Talking Circle Intervention Among Urban Native American Youth: A Cultural Safety Research Exemplar

Rose Wimbish-Tompkins
University of Texas At Austin, rose.wimbishtompkins@austin.utexas.edu

John R. Lowe
University of Texas at Austin, john.lowe@austin.utexas.edu

Melessa Kelley
University of Texas at Austin, melessa.kelley@austin.utexas.edu

Eugenia Millender
Florida State University, emillender@fsu.edu

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Cover Page Footnote

Abstract

Urban Native Americans are experiencing a perpetual cycle of substance use in relation to historical trauma (HT). Currently, alcohol and drug use has become a leading health risk factor among urban Native American youth. Cultural Safety is a means to foster insight and autonomy that is beneficial to promoting health and wellbeing among Native American and Indigenous people. The primary objective of this paper examined a study implementing of the Urban Talking Circle Intervention and cultural safety for the prevention of alcohol and drug use among urban Native American youth. This study employed a 2-condition quasi experimental design and utilized convenience and snowball sampling methods to recruit 100 urban Native American youth from two urban Native American community programs that were randomized by program site. Integration of Native-Reliance Theory, a community-based program approach, and the Urban Talking Circle Intervention, culturally tailored from the evidenced based Talking Circle Intervention guided the study. Evidence from the results of this study emphasized that alcohol and drug use prevention programs that are culturally centered and guided by cultural values, beliefs, and perspectives promotes an environment for cultural safety research to be conducted. Culturally safe interventions for urban Native American youth build their resiliency against avoiding alcohol and drug use interests and choices that result in high-risk behaviors and harmful health outcomes.

Keywords: alcohol and drug use prevention, community-based program approach, cultural safety, Native-Reliance Theory, urban Native American youth, Urban Talking Circle Intervention

Background

Urban Native Americans are experiencing a perpetual cycle of substance use in relation to historical trauma (HT). Alcohol and drug use has become a leading health risk factor among urban Native American youth of today's society. In the United States (U.S.), substance use behaviors by urban Native American adolescents are rooted in historical and current dispossession events. Legislative actions such as the *Indian Removal Act* of 1830 and *Indian Relocation Act* of 1956 contributed to the erosion of the health and wellbeing of Urban Native American people (Brave Heart et al., 2011; Brave Heart & DeBruyn, 1998; Evans-Campbell, 2008; Cave, 2003; Library of Congress, 2015; Prucha, 1986; Robbins, 1992; Walters & Simoni, 2002). The Indian Removal Act of 1830 was a law permitting the forced removal and migration of Native Americans from their tribal homelands to distant U.S. western territories. The Indian Removal Act resulted in detrimental consequences to Native Americans such as starvation, disease, and death that eradicated their languages, culture, and tribes (Cave, 2003; Library of Congress, 2015). Additional study outcomes identified that the relocation of Native Americans away from their reservations to U.S. urban city areas for the Indian Relocation Act vocational training programs did not enrich their conditions of living, health, employment, and/or financial success (Chadwick & Stauss, 1975; Castor et al., 2006; Clinton et al.,1975). Instead, living and finding jobs within or outside of their reservations was limited, daunting, and difficult. Many of the Native Americans from the Indian Relocation Act vocational programs did not acquire occupational success or financial gain, were depressed, had minimal social support and resources, and coped in the form of substance use.

Previous events related to HT from colonization, termination practices, war, land dispossession and loss, assimilation, and involuntary relocation have resulted in urban Native

Americans becoming invisible (Carr, 1996; Philp, 1985; Urban Indian Health Commission & Robert Wood Johnson Foundation, 2015). Due to these historical events and experiences, urban Native Americans continue to exhibit intergenerational trauma in relation to issues such as high rates of alcohol and drug use that are prevalent among their youth (Greywolf & Lowe, 2022; Walls & Whitbeck, 2012). In comparison to all other racial and ethnic groups in the U.S., Native American youth have the earliest age of initiation of alcohol and drug use (Swaim & Stanley, 2018; Stanley, Swaim & Dieterich, 2017). Data from the National Survey on Drug Use and Health in 2018 indicate 1 in 6 Native American youth ages 12-17 engage in underage drinking, while 1 in 5 Native Americans ages 18-25 have a substance use disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).

