonial practices, traditional teachings, practices, medicines, mentorship, and talking circles (Rowan et al., 2014). The results of the study done by Rowan et al. (2014) suggest that culture-based interventions do improve client functioning in a holistic manner and reduced or eliminated substance use in approximately three quarters of studies.

Gone (2009) suggests a specific bridging of empirical based treatment and culturally sensitive treatments in a study conducted at a First-Nation substance abuse treatment center in Canada. A healing lodge ceremony and other cultural activities took place alongside Western therapeutic interventions. Collaboratively, administrators, counselors, and clients all worked together to develop an understanding and definition of healing. Healing was defined as a process of self-transformation, in which an individual addressed their past personal pain, coped with their issues through talking and catharsis, continual self-reflection, self-understanding, and finding a purpose as an Aboriginal person. This definition motivated and restored individuals who were hurting to renewed active beings in the world through the connection of past and present

experiences, community, self, mind, and spirit, and Indigeneity. Gone (2009) emphasized the importance of adapting evidence-based treatments to meet the needs of the Native community they serve, created in collaboration with psychologists and community leaders and members.

Cultural interventions created and utilized by Native American communities for their youth tend to consist of educational programs such as lectures during the school day, after school activities, or talking circles (Hawkins et al., 2004; Lowe et al., 2012). These interventions primarily focus on the prevention of issues such as substance abuse, suicide, or domestic violence. One study conducted by Marsiglia & Booth (2015) examined the cultural adaption of an empirically supported research program named Keepin'it REAL (KiR) which is a manualized school-based substance abuse prevention program for middle school students. The program intended to increase drug resistance skills, promote abstinence from using substances, and evolve communication skills. It was found that the Native students were not benefiting from KiR as much as the other students. Following the guiding principles of community based participatory research, the program was adjusted with the input of local Indigenous leaders, community members, and Native students. While the program KiR maintained its core elements, the content was modified to be more reflective of the respective tribe's values and beliefs. These changes resulted in new drug resistant strategies and lesson plans that were more culturally relevant, as well as content on ethnic identity and a narrative approach in teaching information to the students. Pilot tests from the study yielded promising results, with Native students showing an increase in the usage of REAL skills, suggesting evidence that the students were benefiting from the program as intended (Marsiglia & Booth, 2015).

While the adaptation of mental health interventions appears to be prevalent within the literature, a majority of studies focus on treatment programs for Native American adults and

prevention programs for Native adolescents (Standis & Andersen, 2014; Hawkins et al., 2004; Lowe et al., 2012; Marsiglia & Booth, 2015; BigFoot, 2007). Prevention programs often result in decreased rates of substance use among adolescents; as intended, however, treatment programs for adolescents suggest something different. Roughly half of all youth will relapse within the first three months following completion of treatment, and only 20%-30% are abstinent after one year (Mash & Wolfe, 2019; Wilmschurt, 2017). These findings would suggest that treatment for substance use disorder experienced by adolescents is not as effective as it should be.

During adolescence, a majority of Native youth have already encountered or are currently encountering issues such as depression, PTSD, substance use, suicidal ideation, and more (Bigfoot, 2014), indicating that prevention programs may not be benefiting Native youth experiencing substance use disorder, as much as a treatment intervention could. With evidence of early onset substance use, the numerous risk factors for substance use, and the various negative consequences that substance use can have on Native youth, there is a need for interventions targeted at effective treatment for substance use disorder (Dixon et al., 2007).

Addressing Historical Trauma

Cultural interventions utilized within Native communities often address historical and intergenerational trauma as an important facet of healing and enhancing cultural identity, as these factors may contribute to increased risk of substance dependence (Kaliszewski, 2022). Historical trauma is defined as the emotional and psychological damage inflicted throughout the lifespan and across generations, resulting from immense traumatic group experiences (Brave Heart, 2003). These traumatic group experiences include loss of land, culture, and language, through forcible removal, relocation from tribal and ancestral lands onto reservations and into urban areas, and the forced assimilation of Indigenous youth through boarding schools (Grayshield et

al., 2015). Intergenerational trauma is understood as the passing down of internalized unresolved trauma from one generation to the next as a result of poor parenting or lack of resources, support, or intervention (Bigfoot, 2014).

The historical trauma response, as defined by Brave Heart (2003) is an array of attributes in reaction to this trauma, which can include depression, anxiety, suicidal thoughts, low self-esteem, difficulty understanding and expressing emotions, anger, violent behavior, substance abuse, and loss of cultural identity. Historical trauma is understood by many researchers as a primary reason for the high rates of psychological distress experienced by Native Americans. Consequentially, substance abuse is often a major way of coping with this psychological distress (Gone, 2009).

Understanding the extent to which historical and intergenerational trauma impact Native Americans would suggest that healing from this trauma is necessary to overcome issues like substance abuse within these communities. Therefore, acknowledging and addressing historical and intergenerational trauma is a key element that must be incorporated into the treatment programs created for Native people. In a study by Grayshield et al. (2015) that examined historical trauma, six elders from different tribes in the U.S. were interviewed and asked for recommendations on how to heal from historical trauma. The elders' recommendations were categorized into four themes. The first theme was to focus on the positive aspects of Native identity, rather than the harmful negative narratives regarding Native people. The second theme was to become aware of and educated on the struggles Indigenous people face and on certain concepts such as internalized racism. The third theme was to return to cultural and spiritual ways of living, through participation in ceremonies and healthy lifestyles. The fourth theme identified was to learn the language to heal.

It seems likely that discussing with Native youth the importance of historical trauma and how to heal from it, will aid in reducing or eliminating substance use, which in turn could yield healthy adults, parents, and eventually generations of families. There is hope within these communities to break the cycle of intergenerational trauma; however, much work is needed to make this happen.

Efficacy of Cultural Interventions

Research that exists on the efficacy of cultural interventions utilized by Native populations is quite sparse. While some studies have found that cultural interventions are more effective at treating Native Americans than standard forms of treatment for mental health disorders (Gone & Alcantara, 2007), one study found that cultural interventions may be just as effective as standard forms of treatment (Venner et al., 2021). Regardless of which treatment plan may be more effective than the other, studies on cultural interventions utilized by Indigenous populations agree that the incorporation of culture and cultural identity into treatment plans is beneficial for Indigenous people (Alvarez et al., 2022; Gone, 2009; Gone & Alcantara, 2007; Lowe et al., 2012; Moghaddam et al., 2011; Rowan et al., 2014; Venner et al., 2021).

According to a study by Walls et al. (2006) that examined Native American adults in the Midwest and their preferences for mental health and substance abuse services, adults strongly preferred traditional services over standard medical services. In particular, talking with a family member, elder, or traditional healer was perceived by the adults as being more effective than receiving professional services on or off the reservation. The researchers suggest providing substance use treatment plans that incorporate traditional practices, with the hopes that perhaps a more culturally relevant approach to treatment will increase Native American adult's desire and comfort in receiving help for their substance use (Walls et al., 2006). This study provides

evidence of the importance of having a choice and say in what treatment consists of for Native people. It is important to acknowledge that not every Native person may want to integrate a cultural approach into their treatment and that is ok; however, for those who want to, there should always be the option to do so.

Proposal for a Culturally Adapted Substance Use Treatment Plan

Studies on cultural interventions yields promising results that indicate the importance of culture in treatment; however, the cultural interventions that exist within research are specifically designed to work with members of the tribe that the program was created for. There is a need for a way to adapt these interventions so that they may utilized by any tribe. Potentially, a culturally adapted substance use treatment plan could solve this issue. With this adapted treatment plan, Native American communities and tribes could create their own unique cultural interventions for treating substance use disorders for their youth.

It is important to recognize that not all Indigenous communities hold the same values, beliefs, or ideologies. Therefore, this treatment plan serves as a broad culturally based intervention, providing a structured plan for the healing and success of Native youth who are experiencing substance abuse. This adaptable treatment plan was designed for the collaboration of mental health professionals, tribal members, leaders, and healers of a given tribe. This collaboration would allow for the treatment plan to reflect culturally relevant information necessary for the population of Native youth being treated.