Cultural safety is conceptually valuable in providing a means to establish culturally appropriate context for research approaches that prevent alcohol and drug use among urban Native American youth (Brockie et al., 2022; Curtis et al., 2019; Urbanoski et al., 2020; Williams, 1999). The researchers who conducted this study are Native American and culturally safe university-based researchers and practitioners that approached the research process by first acknowledging all positions of power, transferals, and its equalization. The researchers also acknowledge they embody knowledge regarding how their ancestral lands were invaded, colonized, with forced removals into foreign lands and institutions, along with the trauma perpetrated by culturally unsafe research. When conducting research among Native Americans, the conceptualization of cultural safety must be contemplated as an essential factor to consider when engaging, implementing, and studying health interventions (Curtis et al., 2019; Medical Council of New Zealand, 2020; Ramsden, 2002). Cultural safety is defined as a domain that is holistically secure for individuals, free from harm, question, or rejection of people's uniqueness,

of whom they are and need, while valuing mutual respect, and sharing meaning, knowledge, and understanding as an experience collectively (Ramsden, 1992; Williams, 1999). In conducting research among Native Americans, cultural safety is vital to developing individual inspiration by fostering more beneficial and profound directions of autonomy within the research process.

Research Design

A 2-condition quasi-experimental design was used for the study. Convenience and snowball sampling methods were used to recruit 100 Native American youth within two urban Native American youth community programs located 120 miles in distance from each other. The distance reduced the potential for cross contamination of the 2-conditions. Participants were randomized to the 2-conditions by location. One location included 50 participants who received the intervention condition and the other location included 50 participants who received the control condition. Inclusion criteria included urban Native American youth, ages 10-12, who identified as Native American and who resided in one of the two participating urban Florida communities. Approvals were obtained from the directors of the two Native American community-based programs and the Institutional Review Board of the University supporting the study.

Theoretical Framework

The Native-Reliance theoretical framework guided the study by providing a foundation from which to examine alcohol and drug use prevention among urban Native American youth. Native-Reliance is a concept noted by Native American leaders to be the mainstay and way of life that influences cultural identity, health, and balance of Native Americans (Lowe et al., 2019). Native-Reliance has been reported as a way to prevent Native American youth from becoming alcohol and drug users (Lowe, Liang, Henson & Riggs, 2016). The theoretical framework

encompasses three major components that include being responsible, being disciplined, and being confident within a process that represents the holistic worldview of Native Americans. (Lowe, 2017; Lowe et al., 2019). The underpinning theoretical framework of Native-Reliance is an exemplar of culturally safe research being conducted by Native American researchers within Native American communities. This is reflective of a unique research paradigm, where the embodied knowledges of the researchers are underpinning all phases of the research as an extension of themselves and their communities, Native American identities, and experiences. This is further demonstrated through Native American nurses' research that is an exemplar of culturally safe research (Best & Bunda, 2020; Ramsden, 2002).

Urban Talking Circle (UTC) Intervention

The Urban Talking Circle (UTC) is a 10-session manual-based intervention developed by the research team and cultural experts for urban Native American youth. The intervention was provided in a Talking Circle format during 50-minute weekly sessions over a 10-week period. The sessions integrated cultural concepts of Native-Reliance presented in English and the local urban tribal languages. The sessions for the UTC were guided by an urban Native American trained facilitator. A Talking Circle in the Native American tradition is a coming-together and a place where sharing of stories and one's journey is done in a respectful manner and complete acceptance by participants. The Talking Circle is a sacred reminder of the interrelationship, respect, and clarity that come from opening oneself up to the energy of the Circle of Life when stories of life experiences are offered. Talking circles among Native Americans are gatherings and utilized to honor the sacred connection that is shared with one another (Running Wolf & Rickard, 2003). As a traditional Native American format for educating and providing a way to pass on knowledge, values, and cultural teachings, the talking circle process is a culturally

unique instructional approach (Lowe & Wimbish-Cirilo, 2016; Mehl-Madrona & Mainguy, 2014; Running Wolf & Rickard, 2003). Additionally, it can be utilized to foster cultural appreciation while advocating regard for personal differences and group unity (Mehl-Madrona & Mainguy, 2014; Running Wolf & Rickard, 2003).

Standard Alcohol and Drug Use Education (SE)

The "Be A Winner," served as the Standard Alcohol and Drug Use Education (SE) control condition. This program was selected for the SE, because it is the alcohol and drug use education program used within many school systems in the U.S. The program is a revised version of the Drug Abuse Resistance Education (DARE) and designed as a youth alcohol and drug use education program that endorses a school/law collaborative approach to alcohol and drug use education (DARE, 2016). The program was provided by a law enforcement officer as a structured curriculum and workbook for the introduction of alcohol and drug use education within a classroom setting during weekly 50-minute sessions over a 10-week period.

Data Collection and Measurement

A demographic instrument was included which asked for several routine social demographic variables. In addition, the participants were asked if they had been involved in interventions other than that offered through the study. To increase willingness to participate in assessment surveys, each student received graduated incentives ($10 at baseline and $20 at post-intervention) for each set of questionnaires completed.

Cultural identity was assessed using the Native-Reliance Questionnaire (Lowe et al., 2019). Participants answered 24 questions on a 5-point Likert Scale (1 = strongly disagree to 5 = strongly agree) about their beliefs, values, and practices as a Native American. Self-reported scores are summed and can range from 1-120. Larger sum scores indicate greater Native

American cultural identity. This scale is reliable with this sample (Cronbach α = .0.82). Previous study reliability results were seen with Native American youth (Cronbach α = .0.84) (Lowe et al., 2019).

To assess alcohol use, the research team developed the Native American Alcohol Measure for Youth (NAAMY). There were no alcohol use questionnaires specific for Native American youth available to use for the study. The NAAMY includes 16 items to measure alcohol use based on formative qualitative work conducted with Native American youth in previous projects (Lowe et al., 2016). Participants answered items on a 4-point Likert scale (1 = strongly disagree to 4 = strongly agree) and the scale showed internal consistency (Cronbach α = 0.76). Self-reported scores are summed and can range from 1 to 64. Larger sum scores indicate greater use of alcohol. It had not been tested prior to this study.

Drug use was assessed using the GAIN-Q Drug Use Subscale. Participants answered 6 questions related to illicit drug use and recent prevalence in days or time on a 4-poin Likert scale (1 = strongly disagree to 4 = strongly agree). Self-reported scores are summed and can range from 1 to 24. Larger sum scores indicate greater use of illicit drugs. This scale is reliable and has high external validity (Dennis, Chan & Funk, 2006), and was internally consistent with this sample (Cronbach α = 0.92).

<div align="center">

Results

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Native-Reliance

Cultural identity was measured by the Native-Reliance Questionnaire for the UTC and SE participants at baseline and 6-month post-intervention. The mean scores for the UTC participants were 67.26 (SD=10.07) at baseline and 105.44 (SD= 7.98) at post-intervention. The mean score for the SE participants were 64.72 (SD= 14.05) at baseline and 71.82 (SD= 7.98) at

post-intervention. Both the UTC and SE groups within and between participants outcomes are significant. There is also a significant association between time and group. As seen within *Figure 1*, at baseline (Time 1[t1]), Native-Reliance scores for the two groups are not considerably different (t=1.04, p= .301). By post-intervention (Time 2[t1]), the UTC had a considerably greater Native-Reliance score in comparison to the SE (t= 21.10, p< .001). Although, the Native-Reliance scores increased over time from baseline to post-intervention for both groups, the UTC group (t=19.88, p< .001) had a greater increase than the SE group (t= 4.24, p< .001) over time.

**Figure 1**

Estimated Marginal Means of Cultural Identity
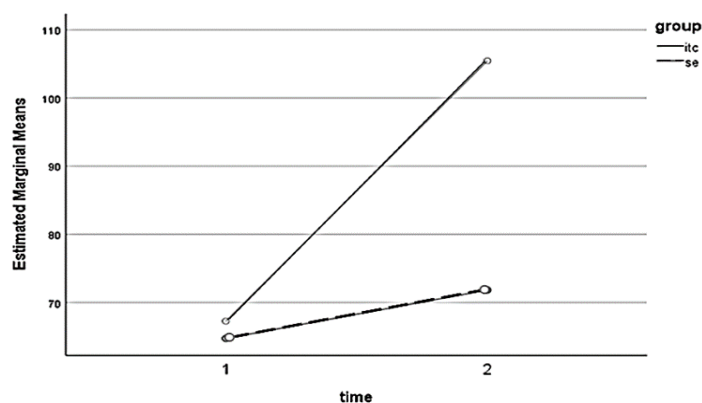
Alcohol Use