The proposed culturally adapted substance use treatment plan (Appendix A) contains a modified version of the treatment plan for substance use in adolescents from *The Adolescent Psychotherapy Treatment Planner* (2014). The original version of the treatment plan contains behavioral definitions (refer to p. 6-7), long-term goals (refer to p. 10), short-term objectives, and

therapeutic interventions. The proposed version to be used for treating Native youth contains modified behavioral definitions, the addition of a new behavioral definition and long-term goal, and short-term objectives associated with this new goal. The treatment plan has been adjusted to include broad Indigenous values and beliefs regarding spirituality and participation in healing cultural and traditional practices.

The behavioral definitions were chosen to be modified as they pertained most to Native youth. First, there is an addition of “withdrawal from community members” and “loss of interest in traditional and cultural activities.” There is an addition of “spiritual” in the continued substance use despite certain issues (i.e., social, relational, legal, etc.) caused by substance use. When discussing the negative or hostile outlook on life and others, there is an addition of “Mother Earth.” These adjustments are intended to reflect culturally relevant information in the behavioral definitions. Next, there is the addition of a new behavioral definition that states that the cultural or ceremonial use of herbs like tobacco, sage, cedar, sweetgrass, or other sacred medicines, are not indicative of an individual having a substance use disorder. Furthermore, depending on the cultural practices of the specific tribe, the sacred medicines may be utilized while working towards healing and treatment from substance use disorder.

The long-term goal added to the existing treatment plan includes developing connections with one’s tribal community/communities. The intention of this goal is to establish and ensure cultural connections that will support the Native adolescent’s identity and sobriety, by creating relationships with tribal members, healers, and/or groups that can serve as supportive figures in their life through treatment and beyond. Supportive environments can have many positive impacts on an adolescent’s recovery, as studies have found that adolescents with supportive and involved caregivers, are more likely to live soberly than those without supportive figures

(Hardey, 2022) As an adolescent it can be difficult to figure out how to create connections within one's tribal community/communities, especially when navigating healing from substance use. Therefore, it is essential that mental health professionals, tribal members, leaders, and healers, continue to work together through this treatment process to provide the best possible care for their Native youth.

In order to achieve the new long-term goal added to the existing treatment plan, a list of short-term objectives is provided to establish connections between an adolescent and their tribal community/communities. These objectives consist of identifying the adolescent's tribal affiliation(s) and initiating contact with tribal community members to explore useful resources related to involvement in the community and sobriety. These resources may include participation in events such as sobriety feasts or talking circles. Additionally, depending on the cultural practices of the tribe(s) the individual is affiliated with, meeting with a traditional healer or elder is another short-term objective. Two more short-term objectives include participation in traditional healing practices such as ceremonies, and participation in cultural activities, such as beading, dancing, and more. Since studies have found that determining what motivates an individual to maintain sobriety is key for effective treatment, an understanding of how culture motivates an adolescent to become and remain sober is included. Furthermore, based on the research on existing cultural interventions utilized in Indigenous communities, addressing historical and intergenerational trauma appears to be a vital component in the treatment process, so an increased knowledge of these two topics is included as short-term objectives.

The short-term objectives provided were designed to broadly encapsulate the role that culture plays in the treatment plan of substance use in Native adolescents. The short-term objectives provided are to be associated with the necessary therapeutic interventions for

treatment, which is decided on an individual client basis. It is important to note that culture plays a role in every facet of treatment for Indigenous youth and should always be considered when decisions regarding treatment are made.

Conclusion

Substance abuse remains a major issue within Native American communities across the U.S., especially in Native youth. Nonetheless, little research exists on Native youth experiencing substance use disorders and even less research exists on if and how cultural interventions can provide a source of recovery and healing. Increasingly, cultural interventions are being created and used to treat substance abuse and other disorders among Native adult populations. Despite the increasing utilization and efficacy of such interventions, a majority of the programs are designed for specific tribes and the programs designed for youth primarily focus on prevention rather than treatment. There is a need for a generalizable and adaptable culturally based intervention for treating substance use among Native adolescents.