Mean scores pertaining to alcohol use were measured by the Native American Alcohol Measure for Youth (NAAMY) questionnaire at baseline and post-intervention for UTC and SE participants. NAAMY questionnaire scores at baseline were 46.44 (SD= 14.09) for the UTC participants and 46.52 (SD= 21.65) for the SE participants. Mean scores post-intervention was 10.90(SD= 8.57) for UTC participants and 39.22 (SD= 20.55) for SE participants. The NAAMY scores indicated within and between subjects' outcomes were significant for both groups. There was also a considerable interaction between time and group. As seen within *Figure 2*, at baseline

(Time 1[t1]), the NAAMY scores are not significantly different (t= -.022, p= .98) between the two groups. At post-intervention (Time 2[t2]), UTC had a lower NAAMY score than the SE (t= -8.99, p< .001). NAAMY scores decreased over time from baseline to post-intervention for both groups. However, the UTC group (t= -15.02, p< .001) had a greater decrease than the SE group (t= -8.89, p< .001). The results indicate the UTC intervention had a greater effect on decreasing alcohol use than the SE control condition.

**Figure 2**

Estimated Marginal Means of Alcohol Use
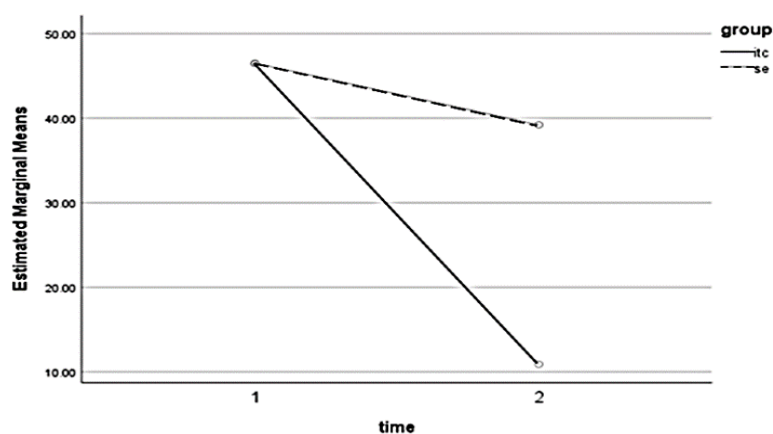
Drug Use

Mean scores pertaining to drug use were measured by the Global Assessment of Individual Needs (GAIN-Q) at the baseline were 14.70 (SD=7.59) for UTC participants, and 16.20(SD=10.63) for SE participants. The mean scores at post-intervention were 4.28 (SD=4.69) for the UTC participants, and 12.96 (SD= 7.92) for the SE participants. Both UTC and SE groups within and between-subjects outcomes are significant. Also, there was considerable association between time and group. As seen within *Figure 3*, at baseline (Time 1[t1]), GAIN-Q scores among the two groups were not considerably different (t= .812, p= .419). At post-intervention (Time 2[t2]), UTC scored lower than SE (t= -6.661, p< .001). For both groups, the

GAIN-Q scores decreased over time from baseline to post-intervention. However, the UTC group (t=-16.18, p< .001) had a greater decrease than the SE group (t= -5.48, p< .001), indicating a greater effect on decreasing drug use.

Figure 3

Estimated Marginal Means of Drug Use
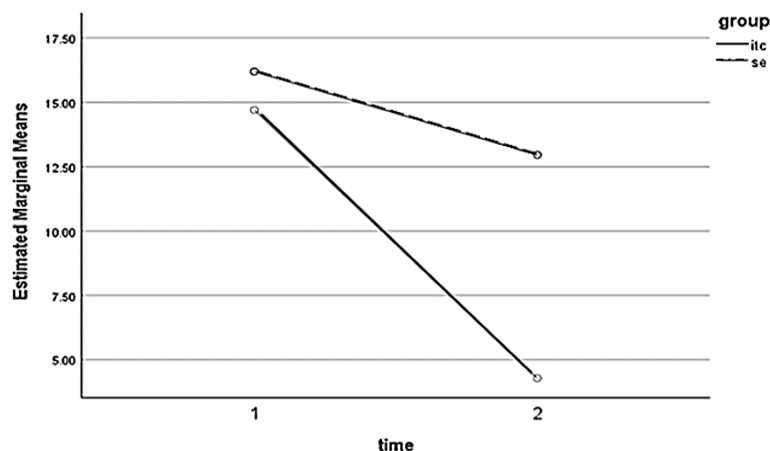
Discussion

Evidenced in the results of this study is the notion that alcohol and drug use prevention programs that are culturally centered and guided by cultural values, beliefs, and perspectives promotes an environment for cultural safety research to be conducted. The urban Native American youth participants improvement on all measures after completing the Talking Circle intervention program was a consistent trend in the results. The Native-Reliance baseline scores and 6-month post intervention score results revealed the largest significant differences. Native American cultural values were integrated into the Talking Circle intervention group sessions through the use of the Native-Reliance theoretical framework. The Talking Circle format enhanced the intervention sessions by providing an idea setting and environment for information to be shared in a respectful manner and in a context of complete acceptance by participants. As culturally safe factors are integrated into prevention efforts, the acquisition of coping skills is

enhanced which will ultimately lead to the pathway of Native American youth reducing alcohol and drug use as well as related health issues.

Native Americans have long used the Talking Circle to celebrate the sacred interrelationship that is shared with one another and with their world (Simpson, 2000). In previous intervention studies where Native American values were integrated and conducted with youth, there have been significant increases in the reduction of alcohol and drug use and related health issues (Lowe, Liang, Riggs & Henson, 2012; Lowe et al., 2016). The results of this study are consistent with other studies that suggest alcohol and drug use is increased when there is the loss of cultural safety among Native Americans (BlackDeer & Patterson Silver Wolf, 2020; Brockie et al., 2022). Prevention efforts are increasingly emphasizing that culturally safe approaches be used to address Native American health disparity issues such as alcohol and drug use.

Developing effective intervention programs and the provision of culturally safe research, requires an understanding of the strengths and values among Native American populations. This is exemplified in this study due to the researchers being Native American and aligned with the values of the research participants and the utilization of the Native American method of the Talking Circle. The decrease in alcohol and drug use and the increase in cultural identity at the 6-month post assessment among the Talking Circle intervention participants, may also be explained by the holistic thinking process of Native Americans. Unlike other cultures that rely on linear thinking, Native Americans process new information in a circular manner where movement from concept to concept occurs without being linear or sequential. This is similar to viewing an entire landscape where the depth and breadth of concepts are perceived without breaking them down into parts. Information presented must not be presented and placed within a

stepwise methodological information has been revealed in other studies where the information was delivered in accordance with Native American values (Scholl, 2006).

Conclusion

In summary, the results of this study provide evidence that a cultural-based intervention was significantly more effective for the reduction of alcohol and drug use than a non-culturally based intervention for urban Native American youth ages 10-12. Culturally safe practices were demonstrated in this study by a Native American research team which ensured the outcome of a culturally safe program. Ultimately, the culturally safe research approaches enhanced the degree to which the intervention effectively addressed alcohol and drug use among an urban Native American youth population. Accurate representation of how certain behaviors, attitudes, or constructs may be understood within a particular sociocultural group and evidenced through the use of culturally defined methods, such as the Talking Circle intervention program. Interventions that provide a culturally safe environment for the delivery of intervention programs among Native American youth are more effective and recommended.

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Statements and Declarations

Competing Interests

The authors have no relevant financial or non-financial interests to disclose.

Author Contributions

All authors contributed to the study conception and design. Material preparation and data collection were performed by Drs. Rose Wimbish-Tompkins (Cirilo), John Lowe, Eugenia Flores Millender, and Melessa Kelley. Analysis was performed Dr. Rose Wimbish-Tompkins (Cirilo) and Dr. John Lowe. All authors contributed to the first draft of the manuscript and commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Ethics Approval

As part of the confidentiality practices of this study, participants were asked to give informed consent and assent prior to their study participation. Those that objected were not included in this study. Approval to conduct this study was granted by the Institutional Review Board of the sponsoring institution and tribal community. Also, we obtained data-sharing agreements between the tribal community and researchers involved in the study. Only deidentified study data was shared with the research team.

Consent to participate.

Informed consent was obtained from all individual participants included in the study.

Consent to publish.

The authors affirm that human research participants provided informed consent for publication.