In this paper, the high rates of substance abuse and current status of Native American youth was examined. The standard definition and treatment plans for substance use disorder in the U.S. were discussed, followed by an examination of existing cultural interventions, the common traits they share, and their efficacy as utilized by Indigenous populations. Finally, a culturally adaptable treatment plan for Native adolescents experiencing substance use disorder was proposed.

The proposed adjustable intervention is designed to serve as a course of action to combat the severe issue and need for culturally relevant treatment plans for treating Native youth for substance use. By providing an intervention that is designed to integrate Western and Indigenous approaches to treatment by providing space for distinct cultural and tribal values, beliefs, and

practices to be implemented alongside standard substance use treatment in adolescents, there is hope for future generations to live as their ancestors once did.

Implications

The proposed culturally adaptable treatment plan for substance use disorder could be useful for mental health professionals providing services to Native youth. As previously stated, often times Native adolescents encounter mental health professionals who are not educated on Indigenous history, experiences, or worldviews, which can impact treatment effectiveness. Having a treatment plan that incorporates central aspects of a Native adolescent's identity could potentially partially solve this all-too-common issue. The culturally based intervention, influenced by the voices of Indigenous community members, leaders, healers, will ensure that mental health professionals working with Native youth are incorporating essential aspects of their identity and culture into the treatment plan in an appropriate and respectful manner. The proposed intervention provides the opportunity for Indigenous healers, leaders, members, and mental health professionals to work together to combat the issue of substance abuse among Native youth. If this treatment plan was found to be effective, it could be utilized by all Indigenous communities.

Suggestions for Future Research

Future research should examine the applicability of the proposed culturally adaptable intervention for substance use treatment for adolescents across different Indigenous communities in the U.S. Since the culturally based treatment program is intended to be generalizable and adaptable to reflect the specific values, beliefs, and practices of the tribal community utilizing it, it is suggested that future research examine whether these intended attributes exist in practice. Future research should examine the efficacy of the proposed treatment plan in comparison to the

standard Western intervention for substance use disorder in Native adolescents. Additionally, future research should examine how similar frameworks for creating cultural interventions may be utilized to treat other major issues impacting Native youth such as PTSD, depression, suicide, violence, incarceration, and health disparities.

Appendix A.

Adjustments and additions made to the existing substance use treatment plan by *The Adolescent Psychotherapy Treatment Planner* (2014) are as follows.

Behavioral Definitions Modified

1. Marked change in behavior (e.g., isolation or withdrawal from family, friends, and community members, loss of interest in activities, loss of interest in traditional and cultural activities, low energy, sleeping more, a drop in school grades).
2. Continued substance use despite persistent spiritual, physical, legal, financial, vocational, social, or relationship problems that are directly caused by the substance use.
3. Predominantly negative or hostile outlook on life, other people, and Mother Earth.

Added Behavioral Definition

4. Depending on the cultural practices of the tribe, the cultural or ceremonial use of tobacco, sage, cedar, sweetgrass, etc. is not indicative of an individual having a substance use issue, and the use of such sacred medicines may be utilized and encouraged throughout the treatment process for healing purposes.

Added Long-Term Goal

8. Develop connections with tribal community/communities that enhance cultural identity and sobriety.

Short-Term Objectives Associated with Added Long-Term Goal

1. Identify tribal affiliation(s).
2. Collaborate with tribal community members to locate useful resources for sobriety within the community (i.e., talking circles, sobriety feasts).

3. If culturally relevant, follow specific cultural practices and arrange a meeting with a tribal traditional healer or elder.
4. Attend traditional ceremonies practiced within tribal community.
5. Participate in cultural activities (i.e., beading, sewing, wild-ricing, trapping, dancing, singing, drumming, painting, language tables, etc.).
6. Determine how culture impacts motivation for treatment and maintaining sobriety.
7. Verbalize increased knowledge of historical trauma.
8. Verbalize increased knowledge of intergenerational trauma.

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